



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 ^a	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)

^a 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 4: Supportive periodontal care (SPC)

Aim: Preventing periodontitis recurrence/progression after successful completion of active treatment. It must be performed in all patients, regarding their condition of being at high risk for periodontitis recurrence/progression. This step comprises specifically designed supportive periodontal care (SPC), consisting on a combination of preventive and therapeutic interventions rendered at different intervals:

- NO presence of pockets > 4 mm with bleeding on probing.
- NO presence of deep periodontal pockets [≥ 6 mm].

Professional care

Recommended interventions



Supportive periodontal care visits should be scheduled at intervals of 3 to a maximum of 12 months, and ought to be tailored according to patient's risk profile and periodontal conditions after active therapy.

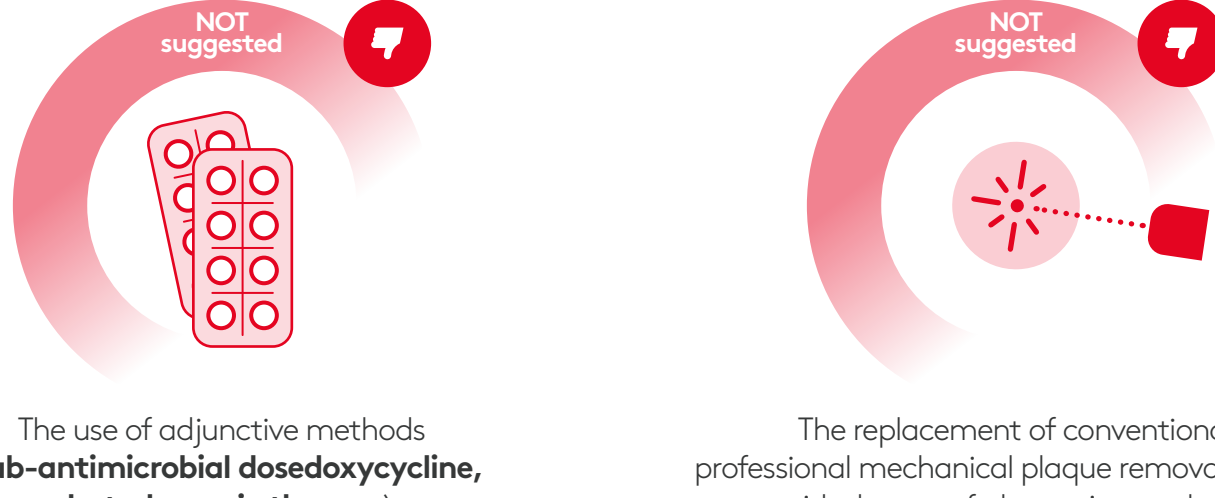
Adherence to supportive periodontal care is crucial for long-term periodontal stability and potential further improvements in periodontal status.

Repeated individually tailored instructions in mechanical oral hygiene, including interdental cleaning, in order to control inflammation and avoid potential damage for patients in supportive periodontal care.



Performing **routine professional mechanical plaque removal (PMPR)**, as a part of supportive periodontal care, to limit the rate of tooth loss and provide periodontal stability/improvement.

Not recommended



The use of adjunctive methods (**sub-antimicrobial dosedoxycycline, photodynamic therapy**) to professional mechanical plaque removal (PMPR) in supportive periodontal care is not suggested.

The replacement of conventional professional mechanical plaque removal (PMPR) with the use of alternative methods (**Er:YAG laser treatment**) in supportive periodontal care is not suggested.

Supragingival biofilm control by the patient

Recommended interventions

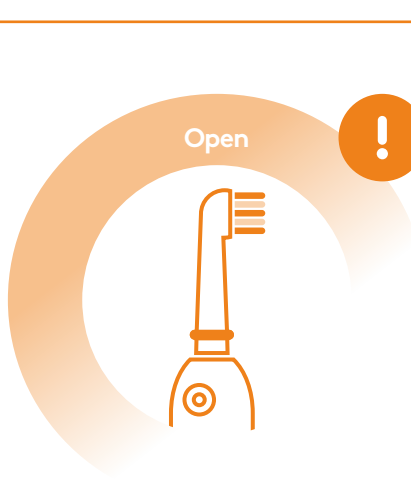


Taking into account patients needs and preferences when choosing a **toothbrush and interdental brush design**.

Tooth brushing should be supplemented by the use of **interdental brushes**.

