PRODUCTS TO SUPPORT PERIODONTAL THERAPY

The effective management and treatment of periodontal diseases is an essential part of patient care for many dental professionals. Whether treating periodontitis or periimplantitis, it is important to understand the disease aetiology and to have protocols in place to arrest its development and restore the patient to health.

Professor Moritz Kebschull, Professor of Restorative Dentistry at the University of Birmingham, shared some of his extensive expertise on the matter at the recent British Dental Conference & Dentistry Show (BDCDS) in May, sponsored by Curaprox. Given how widespread the issue of periodontal disease is - affecting patients of all ages, backgrounds and needs - it is essential that professionals have the knowledge, tools and confidence to ensure early detection and intervention. Despite there being a fairly significant amount of literature in the field, Moritz urged colleagues to assess the relevance and quality of research they use to formulate their protocols in

The literature can be categorised into three groups – high quality evidence, moderate and low quality. The strength of the research should be considered when applying it to practice: high quality papers give recommendations, moderate papers offer suggestions and low-quality research covers topics to be considered or combined with one's experience and common sense. That's why the Clinical Practice Guidelines from the European Federation of Periodontology (EFP) for the treatment of stage I–III, as well as stage IV periodontitis and peri-implantitis are so useful. They utilise the latest, highest



quality research to provide unbiased advice for clinicians.

As Moritz pointed out in his session, periodontal disease never goes away - it is a lifelong condition that must be managed by the patient and the professional team. Systemic risk factors such as lifestyle and oral hygiene routine must be reviewed and acted upon frequently to maintain periodontal long-term health. For clinicians, subgingival instrumentation is important to debride root surfaces with minimal damage to the soft or hard tissue. This can be combined with nonsurgical therapy adjunctive measures, and care should be taken to prioritise these and then surgical interventions before moving onto antibiotics. Moritz went so far as to suggest how a supportive periodontal therapy appointment may be delivered by dental hygienists/therapists, involving 15 minutes for examination and diagnosis, ten minutes

for re-motivation of the patient regarding oral hygiene instruction, 20 minutes on instrumentation, 7/5 minutes on subgingival instrumentation or re-infected areas and 7.5 minutes on polish and review.

Ultimately, the new periodontal treatment guidelines promote four simple steps applicable to all levels of case complexity, including restoration of defects following arrest of active disease. Those who attended Moritz' session at BDCDS certainly left with plenty of food for thought. Given the ongoing challenges of maintaining periodontal health – in patients with or without implants – this will remain an important topic for all members of the dental team for years to

For more information on the oral health products available from Curaprox that are designed to support periodontal therapy, visit www.curaprox.co.uk.

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