

Accuracy of PSR (Periodontal Screening and Recording) for the detection of periodontal diseases: a scoping review and practical guide

Acurácia do PSR (Periodontal Screening and Recording) para a detecção de doenças periodontais: revisão de escopo e guia prática

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How to cite: Tinajero M, Acosta A, Jaramillo S, Pantoja E, Masson-Palacios MJ. Accuracy of PSR (Periodontal Screening and Recording) for the detection of periodontal diseases: a scoping review and practical guide. Rev Odontol UNESP. 2025;54:e20250027. <https://doi.org/10.1590/1807-2577.20250027>

Resumo

Introdução: A periodontite é uma doença inflamatória crônica multifatorial associada a impactos sistêmicos relevantes, e sua detecção precoce é essencial para prevenir destruição tecidual e perda dentária. O índice Periodontal Screening and Recording (PSR) é amplamente utilizado como ferramenta rápida e acessível de triagem, embora sua acurácia diagnóstica ainda seja debatida. **Objetivo:** Avaliar o desempenho diagnóstico do índice *Periodontal Screening and Recording* (PSR) em comparação com métodos clínicos e radiográficos avançados, como evidência fundamental para o desenvolvimento de um guia clínico para sua implementação. **Material e método:** Foi realizada uma revisão de escopo conforme as diretrizes PRISMA-ScR, incluindo artigos científicos publicados entre 2017 e 2024, em inglês ou espanhol, nas bases Scopus, PubMed, SciELO e Cochrane. Os estudos selecionados foram analisados qualitativamente e sistematizados em tabelas comparativas. **Resultado:** As evidências indicam que o índice PSR é um recurso prático, de baixo custo e eficiente para o rastreamento inicial da periodontite, especialmente útil na atenção primária e em programas comunitários. No entanto, sua capacidade de determinar a gravidade da doença é limitada em casos avançados, devendo ser complementado por avaliação clínica e radiográfica abrangente. **Conclusão:** O PSR é uma ferramenta confiável e acessível para triagem precoce de doenças periodontais, especialmente em contextos de saúde pública e ensino, devendo ser integrado a protocolos diagnósticos baseados em evidências.

Descritores: Doenças periodontais; PSR; acurácia diagnóstica; saúde bucal; guia clínico.

Abstract

Introduction: Periodontitis is a chronic multifactorial inflammatory disease with significant systemic implications, making early detection essential to prevent tissue destruction and tooth loss. The Periodontal Screening and Recording (PSR) index is widely used as a fast and accessible screening tool, although its diagnostic accuracy remains a subject of debate. **Objective:** To evaluate the diagnostic performance of the Periodontal Screening and Recording (PSR) index in comparison with advanced clinical and radiographic methods, as foundational evidence for the development of a clinical guideline for its implementation. **Material and method:** A scoping review was carried out in accordance with the PRISMA-ScR guidelines. Scientific articles published between 2017 and 2024, in English or Spanish, were included from databases such as Scopus, PubMed, SciELO, and Cochrane. The selected studies were analyzed qualitatively, and their data were systematized into comparative tables to assess the effectiveness and limitations of PSR as a diagnostic tool. **Result:** The evidence indicates that the PSR index is a practical, low-cost, and efficient resource for the initial screening of periodontitis, especially useful in primary care and community settings. However, its ability to determine the severity of the disease or identify the need for surgical intervention is limited in advanced cases. As such, its use should be complemented by comprehensive clinical evaluation and radiographic studies. These findings strengthen the role of PSR as a reliable and time-efficient method



for the early detection of periodontal disease. Its simplicity and accessibility make it especially valuable in public health programs and teaching clinics, where rapid screening is essential. The evidence gathered through this review supports the development of a clinical guideline aimed at standardizing its use and ensuring its integration into evidence-based diagnostic protocols. **Conclusion:** The PSR index is an effective and accessible tool for early periodontal screening, particularly in general and public health settings. However, it should be complemented with comprehensive clinical and radiographic evaluation to ensure accurate diagnosis and optimal treatment planning.

Descriptors: Periodontal diseases; PSR; diagnostic accuracy; oral health; clinical guide.

INTRODUCTION

Periodontal health remains a cornerstone of modern dental care, not only due to its essential role in maintaining masticatory function and esthetics, but also because of its strong association with systemic conditions such as cardiovascular disease, diabetes, and adverse pregnancy outcomes¹. Among periodontal diseases, periodontitis stands out as a chronic, multifactorial inflammatory disorder that compromises the supporting structures of the teeth. If left undiagnosed or untreated, it can lead to progressive tissue destruction and eventual tooth loss, with significant repercussions for patients' quality of life².

