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# Individual Prophy Cycle

The patient-oriented  
prevention concept



**The ‘Individual Prophy Cycle’, which W&H developed in collaboration with dentists, provides a personalized treatment recommendation.**

(Schmalz and Ziebolz (2019) ‘Individualisierte Prävention’ [‘personalized Prevention’] in *ZWR – Das deutsche Zahnärzteblatt*).

## Contents

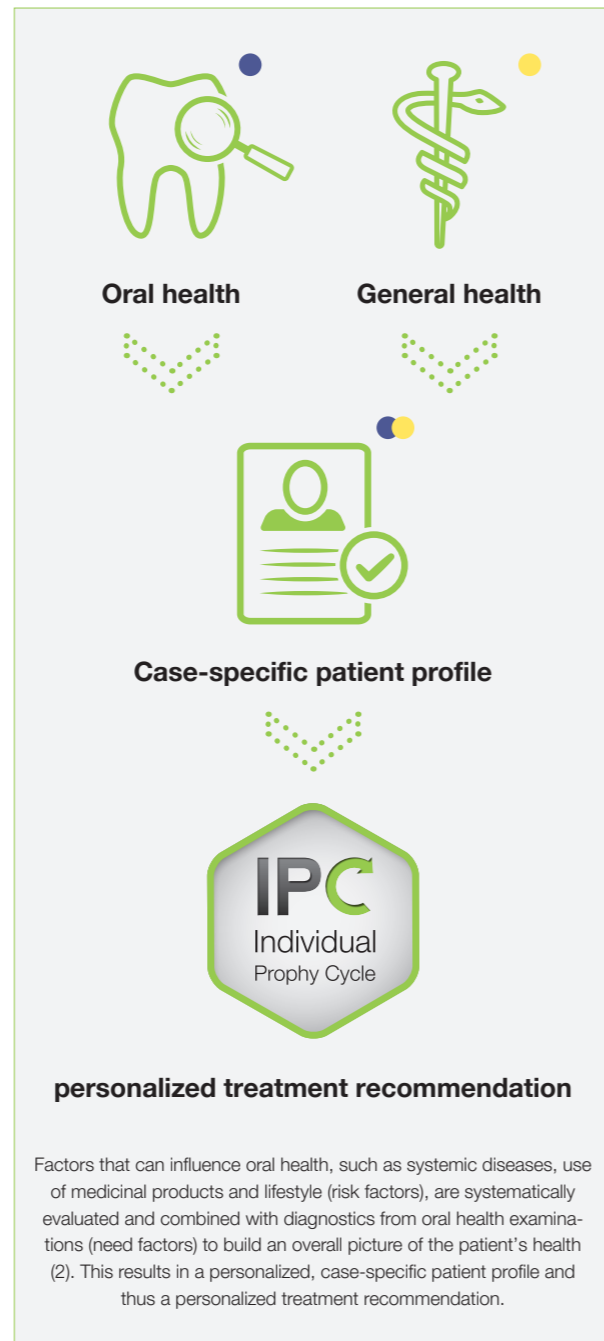
<b>p. 4–5 What is IPC?</b> Case-specific patient profile	<b>Stage 1 p. 8–9</b> Medical history & diagnostics
<b>p. 6 – 7 IPC in the dental practice</b> Effect on treatment	<b>Stage 2 p. 10–11</b> Instruct & motivate
<b>p. 24 Patient case 1</b> The diabetic patient with good oral health	<b>Stage 3 p. 12–17</b> Debridement
<b>p. 25 Patient case 2</b> The endocarditis patient	<b>Stage 4 p. 18–21</b> Polishing
<b>p. 26 Patient case 3</b> The transplantation patient	<b>Stage 5 p. 22</b> Adjuvant therapy
<b>p. 27 Patient case 4</b> The healthy patient	<b>Stage 6 p. 23</b> Summary & recall



The personalized, case-specific patient profile can establish individual treatment plans based on seemingly complex clinical presentations, catering to the patient's needs in a more reliable, focused manner. Together with dentists, W&H is promoting the development of a personalized, case-specific patient profile and safe implementation of the personalized treatment recommendations derived from that profile.

# The personalized, case-specific patient profile Reinvented for greater efficiency

In the past, many of the various well-known treatment concepts have been focused on treating a single oral disease in order to restore or maintain oral health. A paradigm shift is needed away from this one-dimensional approach to oral health, as these concepts have so far failed to recognize that many aspects of general health have a major influence on oral health, and can even cause or exacerbate oral diseases (1). This is where the personalized, case-specific patient profile comes in. The personalized, case-specific patient profile is centred around close analysis of the patient's medical history, combined with a precise diagnostic assessment of their general and oral health.



## personalized treatment recommendation

Factors that can influence oral health, such as systemic diseases, use of medicinal products and lifestyle (risk factors), are systematically evaluated and combined with diagnostics from oral health examinations (need factors) to build an overall picture of the patient's health (2). This results in a personalized, case-specific patient profile and thus a personalized treatment recommendation.

# Case-specific patient profile = personalized treatment recommendation

The aim of the patient profile is to produce a personalized treatment recommendation in order to improve the safety of procedures and increase the efficiency of treatment (2). The patient's medical history and a diagnostic assessment of their oral health, for example with respect to cavities, periodontal health and other aspects, form the basis for oral health treatment and prophylaxis procedures (1, 3). The difference with this approach is that aspects of general health that influence oral health are also taken into account in order to develop a personalized, case-specific patient profile. Each factor is assessed in terms of its degree of influence on oral health (4), which helps to inform the subsequent personalized treatment recommendation. This process is facilitated by a validated medical history form, which has been developed specifically for this purpose.

