



Review Article

Referral to periodontist by a general dentist- A general guideline

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ARTICLE INFO

Article history:

Received 26-02-2024

Accepted 15-03-2024

Available online 04-04-2024

Keywords:

General dentist

Periodontist

Referral patterns

ABSTRACT

A quality periodontal program requires coordinated efforts between the patient, general dentist, hygienist and the periodontist. The sharing of ideas, alternative approaches to treatment and collective responsibility, generally results in the best treatment for an individual patient. This article addresses the question of how best to manage periodontal disease in the general practice, when to consider referral, ways to maximize the patient's receptiveness to additional treatment, and making referrals as effective as possible. Specifically, the role of disease characteristics, patient and provider-related factors, attitudes towards periodontal referral guidelines and perceptions of dental education are explored.

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1. Introduction

Periodontal diseases are some of the most common ailments to afflict populations. Gingivitis affects more than 50% of adults, and periodontitis affects over 30% of adult populations when pocket depths are greater than 4 mm. As a result, an excessive number of individuals require treatment in order to prevent the loss of function as well as appearance that occurs with tooth loss by this issue.¹ The process of referring patients in dentistry entails a collaborative approach to the care and treatment of individuals shared between the referring practitioner and the specialist to whom the patient is directed. Numerous elements contribute to the decision to refer a patient for specialized care and assistance. Clinical, personal, and financial considerations for both the referring practitioner and the specialist, alongside the patient's preferences and resources, collectively shape the intricate nature of the referral process in routine dental practice.

Since 1981, several factors have greatly impacted and advanced the perception and practice of dentistry.

Practice management seminars have underscored the significance of General Practitioners (GPs) offering soft-tissue management and surgical treatments as vital income sources.² Aesthetic considerations have gained increased prominence in routine dental care. Furthermore, there has been a notable increase in understanding the disease aspects of dentistry. Implant dentistry has experienced substantial growth over the last two decades, providing patients with more choices for reconstructive treatments. Additionally, there have been shifts in the demographics and characteristics of referred patients since 1980.²⁻⁴ These changes potentially affect the referral dynamics between general practitioners and periodontists

Several factors contribute to the increased awareness of periodontal therapy, including

1. Progress in researching the periodontal disease process and therapeutic protocols.
2. Increased public awareness about the common occurrence and harmful impacts of periodontal diseases, coupled with a preference for maintaining natural teeth

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3. Substantial and regular media coverage of the field of periodontics through public service announcements, radio and television features, newspaper articles, and popular periodicals.

Understanding why a general dentist refers patients to a periodontist is essential for optimizing patient care through collaborative efforts.

The reasons for referral primarily revolve around enhancing patient treatment and include:

1. Ensuring high-quality oral health care for the patient.
2. Addressing advanced or complex cases effectively.
3. Improving restorative or prosthetic outcomes.
4. Managing systemic health or patient-related issues.
5. Considering risk management factors for referral.
6. Acknowledging patient understanding and appreciation of the necessity and benefits of referral.

1.1. When to refer to a specialist

1. Do not like to treat periodontal procedures.
2. Lacking adequate training and encountering repeated unsuccessful attempts to achieve satisfactory results.
3. View the treatment as overly challenging.
4. Concerned about potential legal ramifications stemming from any post-treatment issues.
5. Patient has previously received specialist treatment and prefers to undergo therapy with a specialist.
6. Office does not have equipment to deal with a particular problem.
7. Patient requests a referral.
8. Desire to restrict own services.

1.2. Before making a referral

When assessing the potential referral to a periodontist, it's important to consider the following factors.

1. Patient's age and overall health conditions.
2. Severity of the patient's issues.
3. Specific areas of the mouth affected by the periodontal problems.
4. Patient's comfort level with dental instruments.
5. Prioritize less invasive treatments when outcomes are comparable.
6. Whenever feasible, address problems at the primary care level with the general dentist.
7. A comprehensive summary of the medical history must accompany the referral.
8. If antibiotic prophylaxis is required for dental treatment, then this must be highlighted.
9. Copies of recent radiographs and blood investigations.
10. A CPITN score.

1.3. Responsibilities of a referring dentist

Undergraduates can only pursue a certain amount of specialized education. As a result, when it comes to referring patients to periodontists, dentists need to be able to do it quickly and appropriately.⁵

The patient should be made aware of the advantages of the treatment that the specialist will be presenting to them during the referral consultation. Referrals to periodontists often occur at advanced stages of the disease, while some patients are never referred by their dentists and remain unaware of the significance of seeing a periodontist.^{6,7} If both the periodontist and general dentist are in agreement, an open discussion regarding the risks, benefits, and drawbacks of treatment should occur to assist the patient in making an informed decision. Just as the periodontist shouldn't impose treatment on the referring dentist, likewise, the referring dentist shouldn't constrain the periodontist to a specific course of action. Final decisions regarding treatment should be collaboratively reached between the periodontist and referring dentist, ensuring that the patient receives mutually agreed-upon therapy. It is essential that the periodontist is informed of the patient's dental history, whether it originated from the referring dentist's practice or a previous practitioner's office. Effective communication is essential for the periodontist to endorse the general dentist's prior care or proposed additional treatment. The timing of referral can significantly impact treatment outcomes, as postponing it may transform a manageable condition into an irreversible one. It is a rare 7mm pocket that wasn't 4 or 5mm at one time. Involving a specialist promptly in therapy can uphold both the patient's trust and dental health. When ending a referral relationship, it's crucial to provide a clear explanation.^{8,9}

