Patient risk assessment

The following **patient risk assessment** can help categorize the patient's risk profile as either **LOW**, **MEDIUM** or **HIGH**. The periodontal risk assessment system should be used together with **Table 1**.

Based on an observation of the patient, score each item and calculate the patient's overall risk score.

Q	Item	Score = 0	Score = 1	Score = 2	Score = 3
1	Tooth loss due to periodontal diseases	No tooth loss			Tooth loss due to periodontitis
2	Bleeding on probing	< 20% of teeth	20–50% of teeth	> 50% of teeth	
3	Probing depth	<= 3mm	> 3–5mm	Localized tooth sites > 5mm	Generalized tooth sites > 5mm
4	Diabetes	No	Well controlled (HbA1c < 7%)		Poorly controlled/ uncontrolled (≥ 7%)
5	Smoking	No	< 10 cigarettes per day	10–15 cigarettes per day	> 15 cigarettes per day
6	Bone loss	No	Initial bone loss	< 1/3 of the root length	≥ 1/3 of the root length
7	Heavy plaque deposits covering	< 10% of teeth	10–50% of teeth	> 50% of teeth	
		CATEGORY TOTAL	CATEGORY TOTAL	CATEGORY TOTAL	CATEGORY TOTAL
					TOTAL SCORE

ASSESSMENT OF **PATIENT'S RISK PROFILE**

LOW FINAL SCORE = 0–5

MEDIUM FINAL SCORE = 6–10

HIGH FINAL SCORE = 11–19

NOTE This scorecard uses the main risk factors, but other risk factors could influence periodontal health, such as excessive alcohol and sugar consumption.

ABBREVIATED ASSESSMENT

An abbreviated assessment can be completed if it is not feasible to complete the full questionnaire. If the patient has any of the listed items, he/she should be considered at risk, and necessary professional advice should be given.

EXAMPLE Patient risk profiles using the patient risk assessment on reverse side

LOW — TOTAL SCORE = 3

Q1	No tooth loss due to periodontitis	0
Q2	Bleeding on probing: 20–50% of teeth	1
Q3	Probing depth: 3–5 mm	1
Q4	No diabetes	0
Q5	Non-smoker	0
Q6	No bone loss	0
Q7	Inadequate oral hygiene with visible/detectable plaque covering 10–50% of teeth	1
	TOTAL SCORE	3

MEDIUM — TOTAL SCORE = 6

Q1	No tooth loss due to periodontitis	0
Q2	Bleeding on probing: 20–50% of teeth	1
Q3	Probing depth: 3–5 mm	1
Q4	No diabetes	0
Q5	Smoker: < 10 cigarettes per day	1
Q6	Bone loss: < 1/3 of the root length	2
Q7	Inadequate oral hygiene with visible/detectable plaque covering 10–50% of teeth	1
	TOTAL SCORE	6

HIGH — TOTAL SCORE = 15

Q1	Tooth loss due to periodontitis	3
Q2	Bleeding on probing: > 50% of teeth	2
Q3	Probing depth: localized tooth sites > 5 mm	2
Q4	Diabetes: well controlled (HbA1c < 7%)	1
Q5	Smoker: 10–15 cigarettes per day	2
Q6	Bone loss ≥ 1/3 of the root length	3
Q7	Poor oral hygiene with visible/detectable plaque covering > 50% of teeth	2
	TOTAL SCORE	15

PATIENT WITH

Typical biofilm-induced gingivitis	Initial to moderate periodontitis	Severe periodontitis

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Periodontal Diseases
Prevention and patient management

Periodontal diseases are chronic inflammatory diseases of bacterial aetiology that affect the tooth-supporting soft and hard tissues:
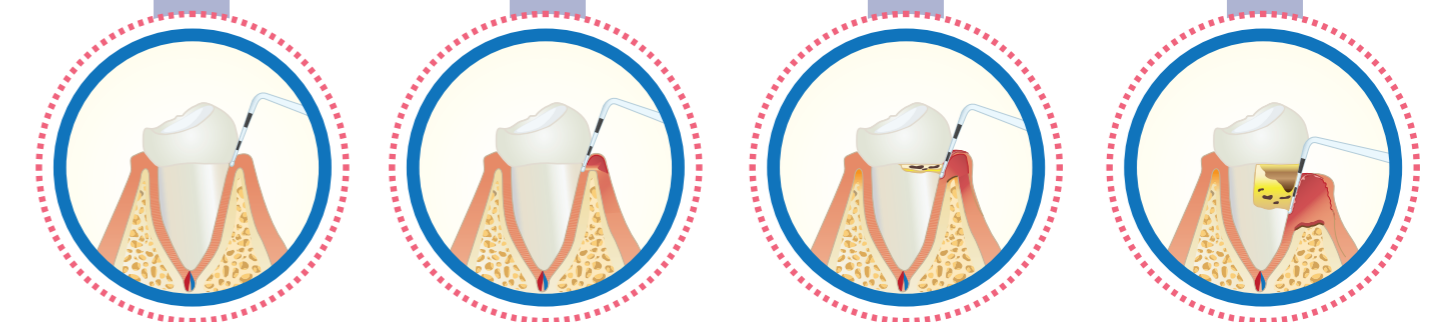
- **Plaque-induced gingivitis** is a gingival inflammation without bone loss.
- **Periodontitis** is an inflammation of the gingival tissues resulting in loss of alveolar bone.

