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ORIGINAL

Prevalence of chronic periodontitis according to the new 2018 classification

Prevalencia de la periodontitis crónica según la nueva clasificación de 2018

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ABSTRACT

Introduction: periodontitis constitutes an important public health problem due to its high prevalence, and the new 2018 classification aims to establish adequate criteria and timely treatments.
Objective: to determine the prevalence of chronic periodontitis, according to the new 2018 classification.
Method: a descriptive cross-sectional study was carried out at the "Martyrs del Moncada" Provincial Teaching Dental Clinic in Santiago de Cuba, between January 2021 and May 2022. The universe consisted of 462 patients, who had at least six functional teeth and who gave their consent to participate in the study. The variables used were age, sex, prevalence of chronic periodontitis, stages, extension and degrees of progression of the disease, obtained from the individual periodontal medical history and then entered into a data form. Descriptive statistical tables of absolute and relative frequencies were created; as well as the chi-square statistical test with a significance level of 0,05.
Results: there was a predominance of females (52,2 %) and the 35- to 59-year-old age group (65,4 %). Chronic periodontitis prevailed in 66,0 % of the patients studied, as well as stage II (38,7 %), localized type (81,3 %), and grade B or moderate disease progression in 68,9 %.
Conclusions: there was a high prevalence of moderate chronic periodontitis according to the new 2018 classification, significantly characterized by stage II, localized type, and with a risk of moderate or grade B disease progression.

Keywords: Stage; Extent; Degree of Progression; Chronic Periodontitis.

RESUMEN

Introducción: la periodontitis constituye un importante problema de salud pública debido a su alta prevalencia y con la nueva clasificación del 2018 se pretende establecer criterios adecuados y tratamientos oportunos.
Objetivo: determinar la prevalencia de la periodontitis crónica, según la nueva clasificación de 2018.
Método: se realizó un estudio descriptivo transversal en la Clínica Estomatológica Provincial Docente "Mártires del Moncada", de Santiago de Cuba, entre enero 2021 y mayo de 2022. El universo estuvo conformado por 462 pacientes, que tenían presentes como mínimo seis dientes funcionales y que ofrecieron su consentimiento para participar en el estudio. Las variables empleadas fueron edad, sexo, prevalencia de la periodontitis crónica, estadios, extensión y grados de progresión de la enfermedad, obtenidas de la historia clínica individual de periodoncia y luego vertida en un formulario de datos. Se crearon tablas estadísticas descriptiva de frecuencias absoluta y relativa; así como el test estadístico chi-cuadrado con un nivel de significación de 0,05.

Resultados: predominio del sexo femenino (52,2 %) y del grupo de 35 a 59 años (65,4 %), prevaleció la periodontitis crónica en el 66,0 % de los pacientes estudiados, así como el estadio II (38,7 %), de tipo localizada (81,3 %) y el grado B o moderado de progresión de la enfermedad con 68,9 %.
Conclusiones: existió una elevada prevalencia de la periodontitis crónica de tipo moderada según la nueva clasificación de 2018, caracterizada significativamente por el estadio II, de tipo localizada y con un riesgo de progresión moderada o grado B de la enfermedad.

Palabras clave: Estadio; Extensión; Grado de Progresión; Periodontitis Crónica.

INTRODUCTION

Chronic periodontitis is a multifactorial immunoinflammatory disease associated with dysbiosis of subgingival bacteria present in periodontal pockets and host immune response mechanisms, leading to the involvement or destruction of the protective and supporting structures of the teeth, causing inflammation and loss of the periodontium.[1,2,3,4]

This periodontal condition is considered a global public health problem due to its high prevalence, affecting more than 50,0 % of the European population and 70,0-85,0 % of the population aged 60 to 65.[5] It also affects almost half of adults in the United Kingdom and the United States,[6] 70,0 % of the adult population in Latin America,[7] and up to 75,0-80,0 % of Cubans aged 50 years or older.[2]

The world's leading scientific periodontology societies, the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP), after several joint working sessions in 2017, agreed on a new classification of periodontal and peri-implant diseases and conditions, which was presented in 2018 to the professional community for the correct diagnosis, prognosis, and treatment of patients, as well as to accompany the development of research into the etiology, pathogenesis, natural history of diseases, and their various treatment modalities.[8,9,10]

