

Dear friends and colleagues,

Brexit or no Brexit, life still has to go on!

The entire specialist team and I would like to wish you all a very happy and prosperous 2019. Let life be a bit more than 'drilling, filling and billing'.

We have commenced our modular course which includes a trip to Brazil for hands-on implant placement on patients and I am delighted to have been invited to present in the World Congress in Brazil in June of this year as a keynote speaker.

The Specialist referral centre has progressively got busier and I would like to thank all my colleagues and friends for their continued support. Please do let my team know if we can improve the services and make your patient experience a comfortable one. My own implant practice has got busier with a vast increase in full arch immediate load implant reconstructions. Unfortunately, I have also become busier in undertaking explant procedures and in the treatment of peri-implantitis. We have acquired the latest soft and hard tissue laser which has helped tremendously in peri-implant disease management yet the incidence

of problems is only on the increase.

The table clinics have proved to be very successful since they commenced some four years ago. This is our way of reciprocating your kind referrals with an organised multi-speciality CPD programme and the customary Indian nibbles!

We have been playing our part towards a structured 'Corporate Social Responsibility (CSR)' with fundraising events which has not only brought the team together but helped us to raise money for some amazing local and international causes. I am delighted with the support that we have received from dentists and patients alike. Again, my heartfelt gratitude for your contribution towards 'Moor Giving'.

I would like to end with a thank you again for all your referrals in 2018 and hope that you will continue to support us in helping your patients with specialist care.



Joe Bhat,
Director

Save the Date - Moor Golf 2019

Thursday 19th September
Sandy Lodge Golf Club
£50 per person

To confirm your attendance
please email
sarahjones@moorparkdental.com



our specialist team

prosthodontics & oral surgery

Joe Bhat

BDS FDS RCS MCLinDent MRD RCSEd

Director

Clinical sessions - Monday, Tuesday, Thursday & Saturday

periodontics

Nick Vyas

BDS MSc(Lon) FDSRCS(Ed)

Cert Implantology(Lon)

Clinical sessions - Tuesday, Thursday & Saturday

Lydia Hopkins

BDS MSc AHEA

Clinical sessions - Monday, Tuesday, Thursday & Friday

endodontics

Norman Gluckman

BDS (Wilts)

Clinical sessions - Monday, Tuesday,

Wednesday, Thursday & Friday

oral surgery

Neeta Patel

BDS FDS RCS

Clinical sessions - Monday, Tuesday & Thursday

maxillofacial surgery

Mr Mohammad Shorafa

BDS MDS(OMFS) FDSRCS(Edin) MBBS(Lond)

MRCSEng & Irl) FRCS(MAX-FAC)

orthodontics

Sheetal Patel

BDS MFDS RCS MSc MOrth

Clinical sessions - Monday, Wednesday,

Thursday, Friday & Saturday

paediatrics

Professor Raman Bedi

BDS MSc DDS DSc DHL FDSRCS(Edin) Hon

FDSRCS(Glas) FDSRCS(Eng) FFPH FGDP

Clinical sessions - by appointment

Ayesha Patel

BDS MFDS RCS(Edin) PG Cert Dental Ed MPaed

Dent RCS(Glas)

Clinical sessions - alternate Saturdays

special care dentistry

Amanda Reynolds

DDS, LDS, DDPH (Eng), MSc DPH, Dip Endo,

Cert Sed & Pain Management, CILT

Clinical sessions - Wednesday

The New Classification of Periodontal Diseases

Introduction

Europerio 9 in Amsterdam in June last year saw the launch of the new classification of periodontal diseases. So why do we need a new classification? The previous classification some 18 years ago is now out of date. It does not reflect the changes in our knowledge and does not reflect the evidence that has come to light in the intervening years of how the aetiology of the diseases has changed.

It will also allow targeted research into the natural history, aetiology, pathogenesis and treatment strategies. It will project a vision that will shape the future allowing treatment to be targeted better i.e. precision dentistry. The new classification should allow identification and management of more complex cases and enables new curricula to train dentists, hygienists and periodontists to assess today's treatment needs and provide appropriate therapy to maintain a healthy dentition.

The key elements in the new classification:

- **Severity:** degree of periodontal breakdown
- **Complexity of management:** type of bone loss, probing depths, furcation involvements, tooth mobility, no of missing teeth, occlusal functional aspects
- **Extent:** number and distribution of teeth with detectable breakdown
- **Rate of progression**
- **Risk factors:** smoking, diabetes

Therefore the old system of assessing periodontal disease has been ruled out as there is no evidence for the distinction between “chronic” and “aggressive” periodontitis. The new classification is based on four stages and three grades. Stages are assessed in terms of extent and distribution as: localised, generalised, and molar-incisor distribution.

Staging of Periodontitis

Stage 1: Initial periodontitis – a very incipient periodontitis with clinical attachment loss and bone loss limited to the most coronal portion of the root.

Stage 2: Moderate periodontitis – periodontal destruction affects the coronal third of the root and is characterised by the presence of moderate periodontal pockets (<5mm) and the patient has not yet lost teeth because of periodontitis.

Stage 3: Severe periodontitis – a limited amount of tooth loss has usually already occurred and the presence of furcation and intrabony lesions is common. All these aspects make the treatment of this stage complex.

