

Little evidence of benefits from routine scale and polish for periodontal health

Clinical Question	How effective are routine scaling and polishing (S&P) treatments for periodontal health in adults?
Bottom Line	For adults without severe periodontitis accessing routine dental care, there was little or no difference in gingivitis, probing depths or quality of life over two to three years between routinely provided six-monthly S&P treatments, 12-monthly S&P treatments and no scheduled S&P treatments (high-certainty evidence). There was also little or no difference in plaque levels over two years (low-certainty evidence). Although routine S&P treatments produced a small reduction in calculus levels over two to three years when compared to no scheduled S&P treatments, with six-monthly treatments reducing calculus more than 12-monthly treatments (high-certainty evidence), the importance of these reductions for patients and clinicians was unclear.
Caveat	Scaling is an invasive procedure and has been associated with a number of negative side effects including damage to tooth surfaces and tooth sensitivity. One study measured outcomes at 24 months and the other at 36 months. Neither study measured adverse effects, changes in attachment level, tooth loss or halitosis.
Context	Scaling and polishing removes deposits such as plaque and calculus (tartar) from tooth surfaces. Over time, the regular removal of these deposits may reduce gingivitis and prevent progression to periodontitis. Routine scale and polish treatment is sometimes referred to as "prophylaxis", "professional mechanical plaque removal" or "periodontal instrumentation". There is debate about whether scaling and polishing is effective and the best interval between treatments.
Cochrane Systematic Review	Lamont T et al. Routine scale and polish for periodontal disease in adults. Cochrane Reviews, 2018, Issue 12. Art. No.: CD006425.DOI: 10.1002/14651858.CD006425.pub5. This review contains two studies involving 1,711 participants.

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004625.pub5/full>