



Treatment of periodontitis

The European Federation of Periodontology (EFP) has developed a step-by-step treatment plan for managing periodontitis (gum disease). This approach helps improve gum health, reduce the risk of tooth loss, and manage the long-term effects of the disease.

Treatment is divided into 4 key steps, each aimed at improving your gum health and preventing future problems. Treatment can be provided by your dental professional (if within their scope), or you may be referred to a specialist periodontist (specialist in gum disease) or dentist with special interest (DWSI) in periodontics.

Step 1: Personal care and professional support

The first step focuses on helping you improve your oral hygiene and managing risk factors that make periodontitis worse.

What you can do:

- Brush your teeth twice a day with a fluoride toothpaste.
- Clean between your teeth daily interdental brushes ± floss
- Quit smoking, if you smoke, as this significantly impacts gum health.
- Manage any medical conditions, like diabetes, to help control inflammation.

What your dental team will do:

- Provide professional cleaning to remove plaque and calculus (tartar)
- Offer personalised advice on brushing techniques and lifestyle changes to reduce your risk.

Why this step is important:

- By improving your oral hygiene and reducing risk factors, you can stop periodontitis from getting worse and help your gums heal.

Step 2: Subgingival (below the gum line) instrumentation (deep cleaning)

The second step focuses on cleaning below the gum line to remove plaque and calculus that cannot be reached with regular brushing.

What happens during deep cleaning:

- Your dental professional will use special tools (hand instruments or powered devices) to clean deep under your gums, usually under local anaesthetic.
- In some cases, you may require antibiotic treatment,
- At present, other treatments like lasers are not recommended due to a lack of evidence.

Why this step is important:

- Deep cleaning can reduce inflammation, reduce gum pockets, and stop further damage to the tissues that support your teeth.

Step 3: Advanced treatment for non-responsive areas

If some areas do not respond well to the deep cleaning, further treatment may be required.

What further treatments may involve:

- Repeat deep cleaning in areas with moderate gum pockets
- Surgical procedures of areas with deep gum pockets which can involve:
 - Lifting the gums to access and clean deeper areas
 - Reshaping soft tissue ± bone to reduce pockets and make it easier to keep the area clean
 - Regenerative techniques, where special materials (biomaterials ± bone grafts) are used to help rebuild lost tissues.
 - Surgical procedures are usually performed by a specialist periodontist or dentists with additional training.

Why this step is important:

- Advanced treatments help tackle stubborn areas that do not respond to standard deep cleaning. They can also help restore lost tissue and protect your teeth long-term.

Step 4: Supportive periodontal care (SPC)

The final step is ongoing care to keep your gums healthy in the long term.

What happens during maintenance visits:

- Your dentist, hygienist or therapist will check your gum health to catch any signs of disease early.
- They will provide professional cleaning to remove any plaque or calculus buildup.
- They will offer advice to help you maintain good oral hygiene at home.
- The frequency of these visits will depend on your individual needs but will usually be within 3 - 12 months.

Why this step is important:

- Supportive care is essential to keep gum disease under control and prevent it from coming back. It also helps reduce the risk of tooth loss over time.

Why treating periodontitis is important

- If left untreated, periodontitis will get worse over time, leading to:
- Tooth mobility (loose teeth)
- Tooth loss
- Increased risk of serious health conditions, including diabetes, heart disease, cerebrovascular disease (stroke)

Treating gum disease early and following the structured treatment plan can help prevent complications and improve your overall health.

References

Sanz M, Herrera D, Kebschull M, Chapple I, Jepsen S, Beglundh T, Sculean A, Tonetti MS; EFP Workshop Participants and Methodological Consultants. Treatment of stage I-III periodontitis-The EFP S3 level clinical practice guideline. J Clin Periodontol. 2020 Jul;47 Suppl 22(Suppl 22):4-60. doi: 10.1111/jcpe.13290. Erratum in: J Clin Periodontol. 2021 Jan;48(1):163. doi: 10.1111/jcpe.13403. PMID: 32383274; PMCID: PMC7891343.