Stage 4: Severe periodontitis with potential for loss of the dentition – increases the severity and complexity of the previous stage by an increased tooth loss (>5 teeth) and the presence of masticatory dysfunction, which usually requires a complex multidisciplinary treatment beyond the periodontal therapy.

Periodontics stage		Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL at site of greatest loss	1-2mm	3-4mm	≥5mm	≥5mm
	Radiographic bone loss	Coronal third (<15%)	Coronal third (15-33%)	Extending to the mid third of the root and beyond	Extending to the mid third of the root and beyond
	Periodontitis associated tooth loss	No tooth loss due to periodontitis		Tooth loss due to periodontitis of ≤4 teeth	Tooth loss due to periodontitis of ≥5 teeth
Complexity		Maximum probing depth ≤4mm - mostly horizontal bone loss	Maximum probing depth ≤5mm - mostly horizontal bone loss	In addition to stage II complexity: probing depth ≥6mm, vertical bone loss ≥3mm, furcation involvement class II or III, moderate ridge defects	In addition to stage III complexity: Need for comprehensive rehabilitation due to secondary occlusal trauma (mobility ≥2), bite collapse, drifting, flaring, less than 10 opposing pairs of teeth, masticatory dysfunction, severe ridge defects
Extent & Distribution	Add to stage as descriptor	For each stage, describe extent as localised (<30% of teeth involved), generalised, or molar incisor pattern			

The New Classification of Periodontal Diseases

Grading of Periodontitis

Grade A: The rate of progression is low and the patient does not have risk factors.

Grade B: The progression is commensurate with the risk factors.

Grade C: The patient has evident risk factors and there is a high risk of periodontal progression.

			Grade A	Grade B	Grade C
Primary Criteria	Direct evidence of progression	Longitudinal data (radiographic bone loss or attachment loss)	Evidence of no loss over 5 years	<2mm over 5 years	≥2mm over 5 years
		Percent bone loss/age	<0.25	0.25-1.0	>1.0
	Indirect evidence of progression	Case Phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction disproportionate to biofilm deposits; evidence of periods of rapid progression and/or early onset disease; expected poor response to therapy
Grade modifiers	Risk factors	Smoking	Non-smoker	Smoker <10 cigarettes/day	Smoker ≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in diabetes patient	HbA1c ≥7.0% in diabetes patient

Reference:

Staging and grading of periodontitis: Framework and proposal of a new classification and case definition

Maurizio and Tonetti *et al.*, 2018. Journal of Clinical Periodontology, 45, S20, S149-161



Lydia Hopkins

BDS MSc AHEA
Specialist in Periodontics

Lydia qualified from the London Hospital Medical College in 1990. She worked in general practice and the Department of Maxillofacial Surgery, Ashford Hospital and was awarded a Dentsply Scholarship before specialisation. Her specialist training (MSc) was at the Eastman Dental Institute (1995) and she entered the specialist register in 1997.

She spent the last 23 years working as a Specialist for NHS Trusts, private practices, and as a lecturer (Bart's and the London School of Dentistry) teaching trainee specialists, undergraduates and hygienists. She produced innovative research and published numerous papers.

As a regional educational representative for the British Society of Periodontology (10 years) she provided lectures/courses for dentists and promoted dental research as a member of The London Dental Research Engagement Strategy Group for Primary Care ("LonDRES"). She also designed a well-known periodontal model for surgical training/patient education.

Lydia achieved a Certificate in Learning and Teaching and associate membership of the Higher Education Academy. As a respected and experienced clinician in the periodontal community she was an invited examiner (Eastman Dental Institute, IQE, GDC) and key scientific advisor for industry.

Lydia now works closely with Professor Bhat in the interdisciplinary Moor Park practice who are taking referrals. The team offer the advanced treatment of Periodontal disease and Peri-implantitis and give related education to referral practices.

what's new



In-house Technician

I am delighted to announce our own in-house technician, Livia Spataru who joined us in October last year.

She has been working closely with Joe Bhat and the restorative team in full arch rehabilitation with immediate loading protocols.

Her role in turning the work around for such full arch cases in around four hours is a truly life-changing experience for the patient.



New Trios Scanner

After researching the clinical data, the specialist team at Moor Park have decided to enter the digital world with a full digital workflow for implants and restorative dentistry.

We have a close digital link with Schoenitz Dental Laboratory to complete the workflow to provide patients with accurate, well-fitting and aesthetically pleasing results.

We have invested in the Trios scanner (3Shape) with the latest software for integration with all implant systems that we currently use.



Table Clinics

We are delighted to invite you to our 2019 Table Clinics. All sessions are free and offer 2 hours of CPD each.

They are held at Moor Park Specialist Dental Centre with refreshments and a light supper available.

Please arrive at 6pm for 6.30pm start and the sessions finish at 8.30pm

Please email sarahjones@moorparkdental.com as soon as possible to confirm your attendance.

Table Clinics for Dentists with our Specialist Team

The discussions are in very small groups giving you the opportunity to spend time with a selection of our team.

The Specialists will present some of our multi-disciplinary cases and it will give you the chance to ask questions and discuss your own cases.

- **Tuesday, 22nd January 2019**
- **Tuesday, 12th March 2019**
- **Tuesday, 14th May 2019**
- **Thursday, 12th September 2019**
- **Tuesday, 12th November 2019**