Developing networks in dentistry - how important it is!

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The basic principle of periodontal therapy is to control the initiation and progression of disease. More than focusing on host factors and microbial challenge control the specialty has been dramatically changed in recent years. It developed to a high level of expertise in the regeneration of connective tissue and bone.

Most of the periodontal diseases in large number of patients are managed by successfully converted experimental principles of therapy in to practical clinical application by the combined approach of periodontal researchers and clinicians.

One of the models for future periodontics suggests that patients are allowed to be treated according to systemic conditions and complexity of controlling the case. Some patients on aggressive disease path require excess monitoring of the inflammation and assessment periodontitis impact on systemic disease than required for patients on less aggressive path.

The treatment, which is based on control and risk, requires a different network that involves periodontists, general dentist and other dental specialists. This collaborative network assumes to manage patients having early diagnosis and on a more aggressive path. For example, integration with orthodontists allows us to develop faster and stable tooth movement. Periodontists can expertise in treating complex cases using technologies such as cone beam computed tomography and other corticotomy surgeries.

To move towards more personalized and preventive aspects of periodontal medicine, we require a different network with general dentists and medical professionals. Access to a broad patient population makes periodontist more valuable part of medicine. These networks would also give opportunity to screen other systemic diseases with medicaldental integration, which is necessary for comprehensive patient care.

The future role of periodontics specialty is an important theme of article Kornman et al. [1]. These author foresee a greater collaboration with medicine as periodontitis might recognize as an independent risk factor in initiation and progression of several chronic inflammatory conditions and preterm births. Kornman et al. [1] also envisions greater integration between periodontal specialty and segments of general dentistry.

Several study protocols in both private practices and

academic centers enhanced our knowledge to the next level of assessing specific patient related factors that explain variance in response to periodontal therapy [2,3]. The idea behind the network is to concentrate more on patient services than organizations. This co-coordinated manner of working ensures better or high quality of delivering treatment.

This network and forming associations will allow specialized members guide junior colleagues who wish to develop skills in different areas. This also allows for an easy access to network of professionals where referring to right area will become easier.

Practice base research networks (PBRNs) have been in existence in United States since 1970 [4]. The purpose of the networks is to join academicians and practitioners in developing and answering relevant research questions that can directly impact daily clinical practice. Developing close networks with medical professionals reduce the severity of systemic diseases impact and create new opportunities.

The future of periodontology is closely connected to progress in biological sciences. Hence it can provide various advantages to both research and improvement of quality as they have potential to get practice relevant topics for research projects and share information between different practitioners. It also moves scientific advances in to daily clinical practice quickly [5-7].

The key to success is how effectively these specialties are brought together to evaluate current strategies that are helpful to treat oral diseases and condition [8,9]. The integrated network and generation of the data should allow development of protocol and evaluates the success of treatment.

It is our firm belief that developing networks may significantly expand the scope and appreciation of periodontal practice and might foster innovative treatment methods to manage, prevent and control periodontal diseases. Hope this integrative network gain better insights in to pathogenesis of periodontitis and best outcomes for patients.

References

- 1. Kornman KS, Giannobile WV, Duff GW, et al. What is the future of periodontics? How will we get there? Periodontol. 2017;75:353-71.
- 2. Eickholz P, Kaltschmitt J, Berbig J, et al. Tooth loss after

active periodontal therapy. 1: patient-related factors for risk, prognosis and quality of outcome. J Clin Periodontal. 2008;35:165-74.

- 3. Lang NP, Tonetti MS. Periodontal risk assessment (PRA) for patients in supportive periodontal therapy (SPT). Oral Health Prev Dent. 2003;1:7-16.
- NIH, NIH Roadmap for Medical Research. National Institute of Health; [Accessed 2009 6/12/2009]. 2009. http://nihroadmap.nih.gov/clinicalresearch/overview-translational.asp>
- 5. Mold JW, Peterson KA. Primary care practicebased research networks: working at the interface

between research and quality improvement. Ann Fam Med. 2005;3:S12-S20.

- 6. Green LA, White LL, Barry HC, et al. Infrastructure requirements for practice-based research networks. Ann Fam Med. 2005;3:S5-S11.
- 7. Lenfant C. Clinical research to clinical practice: lost in translation? N Engl J Med. 2003;349:868-74.
- 8. Pihlstrom BL, Tabak L. The National Institute of Dental and Craniofacial Research. Research for the practicing dentist. J Am Dent Assoc. 2005;136:728-37.
- 9. Tabak LA. Dentistry on the road(map). J Am Dent Assoc. 2004;135:1362-3.

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