As I do believe that prevention is better than cure I was wondering how people in other countries have organized their dental healthcare.

How do they do it? How do they prevent people from dental decays and other serious oral diseases such as periodontitis for example.

We always look far away when we want to gain some new information on medical level.

But let’s look a bit closer, let’s look in Europe.

How do they do it in the Netherlands for example?

Dutch people are really good organized. They do love to have everything in order, to have a step by step plan and this is really good to see also in their dental healthcare system.

To organize everything very smooth and easy they have invented the DPSI, standing for Dutch Periodontal Screening Index.

To explain it first I’d like to pay attention to the meaning of the term “gingival sulcus” just because to make a DPSI score means that you always have be in a control of the health situation right there.

 As you can see here is the official definition of it, but if I have to explain it only with simple words ( as we always have to do it when we explain something to our patients), the gingival sulcus is the spare space between the tooth and the gingiva. Right there, there is NO connection between them. This is the space where we find plaque and calculus and this is the place which should be cleaned daily by the patients. So we have to teach, coach and motivate them to use daily floss and interdental brushes.

So if the sulcus is deep between 0 and 3 mm we have a healthy situation. To measure it (or to do a probe) we use the periodontal (pocket) sonde which has the millimeters marked. Remember when you measure you always have to do it tender as you may go through the periodontal ligament. If the sulcus depth is bigger that 3 mm we name it a “pocket” and the deeper the pocket, the worser the situation.

To make a DPSI score means to do a probe on each element at least distal, central and mesial on the buccal and on the lingual/palatal side and also to make a note of the millimeters.

 Here I have an example why we should always measure every single millimeter of the sulcus!

When you do the probing you can directly summarize all the information you gain per sextants or on a special fill in form for DPSI. You may write it down on a sheet of paper or you may put al the data directly in the computer program. All Dutch dental programs have such periodontal status fill-in form.

 This is how the paper fill-in form looks like. As this is the original one everything here is written in Dutch but I can translate everything for you.

As you can see on the right side is a short information about the patient such as name, gender, birthday date and the probe itself. On the bigger part of the fill in form we find the maxilla and the mandibula divided into vestibular and palatal/lingual side.

The missing teeth we mark just with cross and the rest we start to inspect. We fill in information about the mobility and the furcations following its classifications and also the recessions in millimeters.

By abnormal mobility we write down the class number (I,II or III) and the same we do also for the furcations after we measure their millimeters by special furcation sonde.

Recessions are the millimeters of bone and gingiva loss.

What remains on the fill-in form is to write down if we find bleeding on probing, plaque and the depth of the sulcus on at least 6 places around each element.

 As you can imagine, if we put all this data on a sheet of paper this is going to look a bit massy. The computer program works directly with colors which help you and the patient to visualize immediately the situation.

And this is an example of a patient who comes for the first time. The healthy sulci are painted in green, the ones which are 3 millimeters are right between healthy and not healthy situation that’s why they are in orange and the deeper one are colored in red. The bleeding is also colored in red and the plaque is in yellow. This helps a lot when you explain the situation to the patient. Many times the bigger numbers and the red color on the screen provides an extra motivation for the patient so that when you see him 3 weeks after you have removed all the tartar and you measure everything again, you find this situation:

All this measurements define the DPSI score as follows:

DPSI 0 we have in case we do not find pockets deeper than 3mm, there is totally no bleeding on probing, there is no calculus and there is no one overhanging restauration.

DPSI1 we have in a situation which is similar to DPSI 0 but we have bleeding on probing

DPSI2 is similar to DPSI 1 but we do have calculus and/or overhanging restauration

DPSI 3- we have when we score at least one pocket with depth of 4 or 5mm, we find calculus and/or at least one overhanging restoration , but we do not have recession at the location of pockets.

DPSI 3+ differs from DPSI 3- only with the recessions at the location of pockets

DPSI 4 we score when we have found at least one pocket from 6mm or more, bleeding on probing, calculus and /or at least one overhanging restoration.

DPSI 0,1 and 2 put the patient into the healthy category A. That means that every 6 months the patient goes to the dental prevention assistant who does the cleaning, polishes, applies fluoride, gives instructions, tips and tricks for effective oral hygiene. The dental prevention assistant is the one who makes x-rays and plays the role of life style and diet coach for the patient.

DPSI 3- is equal to category B and the patients from this category should go to the oral hygienist every 3 months. The oral hygienist may clean the pockets which are 4 or 5 mm deep by SRP – Scaling and Root Planning

DPSI 3+ and 4 are equal to category C. Patients in this category go to the periodontologist as the periodontologist is the only one who may do surgical treatments such as flaps. After recovering from a surgical treatment the patient gets a new DPSI score which will lead him to the right specialist.

It would be great if we here in Bulgaria will be able to work someday in such cooperation with our assistants!

Thank you!