## The IPC contributes to...

- › successful treatments due to transparency for patients
- › stabilization of oral health with treatment that takes into account both general and oral health
- › indication-specific use of instruments based on an assessment of relevant general and oral health factors



**The proposal of a personalized treatment recommendation\*** for the patient, such as in the case of gingival overgrowths

With the aid of a specially designed and validated medical history form, it is possible to identify the development of gingival overgrowths as a side effect of long-term medication, and propose a personalized treatment recommendation (more about this on pages 8–9). In this case, the long-term medication contains a powerful immunosuppressant and can lead to an increased risk of infection. An antibiotic prophylaxis should also be administered here in order to prevent infection.

\* with the kind permission of Prof Ziebolz / Dr Schmalz

# Effect of the patient profile on treatment

The personalized, case-specific patient profile affects the individual steps taken during the prophylaxis or treatment session (5). As a solutions provider, W&H works closely with dentists and offers a diverse product portfolio to help meet the treatment requirements and recommendations arising from the personalized, case-specific patient profile.



## Advantages of the Individual Prophy Cycle (IPC)

- › Suitable for every dental practice and patient-
- › personalized and patient-oriented
- › Needs-based treatment according to oral health and taking account of the general health factors relevant to dental care
- › No standardized treatments



### Medical history and diagnostics:

The assessment and analysis of oral and general health provides a personalized, case-specific patient profile with tailored information on the recommended course of treatment. This has a major influence on the subsequent steps in the prophylaxis workflow (more on pages 8–9).



### Instruct and motivate:

The links between oral health and general health should also be explained to patients in the case of oral diseases that have arisen or been exacerbated by general health risks. Recommendations on personal oral hygiene at home should be adapted to the needs and requirements of the patient (more on pages 10–11).



### Debridement:

The treatment recommendation can also determine which instruments should be used. Depending on the personalized treatment recommendation (e.g. for an asthmatic patient, an immunosuppressed patient with gingival overgrowths, or a patient with a pacemaker), an air polisher or Piezo scaler may be either contraindicated or recommended – although W&H Piezo scalers are deemed safe for use on patients with pacemakers (more on pages 12–17).



### Polishing:

Polishing is essential for all patients. As well as making the teeth feel smoother, it also diminishes natural and artificial colonization niches where bacterial adherence may occur, and encourages remineralization of the teeth (6). There is no need to be concerned about enamel erosion, as studies have found that this abrasion is of no clinical relevance (7) (more on pages 18–21).



### Adjuvant therapy:

The term 'accompanying/adjuvant therapy' is used to describe supplementary or supporting treatment measures that are taken in addition to the main treatment. They may be carried out in parallel or at a different point in time (more on page 22).



### Summary and recall:

General health risks can significantly increase the risk of oral disease and can even have an adverse effect with regard to the progression of an existing disease. Patients with diabetes mellitus, for example, are at a moderate to high risk of developing periodontitis, even if their oral health is good (5). As such, in these cases it is recommended to shorten the standard recall interval, even if the patient's oral health is stable (more on page 23).



# Medical history & diagnostics

The personalized, case-specific patient profile is centred around a systematic, combined review and analysis of the patient's overall medical history and diagnostics, as well as the evaluation of their general and oral health. Diagnostic measures for oral health indicate the need for treatment or prevention. This approach is not about addressing individual oral health conditions in isolation, but about establishing a picture of the overall presence of and link between tooth decay and periodontitis. Treatments such as implants, bridges or crowns are also taken into account. Dental results, such as the risk of tooth decay, plaque and bleeding indices, as well as periodontal status, help to create an overall picture of the patient's oral health. Even at this stage, it is possible to advise on a more personalized treatment recommendation.



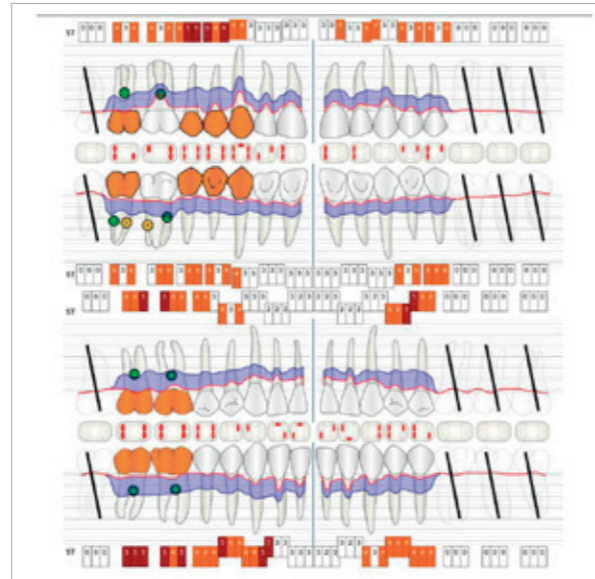
Medical history form



Evaluation form



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To establish a personalized, case-specific patient profile, it is imperative that we take into account factors such as the effect of medications, lifestyle and systemic diseases on the patient's oral health by analyzing and evaluating their medical history (8/9). These factors can cause, increase the risk of, or even exacerbate oral diseases (table 1).

Each factor is assessed in terms of its degree of influence on oral health (5), which helps to inform the subsequent proposal of a personalized treatment recommendation. This process is facilitated by a validated medical history form (table 2), which has been developed specifically for this purpose. This may mean that – in patients with an increased risk of endocarditis or medication-induced immunosuppression, for example – an antibiotic prophylaxis is required prior to the treatment or prophylaxis session.

**Table 1:**

The most common oral health side effects caused by medications\*.