Key microbial agents such as *Porphyromonas gingivalis*, *Aggregatibacter actinomycetemcomitans*, and *Fusobacterium nucleatum* are often implicated in periodontal infections and are known to contribute to systemic inflammation when they access the bloodstream through ulcerated periodontal pockets³. These associations underscore the need for timely diagnosis, not only to control local disease progression, but also to prevent potential systemic impacts.

Contributing factors such as poor oral hygiene, smoking, and lack of preventive care exacerbate disease onset and progression. In younger populations, the early manifestation of periodontitis—often involving permanent molars and incisors—may lead to irreversible damage and psychosocial consequences⁴. Currently, periodontitis is one of the leading causes of adult tooth loss, with functional, emotional, and economic implications for both individuals and healthcare systems⁵.

Early detection is essential for mitigating these outcomes. However, initial clinical signs, such as bleeding on probing, increased probing depth, or subtle attachment loss, may go unnoticed during routine examinations. This creates a critical need for simple, cost-effective screening tools that can be reliably applied in primary care, community health programs, and educational settings⁶.

The Periodontal Screening and Recording (PSR) index was designed for rapid use with a specialized probe, the PSR enables the classification of periodontal status through a standardized coding system. Its ease of use and affordability make it attractive for large-scale application, particularly in environments with limited resources⁷. However, the literature presents divided opinions about its diagnostic performance. While the PSR is valuable for quick identification of early signs, concerns have been raised regarding its limited ability to assess disease severity and determine more complex treatment needs⁸.

Despite its widespread adoption, inconsistencies remain regarding the true diagnostic accuracy of the PSR when compared to comprehensive clinical and radiographic assessments. These uncertainties pose challenges for its standardized application and integration into evidence-based periodontal care protocols.

In this context, a scoping review methodology was selected as the most suitable approach to explore and map the available literature on the subject. Unlike systematic reviews, which focus on highly specific research questions, scoping reviews are ideal for examining broad and heterogeneous evidence bases. This format allows for identification of current knowledge, recognition of gaps, and the establishment of groundwork for future research or clinical tool development⁹.

Based on this rationale, the present study aimed not only to evaluate the diagnostic utility of the PSR index in comparison with advanced periodontal diagnostic methods, but also to use the evidence gathered as the basis for designing a clinical guideline to standardize its implementation in routine dental practice. The hypothesis guiding this review is that, although PSR is effective as a fast and accessible screening method, its limitations require that it be integrated within a broader, multidisciplinary diagnostic approach to ensure optimal patient management.

General Objective

To evaluate the diagnostic performance of the Periodontal Screening and Recording (PSR) index in comparison with advanced clinical and radiographic methods, as foundational evidence for the development of a clinical guideline for its implementation.

MATERIAL AND METHOD

Study Design

A qualitative scoping review was conducted following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines. This methodology was selected due to its suitability for mapping the current state of knowledge in areas where the available evidence is broad, heterogeneous, or still emerging—as is the case for the diagnostic accuracy of the Periodontal Screening and Recording (PSR) index.

Research Question Formulation

The research question was structured using the PCC model (Population, Concept, and Context), as follows:

- **Population (P):** Patients with a clinical diagnosis of periodontal disease;
- **Concept (C):** Diagnostic accuracy of PSR compared to other methods;
- **Context (C):** Periodontal evaluation in clinical and community-based settings.

Based on this framework, the following research question was formulated: **What is the diagnostic efficacy and accuracy of the PSR compared to other clinical and radiographic methods used in the diagnosis of periodontal diseases?**

Search Strategy

Specific search strategies were developed for each of the selected databases: Scopus, PubMed, SciELO, and Cochrane. The terms used combined MeSH and DeCS descriptors related to periodontal diseases, diagnostic methods, and clinical evaluation. Searches were limited to articles published between 2017 and 2024, in English or Spanish, with full-text access. The complete strategies, including search term combinations and filters applied, are detailed in Appendix A.

Inclusion Criteria

- Original studies evaluating the efficacy or diagnostic accuracy of PSR in human subjects;

- Research designs including cross-sectional, retrospective, clinical trials, systematic reviews, or scoping reviews;
- Articles published in English or Spanish between 2017 and 2024;
- Full-text availability.

