



Complete Summary

GUIDELINE TITLE

Parameter on occlusal traumatism in patients with chronic periodontitis.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on occlusal traumatism in patients with chronic periodontitis. J Periodontol 2000 May; 71(5 Suppl): 873-5. [14 references]

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SCOPE

DISEASE/CONDITION(S)

- Occlusal traumatism
- Periodontitis

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Evaluation
Treatment

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on occlusal traumatism in patients with chronic periodontitis.

TARGET POPULATION

Patients with chronic periodontitis and occlusal traumatism.

INTERVENTIONS AND PRACTICES CONSIDERED

1. Occlusal adjustment
2. Management of parafunctional habits
3. Temporary, provisional or long-term stabilization of mobile teeth with removable or fixed appliances
4. Orthodontic tooth movement
5. Occlusal reconstruction
6. Extraction of selected teeth

MAJOR OUTCOMES CONSIDERED

Efficacy of therapy, as noted by

- Mobility pattern
- Teeth migration
- Radiographic changes
- Pain control and patient comfort
- Mastication function
- Changes in premature contacts, fremitus, and occlusal interferences

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Therapeutic Goals

The goal of therapy in the treatment of occlusal traumatism is to alleviate the etiologic factors and enable patients to maintain a comfortable and functional dentition. In order to achieve this goal, several therapeutic objectives are suggested:

1. Elimination or reduction of tooth mobility
2. Establish or maintain a stable, reproducible intercuspal position. If the existing relationship is altered through treatment, the new relationship should be physiologically acceptable to the patient
3. Provide freedom of movement to and from the intercuspal position, including movement in all directions regardless of the initial point of contact
4. Provide for efficient masticatory function
5. Develop a comfortable occlusion
6. Establish an occlusion with acceptable phonation and esthetics

7. Eliminate or modify parafunctional habits

Treatment Considerations

Treatment of the symptoms of occlusal traumatism is appropriate during any phase of periodontal therapy. Except in the case of acute conditions, treatment is usually first addressed during initial therapy following efforts to reduce or minimize the inflammatory lesion (See Parameters on Chronic Periodontitis). Evaluation of occlusal symptoms should continue throughout the course of therapy. Treatment may need to be repeated or revised.

Efforts are directed toward elimination or minimization of excessive force or stress placed on a tooth or teeth. Occlusal therapy may be accomplished through several different approaches. The choice depends on several factors, such as the characteristics of the forces, the underlying cause of these forces, the amount of periodontal support of the remaining teeth, and the function of the remaining dentition.

Treatment considerations for the chronic periodontitis patient with occlusal traumatism may include one or more of the following:

1. Occlusal adjustment
2. Management of parafunctional habits
3. Temporary, provisional or long-term stabilization of mobile teeth with removable or fixed appliances
4. Orthodontic tooth movement
5. Occlusal reconstruction
6. Extraction of selected teeth

In the absence of clinical signs or symptoms, occlusal adjustment to obtain a conceptualized ideal occlusal pattern provides little or no benefit to the patient. Therefore, prophylactic occlusal adjustment appears to be contraindicated. Occlusal relationships may be evaluated as part of periodontal maintenance.

Outcomes Assessment

The desired outcome of treatment of occlusal traumatism is that the patient should be able to masticate with comfort, without further damage to the periodontium. This goal is measured by the cessation or stabilization of the presenting signs or symptoms. These results include, but are not limited to, the following:

1. Mobility should either diminish or be absent or may persist if there is reduced periodontal support. A mobility pattern which is stable and allows the patient to function in comfort without danger of further damage is an acceptable end point.
2. Further migration of the teeth should not occur. The migration which preceded therapy may also resolve from the alteration of the forces generated by the tongue, lips, and cheeks.
3. Radiographic changes diminish or become stable.
4. Relief of pain and improved patient comfort.

5. Relief of premature contacts, fremitus, and occlusal interferences.
6. Establishment of an occlusion that is stable, functional, physiologic, compatible with periodontal health, and esthetically acceptable.

If occlusal traumatism does not resolve, the following may occur:

1. Mobility continues to increase
2. Tooth migration continues
3. Persistence of radiographic changes, such as widening of the periodontal ligament space and periradicular or furcation radiolucencies associated with occlusal traumatism
4. Patient pain and discomfort persists
5. Premature contacts and occlusal interferences remain
6. Parafunctional habits persist
7. Temporomandibular dysfunction may worsen

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Alleviation of the etiologic factors of occlusal traumatism to enable patients to maintain a comfortable and functional dentition by accomplishing the following therapeutic objectives:

- Elimination or reduction of tooth mobility
- Establish or maintain a stable, reproducible intercuspal position. If the existing relationship is altered through treatment, the new relationship should be physiologically acceptable to the patient
- Provide freedom of movement to and from the intercuspal position, including movement in all directions regardless of the initial point of contact
- Provide for efficient masticatory function
- Develop a comfortable occlusion
- Establish an occlusion with acceptable phonation and esthetics
- Eliminate or modify parafunctional habits

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on occlusal traumatism in patients with chronic periodontitis. *J Periodontol* 2000 May; 71(5 Suppl): 873-5. [14 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 51-5 [12 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

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