

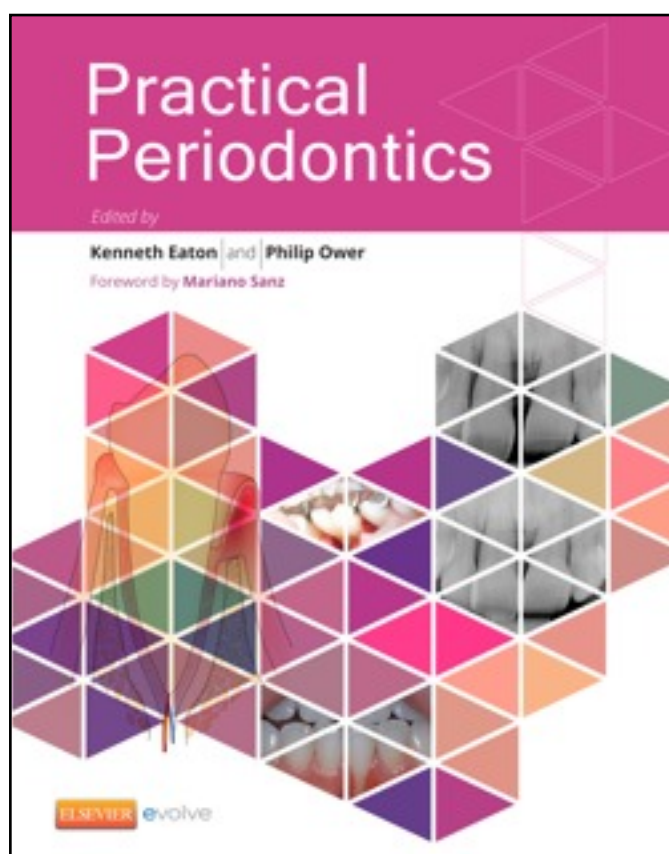
MAY 2015

www.periocourses.co.uk

Once again we have to apologise for the late arrival of this newsletter, due to the wrong kind of leaves on the line, or something. We have all been so busy - Phil with the book (see below), Sarovi with her contributions to the population (No 2 now on the way, only a few weeks to go), Ian who now has so many hats he's late for work every morning trying to decide which one to put on and Marilou now doing a lot more in Scotland on the lecture circuit and getting a bit of a reputation (all good!) as a result. So we go from strength to strength, the courses are still getting great feedback and we are booked further ahead than ever before. This last year we've also presented at the BDA Conference, the Dentistry Show, The Scottish Dental Show and the BACD Conference. But our 6 modules remain our backbone and it's great to see so many of you coming back for more on the courses. We'd also like to remind you that we run practice visits as well which people find extremely valuable. We're getting very excited about EuroPerio8 in London 3-6 June and hopefully the next newsletter will be along soon afterwards so we can share what we have learnt if you can't be there in person. But better still - book now and don't miss out on this golden educational opportunity! Then at the end of the year Phil takes over as BSP President so put the date of his main meeting in your diaries - **Oxford 7-9 April 2016.**

For now - read on and enjoy!

Phil, Ian, Sarovi & Marilou



Here it is at last - after 4 years of blood, sweat and tears!

ISBN 9780702043574

£49.99 rrp

Available now for pre-order on Amazon at a reduced rate - release date 11 August 2015

or pre-order from www.elsevierhealth.co.uk/periodontics and get a 20% discount if ordered before the end of July (discount promotion code EATON15)

Airpolish or Ultrasonic for Supportive Periodontal Therapy?

Here is another study (published by a big name: Mombelli) that contributes to the growing body of evidence supporting the use of sub gingival airpolishing for periodontal maintenance. The polishing of root surfaces with a fine powder is the most minimally invasive technique of biofilm disruption that is available on the market (not including sub gingival brushing, of course!). This 1 year long, single-blinded, split-mouth study of 50 patients used 'pockets less than 4mm' as their end point of comparison between the 3 monthly use of an ultrasonic versus an airpolish system. The results showed no difference in clinical end points (bleeding of probing, number of pockets above 4mm or microorganisms). However, there was significant differences shown in the pain and discomfort experienced by patients. Unsurprisingly, the ultrasonic resulted in more discomfort and pain. This study supports a patient-centred, minimally invasive approach and adds strength to a PerioCourses motto: 'biofilm disruption is the name of the game!'. Interestingly, this study used a new erythritol powder containing 0.3% chlorhexidine. As there were no differences in clinical endpoints between test and control sides, the study also supports a PerioCourses philosophy that discourages the use of topical chemical adjuncts in the majority of patients with chronic periodontitis. Our suggestion.... Get airpolishing!

Subgingival air-polish with erythritol during periodontal maintenance. Müller, Raphaël Moëne, José A, Andrea Mombelli (2014) JCP; 41;9,883-889

Sarovi Drone

Healthy body, healthy gums!

