

# NEW PERIODONTAL CLASSIFICATION QUICK REFERENCE GUIDE **CORSODYL**

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

<b>STEP 1</b>	<b>TYPE:</b> Periodontally healthy, gingivitis or periodontitis?	<ul style="list-style-type: none"><li>Periodontal health – no obvious evidence of interdental recession</li><li>Gingivitis – no obvious evidence of interdental recession</li><li>Periodontitis – progress to step 2</li></ul>
<b>STEP 2</b>	<b>EXTENT:</b> What is the pattern of the disease, how many and what teeth are affected?	<ul style="list-style-type: none"><li>Generalised – affects <math>\geq 30\%</math> of teeth</li><li>Localised – <math>&lt;30\%</math> of teeth</li><li>Molar incisal pattern</li></ul>
<b>STEP 3</b>	<b>CURRENT DISEASE STATE:</b> Based on probing depths and BoP	<ul style="list-style-type: none"><li>Stable – BoP <math>&lt;10\%</math>, PPD <math>\leq 4\text{mm}</math>, No BoP at 4mm sites</li><li>In remission – BoP <math>\geq 10\%</math>, PPD <math>\leq 4\text{mm}</math>, No BoP at 4mm sites</li><li>Unstable – PPD <math>\geq 5\text{mm}</math> or PPD at <math>\geq 4\text{mm}</math> &amp; BoP</li></ul>
<b>STEP 4</b>	<b>STAGING:</b> This tells us how severe the disease is. Look at radiographs for the site with the worst interproximal bone loss	<ul style="list-style-type: none"><li>Stage I – <math>&lt;15\%</math> (or <math>&lt;2\text{mm}</math> attachment loss from CEJ)</li><li>Stage II – coronal third of root</li><li>Stage III – mid third of root</li><li>Stage IV – apical third of root</li></ul>
<b>STEP 5</b>	<b>GRADING:</b> 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	<ul style="list-style-type: none"><li>Grade A (slow) – <math>&lt;0.5</math></li><li>Grade B (moderate) – <math>0.5-1.0</math></li><li>Grade C (rapid) – <math>&gt;1.0</math></li></ul>

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

## 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 a 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%

Cumulative  
Sextant  
Score:

≤2

- Repeat BEWE as part of each routine clinical examination

3-8

- OH, dietary assessment & advice
- Routine maintenance & recommend low abrasion toothpaste
- Repeat BEWE as part 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