According to García et al.,[2] in periodontics, it is important to establish classification criteria that allow periodontal diseases to be understood, compared, ordered, and prioritized; These classification criteria should be based on available scientific evidence, but they are not immutable, as they are influenced by various health determinants in each region, including biological and environmental factors, lifestyles, and the organization of health services, as well as social determinants such as poverty, gender, and access to essential services. Hence, the research team undertook the task of more accurately identifying chronic periodontitis as a single nosological entity in Cuba, specifically in the city of Santiago de Cuba, due to the difficulties our doctors face in making an appropriate and personalized diagnosis in patients suffering from this chronic periodontal disease.

With the growing understanding of this new classification of chronic periodontitis into stages and degrees of severity, the insufficient interpretation and adequate management of the disease, as well as the limited studies available in Cuba and Santiago de Cuba, the authors were motivated to develop this research due to the need in clinical practice to overcome diagnostic discrepancies and inadequate treatments in patients affected by this periodontal disease, with the objective of determining the prevalence of chronic periodontitis in the patients studied, according to the new 2018 classification.

METHOD

Research approach

Observation was used as the empirical method for the diagnosis of periodontitis, as well as theory and narrative research related to the new classification of periodontitis based on the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP). At the theoretical level, surveys, statistical analysis, and synthesis were used to obtain data and establish relationships between variables.

Study Design

A descriptive cross-sectional observational study was conducted at the Provincial Teaching Dental Clinic, Martyrs of Moncada, Santiago de Cuba, between January 2021 and May 2022.

Universe and sample

The universe consisted of 1,386 patients over the age of 19 from the "Armando García Aspurú" in Santiago de Cuba who were treated in the periodontics department of the entity during the study period. The sample was selected using simple random sampling of 462 adult patients who had at least six functional teeth in their oral cavity and gave their consent to participate in the research.

Data collection instruments

The patients were examined in the dental chair using the classification set, the WHO millimeter probe, and

artificial light. To avoid examination and criteria errors, all researchers were trained by the principal author beforehand to obtain the desired information.

Chronic periodontitis was considered to be the presence of chronic inflammatory changes in the gums, the presence of supraosseous and infraosseous periodontal pockets, gingival bleeding, loss of attachment and supporting bone, with or without tooth mobility, pathological migrations, occlusal trauma, intraosseous defects, and purulent exudate, a diagnosis corroborated by X-rays,[2] and involving the four stages according to the 2018 classification of periodontal diseases and conditions.[8,9,10]

The variables measured included age, sex, prevalence of chronic periodontitis, stages, location, anticipated degrees of progression of this periodontal condition, and risk factors, oral hygiene, smoking, and diabetes mellitus (DM).

In the periodontal examination, six sites were recorded for each erupted tooth: mesiobuccal, mediolabial, distolabial, mesiobuccal-lingual, mediolabial-lingual, and distolabial-lingual, using the WHO periodontal probe. The probing was circumferential, starting in the upper right quadrant and ending in the lower right quadrant. All of this was recorded in the periodontogram in the individual periodontal medical history. Gingival inflammation and bleeding were determined according to the Bleeding on Probing (BOP) criteria of Muhlemann and Son.[11]

The position of the gingival margin (GM) was measured in millimeters relative to the amelocemental line (ACL) and the probing depth (PD). The clinical attachment level (CAL) was obtained from the algebraic sum of the distance from the GM to the ACL, with a negative value if the GM was coronal to the ACL and a positive value if it was apical to the ACL.

Tooth mobility was determined using Laura Lau's criteria:[2] Grade 0 corresponds to a tooth with no mobility; Grade I corresponds to minimal mobility, above normal by approximately 1 mm in the vestibular-lingual or palatal direction; Grade II: Tooth mobility of more than 1 mm in the vestibular-lingual or palatal direction; grade III corresponds to tooth mobility of 2 mm in the vestibular-lingual or palatal direction, plus intrusive movement; and grade IV corresponds to a tooth with no anchorage in the alveolus, where there is practically no bone, and the tooth is retained only by the gingiva.

Oral hygiene was determined using the Love Oral Hygiene Index, approved by a group of Cuban authors and included in the Compendium of Periodontics 2nd ed. Havana, 2017. The interpretation criteria were: acceptable or good oral hygiene when the index value was less than 20,0 % and poor when it was higher.

