

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Reena Wadia

Peri-implantitis – the patient perspective

Patient-centred perspectives and understanding of peri-implantitis

Insua A, Monje A *et al.* *J Periodontol* 2017; **88**: 1153–1162

Patients have a poor understanding of peri-implantitis so it is important to educate them to help prevent this condition, which negatively impacts on quality of life.

Adequate patient understanding of the potential complications of dental implants, such as peri-implantitis, is imperative to prevent poor decision-making and manage unrealistic expectations. This study included 135 patients (411 implants) undergoing peri-implant maintenance. 70.4% of patients agreed that 'implants are a life-lasting treatment'. Although the frequency of peri-implantitis was 17.8% at the participant level, 74.1% did not have any knowledge about peri-implant pathology. Sixty-four percent of patients with peri-implantitis were worried or concerned and 32% reported that living with the disease was terrible. The authors concluded patients' understanding and perception of peri-implantitis and its prognosis was generally poor, and the results reflected unrealistic expectations about implants and disappointment when informed about peri-implantitis. Peri-implantitis was found to affect quality of life and the need to develop standardised information guidelines to educate patients was emphasised.

DOI: 10.1038/sj.bdj.2017.1021

Long-term follow up of implant therapy

Occurrence of cases with peri-implant mucositis or peri-implantitis in a 21–26-year follow-up study.

Renvert S, Lindahl C, Persson GR. *J Clin Periodontol* 2017; DOI: 10.1111/jcpe.12822.

[Epub ahead of print]

Regular supportive care should be emphasised for all patients but individuals who present with multiple implants and/or peri-implant mucositis should receive special clinical attention.

This longitudinal case series included participants treated with Brånemark titanium dental implants. Initial treatment was performed in a specialty clinic and the general dentist provided the supportive care. Eighty-six of the original 294 individuals were re-examined, with a mean follow-up of 23.3 years. The diagnosis of peri-implant mucositis and peri-implantitis was 23.8% and 13.7% respectively. A previous history of periodontitis, the presence/absence of keratinised tissue, gender or smoking status could not predict future peri-implantitis after 20–26 years. Individuals with three or more implants were at a significantly greater risk of peri-implantitis, which leads the authors to suggest these cases should receive special clinical attention. The absence of peri-implant mucositis was a good predictor of future peri-implant health, which reinforced the importance of optimal oral hygiene and regular peri-implant supportive care.

DOI: 10.1038/sj.bdj.2017.1023

Peri-implant maintenance therapy

Association of preventive maintenance therapy compliance and peri-implant disease: A cross-sectional study

Monje A, Wang HL, Nart J. *J Periodontol* 2017; **88**: 1030–1041

Peri-implant maintenance compliance at least twice a year appears to be crucial in preventing peri-implantitis.

Supportive periodontal therapy is integral and essential in helping to maintain periodontal health. In the same way, peri-implant maintenance therapy (PIMT) has been suggested to have an important role in maintaining peri-implant health. For example, a recent systematic review (see Monje *et al.* *J Dent Res* 2016; **95**: 372–379) demonstrated the importance of PIMT and suggested a recall interval of at least twice-yearly.

The primary outcome of this study was to investigate the association between PIMT and frequency of peri-implant diseases. As a secondary outcome, it aimed to identify individual risk profiles that contribute to failure of PIMT compliance. The cross-sectional study was carried out in a private practice setting and all participants had to be consecutively treated with dental implants for fixed prosthesis rehabilitation, with a minimum period of 36 months after final prosthesis delivery. Participants were grouped as regular compliers (at least 2 PIMT/year), erratic compliers (less than 2 PIMT/year) or non-compliers (no PIMT/year). Two hundred and six implants placed in 115 patients, with a mean follow-up of 47 ± 6 months, met the inclusion criteria and were clinically and radiographically analysed. A multiple logistic regression model was estimated at implant and patient level to obtain adjusted odds ratios and to control possible confounding effects among variables.

At a patient level, the association between compliance and peri-implant condition was statistically significant ($p = 0.04$). The chance of peri-implantitis was significantly less in regular compliers (OR = 0.74, $p = 0.52$) with 86% fewer cases. However, peri-implant mucositis was not found to be statistically significantly associated with the level of compliance. In patients with a history of periodontal disease, 35.7% were non-compliers, 70.2% were erratic compliers and 63.6% were regular compliers. Those with a history of severe or localised periodontal disease appeared to be less compliant when compared with those with a history of mild or generalised periodontal disease. The smokers (less than 10 cigarettes/day) that were included were more likely to be non-compliers than regular compliers (OR = 0.18, $p = 0.04$) or erratic compliers (OR = 0.14, $p = 0.02$).

The authors highlighted the importance of enrolling patients on a strict PIMT regime according to the patient's risk profile and suggest further long-term studies are warranted to identify different strategies to increase patient adherence to such maintenance programmes.

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