Mouthrinses

Mouthrinses

- Remind patients that rinses are an addition to daily brushing and flossing - not a substitute
- Different rinses serve different purposes

Determinants of long-term health

- Access to good health care
 - Competent dental professionals
 - Sufficient number of dental professionals
 - Distribution of dental professionals
 - Preventive focus ٠
- Environment
 - Economy •
 - Education
 - Environmental policy
 - Health systems
 - Social Systems
 - Access to oral health products
- Personal beliefs and behaviour
 - Mouthrinsing who does it? How often? ٠ And why?

Historically, a variety of different mouthrinses were used - beer and wine, salt water, sulphuric acid and urine.

Mouthrinses

- Cosmetic Remove oral debris, temporarily suppress bad breath, diminish bacteria, refresh mouth, pleasant taste
- Therapeutic Contain active ingredients, regulated • by Australian Therapeutics Goods Administration

Pre-procedural Rinsing

- Decreases microbial load in oral cavity
- May decrease microbes in aerosols produced during dental procedures
- May minimise cross-infection

Colgate[®]

May improve healing following dental soft tissue • procedures

May be recommended to reduce the risk of bacteraemia in susceptible patients

Mouthrinse Ingredients

- 0-27% Alcohol
- 1-3% Detergents (surfactants)
- 1-3% Flavours and Preservatives
- <0.1% Colouring agents
- <1% Therapeutic agents
- Water

Alcohol

- Preservative
- Solubiliser for flavours
- Children and alcoholics must not use alcoholcontaining mouthrinses
- Other groups use with caution as alcohol can cause a burning sensation especially in sensitive patients such as xerostomia and/or chemotherapy patients
- Caution in smokers

Detergents (surfactants):

- Reduce surface tension of water to enhance cleaning. Loosens and suspends food particles that cling to teeth
- Sodium Lauryl Sulfate (SLS) most common surfactant used in oral care products. Sensitivity to SLS is not widespread - more common in people with xerostomia

Flavours, Preservatives, Colour

Flavours impart fresh, clean taste and after-taste. Saccharin and sorbitol are now frequently used. Glycerin also adds flavour.

Therapeutic agents:

- Anticaries Fluoride
- Soft Tissue Management Chlorhexidine gluconate, Cetyl pyridinium chloride, Hydrogen peroxide.

Fluoride Mouthrinses

- Provide additional benefit for med-high risk patients when used in addition to toothbrushing and at a separate time from the morning and evening brushing events
- Daily mouthrinses, eg. NeutraFluor 220 Alcoholfree (F= 220 ppm)
- Weekly mouthrinses, eg. NeutraFluor 900 (F= 900 ppm). <55% caries reduction¹.

Chlorhexidine Gluconate – Savacol

- Gold standard of antimicrobial agents for over 30 years
- Numerous long and short term studies demonstrate efficacy. Inhibits plaque formation by 45-61% and reduces gingivitis by 27-67%²⁻⁵
- Can cause surface staining and altered taste sensation with prolonged use
- Savacol Mint (green) 0.2% CHX. Alcohol content 11.5% (well below other leading rinses)
- Savacol Freshmint (blue) 0.12% CHX. Alcohol content 9.6% (well below other leading rinses)
- Indications periodontal diseases, implants, postsurgery, mouth ulcers, Candida infections

Cetyl Pyridinium Chloride (CPC) – Plax

- Broad spectrum antimicrobial with long history of use. Active against oral bacteria.
- Six month clinical trials 28% reduction in plaque compared with placebo⁶
- Plax 0.075% CPC. Alcohol-free. Indicated for children (over 6 years) and adults for daily mouthrinsing.
- Available in supermarkets
- Well tolerated for long-term use but less effective than Savacol

Dry Mouth Relief

- Tri-polymer system coats soft tissues and provides relief
- 0.22mg/ml sodium fluoride (100ppm) helps prevent caries
- Alcohol-free
- SLS-free

Hydrogen Peroxide – Peroxyl

- 1.5% hydrogen peroxide. Alcohol free.
- Provides relief for minor soft tissue irritations, bubbling action gently removes debris

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