EFP Clinical Guideline

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*	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

* If the group felt that evidence was not clear enought to support a recommendation, statements were formulated, including the need (or not) of additional research.

TABLE
Strength of recommendations: grading scheme (German Association of the Scientific Medical Societies (AWMF) and Standing Guidelines Commision, 2012)

STEP 2

Aim:

- Controlling (reducing/eliminating) the subgingival biofilm and calculus (subgingival instrumentation) with possible removal of root surface (cementum).

- Subgingival instrumentation may be supplemented with the following adjunctive interventions: physical or chemical agents, host-modulating agents (local or systemic), topical antimicrobials, subgingival locally delivered or systemic antimicrobials.

- It should be implemented in all periodontitis patients, irrespective of the stage of their disease and it should be re-evaluated after an adequate healing period.

Subgingival instrumentation

Recommended interventions

Recommended | Suggested

Subgingival instrumentation is recommended to treat periodontitis with reduction of pocket depths, gingival inflammation and the number of diseased sites.

Subgingival periodontal instrumentation is performed with **hand or powered (sonic/ultrasonic)** instruments, either alone or in combination.

Subgingival periodontal instrumentation can be performed with either **traditional quadrant-wise or full mouth delivery** within 24 hours.

Use of adjunctive physical agents to subgingival instrumentation

Not recommended

NOT recommended | NOT suggested

Lasers as adjunct to subgingival instrumentation are not suggested.

Adjunctive **photo-dynamic therapy** at wavelenght ranges of either 660-670 nm or 800-900 nm is not suggested as adjunct to subgingival instrumentation.

Use of adjunctive antiseptics/antibiotics (local or systemic) to subgingival instrumentation

Not recommended

NOT recommended | NOT suggested

Routine use of **systemic antibiotics** as adjunct to subgingival instrumentation in patients with periodontitis is not recommended.

Open recommendation

Chlorhexidine mouth rinses for a limited period of time may be considered as adjuncts to subgingival instrumentation.

Locally administered sustained-release chlorhexidine may be considered as an adjunct to subgingival instrumentation.

Specific **locally administered sustained-release antibiotics** may be considered as an adjunct to subgingival instrumentation.

The adjunctive use of specific **systemic antibiotics** may be considered for specific patient categories (e.g. generalized stage III periodontitis in young adults).

Use of adjunctive host-modulating agents (local or systemic) to subgingival instrumentation

Not recommended

NOT recommended | NOT suggested

Systemic administration of **sub-antimicrobial dose doxycycline** is not suggested.

Administration of **statin gels / systemic or local bisphosphonates / systemic or local nonsteroidal anti-inflammatory drug / omega-3 polyunsaturated fatty acids and metformin gel** are not recommended to be added to subgingival instrumentation.

Probiotics are not suggested as an adjunct to subgingival instrumentation.

Re-evaluation after step 2

Endpoints:

- **No periodontal pockets ≤ 5 mm with bleeding on probing.**
- **No deep pockets [≥ 6 mm].**

If these endpoints are achieved, the patient should join a SPC program.

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 Periodontology 2020*. https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13290