TABLE 1 PERIODONTAL DISEASE PROGRESSION

Table 1 is an assessment tool used to determine the patient's periodontal status as **gingival/periodontal health, gingivitis** or **periodontitis**, using common signs/symptoms that can be easily identified using only a **periodontal probe and an x-ray**. Early detection of the disease enables general practitioners and/or dental hygienists to prevent disease progression and help patients improve and maintain their oral/periodontal health.

GINGIVAL/ PERIODONTAL HEALTH	GINGIVITIS	Initial to Moderate PERIODONTITIS STAGES 1–2	Severe PERIODONTITIS STAGES 3–4
Healthy gums	Red and swollen gums	Red and swollen gums	Red and swollen gums
Good oral hygiene	Plaque and/or calculus	Plaque and/or calculus	Plaque and/or calculus
Minimal bleeding on probing (<10% of sites)	Bleeding on probing (≥20% of sites)	Generalized bleeding on probing	Generalized bleeding on probing
No periodontal pockets (≤3 mm)	**Shallow periodontal pockets (≤4 mm)**	**Periodontal pockets (4–5 mm)**	**Deep periodontal pockets (>5 mm)**
No bone loss on radiograph	No bone loss on radiograph	Bone loss < 1/3 of root length on radiograph	Bone loss > 1/3 of root length on radiograph

MEASURING POCKET DEPTH USING A PROBE

Please **consult national guidelines and recommendations on periodontal disease management and prevention*

TABLE 2 **PERIODONTAL DISEASES: PREVENTION AND MANAGEMENT OF PATIENTS**

Table 2 below provides a patient risk profile and practical guidance to effectively manage patients. It should be used together with **Table 1**, which aids in the assessment of periodontal disease progression. To determine the patient's risk profile, please refer to the **patient risk assessment** on the reverse side of this page.

PATIENT'S RISK PROFILE			LOW TOTAL SCORE = 0–5	MEDIUM TOTAL SCORE = 6–10	HIGH TOTAL SCORE = 11–19
TREAT YOUR PATIENTS	**TREATMENT GOALS**		• Enhance plaque control for good oral hygiene • Eliminate clinical signs of inflammation		
			• Avoid progression to periodontitis		• Arrest disease progression
			• Maintain long-term periodontal health		
					• Regeneration of lost structures as appropriate • Surgical intervention as appropriate • Further interventions to restore oral function and aesthetics

	ANTI-INFECTIVE THERAPY		• Professional Mechanical Plaque Removal (PMPR):
			  • Effective control of plaque and removal of the calculus through supra- and sub-gingival scaling and root debridement
			  • Perform scaling using sonic/ultrasonic scalers and hand instruments (scalers and curettes) with effective management of pain/discomfort
			  • Removal of stains/colorations on tooth surfaces and newly formed calculus through prophylaxis and air polishing if appropriate		

				• Subgingival debridement using hand and/or ultrasonic instruments • Evaluate the need for adjunctive antimicrobial therapies	

			• Provide Oral Hygiene Instructions (OHI) to patient:
			  • 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste
			  • Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
			  • Use soft, small-headed brushes with end-rounded bristles
			  • Daily interproximal cleaning with interdental brushes and/or dental floss in sites with narrow interdental spaces
			  • Additional approach to be adapted to patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven antiplaque/antigingivitis effects		

	CORRECTIVE THERAPY			• Re-evaluate initial treatment response	
				• Consider surgical interventions or referral to a periodontist if inflammation persists despite good oral hygiene	• Consider surgical interventions or referral to a periodontist if inflammation persists and residual pockets are above 5mm despite good oral hygiene
				• Advise behavioural change and engagement in practical actions	
PREVENTION AND LONG-TERM MAINTENANCE/ FOLLOW-UPS			• Recall for supportive periodontal therapy (SPT) **once or twice per year**	• Recall for supportive periodontal therapy (SPT) **twice per year** upon professional recommendation	• Recall for supportive periodontal therapy (SPT) **more than twice per year** upon professional recommendation
			• Polish tooth surfaces (bristle brush, rubber cup and air polisher to be adapted to the patient) to prevent plaque re-accumulation • Oral Hygiene Instructions (OHI) and professional homecare recommendation		
				• Continuous risk assessment and risk factor control	
			PRIMARY CARE AND PREVENTION, DELIVERED MAINLY BY A **DENTAL HYGIENIST**	PRIMARY CARE AND PREVENTION, DELIVERED MAINLY BY A **DENTAL HYGIENIST AND/OR DENTIST**	CONSULTATION AND CONSIDERATION FOR REFERRAL TO A **PERIODONTIST**

Find out more
Quickly access the project page by scanning the following QR code using your mobile phone camera.

www.fdiworlddental.org/gphp

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