#### PERIODONTAL CHART

PATIENT NAME:	FILE	NO.: DATE:
☐ Pre-treatment	☐ Re-evaluation	☐ Recall maintenance
Diagnosis		
CAL, BOP		
PD, PI, Calc		
CEJ-GM		
EVCTVE ( 1,8 ( 1,2 (	ÄÄRÄRE	AAAAAA
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Pl-Flaque, if preced	ex put *. Cale-Calcubus, if possesses pr	Cay - Commission Planting, PD - Proting Depth out *. BOP-Bleeding on proting, if presents put red Plaque Index Bleeding Index
Periodontal Diagnosis:		

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Nadim Z. Baba, David L. Guichet

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function for the management of periodontal disease Materials and Methods Eighteen patients who declined periodontal surgical treatment following initial non surgical therapy were recruited from the Department of Periodontology at The Ohio State University College of Dentistry between September 2021 to March 2022 These participants were recruited to participate in a recall maintenance program that entailed non surgical periodontal maintenance therapy every three months Tooth survival periodontal stability and patient satisfaction were evaluated for this baseline data study and are planned for comparison after one year Biographic and demographic information was collected for each patient including patient age biologic sex education employment status and whether the patient possessed insurance Full mouth periodontal charting was completed during the initial data collection visit Clinical measures recorded included periodontal pocket depths gingival margin recession clinical attachment levels furcation involvement mobility and plaque score Probing depth statistical analysis was also extracted from AxiUm electronic dental health charts for each patient A health questionnaire was constructed by researchers to obtain patient demographics and assess various measures of periodontal health including participant's ability to function perception of the health of their gums satisfaction with the appearance of their gums and smile and characteristics of their smile that are dissatisfying Data collected from questionnaires and clinical measurements was organized into a spreadsheet format and descriptive data was analyzed using frequency distributions numbers and percentages measures of central tendency means and measures of dispersion standard deviation Results Of the eighteen participants seven were male 39% and eleven were female 61% Age ranged from 20 to 79 years of age with an average age of 50 2 16 5 When asked about rating one s current level of pain when chewing the average response was 0 3 0 6 indicating a lack of pain or presence of mild pain When rating one s gum health seven patients 39% reported perceptions of good gum health five patients 28% reported fair four 22% reported poor and two 11% reported very good gum health with no participant reporting an excellent state of gum health Four questions were posed in regard to each participant s ability to chew and answers were reported as All the Time Very Often Fairly Often Sometimes or Never First when asked whether they have been prevented from eating food that they would like to eat ten patients 56% reported never five 28% reported sometimes two 11% reported fairly often and one 6% reported all the time Second when asked if it takes patients longer to finish meals than other people fourteen patients 78% reported never three 17% reported sometimes and one 6% reported fairly often Third when asked if their enjoyment of food has decreased due to a decline in their ability to chew eleven patients 61% stated never three 17% reported sometimes two 11% reported fairly often one 6% reported very often and one 6% reported all the time Finally when asked if they avoid eating around other people fourteen 78% reported never while four 22% reported sometimes Overall satisfaction with chewing was also polled amongst participants Eight patients 44% reported that they were very satisfied eight 44% reported that they were satisfied one 6% reported that they were somewhat satisfied and one 6% were unsatisfied Finally when asked about the ability to chew or bite certain foods fifteen patients 83% stated

that they were able to eat all listed foods while two patients 11% stated that they have difficulty eating firm meat and one patient 6% stated that they have difficulty with raw carrots and fresh apples Participants were asked to rate their gum appearance on a scale of 0 10 where 0 is very unsatisfied and 10 is very satisfied Measures of central tendency and measures of dispersion were 4 7 2 8 indicating a majority of patients were somewhat unsatisfied with their gums Similarly when asked about the appearance of their smile the average response was 4 8 3 1 indicating that a majority of patients were also somewhat unsatisfied with their smile Of the things that patients indicated could be improved about their smile and appearance patients identified they would change teeth position 72% gum position 28% teeth color 50% gum color 6% and only two participants reported that they would not change anything about the appearance of their smile 11% Patient probing depth statistics were generated from AxiUm charting software to analyze the distribution of probing depths in millimeters in each sextant of the mouth Six sites per tooth were in each sextant of the mouth were recorded for both the maxillary and mandibular arches and categorized in three groups 0 3 0 mm 3 5 5 0 mm and 5 5 mm or Group 1 Group 2 and Group 3 respectively Averages of the total number of sites per sextant were calculated for each probing depth group For the upper right sextant there was an average of 6 1 6 1 6 8 3 6 and 2 6 3 0 among sites in Groups 1 2 and 3 respectively The maxillary anterior sextant averaged 26 1 7 6 6 4 4 4 and 1 2 1 9 among sites Groups 1 2 and 3 respectively The upper left sextant had an average of 12 6 7 1 4 9 3 3 and 2 1 2 7 for Groups 1 2 and 3 respectively The lower right sextant had an average of 12 7 4 3 7 4 3 5 and 2 6 2 7 for Groups 1 2 and 3 respectively The mandibular anterior sextant had an average of 28 7 7 1 5 8 5 6 and 1 0 2 2 among sites in Groups 1 2 and 3 respectively Finally the lower left sextant averaged 11 2 4 9 9 1 4 6 and 1 7 2 2 among sites in Groups 1 2 and 3 respectively Conclusions Oral health should seek to adopt a wellness model that considers a balance of mind mouth and well being that affords a patient the right to honor their autonomy in evaluating their personal perceptions of wellness This preliminary report sought to explore the feasibility of adopting the modified wellness model introduced by Mariotti and Hefty This model focuses on four principal characteristics to assess periodontal health 1 a functional dentition 2 painless function 3 stability of the periodontal attachment apparatus and 4 the psychological and social well being of the individual By gathering long term clinical data and patient questionnaires it is the aim of this longitudinal study to eventually establish ways in which to adopt this paradigm into practice Future studies are required to evaluate the practicality and reliability of this model and its proper utilization in clinical decision making and patient management It is the author's hope that this model of health and wellness can evolve and be a more universally accepted way to define periodontal The Periodontic Syllabus Peter F. Fedi,1985 Now in its Fourth Edition The Periodontic Syllabus known as the health Navy Syllabus will focus attention on the biologic approach to treatment modalities and presents innovative philosophical and clinical approaches to therapy Its handy cookbook format provides the how to information on the performance of techniques in an easy to find and comprehensive format A new chapter on Occlusion in Periodontal Disease has been included and

coverage on implant dentistry has been expanded The new mucocutaneous disease chapter has also been expanded and now includes color plates Utilizing Electronic Dental Record Data to Track Periodontal Disease Change Jay Sureshbhai Patel, 2020 Periodontal disease PD affects 42% of US population resulting in compromised quality of life the potential for tooth loss and influence on overall health Despite significant understanding of PD etiology limited longitudinal studies have investigated PD change in response to various treatments A major barrier is the difficulty of conducting randomized controlled trials with adequate numbers of patients over a longer time Electronic dental record EDR data offer the opportunity to study outcomes following various periodontal treatments However using EDR data for research has challenges including quality and missing data In this dissertation I studied a cohort of patients with PD from EDR to monitor their disease status over time I studied retrospectively 28 908 patients who received comprehensive oral evaluation at the Indiana University School of Dentistry between January 1st 2009 and December 31st 2014 Using natural language processing and automated approaches we 1 determined PD diagnoses from periodontal charting based on case definitions for surveillance studies 2 extracted clinician recorded diagnoses from clinical notes 3 determined the number of patients with disease improvement or progression over time from EDR data We found 100% completeness for age sex 72% for race 80% for periodontal charting findings and 47% for clinician recorded diagnoses The number of visits ranged from 1 14 with an average of two visits From diagnoses obtained from findings 37% of patients had gingivitis 55% had moderate periodontitis and 28% had severe periodontitis In clinician recorded diagnoses 50% patients had gingivitis 18% had mild 14% had moderate and 4% had severe periodontitis The concordance between periodontal charting generated and clinician recorded diagnoses was 47% The results indicate that case definitions for PD are underestimating gingivitis and overestimating the prevalence of periodontitis Expert review of findings identified clinicians relying on visual assessment and radiographic findings in addition to the case definition criteria to document PD diagnosis

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