### NEW PERIODONTAL CLASSIFICATION QUICK REFERENCE GUIDE

The following 5 steps must be followed to create a patient ‘Periodontal Diagnostic Statement’

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>TYPE: Periodontally healthy, gingivitis or periodontitis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 2</td>
<td>EXTENT: What is the pattern of the disease, how many and what teeth are affected?</td>
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<tr>
<td>STEP 3</td>
<td>CURRENT DISEASE STATE: Based on probing depths and BoP</td>
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<tr>
<td>STEP 4</td>
<td>STAGING: This tells us how severe the disease is. Look at radiographs for the site with the worst interproximal bone loss</td>
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<tr>
<td>STEP 5</td>
<td>GRADING: This is about disease susceptibility and tells us how fast the disease is progressing. Look at radiographs for the site with the worst interproximal bone loss and divide the % bone loss by the patient’s age</td>
</tr>
</tbody>
</table>

**TYPE: EXTENT: DISEASE STATE: STAGING: GRADING**

- **Periodontal health** – no obvious evidence of interdental recession
- **Gingivitis** – no obvious evidence of interdental recession
- **Periodontitis** – progress to step 2
- **Generalised** – affects ≥ 30% of teeth
- **Localised** – <30% of teeth
- **Molar incisal pattern**
- **Stable** – BoP <10%, PPD ≤4mm, No BoP at 4mm sites
- **In remission** – BoP ≥ 10%, PPD ≤4mm, No BoP at 4mm sites
- **Unstable** – PPD ≥5mm or PPD at ≥4mm & BoP
- **Stage I** – <15% (or <2mm attachment loss from CEJ)
- **Stage II** – coronal third of root
- **Stage III** – mid third of root
- **Stage IV** – apical third of root
- **Grade A (slow)** – <0.5
- **Grade B (moderate)** – 0.5-1.0
- **Grade C (rapid)** – >1.0

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**Product Information**

Corsodyl 0.2% Mouthwash (Alcohol Free). Active Ingredient: Chlorhexidine digluconate Indications: Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. Legal category: GSL. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Information about this product, including adverse reactions, precautions, contra-indications and method of use can be found at: https://www.medicines.org.uk/emc/medicine/23034

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Introducing the BEWE as part of an oral health assessment

Red flags
Risk factors to watch out for:
- Frequent acidic foods
- Snacks on acidic food / drinks at least twice per day between meals

HISTORY
The following routine questions should be asked as part of dietary / habits history:
1. Frequency of acidic foods and drinks outside meal times
2. Dietary habits – swishing or holding drinks in mouth
3. Reflux related causes

CLINICAL EXAMINATION
- Good lighting, clean, dry tooth surfaces
- Buccal / lingual / occlusal surfaces all to be checked
- Record score for the most SEVERE surface in each sextant

CODE 0
No ETW

CODE 1
Initial loss of enamel tooth surface texture

CODE 2
Distinct defect, hard tissue loss <50%

CODE 3
Hard tissue loss ≥50%

≤2
- Repeat BEWE as part of each routine clinical examination

3–8
- OH, dietary assessment & advice
- Routine maintenance & recommend low abrasion toothpaste
- Repeat BEWE of each routine clinical examinations

9–13
- Per 3–8 plus
- Identify main aetiological factors involved in the ETW
- Consider additional fluoridation measures / strategies to increase resistance to the hard tissue surface
- Avoid placement of restorations
- Monitor with study casts, clinical photographs, silicone impressions etc.
- Repeat BEWE at least every 6–12 months

≥14
- Per 3–8 plus
- Consider restorative intervention
- Consider specialist referral

BEWE = Basic Erosive Wear Examination

Find out more: www.gskhealthpartner.com