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Supportive Periodontal Therapy

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PERIODONTAL MAINTENANCE: (formerly referred to as Supportive Periodontal Therapy [SPT), Preventive Maintenance, Recall Maintenance): Procedures performed at selected intervals to assist the periodontal patient in maintaining oral health. As part of periodontal therapy, an interval is established for periodic ongoing care.

Maintenance procedures are under the supervision of the dentist and typically include an update of the medical and dental histories, radiographic review, extraoral and intraoral soft tissue examination, dental examination, periodontal evaluation, removal of the bacterial flora from crevicular and pocket areas, scaling and root planing where indicated, polishing of the teeth, and a review of the patient's plaque control efficacy. Periodontal maintenance procedures following active therapy is not synonymous with a prophylaxis. GPT 2001

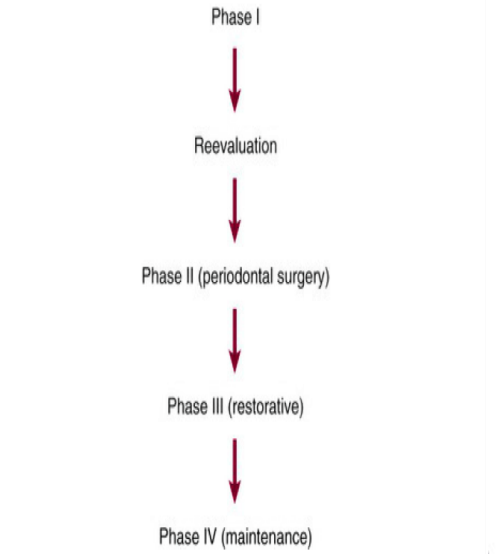
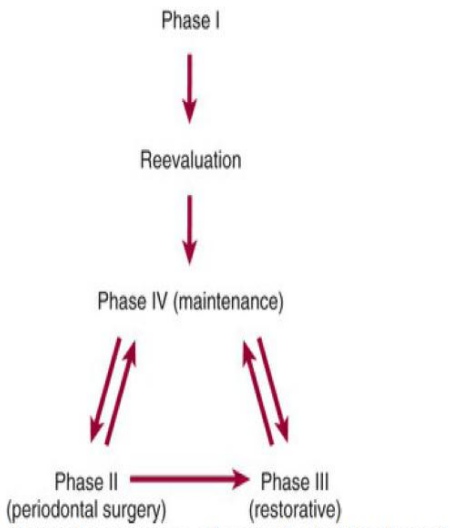


FIG. 72.1 Incorrect sequence of periodontal treatment phases. Maintenance phase should be started immediately after the reevaluation of phase I therapy.



Correct sequence of periodontal treatment phases.

Rationale for SPT

1. Limitation of mechanical subgingival debridement
2. Recolonization of pocket
3. Long JE (weak attachment)
4. Subgingival scaling alters the microflora of periodontal pockets

Goals of SPT

3 main goals according to the AAP position paper (1998)

1. To prevent or minimize the recurrence and progression of periodontal disease in patients who have been previously treated for gingivitis, periodontitis and for peri-implantitis.
2. To prevent or reduce the incidence of tooth loss by monitoring the dentition
3. To locate and treat other diseases or conditions found in the oral cavity in a timely manner

Types of SPT

• Schallhorn and Snider (1981)

1. Preventive maintenance therapy • Periodontally healthy individuals.
2. Trial maintenance therapy • Mild to moderate periodontitis

3 Compromised maintenance therapy • Medically compromised patients where active therapy is not possible.

4 Post-maintenance treatment therapy • maintenance for prevention of recurrence of disease

Part- 1: Examination and Evaluation

Patient greeting • Medical history changes • Oral hygiene status • Gingival changes • Pocket depth changes • Mobility changes • Occlusal changes • Dental caries • Oral pathologic examination • Restorative, prosthetic, and implant status Examination of prosthesis/abutment components; Evaluation of implant stability; Occlusal examination; Other signs and symptoms of disease activity. Radiographic Examination of Recall Patients Clinical caries and no high-risk factors for caries. Posterior bite-wing examination at 24 to 36-month intervals. Clinical caries or high-risk factors for caries Posterior bite-wing examination at 12 to 18-month intervals. History of periodontal treatment with disease under good control. Bite-wing examination every 24 to 36 months; full- mouth series every 5 years. Periodontal disease not under good control. Periapical and/or vertical bite-wing radiographs of problem areas every 12 to 24 months; full-mouth series every 3 to 5 years Root form dental implants Periapical or vertical bite-wing radiographs at 6, 12, and 36 months after prosthetic placement, then every 36 months unless clinical problems arise.

Part-2: Maintenance treatment and Oral hygiene reinforcement

• Oral hygiene reinforcement ,Scaling ,Polishing, Chemical irrigation or site-specific antimicrobial placement

Part 3-: Report, Cleanup, and Scheduling

Write report in chart.

• Discuss report with patient.

• Clean and disinfect operatory.

• Schedule next recall visit.

• Schedule further periodontal treatment.

• Schedule or refer for restorative or prosthetic treatment.

