



Consensus on caries and perio diseases

Perio Workshop 2016, organised by the EFP in conjunction with the European Organisation for Caries Research (ORCA), resulted in consensus conclusions showing that both caries and periodontal diseases share common genetic, aetiological, and environmental factors, but follow different trajectories.

The Colgate-sponsored workshop, held in Spain in November 2016, also found that similar preventive approaches, based around routinely performed oral hygiene with a fluoride toothpaste, are effective with both diseases.

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Perio Master Clinic highlights peri-implantitis



From left to right: Anton Sculean, Otto Zuh, and Sofia Aroca discuss improvement of soft tissues around implants

The EFP Perio Master Clinic 2017: 'Peri-implantitis – from aetiology to treatment' took place on March 3 and 4, devoted to the latest scientific findings about peri-implantitis and current approaches to the clinical treatment

of this disease. The two-day event, held in the Maltese capital of Valletta with more than 500 participants, also focused on how peri-implantitis can be prevented.

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Giovannoli: "Implantology has turned our practice upside down"



Jean-Louis Giovannoli, one of the founders of the EFP, gave an interview to **Perio Insight** in which he looked back on how the federation and European periodontology have evolved over the last 25 years.

Comparing the EFP with other international dental organisations, he says "it is clear that the influence of the EFP comes from the fact that the EFP is a pool of societies with the sole objective of promoting our discipline, improving education, and defending our interests." He highlights the EFP's specialist postgraduate programmes, the Perio Workshop, EuroPerio, and the *Journal of Clinical Periodontology* as major achievements.

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Perio Workshop 2016 conclusions reveal factors shared by caries and periodontal diseases and highlight common approaches to prevention



Perio
Workshop

Both caries and periodontal diseases share common genetic, aetiological, and environmental factors, although they follow different trajectories.

This is one of the main findings of the recent [Perio Workshop 2016](#), organised by the EFP in conjunction with the European Organisation for Caries Research ([ORCA](#)).

The workshop's consensus report, published in March, shows that similar preventive approaches, based around routinely performed oral hygiene with a fluoride toothpaste, are effective with both diseases. It also states that, because of global population growth and increased tooth retention, the number of people affected by dental caries and periodontitis has grown, increasing the total burden of these diseases globally, mainly in the older population.

Other conclusions of the joint workshop on the boundaries between caries and periodontal disease, which brought together 75 invited experts from the two organisations, include:

- Microorganisms associated with both caries and periodontal diseases are metabolically highly specialised and organised as multi-species microbial biofilms.
- The progression of these diseases involves multiple microbial interactions driven by

different stressors. With caries, exposure to dietary sugars and the fermentation of organic acids results in increasing proportions of acidogenic and aciduric species. In gingivitis, plaque accumulation at the gingival margin leads to inflammation and increasing proportions of proteolytic and often obligate anaerobic species.

- There is moderately strong evidence for a genetic contribution to periodontal diseases and caries susceptibility, with an attributable risk estimated to be of up to 50%.
- There has been a global decline in the incidence of caries and probably periodontal diseases, although the increase in the global population and tooth retention implies a bigger burden of disease at the population level.

The workshop, sponsored by Colgate and held at La Granja de San Ildefonso, near Segovia in Spain, was organised in four working groups, which each presented their consensus reports. These were published in full in March in a special open-access edition of the EFP's [Journal of Clinical Periodontology](#).

Working Group 1, chaired by Mariano Sanz (EFP) and David Beighton (ORCA), considered the question of the role of microbial biofilms in the maintenance of oral health and in the development of dental caries and periodontal diseases.

This group reviewed the ecological interactions at the dental biofilm in health and disease, the role of microbial communities in the pathogenesis of periodontitis and caries, and the innate host response in caries and periodontal diseases.

Among its main findings were that the biofilm is an essential component involved in the development of caries and periodontal diseases. As a result, understanding the composition and inter-microbial interactions "is fundamental for developing effective preventive and therapeutic measures."

In the same way, this working group concluded, knowledge of the microbe-host interactions involved in the maintenance of oral health and the initiation and progression of both dental caries and periodontal diseases is key to improving preventive strategies and to designing new strategies to improve oral health.

Working Group 2, chaired by Iain Chapple (EFP) and Andreas Schulte (ORCA), explored the interaction of lifestyle, behaviour, and systemic diseases with oral health, dental caries, and periodontal diseases.