Condition	Medication (Substance class)	Examples of medication	Potential side effects for oral health
High blood pressure	Antihypertensives	Metoprolol, Ramipril	<b>Hyposalivation Xerostomia</b>
Depression	Antidepressants	Amitriptyline	
Allergies	Antiallergics	Dimetindene Chlorphenamine	
Gastritis	Proton pump inhibitors	Omeprazole, pantoprazole	<b>Gingival overgrowths</b>
Post organ transplant	Calcineurin inhibitors	Cyclosporine A, Tacrolimus	
High blood pressure	Calcium channel blockers	Amlodipine, nifedipine	
Epilepsy	Anticonvulsives	Phenytoine	<b>Effects of bone metabolism</b>
Osteoporosis	Oral bisphosphonates	Zometa, Aclasta	
Mammary/prostate carcinoma (Osteoporosis)	Bisphosphonates (IV) Monoclonal antibodies	Zometa, Aclasta Denosumab	

\* (5) adapted from Ziebolz/Schmalz

**Table 2:**

Insight into parts of the medical history form (symbolic representation)\*. The traffic light system is a good way to represent the extent to which each factor impacts the individual patient profile.

Systemic disease	Y/N	Complications, possible oral manifestations, accompanying symptoms, medication, patient resilience, treatment recommendation	Medication: possible effect on oral health
High blood pressure	Y	≥ 180/110 mmHg: No elective surgery, emergency medication, CAVE: Vasoconstrictors, air polishers, abrupt change of position	Gingival overgrowths, dry mouth
Angina pectoris	Y	Resilience, gingival changes, recall: 3–4 months	Dry mouth
Cardiac arrhythmia	N	No complications	–

\* (5) adapted from Ziebolz/Schmalz

Existing diabetes mellitus causes an increased risk of periodontitis and would therefore result in shorter recall intervals for preventive care (5). Patients with rheumatism have an increased risk of infection – due to medication-induced immunosuppression, for example – and the limited mobility of the fingers caused by rheumatism can also lead to inadequate oral hygiene at home. The personalized, case-specific patient profile can be used not only to establish

a personalized treatment recommendation and recall schedule, but also to guide an instructive and motivational discussion with the patient, which is tailored to their specific needs and capabilities.



## Instruct & motivate

The level of successful instruction and motivation can make or break the patient's commitment to oral hygiene at home. Both positive and negative changes in oral health should be clearly explained to the patient. In order to provide guidance on case-specific, personalized oral hygiene, there should be a targeted consultation on oral hygiene, based on the advice in the personalized treatment recommendation.

In the case of oral diseases that have arisen or been exacerbated by general health risks, the links between oral health and general health should be discussed with the patient at their level. Recommendations for individual oral hygiene at home are adapted to the needs and wishes of the patient as part of a two-way discussion.

Patients often have difficulty following instructions due to severe pain, physical changes such as excessive

gingival growth, or rheumatoid arthritis. As well as the correct brushing technique, they also need to be given additional options for oral hygiene at home. This may include mouthwash solutions, interdental brushes, dental floss, as well as advice on choosing a suitable toothbrush. The instructions for oral hygiene should be adapted to the needs and wishes of the patient and delivered as part of the consultation and guidance discussion.

Various interviewing techniques such as motivational interviewing (MI) or the GPS approach (Goal setting – Planning – Self-monitoring) help the patient to adopt the desired behavioural changes (1, 10). Conducting an interview comes with a great deal of responsibility. Training and education in the appropriate communication techniques are crucial if these discussions are to be successful.



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## Debridement

Depending on the personalized treatment for the prophylaxis session, hard and soft plaque can be removed with the right choice of instruments. An air polisher or a Piezo scaler may be either contraindicated or recommended according to the personalized patient profile, such as for patients with asthma, immunosuppression in patients with gingival overgrowths or patients who wear a pacemaker (with the exception of the W&H Piezo scalers, which are compatible with pacemakers).

Supragingival and subgingival removal of hard and soft plaque is carried out. The instruments suitable for this include both manual and mechanical instruments (sonic, ultrasonic, air polishing and rotary polishing). All of these instruments are suitable for plaque and tartar removal, in accordance with the International Consensus Conference of the EFP (1). The ideal approach is to use a combination of different instruments, adapted to the individual case.

Piezo scalers are more efficient than curettes, which means that treatment times can be shortened. Patients who are particularly sensitive to pain also find treatment with Piezo scalers more comfortable than with curettes (11, 12).

Air polishing systems and the various abrasive powders are used as per the individual requirements. The low-abrasion powders achieve good results in subgingival treatment and interdentally (11). When selecting powders for cleaning orthodontic restorations, it is essential to ensure that they are non-abrasive as highly abrasive powders can cause surface changes (12). For patients with certain medical issues such as allergies, kidney or metabolic diseases, as well as in children, caution is advised in terms of application. In these cases in particular, selective cleaning using a prophy cup and brush is recommended.



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proxeo SONIC

**Proxeo Sonic**  
 "A handy and powerful sonic scaler with an extensive range of periodontal applications."  
 OA Dr Christian Graetz

proxeo ULTRA

**Proxeo Ultra**  
 The Proxeo Ultra Piezo Scalers from W&H were developed in collaboration with prophylaxis professionals and really live up to their name.

Ultra-flexible wireless foot control, compatible with the Proxeo Twist Cordless Polishing System.



**Piezo scaler handpieces**  
 Ultra-ergonomic design and ultra-flexible hose for easy adaptation, perfect balance and even more user comfort.

- W&H / EMS / Mectron
- W&H / NSK / Satelec



# Product solutions for teeth debridement

In addition to its tried-and-tested air scaler, W&H also offers a cutting-edge Piezo scaler and matching range of tips for optimum teeth cleaning.





**Universal tips**

- 1U, 2U, 3U, 4U
- 1US, 2US

For supragingival scaling in all quadrants.



**Implant Clean tip**

- 1I

For gentle cleaning of implants and the associated restorations.