Exclusion Criteria

- Studies conducted on animals or in vitro;
- Theses, editorials, letters to the editor, or abstracts without full access;
- Publications not directly related to periodontal diagnosis.

Study Selection Process

The selection process was carried out in two phases. Initially, two reviewers (A.A. and S.J.) independently screened the titles and abstracts identified in the databases. Articles not meeting the inclusion criteria were excluded at this stage. Records considered potentially eligible were then assessed in full text by the same reviewers. In the event of discrepancies, a third reviewer (M.M.) acted as arbitrator to reach consensus.

For reference management and organization, Zotero software (v6.0) was used, ensuring a rigorous review process and preventing duplication.

Data Extraction and Analysis

Data from the selected studies were systematically extracted using a spreadsheet developed in Microsoft Excel 2019 (Redmond, WA, USA). The following variables were collected:

- Author(s)
- Year of publication
- Country of origin
- Study type
- Population or sample evaluated
- Diagnostic method used
- Key results regarding PSR effectiveness
- Observations on sensitivity, specificity, or other relevant parameters

This approach enabled a clear comparison of PSR performance relative to clinical and radiographic methods across various contexts and populations.

Search Results

A total of 234 references were identified (38 from PubMed, 97 from Scopus, 63 from SciELO, and 36 from Cochrane). After removing duplicates, 221 records were evaluated. Of these, 209

were excluded (67 did not address periodontal diagnosis, 50 were published before the established period, and 92 lacked diagnostic methodology). Twelve full-text articles were reviewed, of which 6 met the inclusion criteria and were analyzed in the review. The screening process is illustrated in the PRISMA flow diagram (Figure 1).

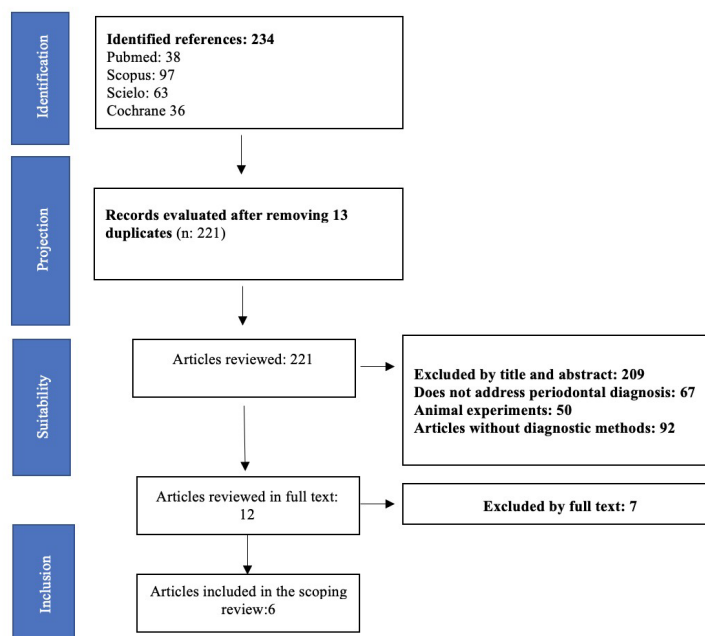


Figure 1. Prisma ScR Flow diagram of study selection.

RESULT

Six studies published between 2017 and 2024 were included, originating from the United States, India, Rwanda, Thailand, and the Netherlands. These consisted of one diagnostic classification proposal (16.7%)⁶, two clinical studies (33.3%)^{7,9}, two public health articles (33.3%)^{8,10}, and one narrative review (16.7%)¹¹(Figure 2).

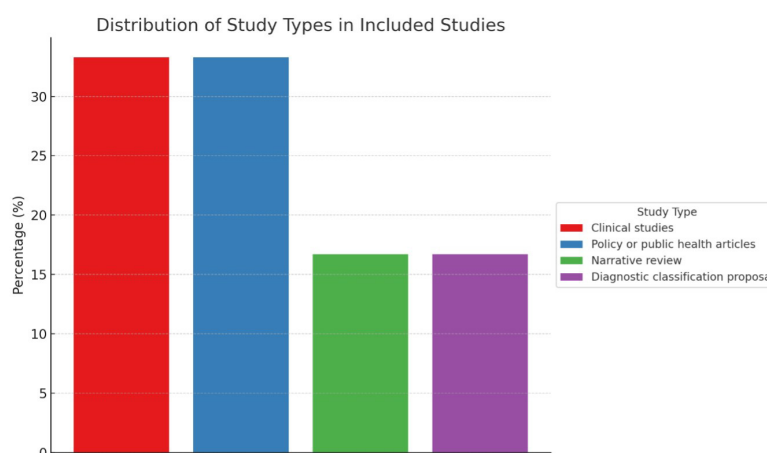


Figure 2. Distribution of study types in included studies.