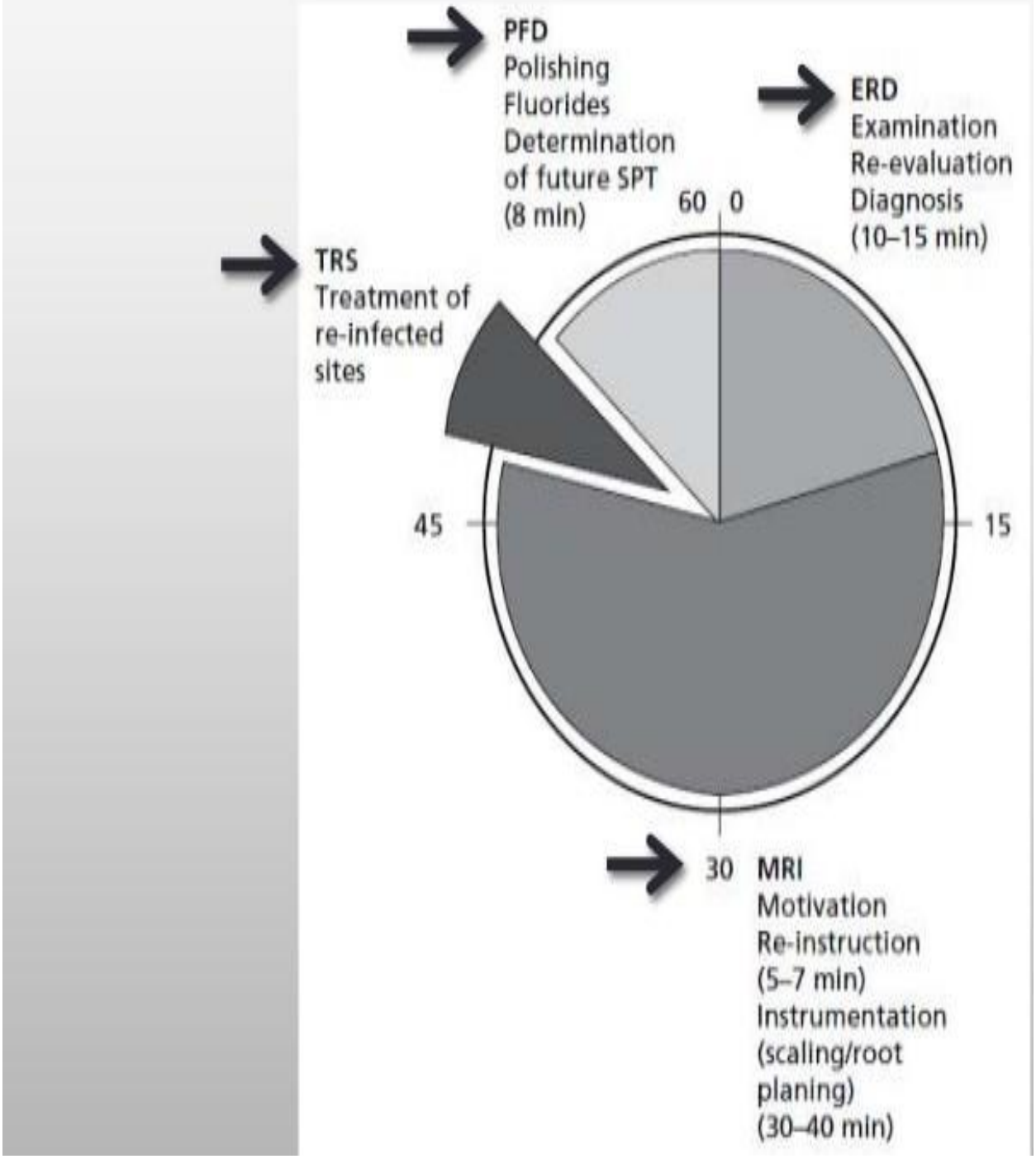
Frequency of SPT

Ramfjord et al. (1993) For most patients with gingivitis but no previous attachment loss, supportive periodontal treatment twice a year.

• For patients with a previous history of periodontitis, 3 months interval (less than 6 months)

• Various clinical trails suggest- four times a year.

SPT programme (Lindhe)



MERIN CLASSIFICATION

Merin Classification	Characteristics	Recall Interval
First year	First-year patient: routine therapy and uneventful healing. First-year patient: difficult case with complicated prosthesis, furcation involvement, poor crown-to-root ratios, or questionable patient cooperation.	3 months 1-2 months
Class A	Excellent results well maintained for 1 year or more. Patient displays good oral hygiene, minimal calculus, no occlusal problems, no complicated prostheses, no remaining pockets, and no teeth with less than 50% of alveolar bone remaining.	6 months to 1 year
Class B	Generally good results maintained reasonably well for 1 year or more, but patient displays some of the following factors: 1. Inconsistent or poor oral hygiene 2. Heavy calculus formation 3. Systemic disease that predisposes to periodontal breakdown 4. Some remaining pockets 5. Occlusal problems 6. Complicated prostheses 7. Ongoing orthodontic therapy 8. Recurrent dental caries → 9. Some teeth with less than 50% of alveolar bone support	3-4 months (decide on recall interval based on number and severity of negative factors)
Class C	Generally poor results after periodontal therapy and/or several negative factors from the following list: 1. Inconsistent or poor oral hygiene 2. Heavy calculus formation 3. Systemic disease that predisposes to periodontal breakdown 4. Many remaining pockets 5. Occlusal problems 6. Complicated prostheses 7. Recurrent dental caries 8. Periodontal surgery indicated but not performed for medical, psychologic, or financial reasons → 9. Many teeth with less than 50% of alveolar bone support	1-3 months (decide on recall interval based on number and severity of negative factors; consider re-treating some areas or extracting severely involved teeth)

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