1. The use of CPITN in epidemiology and clinical practice:

The dentition is divided into 6 parts (sextants): each sextant is given a score. For epidemiological purposes, the score is identified by examining specified “index teeth”. In clinical practice, the highest score in each sextant is identified after examining all teeth. Essentially, the CPITN considers the periodontal treatment needs of each sextant with respect to no need for care (Score 0), bleeding gingivae on gentle probing (score 1), presence of calculus and other plaque-retentive factors (score 2), pockets that are 4 or 5mm deep (score 3), or pockets that are 6mm or more deep (score 4).

The mouth is divided into 6 sextants defined by tooth numbers 17-14, 13-23, 24-27, 37-34, 33-43 and 44-47. A sextant is examined only if there are 2 or more teeth present and not indicated for extraction. When only 1 tooth remains in a sextant, it is included in the adjacent sextant.

In epidemiological surveys for adults, aged 20 years or more, only 10 teeth-the index teeth are examined. These teeth have been identified as the best estimators of the worst periodontal conditions of the mouth. The index teeth are

17 16 11 26 27

47 46 31 36 37
The molars are examined in pairs and only 1 score, the highest, is recorded. Only 1 score is recorded for each sextant. For young people, up to 19 years, only 6 index teeth-16, 11, 26, 31 and 46- are examined. The second molars are excluded as index teeth at these ages because of the high frequency of false (non-inflammatory, associated with tooth eruption) pockets.

For screening and monitoring purposes in dental practice, all teeth in sextant are examined for adults over age 19 years. Only 1 score, the highest, is recorded for each sextant. When examining patients less than 15 years old, pockets are not recorded, although probing for bleeding and calculus is routinely.

The following boc chart is recommended as the epidemiological and dental office chart for recording CPITN data

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Codes and criteria

The appropriate code for each sextant is determined with respect to the following criteria. The codes

3. Examination procedure

The aim is to determine the highest score applicable to each sextant with fewer measurements. First decide whether the sextant can be validly scored. More than 1 functional tooth must be present. If not, then score X and move to next sextant. If so, examine the index teeth
4. Proforma in English

PROFORMA

Name:
Age:
Sex:
Address:

Medical status: Diabetes mellitus [ ] Hypertension [ ] Others [ ]

Oral hygiene practices:
Tooth brush [ ] Siwak [ ] Finger [ ] Others [ ]
Tooth paste [ ] others [ ]
Once [ ] twice [ ] More than two times [ ]

Cigarette Smoking:
Yes [ ] no [ ]
If yes, frequency (No of cigarette’s per day):
Less than 5 [ ] 5-10 [ ] 10-20 [ ] More than 20 [ ]

Pipe smoking:
Yes [ ] no [ ]
If yes, number of times [ ] once daily [ ] More than once.
Duration of smoking
10 min [ ] 10-30min [ ] 30-60min [ ] More than 60 min [ ]

CPITN:

0- Healthy.
1- Bleeding.
2. Calculus.
3- Pocket 4-5mm(black band on probe partially visible)
4- Pocket 6mm or more(black band on probe not visible)
x- Excluded sextant.
5. Proforma in Vernacular Language

ورقة البحث

الاسم:

العمر:

الجنس:

العنوان:

الحالة الصحية: سكري ضغط دم آخر

طريقة تنظيف الأسنان:

فرشاة الأسنان سواء الأصبع اشياء أخرى

معجون الأسنان اشياء أخرى

مرة في اليوم أكثر من مرة في اليوم تدخين السيجارة

نعم لا

إذا كان نعم، كم سيجار في اليوم:

 أقل من 5-0 10-20 أكثر من 20

تدخين الغليون:

نعم لا إذا نعم، منذ متى

إذا كان نعم، عدد مرات التدخين: مرة في اليوم أكثر من مرة

مدة التدخين:

10 دقائق 30-60 دقيقة أكثر من 60 دقيقة

صي. بي. أي. تي. ين

سلم

3. نزيف لثة

2. ترشبات كلسية

3-جيب 4 ملم (الجزء الأسود من اداة الكشف ظاهر جزئيا)

4-جيب 6 ملم أو أكثر (الجزء الأسود من اداة الكشف غير ظاهر)

- مجموعة ست أسنان لم يتم فحصها -
6. Ethical Committee Clearance Report

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Syed Wall Peeran B.D.S., MDS., has been cleared by the ethical board, Scientific committee, Faculty of Dentistry, Sebha University, Sebha, Libyan Arab Jamahiriya to conduct his research in “ORAL HYGIENE PRACTICES AND PERIODONTAL STATUS AMONG GENERAL POPULATION OF SEBHA, LIBYA.” The details of the study have been enquired and the committee has no objections.

DR. MOHAMED A. BASHER M.S.C., PhD (UK)
Dean, Faculty of Dentistry
Sebha University
Sebha,
Libyan Arab Jamahiriya.

http://www.sebhau.ly  18785  +218 71 625526  +218 71 634180
ANNEXURE -II
PUBLISHED ARTICLES

I - Published Original articles


II- Review articles
