

Original Article



Assessment of the interdisciplinary collaboration between the periodontology and restorative dentistry departments, according to the consultation notes

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Abstract

Background: This study aims to evaluate the interdisciplinary consultation patterns between the Departments of Periodontology (DP) and Restorative Dentistry (DR) by retrospectively analyzing structured consultation request forms. The primary objective is to identify the most frequent reasons for referral and examine gender-based trends in interdepartmental collaboration.**Methods:** A total of 935 consultation request forms from patients treated at the Faculty of Dentistry, Erciyes University, between 2019 and 2022 were retrospectively reviewed. Among these, 460 forms were submitted by the DR to the DP, and 475 by the DP to the DR. Variables extracted included the referring department, consultation reason, and patient gender. Requests were categorized into predefined clinical indications. Data were analyzed using IBM SPSS version 23. Pearson's Chi-Square test and Bonferroni correction were applied to assess gender-related differences in consultation reasons.**Results:** The most frequent consultation reason from DR to DP was "scaling and curettage" (43.1%), and the most common predominant referral reason from DP to DR was for "tooth restoration assessment" (29.7%). Female patients were more frequently the subject of consultation requests ($P < 0.05$), indicating a significant gender difference in referral patterns.**Conclusion:** The results revealed that each department frequently relied on the other for procedures beyond its primary scope, highlighting the importance of interdisciplinary coordination in comprehensive dental care. The identification of common consultation patterns has the potential to optimize patient management and improve collaboration between specialties.**Keywords:** Interprofessional relations, Periodontics, Restorative dentistry, Referral and consultation**Citation:** Aygör Alkan F, Kılıç D, Balkaya H. Assessment of the interdisciplinary collaboration between the periodontology and restorative dentistry departments, according to the consultation notes. *J Oral Health Oral Epidemiol.* 2025;14:2503.1719. doi:10.34172/johoe.2503.1719

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Introduction

Interdisciplinary collaboration has become essential in modern dentistry, particularly between periodontology and restorative dentistry, where treatment planning often requires integrated approaches. The long-term success of restorative procedures is closely linked to periodontal health, as unresolved inflammation, poor gingival contour, or mucogingival defects can cause functional and aesthetic issues.¹⁻³ Conversely, periodontal interventions frequently require restorative support, especially in cases involving crown lengthening or prosthetic rehabilitation.^{4,5} Thus, close communication and referral systems between these specialties are crucial for comprehensive patient care.⁶

Previous studies have highlighted the importance of interdepartmental communication in dental institutions, highlighting that structured referral pathways enhance clinical efficiency and improve treatment outcomes by facilitating timely decision-making and collaborative

care.^{7,8} Interdisciplinary collaboration—particularly between specialties such as periodontology, restorative dentistry, prosthodontics, and orthodontics—can improve the quality of care in cases requiring both hard and soft tissue management. For instance, Kurem et al and Yağcı and Öztürk emphasized that evaluating structured consultation notes can provide valuable insights into the multidisciplinary dynamics between departments and help identify areas for improving referral efficiency.^{7,8} However, most literature focuses on theoretical frameworks or descriptive analyses, and few studies have systematically assessed the real-world consultation patterns using actual clinical documentation. Moreover, the extent to which referral behaviors differ between specialist clinicians and postgraduate students remains largely unexplored.

Recent literature also highlights that effective interdisciplinary workflows have a significant impact on clinical success, patient satisfaction, and long-term



treatment stability.⁹⁻¹² With the integration of digital technologies—such as electronic health records, image-sharing platforms, and real-time communication tools—interdepartmental coordination has become more streamlined and accessible.¹³⁻¹⁵ These tools not only enhance communication accuracy but also support structured clinical decision-making and educational collaboration within academic settings.

Therefore, the present study aimed to retrospectively evaluate and compare the reasons for consultation requests between the Departments of Restorative Dentistry (DR) and Periodontology (DP). The analysis focused on identifying the most common referral indications, exploring gender-based trends, and examining whether referral patterns differed between specialists and postgraduate students.

