Periodontal disease and caries are two prevalent dental diseases treated on a daily basis in clinical practice. The key word is treated. Root planing, crowns, restorations, root canals and extractions are consistently performed every day as patients struggle to keep their teeth. Despite the incredible advances that have been made in dentistry, preventive dentistry still seems to be a subordinate priority. Rather than primarily focusing on treating these diseases, disease prevention should be emphasised as essential. It has been defined as a vital investment of the World Health Organization. A starting point in disease prevention is risk factor identification and management; this needs to be addressed for every patient.

Risk factors for both caries and periodontal diseases are well identified in the literature and continuously studied. Caries management by risk assessment (CAMBRA) is an established tool that allows dental healthcare providers to identify risk factors and determine a patient’s level of risk for developing caries. Although a much-needed periodontal equivalent to CAMBRA has yet to be established and validated, there are tools available to guide practitioners in identifying risk factors for periodontal disease. These tools provide a systematic process to identify risk factors such as medications, smoking, poor crown margins, and poor oral hygiene. Risk factors are critical in disease prevention, but if left unidentified and unaddressed, patients will come to their recall appointment only to find they need another filling, root canal or extraction.

So what do we need to do? Prevention deserves time in clinical practice, and this time should be partly devoted to risk factor identification. However, it does not end at simply identifying a patient’s medication or oral hygiene as a risk factor. The next step is modification. As healthcare providers, it is our responsibility to take an active role in our patient’s health care. It is our responsibility to help patients modify their risk factors and have them clearly understand the influence these risk factors have on oral and overall health. This can involve discussing medication side-effects with the patient’s physician, smoking cessation counseling, reviewing oral hygiene instruction on a frequent basis, and more. Motivating and educating patients about modifying their risk factors will also make patients responsible for their personal health care. Patient empowerment has been recognised as improving clinical outcomes. Nevertheless, they need our professional help first. We must be there to identify those modifiable risk factors and to act together to minimise them as much as possible.

Instead of focusing on treating patients for periodontal disease and caries, it is our responsibility to educate patients about preventing these diseases. Risk factor modification deserves time for every patient, at every appointment, by every health care professional.

REFERENCES

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