Putting Perio Right

If, on average, we see two patients each day who may lose their teeth through perio problems, what are we doing to combat the problem?

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Statistics, love them or hate them, can help us to understand some of life's mysteries. With that in mind, what percentage of your patients do you think have destructive periodontal disease? You know, the sort that leads to loose teeth, recurrent abscesses, tooth loss and all that.

If you said 90%, either your perio probe is too sharp or I'd advise you to move your practice as soon as possible. But, if you said anything between 10% and 20% you’d have been in the right ballpark (American Academy of Periodontology figures).

OK, so how many patients do you see a day, twenty to thirty? If you see twenty patients in an average day that means you are seeing at least two people every day who may lose their teeth through periodontal breakdown. My question to you is this: what are you doing about it? Do you recognise them? If so, what do you do for them?

Referral is one of the easiest options. But why might you want to refer? Most general practices are under time constraints and have difficulty in employing a hygienist, so for many referral is the only option. But other reasons for referral include the following:

- **Situations Outside Your “Comfort Zone”**

  If you’re not comfortable with something there will be someone close by who can help. This may just mean getting advice on a complicated treatment plan or referral for localised gingival recession. Advanced periodontal disease can throw up some difficult decisions and your local periodontist is the ideal rock for you to lean on.

Early onset “aggressive” cases in young adults can be both scary and exciting. If you recognise them—and you’ll need to probe every one—you can change a person’s dental future from bleak to secure overnight, if you know what to do (Figure 1).

**New Toothbrush Sanitizing Device May Kill Germs in Bristles**

A new device called Germ Terminator may kill the germs that live in toothbrushes and causes infections with bacteria like Streptococcus mutans, Staphylococcus aureus, Pseudomonas gingivalis, Herpes simplex virus, and Candida albicans. Researchers have proposed links between lingering colds and sore throats to reinfection from contaminated toothbrushes. There is also evidence that bacteria involved in chronic oral infections may play a role in heart attacks, diabetes, and premature births.

“Dental hygienists always speak about the importance of good oral hygiene, but it’s more than just brushing and flossing,” said Maria Perino Goldie (BDH, MS), former president of the American Dental Hygienists’ Association (ADHA). “If bacteria from your own mouth, from multiple toothbrushes stored in the same cup, or even bacteria from the bathroom are allowed to build up on the toothbrush you use every day, then the simple act of brushing can propel germs into your bloodstream, possibly triggering infection.”

After brushing, manual toothbrushes or power tooth brush heads are placed in the Germ Terminator together with pure water where it uses steam and dry heat to eliminate 99.990% of germs. It’s sanitizing action is modeled after the sterilization equipment used in dental offices and is said to be safe, economical, and easy to use.