Methods

Ethical approval for this study was obtained from the Clinical Research Ethics Committee of Erciyes University (approval number: 2022/490). The study retrospectively evaluated consultation request forms from 935 patients (607 females, with a mean age of 39.45 years; 328 males, with a mean age of 43.44 years) treated at the Faculty of Dentistry, Erciyes University, in the DP and DR departments between 2019 and 2022. As this was a retrospective record-based ‘quantitative’ study with anonymized data, the requirement for informed consent was waived by the ethics committee.

The criteria for inclusion in the study were as follows: (1) being admitted to the periodontology department with the need for periodontal treatment or being treated in the DP (2) being considered to need periodontal treatment before or during restorative treatment and referred to the DP in writing with an explanatory reason (3) being considered to need restorative treatment before or during periodontal treatment and referred to the DR in writing with an explanatory reason (4) existence of clear and detailed information about the patient’s problem.⁷ Exclusion criteria were as follows: (1) evaluation of the patient without a written consultation note, and (2) lack of sufficient explanatory information in the consultation note.⁷

All consultation request notes were recorded electronically by clinicians directly into the MedData Hospital Information Management System (V.4, Ankara, Turkey) at the time of referral, and no paper-based forms were used. The consultation request notes for all patients included in the study were individually examined and categorized under the headings presented in Tables 1 and 2. The categorization headings used in Tables 1 and 2 were developed by restorative dentistry and periodontology specialists participating in the study, based on a detailed review of the content of consultation notes and aligned with their clinical judgment and experience. The consultation notes were written in free-

text format and were not subjected to qualitative or thematic analysis. Instead, each note was reviewed and categorized into predefined clinical headings to facilitate structured quantitative analysis.

The referral forms included information such as patient gender, age, referring department, the name and title of the referring clinician, and the reason for referral. However, in some cases, the professional status of the referring clinician was not entered into the electronic system, and these cases were categorized as “unknown” in the analysis.

This study focused solely on analyzing patient demographics (gender and age) and consultation request data, including the referring department, the reason for referral, and the professional status of the referring clinician. The responses or outcomes provided by the receiving departments were not recorded or analyzed. A separate analysis was performed to determine gender differences in consultation requests. Each patient was included only once, and duplicate requests were not analyzed separately.

Statistical Analysis

The data were analyzed using IBM SPSS V23. Pearson’s Chi-Square Test was applied to evaluate differences in the distribution of consultation requests based on gender. Multiple comparisons were conducted using the Bonferroni correction. Categorical variables are presented as frequencies (percentages), while quantitative variables are expressed as means $\pm$ standard deviations and medians (minimum to maximum). Statistical significance was set at $P < 0.05$.

Results

After evaluating all consultation forms, the reasons for requesting consultation from the DR to the DP were grouped into nine categories, and the reasons for requesting consultation from the DP to the DR were similarly grouped into nine categories (Tables 1 and 2).

A total of 475 consultation requests were made from DP to DR. Of these, 33% were from male patients, while 67% were from female patients. Among the consultation requests from DR to DP, the most frequent reason was scaling and root planning, which accounted for 43.1% of requests, followed by periodontal assessment at 20.6%. The mean age of these patients was 39.95 ± 15.0 years. A statistically significant difference was found in the distribution of consultation requests based on gender ($p = 0.05$). The primary differences were observed in the frequency of requests for gingivectomy and frenectomy. Gingivectomy was requested in 8.6% of male patients compared to 19.3% of female patients. No male patients had a frenectomy request, whereas this was the reason for 2.9% of female patients. No significant gender differences were observed for other consultation categories (Table 1).

Table 1. Consultation request from DR to DP and evaluation of the relationship between genders.

