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Educational Objectives

- Describe the biologic mechanisms by which oral inflammation may contribute to systemic inflammatory burden and disease progression
- Recognize the role of the dental hygienist in early risk assessment, prevention, and evidence-based intervention to reduce inflammatory burden
- Apply effective patient communication and educational strategies to help patients understand the oral-systemic connection and improve health outcomes

2



3

Historical Beliefs



- Equal susceptibility and that disease severity was directly related to magnitude bacterial exposure over time
- All patients would respond predictably to bacterial load reduction and regular maintenance care
- Onus was put on the patient's ability to effectively manage daily self care

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Present Day Science and Evidence



Bacteria is an essential initiating factor; however, level of clinical severity is a complex, multifactorial host response

Variations in host response capability to address inflammation, tissue repair, self care efficacy and maintenance of a balanced oral microbiome all influence overall therapeutic outcomes necessitating a different approach

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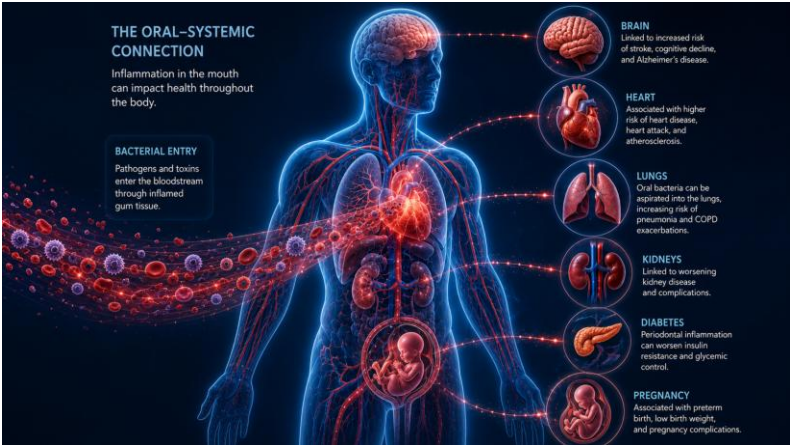
The Body's Highway

Inflammation in the oral cavity travels throughout the body to every organ. Whether periodontal disease or diabetes, all these diseases have excessive inflammatory responses

Are your patients aware of the risk?



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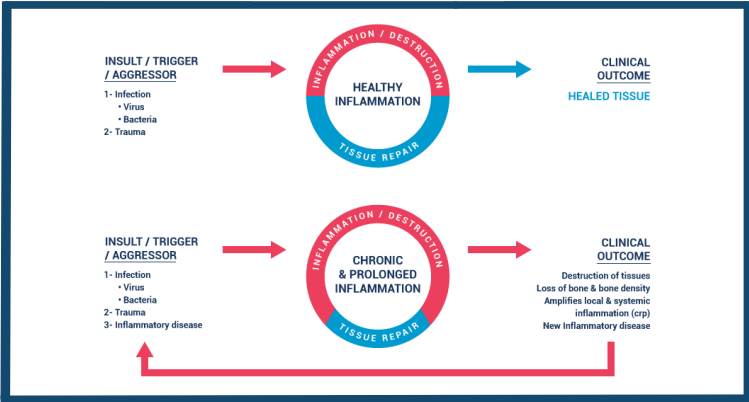
Different Diseases Have Different Names, But Inflammation is a Shared Biological Language

- Periodontal disease
- Asthma
 - Atherosclerosis
 - Diabetes
 - Crohn's disease
 - Cardiovascular disease
 - Stroke
 - Infectious Diseases
 - Many forms of Cancer
 - Multiple sclerosis
 - Rheumatoid arthritis
 - And many more

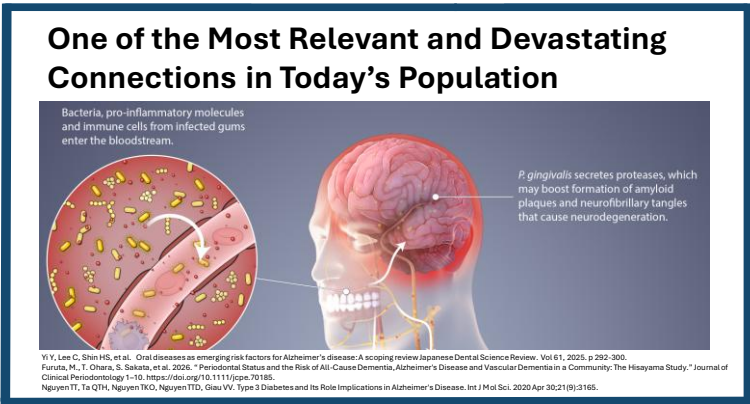
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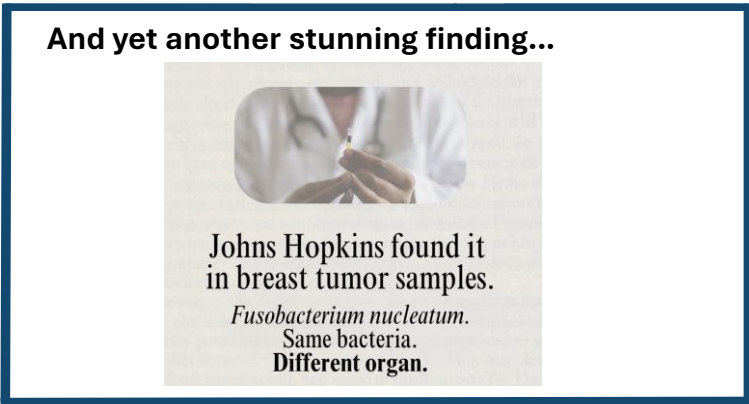
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WE are the Early Detection Team.
The First Responders. It begins with US.



- As dental clinicians, we see patients more often than many physicians
- We are fortunate to be able to have a mirror to the body through visual access of the oral cavity
- We have an opportunity to identify inflammatory risk before it becomes systemic disease

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It's Time to Rethink Oral Health.
The Evidence is Clear. The Time is NOW!

How do we elevate awareness?

- In our conversations...**"we now know"**
- We discontinue **"watching"** disease
- Visibility on website, practice, and in socials

Conveying prevention

- **We practice dentistry with a whole-health mindset.** What happens in the mouth affects every system in the body, and without a healthy oral foundation, overall wellness is at risk.
- We believe dental care should enhance both the quality and quantity of life for every patient we serve.

Helping our patients understand the devastating role of inflammation

- Oral inflammation – "Inflammation in the mouth is placing you at risk for systemic disease"
- Because of your medical condition, we need to minimize inflammation to reduce the risk of progression of your disease
- "The least important thing we did today was clean your teeth."

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Patient is NOT Interested or Just Doesn't Know?



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The Medical History Update – Getting the Information We NEED!



Medical History Update

Name: _____ Date: _____

1. Do you have any chronic medical conditions? (e.g., diabetes, heart disease, high blood pressure, asthma, etc.) ☐ Yes ☐ No If Yes, please list: _____

