

# Quality Resource Guide

## Risk Assessment and Classification for Periodontal Diseases in General Dental Practice

### Author Acknowledgements

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### Educational Objectives

Following this unit of instruction, the learner should be able to:

1. Become familiar with the most recent staging and grading system for periodontitis (developed at the 2017 World Workshop held by the American Academy of Periodontology and the European Federation of Periodontology).
2. Develop a comprehensive understanding of risk assessment and more particularly identify key risk factors associated with periodontal diseases.
3. Understand the role of the dental professional in periodontal risk assessment including the ability to identify clinical signs and symptoms of disease risk.
4. Learn the importance of educating patients about the value of periodontal health and their role in risk reduction.
5. Assess the effectiveness of periodontal treatment plan based on the identified periodontal risks.

MetLife designates this activity for **1.0 continuing education credits** for the review of this Quality Resource Guide and successful completion of the post test.

The following commentary highlights fundamental and commonly accepted practices on the subject matter. The information is intended as a general overview and is for educational purposes only. This information does not constitute legal advice, which can only be provided by an attorney.

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## The Concept of Risk Assessment

Risk is defined as “the possibility that the occurrence of an event will adversely affect the achievement of one’s objectives”.<sup>1</sup> The practice of risk assessment is a systematic process that involves identifying patients that are at a high risk of developing disease, assessing how this risk impacts treatment, and recognizing how to control risk factors.<sup>2</sup>

## Risk Assessment in Periodontal Diseases

In 2008, the American Academy of Periodontology (AAP) issued a statement on risk assessment defining it as: “the process by which qualitative or quantitative assessments are made of the likelihood for adverse events to occur as a result of exposure to specified health hazards

or by the absence of beneficial influences.”<sup>3</sup> Risk assessment for periodontal disease must be part of every comprehensive dental evaluation and should include an accurate, current and comprehensive periodontal evaluation. It not only helps dental professionals predict the potential for future development and progression of periodontal diseases, but also allows them to identify those conditions early and initiate targeted treatment for high-risk patients.

## Classification of Periodontal Diseases

In 2017, the World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions developed a new protocol to classify periodontal diseases. The severity of periodontitis is no longer described as slight, moderate, or severe, but is now categorized by its “stage.” The terms “chronic” and “aggressive” periodontitis are no longer used in the diagnosis.<sup>4</sup>

**The stage of periodontitis** ranges from I to IV and refers to the severity of the disease. It is determined by evaluating the interdental clinical attachment loss, percentage of bone loss, deepest probing depth, pattern of bone loss (horizontal or vertical), presence or absence of furcation involvement, number of tooth loss due to periodontitis and other complexity factors. **Table 1** outlines the criteria for staging of periodontitis. If clinical findings fall into two or more stages, the higher stage is selected to classify disease.<sup>4</sup>

**The grade of periodontitis** refers to the rate of progression of the disease, based on direct or indirect evidence of progression and is scored as slow (A), moderate (B), or rapid (C). In grading periodontitis, criteria assessed include changes in bone levels or clinical attachment loss over time, the percentage bone loss divided by the patient’s age, and the presence of diabetes mellitus and/or

**Table 1 - Periodontitis: Staging\***

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
<b>Severity</b>	<b>Interdental CAL</b> <i>(at site of greatest loss)</i>	1 - 2 mm	3 - 4 mm	≥ 5 mm	≥ 5 mm
	<b>RBL</b>	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	<b>Tooth loss</b> <i>(due to periodontitis)</i>	No tooth loss		≤4 teeth	≥5 teeth
<b>Complexity</b>	<b>Local</b>	<ul style="list-style-type: none"> <li>Max. probing depth ≤ 4 mm</li> <li>Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Max. probing depth ≤ 5 mm</li> <li>Mostly horizontal bone loss</li> </ul>	In addition to Stage II complexity: <ul style="list-style-type: none"> <li>Probing depths ≥ 6 mm</li> <li>Vertical bone loss ≥ 3 mm</li> <li>Furcation involvement Class II or III</li> <li>Moderate ridge defects</li> </ul>	In addition to Stage III complexity: <ul style="list-style-type: none"> <li>Need for complex rehabilitation due to:                             <ul style="list-style-type: none"> <li>Masticatory dysfunction</li> <li>Secondary occlusal trauma (tooth mobility degree ≥ 2)</li> <li>Severe ridge defects</li> <li>Bite collapse, drifting, flaring</li> <li>&lt; 20 remaining teeth (10 opposing pairs)</li> </ul> </li> </ul>
<b>Extent and distribution</b>	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> <li>Localized (&lt;30% of teeth involved);</li> <li>Generalized; or</li> <li>Molar/incisor pattern</li> </ul>			

\* Based on the American Academy of Periodontology World Workshop 2017 classification

smoking. **Table 2** outlines the criteria for grading periodontal disease. If the findings determine two or more grades, the higher grade is selected. If there is insufficient evidence to make a clear determination of the grade, the clinician may default to grade B.<sup>4</sup>

To assist the clinician in diagnosing a periodontitis patient, the American Academy of Periodontology (AAP) developed a three-step guide to help the practitioner objectively determine the stage and grade (**Table 3**).

### Factors Influencing the Risk for Periodontal Diseases

Research has shown that periodontal disease is multifactorial and that risk factors impact the host susceptibility, disease severity, and outcomes and severity.<sup>5</sup> Three strong modifiable risk factors are inadequate oral hygiene, tobacco smoking, and diabetes mellitus.<sup>6</sup> Other mentioned risk factors include age, gender, race, nutrition, genetics, dental factors, and pregnancy.<sup>6</sup>

#### Inadequate Oral Hygiene

The dental biofilm is the primary etiologic contributor for periodontal diseases.<sup>7</sup> Biofilm

formation and bacterial periodontal pathogens living in this biofilm are responsible for the initiation and the progression of periodontal disease. Hence, the control of the dental biofilm, through the practice of proper oral hygiene, has been shown to improve periodontal health as evidenced by a reduction in probing pocket depths, reduced gingival inflammation, and attachment gains.<sup>8,9</sup>

#### Smoking

Smoking is a long-established strong risk factor for the development of periodontal disease. In a 2005 Journal of Clinical Periodontology supplement, the biological correlation between smoking and periodontal disease was attributed to differences in bacterial flora, vascularization of the gingiva, and immune reactions including changes in neutrophil function and cytokine activity.<sup>10</sup> Nicotine has been shown to have detrimental effects on fibroblast function, proliferation, and cytotoxicity.

#### Diabetes Mellitus

According to the Centers for Disease Control and Prevention, over 38 million people in the United States have diabetes, of which 9 million are undiagnosed.<sup>11</sup> Diabetes is a strong risk factor for the development of periodontal disease and there

is a bidirectional link between glycemic control and periodontal disease.<sup>12,13</sup> The importance of establishing and maintaining good glycemic control in the management of periodontal disease is well established.

#### Age

Although clinical attachment loss (CAL) increases with age, substantial variability in populations suggest that non-age-dependent factors play a pivotal role as predisposing factors of periodontal disease.<sup>14</sup> CAL and bone loss are not reversible, even following effective therapy, most likely due to effects of past disease destruction rather than current disease activity. Age may reflect the duration of an individual's exposure to etiologic risk factors and the success of periodontal therapy is not correlated with age.

