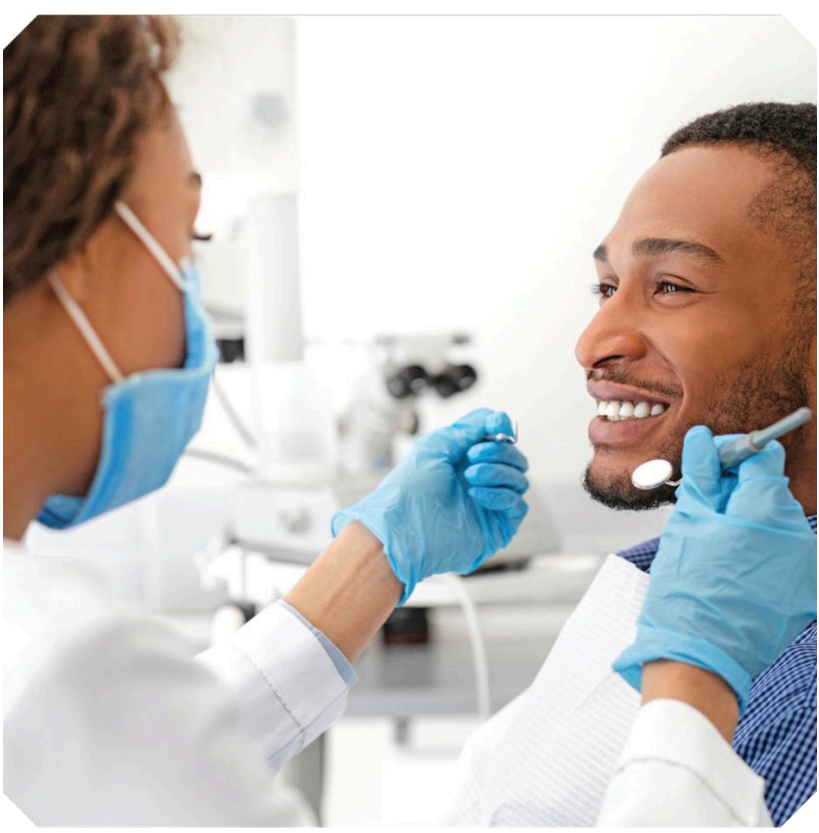
REDEFINING THE MANAGEMENT AND PREVENTION OF PERIODONTAL DISEASE: A CHAIRSIDE GUIDE

Oral diseases represent a substantial global public health challenge. This chairside guide serves as a resource and practical tool to support clinicians in improving patient engagement for the effective management and prevention of periodontal diseases, following evidence-based strategies.

What you'll be able to do with this guide:

- Assess patient risk
- Recommend evidence-based products
- Educate patients
- Reinforce adherence



Explore Patient Conversation Tools

01 A PERSONAL NOTE

As dental hygienists, you play a crucial role in preventive care and are often the first to recognize the early signs of periodontitis and intervene before the disease progresses. Your clinical expertise, combined with your ability to educate and motivate patients, is essential in helping individuals understand their oral health and adopt effective daily care routines. You are uniquely positioned to bridge the gap between clinical recommendations and patient behavior change, helping patients understand not just what they should do, but also why those actions matter to their overall health.

Through your assessments, conversations, and personalized recommendations, you empower patients to take an active role in their oral health, ultimately improving outcomes and overall well-being. Your impact extends far beyond the operatory—you are trusted partners in prevention, early detection, and long-term health.

This chairside guide was developed to support your clinical conversations with practical, evidence-based strategies that help empower patients to take an active role in their oral health. We urge you to incorporate the strategies in this guide into your patient visits to support meaningful behavior change and help patients achieve lasting improvements in their oral health.

Signed,

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The P4 model is a proactive framework for chairside care and can be used for periodontal disease management.[1]

The 4 pillars can serve as a strategy roadmap to improve patients' periodontal outcomes:

Predictive	Determine which patients may be at higher risk
Preventive	Educate patients on strategies to prevent gingivitis
Personalized	Tailor recommendations to individual patients
Participatory	Empower patients through partnership

First, **determine which patients may be at high risk** of developing periodontal disease.

- Risk factors for periodontal disease can include systemic, local, and general risk factors
- Certain populations may be more challenging to treat or considered high risk (eg, older patients, patients with orthodontia)

These populations may especially benefit from **evidence-based additions** to their care regimens, such as including a mouthrinse in their daily oral hygiene routine.

Predictive: Risk Factors for Periodontal Disease

Systemic

- Medications
- Hormonal changes
- Immunocompromise/immunosuppression

Local

- Poor oral hygiene
- Biofilm-retentive restorations/extensive prosthetic work
- Dentures or implants

General Risk Factors

- Other health conditions (eg, diabetes)
- Stress
- Smoking
- Diet
- Frailty
- Limited dexterity
- Low motivation

In the Clinic

Incorporate risk assessment tools into every patient visit to inform preventive recommendations and personal care plans. Use adjunctive emerging technologies, as appropriate, to improve risk stratification, facilitate earlier detection of active disease, and support more personalized treatment planning

Effective at-home oral hygiene complements professional care and should be **tailored** to each patient using **evidence-based strategies**.

