



What Do You Mean I Have Periodontitis...?

No one has ever told me I have gum disease...

I have been going to the dental hygienist faithfully for 10 years...

by Alexandra Sheppard, RDH, BA, MEd • ads3@ualberta.ca

Unless you are a recent graduate of a dental hygiene program, you are probably finding yourself on a steep learning curve when it comes to the 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. We need to embrace the new classification system in order to provide appropriate treatment recommendations to our clients. Too often we hear clients telling us that they had no idea they had periodontitis while we are looking at radiographs with furcation involvement, mobility, and generalized bleeding. Do dental hygienists sugarcoat the disease? Do we avoid sharing our client's current periodontal diagnosis for fear of having a difficult conversation about the disease or condition? How should a dental hygienist engage their clients in a conversation about the new classification?

The entry-level dental hygienist is expected to demonstrate "the ability to formulate a dental hygiene diagnosis using problem solving and decision-making skills to synthesize information."¹ Regardless of where you practice in Canada, all dental hygienists must have a comprehensive and competent understanding of how to use the 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions in order to stage and grade a client's periodontal diagnosis.

Effective screening involves a comprehensive periodontal examination: probing depths, mobility, furcation involvement, the level of recession, and the distance between the cemento-enamel junction (CEJ) and height of the gingival margin. Establishing the reasons for a client's missing teeth assists in the determination of staging and grading. Ask your client: "Can you tell me why you are missing this tooth (14)?" Was the tooth lost due to caries? A fracture? Mobility?

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Focus: New Perio Classifications

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The American Academy of Periodontology (AAP) states that full mouth radiographs² are required; it is recommended that dental hygienists follow ALARA and use clinical judgment to determine the need and type of radiographs required for an appropriate diagnosis.³

AAP has developed chairside resources to assist dental professionals in staging and grading periodontal disease. These are excellent resources that can be used to help your clients relate to the disease process and empower them in their understanding of their own stage of periodontitis. Dental hygienists need to appreciate that clinical attachment loss is more significant than periodontal probing depth. Locating the CEJ and accurately determining the distance from the CEJ to the base of the periodontal pocket are key to assessing the level of severity of the periodontal disease. Grading determines the rate of progression of periodontitis, the responsiveness to dental hygiene treatment, and the impact on systemic health.⁴ Radiographs from five years ago should be compared to the current set of radiographs and discussed with the client to show the difference and/or the rate of stability in bone loss.

Practising the dialogue may help you gain confidence in your ability to engage in a meaningful conversation with your clients.

“Mrs. P, I just took a webinar [attended a conference, took a CE course, graduated from a dental hygiene program] and would like to share some information with you on your oral health status. Would you be interested in knowing more about periodontal disease? Staging periodontitis is the current way of classifying the severity and the extent of periodontitis.⁴ Once a year I have been measuring the distance between your gums and the base of the periodontal pocket and there is now more emphasis on the impact of loss of attachment between your teeth [show your client their periodontal record, show and explain the radiographs. 15% is around 2 mm

of bone loss on a maxillary premolar]. It appears you have Stage I periodontitis. I would like to show you your radiographs from 5 years ago. As you are a non-smoker and do not have diabetes, it looks as though the bone loss is fairly similar to the radiographs from [2 years ago, 5 years ago...], which demonstrates to me that the disease is not advancing. This tells me that you have a Grade A, which is defined as a slow rate of progression.”

As dental hygienists, we must continuously strive to adhere to our *Code of Ethics* and its principles. Diagnosing clients accurately and sharing this information with them ensures that the principles of beneficence and accountability⁵ are being respected.

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