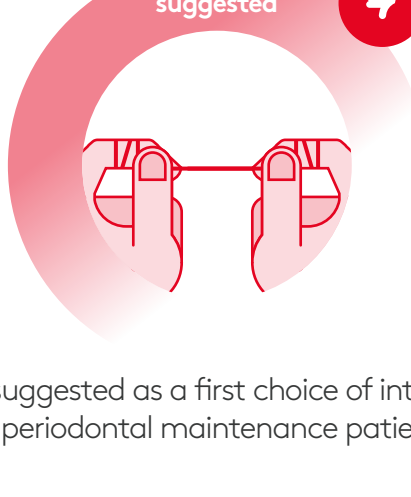
In interdental areas not reachable by toothbrushes, supplementing tooth brushing with the use of **other interdental cleaning devices** in periodontal maintenance patients is suggested.

Open recommendation



Powered toothbrush may be considered as an alternative to manual tooth brushing.

Not recommended



Flossing is not suggested as a first choice of interdental cleaning in periodontal maintenance patients.

Adjunctive measures for gingival inflammation

Recommended interventions



If an **antiseptic dentifrice** formulation is going to be adjunctively used, products containing **chlorhexidine, triclosan-copolymer and stannous fluoride-sodium hexametaphosphate** are suggested.

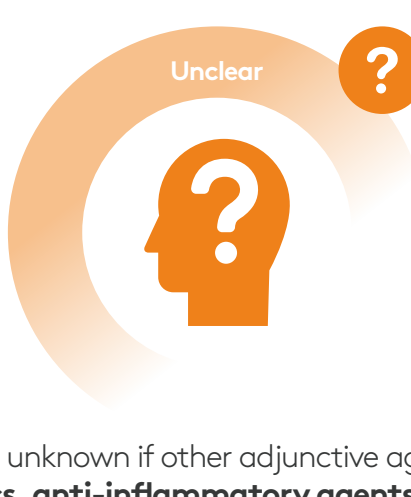
If an **antiseptic mouth rinse** formulation is going to be adjunctively used, products containing **chlorhexidine, essential oils and cetylpyridinium chloride** are suggested.

Open recommendation



The use of **adjunctive antiseptics** may be considered in periodontitis patients in supportive periodontal care in helping to control gingival inflammation, in specific cases.

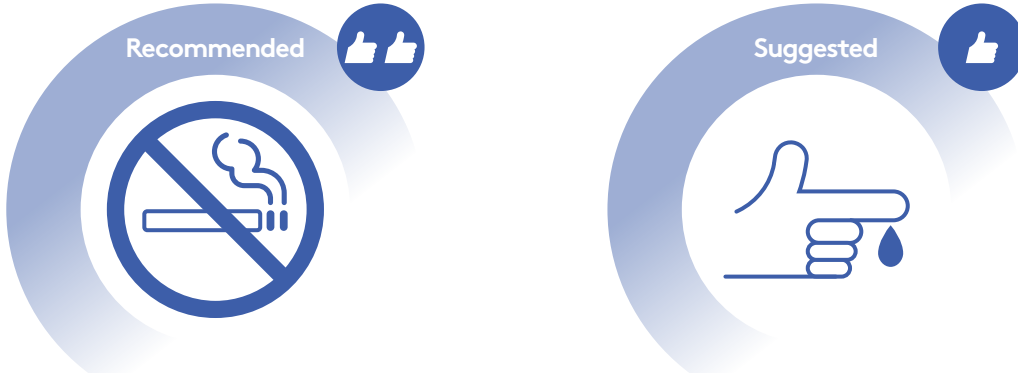
Unclear



It is unknown if other adjunctive agents (such as **probiotics, prebiotics, anti-inflammatory agents, antioxidant micronutrients**) are effective in controlling gingival inflammation in patients in supportive periodontal care.

Risk factor control

Recommended interventions



Tobacco smoking cessation interventions needs to be implemented.

Diabetes control interventions are necessary.

Unclear



It is not known if **increasing the physical activity and reducing weight through dietary and lifestyle modification** has an impact in patients in supportive periodontal care.

This document is a graphic adaptation of the actual clinical practice guidelines and the reader is referred for the correct explanation to the original article: "Treatment of stage I-III periodontitis - The EFP S3-level clinical guideline" by Sanz and coworkers, *J Clin Periodontol* 2020. <https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13290>