Smoking habits were determined through questioning and oral examination, categorized as non-smoker, smoker of less than 10 cigarettes per day, and smoker of 10 or more cigarettes per day. In addition, type I and type 2 diabetics were included in the study.For this purpose, the interview and the referral of a competent professional for a complementary blood glucose test were taken into account, finally categorized as non-diabetic, controlled diabetes, diabetic with blood glucose less than 7,0 %, and with blood glucose equal to or greater than 7,0 %.

To determine the prevalence rate of chronic periodontitis, the following formula was used: No. of patients with chronic periodontitis/No. of patients examined x 100.

The four stages described in the new classification were considered, taking into account the criteria of severity, complexity, type of extension, and distribution of chronic periodontitis and the degrees of this periodontal condition based on the level of clinical attachment, depth of periodontal pockets, and radiographic changes in periodontal status influenced by poor oral hygiene, smoking, and diabetes mellitus.

The periodontal examination was performed by periodontists. A pilot reliability test was conducted among calibrators using Fleiss's kappa test,[13] obtaining good initial agreement (coefficient: 0,70). In addition, the chi-square statistical test was used with a significance level of 0,05 to determine the possible association between the variables of interest.

Data analysis

A database was created in a Microsoft Excel spreadsheet, processed using the SPSS statistical package version 21.0, from which descriptive statistical tables of absolute and relative frequencies were created for better understanding.

Ethical Considerations

The research was approved by the Institution's Biomedical Research Ethics Committee. The ethical principles of respect, informed consent, welfare, beneficence, and justice were complied with, in accordance with the Declaration of Helsinki. The patients were informed in advance; the objectives of the study and the procedures to be used were explained to them, and they were assured that if they did not agree, they would continue to receive periodontal care. The interview was conducted and the questionnaire was completed with those who gave their informed consent, ensuring the confidentiality and anonymity of the data collected.

RESULTS

Table 1 shows that the study consisted of 462 adults, of whom 305 (66,0 %) were affected by chronic

periodontitis.

Table 1. Prevalence of chronic periodontitis

Chronic periodontitis	No	%
Absent	157	34,0
Present	305	66
Total	462	100,0

Stage II chronic periodontitis was significantly predominant (table 2), being present in 38,7 % of the patients studied (n=118), while there was a predominance of the 35-59 age group with 176 patients (57,7 %).

Stage II periodontitis was mainly represented by 86 patients (72,9 %) belonging to the 35-59 age group.

Table 2. Stages of chronic periodontitis, according to age groups

Stages	Age groups						Total	
	19 to 34		35 to 59		≥ 60			
	No	%	No.	%	No.	%	No.	%
Stage I	45	81,8	10	18,2	0	0	55	18
Stage II	32	27,1	86	72,9	0	0	118	3
Stage III	15	15,3	71	72,4	12	12,2	98	32,1
Stage IV	2	5,9	9	26,5	23	67,6	34	11,1
Total	94	30,8	176	57,7	35	11,5	305	100,0

There was a significant predominance of females (table 3), with 161 females (52,8 %) outnumbering males (144, 47,2 %). Stage II chronic periodontitis was also more prevalent among females, affecting 61,2 % of them.

Table 3. Stages of chronic periodontitis, according to sex

Stages	Sex				Total	
	Female		Male			
	No	%	No	%	No.	%
Stage I	34	61,8	21	38,2	55	18,0
Stage II	57	48,3	61	51,7	118	38,7
Stage III	60	61,2	38	38,8	98	32
Stage IV	10	29,4	24	70,6	34	11,1
Total	161	52,8	144	47,2	305	100

Significantly, 81,3 % (n=248) of patients presented localized chronic periodontitis (table 4), predominantly represented in most stages of chronic periodontitis, while in patients with stage IV, it was generalized (64,7 %).

Table 4. Stages of chronic periodontitis, according to extent or distribution

Stages	Extent of periodontitis				Total	
	Localized		Generalized			
	No	%	No.	%	No	%
Stage I	51	92,7	4	7,3	55	18,0
Stage II	105	89,0	13	11,0	118	38,7
Stage III	80	81,6	18	18,4	98	32
Stage IV	12	35,3	22	64,7	34	11,1
Total	248	81,3	57	18,7	305	100,0

Table 5 shows that there was significant evidence of moderate progression risk or grade B, with 68,1 % corresponding to moderate levels of periodontitis destruction. Similarly, 48 patients smoked less than 10 cigarettes per day (70,6 %) and 71,4 % of diabetics had blood glucose levels below 7,0 %.