It carried out a systematic review of genetic risk factors, a narrative review of the role of diet and nutrition, and reference documentation for modifiable acquired risk factors that are common to both diseases.

The group concluded that there was moderately strong evidence for a genetic contribution to susceptibility to both periodontal diseases and caries, although the literature is more substantial for the former than for the latter. The genes involved in each are different and no common genetic variants were found.

Fermentable carbohydrates (sugars and starches) were the most relevant common dietary risk factor for both diseases, but the associated mechanisms differed. The working group also found that "functional foods" or probiotics could be helpful in preventing caries and in managing periodontal disease, although it noted that evidence is limited and that the biological mechanisms involved are not yet fully understood.

In terms of acquired risk factors for both caries and periodontal diseases, the most common are hypo-salivation, rheumatoid arthritis, smoking, undiagnosed or poorly controlled diabetes, and obesity.

Working Group 3, chaired by Søren Jepsen (EFP) and Vita Machiulskiene, tackled the prevention and control of dental caries and periodontal diseases at the individual and the population level.

Noting that the two diseases pose "an enormous burden on mankind" and that they share common risk factors and social determinants that are important for their prevention and control, the working group reviewed the current state of knowledge on epidemiology, social-behavioural aspects, and plaque control.

Its three systematic reviews focused on: (1) the global burden of dental caries and periodontitis, (2) socio-behavioural aspects in the prevention and control of dental caries and periodontal diseases at an individual



Iain Chapple

Co-chair, Working Group 1, Perio Workshop 2016

Click on the image and watch the series of videos on Perio Workshop 2016



and population level, (3) mechanical and chemical plaque control in the simultaneous management of gingivitis and dental caries.

Key findings from this working group included the fact that the prevalence and experience of dental caries has decreased in many regions in all age groups over the last three decades, but not all social groups have benefitted equally from this fall. In addition, while some studies have indicated a possible decline in

dental caries, and periodontal diseases.

Over the last two decades, progress in the prevention and treatment of caries and periodontal diseases have led to better oral health and improved tooth retention in the adult population. The ageing population and the increasing expectations among older people of good oral-health-related quality of life pose big challenges to clinical care and healthcare systems.

In this context, the working group reviewed scientific evidence and developed specific recommendations to prevent tooth loss and retain oral function through the prevention and treatment of caries and periodontal diseases later in life, and to increase awareness of the health benefits of oral health as an essential component of healthy ageing.

It carried out three systematic reviews on aspects of caries and periodontal diseases in elders, the impact of ageing on caries and periodontal diseases, and the effectiveness of interventions.

The group found that an increase in the total burden posed by caries and periodontal diseases among the older population is a likely consequence of an ageing population, trends in risk factors, and improved tooth retention. It noted that specific surveillance is required to monitor changes in oral health in the older

population and that ageing impacts oral health, including periodontitis and possibly susceptibility to caries.

Noting the evidence that caries and periodontal diseases can be prevented and treated in older adults, the group found that oral health and functional tooth retention later in life provides benefits in quality of life and in preventing physical decline and dependency by fostering a healthy diet.

In the light of these findings, Working Group 4 recommended that oral-healthcare professionals and individuals "should not base decisions impacting tooth retention on chronological age but on level of dependency, life-expectancy, frailty, comfort, and quality of life" and that health policy should remove barriers to oral healthcare for vulnerable elders.

Summing up the achievements of the workshop, Mariano Sanz, chair of the EFP's Workshop committee, said: "These disease processes have been historically analysed under very different optics and the cultures of analysing the scientific evidence by the cariologists and the periodontists was clearly well apart.

"This workshop has allowed us to identify the areas of convergence between these diseases and also the aspects in prevention and therapy which are key to both disease processes."



the prevalence of periodontitis, there is not enough evidence to conclude that prevalence has changed over recent decades.

Global population growth and increased tooth retention means that the number of people affected by dental caries and periodontitis has grown substantially – untreated caries by 37% and severe periodontitis by 67% between 1990 and 2013.

The most important behavioural factor for both diseases is efficient self-performed oral hygiene – tooth brushing with a fluoride toothpaste and interdental cleaning – while professional tooth cleaning, oral-hygiene instruction and motivation, dietary advice, and fluoride application are effective in managing both dental caries and gingivitis.

