



<b>Title</b>	<b>Chronic Periodontitis – Prevention, Diagnosis, and Treatment</b>
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## Aim

To investigate the evidence for different methods to prevent gingivitis and to diagnose and treat chronic periodontitis. Economic aspects were considered. The question of chronic periodontitis as a risk factor for other diseases whose etiology may be linked to non-specific infection was also addressed.

## Conclusions and results

Partial list (for all conclusions, see [www.sbu.se](http://www.sbu.se)):

- An electric toothbrush is more effective than a manual toothbrush for reducing gingivitis.
- The number of periapical radiographs can be considerably reduced when a clinical examination, along with bitewing radiographs of the molars or a panoramic radiograph, precedes a radiographic examination.
- Bitewing and periapical radiographs have low reliability for identifying small marginal bone changes (less than 1 mm) over time. Thus, routine radiographic examinations at regular intervals are not indicated.
- The absence of bleeding on probing is a good predictor of periodontal stability.
- Regardless of whether flap surgery is performed, mechanical debridement reduces probing pocket depth and improves probing attachment level.
- Local or systemic adjunctive antibiotic therapy does not produce better clinical outcomes in terms of reducing probing pocket depth or improving probing attachment level than mechanical debridement alone.
- Scientific evidence is lacking for determining cost effectiveness and patient-perceived quality in the various types of prevention, diagnosis, and treatment of chronic periodontitis.
- Scientific evidence is contradictory or lacking as to whether chronic periodontitis is a risk factor for coronary heart disease, stroke, diabetes mellitus, chronic

obstructive pulmonary disease, rheumatoid arthritis, preterm birth, and low birth weight.

## Methods

Electronic databases were used in the primary search for literature dating back to 1966. The findings of a study had to be applicable to the questions posed by the report, ie, appropriate outcome measures, followup period, and study design. The reviewers rated the quality and internal validity of each study. The scientific evidence for each conclusion was rated based on the quality and internal validity of the studies.

## Further research/reviews required

Needed are studies on cost effectiveness, patient-perceived diagnosis and treatment quality, studies using various combinations of diagnosis and outcomes, and studies that reflect tooth survival.