

Nonsurgical Treatment of Chronic Periodontitis by Scaling and Root Planing with or without Adjuncts: Clinical Practice Guideline^{1,2}

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

Strong	In Favor	Weak	Expert Opinion For	Expert Opinion Against	Against
Evidence strongly supports providing this intervention. There is a high level of certainty of benefits, and the benefits outweigh the potential harms.	Evidence favors providing this intervention. Either there is a high level of certainty of benefits, but the benefits are balanced with the potential harms OR there is a moderate level of certainty of benefits, and the benefits outweigh the potential for harms.	Evidence suggests implementing this intervention only after alternatives have been considered. There is a moderate level of certainty of benefits, and either the benefits are balanced with potential harms or there is uncertainty in the magnitude of the benefit.	Expert Opinion suggests this intervention can be implemented, but there is a low level of certainty of benefits and there is uncertainty in the benefit to harm balance.	Expert Opinion suggests this intervention NOT be implemented because there is a low level of certainty that there is no benefit or the potential harms outweigh benefits.	Evidence suggests not implementing this intervention or discontinuing ineffective procedures. There is moderate or high certainty that there are no benefits and/or the potential harms outweigh the benefits.

Clinical Recommendation	Strength
<p>Scaling and root planing (no adjuncts) For patients with chronic periodontitis, clinicians should consider scaling and root planing (SRP) as the initial treatment.</p>	In Favor
<p>SRP with systemic sub-antimicrobial dose doxycycline For patients with moderate to severe chronic periodontitis, clinicians may consider systemic sub-antimicrobial dose doxycycline (20 mg twice a day) for 3 to 9 months as an adjunct to SRP with a small net benefit expected.</p>	In Favor
<p>SRP with systemic antimicrobials For patients with moderate to severe chronic periodontitis, clinicians may consider systemic antimicrobials as an adjunct to SRP with a small net benefit expected.</p>	Weak
<p>SRP with locally-delivered antimicrobials For patients with moderate to severe chronic periodontitis, clinicians may consider locally delivered chlorhexidine chips as an adjunct to SRP with a moderate net benefit expected.</p>	Weak
<p>For patients with moderate to severe chronic periodontitis, clinicians may consider locally delivered doxycycline hyclate gel as an adjunct to SRP, but the net benefit is uncertain.</p>	Expert Opinion For
<p>For patients with moderate to severe chronic periodontitis, clinicians may consider locally delivered minocycline microspheres as an adjunct to SRP, but the net benefit is uncertain.</p>	Expert Opinion For

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Strong

In Favor

Weak

Expert Opinion For

Expert Opinion Against

Against

Clinical Recommendation	Strength
<p>SRP with nonsurgical use of lasers For patients with moderate to severe chronic periodontitis, clinicians may consider photodynamic therapy (PDT) using diode lasers as an adjunct to SRP with a moderate net benefit expected.</p>	Weak
For patients with moderate to severe chronic periodontitis, clinicians should be aware that the current evidence shows no net benefit from diode (non-PDT) lasers when used as an adjunct to SRP.	Expert Opinion Against
For patients with moderate to severe chronic periodontitis, clinicians should be aware that the current evidence shows no net benefit from Nd:YAG lasers when used as an adjunct to SRP.	Expert Opinion Against
For patients with moderate to severe chronic periodontitis, clinicians should be aware that the current evidence shows no net benefit from erbium lasers when used as an adjunct to SRP.	Expert Opinion Against

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