

Modified* Guidelines for the Management of Patients with Periodontal Diseases

Level 1: Patients who may benefit from co-management by the referring dentist and the periodontist

Any patient with periodontal inflammation/infection and the following systemic conditions:

- Diabetes
- Pregnancy
- Cardiovascular disease
- Chronic respiratory disease
- Drug-induced hyposalivation

Any patient who is a candidate for the following therapies who might be exposed to risk from periodontal infection, including but not limited to the following treatments:

- Cancer therapy
- Cardiovascular surgery
- Joint-replacement surgery
- Organ transplantation

Any patient who is a candidate for implant placement and/or ridge augmentation

Level 2: Patients who would likely benefit from co-management by the referring dentist and the periodontist

Any patient with periodontitis who demonstrates at reevaluation or any dental examination one or more of the following risk factors/indicators known to contribute to the progression of periodontal diseases:

- Early onset of periodontal diseases (prior to the age of 35 years)
- Unresolved inflammation at any site (e.g., bleeding upon probing, pus, and/or redness)
- Pocket depths \geq 5mm
- Vertical bone defects
- Radiographic evidence of progressive bone loss
- Progressive tooth mobility
- Progressive attachment loss
- Anatomic gingival deformities
- Exposed root surfaces
- A deteriorating risk profile
- Smoking, tobacco use
- Diabetes, Osteoporosis/osteopenia
- Drug-induced gingival conditions (e.g., phenytoins, calcium channel blockers, immunosuppressants, and long-term systemic steroids)
- Compromised immune system, either acquired or drug induced
- Drug-induced hyposalivation
- Dental Implants

Level 3: Patients who should be treated by a periodontist

Any patient with:

- Severe chronic periodontitis
- Furcation involvement
- Vertical/angular bony defect(s)
- Aggressive periodontitis (formerly known as juvenile, early-onset, or rapidly progressive periodontitis)
- Periodontal abscess and other acute periodontal conditions
- Significant root surface exposure and/or progressive gingival recession
- Peri-implant disease, bone and/or soft-tissue
- Drug-induced hyposalivation

Periodontitis can occur in children and adolescents and should be a consideration when examining younger patients. While the frequency is low, the possibility is present and represents a legitimate consideration. In addition to this consideration, I recommend that patients receive an annual periodontal examination beginning at 25 years of age.

-Dr. Arauz



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