British Society of Periodontology

BASIC PERIODONTAL EXAMINATION (BPE)

Careful assessment of the periodontal tissues is an essential component of patient management. The BPE is a simple and rapid screening tool that is used to indicate the level of further examination needed and provide basic guidance on treatment needed. These BPE guidelines are not prescriptive but represent a minimum standard of care for initial periodontal assessment. BPE should be used for screening only and should not be used for diagnosis.

The clinician should use their skill, knowledge and judgment when interpreting BPE scores, taking into account factors that may be unique to each patient. Deviation from these guidelines may be appropriate in individual cases, for example where there is a lack of patient engagement. General guidance on the implications of BPE scores is indicated in the table below. The BPE scores should be considered together with other factors when making decisions about referral (as outlined in the companion BSP document "*Referral Policy and Parameters of Care*").

Guidelines for the use of BPE in younger patients can be found in the BSP document "*Guidelines for periodontal screening and management of children and adolescents under 18 years of age*."

How to record the BPE

1. The dentition is divided into 6 sextants and the **highest** score for each sextant is recorded:
   upper right (17 to 14) upper anterior (13 to 23) upper left (24 to 27)
   lower right (47 to 44) lower anterior (43 to 33) lower left (34 to 37)
2. All teeth in each sextant are examined (with the exception of 3rd molars unless 1st and/or 2nd molars are missing)
3. For a sextant to qualify for recording, it must contain at least 2 teeth
4. A World Health Organisation (WHO) BPE probe is used. This has a 'ball end' 0.5mm in diameter and a black band from 3.5mm to 5.5mm. Light probing force should be used (20-25 grams).
5. The probe should be 'walked around' the teeth in each sextant. All sites should be examined to ensure that the highest score in the sextant is recorded before moving on to the next sextant. If a code 4 is identified in a sextant, continue to examine all sites in the sextant. This will help to gain a fuller understanding of the periodontal condition and will make sure that furcation involvements are not missed

Scoring codes

0	**Pockets <3.5mm, no calculus/overhangs, no bleeding on probing *(black band entirely visible)***
1	**Pockets <3.5mm, no calculus/overhangs, bleeding on probing *(black band entirely visible)***
2	**Pockets <3.5mm, supra or subgingival calculus/overhangs *(black band entirely visible)***
3	**Probing depth 3.5-5.5mm *(black band partially visible, indicating pocket of 4-5 mm)***
4	**Probing depth >5.5mm *(black band disappears, indicating a pocket of 6 mm or more)***
*****	**Furcation involvement**

An example BPE score grid might look like this:

4	3	3*
-	2	4*

Both the number and the * should be recorded if a furcation is detected. E.g. the score for a sextant could be 3* (indicating a probing depth 3.5-5.5 mm plus a furcation involvement in the sextant).

How to use BPE

- All new patients should have the BPE recorded
- For patients with codes 0, 1 or 2, the BPE should be recorded at every routine examination
- For patients with BPE codes of 3 or 4, more detailed periodontal charting is required
- Code 3: initial therapy including self-care advice (oral hygiene instruction and risk factor control) then, post-initial therapy, record a 6-point pocket chart in that sextant only
- Code 4: if there is a Code 4 in any sextant then record a 6-point pocket chart throughout the entire dentition
- BPE cannot be used to monitor the response to periodontal therapy because it does not provide information about how sites within a sextant change after treatment. To assess the response to treatment, a 6-point pocket chart should be recorded pre and post-treatment
- For patients who have undergone initial therapy for periodontitis, and who are now in the maintenance phase of care, then full probing depths throughout the entire dentition should be recorded at least annually

In addition it is recommended that:

- BPE should not be used around implants (4 or 6-point pocket charting should be used)
- Radiographs should be available for all Code 3 and Code 4 sextants. The type of radiograph used is a matter of clinical judgement but crestal bone levels should be visible. Many clinicians would regard periapical views as essential for Code 4 sextants to allow assessment of bone loss as a percentage of root length and visualisation of the periapical tissues.
- When a 6-point pocket chart is indicated it is only necessary to record sites of 4mm and above (although 6 sites per tooth should be measured)
- Bleeding on probing should always be recorded in conjunction with a 6-point pocket chart

Guidance on interpretation of BPE scores

0	**No need for periodontal treatment**
1	**Oral hygiene instruction (OHI)**
2	**As for Code 1, plus removal of plaque retentive factors, including all supra and subgingival calculus**
3	**As for Code 2 and RSD if required**
4	**OHI, RSD. Assess the need for more complex treatment; referral to a specialist may be indicated**
*****	**Treat according to BPE Code (0-4). Assess the need for more complex treatment; referral to a specialist may be indicated**

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