Top Trends in Periodontology

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Evidence-based publications/websites for information on products/treatments

1. **PubMed**: [www.pubmed.gov](http://www.pubmed.gov)
2. **American Academy of Periodontology**: [www.perio.org](http://www.perio.org)
   - Journal of Periodontology
     - AAP Statement on the Efficacy of Lasers in the Non-Surgical Treatment of Inflammatory Periodontal Disease, J Periodontol, April 2011
     - 2008 Workshop on Inflammation; Inflammation and Periodontal diseases: A Reappraisal.
     - 2003 Workshop on Contemporary Science in Clinical Periodontics
   - **Position Papers**:
     - The role of supra-and subgingival irrigation in the treatment of periodontal diseases. 2005
     - Implications of Genetic Technology for the Management of Periodontal Diseases- 2005
     - Systemic Antibiotics in Periodontics -2005
     - Current understanding of the role of microscopic monitoring, baking soda and hydrogen peroxide in the treatment of periodontal disease- 1998
     - Modulation of the host response in periodontal therapy- 2002
     - Sonic and ultrasonic scalers in periodontics. 2000
     - Treatment of plaque-induced gingivitis, chronic periodontitis, and other clinical conditions. 2001
   - Periodontal Maintenance-2003
   - Periodontal management of patients with Cardiovascular Disease-2002
   - Guidelines for Referral-2006
   - **Academy Statements**:
     - Peri-Implant Mucositis and Peri-Implantitis: A Current Understanding of Their Diagnoses and Clinical Implications AAP Academy Statement 2013
     - The Efficacy of Lasers in the Non-surgical Treatment of Inflammatory Periodontal Disease 2011
     - Comprehensive Periodontal Therapy 2010
     - Periodontal Management of the Pregnant Patient 2004
3. **International Academy of Periodontology**
   - Journal of the International Academy of Periodontology
4. **www.blackwellpublishing.com**
   - Journal Clinical Periodontology
   - Periodontology 2000
   - International Journal of Dental Hygiene
5. **National Institute of Dental and Craniofacial Research (NIDCR)**:
   - [www.nidcr.nih.gov](http://www.nidcr.nih.gov)
6. **International/American Association for Dental Research:**
   [www.dentalresearch.org](http://www.dentalresearch.org)
   *Journal of Dental Research*
   *Advances in Dental Research*

7. **American Dental Association:** [www.ada.org](http://www.ada.org)
   ADA Center for Evidence-Based Dentistry [http://ebd.ada.org/en/](http://ebd.ada.org/en/)
   *Journal of the American Dental Association*

8. **American Dental Hygienists’ Association:** [www.adha.org](http://www.adha.org)

9. **Canadian Dental Hygienists’ Association:** [www.cdha.ca](http://www.cdha.ca)
    *Canadian Journal of Dental Hygiene*

10. **Cochrane Collaboration:** [www.cochrane.org](http://www.cochrane.org)

11. **American Diabetes Association:** [www.diabetes.org](http://www.diabetes.org) and [professional.diabetes.org](http://professional.diabetes.org)

12. **American Heart Association:** [www.americanheart.org](http://www.americanheart.org)

**Informative Corporate Websites**

13. **Procter & Gamble Company:** [www.dentalcare.com](http://www.dentalcare.com)
    Journal of Contemporary Dental Practice

14. **Colgate Oral Pharmaceuticals:** [www.colgate.com](http://www.colgate.com)*
    White papers on oral-systemic health

15. **OraPharma, Inc:** [www.arestin.com](http://www.arestin.com)

16. **Dimensions of Dental Hygiene:** [www.dimensionsofdentalhygiene.com](http://www.dimensionsofdentalhygiene.com)


18. **PerioSciences:** [http://www.periosciences.com/control/main](http://www.periosciences.com/control/main)

19. **PreViser™:** [http://www.previsor.com](http://www.previsor.com)

20. **PerioPredict Genetic Risk Test:** [http://ilgenetics.com](http://ilgenetics.com)

21. **Sunstar** –[http://gumbrand.com](http://gumbrand.com)

22. **GC America** – [www.gcamerica.com](http://www.gcamerica.com)


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Definitions:

Evidence based practice: EB practice is an approach to the care and treatment of patients wherein the health professional includes the "conscientious, explicit, and judicious use of the most current, best evidence in making clinical decisions regarding the care of individual patients." Evidence-based practice is a process that restructures the way health professionals think about clinical problems. Traditionally, health professionals have placed high value on their accumulated personal knowledge and adherence to long-held standard practices when making clinical decisions. Conversely, an EB approach encourages the professional's integration of the resulting knowledge with clinical expertise and patient preferences to determine the best treatment for individual patients. EB practice therefore requires the blending of research knowledge with provider experience.1-5