Especially if you're a bloke! This cross-sectional study looked at 111 males (average age 34) who completed a physical fitness test (push-ups, pull-ups, sit-ups then a 12 minute run) - essentially what all PerioCourses delegates do on a daily basis - then their level of fitness was determined as a PFT (Physical Fitness Score). Study participants' periodontal status was then evaluated (pockets and attachment loss). Overweight individuals, and those with more attachment loss, had lower PFT scores. The researchers concluded that periodontal disease may be considered a risk indicator for poor physical fitness in males, but maybe it's the other way round as well; at the BSP meeting in September last year in Birmingham, Manfred Lamprecht, who has a PhD in sports science, delivered a fascinating lecture about how physical inactivity is associated with an increase in inflammation, especially chronic inflammation, and how exercise can be anti-inflammatory. Another example of how lifestyle can positively, and negatively, affect periodontal status.

Periodontal disease as a risk indicator for poor physical fitness: a cross-sectional observational study. Oliveira et al. (2015) *Journal of Periodontology*; 86: 44-52

Phil Ower

How compliant are implant patients with supportive care?

We all know that implant patients need close monitoring and supportive care after implant placement but how good are such patients at coming back for their SIT (Supportive Implant Therapy) visits. This study evaluated this in 236 patients with a total of 540 patients over a 3 year period. Non-compliance rates increased over the 3 year period (5% in year 1 to 13% in year 3) with total non-compliance in 4 patients. A correlation was found between low compliance and pocket depths. Surprise surprise! The main factors influencing compliance were identified as geographical distance, pocket depth, smoking, diabetes and past SPT experience. Main message - remind patients that implants need to be looked after.

Supportive post-implant therapy: patient compliance rates and impacting factors: 3 year follow-up. Ziebolz et al. (2014) *Journal of Clinical Periodontology*; 41: 1007-1014

Phil Ower

Have you thought about a practice visit?

Practice visits 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 Practice Visits page of the website



Phil with the team at York Place Dental, Newcastle in October 2014

Reduce the oral bacterial load by having a clearance before getting implants?

There is debate about whether perio patients who have clearances ever get rid of all their period pathogens in so doing. Quiryren's 2011 study suggested that do not and that these patients are still a risk for implant failure. This study took 30 patients with moderate to advanced periodontitis who were undergoing total clearances and examined their oral microbial profiles (pockets, prostheses, tongue, mucosa) before after extraction. Perio pathogens such as Aa and Pg showed a significant reduction but still persisted for up to 3 months in the edentulous mouth after extraction. The factors that enable these pathogens to persist in the mouth are unknown and it remains unclear as to whether such persistence may pose a risk for implants in these patients. The overall message remains the same - always warn perio patients that their susceptibility will always be a risk for peri-implant complications.

Changes in oral microflora after full-mouth tooth extraction: a prospective cohort study.
de Waal et al. (2014) *Journal of Clinical Periodontology*; 41: 981-989

Phil Ower

Is periodontitis a risk for implant loss?

The prevalence of peri-implantitis is rising and with it, comes a growing interest in the associated risk factors. This well conducted systematic review and meta analysis looked at fourteen prospective studies that included between 10 and 717 periodontally treated subjects. The results showed that patients with periodontitis were almost twice as likely to lose their implants and experience peri-implantitis compared to healthy individuals. They also showed higher levels of bone loss around implants.

Meta-analysis was able to be conducted using half the studies and showed that the risk of implant loss was four times greater for those with aggressive periodontitis compared to those with chronic periodontitis. It was concluded that this provided strong evidence that periodontitis is a risk factor for implant loss. The take-home message: replace periodontally challenged teeth with implants with great caution! (or perhaps even better - don't!).

Sgolastra F, Petrucci A, Severino M, Gatto R, Monaco A. Periodontitis, implant loss and peri-implantitis. A meta-analysis. *Clin Oral Implants Res* 2013

Sarovi Drone

BOP in smokers - any use?

We often get asked on courses whether BOP is a useful measure in smokers - usually we find that people think that it is not but we make the point that while marginal bleeding is often significantly affected in smokers, BOP is not and we think that BOP is still of use in smokers in assessing treatment response. This study addressed just this question, relating smoking status to mean percentage BOP in perio patients undergoing SPT. The results showed that percentage BOP significantly increased with initial disease severity and periodontal instability *irrespective* of smoking status. In other words, BOP is still a useful measure in the smoker but there is a higher risk of false negative assumptions (ie disease is there but missed) in such patients so don't use BOP on its own.

Bleeding on probing as it relates to smoking status in patients enrolled in supportive periodontal therapy for at least 5 years. Ramseier et al. (2015). *Journal of Clinical Periodontology*; 42: 150-159

Phil Ower

Aspirin - a wonder drug? For perio as well?

