PERIO COURSES NEWS

APRIL 2017

www.periocourses.co.uk

Welcome to the first newsletter of 2017. We are hoping to send out newsletters slightly more frequently than in the past, but they will be shorter! We will still include some reviews of recent articles/research that have attracted our interest, and will of course let you know about future PerioCourses events.

We have been busy already this year with full houses for the first of our Masterclasses in Liverpool and a Team Day in London. The second Perio Masterclass for General Practitioners, this time in Bristol, is half way through, finishing in May. Due to the popularity of the Masterclasses, and the very small numbers of participants we take, we will be running another one in the autumn in Liverpool. We are also venturing further north and will be running a couple of courses for GDPs and hygienists/therapists in Edinburgh and Dundee. Check out the website for full details.

Here's wishing you all a relaxing Easter break.

Best wishes
Phil, Ian, Sarovi and Marilou

2017 COURSES

1 June	**EDINBURGH**	**Essentials of Perio Management for the Dental Team**
29 June	**SHEFFIELD**	**Essentials of Perio Management for the Dental Team**
7 July	**LIVERPOOL**	**Contemporary Periodontal and Peri-implant Management in General Practice - course for Hygienists/Therapists**
21 September	**CHALFONT ST GILES**	**Essentials of Perio Management for the Dental Team**
28 & 29 Sept 19 & 20 Oct	**LIVERPOOL**	**4 x day Perio Masterclass for General Practitioners**
30 November	**DUNDEE**	**Contemporary Periodontal and Peri-implant Management in General Practice - course for Hygienists/Therapists**

Can the Response to Periodontal Treatment Predict your Risk of Cardiovascular Disease?

The bidirectional link between diabetes and periodontal disease is long established. More recently, focus has been given to the growing body of evidence associating cardiovascular disease (CVD) and periodontitis. This study is the first large prospective investigation of the the associate between CVD and the response to periodontal treatment. 5,297 individuals were examined at base line and then 1 year after periodontal treatment was provided within a specialist periodontal setting. Patients who had more than 10% of sites with pockets of >4mm and bleeding on probing at ≥20% of the sites 1 year after active treatment were defined as having a poor response to treatment. Individuals were followed up for an average period of 16.6 years. Poor responders had a 28% higher risk for CVD compared to good responders. The study concluded that this may indicate that successful periodontal treatment might influence progression of subclinical CVD.

Poor Response to Periodontal Treatment May Predict Future Cardiovascular Disease. Holmlund A, Lampa E, Lind L. J Dent Res. 2017 Mar 1:22034517701901. doi: 10.1177/0022034517701901. [Epub ahead of print]

PMID: 28363032

We Will Survive!

Those of you that have taken part in PerioCourses' 'prognosis exercise' will be familiar with the conclusion of this data. This retrospective longitudinal study assessed the risk of and prognostic factors for tooth loss in patients with generalised aggressive periodontitis. 57 patients patients were evaluated after periodontal treatment in a university setting and again after an average of 17.4 years of supportive periodontal therapy. Overall, 232 teeth were lost during this period. As numerous previous studies have shown, the majority of tooth loss occurred in a minority of patients. During supportive periodontal therapy, three patients lost ≥10 teeth, 14 lost 4-9 teeth, 40 lost 0-3 teeth and one-third of patients lost no teeth. Nearly 84% of all survived teeth after active therapy showed stable or improved bone level after supportive periodontal therapy. Risk of tooth loss was significantly increased in active smokers, the upper dental arch, with each mm of residual PPD, teeth with furcation involvement and mobility grade III. The authors concluded that, within the provided conservative treatment regime, generalised aggressive periodontitis patients lost few teeth. Our conclusion - give the tooth (the patient) a chance!

Tooth loss in generalized aggressive periodontitis: prognostic factors after 17 years of supportive periodontal treatment.

Graetz C1, Sälzer S1, Plaumann A1, Schlattmann P2, Kahl M1, Springer C1, Dörfer C1, Schwendicke F3.

Clin Oral Investig. 2017 Mar 28. doi: 10.1007/s00784-017-2104-4. [Epub ahead of print]

Cochrane's Review on Chlorhexidine and Gingivitis

Chlorhexidine mouthwash is the gold standard to which other mouthwashes are compared. Its use is often advocated as an adjust to mechanical cleaning. Those who have attended PerioCourses are aware we feel it confuses the message of achieving self efficacy and we do not advocate its use in the management of periodontitis. This systematic review was an update of the systematic review carried out in September 2016, assessing the efficacy of chlorhexidine mouthwash in improving gingivitis - the precursor to periodontitis. It also asked whether the frequency or concentration of the solution affected its results. Finally it examined the undesirable side effects of using chlorhexidine mouthrinse.

51 studies were reviewed with total of 5345 participants. The key results were that chlorhexidine mouthwash, used as an adjunct to mechanical cleaning, leads to a large reduction in the build-up of plaque and a moderate reduction in symptoms in people with a mild level of gingivitis. However, because the level of mild gingivitis was already low, this finding was not considered to be clinically relevant. They were not able to determine the level of reduction of gingivitis in people with moderate to severe levels of gingivitis. Additionally, there was no evidence that one concentration or strength of chlorhexidine rinse was more effective than another. Finally, side effects from use over 4 weeks included tooth staining, build-up of calculus (tartar), temporary taste disturbance and temporary oral mucosa including soreness, irritation, mild desquamation and mucosal ulceration/erosions and a general burning sensation or a burning tongue or both.

The authors concluded that though there are specific circumstances for which **short term** chlorhexidine may be appropriate, '…..*using chlorhexidine mouthrinse for longer periods of time in individuals with special care needs who cannot maintain an adequate level of plaque control using mechanical cleaning methods alone must be carefully weighed against the adverse effects associated with its use.'* That is, if they are not special needs, they need to pick up some brushes!

Chlorhexidine mouthrinse as an adjunctive treatment for gingival health.
James P, Worthington HV, Parnell C, Harding M, Lamont T, Cheung A, Whelton H, Riley P. Cochrane Database Syst Rev. 2017 Mar 31;3:CD008676. doi: 10.1002/14651858.CD008676.pub2. [Epub ahead of print]

IN-PRACTICE TRAINING

In-Practice Training days are a great way of getting your dental team out of the surgery and discussing all things perio for a day. Sometimes we do this in the practice but we also run these days locally in conference centres where facilities tend to be less cramped. This is a great way of getting everyone - and we mean everyone, reception staff included (they love it!) - up to speed on perio and singing from the same hymn sheet. These days always go down well and are a cost-effective way of ensuring that all the staff are getting enough CPD. Programmes are tailored to the needs of the practice so we'll discuss course content before the day and provide what YOU want.

To find out more go to the In-Practice Training page of the website