

# The New Era of the Periodontology Discipline

La nueva era en la disciplina de la periodoncia

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Over the past few years, periodontology has experienced an unprecedented acceleration in the development of international guidelines that are redefining how the discipline is understood, taught, and practised. This “new era” is not necessarily rooted in any new discovery, or sudden shift in our understanding of periodontal biology or disease pathogenesis, in fact, these foundations remain unchanged. The main shifts come from the consolidation and translation of decades of research into coherent, evidence-based frameworks that support a global and unified approach to periodontal care.

Periodontology has long been one of the most research-active fields within dentistry. The discipline has moved rapidly from foundational explorations of periodontal microbiology and host responses to an expansive understanding of the molecular, genetic, and immunological mechanisms underlying the disease. Simultaneously, advances in surgical techniques, regenerative materials, and biologically driven therapies have continually improved the level of clinical care for patients with periodontal diseases. This extraordinary productivity has positioned periodontology among the highest impact factor ranking in dental research. These scientific milestones created the necessary momentum for the recent comprehensive periodontal guidelines. They are the product of a mature discipline capable of integrating basic, translational, and clinical research into structured recommendations that benefit clinicians, educators, and patients. The guidelines represent not an introduction of new periodontal knowledge, but a crystallisation of decades of discovery into a practical, accessible, and globally relevant format.

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The World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions jointly organised by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP) is not a recent innovation but rather a continuation of a long-standing tradition of knowledge integration dating back to the mid-20th century. Historical workshops contributed major advances, including previous disease classifications and the early identification of key periodontal pathogens, shaping scientific and clinical paradigms for generations. What distinguishes the recent World Workshop efforts is the level of methodological rigor and global inclusivity applied to the development process. The leadership demonstrated by the AAP and EFP in convening international experts, systematically reviewing evidence, and producing consensus-driven outputs has resulted in guidelines that fill long-standing gaps in disease definition, diagnostic precision, and treatment algorithms. Most importantly, the guidelines provide a shared vocabulary, a unified conceptual and diagnostic language that can be applied consistently across countries, educational

institutions, and clinical environments. In a discipline historically challenged by variability in terminology and diagnostic thresholds, this harmonisation alone carries transformative potential.

An example of the landmark contributions emerging from this process is the 2018 classification system, which for the first time established an operational definition of periodontal health. Defining it as bleeding on probing at a  $\leq 10\%$  threshold and no probing depths over 3mm, though pragmatic and not without limitations, it nonetheless addressed a surprising gap: for years, dentistry lacked a precise, universally accepted definition of health.

The new framework not only supports clinical judgement but enriches periodontal education by providing students and trainees with clarity about what constitutes a healthy periodontium, what represents disease, and how to distinguish disease-related tissue loss from non-periodontal attachment loss. Equally impactful is the modernised definitions, staging and grading of periodontitis, which emphasises patterns of disease progression, complexity factors, and risk profiles. For educators, this has resulted in teaching that is more structured, coherent, and aligned with contemporary understanding. Students are now learning within a framework that mirrors the realities of clinical practice and supports long-term patient-centred care.

A critical and forward-thinking aspect of the guideline development process is the strategic use of S3-level methodology, a framework that ensures robust integration of multiple evidence sources, expert consensus, and stakeholder perspectives. The inclusion of a broad range of professional voices reduces bias, enhances the applicability of recommendations, and strengthens their credibility. The release of the S3-level clinical practice guidelines for the treatment of periodontitis represents a monumental achievement for the discipline. By offering clear, stepwise algorithms for disease management, the guidelines have brought unprecedented structure to periodontal therapy. Their influence is evident not only in improved patient engagement and treatment outcomes but also in greater clinician confidence when managing periodontitis cases. Importantly, the guidelines make explicit the goals that patients and clinicians should work towards at each stage of therapy. This transparency enhances communication, reinforces shared decision-making, and aligns expectations.

One of the under-appreciated achievements of this new era is the integration of resource stewardship into clinical decision-making. In a global context where access to care, clinical time, and financial resources are increasingly scrutinised, the guidelines support a philosophy of “getting it right the first time.” This evidence-based sequencing of care represents an important shift towards resource-conscious practice, and a significant step towards sustainability in dentistry. By identifying the factors that influence treatment success, especially patient engagement and modifiable risk behaviours, clinicians can allocate their efforts more efficiently and ensure that therapeutic interventions are delivered when they are most likely to succeed. For example, the S3-level approach also acknowledges the reality that some clinical steps, particularly subgingival instrumentation (Step 2), should not be initiated until the patient demonstrates adequate motivation and effective plaque control. The guidelines encourage tailored care rather than routine, resource-intensive interventions. They promote earlier identification of risk, preventive strategies, and structured maintenance, approaches that ultimately will benefit the population at large by reducing the burden of advanced periodontal disease and improving long-term oral health outcomes.

The momentum generated by these guidelines continues. Subsequent years have seen the publication of additional recommendations covering peri-implant diseases and conditions, interdisciplinary interfaces, diagnostic innovations, and plaque-related gingival conditions. The field is dynamic, and revisions are expected as new evidence emerges. What matters is that the discipline now operates within a living framework of evidence-based standards capable of evolving over time.

### **In Summary**

Periodontology is entering a new era, not because the science has changed abruptly, but because decades of research have finally been unified into a coherent, globally accepted, and clinically meaningful structure. The clarity in definitions, the precision of diagnostic criteria, the stepwise treatment guidelines, and the emphasis on sustainability and patient engagement are reshaping the discipline from the roots up. As clinicians, educators, and researchers, our responsibility is to embrace this paradigm, teach it effectively, and model its principles in practice. By

doing so, we ensure that the remarkable scientific achievements of recent decades translate into better periodontal health for populations worldwide.

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