Dentist's Advantage
PROFESSIONAL LIABILITY & PRACTICE PROTECTION

The National Society of Dental Practitioners and the Dentist's Advantage Insurance Program for Dentists

RISK MANAGEMENT ARTICLE

Managing patients with periodontal disease to avoid liability

Mr. Smithson, a 70-year-old former truck driver, is a new patient. On a recent visit to his primary care physician, Mr. Smithson was diagnosed with hypertension. In his evaluation, the physician told Mr. Smithson that he is at risk for periodontal disease (PD) because of his diabetes and high blood pressure. Mr. Smithson doesn't know what PD is and doesn't know what to do.

How you respond to Mr. Smithson will set the stage for helping him to understand PD and how to prevent it. You'll also need to assess him carefully, provide education, document carefully, and refer as appropriate to help avoid a lawsuit. Failure to diagnose and failure to treat PD are the two most common reasons for liability insurance claims.

A widespread, deadly problem

One out of every two adults in the United States aged 30 and over has PD, according to a study from the Centers for Disease Control and Prevention (CDC). Periodontal disease occurs in 47.2 percent of adults—that's 64.7 million people. Most (30 percent) have moderate disease, with the prevalence of mild and severe disease comparable at 8.7 percent and 8.5 percent, respectively. As people age, the risk for PD increases; the CDC study found a prevalence of 70.1 percent in adults age 65 and older.

The inflammation that comes with PD can be deadly. Research has identified PD as a risk factor for cardiovascular disease (CVD), and patients with PD have a higher incidence of CVD. Some studies have also found PD to be a risk factor for stroke. More research is needed, but keep in mind that CVD and PD share risk factors such as smoking.

Periodontal disease doesn't affect just physical health. A 2013 study of 443 patients with PD found that they had worse oral health quality of life, including feeling tense, embarrassed, and irritated. Other problems included difficulty with pronouncing words and reduced ability to taste.

Risk factors

Risk factors for PD include smoking, poorly controlled diabetes, poor oral hygiene, alveolar bone loss, a family history of PD, pocket-probing depths greater than 5 to 6 mm, older age, and gingival bleeding. The CDC study found the highest incidence of PD occurred in men (56.4 percent compared to 38.4 percent in women), Mexican Americans (66.7 percent), adults below the federal poverty levels (65.4 percent), and smokers (64.2 percent).

Assess your patient for these risk factors. You might want to complete a checklist and keep it in the patient's health record. Conducting this type of assessment can help you detect PD early.

The periodontal exam

A visual inspection for PD isn't enough to protect yourself from liability. Instead, conduct a comprehensive periodontal evaluation (CPE). This is especially important given that patients with PD often don't have symptoms.

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Manage patients with gingivitis aggressively by teaching them about good oral hygiene to reduce their chances of progressing to PD. Scheduling more frequent appointments can help you monitor the patient's progress and detect early signs of PD. You may also want to consider biofilm removal.

Signs of PD include swollen, discolored, tender, or bleeding gums; teeth that appear long because of gum recession' increased spacing between teeth or loose teeth; pus; halitosis; and loss of connective tissue around the teeth as measured with a dental probe. Refer patients with suspected PD to a periodontist to confirm the diagnosis. Early referral helps reduce the chance of complications.

A team approach

The dentist and periodontist form an effective team to treat patients with PD. Patients with severe or aggressive PD, furcation involvement, significant root exposure, or other serious complications should be treated by a periodontist. Failure to refer appropriately could leave you open to litigation.

Other patients can be co-managed by the dentist and periodontist. These include patients with early onset of PD, pocket depths less than or equal to 5 mm, and exposed root surfaces. Patients with PD undergoing therapies such as chemotherapy, cardiovascular surgery, and joint replacement surgery might also benefit from co-management.

If you're in doubt about whether to refer a patient, err on the side of caution. The American Dental Association (ADA) Code of Ethics states that dentists should seek consultation when needed, so failure to refer early could count against you in legal action. One resource that might help you decide is the "*Guidelines for the Management of Patients with Periodontal Diseases*," from the American Academy of Periodontology (AAP). It's available for free online at www.joponline.org/doi/pdf/10.1902/ jop.2006.069001. Good communication and documentation are essential so that both dentist and periodontist understand their respective responsibilities related to treatment and follow-up.

