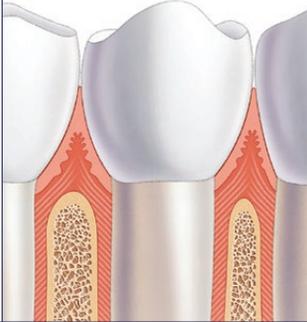
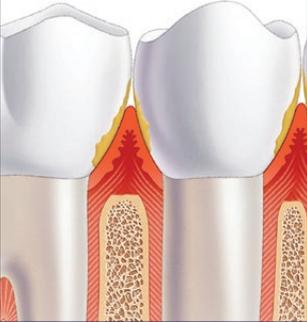
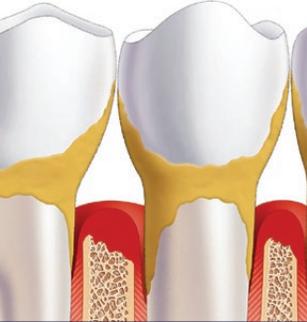


Understanding periodontitis

Periodontitis is the sixth most prevalent chronic disease in the world, affecting 700 million people. Non-treatment can contribute to diabetes, cardiovascular diseases and pre-term pregnancy complications.

	Stage I	Stage II	Stage III	Stage IV
				
Signs	<ul style="list-style-type: none"> • 1-2 mm CAL • No tooth loss • Max. probing depth ≤4 mm • Mostly horizontal bone loss 	<ul style="list-style-type: none"> • 3-4 mm CAL • No tooth loss • Max. probing depth ≤5 mm • Mostly horizontal bone loss 	<ul style="list-style-type: none"> • ≥5mm CAL • ≤4 teeth <p>Stage II plus:</p> <ul style="list-style-type: none"> • Vertical bone loss ≥3 mm • Probing depths ≥6 mm • Furcation involvement Class II or III 	<ul style="list-style-type: none"> • ≥5mm CAL • ≥5 teeth <p>Stage III plus:</p> <p>Need for complex rehabilitation due to impact on:</p> <ul style="list-style-type: none"> • Chewing, occlusal trauma with mobility, • Severe ridge defects • Bite collapse, <20 remaining teeth, etc.
Treatment and recos	<ul style="list-style-type: none"> • Nonsurgical periodontal therapy • Possible medicaments • Comprehensive at-home oral care regimen 	<ul style="list-style-type: none"> • Nonsurgical periodontal therapy • Possible referral to periodontist • Possible medicaments • Comprehensive at-home oral care regimen 	<p>Stage II treatments plus:</p> <ul style="list-style-type: none"> • Surgical and possibly regenerative treatment • Complexity of implant and/or restorative treatment is increased • May require multi-specialty treatment 	<p>Stage III treatments plus:</p> <ul style="list-style-type: none"> • Advanced surgical treatment and/or regenerative therapy • Very complex implant and/or restorative treatments may be needed • Often requires multi-specialty treatment

Determining grade of disease¹

Grade A	Grade B	Grade C
<ul style="list-style-type: none"> • Slow progression • Non-smoker • Not diabetic • Heavy deposits, low levels of destruction 	<ul style="list-style-type: none"> • Moderate progression • <10 cigarettes/day • <7% HbA1C in diabetic patients • <2 mm bone loss in 5 years 	<ul style="list-style-type: none"> • Rapid progression • ≥10 cigarettes/day • ≥7% HbA1C in diabetic patients

Managing periodontitis at home

There are steps you can take at home to help manage this condition in combination with your periodontal treatment.



Brush

Brush your teeth twice a day for two minutes. The right tool and technique make all the difference.



Interdental cleaning

The spaces in between your teeth are home to harmful bacteria, so clean them thoroughly for healthy gums.



Rinse

Use a therapeutic mouthwash to help reduce bacteria that cause gum disease.



Replace

Replace your brush head every three months for optimal results. Choose one designed specifically for gum health.



Checkups

Visit the dental office regularly to monitor and address your periodontitis.

Solutions designed for gum care

Research has shown that Philips Sonicare significantly reduces bleeding, pocket depth and more when compared to a manual toothbrush in patients managing periodontitis² at home post treatment.

Philips Sonicare app lets you track progress and maintain improvements over time.



The Premium Gum Care brush head reduces pocket depth up to 26x more than with a manual toothbrush, with extra-soft edge bristles that target plaque at the gumline².

Gum Health mode on Philips Sonicare DiamondClean Smart offers a more thorough clean that helps you focus on gum care.

¹ Dental professionals should assume Grade B classification unless evidence points to Grade A or C.

² Stage I/II perio patients when used in combination with treatment and management by a dental professional

This does not constitute medical or dental advice and is for guidance only.



The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. These charts provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports. Tables from Tonetti, Greenwell, Kornman. J Periodontol 2018;89 (Suppl 1): S159-S172.

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