Consultation request reasons	Gender		Totally	Statistical test	P
	Male	Female			
Information	16 (10,6)	29 (9,5)	45 (9,8)	22,088	0,005
Periodontal assessment	39 (25,8)	56 (18)	95 (20,6)		
Scaling and root planing	72 (47,7)	126 (40,8)	198 (43,1)		
Gingivectomy	14 (8,6)a	59 (19,3)b	73 (15,8)		
Frenectomy	0 (0)a	9 (2,9)b	9 (2)		
Gingival recession	3 (2)	10 (3,3)	13 (2,8)		
Gingivoplasty	0 (0)	6 (2)	6 (1,3)		
Crown lengthening	0 (0)	3 (1)	3 (0,7)		
Gingival overgrowth	8 (5,3)	10 (3,3)	18 (3,9)		
Total	152 (100)	308 (100)	460 (100)		

Statistical evaluation was performed using the Pearson Chi-Square test. Percentage (%) values are given in-column. Groups with the same letter (a-b) indicate no significant difference between them. The statistical significance degree was accepted as $P < 0.0$.

Table 2. Consultation request from DP to DR and evaluation of the relationship between genders.

Consultation request reasons	Gender		Statistical test	P	Statistical test
	Male	Female			
Tooth-restoration assessment	50 (28,4)	91 (30,4)	141 (29,7)	4,722	0,787
Caries assessment	32 (18,2)	36 (12)	68 (14,3)		
Restoration	18 (10,2)	39 (13)	57 (12)		
Restoration renewal	41 (23,3)	78 (26,1)	119 (25,1)		
Wear& sensitivity	15 (8,5)	22 (7,4)	37 (7,8)		
Coloration, bleaching	1 (0,6)	2 (0,7)	3 (0,6)		
Evaluation of aesthetics	7 (4)	14 (4,7)	21 (4,4)		
Occlusal alignment	2 (1,1)	3 (1)	5 (1,1)		
Information	10 (5,7)	14 (4,7)	24 (5,1)		
Total	176 (100)	299 (100)	475 (100)		

Statistical evaluation was performed using the Pearson Chi-Square test. Statistical significance degree was accepted as $P < 0.05$.

Among the consultations from DP to DR, 37.1% were from male patients, and 62.9% were from female patients. The most common reasons for referral were tooth-restoration assessment (29.7%) and restoration renewal (25.1%). The mean age of these patients was $41.73 \pm 13,7$ years. No statistically significant gender-based differences were found in the distribution of consultation requests ($P = 0.787$) (Table 2).

Among those who requested DR from DP, 56.3% were unknown (were recorded without specifying the requester's professional status), 28.9% were specialty students, and 14.8% were specialists. Among those who requested DR from DP, 70.9% were unknown, 28% were specialty students, and 1.1% were specialists (Tables 3 and 4).

Discussion

This study systematically evaluated the consultation notes exchanged between the Departments of Restorative Dentistry (DR) and Periodontology (DP) over four years. The results provided insight into the nature, frequency,

and gender distribution of interdisciplinary referrals. The most frequent requests from DR to DP were for scaling and root planing, while DP most often referred patients to DR for restoration assessment. A significant finding was that female patients were referred more frequently than males, particularly for esthetic procedures such as frenectomy. These results underscore the essential role of interdepartmental collaboration in comprehensive dental care.

Our results align with prior research emphasizing the close relationship between periodontal and restorative disciplines. For instance, Kurem et al reported that referrals between orthodontics and periodontology often focused on plaque control and periodontal health maintenance, highlighting the necessity of periodontal stability before complex restorative or orthodontic procedures.⁷ Similarly, Yağcı and Öztürk found that the majority of interdisciplinary referrals between prosthodontics and orthodontics were related to treatment planning challenges, such as occlusal discrepancies and esthetic requirements.⁸ Compared to these studies, our

Table 3. Distribution and descriptive statistics of sociodemographic characteristics in the DR-DP dataset.