#### Gender and Race

There is no evidence that gender differences predispose to periodontal disease. However, behavioral and cultural differences among genders may contribute to the higher predisposition for periodontal disease of males. For example, it has been reported that in the United States male individuals practice poorer oral hygiene

**Table 2 - Grading of Periodontitis\***

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
<b>Primary criteria</b>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥ mm over 5 years
	<i>Whenever available, direct evidence should be used.</i>	% bone loss/age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
<b>Grade modifiers</b>	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c<7.0% in patients with diabetes	HbA1c≥7.0% in patients with diabetes

\* Based on the American Academy of Periodontology World Workshop 2017 classification

and have more calculus than females.<sup>15</sup> In addition, differences in the innate and adaptive immune systems between males and females may be partially responsible for the higher risk of periodontitis in males.<sup>16</sup> While race has been suggested to predispose to periodontal disease, especially in African and Mexican Americans, it is more likely that other factors, such as socioeconomic status and access to health care, account for these differences.<sup>17</sup>

**Nutrition, Genetics, Dental Factors**

Nutritional deficiencies such as low calcium, vitamin D and C have been associated with increased periodontal disease risk.<sup>6</sup> Genetics likely plays an important role in the susceptibility for the initiation

and progression of periodontitis. One area of research interest has been in gene polymorphisms; however, the role of polymorphisms in the initiation and progression of periodontitis is uncertain.<sup>18</sup> Dental factors such as tooth malposition and crowding, enamel pearls, open interproximal contacts, overhanging restorations, and subgingival crown margins may contribute to periodontal disease risk.<sup>6,19</sup>

**Pregnancy**

During pregnancy, amniotic fluid levels of prostaglandin E2 (PGE2) and inflammatory cytokines rise steadily until delivery contributing to a transitory increase in the risk for gingivitis and pyogenic granulomas (aka pregnancy tumors).<sup>20</sup>

**Role of Dental Professionals in Periodontal Risk Assessment**

**Benefits of Periodontal Risk Assessment**

Accomplishing a Periodontal Risk Assessment ideally allows the dental provider to:

- identify early disease and initiate measures to reduce or control risk factors,
- potentially reduce the future need for advanced periodontal therapy, and
- reduce the cost of dental treatment.

**Table 3 - Three steps to staging and grading a patient\***

<p><b>STEP 1:</b> <b>Initial Case Overview to Assess Disease</b></p>	<p>Screen:</p> <ul style="list-style-type: none"> <li>• Full mouth probing depths</li> <li>• Full mouth radiographs</li> <li>• Missing teeth</li> </ul> <p>Mild to moderate periodontitis will typically be either Stage 1 or Stage II</p> <p>Severe to very severe periodontitis will typically be either Stage III or Stage IV</p>
<p><b>STEP 2:</b> <b>Establish Stage</b></p>	<p>For mild to moderate periodontitis (typically Stage I or Stage II):</p> <ul style="list-style-type: none"> <li>• Confirm clinical attachment loss (CAL)</li> <li>• Rule out non-periodontitis causes of CAL (e.g., cervical restorations or caries, root fractures, CAL due to traumatic causes)</li> <li>• Determine maximum CAL or radiographic bone loss (RBL)</li> <li>• Confirm RBL patterns</li> </ul> <p>For moderate to severe periodontitis (typically Stage III or Stage IV):</p> <ul style="list-style-type: none"> <li>• Determine maximum CAL or RBL</li> <li>• Confirm RBL patterns</li> <li>• Assess tooth loss due to periodontitis</li> <li>• Evaluate case complexity factors (e.g., severe CAL frequency, surgical challenges)</li> </ul>
<p><b>STEP 3:</b> <b>Establish Grade</b></p>	<ul style="list-style-type: none"> <li>• Calculate RBL (% of root length x 100) divided by age</li> <li>• Assess risk factors (e.g., smoking, diabetes)</li> <li>• Measure response to scaling and root planing and plaque control</li> <li>• Assess expected rate of bone loss</li> <li>• Conduct detailed risk assessment</li> <li>• Account for medical and systemic inflammatory considerations</li> </ul>

\* Based on the American Academy of Periodontology World Workshop 2017 classification