**Periodontal tips**

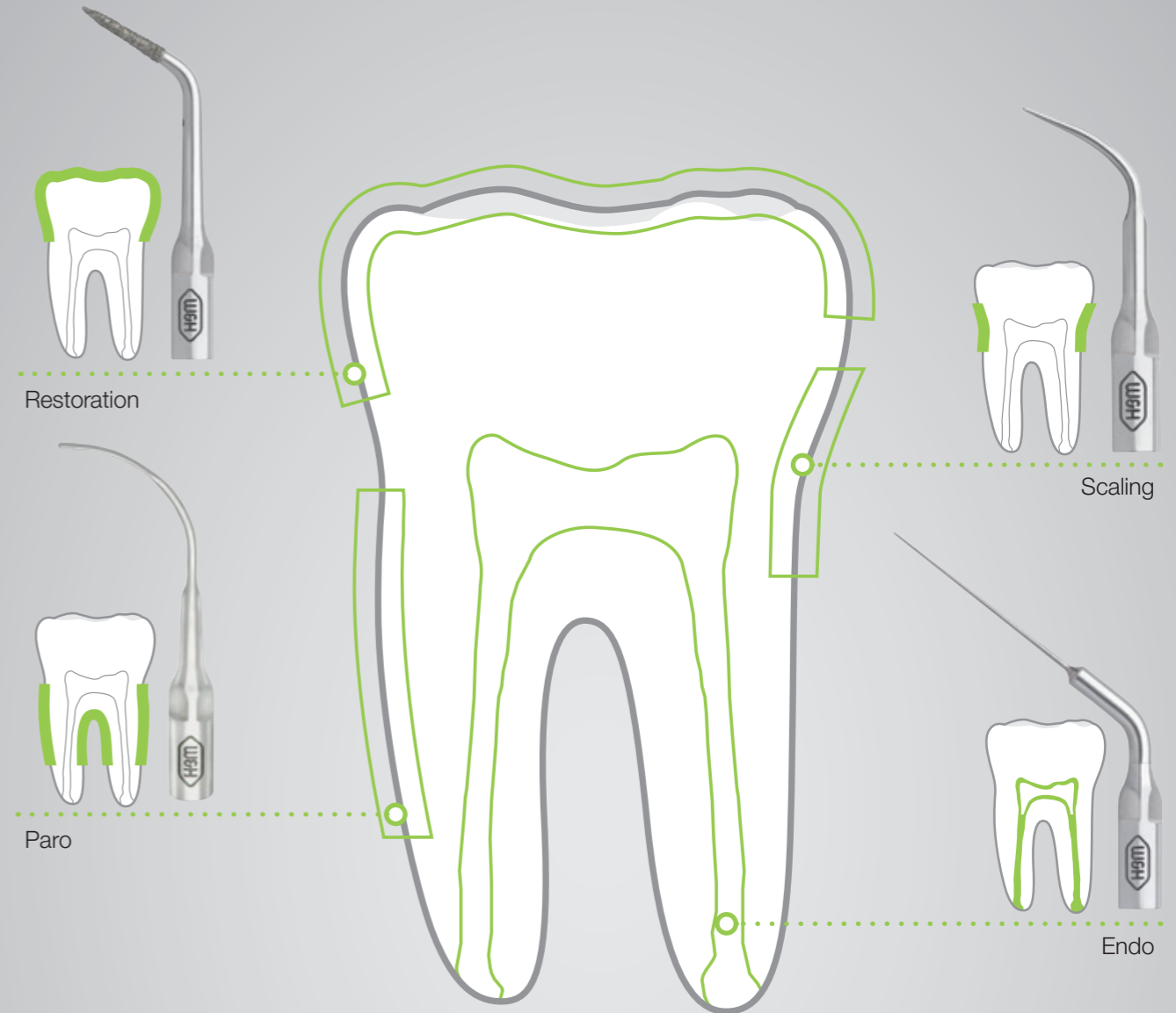
- 1P, 3Pr/3PI, 4P, 5Pr/5PI

For initial and supportive periodontitis treatment.

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# Compact, high-quality tip system for Piezo scalers

Universal and special tips developed with end users and tailored to the clinical requirements of each area of application, the individual treatment stages, and the technical requirements of W&H Piezo technology.



## Versatile application

Thanks to infinitely variable power control, the W&H Piezo scalers can be easily adjusted to each application and tip. From prophylaxis and periodontology, implant maintenance or endodontics, or even the micro-preparation of dental restorations, the potential applications are particularly diverse.





# Polishing

Polishing with prophylactic pastes. A must for all patients after cleaning. As well as making the teeth feel smoother, it also diminishes natural and artificial colonization niches where bacterial adherence may occur (6). There is no need to be concerned about enamel erosion, as studies have found that this abrasion is of no clinical relevance (7).

With the constant development of the technical systems, the powder-water jet with its new fine-grained powders is becoming ever more popular as a polishing method. However, creating a clean surface is not the same as creating a smooth surface. Electron microscope images of tooth surfaces show that cleaning with low-abrasion powders produces a clean, undamaged surface. However, any roughness or wavy structures on the tooth surface provide the

ideal environment for plaque to return. When the tooth cervix is exposed, the dentin with its dentinal tubule openings is also exposed, leaving it completely unprotected from root caries. This is where rotary polishing comes into play. Prophylactic pastes, which contain various ingredients, seal these openings without massively removing the tooth substance, and also smooth out any unevenness in the tooth surface. The ingredients of these prophylactic pastes can also contain substances that provide supportive treatment, such as fluoride, zinc compounds and essential oils, which help to reduce hypersensitivity, halitosis and caries prophylaxis. They also diminish natural and artificial colonization niches where bacterial adherence may occur (6). Polishing with pastes containing fluoride or hydroxylapatite, for example, speeds up the remineralization of tooth enamel.



