

**'CURRENT' UPDATES IN
PERIODONTOLOGY**

BPE

BASIC PERIODONTAL EXAMINATION

BPE

- First developed by the British Society of Periodontology in 1986.

- Simplified version of screening tool

For easier and faster screening index

New Zealand 1986

Ireland 1989

England 1992

- Similar to Periodontal Screening and Recording (PSR) used in USA - 1992

WHY?

BPE

PERIODONTAL SCREENING

90.2% of Malaysian population presented with periodontal conditions

5.5% had pockets >6mm

National Oral Health Study, 2000

MINISTRY OF HEALTH

Frequency of screening periodontal cases in government dentists

	N	10%
When doing routine DMFT charting	65	55.6
When you see calculus and inflamed gingiva	114	97.4
Patient with periodontal abscess	104	88.9
When you have the time	65	55.6
Never or very rarely screen	10	8.5

- Australia 79.7%
- Scotland 71.4%

RD Vaithilingam et al, 2009. MDJ 30(2): 105-110

MINISTRY OF HEALTH

- Government dentists in Ministry of Health

Familiarity with BPE	N	%
Very familiar	73	62.4
Heard of it but not sure how to use	39	33.3
Have not heard	5	4.3

RD Vaithilingam et al, 2009. MDJ 30(2): 105-110

FREQUENCY OF USING BPE FOR THOSE WHO FAMILIAR

	%
Very often	11
When necessary	67.1
No time to use	21.9
Do not use because limited WHO probes	11

RD Vaithilingam et al, 2009. MDJ 30(2): 105-110

FAMILIARITY VS AGE OF THE OPERATOR

- There was significant association between knowledge of BPE with years since graduation (>20 years) with $p < 0.05$

RD Vaithilingam et al, 2009. MDJ 30(2): 105-110

WHY SENIOR DENTISTS NOT FAMILIAR?

- Complete absence of BPE in dental undergraduate curriculum in Malaysia before mid 1990s
- Only introduced during attachment with periodontists

HOW?