Table 5. Degrees of progression of chronic periodontitis, according to risk factors involved

Risk factors	Degrees of periodontitis						Total	
	Grade A		Grade B		Grade C			
	No	%	No.	%	No.	%	No.	%
Poor oral hygiene	51	23,0	147	6	18	8,3	216	70,8
Smoking	0	0	4	70,6	20	29,4	68	22,3
Diabetes	4	19,0	15	71,4	2	9,5	21	6,9
Total	55	18	210	68,9	40	13,1	305	100

DISCUSSION

The high prevalence of chronic periodontitis in the study (66,0 %) is consistent with some research [15,16,17,18] which emphasizes that more than three-quarters of the population suffer from it or are at high risk of developing it.

Similarly, the predominance of the 35-59 age group was consistent with several studies [15,19], as was the case with females.[15,20,21]

The authors of the research support the existence of evidence that men are at greater risk of developing periodontitis, while women are associated with more rapid destruction in the presence of the disease, due to the fact that men have a greater innate immune response and women a greater humoral response, which determines greater susceptibility of men to the pathogenesis of periodontal disease and greater protection of women against periodontal pathogens present.[17]

Moderate or type II chronic periodontitis was predominant and was mainly characterized by interdental attachment loss (PIT) between 3 and 4 mm in at least two non-adjacent teeth examined, a predominant prevalence of horizontal bone loss in the coronal third of the root, a low presence of type I furcation defects, and a probing depth of up to 5 mm, consistent with other researchers.[22,23]

According to the authors of the study, the early stage of chronic periodontitis tends to decrease with age, a result that was observed in the study, with mild forms found in 81,8 % of patients in the 19-34 age group; while the opposite occurred in the group over 60 years of age, where stage IV and severe disease predominated, coinciding with and recognized by other researchers, who claim that tooth loss and periodontal disease increase with age.[24]

Although women were more numerous, historically they tend to maintain long-term oral hygiene habits and attend check-ups, which reduces the risk of periodontal disease when compared to men.[25]

The predominance of localized chronic periodontitis was consistent with another study conducted in Peru in 2025,[26] and contrary to that reported by Rojas and Silva in 2021.[27]

In general, the moderate presence of chronic periodontitis in this study was (3,21-29,5), i.e., the average loss of attachment per subject was 3,21 mm and the extent of the disease was local, with the percentage of sites affected per subject being 29,5 %, parameters that, according to the 2018 classification, are involved in stage II (PIC = 3 and 4 mm; localized distribution in less than 30,0 % of affected sites).

There is also significant evidence of a moderate risk of progression (Grade B) in most of the patients studied, when correlated with risk factors such as poor oral hygiene, smoking, and diabetes mellitus.

The direct destructive effect of poor oral hygiene on periodontal tissues is evident, as 68,1 % of cases corresponded to moderate levels of periodontitis destruction, while 23,6 % and 8,3 % were dominated by clinical patterns with low and rapid levels of destruction, respectively.

The authors emphasize that, as poor hygiene is a predictive factor, it is necessary to improve its control not only during consultations but also at home, together with a personalized and detailed therapeutic approach to ensure long-term oral health.

According to the new 2018 classification based on indirect evidence, a moderate early response to treatment and effects on periodontal health were obtained after the influence of smoking and diabetes mellitus, since 70,6 % smoked less than 10 cigarettes per day, while 71,4 % of diabetics had blood glucose levels below 7,0 %.

Chronic periodontitis has been shown to be the cause of poor oral hygiene habits generated by the accumulation of gingival biofilm and the colonization of microorganisms.[3,5,9,10,20] In addition, smoking is one of the most important risk factors for the development and progression of periodontitis, regardless of age, sex, and plaque index, as it has direct effects on the human microbiome, as well as indirect effects mediated by mechanisms such as immunosuppression, oxygen deprivation, and biofilm formation.[3,10]

Diabetes mellitus and chronic periodontitis have an established bidirectional relationship,[9] so the authors consider that diabetes not only predisposes individuals to chronic periodontitis, but also that once established, this periodontal condition exacerbates DM and negatively modifies metabolic control, which is essential in the modulation of periodontitis and the reparative response of periodontal tissue.