Three main themes were identified regarding the performance of the Periodontal Screening and Recording (PSR) index:

- 1) **Usefulness of PSR as a public health screening tool:** Several studies highlighted the effectiveness of PSR as a screening tool in large populations and community settings. Uwambaye, Kanmodi⁸ proposed its inclusion in prenatal care protocols, after identifying a 60% prevalence of periodontitis in pregnant women and a significant association with preterm birth. Similarly, Devi et al.⁹ emphasized PSR's utility as a rapid and reproducible instrument for evaluating large populations, especially in patients with comorbidities such as type II diabetes and tobacco use;
- 2) **Clinical applicability of PSR for classification and initial diagnosis:** The study by Sutthiboonyapan et al.⁶ demonstrated that the use of flowcharts based on the 2018 periodontal classification, in combination with PSR, allows for clear differentiation between health, gingivitis, and periodontitis, thereby facilitating more accurate classification. In turn, den Boer et al.¹⁰ reported that implementing PSR as part of systematic protocols increases patient engagement in treatment and is particularly well received by dental hygienists;
- 3) **Limitations of PSR in advanced stages and surgical prediction:** Regarding its limitations, Rams, Loesche⁷ reported that although PSR code 4 typically indicates the need for periodontal surgery, only 37.6% of patients with that score required surgical intervention after non-surgical therapy, suggesting an overestimation in diagnosis. In the same vein, Bangera et al.¹¹ stated that traditional diagnostic indices, including PSR, have limitations in assessing disease progression or accurately quantifying clinical attachment loss. Therefore, they recommend its use as a complementary tool alongside more sensitive diagnostic methods.

These findings support the use of PSR as an accessible, efficient, and practical tool for the initial screening of periodontal diseases, especially in community and primary care settings. However, they also demonstrate that its precision decreases when a more detailed assessment of disease severity or complex therapeutic decision-making is required. Thus, the use of PSR should be complemented with thorough clinical evaluations and radiographic techniques to ensure a comprehensive diagnosis.

The main characteristics and outcomes of the included studies are presented in **Table 1**.

Table 1. Summary of main characteristics and outcomes of the studies included in the scoping review

Database	Author(s)	Title	Year	Journal	Language	Effectiveness	Key Findings
PubMed	Sutthiboonyapa et al. ⁶	Flowcharts for Easy Periodontal Diagnosis Based on the 2018 New Periodontal Classification	2020	Clinical Advances in Periodontics	English	High: effective and simple tool to apply the 2018 classification in periodontal disease diagnosis	Flowcharts support clear classification between health, gingivitis, and periodontitis, and facilitate staging and grading.
PubMed	Rams, Loesche ⁷	Relationship Between PSR Index Scores and Need for Periodontal Access Surgery	2017	Journal of Periodontology	English	High as initial diagnostic tool, but limited for predicting surgical need after non-surgical therapy	PSR code 4 is a good predictor of surgical need, but only 37.6% of patients with PSR 4 still required surgery after non-surgical treatment.

Table 1. Continued...

Database	Author(s)	Title	Year	Journal	Language	Effectiveness	Key Findings
PubMed	Uwambaye, Kanmodi ⁸	Incorporating Basic Periodontal Screening into Antenatal Care Services Provided in Rwanda: A Policy Brief	2024	F1000Research	English	High: proposes including periodontal screening in prenatal controls to reduce preterm births	A 60% prevalence of periodontitis was found among pregnant women and a 6-fold increased risk of preterm birth; screening in ANC is recommended.
Cochrane	Devi et al. ⁹	Prevalence and Severity of Periodontal Disease and Its Association with Type-II Diabetes Mellitus and Smoking Using PSR	2024	Indian Journal of Community Medicine	English	High: PSR is a useful, fast, and reproducible tool to assess periodontal health in large populations	Gingivitis was the most prevalent condition, particularly in smokers and type II diabetics; greater involvement in posterior sextants.
PubMed	den Boer et al. ¹⁰	General Dental Practitioners' and Dental Hygienists' Perspectives on the Guideline for Periodontal Screening, Diagnostics, and Treatment in General Practice	2024	Nederlands Tijdschrift voor Tandheelkunde	Dutch	High: improves patient participation in periodontal treatment through a systematic and updated approach	Most professionals use periodic periodontal screening; dental hygienists show greater satisfaction and adherence; considered superior to the previous index.

Practical Guide to Periodontal Screening and Recording (PSR)

Based on the literature synthesized in this scoping review, we developed a clinical guide for the application of the Periodontal Screening and Recording (PSR) index. This tool has proven to be effective for rapidly and systematically assessing patients' periodontal health, especially in primary care or educational settings. Below is a detailed protocol for implementing the PSR in clinical dental practice:

Step 1: Preparation

- Make sure you have all the necessary equipment available: periodontal probes (Figure 3), dental mirrors, disposable gloves and pencil or tablet to record the results.

- Wash and disinfect your hands according to hygiene protocols.



Figure 3. Recommended type of probe for periodontal PSR exam.

Step 2: Initial scan

- 1) Invite the patient to sit comfortably in the dental chair, making sure they are relaxed and calm.
- 2) Explain what the PSR procedure is and the importance of assessing its periodontal health.
- 3) Remember PSR divides the mouth into six sextants.

Step 3: Patient instructions

- 1) Instruct the patient to breathe naturally and relax throughout the process.
- 2) Explain that you will use a periodontal probe to identify the state of periodontal health, measure the depth of the periodontal pockets and to detect possible bleeding.

Step 4: Evaluation of periodontal pockets

- 1) Take a periodontal probe and make sure it is clean and sterilized.
- 2) Start at the right upper molar area and proceed clockwise.

- 3) Insert the probe into the gingival sulcus gently and parallel to the surface of the tooth.
- 4) Read the mark on the probe that matches the depth of the pocket and the visualization or not of the colored band.
- 5) Record results using a log table or digital app (Figure 4).

Periodontal Screening and Recording													
	 Patient Last name	 Patient name	 ID number	 Date									
CODES: (F): Furcation. (M): Mobility			RG: Gingival Recession										
UPPER MAXILLA													
17	16	15	14	13	12	11	21	22	23	24	25	26	27
													
47	46	45	44	43	42	41	31	32	33	34	35	36	37
LOWER JAW													
Student's Information													
Last name:			Name:										
Student's ID:													
Instructor Signature		Last name:											
		Name:											
		Remarks:											

Figure 4. Suggested format for PSR registration.

Step 5: Bleeding evaluation at probing

- 1) After measuring the depth of the pocket, identify bleeding around the sulcus and gingival margin.
- 2) Note the presence or absence of bleeding in the same register you are using (Figure 5).

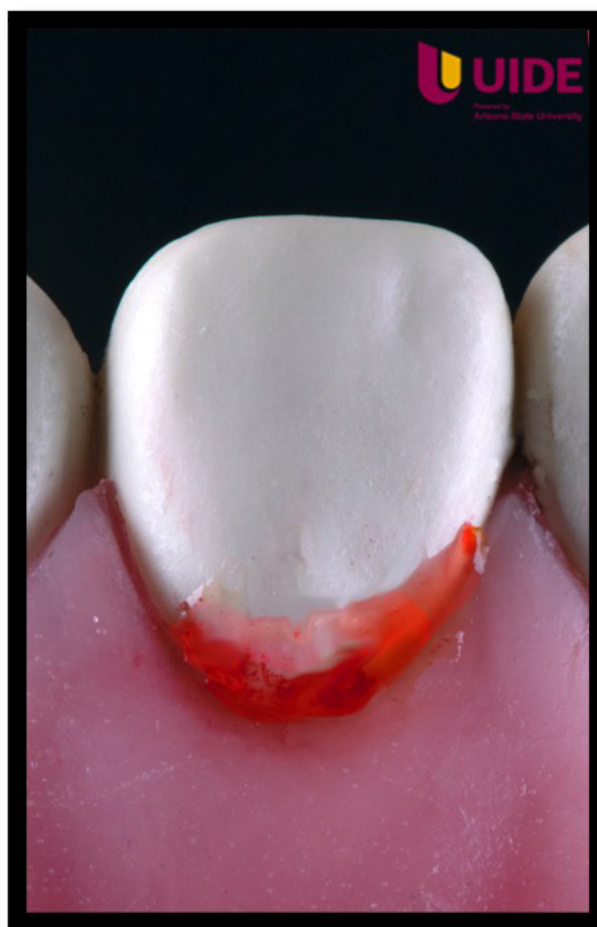


Figure 5. Note the presence or absence of bleeding after 30 seconds of probing.

Step 6: Annotation and communication

- 1) Records all collected data in the patient's medical record or digital record system.
- 2) Divide the patient's mouth in 6 sextants.
- 3) Use the predefined codes (Figure 6 and 7) for pocket depth and bleed:
 - a) code 0 (no bleeding or depth, the colored band of the periodontal probe is visible),
 - b) code 1 (bleeding on probing; the colored band of the periodontal probe is visible with probing deep between 1 to 3 mm),
 - c) code 2 (bleeding on probing; the colored band of the periodontal probe is visible and there are supra and/or subgingival calculus (Figure 8) and/or defective margins; probing deep between 1 to 3 mm);
 - d) code 3: (colored band on probe partially visible with periodontal pocket 4mm to 5.5 mm; with probing deep 1 to 3 mm)
 - e) code 4 (colored band no longer visible with periodontal pocket <6mm deep).
- 4) Add additional notes if there are findings that need to be considered, for example code X: Sextant absent or fewer than 2 teeth.

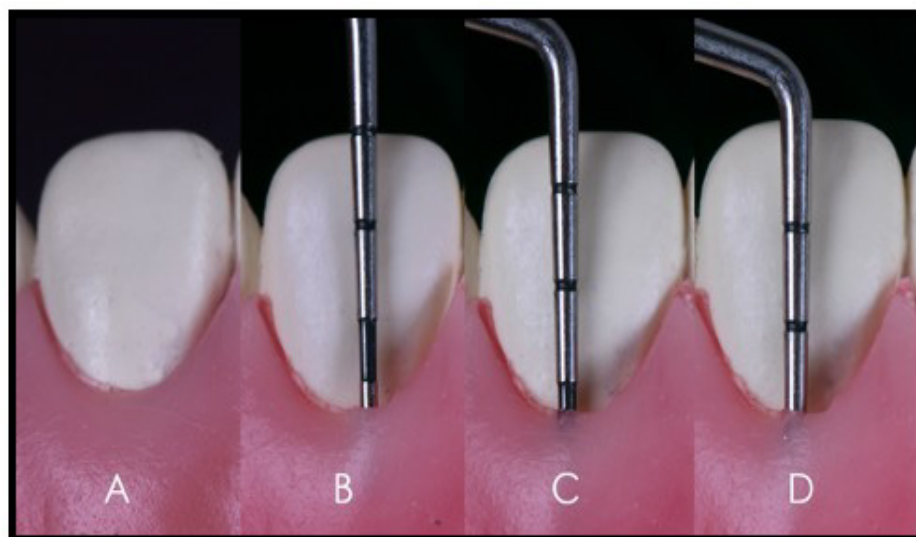


Figure 6. PSR Codes: (A) Healthy Tissue compatible code 0; (B) Probing depth less than 3.5mm compatible with code 1 and 2; (C) Probing depth between 3.5mm and 5.5mm compatible with code 3; (D) Probing depth over 5.5mm compatible with code 4.



Figure 7. PSR Codes real examples in patients.

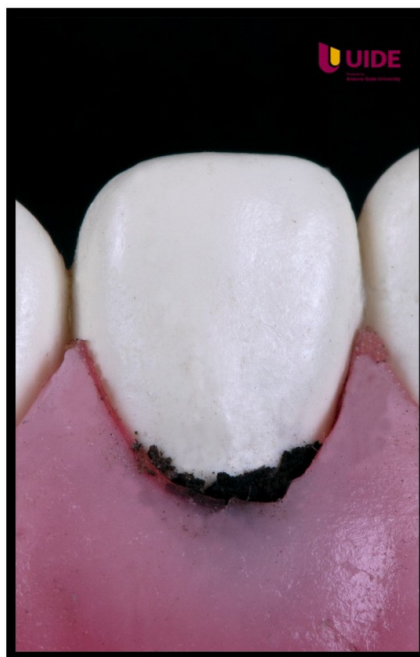


Figure 8. Note the presence or absence of calculus.

Step 7: dental mobility assessment, gingival recession or furcation involvement

Use Code * when there are periodontal abnormalities such as: tooth mobility, gingival recession, or furcation involvement.

Remember to use the handle of a dental mirror to apply gentle pressure to each tooth and evaluate tooth mobility and note if it is normal or if there is noticeable mobility (Figure 9).

