

# Q&A

WITH...

AMIT PATEL



## PERIO AND SENSITIVITY: ANSWERING YOUR FAQ

### Q. WHAT IS THE MOST COMMON CONCERN YOUR PATIENTS VOICE?

**A.** They are chiefly worried about loose teeth. I ask them if they suffer from sensitivity and they almost invariably say yes, but don't realise it is to do with their periodontal problems. Bone loss and gum shrinkage causes exposed roots, which in turn cause sensitivity.

### Q. HOW DO YOU SUGGEST THEY IMPROVE THE CONDITION?

**A.** Inefficient cleaning leads to gum inflammation, a condition that will get better and worse over time, depending on how well they clean – and if they keep it up.

All my patients are taught to clean their teeth well – and even through the lockdowns their oral health has been really good.

If their gums are stable, the sensitivity will resolve, but it takes time as the deposition from the calcium and phosphates from the saliva takes place. By using a toothpaste like Biomin F, which contains these ingredients, it restores the acid/alkali balance in the mouth, gives you a higher concentration and improves the sensitivity significantly.

### Q. HOW DO YOU MANAGE THE ISSUE OF SENSITIVITY ARISING FROM PERIODONTAL TREATMENT?

**A.** In the initial consultation, I warn patients that they are likely to experience sensitivity from the treatment, due to their gum recession. They are shown how to clean their teeth efficiently and effectively, we discuss the benefits of desensitising toothpaste and, most importantly, we show them how to clean between their teeth. Ahead of starting treatment, I get all my patients to apply a small amount of desensitising toothpaste to a small interdental brush every night interproximally. They should just apply it and leave it overnight. I find that is the best way to prevent sensitivity arising part of the periodontal treatment.

### Q. AND ONGOING CARE?

**A.** I tell them that they need to carry on cleaning like that forever. If they do that I find that when I use my ultrasonic they don't experience any sensitivity.

### Q. WHAT'S THE MOST IMPORTANT LESSON YOU'VE LEARNED AS A PERIODONTIST?

**A.** Perio is easier if you get the patient to take ownership of their own oral health. I tell them: I do 30% of the work and you do 70%. I need you to help me. When patients realise that they need to contribute to it, it changes the way they understand their disease and their own responsibility.

### Q. HOW DO YOU DO THAT?

**A.** For example, if a patient is diabetic, I ask them about their diabetic control, and explain the link between that and their gum disease – if you improve your oral care, it will help with your diabetes – and it motivates them.

When a patient asks for a 'deep clean,' I explain that we are removing the bacteria from under the gum and disinfecting the root.

If the body cannot deal with the bacteria, it will remove it in its own way – by losing the tooth. When they understand the disease process more, patients are more willing to take ownership.

### Q. ANY OTHER TIPS OR ADVICE?

**A.** Don't be afraid to say you can't help a patient. Sometimes, a different viewpoint can change a patient's perspective, so refer them on if you find they are not motivated to do what is necessary.

You cannot do any deep cleaning if the plaque score is 20% or above. If the patient struggles to clean effectively, I would suggest you tell them you will continue to treat them in a palliative way or refer on. In cases like this, always keep very good notes!

### Q. WHAT GOOD ADVICE HAVE YOU RECEIVED IN YOUR CAREER?

**A.** I love the approach of a dental hygienist, Maggie Jackson, whom I worked with between 2002 and 2006. She taught me lots about how to manage patients.

Maggie would always say to her patients: 'My aim is to give you the power and the knowledge to treat your own disease and not rely on me.' In perio particularly, patients need to be motivated to do the work themselves – and to keep doing it! [📄](https://clinicaldentistry.co.uk)