

A closed loop retrospective audit looking at the usage of the Simplified BPE screening tool on paediatric patients by GDPs

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Background

- Periodontal disease is considered by the WHO as a significant global burden of oral disease¹ impacting on general health and quality of life.
- In the primary dentition, periodontal disease is on the rise².
- This has not been given the recognition of significance when looking at the long-term impact on health^{3,4}.
- As taught in university⁵, General Dental Practitioners (GDPs) have a vital role in screening for this in children and adolescents. Part of the professional intervention is the use of the simplified Basic Periodontal Examination (sBPE) to monitor and aid diagnosis and management of early periodontal inflammation. (see Fig. 1)

Aims

To determine if the simplified BPE is being effectively and correctly implemented on 7-17 year old patients in the South West London and KSS East foundation training practices.

The Simplified BPE

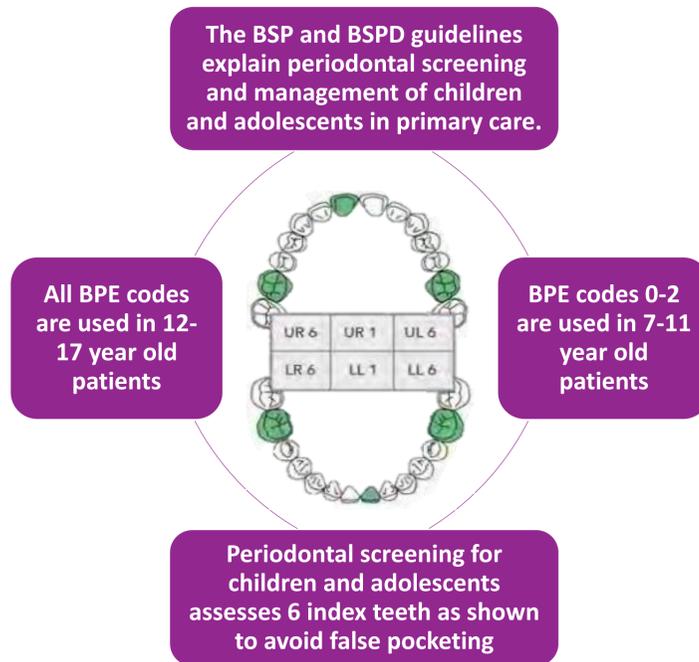


Figure 1²

Objectives

Assess the awareness and use of sBPE in practice; who is using it, how it is being used and if it is being utilised accurately.

