

Abridged Guidelines for Periodontal Disease Management

(Adapted from the AAP Guidelines)

Should Be Treated By A Periodontist

Any patient with:

- Severe chronic periodontitis
- Furcation involvement
- Vertical/angular bony defect(s)
- Aggressive (AKA juvenile, early-onset, or rapidly progressive) periodontitis
- Periodontal abscess and other acute periodontal conditions
- Significant root surface exposure and/or progressive gingival recession
- Peri-implant disease

Any patient whom the referring dentist prefers not to treat

Would Likely Benefit from Comanagement by the Referring Dentist & the Periodontist

Any patient with periodontitis with any of the following:

Periodontal Risk Factors/Indicators

- Early onset (prior to age 35)
- Persistent inflammation (bleeding on probing, pus, and/or redness)
- Pocket depths \geq 5 mm
- Vertical bone defects
- Radiographic evidence of progressive bone loss
- Progressive tooth mobility
- Progressive attachment loss
- Anatomic gingival deformities
- Exposed root surfaces

Medical or Behavioral Risk Factors/Indicators

- Smoking/tobacco use
- Diabetes
- Osteoporosis/osteopenia
- Drug-related gingival overgrowth (diltin, cyclosporine, nifedipine)
- Compromised immune system, either acquired or drug induced

May Benefit from Comanagement by the Referring Dentist & the Periodontist

Any patient with periodontal inflammation/infection and the following systemic conditions:

- Diabetes
- Pregnancy
- Cardiovascular disease
- Chronic respiratory disease

Any patient at risk from periodontal infection, and will receive any of the following treatments:

- Cancer therapy
- Cardiovascular surgery
- Joint-replacement surgery
- Organ transplantation