

Sweden, however, did not implement this ban, and continues to allow its use, on the grounds that it may be a safe alternative to cigarette smoking.¹

While snus may be safer than tobacco smoking, it does carry significant risks, most importantly, it can lead to oral cancer.²

It seems counterintuitive for the government to suggest reintroducing a known carcinogen when safe smoking cessation alternatives are already available.³

As a profession, it is important that we remain cognisant of current political trends, and attempt to exert a positive influence on the direction of public health policy. Through promoting safe smoking cessation methods, and warning against carcinogenic substances like snus, the wellbeing of people who smoke can be protected.

D. Shanahan, by email

1. Foulds J, Ramstrom L, Burke M, Fagerström K. Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tobacco Control* 2003 **12**: 349–359.
2. Warnakulasuriya S, Sutherland G, Scully C. Tobacco, oral cancer, and treatment of dependence. *Oral Oncol* 2005 **41**: 244–260.
3. Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview of reviews. *Cochrane Database Syst Rev* 2013: CD009329. DOI: 10.1002/14651858.CD009329.pub2.

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Periodontal diseases

New classification for periodontal diseases

Sir, I am writing in regard to the new classification for periodontal and peri-implant diseases and conditions which was launched during the EuroPerio 9 conference in Amsterdam in June 2018.¹

This new classification replaced the 1999 classification and was co-commissioned by the American Association of Periodontology and the European Federation of Periodontology.

Experts from all over the world participated in its development. Some important changes were introduced including a multidimensional staging and grading system for periodontitis. The peri-implant diseases and conditions were recognised as an independent group. Periodontal health was defined for the first time. New terms were introduced, including traumatic occlusal force, gingival/periodontal phenotype and supracrestal tissue attachment.

The new classification scheme sets to help ‘clinicians with diagnosis and management of patients’. However, neither main oral healthcare providers, ie general dental practitioners (GDPs) and dental care professionals (DCPs) (eg oral hygienists and dental therapists), nor patients were represented in the process of its development.

The importance of engaging general practitioners and patients in different stages of developing new healthcare guidelines has long been established and adopted by the world leading institutions, eg the National Institute for Health and Care Excellence.

Therefore, as national societies of periodontology prepare to adopt the new classification, it is pertinent to consider engaging GDPs, DCPs and patients’ representatives in the process of planning, the adoption of the new classification, the potential modifications before local implementation, and the roll out strategy.

This will help ensure that the excellent work produced by high calibre international specialists is relevant and acceptable to the

main body of oral healthcare providers and the patients.

M. Dorri, by email

1. Caton J, Armitage G, Berglundh T et al. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification. *J Clin Periodontol* 2018; **45** (Suppl): S1–S8.

Editor-in-Chief’s note:

I thank Dr Dorri for this letter which is timely and makes some important and pertinent points. The European Federation of Periodontology (EFP) designed a large educational outreach plan in September 2018 which will involve a range of formats and delivery methods.

The implementation challenge lies in the fact that there are multiple different healthcare systems across the globe and implementation within each country may look quite different.

The British Society of Periodontology (BSP) have written an implementation paper and this will be published soon in the BDJ, with case examples, explaining how the new system can be simply applied on the back of the current BPE screening system that is embedded in UK dental practice.

Additionally, I understand that the BSP have held focus groups that are providing positive feedback on this plan, with a series of BSP webinars by Professor Iain Chapple discussing the work of Group 1 of the World Workshop and defining health and gingival diseases.

Further webinars by Profs Needleman, Hughes and Donos will follow.

Please see: <http://www.efp.org/newsupdate/bsp-holds-4-webinars-on-classification/>. (accessed on 9 October 2018).

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