

PATIENT ASSESSMENT AND COMMUNICATION GUIDE

PLEASE NOTE: EVERY PATIENT IS DIFFERENT AND SHOULD BE TREATED INDIVIDUALLY. THIS GUIDE SHOULD NOT BE CONSIDERED AS MEDICAL ADVICE.



PATIENT ASSESSMENT	TREATMENT OPTIONS BASED ON ASSESSMENT
<p>Medical history—new medications, hospitalization, last physical, if diabetic A1C. Note systemic health for correlation to periodontal disease.</p> <p>Periodontal charting—pocket depth, gingival margins deviations, furcation involvement, mobility, bleeding</p> <p>Restorative assessment—check crown margins, overhangs, cracks, leakage, faulty restorations, open contacts</p> <p>Oral cancer screen—head, neck, and oral cavity</p> <p>Identify risk factors for periodontal disease</p>	<p>Prophylaxis—no bone loss, isolated inflammation CAL 1 to 3</p> <p>Scaling in the presence of inflammation—no bone loss with generalized inflammation > 50%</p> <p>Isolated perio scaling—per quad 1 to 3 teeth with attachment loss. Check radiographs for bone loss. CAL > 4 mm</p> <p>Full quad scaling—same as above 4 teeth or more with attachment loss</p> <p>PM—after initial therapy set maintenance interval</p>

EFFECTIVE COMMUNICATION	MOTIVATIONAL INTERVIEWING OARS	HOW TO MOTIVATE
<p>Engaged listener—patient needs to be heard</p> <p>Use non-verbal communication—body language is important</p> <p>Stay calm—even when stressed, focusing on what they are saying will help</p> <p>Assert yourself—remember you are the professional; add the urgency</p>	<p>O—ask Open-ended questions</p> <p>A—provide Affirmation</p> <p>R—Reflection; give meaning to what the patient is saying</p> <p>S—Summarize what you and the patient say</p>	<p>Always educate—give them the whys</p> <p>Provide reinforcement at each visit</p> <p>Show success of treatment with comparison perio chart and intraoral pictures, or use a mirror</p>

STAGE AND GRADE	SETTING MAINTENANCE INTERVALS	ADJUNCTIVE PERIO THERAPY
<p>Not the diagnosis—designed to align with how medicine stages and grades cancer</p> <p>Stage is based on severity and complexity</p> <p>Grade is based on probability of treatment success, based on risk factors and rate of destruction</p>	<p>Based on risk assessment, diagnosis, and evaluation of the patient's home care behaviors</p> <p>Identify stage and grade</p> <p>Stage III-IV and grade B-C may need shorter intervals than the standard 3 months</p> <p>Never give options such as 3 to 4 months</p> <p>Remember the goal is to stay ahead of disease</p>	<p>Arestin® (minocycline HCl) Microspheres, 1 mg—disease indicators of BOP with attachment loss and increased attachment loss</p>

INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.

IMPORTANT SAFETY INFORMATION

- ARESTIN is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions and hypersensitivity syndrome that included, but were not limited to anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia, and one or more of the following: hepatitis, pneumonitis, nephritis, myocarditis, and pericarditis may be present. Swelling of the face, pruritus, fever and lymphadenopathy have been reported with the use of ARESTIN. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens Johnson syndrome and erythema multiforme have been reported with oral minocycline, as well as acute photosensitivity reactions.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information also available at ArestinProfessional.com



PERIODONTAL ASSESSMENT DIALOGUE

Give patient a mirror so they can see if there is bleeding—call out the numbers and bleeding points

- “I am going to take an assessment of the health of your gums and bone. I will first measure the space between your gum and teeth, 1 to 3 are the numbers you want to hear; anything greater could mean you are losing bone, which I can confirm by taking an x-ray. If you have recessed or puffy gums, I will measure that as well. These numbers will help the doctor determine the health of your gums and bone that holds your teeth in place. Additionally, if there is any bleeding during this assessment, that is an indication of an active bacterial infection.”



DISCUSSING DIAGNOSIS AND TREATMENT WITH PATIENTS

- “As you heard, you have multiple areas around your teeth with numbers greater than 3 and bleeding. As the doctor shared, you have a bacterial infection that is causing your body to destroy the bone that holds your teeth in place. This infection and bone loss is called periodontitis. Just like many diseases of the body, it cannot be cured but can be treated and managed. As of today, you have lost _____% of bone in your [location]. Treatment and continued disease management at home and in our office can help preserve the remaining bone you have.”

Wait for responses or questions

- “Just as in medicine, your immune system can’t kill all of these bacteria. We need to provide treatment to remove as much of the bacteria and tartar as possible, and then place a time-released antibiotic at the site of the infection.

Wait for responses or questions

- “Once treatment is completed—which may take a few visits—your gums should respond well, putting you into a disease management phase of care, that entails 4 visits a year for a periodontal maintenance service.



BUILDING VALUE WHEN SCHEDULING

- “I know how important it is to you to be healthy. Staying on a consistent schedule of care is critical to that success. With today’s busy lifestyle, it is best if we schedule your appointment before you leave and secure a time that is best for you. If you should need to change this appointment, please give us at least a few weeks’ notice so we can accommodate your schedule and assure an appointment that is aligned with your prescribed care.”



ASSESSMENT OF THE PROPHY PATIENT

- “Good to see you today. You are scheduled for your preventive hygiene care. As always, I am going to do a full assessment of your gums and teeth, and check for oral cancer. If your gum assessment shows any changes, such as increased readings greater than 4 or bleeding, or if there are any other areas of your mouth that have some abnormal finding, we will bring in the doctor to prescribe any additional treatment you may need.”
- “Do you have any questions for me before I start the screening?”

Call out those numbers (the patient must be part of the process); provide a mirror or use an intraoral camera



ASSESSING THE PATIENT WITH PERIODONTITIS

- “As you heard, you have ____ areas of your gum where the numbers are higher than they should be, and there is bleeding. This can happen even if you have good home care. Specific bacteria cause this, and it is important to be treated as soon as possible.”

Patient says: “I have been coming here for many years. You are now telling me I can’t have my typical cleaning?”

- “I understand your concern; we are concerned too! This infection is caused by bacteria and can happen at any time. This is why we do a health assessment of your mouth at each visit. This infection is in its earliest stage and if left untreated, it may spread to other teeth and can cause additional bone loss, as well as more costly treatment. As in medicine, it is important to treat diseases when they start, and not wait until they progress to an unmanageable phase.”
- “Do you have any questions?”

IMPORTANT SAFETY INFORMATION (CONT)

- THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH, AND THEREFORE SHOULD NOT BE USED IN CHILDREN OR IN PREGNANT OR NURSING WOMEN.
- Tetracyclines, including oral minocycline, have been associated with development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness-like reaction have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy and malaise. In symptomatic patients, diagnostic tests should be performed and ARESTIN treatment discontinued.

IMPORTANT SAFETY INFORMATION (CONT)

- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.
- In clinical trials, the most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health US, LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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