Working Group 4, chaired by Maurizio Tonetti (EFP) and Sebastian Paris (ORCA), considered age-related effects on oral health,



Perio Master Clinic 2017 brought more than 500 clinicians together to deepen understanding of challenge of peri-implantitis



Korkud Demirel, Perio Master Clinic 2017 chair, welcomes participants and opens the event.

Peri-implantitis represents one of the biggest challenges in periodontology today: scientific understanding of its causes is still evolving and various forms of treatment are being used, although the "gold standard" has yet to emerge.

With cases of peri-implantitis in Europe expected to rise significantly over the next decade – reflecting the rapid growth of dental implants – the challenge thrown down by this disease has to be faced by periodontists and other oral-health professionals.

It is in this context that the [EFP Perio Master Clinic 2017: Peri-implantitis – from aetiology to treatment](#) took place on March 3 and 4, devoted to the latest scientific findings about peri-implantitis and to current approaches to the clinical treatment of this disease. The two-day event, held in the Maltese capital of Valletta and attended by well over 500 perio clinicians, was organised by the Turkish Society of Periodontology.

"As implants are becoming a very popular treatment option to replace lost teeth and this has become very common in everyday practices, the number of peri-implantitis case will also increase," says Stefan Renvert, scientific chair of Perio Master Clinic 2017.

"Even if implant therapy is a fantastic treatment option, we should not overlook that roughly 15



to 20 per cent of individuals have developed peri-implantitis within a time period of five to 10 years of receiving implants, which creates a big treatment need for all those patients."

Turning to the causes of peri-implantitis, Prof Renvert notes that it is now widely accepted that micro-organisms play the major role in initiating an inflammatory process that may result in loss of bone adjacent to the implant. "Some individuals seem to be more prone to developing peri-implantitis than others," he observes. "Individuals with a history of periodontal disease and smokers are at higher risk of disease."

Comparing peri-implantitis with periodontitis, he points out that the inflammatory lesion at implants is larger and extends deeper, down to the bone, than the inflammation around teeth in periodontitis and it also seems to be more acute.

The challenge of treatment

"Although there is no consensus on treatment modalities, these diseases are preventable," says Korkud Demirel, chair of the event's organising committee. "Peri-implant diseases are not rare diseases and need to be treated in all clinical settings."

In his view, the major challenge that peri-implantitis presents to periodontists is in decontaminating the previously contaminated implant surfaces.

Prof Renvert adds that the tools used for the treatment of periodontitis at teeth "are not ideal for the treatment of a roughened, threaded implant surface, which makes non-surgical therapy difficult."

He notes that "there seems to be an advantage to get access to the implant surface through surgical techniques" and that, in cases where a regenerative approach is suitable, "it has been demonstrated that the result obtained may be stable over at least five years."

The key to successful treatment is the elimination of inflammation and the removal of



Click on image and watch the Perio Master Clinic 2017 promotional video.

plaque-retention factors. Treatment may also include attempts to regenerate the lost tissues. In addition, patients need to be motivated to perform good oral hygiene and to return for regular supportive therapy.

Six sessions

These issues were addressed in depth at Perio Master Clinic 2017, which was held in the attractive [Mediterranean Conference Centre](#), on the edge of historic city of Valletta, adjacent to Fort St. Elmo and overlooking the Grand Harbour. It is a sixteenth-century building formerly known as the "Sacra Infermeria" of the Order of St. John, the Knights of Malta.

After a keynote lecture from Niklaus Lang on early diagnosis, which makes cases of peri-implantitis much easier to handle, participants at Perio Master Clinic 2017 took part in six sessions dedicated to specific issues raised by the aetiology and treatment of peri-implantitis.

The first group of presentations addressed the prevention of peri-implant disease. Moderated by Bahar Eren Kuru (Yeditepe University, Istanbul, Turkey), this session featured a presentation from Nicola Zitzman (University of Basel, Switzerland) on combining aesthetics and good cleansability, exploring how to design the "optimal superstructure," followed by one from Giovanni Salvi (University of Bern, Switzerland) on non-surgical therapy and the question of whether antimicrobial and laser therapy represent the future.

