

# Staging and Grading Periodontitis

A quick-reference guide to clear and consistent diagnoses

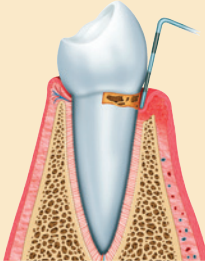
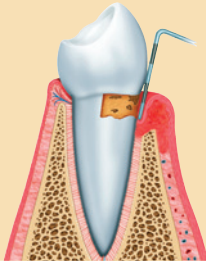
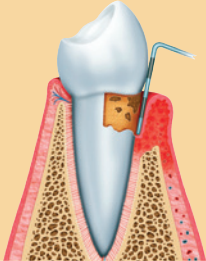

STEP 1 | SCREEN + ASSESS

STEP 2 | ESTABLISH STAGE

STEP 3 | ESTABLISH GRADE

## STAGING

The process of *classifying the severity of a patient's disease*. The primary determinant = clinical attachment loss (CAL) at the point of greatest loss (the worst tooth). If CAL not available, radiographic bone loss (RBL) can be used.

	STAGING FACTOR	STAGE I	STAGE II	STAGE III	STAGE IV
SEVERITY	Interdental CAL	1 - 2 mm	3 - 4 mm	≥5 mm	≥5 mm
		MILD > MODERATE		MODERATE > SEVERE	
					
	RBL	Coronal third (<15%)	Coronal third (15-33%)	Extends beyond 33% of root	Extends beyond 33% of root
	Tooth loss	None	None	≤4 teeth	≥5 teeth
COMPLEXITY	Local	<ul style="list-style-type: none"> <li>Max probing depth: ≤4 mm</li> <li>Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Max probing depth: ≤5 mm</li> <li>Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Max probing depth: ≤6 mm</li> <li>Vertical bone loss: &gt;3 mm</li> <li>Furcation involvement</li> <li>Moderate ridge defects</li> </ul>	Additional dysfunction, occlusal trauma, defects, bite collapse. <i>Requires further assessment.</i>
EXTENT	For each stage describe the extent as localized, generalized, or molar/incisor pattern				

Stage I or II = treat in general practice. Stage III or IV = refer.

## GRADING

Identifies the *rate of disease progression* based on client characteristics and risk factors. Grading helps establish responsiveness to therapy, and potential impact on systemic health. Best practice: Assume a grade B disease and seek evidence to shift to A or C.

	PROGRESSION	GRADE A	GRADE B	GRADE C
PRIMARY CRITERIA	Direct Evidence	No CAL or RBL over 5 years	<2mm loss over 5 years	≥2mm loss over 5 years
		<b>SLOW</b>	<b>MODERATE</b>	<b>RAPID</b>
	Indirect Evidence	<ul style="list-style-type: none"> <li>• &lt;0.25% bone loss/age</li> <li>• Heavy biofilm deposits with low levels of destruction</li> </ul>	<ul style="list-style-type: none"> <li>• 0.25-1.0% bone loss/age</li> <li>• Destruction consistent with biofilm deposits</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;1.0% bone loss/age</li> <li>• Destruction exceeds expectations, suggests rapid progression</li> </ul>
MODIFIERS	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
	Diabetes	No diagnosis	HbA1c <7%	HbA1c ≥7%

Information on this guide is an overview of the new classification of periodontitis staging and grading system that resulted from the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions.

Want to learn more? Visit [perio.org/2017wwdc](http://perio.org/2017wwdc)

Brought to you by:

