Referral of a Periodontal Patient- When & Why?

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ABSTRACT

Last two decades have seen vast increase in the knowledge of the periodontal disease process, its pathology & also a sudden rise in various treatment modalities to cure it. With periodontitis being one of the most common diseases affecting the oral cavity, the interest in periodontics has risen over last decades. Still the referral process for periodontal patients is not as common as for other specialties of dentistry. This is despite the fact that it may not be possible for many of the general dentists to effectively treat periodontal patients and provide optimal care. The general dentists need to understand what periodontists do & what value they bring to patient care as the scope of periodontal practice has broadened. This article stresses on the importance of referral process of a periodontal patient in general practice as team approach always works better.

Key words: Referral, periodontics, periodontology, periodontitis, consultation, dental college, consumerism.

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At no time in the history of dental profession has been the intense interest in the practice of Periodontics as there is today. It is anticipated thought that this interest will increase dramatically in future years, escalating on a basis commensurate with many positive factors. Some factors creating this surge of periodontal therapeutic awareness include: 1) increased public awareness to the prevalence and effects of periodontal diseases and the desire to retain the natural dentition; 2) advances in research of the periodontal disease process and therapeutic modalities; 3) additional emphasis and improved curricula and clinical requirements in dental colleges; 4) the threat and possibility of legal action relating to undiagnosed, untreated, or inadequately treated patients with periodontal diseases; and 5) the rush of marketing products, devices, medicinal agents, and other personal aids to reduce plaque, bleeding gums, and periodontal disease.

Consumerism is affecting dentistry

The press has been very active in recent years. The people are told of horror stories of malpractice cases and how to seek remedy if they have been victimized by fraudulent, dishonest or inept doctors.

Evidence of this consumer influence can be seen everywhere. There has been an upsurge in books and articles for consumers on health care topics and on how to hold their own against the system. Dentists are asked about the new products that are currently being advertised.

But what is more important is that consumers are now demanding to participate in decisions involving dental treatment. No longer is the word of the physicians or dentist blindly accepted. Patients wants to understand treatment plans and why they are necessary. There is growing interest in how health care facilities are administered. Patients are beginning to hold dental professionals answerable for the success or failure of treatment rendered.

Consumers demand eradication of periodontal disease

One result of the consumerism in health care is that patients are demanding total eradication of periodontal disease when they undergo treatment. The consumer of dental services will not accept recurrence of periodontal disease. But the disease will most certainly recur if the patients continue to care for his mouth with the same approach that allowed him to develop periodontal disease. The most common response of the dentists has been to shift much of the responsibility for successful treatment to the patient’s hygiene habits and maintenance of oral hygiene, the so called prevention.(1) There are obstacles
because many patients are reluctant to accept preventive philosophy. Hence, periodontal disease still remains the most common disease affecting mankind.

Patients are not adequately informed about how periodontal disease progress and why it is so destructive. They are not properly educated in techniques of oral hygiene, and they do not understand why such techniques are so important. They are also not informed that the disease process has advanced to such a point that surgical intervention or tooth extraction may be required.

Involvement of general dentist is required
As a periodontist, you depend on general dentists, first, to identify patients with periodontal needs, and second, to refer them at an appropriate time in their disease process. Over the years, various national organizations of different countries like the American Academy of Periodontology has attempted to facilitate this process through the creation of Parameters of Care,(2) Guidelines for Periodontal Therapy(3), the Periodontal Screening & Recording (PSR) program, and educational programs such as the Professional Partnership Program. Despite these efforts, the referral process has remained a problem.

Suggestions for better general dentist - specialist interaction(4)
- Specialists of all categories should participate in study groups that are multidisciplinary.
- Specialists should teach general dentists how to carry out some of the procedures in their respective area of expertise.
- Clinical case discussions & discussions regarding treatment planning that include general dentists & specialists should take place to augment clinical interaction and education.
- General dentists should become more proficient in treatment modalities in which they are involved clinically by participating in continuing dental education.
- There should be fewer egos and more humbleness in both groups. After all the aim for all the dentists remains the same: excellent treatment for public.

When to refer to a Specialist in general(5)
There are many situations that could cause a general dentist to seek the advice of a specialist. The general dentist may make the diagnosis but not want to treat the patient for one of several reasons. The general dentist may
- Not like to treat certain conditions
- Not have the time to treat
- Not be properly trained to treat and has experienced numerous failed attempts in achieving desirable results
- Perceive treatment as too difficult
- Fear the legal consequences of any problems that may develop after the treatment.
- Patient has had treatment specialist treatment in the past and prefers to have therapy accomplished by a specialist.