	Frequency	Percentage
Gender		
Male	152	33
Female	308	67
Requester		
Unknown	259	56,3
Specialty students	133	28,9
Specialist	68	14,8
	Mean±s. deviation	Median (min-max)
Age	39,95±15,06	40 (14 - 83)

data demonstrated that periodontal treatment is the most common prerequisite before restorative procedures, particularly in patients with poor oral hygiene or gingival overgrowths.

In the literature, it has been consistently emphasized that clinical priorities, institutional practices, and patient needs shape referral patterns. Several studies have reported that periodontal evaluation is often considered an essential step before initiating restorative or prosthodontic treatment, as untreated periodontal disease can compromise long-term restorative outcomes.¹⁶⁻¹⁸ At the same time, referrals for restorative evaluation frequently occur when defective restorations negatively affect periodontal health, reflecting the bidirectional relationship between the two disciplines.¹⁹⁻²¹ These findings suggest that, although specific referral frequencies may vary between institutions or regions, the underlying principle of integrating periodontal and restorative considerations into comprehensive treatment planning is a universally recognized necessity.

The overrepresentation of female patients in our cohort is consistent with earlier studies indicating that women more often seek dental treatment due to esthetic concerns and are more likely to pursue interventions such as diastema closure or gingival contour correction.²²⁻²⁵ Our observation that frenectomy was more frequently requested among women supports the notion that gender differences in dental demand are strongly linked to esthetic motivations. These results extend prior reports by providing quantitative evidence from a large clinical dataset, thereby reinforcing the notion that clinicians should anticipate greater aesthetic demands in female patients.

This study also indicates that restorative procedures frequently require prior periodontal interventions, such as scaling, root planning, or gingival excision. This observation confirms existing knowledge that untreated periodontal inflammation negatively affects the longevity of restorations.²⁶⁻²⁸ Moreover, referrals for restoration evaluation and replacement (29.7% and 25.1%,

Table 4. Distribution and descriptive statistics of sociodemographic characteristics in the DP-DR data set

	Frequency	Percentage
Gender		
Male	176	37,1
Female	299	62,9
Requester		
Unknown	337	70,9
Specialty students	133	28
Specialist	5	1,1
	Mean±SD	Median (min-max)
Age	41,73±13,71	42 (14 - 81)

respectively) underline the impact of restoration quality on periodontal health. Previous reports have demonstrated that defective margins and subgingival restorations are major risk factors for gingivitis and attachment loss.²⁹⁻³² By quantifying the frequency of such referrals, our findings provide practical evidence supporting the need for careful restorative design to preserve periodontal health.

Another noteworthy result was the difference in referral patterns according to professional status. Specialty students accounted for a larger proportion of referrals compared to specialists, consistent with the literature, which indicates that clinical experience reduces the likelihood of seeking interdepartmental consultation.^{33,34} This suggests that postgraduate training programs should place greater emphasis on interdisciplinary communication, supporting trainees to develop confidence and competence in complex treatment planning.

The study's strength lay in its large sample size and systematic analysis of real-world consultation data. However, the retrospective design limited our ability to assess the outcomes of referrals, which may provide additional insights into the effectiveness of interdepartmental collaboration. Future prospective and multicenter studies could help compare consultation patterns across different institutions, regions, and healthcare systems, as well as explore temporal changes in referral behavior over decades.

Conclusion

This study provides valuable insights into the interdisciplinary relationship between periodontology and restorative dental treatment clinics. A multidisciplinary approach ensures that restorations support periodontal health while periodontal treatments contribute to the long-term success of restorations. Coordination between these two specialties results in better treatment outcomes and sustainable success. Enhancing multidisciplinary collaboration is expected to improve the quality of care provided to patients.

Authors' Contribution

Conceptualization: Fehime Alkan Aygör, Duygu Kılıç, Hacer Balkaya.

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Competing Interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data Availability Statement

The datasets generated and analyzed during the current study are not publicly available due to patient confidentiality and institutional regulations; however, they are available from the corresponding author upon reasonable request.

Ethical Approval

Ethical approval for this study was obtained from the Clinical Research Ethics Committee of Erciyes University (approval number: 2022/490).

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