Tailoring a Maintenance Schedule to the Patient

The importance of a periodontal diagnosis and re-evaluation of the results of initial treatment in formulating a treatment plan cannot be overstated. At the very least, dentists should conduct periodontal screening and recording or, ideally, full-mouth probing to derive a periodontal diagnosis before prescribing any treatment. Only following a diagnosis of plaque-induced gingival or periodontal disease and identification of any associated secondary etiologies (i.e., smoking, diabetes) can initial therapy of SRP be prescribed.

Unfortunately many dentists overlook the need to evaluate patient response to this initial therapy and may automatically place the patient on a defined recall or maintenance schedule. A periodontal re-evaluation appointment should be conducted 4–6 weeks following initial therapy to assess the state of the periodontium, evaluate plaque control and decide on any further treatment. If shallow probing depths (with or without inflammation) are present at re-evaluation, then consideration can be given to tailoring a maintenance schedule (3, 4, 6, 9 months) to the individual patient, depending on attending risk factors. In cases where a diagnosis of periodontitis was made and response to initial therapy was judged poor as manifested by residually deep probing depths (with or without inflammation), then consideration should be given to other treatment modalities such as surgical intervention along with modification of any risk factors.

Patients inappropriately placed on long-term 3-month maintenance without consideration of other treatment modalities or surgical therapy may suffer progressive attachment loss, leading ultimately to tooth loss and compromise of their natural dentition.

Questions

4. What do I do about a patient who requires extractions and is taking the anticoagulant warfarin?

Background

When a patient who takes warfarin needs an extraction, the key consideration is the balance between the complexity of the procedure and the risk of bleeding, and the risk of reversing anticoagulation.

The purpose of warfarin therapy is to prevent life-threatening clots forming in target organs such as the brain. A patient may be taking warfarin for a number of conditions (Box 1).

The degree of anticoagulation your patient needs is measured by the prothrombin time, expressed as the international normalized ratio (INR). An INR of 1 is normal, therapeutic levels for preventing stroke in those with atrial fibrillation is typically between 2.0 and 3.0, and the target value for patients with an artificial heart valve is between

**Box 1: Conditions treated with warfarin**

- atrial fibrillation
- deep venous thrombosis
- pulmonary embolus
- stroke
- artificial heart valve

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References