



Welcome to the Premiere Edition of DH Solutions Inc. Newsletter. The purpose of this newsletter is to provide DH Solutions Alumni with evidence-based information about oral health. The newsletter currently will be available to all alumni of DH Solutions Inc, free of charge. The information is designed to enhance practising dental hygienists /denturists knowledge and NOT to give practice advice.

Did You Know?

A new classification scheme for periodontal and peri-implant diseases and conditions has been released and replaces the 1999 classification system.

What is New in this Classification ?

- The new classification incorporates a new definition of health whereby healthy gingiva can still have up to 10% diseased sites.
- Periodontitis is now thought of in terms of grading and staging based on specific evidence. Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy and potential impact on systemic health.
- Staging intends to clarify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may contribute to the complexity of long-term case management.
- Refractory periodontitis, necrotizing periodontal disease and aggressive periodontitis are not segregated but part of periodontitis.
- Periodontal manifestations of systemic dis-

eases include the grade modifiers of risk factors such as smoking, diabetes, and HbA1c.

- Clients with implants are now classified into peri-implant health, peri-implant mucositis and peri-implantitis.

Scientific References

The above information as well as the staging and grading charts are referenced from:

Tonetti, Greenwell, Kornman. J. Periodontol 2018;89 (Suppl 1): S159 – S172.

Do You Want to Learn More

Join Evie Jesin for a full day of learning, introduction, clinical practice with coloured slides on Sunday February 10th, 2019 in Toronto. Visit www.dhsolutionsinc.com for registration.

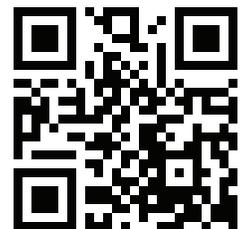
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Ms. Evie Jesin is presenting this information as an educator. This newsletter is not endorsed, sponsored or affiliated with the College of Dental Hygienists of Ontario (CDHO) or the College of Denturists of Ontario (CDO) in any way. As an educator, Ms. Jesin follows the CDHO and CDO standards and policies. Therefore much of what is presented in this newsletter is based on her interpretations and suggestions through many years of knowledge and experience. Ms. Jesin strives to adhere to the CDHO/CDO standards of practice and the policies for best practices. This newsletter provides information based on Ms. Jesin's readings and is evidence based on research.

Staging and Grading Periodontitis



The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports.

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

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



PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C. See perio.org/2017wwdc for additional information.

Primary criteria	Progression	Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
		Direct evidence of progression Indirect evidence of progression	Radiographic bone loss or CAL % bone loss / age Case phenotype	No loss over 5 years <0.25 Heavy biofilm deposits with low levels of destruction
Grade modifiers	Risk factors	Smoking Diabetes	<10 cigarettes/day HbA1c <7.0% in patients with diabetes	≥10 cigarettes/day HbA1c ≥7.0% in patients with diabetes

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

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Webinar Title	Hours	Cost
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