Comprehensive Periodontal Examination

- Scope of Periodontal Therapy
- Periodontal Evaluation
- Establishing a Diagnosis, Prognosis, and Treatment Plan
- Informed Consent and Patient Records
- Treatment Procedures
- Evaluation of Therapy
- Factors Modifying Results
- Periodontal Maintenance Therapy
Common Antimicrobials Agents and How They Affect Biofilm Development and Adhesion

Cetylpyridinium Chloride (CPC): Works by rupturing the cell wall and altering the cytoplasm. CPC also decreases bacterial attachment to the pellicle.

Chlorhexidine (CHX): Works by binding to the pellicle and interfering with salivary mucin function to prevent biofilm accumulation. CHX causes cell lyses and the bacteriostatic concentrations interfere with the cell wall transport system.

Chlorine Dioxide: Works by neutralizing the volatile sulfur compounds that affect oral malodor so the agent is primarily used for cosmetic claims and not therapeutic benefits.

Essential oils (EO): Disrupts cell walls and inhibits bacterial enzymes. EO also decreases the pathogenicity of biofilm.

Stannous Fluoride: The tin ion binds to the bacterial surface which prevents colonization. Also, the accumulation of tin affects the metabolic activity of bacteria and alters cellular aggregation and metabolism.

Zinc Citrate: Zinc citrate or zinc chloride can effect bacterial adherence, alter bacterial metabolic activity and reduce the rate of bacterial growth.

Triclosan and copolymer: With both antimicrobial and anti-inflammatory properties, triclosan and copolymer affect the microbial cytoplasmic membrane causing leakage of the cell contents.

References:

Free Publications

1. **Special issue: Periodontitis and Systemic Diseases** - Proceedings of a workshop jointly held by the European Federation of Periodontology and American Academy of Periodontology. Volume: 84, Number: 4-s April 2013
Free Patient Resources:

American Diabetes Association: Cardiovascular Disease Toolkit
http://professional.diabetes.org/ResourcesForProfessionals.aspx?typ=17&cid=60459

- All about Pre-diabetes
- Getting the Very Best Care for your Diabetes
- Taking Care of Type 2 Diabetes
- All About Your Blood Glucose for People with Type 2 Diabetes
- All About Insulin Resistance
- Protect Your Heart: Make Wise Food Choices
- Protect Your Heart: Choose Fats Wisely
- Protect Your Heart: Cook with Heart Healthy Foods
- Protect your Heart: Check Food Labels to Make Heart-Healthy Choices
- Protect Your Heart by Losing Weight
- Recognizing and Handling Depression for People with Diabetes
- Treating High Blood Pressure in People with Diabetes
- Taking Care of Your Heart
- Know the Warning Signs of a Heart Attack
- All About Stroke

National Institutes of Health / National Institute of Dental and Craniofacial Research
http://www.nidcr.nih.gov/OralHealth/

- Burning Mouth Syndrome
- Cancer Treatment and Oral Health
- Cleft Lip and Palate
- Developmental Disabilities and Oral Health
- Diabetes and Oral Health
- Dry Mouth (Xerostomia)
- Fillings (Amalgams)
- Fluoride
- Genetics
- Gum (Periodontal) Diseases
- Heart Disease and Oral Health
- HIV/AIDS
- Oral Cancer
- Organ Transplantation and Oral Health
- Pain (oral, facial)
- Pregnancy and Oral Health
- Saliva and Salivary Gland Disorders
- Sjögren's Syndrome
- Spit (Smokeless) Tobacco
- Taste Disorders
- TMJ (Temporomandibular Joint and Muscle Disorders)
- Tooth Decay (Caries)
Communication/verbal skills with patients and team members

**PEOPLE SKILLS**

In the space provided below, identify the behaviors that are most characteristic of you in the work setting. In each row, assign 4 points to the behavior that is most characteristic of you; assign 3 points to the next most characteristic behavior, then 2, and finally 1 point to the behavior that is least characteristic of you.