Peri-implantitis, the main cause of implant failure, has "become a public-health issue due to the huge increase in prevalence and the lack of a clearly agreed-upon standard management," says Prof Kuru. "When there are no established and predictable treatment concepts, primary prevention is of key importance."

The session focused on two key areas. First, the factors for peri-implant disease related to prosthetic aspects and the key preventive measures that can be made regarding the superstructure to maximise the longevity of dental implants and to minimise the risks for peri-implant disease.

Second, the effects of two professionally administered measures – antimicrobial and laser therapy – to manage peri-implant mucositis.





The following section explored the possibility of reducing the risk of peri-implant diseases by improving soft tissues adjacent to implants.

Moderated by Anton Sculean (University of Bern, Switzerland and an elected member of the EFP executive committee), the session featured presentations from Sofia Aroca (University of Bern, Switzerland) on how to increase the zone of keratinised tissue at implants, and from Otto Zuhr (private practice, Munich) on how to increase soft-tissue thickness at implants.

Noting the current popularity of implants, Dr Zuhr says that “the more frequent the request for implants from a patient’s side becomes, the more challenging and difficult cases occur in daily business.”

He says that it is essential to understand the biological interactions around implants and his presentation gave an overview of the biological factors that influence the long-term stability of peri-implant tissue and current surgical techniques for implant-related soft-tissue management.

On the afternoon of Friday March 3, the focus was on soft-tissue recession and resective surgical approaches.

In the session “Soft-tissue recession at implants” – moderated by Mariano Sanz, chair of the EFP’s workshop committee – Giovanni Zucchelli (professor of periodontology, Bologna University, Italy) addressed the topic of how to handle soft-tissue recessions in the aesthetic zone, and Jean-Louis Giovannoli then offered a step-by-step guide to approaching the combination of dehiscence defects and peri-implantitis.

Dr Giovannoli, who wrote the textbook *Peri-implantitis* (Quintessence Publishing Company, 2012) with Stefan Renvert, argues that in cases where peri-implantitis is combined with a soft-tissue defect associated with bone dehiscence, “a conservative approach should include a non-surgical phase to control the infection and a surgical phase to recreate maintainable conditions.”

His presentation demonstrated that it is possible to get good clinical results with these techniques but he cautions that “we still need more research to demonstrate the predictability of this approach.”

Resective surgical approaches

In the session “Resective surgical approaches – when are they an option?” – moderated by Frank Schwartz (professor of oral medicine and peri-implant infections at Heinrich Heine University in Düsseldorf, Germany) – the focus was on pocket reduction in areas with fewer aesthetic demands and on surgery that makes teeth and gums more cleansable, together with the question of whether the modification of implant surfaces is the “therapy of choice”. The use of resective surgery to reduce probing depth and make it easier to clean teeth and gums was addressed by Joerg Meyle, EFP treasurer and professor and chair of the department of periodontology at the University of Giessen in Germany. Austra Ramanauskaite then gave a presentation on the surface modification of implants, a technique also known as implantoplasty.

“The main goal of resective peri-implantitis therapy is to resolve the infection in the surrounding tissues,” says Dr Ramanauskaite, of the Lithuanian University of Health Sciences, Kaunas, Lithuania. “This treatment concept involves the reduction or elimination of pathological peri-implant pockets, the apical positioning of a mucosal flap, or bone recontouring, with or without implant surface modification.”

The approach she outlined involves resective therapy, applied to the supracrestal defect compartment, and the regeneration of intrabony defects. “As a result, one can expect to restore the lost bone and minimise

postoperative soft-tissue recession,” she explains. “Combined surgery is a treatment of choice in aesthetic areas, where the maintenance of the soft-tissue height is critical.”

Defects and advanced cases

One of the big challenges that confronts periodontists in tackling peri-implantitis is what to do when lesions develop around infected implants, especially if these are in the aesthetic zone. While regenerative techniques can be applied in these situations, there is as yet no standard treatment, although there are several promising approaches.

This important topic was the subject of the first of the two sessions held on Saturday March 4. “Overall, there is a lack of comparative studies with low risk of bias, so no regenerative treatment has been proven to be superior,” says Ioannis Polyzois, who moderated the session *Regeneration of peri-implantitis defects – is it possible?* “Complications are common and are mainly due to membrane exposure and infection of the bone grafts used.”

