



Saul Weiner

Clinical dentistry is coming of age

We are living in an era of transformation in dentistry. Aside from the technological advances being made, there is a more profound and perhaps significant development that should be noted. It has been heralded by the change in insurance coding. Treatment will be recorded with a diagnosis-treatment coding system rather than a procedure-based system. It's not just what the patient needs; rather the patient's disease will be recognized and the most the appropriate treatment prescribed.

The significance of this is highlighted by an experience in my office recently. A patient was referred to me for extraction of a molar tooth. Not having seen this patient previously, I took a history of her present illness, a complaint of pain. After a 10-minute conversation and a thorough examination, it was clear that the tooth, which indeed was carious, was not the culprit. The correct diagnosis was episodic temporomandibular disorder. Extraction of the molar was likely appropriate because of questionable restorability, but it was not the etiology of the pain.

There is increased recognition within the profession that while the oral cavity and associated structures can be diseased and require treatment, the oral structures that we treat are an integral part of the patient. As such, the interrelationship between disease localized to the oral cavity and systemic disease is being revisited, with the recognition that the substrates underlying these two groups of diseases are often one and the same.

One further step taken by the dental profession is the recognition that many oral diseases are chronic, meaning that professional care and patient responsibility for personal health must both be

addressed together, as is true for other chronic diseases such as diabetes and coronary artery disease. This has recently been recognized in my own specialty area, prosthodontics. The American College of Prosthodontists has recently published a special edition of protocols to manage patients who have completed complex restorative treatment.¹ These guidelines have also been accepted by the Academy of General Dentistry.

It is disheartening to see patients who, after quality professional care, have a recurrence of the dental caries and chronic periodontal disease that originally brought them for treatment. Our profession's responsibility is not only diagnosis and treatment of disease, but also development of scientifically based therapies and protocols to lessen the impact of chronic oral disease long term. This is the next challenge that we face.

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1. Bidra AS, Daubert DM, Garcia LT, et al. ACP Clinical Practice Guidelines: recall and maintenance of patients with tooth-borne and implant-borne dental restorations. *J Prosthodont* 2016;25:S2-S40.