### Recommendations for the perfect prophylactic polish:

The recommended optimum speed for rotary polishing, specified in the international literature, is an average of 2500 rpm (13). This is the speed range achieved by W&H Proxeo Twist handpieces. For comfortable working, the speed should be set as low as possible.



### Selecting the best instrument:

At the contact point on the tooth, an average of 2500 rpm should be used. Many motors are unable to offer this low speed. A corresponding contra-angle handpiece with a 4:1 transmission ratio ensures the appropriate speed on the tooth. It is extremely important to make sure that the corresponding motor setting is selected here, as the speed at the point of action on the tooth is reduced by four times.



### The ideal pressure when polishing the tooth:

The polishing pressure when using brushes or cups should be the same as that of a normal toothbrush. In technical terms, the recommended contact pressure is 1.5 Newtons, which equates to a weight of 150 grams. It is easy to check how much pressure that actually is: simply hold the instrument against a letter scale until it reads a weight of 150 grams. This corresponds to the recommended contact pressure of a rotary polishing instrument with a cup or brush.



### The optimum duration of polishing:

The contact time per tooth should not exceed 2–3 seconds (13). Thanks to the short treatment time, there is no need for water cooling – there is no aerosol generation due to water cooling. If the practitioner observes the short treatment time recommended, it is possible to avoid any overheating of the tooth and thus heating of the dental pulp.



# Product solutions for rotary polishing

## The modern standard

As well as classic prophy handpieces and angles, W&H offers the innovative LatchShort solution and the Cordless Polishing System with its specially developed prophy cups and brushes, as well as contra-angle handpiece: for prophy professionals that move with the times.



**WP-44 M Polishing handpiece**  
for Proxeo Twist and all other prophy angles.

**WP-64 MU Screw-in system**  
for all standard screw-in prophy cups, brushes and snap-on adapters.

**WP-64 M YOUNG System**  
for all YOUNG screw-in prophy cups and brushes.

**WP-66 M Standard latch**  
for prophy cups, brushes and snap-on adapters with 2.35 mm shaft.

**One-stop shop**  
Prophy cups and brushes inspired by prophy professionals.

## Proxeo Twist prophy cups

- › Internal fins for easy pickup and application of paste.
- › Special nub shape to reduce splattering of paste.
- › Nubs on the outside polish the interdental space at the same time.
- › Smooth surface at the edge for gentle polishing into the sulcus.

- 1** **Prophy brush**  
soft and cup-shaped
- 2** **Prophy cups**  
with shortened shaft  
soft or firm

The image displays the Proxeo Twist LatchShort and Cordless Polishing Systems. It includes several handpieces (WP-44 M, WP-64 M, WP-66 M), prophy cups, brushes, and a black base. A diagram shows a hand holding a handpiece with a green 'X' indicating a specific feature or warning.

## Proxeo Twist LatchShort polishing system

- › Optimum access with a reduction in working height of up to 4 mm thanks to the Proxeo Twist prophy cups with shortened shaft
- › Small head for an unobstructed view of the treatment site
- › Slim and ergonomic design
- › Fast switching of prophy cups thanks to push-button chuck system
- › Long lifespan thanks to the sealing system

## Proxeo Twist Cordless Polishing System

- › Flexible wireless operation
- › Freely selectable cup system
- › Simple speed regulation with wireless foot control
- › Twice as light as most other wired motorized systems
- › Ideal speed for gentle and efficient polishing
- › Durable lithium ion battery



# Adjuvant therapy

The term ‘accompanying/adjuvant therapy’ is used to describe supplementary or supporting treatment measures that are taken in addition to the main treatment. They may be carried out in parallel or at a different point in time. During the prophylaxis session, these treatment measures can be carried out additionally as part of the main treatment or as an accompanying component to oral hygiene at home.

Adjuvant therapy refers to a wide range of options, which are tailored to the individual patient profile and/or the personalized treatment. It may include the use of physical, chemical, mineral and complementary medicines and agents.

In some cases, individuals with gingival recession, whereby the tooth cervix is exposed, may experience hypersensitivity when hard and soft plaque is removed. The expected hypersensitivity can be counteracted with adjuvant therapy (14). If the explanatory



consultation with the patient is neglected in these cases, they may come to associate the negative effects with professional teeth cleaning, which may diminish their commitment to oral hygiene.

The same applies, for example, to the adjuvant application of chlorhexidine as a home remedy for gingival disease. Patients need to be informed that, regardless of the concentration, alongside the therapeutic effect, a four-week application of chlorhexidine causes extrinsic stains on the teeth (15). However, this discolouration can be removed successfully and gently in the next prophylaxis session without difficulty (16).

If there is an associated risk of caries, the at-risk areas must be sealed with fluoride varnish. Measures to remineralize and improve the salivary flow rate can significantly influence the progression and composition of caries lesions (17).