One promising approach, discussed in detail by Marc Quirynen, head of periodontology and oral microbiology at the Catholic University of Leuven (Belgium), is the use of a living-tissue material for grafting: Leucocyte-Platelet Rich Fibrin (L-PRF), one of the four main families of platelet concentrates.

Also speaking in this session was Mario Rocuzzo, lecturer in periodontology at the University of Turin (Italy), who addressed regenerative surgical treatment of peri-implantitis using membranes and different bone-augmentation procedures.

“When peri-implantitis has already caused extensive bone resorption, the dentist faces the dilemma of



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when regenerative therapy is appropriate to maintain the implant or whether removal and replacement with a new implant should be preferred," he says.

The four main challenges in regenerative surgical treatment of peri-implantitis, according to Dr Rocuzzo, are defect selection, patient preparation, surgical-flap management, and post-operative care. Participants in this session also learnt how to identify peri-implantitis cases where regeneration is indicated, how to select the ideal regenerative surgical treatment, and how to establish a maintenance programme for long-term success.

The final session of Perio Master Clinic 2017 involved treatment plans for advanced cases of peri-implantitis. Moderated by Moshe Goldstein, chair of the EFP's postgraduate education committee, this session featured a presentation from Pascal Valentini (programme director for European postgraduate oral implantology at the University of Corsica) on what happens if the "man-made bone" gets infected.

This was followed by a presentation from Mauro Merli, a visiting professor at the Università Politecnica della Marche in Ancona (Italy) and author of *Implant Therapy: The Integrated Treatment Plan*, on how to handle hard- and soft-tissue defects following the removal of an implant.

"The objective of the clinician is to follow a procedure that reduces invasiveness and provides patient satisfaction in reaching the desired goals," says Prof Merli, whose presentation highlighted a new surgical procedure – the "fence technique" – where the volume of bone augmentation can be planned.

"Peri-implant plastic surgery aims to correct and harmonise peri-implant supracrestal structures after abutment connection, using soft-tissue surgical techniques refined for periodontal applications, with the intention of providing not only aesthetic but also a biological benefit," says Merli.

Turning attendees into participants

One of the novelties of this second edition of the Perio Master Clinic was its [innovative approach](#) to scheduling, through which attendees were able to influence the

presentations given by the expert speakers.

When registering for the event, people were given a questionnaire which asked them to indicate the questions that were most important to them. For each session, five specific questions were listed and registered participants were invited to indicate their first and second choices from this list.

For example, the five questions on the session on the regeneration of peri-implant defects were:

1. In which clinical situations is a regenerative approach the preferred treatment option for peri-implantitis?
2. Is the selection of a regenerative procedure more important than the selection of an implant surface decontamination method?
3. If the peri-implant defect is favourable, what type of regenerative material should I use?
4. Which clinical situation would benefit from use of a membrane?
5. How would one assess if removal and replacement of the affected implant is preferable to attempting regeneration of the peri-implant defect?

Attendees were asked to indicate the two questions that they considered most important. Through this feedback, speakers were able to tailor their presentations to the specific interests of the audience.

"The main purpose was to get deeper involvement of attendees, making them part of the game, not only a spectator," says Demirel, who added that the questionnaire was "very well accepted by the registrants, with a response rate of over 90%."

Building on success of Paris

The aim of the EFP's Perio Master Clinic meetings is to bring together clinicians who wish to improve their skills in clinical practice to the highest possible level. The idea is to offer a master clinic that take place between the triennial EuroPerio meetings and to keep it as a relatively small-scale event (a maximum of 600 participants) which enables all EFP member societies to be able to host the event now that there are few venues big enough to host EuroPerio.



The first [Perio Master Clinic](#) took place in Paris in February 2014, attended by 520 experts from 45 countries. Chaired by [Jean-Louis Giovannoli](#), its topic was peri-implant plastic and reconstructive surgery.

Korkud Demirel says that the Paris event demonstrated the value of a focused meeting between the EuroPerio congresses and that it should be "a very clinically high-end meeting."

Unlike the event in Paris, the Malta master clinic – organised by the Turkish Society of Periodontology, which was forced to shift the venue to Malta from its original location of Istanbul – also featured an exhibition (with 18 exhibitors). "This was requested by many of the attendees in 2014 and we want to offer them the chance to find, among other things, the surgical kits discussed by the speakers in an exhibition," says Stefan Renvert.