2. Have you ever had surgery? ☐ Yes ☐ No If Yes, please list: _____

3. Do you take any medications (prescription or over-the-counter)? ☐ Yes ☐ No If Yes, please list: _____

4. Do you have any allergies (food, medicine, etc.)? ☐ Yes ☐ No If Yes, please list: _____

5. Have you ever been hospitalized? ☐ Yes ☐ No If Yes, please list: _____

6. Do you have any recent travel history (outside the United States)? ☐ Yes ☐ No If Yes, please list: _____

7. Do you have any recent sexual history? ☐ Yes ☐ No If Yes, please list: _____

8. Do you have any recent dental work? ☐ Yes ☐ No If Yes, please list: _____

9. Do you have any recent X-rays? ☐ Yes ☐ No If Yes, please list: _____

10. Do you have any recent lab work? ☐ Yes ☐ No If Yes, please list: _____

11. Do you have any recent blood work? ☐ Yes ☐ No If Yes, please list: _____

12. Do you have any recent dental X-rays? ☐ Yes ☐ No If Yes, please list: _____

13. Do you have any recent dental work? ☐ Yes ☐ No If Yes, please list: _____

14. Do you have any recent dental X-rays? ☐ Yes ☐ No If Yes, please list: _____

15. Do you have any recent dental work? ☐ Yes ☐ No If Yes, please list: _____

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Setting Up Your Patients Up for Success

Let's do the math....

Mission Critical
Provide patients with the right tools at home

Make the **sonicare** switch

The amount of time the dental professional spends cleaning the patient's teeth in office
~ 4%

Time a patient spends cleaning their teeth at home
~ 96%

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Cochrane review on power toothbrushes

Cochrane is a global independent network that gathers and summarizes the best evidence from research to help make informed choices about treatment for over 30 years.

Cochrane is for anyone interested in using high-quality information to make evidence-based decision, for example for medicines, treatments, and also for the power toothbrushes.

Study design –
This review included data from 17 trials with 1369 participants and reviewed the efficacy of plaque and gingivitis reduction between different power toothbrushes and manual toothbrushes.
First review has been done in 2010, reviewed and 2014 and the latest review has been done in 2020.

Author's conclusion 2020 update:
Power toothbrushes reduce plaque and gingivitis more than manual toothbrushing in the short and long term.



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Innovative sonic technology

Sonicare technology uses a high-frequency, high-amplitude sweeping and pulsation motion to create 62,000 movements per minute. This creates a unique dynamic fluid action that supports the bristles to gently and thoroughly remove biofilm, even in hard-to-reach areas.



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Philips Sonicare is superior in reducing periodontitis

The effects of scaling and root planning plus home oral hygiene in a Stage I/II periodontitis population

Up to **15x**
more patients converted to 'healthy' gingivitis status (per AAP/EFP) compared to manual toothbrush after 3 months of use

Up to **93%**
of patients had reduced bleeding by 20% or more, after 6 months post SRP using Sonicare

Up to **90%**
more patients had improved/reduced pocket depth after 6 months post SRP using Sonicare (vs MTB)

4 weeks
All patients achieved 50% or more reduction in bleeding with periodontitis

16 weeks
Philips Sonicare reduced pocket depth up to 10% more than a manual toothbrush in patients with periodontitis

4 months
Up to 10% more patients converted to 'healthy' gingival status in manual toothbrush group

20 weeks
Reduced gingival bleeding up to 10% more than manual toothbrush in patients with periodontitis

6 months
Up to 90% more patients had reduced pocket depth after 6 months post SRP using Sonicare vs a manual toothbrush

The results are clear: Philips Sonicare is safe and effective for patients managing periodontitis post SRP

For more research visit philips.com/clinical

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Sonicare Power Flossers

Flossing reinvented
for improved gingival
health



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Traditional floss



Quad Stream



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Why do these results matter?

The Cordless Power Flosser 3000 with Quad Stream Nozzle

- Removes up to 99% of Oral biofilm from 6mm deep periodontal pockets*
- 80% lower periodontal pathogen abundance vs the control post 48-hour regrowth, fewer periodontal bacteria
- 180% more effective than string floss
- Quad Stream cleans up to 8x more area than a standard single jet nozzle**
- Complete and predictable ‘clean’ in just 60 seconds***



*No prior visit study, actual results may vary
**No leading competitor, 48-hr in-vitro study, actual results may vary
***In Clean mode

Reference: Digital Edition 1 March 2024 | Philips (api.dentalnetwork.com)

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BioGaia Prodentis®
#1 Dental Hygienist Recommended
Dental Probiotic Brand!†

CELLERANT
BEST OF CLASS
HYGIENE AWARD
2025

BACKED BY
30+ Years
Probiotic
Research

60+ clinical studies

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01

MINDSET

The biggest barrier is within us.

