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33rd PSP ANNUAL CONFERENCE

PATIENT-CENTERED PERIODONTICS

Advancing Care, Outcomes and Experiences

OCTOBER 11, 2026 (SUNDAY) | DUSIT THANI HOTEL, MAKATI CITY

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October 11, 2026 | 8am - 5pm | Dusit Thani Hotel, Makati City

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SCAN TO REGISTER

PSP Annual 2026

or visit

https://psp.org.ph/33rd-annual-conference

Registration Fee Guide

Categories	Early Bird (until Sep 15 2026)	Regular (from Sep 16 onwards)
Member	PhP 5,500	PhP 6,500
Non-member	PhP 6,500	PhP 7,500
Foreign Delegate	USD 120	USD 140

Note:

1. "Member" category applies to *PSP ACTIVE and ASSOCIATE MEMBERS ONLY*
2. For further details, please contact the PSP Secretariat at +63 917 122 4967 or jis.philperio.org@gmail.com

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Prof. Leung Wai Keung

PERIODONTIST

"Stage III/VI Periodontitis – Management of the Disease as well as the Oral Health-related Quality of Life"

Dr. Eiji Funakoshi

PERIODONTIST

"Comprehensive Treatment Planning and Long-Term Clinical Outcomes (20–40 Years) in Severe Periodontitis (Stage III–IV): Clinical Insights from Active Therapy and Supportive Periodontal Care"

Dr. Samantha Uy-Esguerra

PERIODONTIST

"Treating The Person Behind the Smile"

Dr. Cecilia Jimeno

ENDOCRINOLOGIST

"Periodontal Disease: The 6th Complication

Dr. Celia Uy

CARDIOLOGIST

"Periodontal Disease and Cardiovascular

Dr. Heizel Reyes

RHEUMATOLOGIST

"Periodontitis and Autoimmune Rheumatic

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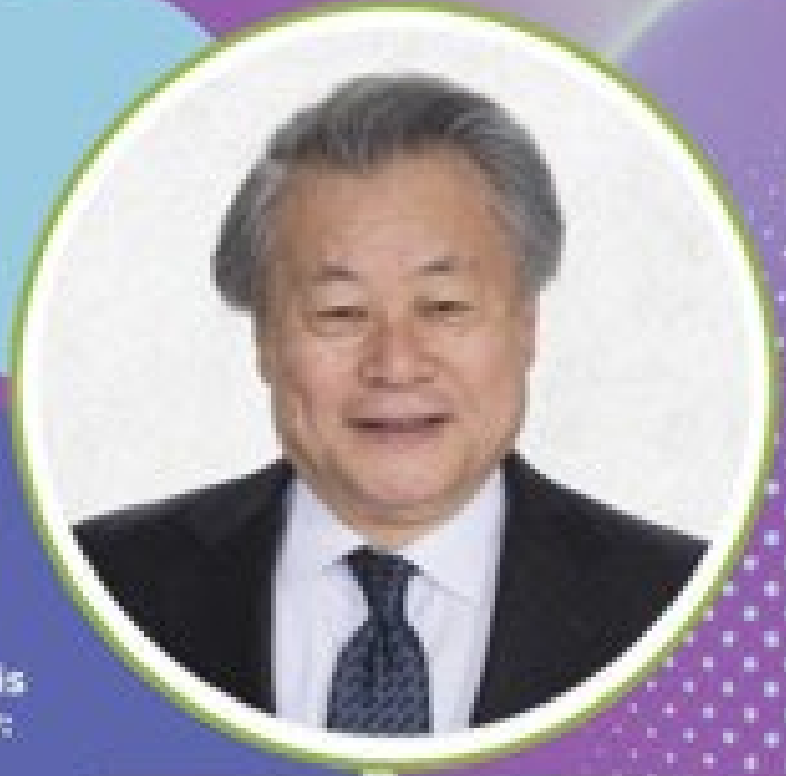
Comprehensive Treatment Planning and Long-Term Clinical Outcomes (20–40 Years) in Severe Periodontitis (Stage III–IV): Clinical Insights from Active Therapy and Supportive Periodontal Care



Dr. Eiji Funakoshi

Successful long-term outcomes over a follow-up period of 20–40 years depend on the clinician's advanced knowledge, technical expertise, and ability to accurately assess prognosis.
In periodontology, prognosis encompasses three essential aspects: diagnostic prognosis, therapeutic prognosis, and prosthetic prognosis.
Furthermore, successful periodontal regeneration in patients with severe periodontitis requires meticulous adherence to three fundamental principles of periodontal surgery:

1. Thorough root surface debridement and preparation
2. Complete removal of granulation tissue from the intrabony defect
3. Removal of periodontal ligament remnants from the bony surface, followed by decortication of the sclerotic bone to stimulate bone marrow bleeding

For patients with a thin periodontal phenotype or inadequate width of keratinized gingiva, free gingival grafts or connective tissue grafts are also important for improving soft tissue conditions and achieving favorable long-term outcomes.
This presentation will introduce long-term clinical cases managed according to these three prognostic principles and discuss their influence on treatment outcomes over a follow-up period of 20–40 years.

