

EVALUATING PERIODONTITIS: STAGING AND GRADING

Nearly half of US adults ≥30 years old have periodontitis, the more advanced form of periodontal disease.¹ In addition, periodontitis becomes more common with increasing age.¹

It is important to stage and grade periodontitis in your patients to measure the extent of tissue damage, assess disease complexity, and estimate future risk and anticipated response.²

Below are the most current periodontitis staging and grading classifications established at the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions.^{2,3}

		Staging ^{2,3}			
Staging classification		Stage I Initial periodontitis	Stage II Moderate periodontitis	Stage III Severe periodontitis with potential for additional tooth loss	Stage IV Advanced periodontitis with potential loss of dentition
These images are a visual interpretation of staging and grading guidelines.					
Severity	Interdental CAL at site of greatest loss	1 to 2 mm	3 to 4 mm	≥5 mm	
	Radiographic bone loss (RBL)	Coronal third (<15%)	Coronal third (15% to 33%)	Extending to mid-third of root and beyond	
	Tooth loss due to periodontitis	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	Maximum probing depth ≤4 mm Mostly horizontal bone loss	Maximum probing depth ≤5 mm Mostly horizontal bone loss	Probing depth ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defects	Need for complex rehabilitation due to: Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defects Bite collapse, drifting, flaring <20 remaining teeth (10 opposing pairs)

Grading^{2,3}

GRADE

A

Slow rate of progression

- No radiographic bone loss/CAL over 5 years
- <0.25 bone loss/age
- Heavy biofilm deposits with low levels of destruction
- Non smoker
- Normoglycemic/no diagnosis of diabetes

GRADE

B

Moderate rate of progression

- <2-mm bone loss/CAL over 5 years
- 0.25 to 1.0 bone loss/age
- Destruction commensurate with biofilm deposits
- <10 cigarettes/day for smokers
- HbA1c <7.0% in patients with diabetes

GRADE

C

Rapid rate of progression

- ≥2-mm bone loss/CAL over 5 years
- >1.0 bone loss/age
- Destruction exceeds expectations given biofilm deposits; molar/incisor pattern; lack of expected response to standard bacterial control therapies and/or early onset disease
- ≥10 cigarettes/day for smokers
- HbA1c ≥7.0% in patients with diabetes

References: 1. Periodontal disease fact sheet. American Academy of Periodontology. Accessed March 2, 2021. <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> 2. Tonetti MS, Greenwell H, Kornman KS. Staging and grading of periodontitis: framework and proposal of a new classification and case definition. *J Periodontol.* 2018;89(suppl 1):S159-S172. 3. Staging and grading periodontitis. American Academy of Periodontology. Accessed March 31, 2021. <https://sites.perio.org/wp-content/uploads/2019/08/Staging-and-Grading-Periodontitis.pdf>

CAL=clinical attachment loss; Hb=hemoglobin.

⊕ = All aspects of the preceding stage in addition to the current stage being considered.