# Summary & recall

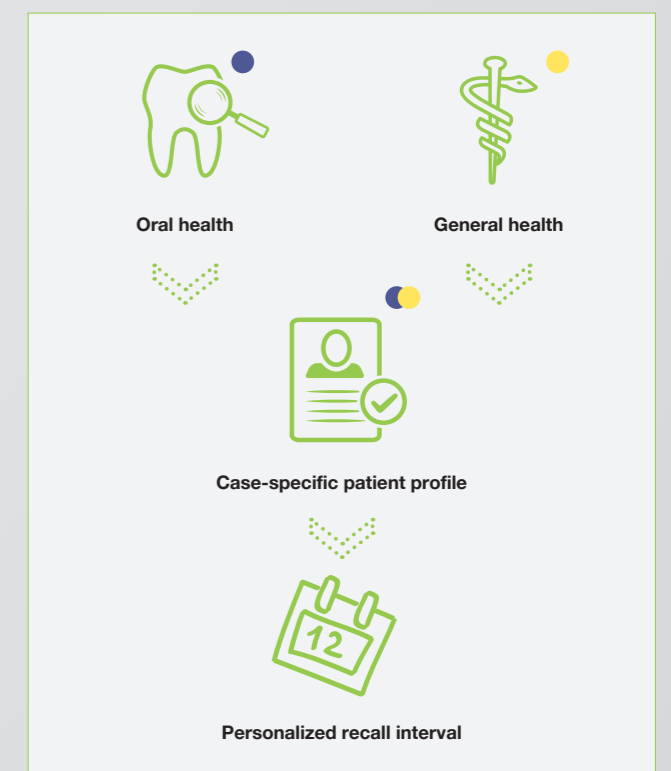
In the summary, the treatments and measures taken are discussed with the patient. Presenting a summary that is easy for the patient to understand strengthens patient loyalty and reinforces their commitment and compliance (adherence to therapy) to oral care at home.

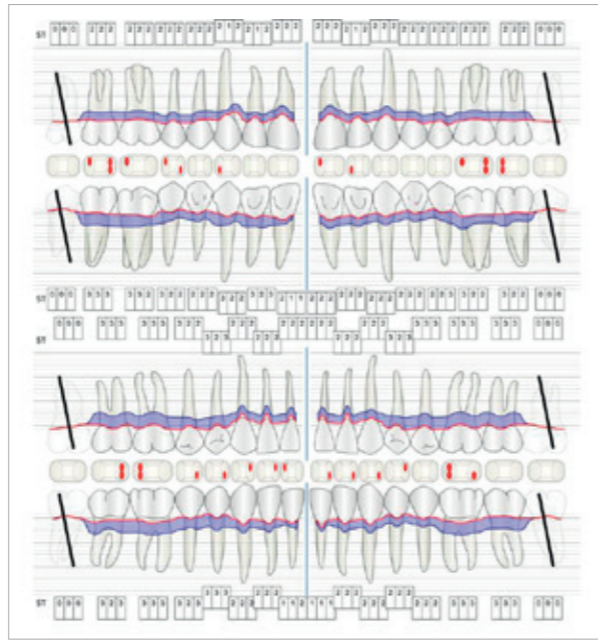
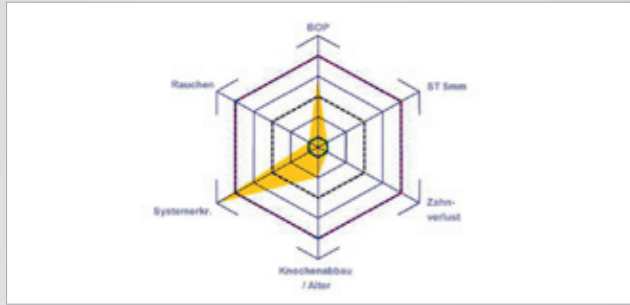
Information about recall or planning follow-up appointments should be based on the personalized treatment in the individual, case-specific patient profile (18). For example, depending on their HbA1 level, patients with existing diabetes mellitus should attend a prophylaxis session every 3 to 6 months because a diagnosis of diabetes mellitus is associated with an increased risk of periodontitis (8, 9). However, in cases where there is a reduced salivary flow rate, shorter recall intervals may be required because xerostomia increases the patient’s susceptibility to caries and promotes plaque formation (18).

These examples demonstrate how closely interwoven the beginning and the end of the prophylactic session are. The entire planning – from the procedure to the content and the recall interval – all begins with the medical history and evaluation of the findings. The individual steps will be different in each case,



according to aspects of both general and oral health. In some cases, general health factors determine the length of the intervals between prophylactic sessions. Recall sessions are crucial to the success of the treatment and reinforce patient loyalty and the patient’s trust in the treatment.





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# Patient cases according to IPC

The following case studies\* serve to illustrate the interaction between the need and risk factors defined for the IPC, as well as the effects of individual factors.

## The diabetic patient with good oral health

A 51-year old diabetic patient presents with good oral health at a prevention session. Her blood sugar levels are stable at HbA1c = 6.2%, and thus her condition is thought to be sufficiently managed with the antidiabetic drug metformin. The patient has no existing restorations or early oral disease. Using the dental results, it is possible to determine gingivitis in spite of an otherwise stable condition.

Despite the oral and general health parameters being stable, the patient's underlying health condition requires her to attend a personalized prevention session. Diabetes mellitus is always associated with an increased risk of periodontitis (12). However, this can be controlled with good medicinal treatment. Regular monitoring of the HbA1c provides information about the course of the blood sugar level over the last eight to twelve weeks, with an HbA1c  $\geq$  6.5% indicating the presence of diabetes mellitus.



Because diabetes is so closely associated with periodontitis and has a significant impact on its development and progression, careful documentation is essential. Due to its significance, as described above, the patient should be asked for their current HbA1c value at every session.

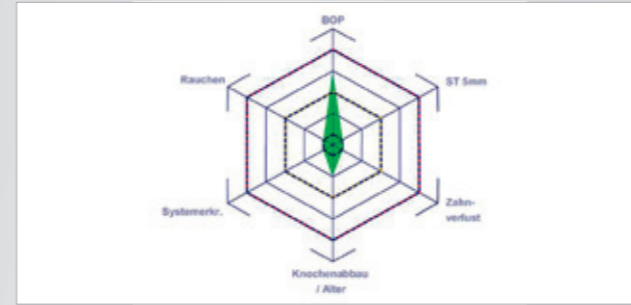


The links between diabetes mellitus and the risk of periodontitis can be clearly explained during the consultation (12, 15), as can the impacts of a permanently elevated blood sugar level (hyperglycaemia) on the course and progression of periodontitis (16).

