

# Treatment of stage I-III periodontitis

## The EFP S3-level clinical practice guideline

### Where does the need for this guideline come from?

- Implementation of the new classification of periodontitis should facilitate the use of appropriate preventive and therapeutic interventions, depending on the stage and grade of the disease. The application of this S3-level clinical practice guideline will allow a homogeneous and evidence-based approach to the management of stage I-III periodontitis.

### What do patients need to know?

- An essential prerequisite to therapy is to inform the patient of the diagnosis, including causes of the condition, risk factors, treatment alternatives and expected risks and benefits including explanations regarding consequences of refused treatment.
- This discussion should be followed by agreement on a personalized care plan.
- The plan might need to be modified during the treatment journey, depending on patient preferences, clinical findings and changes to overall health.

### How do we interpret these infographics?

**Blue colour:** Recommendations in favor of a particular strategy of treatment or specific procedure.

**Orange colour:** Open recommendation in which the clinician is responsible for the final choice of a particular strategy of treatment or specific procedure based on specific patient characteristics.

Uncertain recommendation for whose clarification further research is needed.

**Red colour:** Recommendations against a particular strategy of treatment or specific procedure.

Grade of recommendation grade <sup>a</sup>	Description	Syntax
A	Strong recommendation	We recommend We recommend not to
B	Recommendation	We suggest We suggest not to
O	Open recommendation	May be considered

TABLE  
Strength of recommendations:  
grading scheme (German Association of the Scientific Medical Societies (AWMF) and Standing Guidelines Commission, 2012)

<sup>a</sup> If the group felt that evidence was not clear enough to support a recommendation, statements were formulated, including the need (or not) of additional research.

## STEP 1

Aim: guiding behaviour change by motivating the patient to undertake:

- Successful removal of supragingival dental biofilm.
- Risk factor control.

It should be implemented in all periodontitis patients, irrespective of the stage of their disease.

It should be frequently re-evaluated in order to:

- Continue to build motivation and adherence, or explore other alternatives to overcome the barriers.
- Develop skills in dental biofilm removal and modify as required.
- Allow for the appropriate response of the ensuing steps of therapy.

### Patient supragingival dental biofilm control

#### Recommended interventions

 Recommended  Suggested



**Oral hygiene practices** are crucial throughout all steps of treatment and achieved through **patient engagement in behavioural changes** (see specific recommendations in the section 'Supportive periodontal care').

#### Unclear



**Motivational interviewing** or cognitive behavioural therapy have not shown a significant impact.

### Professional supragingival dental biofilm control

#### Recommended interventions

 Recommended  Suggested



**Professional mechanical plaque removal (PMPR) and control of plaque retentive factors** is a fundamental part of the first step of therapy.

### Risk factor control

#### Recommended interventions

 Recommended  Suggested



**Control of risk factors** is recommended as part of the first step of treatment.



**Tobacco smoking cessation interventions** are recommended as part of the first step of treatment.



**Diabetes control interventions** are necessary.

#### Unclear



It is not known if **increasing the physical activity** has an impact.



It is not known if **reducing weight through dietary and lifestyle** has an impact.