"The exhibition was very much appreciated by the participants, and having the coffee and lunch in the exhibition area made it possible to build up fruitful networking possibilities between participants and industry," adds Demirel.

Attendance at Perio Master Clinic 2017 was "well over 500", he says, noting that participants came from all 29 countries with national perio societies affiliated to the EFP plus 27 other countries – 56 countries in all.

"The participants had the chance to discuss and understand the full spectrum of peri-implant diseases, and prevention," he continues. "The Perio Master Clinic meetings are purely clinical with a strong scientific basis. On the one hand, they help clinicians to meet science with state-of-the-art clinical practice and, on the other hand, they help the EFP serve its members and the perio world on all possible perspectives."

Participants in Perio Master Clinic 2017 left Malta with the latest insights on the aetiology and treatment of a disease which will continue to have a major impact on the work of periodontists for many years to come.

These insights will be crucial to improving care for patients with implants, both in treating peri-implant diseases and in preventing their occurrence in the first place.



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EFP founder Jean-Louis Giovannoli reflects on federation's evolution and how European periodontology has changed over the last 25 years



Jean-Louis Giovannoli, one of the founders of the EFP, stood down last year as chair of its congress committee. At the end of the federation's 25th anniversary year, he looked back on how the federation and European perio have evolved.

In December 1991, [a meeting took place in Amsterdam](#) at which aims, constitution, and by-laws of a new international dental organisation were adopted. Thus was born the European Federation of Periodontology, which last December celebrated its 25th anniversary.

But the real beginnings of the organisation date from six years earlier and a discussion over dinner between periodontists Jean-Louis Giovannoli from France and Ubele van der Velden from the Netherlands about creating a united body of European societies of periodontology.

"When Ubele van der Velden suggested to me the idea of bringing together all European national perio societies, I immediately felt seduced by this vision and did not hesitate for a moment in deciding to support him in this initiative," says Jean-Louis Giovannoli.

Despite the common goal, the Dutch and French perio societies – among the 11 national societies in the original EFP – had different objectives in creating a European organisation.

"When I met Ubele, I immediately appreciated that his goal as an educator was the exportation of the Dutch model, with the purpose of offering his compatriots who were ready to go abroad a nice future," recalls Dr Giovannoli.

But his own interest in the project came from different motives. "I was interested in a European project mainly because it would prevent French periodontists from becoming isolated from other countries and would give them the opportunity to exchange with them," he explains. "In France, language has long been a major obstacle to participation in international scientific debates, and even today we struggle to overcome it."

He says that European periodontology and the EFP itself face similar challenges to those faced by the European Union regarding differences between countries.

"Every country identifies with its culture, its history, its education system, its health system," he comments. "Without giving up its identity, every country must evolve towards a European harmonisation. We may have different reasons to take part in that harmonising process, but the final goal is still the same for all of us – promoting periodontology and making sure that the periodontal health of patients across Europe improves, and that periodontal education is increasingly well-taught and well-learned."

After being involved in the meetings that led to the creation of the EFP at the end of 1991, Jean-Louis Giovannoli became the federation's first president and over the following 25 years served the organisation in a variety of roles.

Giovannoli was the president of EuroPerio 1 in 1994 and since then he has been involved in the organisation of all EuroPerio meetings. The Perio Master Clinic, which takes place between editions of the triennial EuroPerio, was his idea and he chaired the first Perio Master Clinic, which took place in Paris in February 2014 (the second edition has just taken place in March in Malta).

The model of the federation

For Jean-Louis Giovannoli, who became the EFP's first president in 1992, it is important that the organisation is a federation of national societies where decisions are made by the general assembly made up of the member national societies.

He says that the system of electing an executive committee to run the EFP is "rather effective but, because of the search for simplicity, there is always the temptation of a centralised decision-making process. Just as in politics, it's not always easy to reconcile efficacy and 'democracy'."

"I've spent 25 years, together with other founders such as Pierre Baehni, reminding my cherished colleagues that this federal trait should be preserved and I've always thought this is the key of our success," he continues. "If you compare the EFP to other large organisations such as the AAP or the EAO, it is clear that the influence of the EFP comes from the fact that the EFP is a pool of societies with the sole objective of promoting our discipline, improving education, and defending our interests."