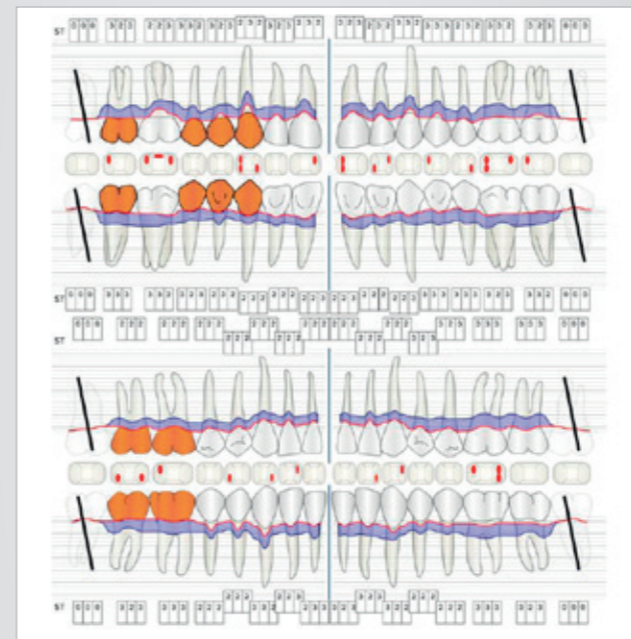


Even if the patient's oral health gives no indication of any particular need for a shorter recall interval, twice-yearly prophylactic sessions are recommended due to the risks that come with diabetes mellitus and its association with an increased risk of periodontitis.

\* with the kind permission of Dr G. Schmalz and Dr D. Ziebolz MSc.



According to Lang & Tometti



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## The endocarditis patient with active caries lesions

The patient is 39 years old and has previously undergone aortic valve replacement due to valve failure and endocarditis. ASS 100 is taken regularly as an anticoagulant. In terms of lifestyle, the patient's diet is classified as caries-promoting due to the regular consumption of sugary foods and the fact that six to seven meals are consumed daily. The patient's oral health indicates a moderate risk of caries, with active lesions. The risk of periodontitis is low, but gingivitis is present. The following recommendations are made for prophylactic treatment.



The heart valve replacement and the history of endocarditis indicate an increased risk of complications. In order to reduce the risk of inflammation recurring, antibiotic prophylaxis is recommended (e.g. 2 g amoxicillin, 1 hour before the session). Despite the long-term blood-thinning medication, it is not expected that there will be an increased risk of bleeding in the prophylactic session.



Enough time must be allowed for the instructive/motivational discussion. The negative impact of nutritional behaviour on oral health (9) should be clearly conveyed to the patient. With regard to the history of endocarditis, the connections between cariogenic bacteria and cardiovascular disease may also be discussed (12). This can strengthen the patient's motivation to make a sustainable change to their diet. The discussion should convey to the patient the importance of – and motivate them to practise – good oral hygiene at home.



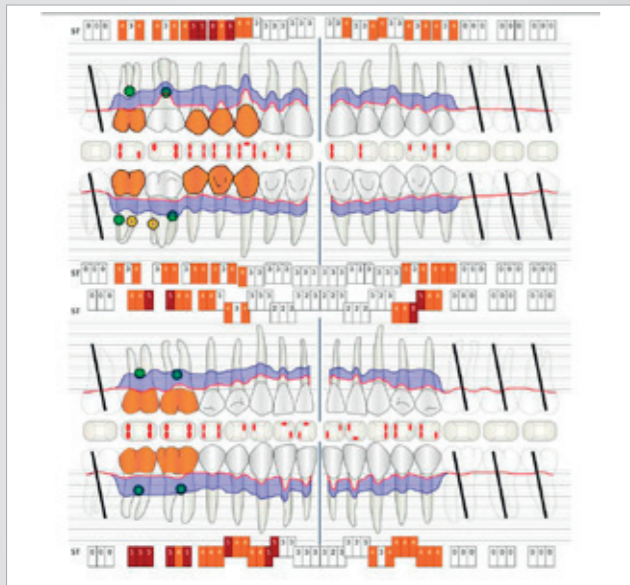
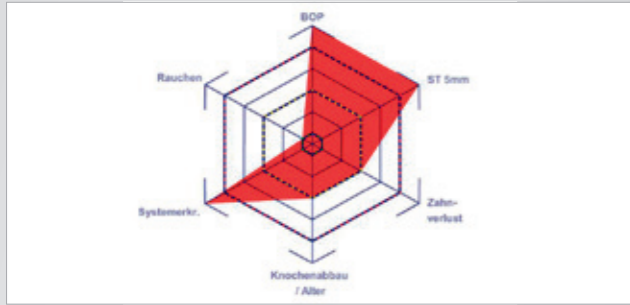
No specific instrument recommendations can be determined for the prophylaxis session. Targeted application of air and rotary polishing can be used to gently reduce plaque and stains on the restoration edges, and to reduce recolonization niches for cariogenic bacteria (19).



Fluoridation is recommended to further support the prevention of caries, and especially to prevent new formation around the restoration edges, and to seal the root surfaces. Both of these measures can reduce the teeth's sensitivity to temperature.



Due to the active caries lesions and the associated risk of progression, a shortened recall interval of three to four months is recommended.



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### The transplant patient with gingival overgrowths

A 71-year old patient presents with having previously undergone a kidney transplant and with a history of hypertonia (high blood pressure). Due to his medical history, long-term medication with cyclosporine is required to suppress the immune system, as well as amlodipine to lower blood pressure. The patient also reports sensitive and bleeding gums. From an oral health perspective, the patient has undergone dental restoration and has eight missing teeth, pronounced gingival growth, and grade B, stage II periodontitis with active pockets and initial root caries on tooth 22. The caries risk assessment determines a moderate risk of caries (API 60). The following treatment recommendations can be determined for the prophylaxis session.