**How to perform a Periodontal Risk Assessment in a Clinical Setting?**

Periodontal risk assessment requires a thorough assessment of numerous findings to include:

- Comprehensive medical, social, and family histories
- Past and present dental history of the patient (past treatment, patient motivation)
- Patient habits (diet, oral hygiene protocols, bruxism, etc.)
- Presence of plaque or biofilm retentive factors (existing prosthesis, occlusal misalignment, diastemas, root grooves, concavities, etc.)
- Plaque index and calculus present
- Complete periodontal examination to determine periodontal status (healthy, diseased, or reduced)
- Radiographic evaluation of bone levels

**What role does the patient play in periodontal risk assessment?**

While it is crucial for dental providers (dentists and dental hygienists) to be aware and well informed of the patients’ periodontal condition and risk factors,

it is equally if not more important for the patient to understand and actively participate in managing their disease by accomplishing and maintaining effective long term oral hygiene practices.<sup>8</sup> The patient should also address modifiable risk factors (e.g., smoking cessation, glycemic control).

Figure 1 below outlines a three-step regimen that was developed for patient home care to encourage and assist patients in actively taking a role in their periodontal disease risk management.<sup>9</sup>

The regimen differentiates between patients that have not been diagnosed with periodontitis and those who have, as well as those who may be candidates for periodontal surgery and those who aren’t.

**Maintenance Therapy Recommendations for High-risk Periodontal Patients**

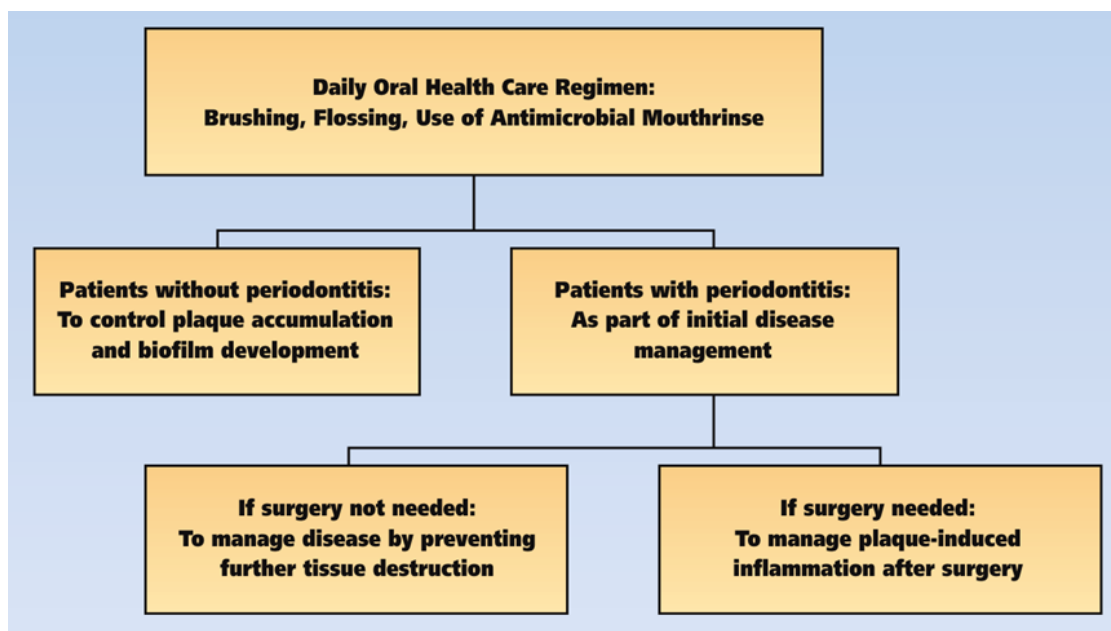
According to the American Academy of Periodontology position paper on periodontal maintenance, compliance with a periodontal maintenance schedule has been shown to minimize the recurrence or progression of disease

and tooth loss. It also affords the clinician the opportunity to detect other diseases or conditions and institute appropriate management. The periodontal maintenance therapy interval should be individualized for each patient, but compliance to a 3-month maintenance protocol is recommended for most periodontitis patients. Scientific evidence has determined that periodontal pathogens repopulate the periodontal pocket within 9-11 weeks following debridement/scaling and long-term periodontal studies demonstrate this time interval promotes periodontal stability.<sup>21</sup>