He notes that most members of the executive committee are full-time educators and contrasts this with the wider membership of the national societies, who include "practitioners, academics, researchers, clinicians, students – and even hygienists in certain countries."

As a non-academic, he says that he has sometimes felt "isolated" in executive committee meetings alongside "eminent professors" and that he has often "reminded them that a vast majority of individual members of the EFP are practitioners who feel largely apart from academic issues."

What the EFP has achieved

Looking back over the last 25 years, he says that the EFP can be proud of many "beautiful" achievements, particularly in education and continuous training.

"The EFP has succeeded in providing a European speciality education framework and has created an 'EFP accreditation' for university institutions that voluntarily agree to respect the suggested curricula and the guidelines. I am proud and delighted that two French universities – Strasbourg and Paris VII – have finally been awarded with this recognition, so today they keep pace with the best periodontal centres in Europe."

Another great achievement, he feels, is the [Perio Workshop](#) – first held in 1993 under the chairmanship of Niklaus Lang in Ittingen (Switzerland) and now held annually in La Granja (Spain) – which he describes as "an essential meeting place for the best European researchers, putting European perio science at the highest global level."

He adds that while "the way of recruiting participants can be debated," there can be nothing but praise for "the brilliant job done by [Perio Workshop chair] Mariano Sanz in organising these events. The conclusions of the Perio Workshop are received as authoritative and, together with the *Journal of Clinical Periodontology*, are currently the benchmark in perio. Compared to other dentistry fields, we can be proud of being the only organisation to have reached these levels."

The [Journal of Clinical Periodontology](#), the EFP's flagship publication, has gained its high impact factor (3.915) "thanks to the very solid work of the editor-in-chief [Maurizio Tonneti] and the editorial board, whose members come from our ranks." Citing his 20 years of experience of working with the publisher Quintessence in France, he believes that the EFP should set up its own publishing house and publish the *JCP* itself.

Turning to EuroPerio, Giovannoli recalls the day he proposed to the other EFP founders the idea of organising a European perio congress: "At the time, everybody thought I was a megalomaniac! But then everybody followed me and trusted me so much that I needed to succeed."

EuroPerio1 was held in Paris in May 1994 and since then there have been seven more editions of the triennial congress, and



Click here to see video of Jean-Louis Giovannoli talking about 1st EFP Perio Master Clinic

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Jean-Louis Giovannoli has been involved in all of them. "In 25 years, our congress has established itself as the most unmissable meeting in dentistry. In 2015, at EuroPerio8 in London, we registered 10,000 attendees from 90 countries and it is now the biggest global scientific congress in dentistry."

He attributes the event's success to the interest shown in the discipline of periodontology and the "great work done on a daily basis by researchers, academicians, and clinicians." He adds that the strength of the organising committees and the fact that EuroPerio – which has gained a reputation for "rigour, integrity, and reliability" – takes place only every three years have also helped contribute to its success.

"As the person in charge of the EFP's congress committee, I took part in all organising committees from EuroPerio1 in 1994," he explains. "I spent a lot of energy and hours in meetings. I've visited almost all European congress venues and I've discovered some quirky places for all kinds of events."

Dr Giovannoli talks about the challenges faced along the way, including negotiations with industry partners to provide funding and the "endless debates" with the professional conference organisers.

He describes his former role as chair of the congress committee as consisting mainly of "making sure that the organising committee respected the rules approved by our general assembly." He says he used his influence "to make sure that organising committees were always well balanced and made up of competent and representative members."

The growth of EuroPerio has meant that there are few venues in Europe big enough to host the event, so not all national societies are able to host future meetings. For Giovannoli, this is a shame. "I regret this change, which disengages national societies and excludes a large part of Europe. I'm not convinced we need to keep growing, as 10,000 participants are more than enough to turn EuroPerio into a worldwide event. The quality of the content and free sessions must remain our main priority."

He praises the EFP's industry partners for their support and says that "conference after conference, they have proved their loyalty." But he is worried that implantology now has "such a prominent place within our programmes, and an important part of our funding comes from implant companies."

He urges organisers of future EuroPerio congresses to achieve the best possible balance, "while preserving their independence from the industry, which is key for our credibility."

Evolution of perio

Looking back on his long career, Jean-Louis Giovannoli describes how dentistry has evolved considerably, often through the influence of periodontology.