Based on the patient's medical history, it is possible to identify a particular risk of complications. Due to the kidney transplant, the patient is immunosuppressed (cyclosporine), and therefore has a weakened immune system and requires infection prophylaxis (recommendation: 2 g of amoxicillin as an antibiotic, 1 hour before the session). At the same time, the patient's long-term medication carries an increased risk of disease, as the gingival overgrowths identified are associated with this medication (20).



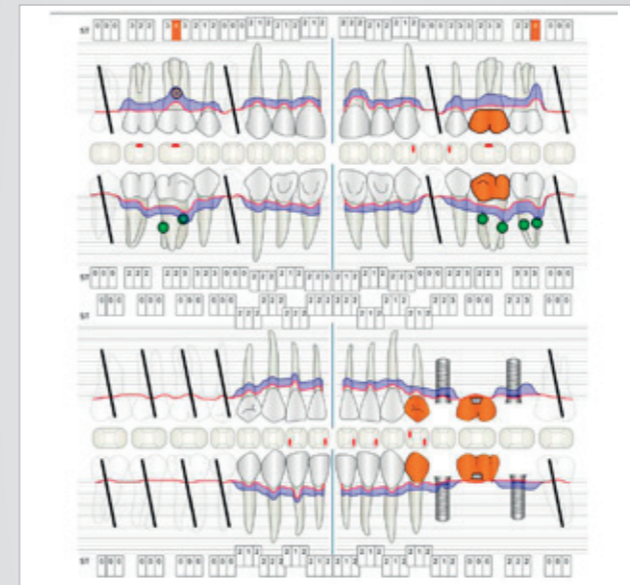
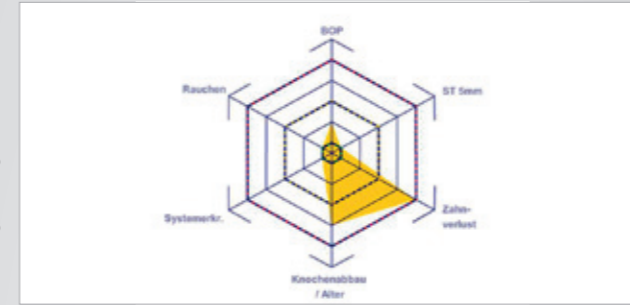
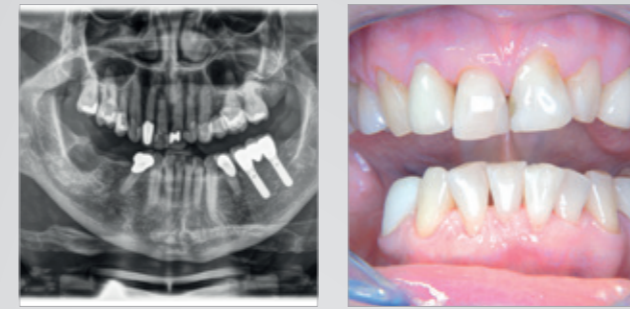
The patient's situation must be addressed, especially when it comes to motivation and instruction. Due to the gingival overgrowths, the patient finds it difficult to practise good oral hygiene at home. The increased susceptibility to infection as well as the progression and emergence of the overgrowths (22) should be discussed at the patient's level. At the same time, the patient should be instructed in hygiene techniques that are tailored to his individual needs.



There are no specific recommendations for cleaning. According to the findings, rotary polishing should be carried out selectively in erosion-sensitive areas. Because the patient's oral health is fragile, it is important to create the best possible conditions for at-home maintenance in the prophylaxis session, e.g. by creating smooth surfaces, administering fluoridation to prevent tooth decay, and using mouthwash with CHX to address active inflammation.



A shorter recall interval of three to four months is recommended for this patient. This is mainly due to the gingival overgrowths associated with the patient's medication, the fact these overgrowths make at-home oral care difficult for the patient, and the risk of progression of periodontitis.



According to Lang & Tometti

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### The healthy patient with early periodontal disease

The 68-year-old patient has no general health conditions and is not taking any medication that may be relevant to her oral health, and her lifestyle does not pose any particular risk. The patient has two dental implants (3rd quadrant, for five years) and a previous case of periodontal disease (stage IV, grade B periodontitis) with tooth loss. Currently the periodontal conditions are stable. However, periodontitis significantly increases the biological complications of implantations and there is a risk of implant loss (21). Four recommendations can be determined for the prophylaxis session.



As the patient does not have any particular risk factors with specific dental implications, the requirements determined from her current state of oral health are crucial. Here, it is recommended that a thorough assessment of periodontal condition be carried out once a year. This will ensure that any potential progression of the previous periodontal disease or development of peri-implantitis can be responded to in good time.



Despite the stable conditions, it is also crucial for the instructive/motivational discussion to be conducted with this patient. Particular attention should be paid to teaching the patient how to care for the implants correctly. Here in particular, good at-home maintenance can have a significant impact on the long-term stability of oral and implant health.



In terms of instruments, specific procedures are required for use with implants. In order to preserve the surface of the implant while cleaning it effectively, it is essential to choose suitable powders and instruments such as the targeted use of air polishing devices with special periodontal tips. Which powder is most suitable can be determined according to the needs and risk. For example, in addition to the appropriate degree of abrasion, dietary requirements (including sugar-free, low-salt) may also be taken into account.



Because the patient has implants and a history of periodontal disease, she is at risk of developing peri-implantitis. It is therefore recommended that she attend a recall session every three to four months.

# Additional information:



List of references



Rotary polishing:  
clinically based



IPC website



## Distribution:

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