Among the limitations of the research are the lack of similar studies for comparison and the small number of patients over 60 years of age who had six or more teeth in their oral cavity, which interfered with objective comparison with the other age groups studied. Also, C-reactive protein (CRP) values were not taken into account, which, although they represent systemic inflammation in the patient, may be influenced in part by periodontitis, but may also be an inflammatory burden from other causes that need to be determined in multidisciplinary studies.

CONCLUSION

There was a high prevalence of moderate chronic periodontitis according to the new 2018 classification, significantly characterized by stage II, localized type, and moderate risk of progression or grade B, anticipated treatment in the presence of risk factors of poor oral hygiene, smoking, and diabetes mellitus.

RECOMMENDATIONS

Further studies are needed to allow comparisons to be made. In addition, these results point to the need to continue promoting professional interest in this classification as an essential tool for the timely diagnosis, prognosis, and treatment of chronic periodontitis.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTION

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ANNEXES

UNIVERSIDAD DE CIENCIAS MÉDICAS
CLÌNICA ESTOMATOLÒGICA PROVINCIAL, MÀRTIRES DEL MONCADA
SANTIAGO DE CUBA
PLANILLA DE RECOLECCIÒN DE DATOS No. Orden:___

I-DATOS GENERALES

1-Edad: ____	1.1 19-34 años	1.2 35-59 años	1.3 ≥ 60 años
2-Sexo	2.1 Femenino		2.2 Masculino

II-DATOS DE INTERES

1-Estado clínico periodontal	1.1 Sano	1.2 Gingivitis crónica			1.3 Periodontitis crónica
2-Índice de Hemorragia del Surco (SBI) de Muhlemann y Son			2.1 Si		2.2 No
3-Índice de higiene bucal de Love			3.1 Aceptable (≤ 20%)		3.2 Deficiente (> 20%)
4-Hábito de fumar	4.1 No	4.2 Fumador de <10 cigarrillos			4.3 Fumador de ≥10 cigarrillos
5-Diabetes mellitus (DM)	5.1 Si	5.2 No	5.1.1 Controlada	5.1.2 <7% de HbA1c	5.1.3 ≥7% de HbA1c
6-Pérdida de inserción interdental (PIC)	6.1 1 a 2mm	6.2 3 a 4mm	6.3 ≥5mm	6.4 Cantidad de dientes a)Adyacente	6.4 Cantidad de dientes b)No adyacentes
7-Pérdida ósea radiográfica	7.1 Tercio a) Coronal a1)<15%	a2)15-33%	b) Medio	c) Apical	7.2 Tipo a) Horizontal / b) Vertical (angular)
8-Pérdida dental por periodontitis	8.1Sin pérdida		8.2 Hasta 4 dientes		8.3 ≥5 dientes
9-Profundidad al sondaje (PS)	9.1 3-4 mm		9.2 5 mm		9.3 ≥ 6 mm
10-Defectos de furca	10.1 Tipo I		10.2 Tipo II		10.3 Tipo III
11-Movilidad dentaria	11.1 Grado 0	11.2 Grado 1	11.3 Grado 2	11.4 Grado 3	11.5 Grado 4

12-OTRAS DETERMINACIONES	Si	No	12-OTRAS DETERMINACIONES	Si	No
a)Extrusión dentaria			e)Mordida cruzada		
b)Disfunción masticatoria			f)Mordida profunda		
c)Vestibuloversión			g)Halitosis		
d)Linguoversión			h)Exudado purulento		

13-DESDENTAMIENTO PARCIAL			<10 con antagonista	≥10 con antagonista
a)Con <20 dientes remanentes				
b)Con ≥20 dientes remanentes				

CLASIFICACIÓN DE LA PERIODONTITIS CRÓNICA

Estadios		Grados		Extensión	
Estadio I		Grado A		Localizada	
Estadio II		Grado A		Generalizada	
Estadio III		Grado A			
Estadio IV					

Encuestador: _____ ***Fecha:*** ……/……/……

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