- Our patients can't value what we won't or believe in something we don't. Plain and simple.

- The biggest question to ponder is are we simply 'cleaning teeth or are we impacting lives?'

- What is your philosophy?
Are you focusing on restoring oral health or the impact it has on risk for systemic disease?

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02

PERCEPTION

The patient needs to own the problem.

- Does the patient understand the problem?

- The consequences of not following through with treatment have been identified.

- What is your team philosophy?
Is the focus on the future health of the patient or the treatment today?

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03

EDUCATION

No fear. No condemnation

- Your mouth and body are constantly communicating. When harmful bacteria overwhelm the protective balance, your immune system is activated 24/7

- We divide the body into parts. Inflammation doesn't! Every area of chronic inflammation adds to the body's workload.

- What is your team philosophy?
Our goal is to reduce that inflammatory burden and protect your overall health.

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RDH Clinical Tools Series

PERIO COMMUNICATION GUIDE: Chairside Language for Periodontal Findings

A practical reference for dental hygienists negotiating periodontal conversations with clarity, accuracy, and patient-centered communication.

This resource is adapted from *Language Communication Skills for Dental Hygienists*, 4th Edition, by Jo-Anne Jones, RDH, FIADFE.

When to use this guide

- Addressing new or changing periodontal findings
- Reassessing long-term patients with existing conditions
- Communicating clinical significance without creating confusion or resistance
- Aligning patient understanding with recommended care

1. Introducing findings without creating defensiveness

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

2. Explaining clinical significance

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

3. Explaining long-term patient's condition

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

4. Connecting findings to clinical significance

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

5. Introducing recommended non-invasive treatments

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

6. Addressing common patient responses

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

7. Coordinating with the dentist

Use the non-threatening language of observation. When findings are mild and the rest of the appointment is positive, you can use a more direct approach. If the patient is resistant, use the non-threatening language of observation.

Key phrases:

- "I'm seeing some changes in your gums that we need to address."
- "There are some changes in your gums that we need to address."

Goal:

- Working with a diagnosis rather than a threat.
- Using non-threatening language to introduce the topic.
- Using non-threatening language to introduce the topic.

<https://www.rdhmag.com/patient-care/document/55383142/perio-communication-guide-chairside-language-for-periodontal-findings>

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04 | MESSAGING

Stop 'cleaning' teeth

- Does the patient understand the problem?
- Make a clear distinction between regular preventive care and 'active' therapy to address 'active' infection
- What is your team philosophy?
Helping our patients value the hygiene appointment as one of the most important healthcare appointments they may have.

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We will work together with you as a team to reduce inflammation in your mouth and reduce your risk of inflammatory disease

The least important thing we did today was clean your teeth.

Stop coming to us just to get your teeth cleaned! You should be seeing us regularly since only with our help can you keep oral inflammation to a minimum over your lifespan. That's really important. Here's why...

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05 | INSURANCE

Breaking through the insurance driven mindset

- Does the patient understand what their 'dental benefits' were designed for?
- Clear, non-conflicting messaging to the patient from the entire team
- What is your team philosophy?
Insurance is a benefit...a benefit chosen by the patient's employer that will assist in reducing their fee.

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Tell me about the dental benefit package your employer has chosen for you?

- 33

"Even though you have dental benefit assistance, some procedures may not be covered. Your level of benefit assistance is determined by the policy your employer has chosen for you. It's based on a group benefit plan and doesn't take your individual needs into consideration. The patient normally handles a portion of the cost of the treatment."

"Our practice endeavors to work as closely as possible with your dental benefit coverage, however your needs at this time will exceed your benefits in order to get your mouth back on track to a healthy situation."

"I promise you that I will not base your dental needs and treatment on what your insurance covers."

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