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Stage III/VI Periodontitis – Management of the Disease as well as the Oral Health-related Quality of Life

Prof. Leung Wai Keu

This presentation provides a brief review and summary of the multidisciplinary approach for patients with Stage III/VI periodontitis. First, the impact of poor periodontal health on the oral health-related quality of life (OHRQoL) of affected individuals and its relevance will be covered. The second part of the presentation focuses on the rationale and EFP/AAP-recommended approaches, highlighting the use of splinting, occlusal adjustment, tooth- or implant-supported fixed or removable dental prostheses, orthodontic tooth movement, and frequent re-evaluations during and after periodontal treatment to improve periodontal health and OHRQoL

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Treating The Person Behind the Smile

Dr. Samantha Uy-Esguerra

Successful periodontal therapy extends beyond achieving pocket reduction or clinical attachment gain, especially when these are endpoints that the patient cannot see or hold onto. It also depends on understanding the person behind the diagnosis. As periodontal disease is a chronic condition that requires long-term maintenance and behavioral change, patient compliance plays a critical role in achieving lasting treatment outcomes.

This lecture explores how patient-centered care can be integrated into everyday periodontal practice, helping clinicians move beyond a disease-focused approach toward one that considers each patient's goals, concerns, lifestyle, and expectations. Through practical clinical examples, participants will learn how effective communication, shared decision-making, and individualized treatment planning can improve patient acceptance, compliance, and long-term periodontal stability.

The session will also discuss how evidence-based periodontal care is strengthened by incorporating patient values alongside the best available scientific evidence and clinical expertise. Attendees will leave with practical strategies that can be immediately applied in general practice to build stronger patient relationships, improve treatment acceptance, and ultimately achieve better periodontal outcomes. Whether you're managing a straightforward scaling and root planing case, or a complex periodontal-restorative referral, this session will encourage you to shift the conversation from "what's wrong with this mouth" to "what does this person actually need".

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Periodontal Disease and Cardiovascular Health

Periodontal disease is a chronic inflammatory condition that extends beyond the oral cavity and may have important implications for systemic health. This lecture will explore the current evidence linking periodontal disease and cardiovascular health, including proposed mechanisms underlying their association and the clinical relevance of this relationship.

Dr. Celia Uy

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Periodontitis and Autoimmune Rheumatic Diseases

Dr. Heizel Reyes

Periodontal disease (PD) and autoimmune rheumatic diseases (ARDs), such as Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus (SLE), share a complex, bidirectional relationship rooted in chronic inflammation. Periodontitis serves as a peripheral inflammatory reservoir, potentially initiating and perpetuating ARDs through mechanisms like molecular mimicry and protein citrullination. Specifically, the periodontal pathogen Porphyromonas gingivalis produces peptidylarginine deiminase (PPAD), which generates citrullinated autoantigens, a hallmark of RA.

Epidemiologically, RA and SLE patients face significantly higher risks of periodontitis, with relative risks of 1.13 and 1.76, respectively. This vulnerability is exacerbated by shared genetic predispositions (notably the HLA-DRB1 shared epitope), common cytokine dysregulation (TNF-α, IL-6, IL-17), and disease-related functional limitations that hinder effective oral hygiene. Furthermore, manifestations like xerostomia in SLE patients further compromise oral health. Non-surgical periodontal therapy provides systemic benefits, reducing disease activity markers such as DAS28 and SLEDAI. These findings underscore the necessity of a multidisciplinary care model integrating regular dental assessments into ARD management to mitigate the total systemic inflammatory burden and improve patient quality of life

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Periodontal Disease: The 6th Complication of Diabetes Mellitus?

Dr. Cecilia Jimeno

Diabetes mellitus is classically associated with five major complications: retinopathy, nephropathy, neuropathy, macrovascular disease, and impaired wound healing. In 1993, Löe proposed periodontal disease as the "sixth complication," reflecting a growing body of evidence linking dysglycemia to the initiation and progression of periodontal destruction. This lecture examines the association between diabetes mellitus and periodontal disease, with particular emphasis on its bidirectional nature. Chronic hyperglycemia promotes the formation of advanced glycation end-products (AGEs), which, through interaction with their receptor (RAGE), amplify inflammatory cytokine production, oxidative stress, and dysregulated neutrophil function. These processes, compounded by by altered collagen metabolism and an imbalance in RANKL/osteoprotegerin signaling, accelerate connective tissue breakdown and alveolar bone loss. Epidemiological data consistently demonstrate that individuals with poorly controlled diabetes carry a two- to threefold greater risk of periodontitis, which tends to be more severe and refractory to therapy. Conversely, periodontal inflammation contributes to systemic insulin resistance and may impair glycemic control, whereas periodontal therapy has been shown to yield modest reductions in glycated hemoglobin. Recognizing periodontal disease as a diabetic complication underscores the value of interprofessional collaboration between endocrinology and dentistry in comprehensive patient care