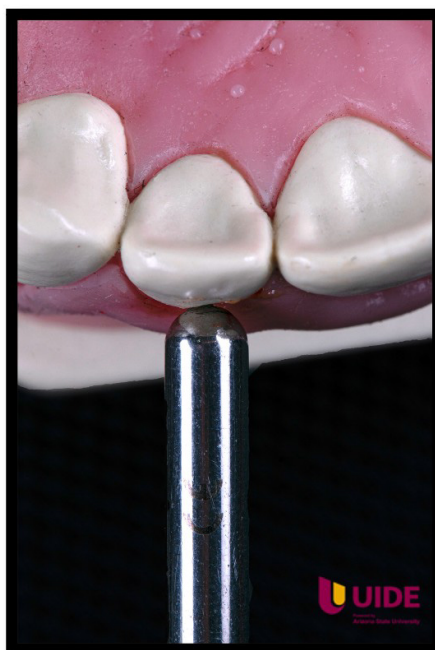


Figure 9. Mobility assessment. With the use of a mirror handle apply gentle pressure to evaluate the mobility of each tooth.

Step 8: Communicating with the patient

- 1) Share the results with the patient in understandable and empathetic language.
- 2) Explain the importance of maintaining good periodontal health to prevent oral and systemic diseases.
- 3) Provides personalized oral hygiene tips and treatment options if required.

DISCUSSION

The results of this review partially support the initial hypothesis: the Periodontal Screening and Recording (PSR) index is confirmed as a useful, practical, and accessible tool for the initial screening of periodontal diseases. However, its diagnostic capacity presents limitations, particularly in assessing disease severity and predicting the need for surgical intervention.

PSR as a Public Health Tool

One of the most consistent contributions from the analyzed studies was the validation of PSR in community-based settings. Uwambaye, Kanmodi⁸ demonstrated its applicability in prenatal care, identifying its usefulness in the early detection of periodontitis in pregnant women and its association with obstetric risks such as preterm birth. Similarly, Devi et al.⁹ confirmed its effectiveness in populations with systemic risk factors such as diabetes and smoking, emphasizing its speed and reproducibility in high-demand clinical contexts. These findings reinforce the value of PSR as a public health screening instrument with potential impact on preventive strategies and early intervention programs.

Clinical Applications and Limitations in Advanced Diagnosis

In clinical settings, Sutthiboonyapan et al.⁶ demonstrated that PSR, when used in conjunction with visual aids such as flowcharts, facilitates diagnostic assignment based on the 2018 classification, allowing for clearer differentiation between periodontal health, gingivitis, and periodontitis. However, its utility is limited when a deeper analysis of disease status is required. Rams, Loesche⁷ found that although PSR code 4 is a useful initial indicator, it may lead to overestimation of the need for periodontal surgery, as only a fraction of patients with this score ultimately required surgical intervention after non-invasive treatment. This discrepancy carries significant clinical implications: relying solely on PSR for complex therapeutic decisions could result in overdiagnosis, unnecessary treatments, and inefficient use of resources.

Critical Appraisal Compared to Other Diagnostic Methods

Bangera et al.¹¹ added another relevant perspective: PSR, like other conventional indices, does not provide sufficient information on disease progression or clinical attachment loss—both of which are key parameters for advanced clinical decision-making. Consequently, they recommend supplementing PSR use with detailed clinical examinations and radiographic techniques to achieve a more accurate diagnosis. This multidimensional approach aligns with current clinical guidelines and with the need to adapt periodontal diagnostics to the complexity of each individual case.

Contributions of this Review and Positioning in the Literature

Unlike isolated previous studies, this scoping review offers an integrative perspective on PSR performance across diverse geographic and clinical contexts—from health centers in Rwanda to private practices in the Netherlands—allowing for an assessment of its global applicability while acknowledging contextual limitations. This diversity strengthens the generalizability of findings but also highlights the need to tailor its use to the specific characteristics of each population.

Furthermore, this work identifies important gaps in the literature: there is a scarcity of studies directly comparing PSR with advanced diagnostic methods, such as cone-beam computed tomography or standardized clinical evaluation. The lack of uniformity in study designs and evaluated parameters makes comparison across studies difficult, which supports the choice of a scoping review rather than a systematic review or meta-analysis.

Study Limitations and Future Projections

Among the limitations of this review is the small number of articles ultimately included, which restricts the ability to extrapolate the results with absolute certainty. Additionally, the heterogeneity of methodological approaches used in the selected studies prevents the development of a robust quantitative synthesis.