Treatment

Treating PD may require a wide range of procedures, including periodontal scaling and root planing. No matter what the treatment, obtain informed consent first. Patients should be told what the procedure entails and why it is being done, alternative treatments, the impact of not undergoing the procedure, and potential complications. Once patients understand the information, they should sign a consent form that is kept in the patient's health record. Let patients know what procedures you recommend be performed by another care provider such as another dentist, and document your recommendations.

The treatment plan should include teaching patients proper oral hygiene. Tell patients with moderate to severe PD that they are at risk for CVD; those with additional risk factors might want to visit their primary care provider for an evaluation.

You may want to suggest patients evaluate their own risk for CVD by using reputable tools such as the Reynolds Risk Score (www.reynoldsriskscore.org) or the Risk Assessment Tool for Estimating Your 10-year Risk of Having a Heart Attack from the National Heart, Lung, and Blood Institute (http://cvdrisk.nhlbi.nih.gov/calculator.asp). Even after treatment, maintain regular follow-up because of the potential for recurrence.

Prevention

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You know to tell your patients to brush twice a day and floss daily, but do you document your instructions in the dental record? Not doing so could leave you open to a lawsuit should patients with PD say that it was caused by their lack of knowledge of how to care for their teeth.

Taking care of two

Research shows that women with PD may be at higher risk for delivering preterm, low-birth-weight babies. That's why the AAP says women who are pregnant, or who are planning to become pregnant, should have periodontal examinations. Ideally, you should encourage women of childbearing age to obtain good oral hygiene before becoming pregnant. Document in the medical record that you have done so.

If you didn't chart it…

A common saying in healthcare is, "If you didn't chart it, it wasn't done." Be sure you document the following in each patient's health record:

- Findings of your risk assessment and CPE, including pocket depths so you can assess progression
- Referrals to other healthcare providers; remember that early referral to a periodontist is vital
- Any healthcare provider you consulted with, what information you provided, and the consultant's recommendations
- Diagnosis
- Details of treatments, including that informed consent was obtained
- Patient education, including the patient's understanding of the information

The Comprehensive Periodontal Evaluation

Be sure your evaluation of the patient includes these steps from the AAP:

- Perform an extra- and intraoral exam for non-periodontal oral diseases and conditions.
- Examine teeth and dental implants. Include components such as gingiva condition and presence of recession, probing depth, furcation status, and any lesions.
- Assess for the presence, degree, and distribution of plaque or biofilm, calculus, and gingival inflammation.
- Check for caries, proximal contact relationships, the condition of appliances and dental restorations, and other tooth or implant problems.
- Check occlusion, including mobility of teeth and implants, and any fremitus.
- Use radiographs to check each tooth and implant and to assess for bone loss.
- Evaluate potential periodontal-systemic interrelationships.
- Determine patient risk factors.

Adapted from: Comprehensive periodontal therapy: A statement by the American Academy of Periodontology. 2011. http://www.joponline.org/doi/pdf/10.1902/jop.2011.117001

Follow the guidelines

In the case of a lawsuit, your care will be evaluated against guidelines and statements from national associations, such as the AAP and the ADA, so be familiar with their contents. In addition, being aware of risk

factors for PD and performing—and documenting—a CPE and referring early can not only ensure your patient receives the best possible care, but also keep you out of court.

Resources

American Academy of Periodontology. Comprehensive periodontal therapy: A statement by the American Academy of Periodontology. 2011. http://www.joponline.org/doi/pdf/10.1902/jop.2011.117001.

American Academy of Periodontology Statement on Risk Assessment. 2007. http://www.joponline.org/doi/pdf/10.1902/jop.2008.082001.

American Academy of Periodontology Statement Regarding Periodontal Management of the Pregnant Patient. 2004. http://www.joponline.org/doi/pdf/10.1902/jop.2004.75.3.495.

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