EDITORIAL

PERIODONTITIS – THE NEW CARIES?

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It is with pleasure that I introduce this themed edition on periodontology. I hope that you will find it informative, thought provoking and clinically useful, and I would like to thank my colleagues who have written contributions.

It might just be the musings of a paranoid periodontist, but I have long had the impression that the practice of periodontology is not always at the top of the pile of preferred disciplines for many general dentists. Indeed, even Stephen Hancocks has previously written an engaging leader entitled *Periodontal disease – who cares?*.[1] However, it is increasingly clear that progressive, destructive periodontitis presents specific problems with distinct aetiological factors from those of simple gingival periodontal inflammation.

This matters for a number of reasons. Firstly, it is a very common condition. The Adult Dental Health Survey 2009 contains very mixed news about its prevalence. In particular the amount of severe periodontitis has actually increased by nearly 50% over the past ten years. The reasons for this are undoubtedly complex but are likely, at least in part, due to dentists extracting fewer teeth, but also due to an increasingly ageing population, with more complicated medical histories.

Secondly, we are beginning to have a much better understanding of the impacts of periodontitis. In medical research someone had the brilliant idea of asking patients about their condition as part of the research process, and this has now become important throughout the medical (and dental) research communities. We learn that periodontitis is not a silent disease, but has significant impacts on patients' quality of life, not just in terms of tooth loss, but also in terms of function, comfort, aesthetics and self esteem.

'Clinical care pathways are set to place periodontal care centre stage...'

Thirdly, it is clear that we as dental professionals can genuinely do something about the condition. Time and time again periodontal treatment has been shown to be highly effective in preventing long-term tooth loss and reversing many of the condition's other adverse effects. There is a disturbing trend in some circles to propose extraction and replacement with dental implants for teeth that have signs of periodontal disease (and other conditions). In fact the long-term data strongly refute this premise and readers are urged to read the recent seminal paper comparing long-term survival rates of implants and periodontal treatment.[2] As one of the great gurus of modern periodontology, Professor Jan Lindhe, suggests in an interview in this issue, implants are often great for replacing missing teeth, but are absolutely not a treatment for periodontal disease.

The two themes of this *BDJ* are broadly based around the consequences of periodontal diseases and the theme of periodontal medicine.

Paul Batchelor provides a thoughtful, testing, sometimes bordering on polemic, opinion article on whether periodontal disease should be considered a significant public health problem. Gareth Griffiths provides a challenging article on the issue of manpower planning modelled on epidemiological data and national guidelines for parameters of care. Ian Needleman contributes a typically helpful blueprint for public and patient involvement in research.

Periodontal medicine concerns the two-way relationship between periodontitis and systemic health. Peter Heasman discusses the effects of medications on periodontal and oral health. Leticia Casanova and Philip Preshaw discuss the relationship of diabetes and periodontal disease. Gerry Linden and Mark Ide provide a fascinating historical insight into the focal sepsis concept and review the evidence for the links between periodontitis, cardiovascular disease and obstetric complications. Nikos Donos and Elena Calciolari consider how medical history may affect dental implant placement.

In addition, Raitapuro-Murray and colleagues report on the prevalence of periodontitis in a Roman-Britain population. Their, perhaps surprising, findings, suggest that despite the absence of modern oral hygiene aids, dental awareness and access to dental professionals, the prevalence of moderate to severe periodontitis was significantly less than today. These findings emphasise the complex aetiology of progressive periodontitis.

There is a lot going on in periodontology at present. Plans for clinical care pathways for the new GDS contract look set to place periodontal care centre stage. The European Federation of Periodontology have launched a campaign to raise awareness and in the midst of it all, in the UK we are hosting what is expected to be the largest European meeting ever in periodontology and implant dentistry, EuroPerio8, in London next June, with over 8,000 general dentists, specialists and hygienists expected from all over the world. Perhaps now would be an excellent time to brush up on your expertise in the subject. I do very much hope you enjoy this themed edition of the *BDJ*.

1. Hancocks S. Periodontal disease – who cares? Editorial. *Br Dent J* 2011; **210:** 555.
2. Levin L, Halperin-Sternfeld M Tooth preservation or implant replacement: A systematic review of long-term tooth and implant survival rates. *J Am Dent Assoc* 2013; **144:** 1119–1113

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