

2017 CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS

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Periodontal diseases (gum diseases) are now classified according to the **condition present**, its **stage affecting the patient**, the **extent of involvement** of the dentition and the **rate of progression**. This leaflet is to clarify for patients and members of the dental team what the classification is and how it relates to the level of periodontal disease that affects a patient.

There are 3 MAJOR categories of periodontal disease and conditions:

1. Periodontal health and degree of gingival health or disease.

- a. Periodontal health (no bone loss) & gingival health (no soft gum tissue inflammation)
- b. Gingivitis (gum inflammation) caused by the presence of plaque/biofilm
- c. Gingivitis (gum inflammation) not caused by the presence of plaque/biofilm)

2. Periodontitis

- a. Necrotising (ulcerative forms)
- b. Periodontitis (bone loss) as a manifestation of systemic/general illness
- c. Periodontitis (see below)

3. Other conditions affecting the periodontium (tooth supporting tissues)

- a. Systemic disease affecting the health of the periodontium (tissues supporting teeth)
- b. Periodontal abscess or combination of periodontal and endodontic infection (combined infection relating to both the tissues supporting the teeth and the pulp and tissues within the tooth)
- c. Mucogingival conditions – abnormality of the soft tissue arrangement around the tooth
- d. Traumatic occlusion – a loose tooth being subjected to heaving biting forces or forces that are not along the long axis of the tooth
- e. Tooth-related or prosthesis-related factors

4. Periodontal – Peri-implant Diseases

- a. Peri-implant health
- b. Peri-implant mucositis
- c. Peri-implantitis
- d. Peri-implant soft- and hard-tissue deficiencies

The next part of the classification process is to address:

- **STAGE OF DISEASE (initial, moderate, severe 1 and severe 2)**
- **EXTENT OF DISEASE (localised, generalised, incisal-molar)**
- **PROGRESSION OF DISEASE (slow, moderate, rapid)**

STAGING:

1. Stage 1 (initial disease)

- 1-2mm of lost clinical soft tissue attachment
- <15% loss of bone supporting the teeth
- No tooth loss due to periodontal disease
- <4mm pocket depths
- Mostly horizontal pattern of bone loss or loss of clinical attachment

2. Stage 2 (moderate disease)

- 3-4mm of lost clinical soft tissue attachment
- 15-33% loss of bone supporting the teeth
- Tooth loss
- <5mm pocket depths
- Mostly horizontal pattern of bone loss or loss of clinical attachment

3. Stage 3 (severe disease with the potential for additional tooth loss)

- >5mm of lost clinical soft and hard tissue attachment
- >33% bone loss
- Loss of 4 or less teeth due to periodontal disease
- >6mm pocket depths
- >3mm of vertical bone loss
- Class 3 “through-and-through” furcation involvements

4. Stage 4 (severe disease with potential for loss of the dentition)

- All those factors outlined in Stage 3 plus additional factors
- Need for complex dental rehabilitation
- Secondary occlusal trauma
- Ridge defects
- Collapse of the bite and Tooth migration
- <20 teeth or 10 pairs of opposing teeth

EXTENT:

1. Localised <30% of the teeth
2. Generalised >30% of the teeth
3. Incisal and molar distribution

RATE OF PROGRESSION:

GRADE A – (slow progression)

- No apparent loss of bone or clinical attachment over 5 years
- No smoking
- No diabetes
- Minimal biofilm

GRADE B (moderate progression)

- >2mm of apparent bone and clinical attachment loss over 5 years
- Smoking up to half a pack a day
- HbA1c <7% (glycolated haemoglobin measures recent sugar intake)
- Destruction commensurate with biofilm present

GRADE C (rapid progression)

- >2mm of apparent bone and clinical attachment loss over 5 years
- Smoking > half a pack a day
- HbA1c >7%
- Destruction appears excessive for the Biofilm present