

Treatment of stage IV 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 ^a	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

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

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

Aim:

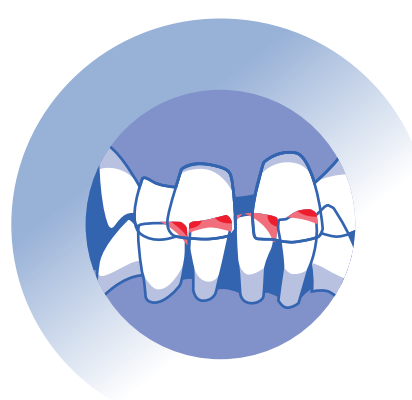
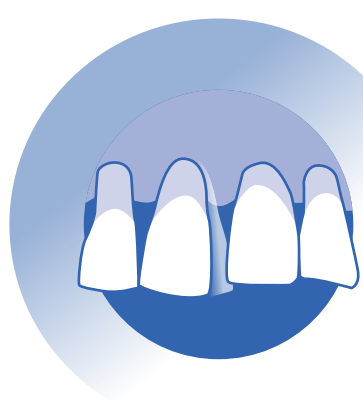
This guideline aims to provide information on:

- multidisciplinary therapeutic approaches in the treatment of stage IV periodontitis,
- how to minimize tooth loss associated with periodontitis,
- how to improve overall systemic health and quality of life

for patients in periodontitis stage IV Case Type 1.

The **Case Type 1 patient** is a patient with tooth hypermobility due to secondary occlusal trauma that can be corrected without tooth replacement.

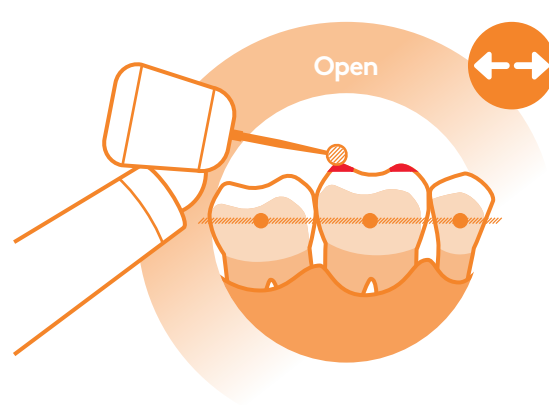
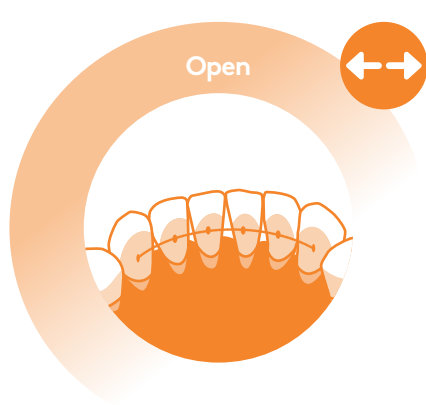
Case Type 1



Teeth with hypermobility due to secondary occlusal trauma can be treated and maintained.

Early measures to control occlusal overload/secondary occlusal trauma: Temporary splinting and/or occlusal adjustment.

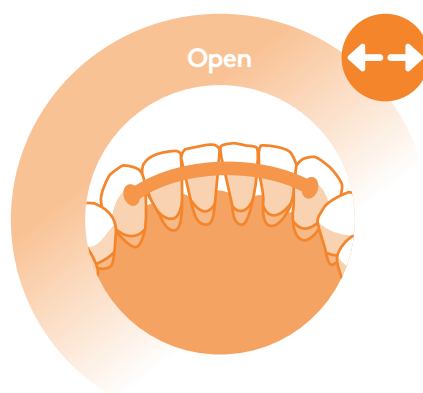
Open recommendation



Temporary splinting and/or limited selective occlusal adjustment of hypermobile teeth may be considered during all steps of periodontal therapy (but particularly during step 1 treatment), to increase patient comfort and enable/facilitate periodontal therapy.

Long-term measures to control occlusal overload/secondary occlusal trauma: Long-term splinting.

Open recommendation



In cases with persistent hypermobility/increasing mobility **long-term tooth splinting may be considered** to improve patient comfort.

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 IV periodontitis: The EFP S3 level clinical practice guideline" by Herrera and coworkers, Journal of Clinical Periodontology 2022, <https://www.efp.org/education/continuing-education/clinical-guidelines/guideline-on-treatment-of-stage-iv-periodontitis/>