

Question and Answers

CariFree Co-op Webinar with Dr. Doug Thompson

2-16-2021

- 1. Once clinical attachment is lost, can you regain clinical attachment? I thought once the fibers are destroyed and the cementum has been colonized by bacteria, you cannot regain clinical attachment.**

Clinical attachment loss can be gained by reducing pocket depth. What cannot be regained is recession. Remember clinical attachment loss is recession plus pocket depth.

- 2. What is your opinion on someone who has zero bleeding points when probing, but has generalized bleeding while scaling?**

We know that zero bleeding on probing has almost 100% negative predictive value meaning that breakdown is 98 to 100% unlikely with zero bleeding. We realize some people will pass the zero bleeding criteria but bleeding on scaling. These patients should be monitored closely for further breakdown.

- 3. How do you prescribe? One Amoxicillin cap a day?**

Amoxicillin is prescribed 500 milligrams TID.

- Amoxicillin 500 mg/ Metronidazole 500 mg
 - Sig. Metronidazole 1 tab t.i.d. for 8 days (24 tabs)
 - Sig. Amoxicillin 1 tab t.i.d. for 8 days (28 tabs)
- Ciprofloxacin 500 mg/ Metronidazole 500 mg
 - Sig. Metronidazole 1 tab t.i.d. for 8 days (24 tabs)
 - Sig. Ciprofloxacin 1 tab b.i.d. for 8 days (16 tabs)
- Clindamycin 300 mg
 - Sig. 1 tab t.i.d. for 8 days (24 tabs)

- 4. Is there consideration for alternate therapies vs. antibiotics? Such as Ozone therapy, perio protect 1.7% H2O2. I'm lucky that I implement GBT w/AirFlow but as an IPDH I am unable to Rx antibiotics. Plus, I am switching to a more holistic approach in a whole body holistic (non-dental) practice.**

Yes, many alternative therapies can be prescribed. If you test and then prescribe any modality, and then retest after stability is reached you can see the efficacy of anything you may want to try. I am only sharing what has worked for us and we have tried many alternative therapies with little success. Periodontal management requires scaling and root planning, and anti-microbial therapies, an pharmacotherapy.

- 5. Where do we stand with good ole chlorhexidine?**

Due to allergic reactions, fibroblast impairment, staining, we stopped using Chlorhexidine 10 years ago.

- 6. Would you please repeat your chosen antibiotic choices and also your oral rinse preferences to treat periodontitis? This is a GREAT presentation. Thank you! Could we pay for the handouts?**

See question 3.

- 7. What about introducing doxycycline right into the pockets?**

This is not a bad idea, and this is what Arestin is about. It is a time released antibiotic inserted directly into the pocket

- 8. What about using Doxycycline with patients who have suffered C-Diff?**

No problem using doxycycline in a low dose of 20 milligrams. It is not anti-bacterial at that dose, and it will not affect gut health.

9. What are the Doctor's thoughts on Arestin?

See question 7. We think it helps with inflammation but do not see any significant benefits for clinical attachment gain.

10. Do you also recommend the green tea capsules for pregnant patients?

I am not familiar with any studies that say pregnant patients cannot use green tea. This would have to be further investigated.

11. What about water probiotics? I see a lot of places are selling water with probiotics. Or is that a lot of added sugars?

We only use probiotics to prevent antibiotic associated diarrhea. I have tested many probiotics and none have been able to re balance a dysbiosis in the mouth to health. This would be great if it did but the probiotic efficacy is just not there yet.

12. When would you prescribe Periostat? Everyone that you scale?

I would prescribe any host modulation therapy when increased risk factors are present period most notably for Periostat it would be smoking or aggressive bone loss.

13. Does Laser and Arestin work?

No studies show huge additional benefits with laser therapy but it is a form of decontamination. Many people use it as adjunctive therapy.

14. Is Perio Protect a good option for host modulation?

We use tray carriers as an adjunct to scaling and root planing with antibiotics and pharmacotherapy. We do not use it alone.

15. What is the Rx for low dose Doxycycline?

20 milligrams vid for nine months, three months off then another nine month prescription. This happens indefinitely or until the risk goes away.

16. Is there a course for a dental practice, in order to incorporate this into the practice.

That's what the [Wellness Dentistry Network](#) is all about.

17. What is your feeling on Waterpik use?

We love oral irrigation.

18. What's the best way to approach your Dentist who doesn't believe in chemo antibiotics?

Read the paper from Magda Feres on systemic antibiotic use in periodontal management

19. What is the address for the Wellness Dentistry Network?

<http://www.wellnessdentistrynetwork.com>

20. What type/ brand of omega do you recommend?

MegaOmega from microbiome labs. they can take up to three capsules per day.

21. How does insurance work with this kind of treatment?

Any issues with insurance are best handled by a consultant or you can subscribe to insurance solutions newsletter and they can help you. There are many programs that discuss periodontal management and insurance; I am not an expert in that area.

22. So Doxicyclin is lifelong modality ?

It is prescribed as long as the risk factor that you are using it for exists. In other words, if someone stopped smoking then maybe you could take it off the table.

23. What do you recommend for irrigation?

[CariFree CTx4 Treatment Rinse](#) mixed as directed. We draw it up in a three-milliliter syringe with the side port cannula and irrigate 2 laps on every periodontal maintenance patient and on every patient during active therapy.

24. Is there a recommended toothpaste and electric toothbrush?

Toothpaste is best used for root surface management and any electric toothbrush that the patient is excited to use will work fine. There are many differences between the brush features and cost but not so much difference between their effectiveness.

25. Please give your doxycycline regimen. When you start patient on it...beginning of Scale/RP or when you finish all four quadrants. Dosage amount and timeline. Thank you!

If you are ever prescribing antibiotics of any kind for microbial management, start the antibiotic on the last quadrant of scaling and root planning. When you start the antibiotic Question 67: Antibiotics are prescribed on the day that you scale the last quadrant if you are breaking therapy up into multiple appointments. During that last scaling appointment, you need to go back and fine scale the original quadrants. It is important to do both mechanical and chemical disruption of the biofilm for the antibiotics to be effective.