

## Parameter on Periodontal Maintenance\*

*The American Academy of Periodontology has developed the following parameter on Periodontal Maintenance. Periodontal maintenance is an integral part of periodontal therapy for patients with a history of inflammatory periodontal diseases. Patients should be informed of the disease process, therapeutic alternatives, potential complications, expected results, and their responsibility in treatment. Consequences of no treatment should be explained. Failure to comply with a periodontal maintenance program may result in recurrence or progression of the disease process. Given this information, patients should then be able to make informed decisions regarding their periodontal therapy. J Periodontol 2000;71:849-850.*

### KEY WORDS

Health education, dental; periodontal diseases/prevention and control; periodontal diseases/therapy; disease progression.

Periodontal maintenance is started after completion of active periodontal therapy and continues at varying intervals for the life of the dentition or its implant replacements. Periodontal maintenance is an extension of active periodontal therapy. Periodontal maintenance procedures are supervised by the dentist and include an update of the medical and dental histories, radiographic review, extraoral and intraoral soft tissue examination, dental examination, periodontal examination, review of the patient's plaque control effectiveness, removal of microbial flora from sulcular or pocket areas, scaling and root planing where indicated, and polishing the teeth. These procedures are performed at selected intervals to assist the periodontal patient in maintaining oral health. This is the phase of periodontal therapy during which periodontal diseases and conditions are monitored and etiologic factors are reduced or eliminated. It is distinct from, but integrated with, active therapy. The patient may move from active therapy to periodontal maintenance and back into active care if the disease recurs.

### THERAPEUTIC GOALS

1. To minimize the recurrence and progression of periodontal disease in patients who have been previously treated for gingivitis and periodontitis.
2. To reduce the incidence of tooth loss by monitoring the dentition and any prosthetic replacements of the natural teeth.
3. To increase the probability of locating and treating, in a timely manner, other diseases or conditions found within the oral cavity.

\* Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

### TREATMENT CONSIDERATIONS

The following items may be included in an periodontal maintenance visit, subject to previous examination, history, and the judgment of the clinician.

#### *Review and Update of Medical and Dental History*

#### *Clinical Examination (to be compared with previous baseline measurements)*

1. Extraoral examination and recording of results
2. Dental examination and recording of results:
  - A. Tooth mobility/fremitus;
  - B. Caries assessment;
  - C. Restorative, prosthetic;
  - D. Other tooth-related problems.
3. Periodontal examination and recording of results:
  - A. Probing depths;
  - B. Bleeding on probing;
  - C. General levels of plaque and calculus;
  - D. Evaluation of furcation invasion;
  - E. Exudation;
  - F. Gingival recession;
  - G. Occlusal examination and tooth mobility;
  - H. Other signs and symptoms of disease activity.
4. Examination of dental implants and peri-implant tissues and recording of results:
  - A. Probing depths;
  - B. Bleeding on probing;
  - C. Examination of prosthesis/abutment components;
  - D. Evaluation of implant stability;
  - E. Occlusal examination;
  - F. Other signs and symptoms of disease activity.

## Radiographic Examination

Radiographs should be current and should be based on the diagnostic needs of the patient and should permit proper evaluation and interpretation of the status of the periodontium and dental implants. Radiographs of diagnostic quality are necessary for these purposes.

The judgement of the clinician, as well as the degree of disease activity, may help determine the need for, the frequency of, and the number of radiographs.

Radiographic abnormalities should be noted.

## Assessment

1. Assessment of disease status by reviewing the clinical and radiographic examination findings compared with baseline.

2. Assessment of personal oral hygiene status.

## Treatment

1. Removal of subgingival and supragingival plaque and calculus

2. Behavior modification:

A. Oral hygiene instruction

B. Compliance with suggested periodontal maintenance intervals

C. Counseling on control of risk factors; e.g., cessation of smoking

3. Antimicrobial agents as necessary

4. Surgical treatment of recurrent disease

## Communication

1. Informing the patient of current status and alterations in treatment if indicated.

2. Consultation with other health care practitioners who will be providing additional therapy or participating in the periodontal maintenance program.

## Planning

1. For most patients with a history of periodontitis, visits at 3-month intervals have been found to be effective in maintaining the established gingival health.

2. Based on evaluation of clinical findings and assessment of disease status, periodontal maintenance frequency may be modified or the patient may be returned to active treatment.

## OUTCOMES ASSESSMENT

1. The desired outcome for patients on periodontal maintenance should result in maintenance of the periodontal health status attained as a result of active therapy.

2. Inadequate periodontal maintenance or non-compliance may result in recurrence or progression of the disease process.

3. Despite adequate periodontal maintenance and patient compliance, patients may demonstrate recurrence or progression of periodontal disease. In these patients additional therapy may be warranted.

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