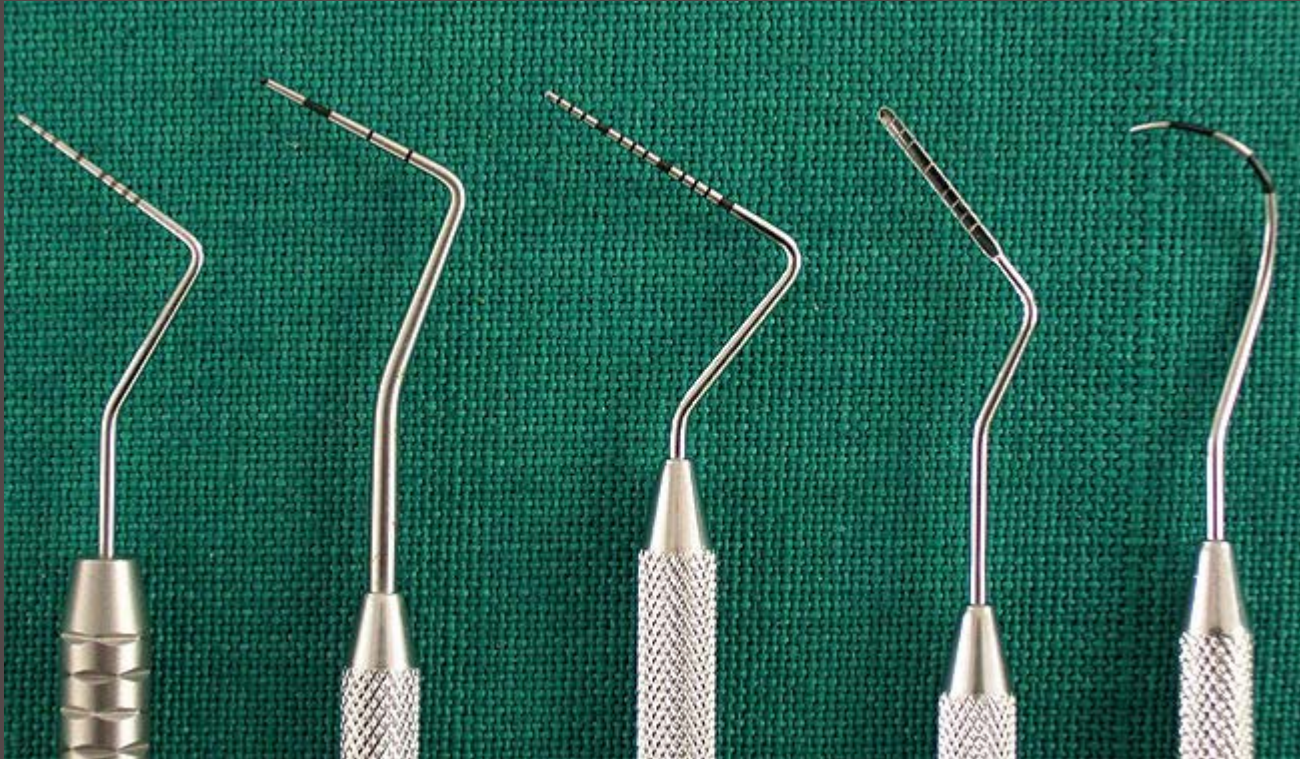
BPE

- Divide the dentitions into 6 sextants

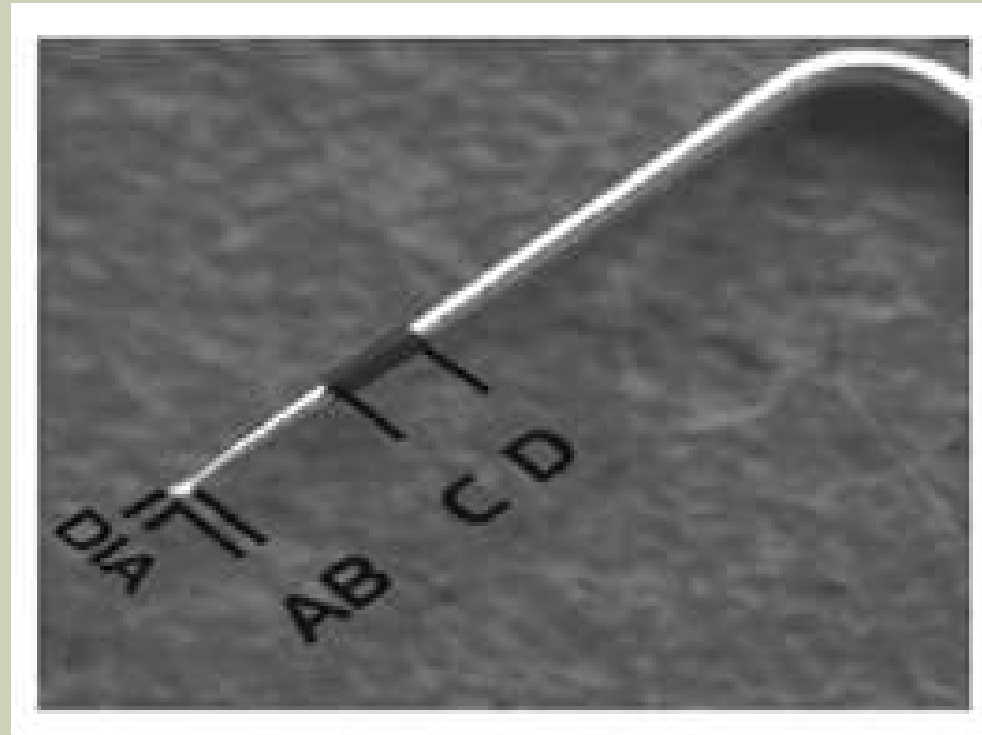
17-14	13-23	24-27
44-47	33-43	34-37

- Each sextant: at least 2 teeth

WHO PROBE



WHO PROBE



SCORING CODES

(BSP REVISED: OCT 2011)



0	Black band completely visible	No pockets >3.5mm No calculus/ overhangs No BOP
1	Black band completely visible	No pockets >3.5mm No calculus/ overhangs Bleeding On Probing
2	Black band completely visible	No pockets >3.5mm Calculus/ overhangs/ caries
3	Black band partially visible	Probing depth 3.5-5.5mm
4	Black band entirely not visible	Probing depth >5.5mm
*		Furcation involvement

■ Example:

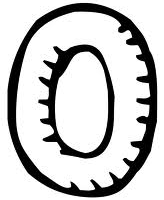
-	3	2
4*	0	4

WHEN?

BPE

- All new patients
- Patients code 0,1,2: should recorded at least once a year
- Code 3: Full 6-points-charting only in involved sextant
- Code 4: Full mouth 6-points-charting needed.
- Cannot be use to assess response after treatment

INTERPRETATION OF BPE



No periodontal treatment needed

1

OHI

2

OHI + removal of plaque retentive factors



OHI + removal of plaque retentive factors

4

OHI + Root surface debridement + referral to periodontist may be indicated



OHI + Root surface debridement + referral to periodontist may be indicated

EXERCISES....

MISS A

- All teeth are present
- Supragingival calculus only detected at lower lingual surfaces of anterior teeth
- All teeth: black band is completely visible
- Bleeding on probing only at 16D, 35midpalatal

1	0	0
0	2	1

MR B

- Missing 15, 24, 26,27,32
- Overhang amalgam distal 46 with furcation involvement buccally
- Most of the gingiva: inflammed and bleeds upon probing
- No obvious supragingival calculus
- Black band is totally invisible only at:
 - 21
 - 35
- Other pockets: 3mm or less

1	4	-
2*	1	4

MADAM D

- Missing 46,45,44, 42,41,31,32,36
- Overhang composite at mesial 11 and 21
- Furcation involvement 17 buccal
- Most of the gingiva: inflammed and bleeds upon probing
- Thick supragingival calculus on most surfaces
- Black band is partially visible only at:
 - 13D and 43D

3*	2	2
-	3	2

**CONCLUSION:
NOT FOR PERIODONTAL
DIAGNOSIS.
ONLY FOR
SCREENING.....!**

BPE

THANK YOU