Responsibilities of a referring dentist(6)
During the referral consultation, the patient should be educated of the benefits of the management to be done by the consultant. If the periodontist and general dentist so agree, a honest review of risks, options, and disadvantages of treatment should take place to aid the patient and his/her decision.

Only one specialist’s name should be given to patient. A transfer of confidence is most helpful to the specialist, and this is difficult if three or four names are casually given by the referring dentist. In these cases, the patient usually will then seek the advice of others, often resulting in a selection not keeping with referring dentist’s wishes or needs.

Prior to the referral, the general dentist should review what additional treatment he/she is anticipating after the periodontist has completed treatment. Just as the periodontist should not dictate treatment to the referring dentist, so should the referring dentist not “lock” the periodontist into a specific treatment. Final decisions should be developed mutually and then mutually presented to the patient as agreed upon therapy.

The periodontist should be informed of the patient’s past dental history, either as it took place in the referring dentist’s clinic or in a predecessor’s clinic. The periodontist may not be able to support the general dentist’s previous care (or suggested further treatment) unless good communication takes place.

The timing of a referral may be fundamental to treatment success. Delay in a referral could change a treatable situation into a hopeless one. A 10 mm pocket was always a 4 or 5 mm pocket at one time. Timely inclusion of a specialist in therapy may preserve a patient’s confidence as well as a patient’s dentition.

The periodontist and the general dentist must establish a therapeutic understanding on patient care. If the general dentist has a strong preference to implement initial root planning and scaling in his/her office, the periodontist should help shape these skills. If the general dentist needs guidance as to the timing of a referral for surgery, the periodontist might consider offering such counsel without prejudice. Difficult decisions regarding referral to other specialists, how to deal with recurrent periodontal disease or caries, and how to confront the sharing of supportive periodontal treatment should be addressed early on in a referral relationship.

The supportive periodontal treatment dilemma is conflict-ridden sometimes. In some cases of periodontal disease that are difficult to manage, the periodontist’s office should be solely responsible for ongoing support of periodontal care. Clearly, these cases compel appropriate communication with the referring dentist. In most instances, however, the sharing of patient care is best, but only if the quality of the SPT is comparable.
Selection of a periodontist(6)

Many general dentists select a periodontist the way many patients select a general dentist; by what others say, personality of periodontist and by location. With good reason, patients express a preference for a conveniently located specialist. However, these two factors, personality and location, should be secondary to the quality of a periodontist’s care. There are few questions that need to be answered in this relationship:

- What happens to referred patients? Do they return back or not?”
- Is the referring dentist continually informed of patient’s progress, deferred or interrupted treatment or of problems that might have arisen during treatment?
- Are patients referred on to others without consultation with the dentist who initially referred the case?
- Does the periodontist seek the opinion or consult the referring dentist?
- How do referred patients respond? Do they complain of pain or of the lack of concern of the periodontist or other staff?
- What is the quality of care that is received at the periodontist’s office?

Conditions needing no initial referral(7)

Certain cases need not be referred prior to treatment with the general dentist.

- Gingivitis: When there is no loss of attachment or when probing depths are 4mm or less.
- Moderate periodontitis: When a patient manifests increased probing depths in the range of 4-6mm, this case should be managed primarily with scaling by the general dentist. Following completion of scaling, the case should be reevaluated either by the general dentist or the periodontist to make a determination about the need for further therapy (i.e. surgery).

Definite referral conditions(7)

Certain conditions often call for patient referral to the periodontists for evaluation prior to any treatment being performed.

- Systemic illness: Patients with severe illness will generally require some significant treatment modifications to ensure safe and effective treatment. The periodontists should make decisions for the following individuals:

  - Patients with diabetes
  - Patients with cardiovascular diseases
  - Patients with pulmonary diseases
  - AIDS patients
  - Patients with autoimmune diseases, severe kidney disease or transplant patients
  - Chronic hepatitis patients
  - Patients undergoing chemotherapy for cancer
  - Early, severe disease: Young patients with severe periodontitis need to see the periodontists.
  - Patients in their teens & early twenties with generalized severe problems should also see the periodontists first. If the clinical and/or radiographic appearance of the case suggests a diagnosis of aggressive/rapidly progressing periodontitis, then referral to the periodontist before initiation of any periodontal treatment is appropriate.
  - Extraction decisions/prosthodontic considerations: Patients with periodontal disease who will obviously need multiple extractions as well as coordination between the periodontist and restoring dentist should see the periodontist prior to initiation of the general treatment plan.
  - Severe periodontitis involving anterior teeth: If a patient has 7 plus mm pockets in the anterior areas, the periodontist often prefers to see the patient first in order to have the option of performing scaling and root planning him/herself. Such an approach may avoid anterior periodontal surgery.
  - Osseous defects: The presence of an osseous defects, either generalized or isolated, deep area should be looked at by the periodontist and diagnosis regarding etiology needs to be made in order to treat such areas effectively.
  - Other isolated problems: The periodontist can also be very helpful in the management of other isolated problems such as biologic width/crown extension cases and areas of recession that require correction.
  - Any patients who require restoration of missing or fractured teeth by implants.