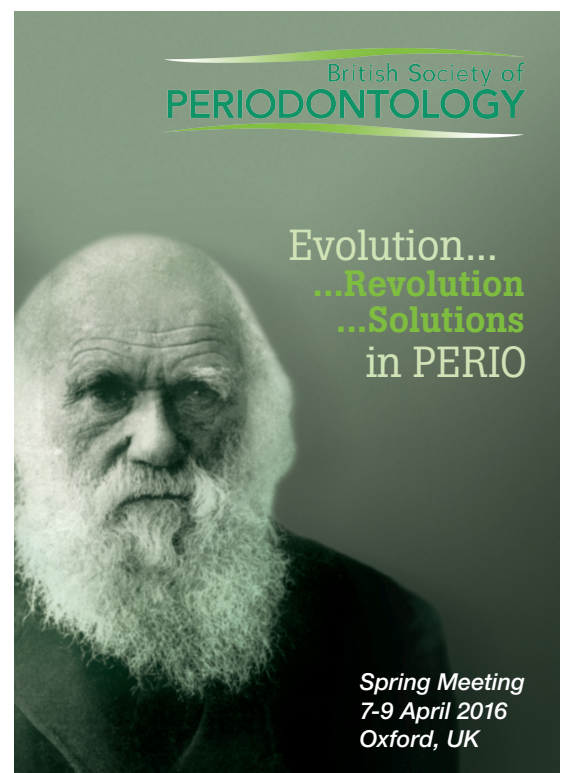
Another topic that frequently comes up when we go through the inflammatory pathways flowchart is the possible role of aspirin. There have been a few studies that suggest a protective effect (El-Sharkawy et al. 2010, Faizuddin et al. 2012) as a therapy to attenuate inflammation but this new study looked at the association between low-dose aspirin and periodontal disease, using data from the US NHANES survey (National Health and Nutrition Examination Survey) 2011-2012. A total of 2335 adults (mean age 56) had full perio examinations and reported on aspirin use. No correlation was found between aspirin use and periodontal status. Disappointing, but of course this was a retrospective cohort study, not a prospective intervention study, so the story's not dead yet!

Association between low-dose aspirin and periodontal disease: results from the continuous national health and nutrition examination survey (NHANES) 2011-2012.

Kotsakis et al. (2015). *Journal of Clinical Periodontology*; 42: 333-341

Phil Ower

For full programme details and booking information go to www.bsperio.org.uk and click on the Spring Conference link on the right hand side of the home page





ESSENTIALS OF PERIODONTAL MANAGEMENT

for Hygienists / Therapists

An intensive full day course covering hygienist skills new to the 2013 GDC Scope of Practice

Phil Ower MSc BDS MGDS
Ian Dunn MSc BChD MFGDP

Aims:

- 1. To understand the importance of screening and assessment for periodontal disease in general dental practice.**
- 2. To formulate accurate diagnoses that inform treatment planning.**
- 3. To identify diagnostic difficulties and dilemmas.**
- 4. To treatment plan appropriately in NHS practice.**
- 5. To appreciate the medico-legal, record-keeping and administrative implications of direct access.**

Objectives:

By the end of the session delegates will be able to:

- 1. Use BPE and perio probes fast and effectively.**
- 2. Assess patients' levels of risk accurately.**
- 3. Diagnose periodontal diseases effectively.**
- 4. Avoid mis-diagnosis of perio-endo lesions, root fractures and gingival anomalies.**
- 5. Formulate an appropriate treatment plan based on an accurate diagnosis.**
- 6. Improve record-keeping.**

Thursday 16 July 2015 <i>with Phil Ower</i>	DoubleTree by Hilton Redcliffe Way, BRISTOL BS1 6NJ
Saturday 10 October 2015 <i>with Phil Ower & Ian Dunn</i>	Hilton Hotel Victoria Quays, Furnival Road, SHEFFIELD S4 7YB
Friday 30 October 2015 <i>with Phil Ower & Ian Dunn</i>	Henry Schein, 18 Stanhope Place, LONDON W2 2HH

*"A really excellent course" "Totally inspired by the whole day"
"Cannot wait to attend other courses" (Delegates at 2014 courses)*

Cost, including refreshments & lunch: £ 145



ESSENTIALS OF PERIODONTAL MANAGEMENT
for Hygienists / Therapists

BOOKING FORM

Please complete one booking form per applicant and return to:
PerioCourses, Green Hayes, Malvern Road, Liss GU33 7PZ / ghilaine.ower@btopenworld.com

Fee: £145

- Cheque attached, payable to *PerioCourses Ltd*
- BACS to: *PerioCourses Ltd; 09-01-27; 91645186* **Ref: surname**

Name

GDC Hygienist/Therapist Registration No:.....

Phone

Email

Special dietary requirements:

2015 dates & venues - please tick:

- Thursday 16 July **Bristol**
- Saturday 10 October **Sheffield**
- Friday 30 October **London**

T&C: Cancellation 30 days or less - no refund. PerioCourses reserves the right to change the venue and/or change the speakers at any time. We reserve the right to cancel the event, in which case all monies will be refunded. We accept no liability if the event does not take place for reasons beyond our control.