Current Guidelines and Recommendations

A **recurring recommendation** in the American Dental Association (ADA) home oral care, American Academy of Periodontology (AAP), and European Federation of Periodontology (EFP) guidelines is the use of an **antiseptic mouthrinse** as a safe and efficacious adjunctive measure for mitigating gingival inflammation.

ADA Home Oral Care Recommendations[2]

- Recommend twice-daily brushing with a fluoride toothpaste and daily interdental cleaning for all patients, and adjunctive mouthrinse for patients who may be at elevated risk for caries and/or gingivitis
- Specifically recognize the benefit of antimicrobial mouthrinses with essential oils or cetylpyridinium chloride in reducing the risk of gingivitis and periodontal disease
- Advocate using products with the ADA Seal of Acceptance as these products have undergone rigorous evaluation for safety and efficacy

AAP Guidelines[3]

- Support the use of adjunctive chemotherapeutic agents as part of periodontal therapy, to reduce, eliminate, or change the quality of microbial pathogens
- Recommend mechanical toothcleaning to disrupt/remove dental plaque and biofilms, with local or systemic chemotherapeutic agents used as adjunctive treatment for recurrent or refractory disease
- Emphasize the importance of integrating adjunctive rinses into a structured periodontal treatment protocol, tailored to individual patient risk profiles and disease severity

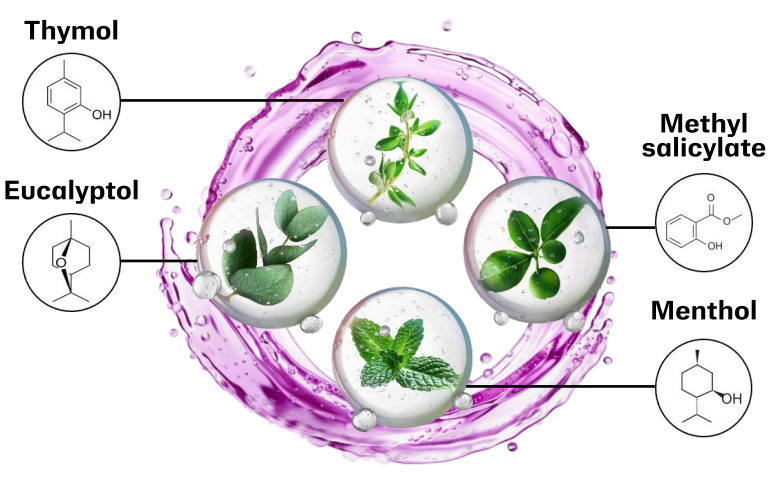
EFP S3-level Clinical Practice Guidelines[4]

- Emphasize personalized oral hygiene strategies and highlight the role of chemical plaque control in reducing inflammation and disease progression
- Support the adjunctive use of antiseptic mouthrinses, such as those containing essential oils, chlorhexidine, or cetylpyridinium chloride for the control of gingival inflammation in patients with periodontitis in supportive periodontal care
- Mouthrinses are particularly recommended for patients with periodontitis or who have compromised manual dexterity or other barriers to ensure mechanical plaque control

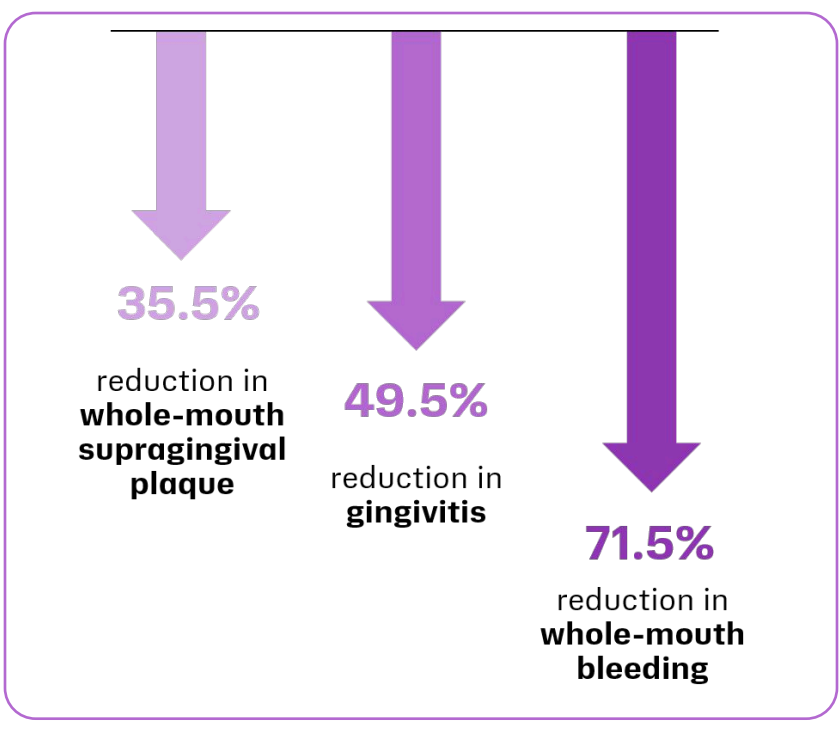
Current Evidence for Adjunctive Mouthrinse Use