He describes how he has performed many surgical procedures and how, as time progressed,

these became less invasive. "I've tried all the fixing and regenerative techniques that have been proposed over the years and I've done a lot of muco-gingival surgery," he says. "I love surgery, but what I love the most is treating patients with severe periodontitis and helping them keep their teeth. Nothing is more rewarding for us than acknowledgement expressed by our patients after we have succeeded in saving their teeth."

Giovannoli argues that the most important development over the last 40 years is probably the advent of osseointegration and he states clearly: "We need to admit that implantology has turned our practice upside down."

He says that while implants cannot be presented as an effective alternative to techniques aimed at conserving teeth, "nobody can deny that they are today the most effective treatment for dental gaps." But he worries that it is increasingly difficult, if not impossible, to run a profitable private practice without doing implants and notes that students attracted to periodontology are often looking ahead to the chance to become implantologists.

"We can only deplore this evolution and yearn for the time when the essential aspect of our activity was to provide periodontal treatments," he complains. "The long-term outcomes of implants are often disappointing and studies show that the rate of complications is very high."

He says that "despite the progress of modern implantology, I hope that non-invasive dentistry able to preserve all dental pieces will be available for the greatest number of patients." But he fears the tendency to put "aesthetic or functional aims ahead of health aims, which must remain the priority."

Looking ahead, he says that prevention of periodontal diseases needs to be developed further and that there is a need for more specialists to treat patients with complex problems.

"Above all, we need to strengthen the education of all dental-surgery students in the biological principles of periodontology, to qualify them to identify all their therapeutic needs, to take care of the majority of patients effectively within the limits of their competence, and to refer the most severe cases to specialists."






Jean-Louis Giovannoli has "only excellent memories" of his time working for the EFP and admits to feeling sad to leave. "These 25 years have been for me an exceptional adventure which has allowed me to forge links with many European colleagues. That is the strength of the EFP too: powerful links, sometimes based on affection, binding together all this nice family of European periodontology."

Dr Jean-Louis Giovannoli is a Paris-based periodontal specialist, one of the founders of the EFP, and a former chair of the federation's congress committee. He is the author, with Stefan Renvert, of *Peri-implantitis* (Quintessence Publishing Company, 2012).

EFP full member societies

-  **Austria** Österreichische Gesellschaft für Parodontologie
-  **Belgium** Société Belge de Parodontologie / Belgische Vereniging voor Parodontologie
-  **Croatia** Hrvatsko Parodontološko Društvo
-  **Czech Republic** Česká Parodontologická Společnost
-  **Denmark** Dansk Parodontologisk Selskab
-  **Finland** Suomen Hammaslääkärisseura Apollonia
-  **France** Société Française de Parodontologie et d'Implantologie Orale
-  **Germany** Deutsche Gesellschaft für Parodontologie
-  **Greece** Ελληνική Περιοδοντολογική Εταιρεία
-  **Hungary** Magyar Parodontológiai Társaság
-  **Ireland** Irish Society of Periodontology
-  **Israel** Israeli Society of Periodontology and Osseointegration
-  **Italy** Società Italiana di Parodontologia e Implantologia
-  **Netherlands** Nederlandse Vereniging voor Parodontologie
-  **Norway** Norsk periodontist forening
-  **Poland** Polskie Towarzystwo Periodontologiczne
-  **Portugal** Sociedade Portuguesa de Periodontologia e Implantologia
-  **Serbia** Udruzenje Parodontologa Srbije
-  **Slovenia** Združenje za ustne bolezni, parodontologijo in stomatološko implantologijo
-  **Spain** Sociedad Española de Periodoncia y Osteointegración
-  **Sweden** Svenska Parodontolog föreningen
-  **Switzerland** Société Suisse de Parodontologie / Schweizerisch Gesellschaft für Parodontologie / Società Svizzera di Parodontologia
-  **Turkey** Türk Periodontoloji Derneği
-  **United Kingdom** British Society of Periodontology

EFP associate member societies

-  **Lithuania** Lietuvos Periodontologų Draugija
-  **Morocco** Société Marocaine de Parodontologie et d'Implantologie
-  **Romania** Societatea de Parodontologie din Romania
-  **Russia** Российской Пародонтологической Ассоциации
-  **Ukraine** Асоціація лікарів-пародонтологів України

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