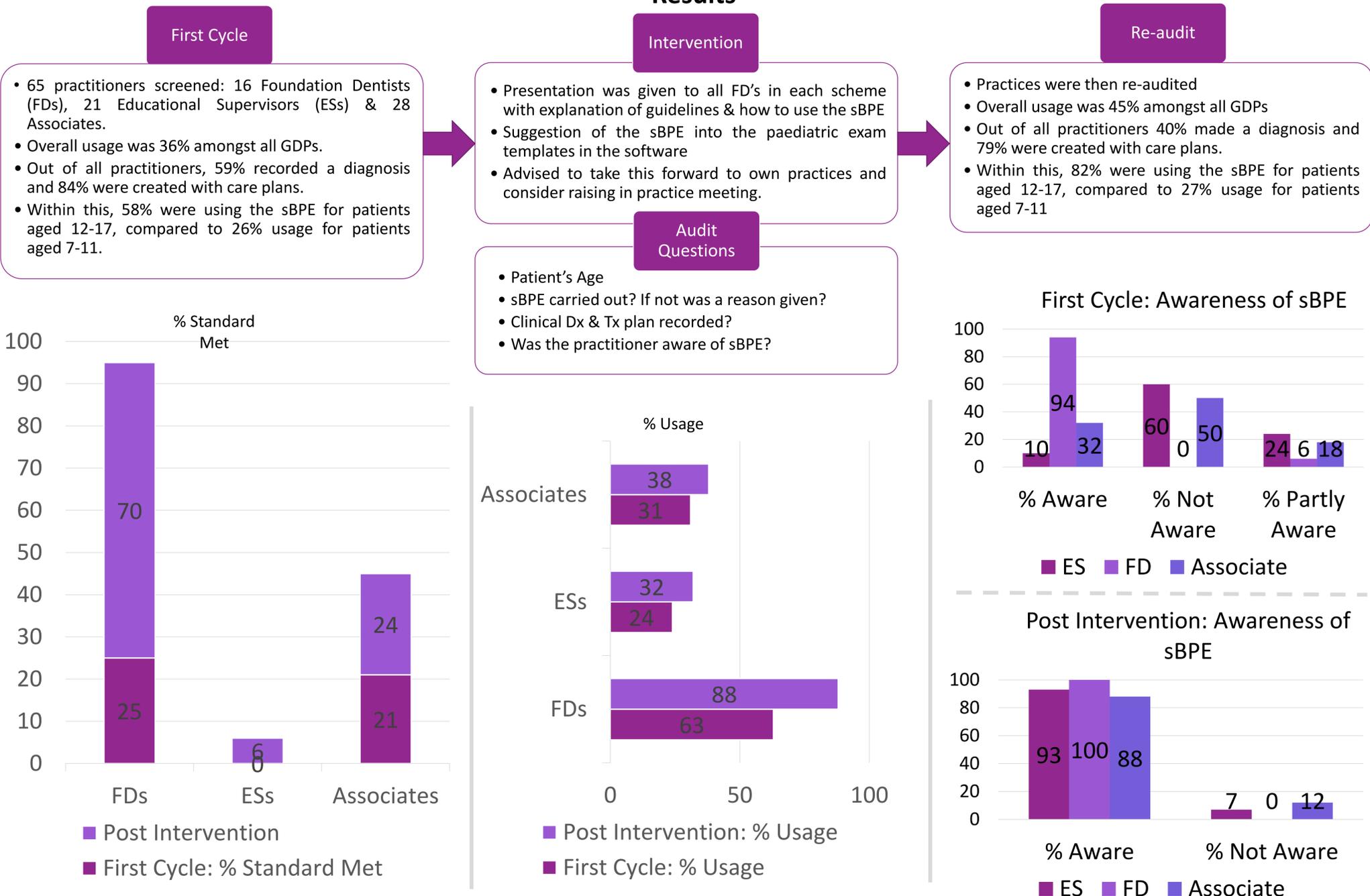
Standards

100% of co-operative 7-17 year old patients should be screened correctly with the simplified BPE, according to the BSP and BSPD guidelines (See Fig 1).

Methods

- Paediatric oral health assessments were selected at random from September to December 2018.
- To fulfil the objectives, audit questions were used.
- Data was collected again between May to July 2019 after an intervention
- 5 patients per practitioner were collected retrospectively in both data collection periods.
- Inclusion criteria: cooperative 7-17 year old child and adolescent patients

Results



Conclusions

The awareness of sBPE has increased significantly amongst all GDPs but the overall usage has only increased by 9%. The FDs show the most improvement in attempting to reach the standard. It appears that the appropriate OHI intervention is still being given, regardless of sBPE usage.

The FDs have increased their usage perhaps because they are more accepting to change but they also received the intervention first hand. Therefore, more CPD training could become available or the infographic (Fig 1.) could be available on the BSP guidelines.

Limitations:

- We were unable to give our intervention to the practices themselves due to practicality reasons so gave our intervention to the FDs.
- When auditing retrospectively, we were unable to assess if the sBPE was carried out correctly using the index teeth.

In summary, as the prevalence of periodontal disease is increasing it is important to screen. This is because it allows for identification of any problems and the correct intervention to be given early thereby improving outcomes. With this in mind, the sBPE can be used as a quantifiable measure to screen patients at recalls.

References



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