For years dentists and dentistry had the attitude that if patient had periodontitis, he/she is going to lose teeth. And this still exists. As a result, we have scores and scores of people wearing dentures, which according to current concepts was totally preventable.

In the early days of the practice of periodontics,(8) the only patients that were sent for periodontal therapy were near-terminal cases. The early recognition of periodontal disease by the profession was practically nil and condition has not improved much. It was not until the devastation of the disease became obvious that the patients were and are referred to periodontists. So, it becomes very important for all and specially the general dentists to examine, evaluate and diagnose the periodontal problems the patient has and guide the patients properly. The general dentists should be able to emphasize on the problems that may arise if proper treatment is not undertaken & should be prompt enough to call for the services of a periodontist.

Many periodontists are now going into Implantology. Oral Implantology has been officially associated with Periodontology now. The periodontist is apt for the practice of Implantology. The periodontist’s surgical skills, understanding of soft tissue management and knowledge of occlusion makes the periodontist uniquely qualified for this aspect of dentistry. Nevertheless, it is the basic practice of periodontics (dealing with tissues of the teeth) that is the bread and butter aspect of a periodontal practice.

In one such study, Cobb et al.(9) evaluated the differences in referral patterns in 1980 and 2000 in three different periodontal...
offices. The authors found that patients referred in 2000 were older than those referred in 1980, exhibited a greater number of missing teeth, had more severe disease, had less incidence of cigarette smoking and required more teeth to be extracted.

Based on the advances in knowledge and technology over the past 20 years, one would expect the current referrals to reflect the opposite tendency – referrals would be younger with less advanced disease. However, that these results come as a revelation to any committed periodontist.

Many of today’s dental students are burdened by significant loans and also opening up a new practice is enormously costly affair. The cost of living also is very high. Maintenance of standard requires a lot of money.

Increased knowledge pertaining to host modulation and chemotherapeutics is intriguing, but that knowledge needs to be utilized by those trained with proper outcome assessment abilities. Many of today’s referring doctors can be strongly influenced to delay their referrals and maintain their income flow with by adapting procedures which can alleviate patient’s problems slightly but not completely. And it is not possible for them to deliver definitive periodontal therapy required to handle the patient’s condition.

The specialty of Periodontology & treatment of periodontal diseases are clearly understood by the profession. Dentists in general should know what periodontists do, and dental students should have significant communication with periodontists while in dental colleges. The students are exposed to fewer hours in periodontics, while the scope of periodontal practice has broadened. Many of today’s young dentists do not understand what periodontists do & what value they bring to patient care.

Again, it is up to periodontists to educate the dental students (the future general practitioners) and general dentists on how they make their practice stronger and better equipped to manage periodontal patients. Today’s treatment of periodontal diseases employs different endpoints that may be more difficult to interpret. Therapy is focused on disease management, and even the best informed general dentist may have difficulty evaluating the effectiveness of periodontal treatment performed in his or her office. This may be why most of today’s periodontal referrals have severe disease and teeth with questionable prognosis.

Disease prevalence & severity have not increased dramatically within our population, but instead, periodontal referrals today consist of patients with more severe disease and a greater need for dental extractions than patients referred 20 years ago. This demographic change is likely due to two factors: 1) the success of periodontal therapy delivered in the general practice is not appropriately reassessed, and 2) dental implants have greatly increased in popularity. All of this builds a strong case for making sure periodontists are involved in relationships with general dentists who want to successfully treat periodontal disease.

Disease etiology & classification were simple in 1980.(10) Etiology and classification are much more complex today, providing the periodontist with better knowledge to diagnose, establish accurate prognoses, and successfully treat periodontal diseases. Unfortunately, that knowledge has not translated well to general practitioners and hygienists.

The periodontal-systemic link is the only wild card on the horizon that could possibly reverse the trends. If the links between periodontal diseases and systemic health or disease are irrefutably established, then the entire referral landscape could change. It is likely that many more patients would be appropriately referred.

We must work diligently to educate general practitioners and auxiliaries through all avenues possible. Today’s successful referral-based practice depends on the strength of outreach programs to the general practitioner, not only for education pertaining to diagnosis, prognosis, and treatment of periodontal diseases, but also for information about periodontists’ abilities to expand treatment opportunities involving oral plastic surgery, regeneration, oral medicine, implants, and other advanced therapies and technologies.

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