Mouthrinses containing a fixed combination of **essential oils** are among the most studied over-the-counter options to help prevent supragingival dental biofilm and gingivitis control, supported by decades of peer-reviewed research.[5] Essential oils penetrate the deepest layers of dental biofilms, perforate bacterial cell membranes, denature bacterial proteins, and inactivate bacterial enzymes to disrupt and reduce inflammation-causing bacteria.

A **randomized clinical trial** evaluated a mouthrinse containing a fixed combination of 4 essential oils (LISTERINE® COOL MINT® antiseptic mouthwash).



The study showed that adjunctive mouthrinse improved outcomes beyond brushing/flossing alone.[6]



In the Clinic

Sharing evidence and educating patients on how treatment strategies work will help them understand the "why" behind recommendations

Specific patient populations may have different needs, so tailoring recommendations and care to individual patients can help foster healthy behavior change.

CDT Codes

Current Dental Terminology **(CDT) codes** standardize documentation, supporting **clear communication and continuity** of care across visits.

CDT Code	Designation
D4346	Scaling in the presence of gingival inflammation
D1330	Oral hygiene instruction
D1310	Nutritional counseling
D1320	Tobacco counseling
D1321	Substance use counseling

In the Clinic

Use the CDT code D1330, designated for oral hygiene instruction, for a structured, documented session to educate patients on proper oral hygiene techniques tailored to their individual needs

Education

Educating patients should include information about **evidence-based prevention strategies** as well as **realistic approaches** for implementation.

One effective strategy is to raise patient awareness of financial tools such as health savings accounts and dental insurance benefits.

In the Clinic

- Suggest a mouthrinse as an easy, affordable way to begin improving oral care, especially for patients who feel they lack time or resources for more complex changes
- Provide educational tools such as a link to health savings accounts information for patients to use as a resource

Patients—especially those with limited access to care—should understand the importance of preventive and medically necessary care. **Clear, targeted messaging** can encourage timely engagement, particularly during the reversible stages of gingivitis.

In the Clinic

Adjust care recommendations and communication based on patient needs

- Communicate about “free service day” opportunities to encourage populations with limited access to seek care
- Simplify at-home oral care regimens for busy patients
- Recommend cost-conscious products
- Consider alternative product formulations (eg, intensity of mouthrinse flavor, mouthrinses with or without alcohol)

Meeting patients where they are is key. Personalizing care with considerations of factors such as a patient’s risk status, lifestyle, and financial means will encourage patients to participate in their own prevention of periodontal disease in a way that is sustainable for them.

Care should be a **partnership** between the patient and the clinician, empowering the patient to take an active role in their own oral health regimen. Patient engagement increases when clinicians have **intentional conversations** with them about periodontal disease, including its causes, prevention, and treatment options.

In the Clinic

Gain an understanding of patients' current motivations/regimens and what behavioral changes patients are able/willing to make to improve their oral health

- Set reasonable goals based on patients' baseline condition and what their treatment goals are
- Check in on progress during follow-up visits

Various **behavior change models** can be used to help support patient adherence.

In the Clinic

Use strategies to help drive behavioral change such as:

- Meeting patients where they are to help build their motivation
  - — Use the transtheoretical model of change for staged behavioral changes and motivational interviewing to tailor conversations and help patients identify their own reasons for change
- Reinforce patient understanding and engagement to drive adherence
  - — Use the teach-back method for comprehension and gamification to keep patients actively involved and motivated

Transtheoretical model of change[7,8]

Precontemplation
No intention to change
Educate patient on why a change is needed

Contemplation
Considering a change
Inform patient about benefits of change

Preparation
Actively planning a change
Make specific recommendations for patient

Action
Actively engaging in a new behavior
Provide positive feedback about the change

Maintenance
Sustaining change long term
Discuss any issues with making change a habit

Hygienists can **strengthen their patient partnerships, reinforce interdisciplinary collaboration, and elevate their role from caregivers to catalysts of change** by integrating the strategies outlined in this guide.

These practices include:

- **Predicting** patients at high risk because of systemic, local, behavioral, and lifestyle risk factors
- **Preventing** periodontal disease with strategies incorporating current guidelines and recommendations and evidence-based regimens such as a clear, memorable 3-step daily routine (brush, floss, antiseptic mouthrinse)
- **Personalizing** recommendations for patient home care by leveraging CDT codes to maximize opportunities for quality patient counseling and care and educating patients in a way that builds trust and encourages real behavioral change
- **Participating** in a collaborative partnership with the patient that leverages validated behavioral frameworks to empower them to take an active role in their own oral care

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