**Conclusion**

The use of periodontal risk assessment affords dental care professionals the opportunity to understand risk populations (elderly, pregnancy, smokers, diabetic patients) and assess the periodontal disease status of all patients. The integration of periodontal risk assessment and classification as a routine part of the patient work-up does not incur significant additional time or cost; however, it does play an integral role in promoting patient education, awareness, and disease prevention.

Figure 1



Oral Hygiene Care Regimen to assist patients in understanding their periodontal condition and the goals of biofilm control in different scenarios. Obtained from Douglass CW. Risk assessment and management of periodontal disease. J Am Dent Assoc.

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## POST-TEST

Internet Users: This page is intended to assist you in fast and accurate testing when completing the “Online Exam.” We suggest reviewing the questions and then circling your answers on this page prior to completing the online exam.

(1.0 CE Credit Contact Hour) Please circle the correct answer. 70% equals passing grade.

### 1. Periodontal Risk assessment:

- Must be completed only for patients with history of periodontal disease
- Helps predict the potential for future development of periodontal disease
- Does not help predict the potential for progression of periodontal disease
- Does not include a periodontal evaluation

### 2. According to the World Workshop classification of periodontal diseases and conditions (2017), staging refers to the \_\_\_\_\_ of periodontitis.

- evaluation
- severity
- progression
- treatment

### 3. According to the World Workshop classification of periodontal diseases and conditions (2017), grading refers to the \_\_\_\_\_ of periodontitis.

- evaluation
- severity
- progression
- treatment

### 4. All the following are true about the steps of staging and grading a patient **EXCEPT**:

- Full mouth radiographs are required for a correct assessment
- Full periodontal chart must be completed
- Tooth loss due to periodontitis affects the staging
- Smoking has no effect on the classification

### 5. Risk factors in periodontal disease include all the following **EXCEPT**:

- Smoking
- Diabetes Mellitus
- Poor Oral Hygiene
- Increased Blood Pressure

### 6. A correlation between uncontrolled diabetes and periodontitis exists. The HbA1c value of a diabetic patient is one of the parameters used to determine the patient’s grade when classifying periodontal disease.

- First statement is true, second is false
- First statement is false, second is true
- Both statements are true
- Both statements are false

### 7. Local dental risk factors for periodontal disease include:

- Restorations with open margins
- Presence of furcation involvement
- Heavy biofilm and calculus accumulation
- All of the above

### 8. The benefits of periodontal risk assessment include:

- Identifying risk factors
- Establishing a plan to control risk factors
- Reduced treatment needs and costs for the patient
- All of the above

### 9. When performing a periodontal risk assessment, all of the following should be taken into account **EXCEPT**:

- Recording the patient’s vitals
- Gathering a thorough medical history
- Asking the patient about previous dental history
- Completing a periodontal chart

### 10. The maintenance therapy recommendation for high-risk periodontal patients is every:

- 3 months
- 4 months
- 6 months
- 9 months

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Please respond to the statements below by checking the appropriate box, using the scale on the right.

**1 = POOR**

**5 = EXCELLENT**

	1	2	3	4	5	
1. How well did this course meet its stated educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How would you rate the quality of the content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Please rate the effectiveness of the author.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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8. The level to which your personal objectives were satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Please rate the administrative arrangements for this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**7**
**6**
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**2**
**1**
**0**

extremely likely
neutral
not likely at all

What is the primary reason for your 0-10 recommendation rating above?

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