*Example*

<table>
<thead>
<tr>
<th>3 Directing</th>
<th>4 Influencing</th>
<th>1 Steady</th>
<th>2 Cautious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
<td>Column 4</td>
</tr>
<tr>
<td>__Directing</td>
<td>__Influencing</td>
<td>__Steady</td>
<td>__Cautious</td>
</tr>
<tr>
<td>__Decisive</td>
<td>__Optimistic</td>
<td>__Patient</td>
<td>__Restrainted</td>
</tr>
<tr>
<td>__Daring</td>
<td>__Enthusiastic</td>
<td>__Stabilizing</td>
<td>__Analytical</td>
</tr>
<tr>
<td>__Competitive</td>
<td>__Talkative</td>
<td>__Accommodating</td>
<td>__Precise</td>
</tr>
<tr>
<td>__Forceful</td>
<td>__Charming</td>
<td>__Easygoing</td>
<td>__Curious</td>
</tr>
</tbody>
</table>

| __Total (Column 1) | __Total (Column 2) | __Total (Column 3) | __Total (Column 4) |
Motivational Interviewing

Motivational interviewing is a person-centered, guiding method of communication for eliciting and strengthening internal motivation for change. (Miller, Rollnick, 2009)

Principles of MI

Express Empathy—understand where the patient is and then convey that to them. Ex: “You are taking a lot of medications. I can see that it would be hard to keep all of that straight.”

Develop Discrepancy—Change is motivated by a perceived discrepancy between present behavior by a patient and their important goals and values. Developing discrepancy should be done in a non-judgmental way. Ask questions about behaviors that don’t support goals set by the patient. Present discrepancies as legitimate conflicts or mixed experiences rather than as contradictions or judgments that prove a patient has a problem. Ex: “On one hand I hear you saying that you want to improve your health this year, and on the other hand you said that it will be impossible for you to give up smoking in the near future.”

Roll with Resistance—avoid argumentation-The resistance or disconnect a person offers can be turned or reframed slightly to create a new momentum toward change. Remember, the patient is the primary resource in finding answers and solutions. Ex: “It sounds like you don’t think this new product will work for you.” Or….“On the one hand, it seems you recognize there are some real problems here I’m trying to help with, and on the other hand, what I am suggesting is just not acceptable for you right now.”

Support self-efficacy—refers to a person’s belief in his/her ability to carry out a task and succeed. It is a key element for change and can be a good predictor of treatment outcome. Ex: “What it is about you that can help move you towards taking the next step in making a change?”

Strategies used throughout MI

OARS: Open ended questions, Affirmation, Reflective listening, Summarizing

Open ended questions—do not ask questions that will result in “yes” or “no” responses. Rather, ask questions that open up a larger conversation. Ex: What brings you here today?

Affirm—recognition of the patient’s strengths. Affirmations sees any progress as progress!

Reflective listening—Listen to the patient and focus on change talk. Reflect back to them what they have told you, making connections between themes. Ex: “You are not quite sure you are ready to make a change, but you are concerned that….” Other reflection stems: “Sounds like,” “You’re feeling like,” “For you, it’s a matter of….”

Summarizing—Express that you are going to summarize, list selected elements of what the patient has told you, and ask them to make meaning of these things. Ex: “I am going to share with you what I heard you say. You are ready to change……but you feel…….” What needs to happen for you to start / stop doing……on a more frequent basis?”

Encouraging Motivation to Change: 
Am I Doing this Right?

Do I listen more than I talk? 
   Or am I talking more than I listen?

Do I keep myself sensitive and open to this person’s issues, whatever they may be?  
   Or am I talking about what I think the problem is?

Do I invite this person to talk about and explore his/her own ideas for change?  
   Or am I jumping to conclusions and possible solutions?

Do I encourage this person to talk about his/her reasons for not changing?  
   Or am I forcing him/her to talk only about change?

Do I ask permission to give my feedback?  
   Or am I presuming that my ideas are what he/she needs to hear?

Do I reassure this person that ambivalence to change is normal?  
   Or am I telling him/her to take action and push ahead for a solution?

Do I help this person identify successes and challenges from his/her past and relate them to present change efforts?  
   Or am I encouraging him/her to ignore or get stuck on old stories?

Do I seek to understand this person?  
   Or am I spending a lot of time trying to convince him/her to understand me and my ideas?

Do I summarize for this person what I am hearing?  
   Or am I just summarizing what I think?

Do I value this person’s opinion more than my own?  
   Or am I giving more value to my viewpoint?

Do I remind myself that this person is capable of making his/her own choices?  
   Or am I assuming that he/she is not capable of making good choices?

Source: www.centerforebp.case.edu
References for Practice and Patient Management


Covey, S. The 7 Habits of Highly Effective People. New York. Simon and Schuster. 1989

DiSC® Personal Profile System. Many sources are available. This is just one:
https://www.discprofile.com/what-is-disc/overview/


Nohria, Joyce & Robertson. Results-Based Leadership. (2003).


Sanborn M. New Ideas on How to Keep Delivering Extraordinary Results. Tyndall House Publishers. 2013


