

Scientific release  
from the European  
Federation of  
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Study:



## The impact of structured plaque control for patients with gingival manifestations of oral lichen planus: a randomised controlled study

Stone, S.J., Heasman, P.A., Staines, K.S., McCracken, G.I.  
*J. Clin. Periodontol.* 2015; 42; 356–362.

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Relevant  
background  
to study:

Manifestations of oral lichen planus (OLP) are commonly detected on the gingiva for all “sub-classes” of OLP. Depending on the severity, symptoms range from slight sensitivity to spiced or acidic foods to severe pain that interferes with

the patient’s quality of life. The recommended therapeutic pathway upon diagnosis of OLP consists of plaque control, reducing precipitating factors (e.g. drugs, foods, chemicals), and the topical application of corticosteroids.

Study aims:

The aim of this study was to evaluate the impact of a structured “plaque-control” programme on clinical and patient-centred outcomes in patients with gingival manifestations of OLP.

Methods:

Out of 82 adult patients with gingival manifestations of OLP who provided informed consent, 79 patients completed the study. In the intervention group, 38 patients received oral-hygiene instructions about the use of sonic toothbrushes and interdental brushes. In the control group, 41 patients were instructed to continue with their habitual self-performed oral hygiene procedures.

A follow-up visit was carried out after 4 and 20 weeks. Patient compliance was not assessed. In order to evaluate quality of life as the primary outcome parameter, the 49-item version of the Oral Health Impact Profile (OHIP-49) was used as well as visual analogue scales for pain, mucosal disease scores, cost-effectiveness, and plaque-control.

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**Results:**

Statistically significant ( $p < 0.05$ ) reductions in pain, functional restriction, physiological discomfort, and plaque scores were observed in the intervention group compared with the control group. Moreover, the outcomes of the study

indicated that the physiological impact/disabling effect of OLP seemed to be smaller compared with the chronic psychological burden caused by the diagnosis and chronic discomfort of OLP.

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**Limitations,  
conclusions  
and impact:**



**Limitations:**

The main limitations of the reported study were the length of follow-up (i.e. 20 weeks) and the lack of assessment of patient compliance.

**Impact:**

A structured plaque-control programme was able to improve the oral-health-related quality of life in patients diagnosed with OLP. Therefore, oral hygiene instructions and monitoring should be implemented during initial visits and reinforced during maintenance visits for patients with OLP.