It is recommended that future research address these gaps through comparative and longitudinal clinical studies, particularly in specific populations such as older adults, patients with systemic comorbidities, or pediatric populations. Likewise, the development of periodontal diagnostic protocols integrating PSR with emerging technologies—such as artificial intelligence applied to radiographic imaging—would be desirable to optimize early detection and diagnostic precision across all stages of the disease.

CONCLUSION

The Periodontal Screening and Recording (PSR) index is positioned as an effective, rapid, and easy-to-use tool for the initial screening of periodontal diseases, particularly in general clinical and public health settings. However, its diagnostic accuracy diminishes when evaluating disease severity or predicting the need for surgical treatment. Therefore, its use must be complemented by thorough clinical assessments and radiographic diagnostic methods.

For comprehensive periodontal care, it is recommended to integrate PSR within diagnostic protocols that include advanced technologies and qualified professional interpretation. Future studies should focus on validating combined diagnostic approaches that enhance early detection and therapeutic planning, thereby strengthening evidence-based clinical decision-making.

AUTHORS' CONTRIBUTIONS

Mauricio Tinajero: Conceptualization, Methodological design, Writing – review & editing, Approval of the final version, Responsibility for all aspects of the study; Aylen Acosta: Data curation, Data collection, Research, Writing – original draft, Approval of the final version, Responsibility for all aspects of the study; Sebastián Jaramillo: Data curation, Data collection, Research, Approval of the final version, Responsibility for all aspects of the study; Edgar Pantoja: Data collection, Writing – original draft, Approval of the final version, Responsibility for all aspects of the study; María José Masson-Palacios: Conceptualization, Methodological design, Data curation, Writing – review & editing, Approval of the final version, Responsibility for all aspects of the study.

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CONFLICTS OF INTERESTS

The authors declare that there are no conflicts of interest related to this study.

DATA AVAILABILITY

The contents underlying the research text are included in the manuscript.

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Received: August 26, 2025

Accepted: October 6, 2025

Edited by

Editor: Joni Augusto Cirelli

Associate Editor: Guilherme José Pimentel Lopes de Oliveira

Appendix A. DeCS/MeSH terms used for keyword search.

Category	MeSH / DeCS Terms
Periodontal Diseases	“Periodontal Diseases” (MeSH), “Enfermedades Periodontales” (DeCS)
Periodontal Screening and Recording (PSR)	“PSR” (MeSH), “Índice de Registro Periodontal” (DeCS)
Diagnostic Methods	“Diagnostic Techniques and Procedures” (MeSH), “Técnicas Diagnósticas” (DeCS)
Method Comparison	“Comparative Effectiveness Research” (MeSH), “Investigación de Eficacia Comparativa” (DeCS)
Diagnostic Accuracy	“Diagnostic Accuracy” (MeSH), “Exactitud Diagnóstica” (DeCS)
Clinical Evaluation	“Clinical Evaluation” (MeSH), “Evaluación Clínica” (DeCS)
Oral Health	“Oral Health” (MeSH), “Salud Bucal” (DeCS)

Search Equations by Database

Scopus	(TITLE-ABS-KEY (“PSR” OR “periodontal screening” OR “periodontal assessment” OR “periodontal index” OR psr) AND TITLE-ABS-KEY (“periodontal disease*” OR “periodontal condition*” OR periodontitis OR “gum disease*”) AND TITLE-ABS-KEY (diagnos* OR “clinical evaluation” OR “screening tool*” OR “screening method*” OR “diagnostic technique*” OR detection OR “periodontal examination”) AND TITLE-ABS-KEY (odontology OR dentistry OR dental)) AND PUBYEAR > 2014 AND PUBYEAR < 2026 AND (LIMIT-TO (SUBJAREA, “DENT”)) AND (LIMIT-TO (LANGUAGE, “English”)) AND (LIMIT-TO (DOCTYPE, “ar”)) AND (LIMIT-TO (OA, “all”))
Pubmed	(“PSR”[Title/Abstract] OR PSR[Title/Abstract] OR “periodontal screening”[Title/Abstract]) AND (“Periodontal Diseases”[MeSH Terms] OR “periodontal disease”[Title/Abstract] OR periodontitis[Title/Abstract]) AND (“Diagnosis”[MeSH Terms] OR “Diagnostic Techniques and Procedures”[MeSH Terms] OR diagnosis[Title/Abstract] OR “diagnostic methods”[Title/Abstract] OR “diagnostic accuracy”[Title/Abstract]) AND (“Humans”[MeSH Terms])