



Complete Summary

GUIDELINE TITLE

Parameter on periodontal maintenance.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on periodontal maintenance. J Periodontol 2000 May; 71(5 Suppl):849-50. [19 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Inflammatory periodontal diseases

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Diagnosis
Evaluation
Treatment

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on periodontal maintenance

TARGET POPULATION

Patients with a history of inflammatory periodontal diseases, including gingivitis and periodontitis.

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Medical and dental history
2. Radiographic examination
3. Extraoral and intraoral soft tissue examination
4. Dental and periodontal examination
5. Assessment of disease status and personal oral hygiene status

Treatment

1. Removal of subgingival and supragingival plaque and calculus
2. Behavior modification including, oral hygiene reinstruction, compliance with suggested periodontal maintenance intervals, and counseling on the control of risk factors
3. Antimicrobial agents
4. Surgical treatment of recurrent disease
5. Communication with patient and/or other health care practitioners
6. Planning periodontal maintenance frequency with patient

MAJOR OUTCOMES CONSIDERED

- Efficacy of therapy
- Recurrence and progression of periodontal disease
- Incidence of tooth loss

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Therapeutic Goals

1. To minimize the recurrence and progression of periodontal disease in patients who have been previously treated for gingivitis and periodontitis.
2. To reduce the incidence of tooth loss by monitoring the dentition and any prosthetic replacements of the natural teeth.
3. To increase the probability of locating and treating, in a timely manner, other diseases or conditions found within the oral cavity.

Treatment Considerations

The following items may be included in a periodontal maintenance visit, subject to previous examination, history, and the judgment of the clinician.

Review and update of medical and dental history

Clinical examination (to be compared with previous baseline measurements)

1. Extraoral examination and recording of results
2. Dental examination and recording of results:
 - a. Tooth mobility/fremitus
 - b. Caries assessment
 - c. Restorative, prosthetic
 - d. Other tooth-related problems
3. Periodontal examination and recording of results:
 - a. Probing depths
 - b. Bleeding on probing
 - c. General levels of plaque and calculus
 - d. Evaluation of furcation invasion
 - e. Exudation
 - f. Gingival recession
 - g. Occlusal examination and tooth mobility
 - h. Other signs and symptoms of disease activity
4. Examination of dental implants and peri-implant tissues and recording of results:
 - a. Probing depths
 - b. Bleeding on probing
 - c. Examination of prosthesis/abutment components
 - d. Evaluation of implant stability
 - e. Occlusal examination
 - f. Other signs and symptoms of disease activity

Radiographic examination.

Radiographs should be current and should be based on the diagnostic needs of the patient and should permit proper evaluation and interpretation of the status of the periodontium and dental implants. Radiographs of diagnostic quality are necessary for these purposes.

The judgment of the clinician, as well as the degree of disease activity, may help determine the need for, the frequency of, and the number of radiographs.

Radiographic abnormalities should be noted.

Assessment

1. Assessment of disease status by reviewing the clinical and radiographic examination findings compared with baseline.
2. Assessment of personal oral hygiene status.

Treatment

1. Removal of subgingival and supragingival plaque and calculus
2. Behavior modification:
 - a. Oral hygiene reinstruction
 - b. Compliance with suggested periodontal maintenance intervals
 - c. Counseling on control of risk factors; e.g., cessation of smoking
3. Antimicrobial agents as necessary
4. Surgical treatment of recurrent disease

Communication

1. Informing the patient of current status and alterations in treatment if indicated.
2. Consultation with other health care practitioners who will be providing additional therapy or participating in the periodontal maintenance program.

Planning

1. For most patients with a history of periodontitis, visits at three month intervals have been found to be effective in maintaining the established gingival health.
2. Based on evaluation of clinical findings and assessment of disease status, periodontal maintenance frequency may be modified or the patient may be returned to active treatment.

Outcomes Assessment

1. The desired outcome for patients on periodontal maintenance should result in maintenance of the periodontal health status attained as a result of active therapy.
2. Inadequate periodontal maintenance or non-compliance may result in recurrence or progression of the disease process.
3. Despite adequate periodontal maintenance and patient compliance, patients may demonstrate recurrence or progression of periodontal disease. In these patients additional therapy may be warranted.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Minimize the recurrence and progression of periodontal disease
- Reduce the incidence of tooth loss
- Increase the probability of locating and treating, in a timely manner, other diseases or conditions found within the oral cavity

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on periodontal maintenance. J Periodontol 2000 May; 71(5 Suppl):849-50. [19 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 20-3 [16 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

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