

- Title** Assessment of scaling and root planing (non-surgical periodontal therapy) in the treatment of periodontal disease
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- Reference** N° ISBN 978-2-11-152370-8; link to full report in French:
https://www.has-sante.fr/portail/jcms/c_2842270/fr/evaluation-de-l-assainissement-parodontal-rapport-d-evaluation-technologique

Aim

Following a request by the French National Health Insurance concerning non-surgical periodontal therapy or scaling and root planing (SRP), this report focused on the assessment of the SRP procedure in the management of aggressive and chronic periodontal disease, in terms of its efficacy and safety. The assessment also studied the effects of the full-mouth disinfection method, with or without antiseptic agents, compared to SRP by quadrant / sextant. In addition, the report assessed whether the use of adjuncts to SRP, local antibiotic therapy, systemic antibiotic therapy, photodynamic therapy and different types of laser (Er:YAG laser, Nd:YAG laser, diode laser), were liable to improve the efficacy of treatment, compared to SRP alone.

Conclusions and results

Overall, the data collected in the assessment report (literature and professional position) are consistent with the application for reimbursement of the SRP or non-surgical periodontal therapy procedure, and the assessment therefore led the HAS to outline the various conclusive points concerning SRP in the management of periodontal disease:

- Scaling and root planing (SRP) constitutes the basis for first-line treatment in the management of chronic and aggressive forms of periodontal disease. The HAS notes that SRP is only one of the components of initial periodontal therapy, which also includes other essential elements: patient education and motivation in the field of oral and dental hygiene, control of general risk factors, modifiable or otherwise (smoking, poorly controlled diabetes, etc.) and the elimination of local exacerbating factors (dental decay, malposition, etc.).
- SRP can be performed using the conventional quadrant / sextant approach, or using the full-mouth disinfection approach (with or without antiseptic agents).
- The use of local antibiotic therapy in addition to SRP is not justified.
- The use of oral antibiotic therapy in addition to SRP must be limited to cases of aggressive periodontal disease and complex or severe forms of chronic periodontal disease only. Even in these cases, the HAS stresses the importance of rational antibiotic prescription in a context of constantly increasing antibiotic resistance. Therefore oral antibiotic therapy

must not be routinely used in chronic periodontal disease, except in severe forms.

- The use of lasers (Er:YAG, Nd:YAG and diode), or photodynamic therapy (PTD), in addition to SRP, is not relevant in routine practice.

The results of SRP should be controlled after 8 weeks (reassessment session). Periodontal maintenance visits should be performed every 3 or 6 months, depending on the patient's risk profile. In the event of persistent lesions, and depending on how extensive they are, additional therapy consisting of further SRP or surgical treatment may be warranted.

Methods

The assessment method consisted of:

- a critical analysis of the literature, identified by an exhaustive search and selected on the basis of explicit criteria, i.e., five best practice guidelines, three technological assessment reports and eighteen meta-analyses;
- the collection of the justified opinions of professional bodies, i.e., the Société française de parodontologie et d'implantologie orale (French Society for Periodontology and Dental Implants), the Collège national des enseignants de parodontologie (French National College of Periodontology Teachers) and the Conseil national professionnel de stomatologie et de chirurgie maxillo-faciale (French National Professional Council for Stomatology and Maxillofacial Surgery);
- a summary of these data in a technological assessment report submitted to the HAS College for validation.

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