



PERIO POINTERS

Preventive Maintenance (PM)

Periodontal maintenance has also been called recall visit, recare visit, supportive periodontal therapy and a variety of other names like prophylaxis.

Tooth loss in periodontal patients has been shown to be inversely proportional to the frequency of periodontal maintenance. Ten year studies show patients who received PM had significantly decreased probing depths and tooth loss.

Intervals of Preventive Maintenance:

The American Academy of Periodontology recommends that patients with a previous history of periodontitis should have PM every 3 months, since studies show that this interval will result in a decreased likelihood of progressive disease. The return of periodontal pathogens generally occurs in 9-11 weeks, but can vary greatly.

Unfortunately, the insurance industry often dictates PM intervals. *The 6 month recall is based on a 1948 Pepsodent toothpaste commercial that stated you should brush your teeth twice a day and see your dentist for cleaning twice a year.* That is the science behind the 6 month recall that the experts at Aetna use. This is a patient management barrier we sometimes have to overcome. I advise the patient that I am concerned about their long term dental health and the insurance company does not care.

My rule of thumb is to have PM on the normal periodontal patient every 4 months. If they have no residual pocketing and great home care, I think a 6 month interval is acceptable. If they have poor home care and residual pocketing perhaps a 3 month PM should be the norm for that patient. I have seen patients as often as once a month for a limited period of time.

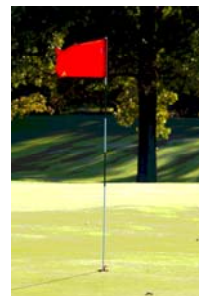
Compliance:

Studies have suggested that the degree of compliance with PM has been poor. One report indicates that 28% of patients

My Recommendations

- Probe—write down the ones over 4 mm
- Scale— hand or cavitron or both
- Vertical Bite Wings— shows crestal bone
- Full Mouth Xrays every 5 years
- Periapical Xray if probing change or bone graft
- Polish
- Review of OH and evaluation of OH
- Notation on bleeding or purulent exudates
- Soft tissue cancer screen
- Caries evaluation
- Recession evaluation
- Discussion of any needed dentistry
- Implant cleaning and occlusal analysis

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Good judgment comes from experience and experience comes from bad judgment.

Newsletter Spotlight

My desire is to have your office do the PM in most cases. Some may require an alternating PM with your office and mine.

Continued PM:

did not comply with their first PM visit. A second study showed 45% compliance over a 10 year period and patients under age 30 had a 40% compliance average. These are probably the people that need it the most, as the young patient with bone loss has a decreased long-term prognosis.

If there has been a change, you may need a separate appointment to address the issue. If you do not want to do 192 probings, at least do a PSR (periodontal screening and recording) to give you a clue about their periodontal health. You can get the probe from HuFriedy and information from Proctor and Gamble on the screening.

The biggest difference in PM in a generalist office and a periodontist is the documentation. It takes time and if it takes you twice the time charge accordingly.