2. Specific Referral Criteria

2.1. For early, severe periodontal disease

It's advisable for young patients with severe periodontitis to consult a periodontist. Additionally, patients in their twenties experiencing generalized severe issues should prioritize a visit to the periodontist. If the clinical or radiographic presentation indicates aggressive periodontitis, referral to the periodontist before commencing any periodontal treatment is appropriate.

3. Extraction Decisions and Prosthodontic Considerations

Patients afflicted with periodontal disease requiring multiple extractions and subsequent teeth replacement necessitate collaboration between the periodontist and restorative dentist. It's advisable for these patients to consult the periodontist before initiating the general treatment plan. In cases of severe periodontitis affecting anterior teeth with

pockets measuring 7 mm or more, the periodontist typically prefers to evaluate the patient initially. This allows for the possibility of the periodontist conducting scaling and root planing procedures themselves. Such an approach may mitigate the need for anterior periodontal surgery.

Osseous defects, whether they are widespread or localized in deep areas, require evaluation by the periodontist. A diagnosis regarding the underlying cause is essential to effectively treat these areas

3.1. Other isolated problems

The periodontist can also provide valuable assistance in managing other isolated issues, such as cases involving correction of biologic width or crown extension.

3.2. Gingival recession

Patients who prefer to get treatment done for class I & II isolated or multiple gingival recessions can be referred to a periodontist for aesthetic coverage of denuded roots.

3.3. Implants

Patients in need of dental implants for restoring missing or fractured teeth often benefit from a multidisciplinary approach that includes the involvement of a periodontist

3.4. Management issues

Certain patients may disrupt hygiene schedules, and in such cases, it may be advantageous for your practice to refer them to the periodontist from the outset.

3.5. Avoidance of litigation

Failing to refer to a specialist at the right time.

Influence on choice of periodontist by General Dentist: Several criteria have been identified as significant determinants of the periodontist that general practitioners (GPs) choose to refer patients to.

They are as follows:

1. The periodontist's aptitude and competence are crucial.
2. The periodontist should communicate well.
3. The periodontist's previous patient satisfaction should also taken for consideration
4. Previous periodontist treatment outcomes
5. The personality of the periodontist.

It has been shown that "technical competence" was the major criteria that consistently demonstrated to be an effective one for the GP in choosing a specific periodontist for referral.

4. Factors Influencing Periodontal Referral

1. Periodontist Personality
2. Availability of periodontist
3. Ability and skill level of the periodontist
4. Past success treatment with periodontist
5. Previous patient satisfaction with periodontist
6. Effective communication by the periodontist
7. Positive past experiences between general practitioners and specialists
8. Quality of communication from the specialist
9. Alignment of practice philosophies between general practitioners and specialists.¹⁰

From a practice management perspective, it is beneficial to educate patients that initial periodontal therapy may not represent the conclusion of treatment, but rather an assessment stage to determine further recommendations. Therefore, prior to initiating phase 1 therapy, patients should be made aware that referral to a periodontist may be required based on the response of their tissues to this initial treatment. Most general dentists performs periodontal screening and diagnosis. While treating gingivitis and mild-to-moderate periodontitis, most general dentists also perform periodontal screening and diagnosis. A periodontist is usually referred when there is more advanced illness, considerable tooth movement, complicated medical history, or when prior therapy has not worked.^{11–15}

5. Conclusion

There's a pressing need for general dentists to recognize the early signs of periodontal disease and understand the importance of promptly referring patients in the early stages to ensure optimal long-term outcomes. Both general dentists and specialists must assess their own clinical knowledge and skills, striving to attain proficiency in all areas of patient care. Whether in teaching, private practice, or clinical settings, orthodontists, endodontists, or pedodontists should prioritize the maintenance of periodontal health just as diligently as general practitioners or periodontists.

The entire dental team shares responsibility for the health of the dentition and supporting oral tissues. Collaboration among all dental professionals is essential during each phase of oral health care, including the mechanism and technique of referrals. By ensuring a coordinated approach to patient treatment, dentists can guarantee the proper flow of care, which is crucial for achieving optimal outcomes.

When referral recommendations are made within an atmosphere of safety, care, and concern, most patients are receptive and grateful for the opportunity to see a specialist. Future research should focus on analyzing how dental school curricula can better prepare students to make timely and necessary referrals for periodontal treatment.

6. Source of Funding

None.

7. Conflict of Interest

None.

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Cite this article: Ravishankar PL, Lochini S, Baluguru S, Sri Sai Soury G. Referral to periodontist by a general dentist- A general guideline. *J Dent Spec* 2024;12(1):32-35.