# **Tooth Whitening**

#### **Causes of Tooth Discolouration**

- Colour of a tooth is primarily determined by the underlying dentine
- Colour of dentine modified by thickness, translucency and colour of covering enamel
- Extrinsic stains are discolouration of the tooth surface. Caused by tobacco, foods/drinks or poor oral hygiene and can be removed by scaling, prophylaxis and some whitening toothpastes.
- Intrinsic stains are discolouration within the tooth that can be caused by tetracycline, fluorosis, smoking, amalgam and tooth vitality.

#### **Whitening Modes of Action**

- "Whitening" encompasses both stain removal and bleaching.
- The active chemical ingredients used in whitening systems are Hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) and Carbamide peroxide (CH<sub>2</sub>N<sub>2</sub>O<sub>3</sub>).
- Carbamide peroxide is slower-acting than Hydrogen peroxide taking two steps and leaving a by-product of urea.
- During bleaching the hydroxyl free radical acts on the organic component of the dentine causing an oxidisation of the discoloured tooth structure.

#### **Whitening Treatments**

- General cleaning and prophylaxis
- Over-the-counter Products: toothpastes containing
- pyrophosphates or hydrated silica, pens, gels, strips, paint on applications.
- Professional Products: custom-made trays and gels, in-office treatments.

#### Safety and Side Effects

- Has been used for over 75 years
- Not indicated for use in children, pregnant or breastfeeding women
- Potential side effects are very real and need to be assessed by the clinician and may include dentine sensitivity, gingival irritation, effects on tooth structure and effects on aesthetics of restorations

 Higher concentrations balance faster results with a higher incidence of side effects.

## Indications, Contraindications and Clinical Exam

- Indications for Tooth Whitening
  - Mild generalised staining
  - Age -related yellow discolouration
  - Mild tetracycline staining
  - Very mild fluorosis
  - Acquired superficial staining
  - Tobacco staining
- Contra-indications for Tooth Whitening
  - Unrealistic expectations
  - History of severe dentine hypersensitivity
  - History of extensive whitening product use
  - Poor dental hygiene
  - TMJ disorders or bruxism
  - Gingival recession/exposed root surfaces
  - Thin enamel/erosion
  - Large pulp chambers
  - Under 16 years of age
  - Pregnant and breastfeeding women
- Clinical Exam
  - Check for other treatment needs (caries, periodontal treatment)
  - Consider possible side effects and discuss with patient

#### Take-home Whitening

- Take-home whitening is a clinically proven therapy for patients using high quality, individually moulded patient trays.
- Maintenance is easy and affordable for patients who require it.

### **In-office Whitening**

- In-office whitening aims to produce rapid results using high concentrations of peroxide.
- Colour changes should be assessed 5-7 days after treatment to allow for re-hydration of teeth and possible regression or rebound.
- Patient expectations need to be managed and maintenance is still often required.



#### References

Brantley DH. Pediatric Dentistry 2001; 23(6):514-6.

Bodden MK et al. Quintessence Int 2003; 34(2):87-91.

Cooper JS. J Endodontics. 18(7):315-17.

Curtis JW. JADA 1996; 127: 1218-23.

Gokay O et al. Journal of Endodontics 2004; 30:887-889. Greenwall L. Bleaching Techniques in Restorative Dentistry, 1st Ed. London, UK: Martin Dunitz. P. 88-172. 2001.

Hannig M and Joiner A. Monographs in oral science 2006; 19:29-64.

Haywood VB and Heymann HO. Quintessence Int 1989; 20:173-6.

Haywood VB. et al. JADA 1994; 125:1219-26.

Haywood VB. Quintessence 2001; 32(2):105-9.

Haywood VB. International Dental Journal 2002; 52:376-385.

Haywood VB *et al.* Esthetics in Dentistry, 2nd Ed. Hamilton, Ontario; BC Decker Inc. Chapter 16. 2002.

Haywood VB. Compendium 2005; 26(9):12-20.

Haywood VB et al. J Clinical Dent 2005; 16(1):17-22.

Hasson *et al*, Cochrane Database Syst Rev 2006, Oct 18 (4) CD006202

Ishikawa-Nagai et al. J Esth & Rest Dent 2004; 16:368-376.

Joiner A and Jones NM. Advances in dental research 1995; 9:471-476.

Kawamoto K et al. Journal of Endodontics 2004; 30:45-50.

Kihn P. Dental Clinics N America 2007; 51:319-331.

Kirk CE. Dental Cosmos. 1889; 31:273-283.

Kugel G. Compen Contin Educ Dent 2003; 24(4A):376-86.

Leonard RH et al. Quintessence Int 1994; 25: 547-50.

Leonard RH. J Esth Dent 1999; 11(5):265-77.

Leonard RH et al. J Esth & Rest Dent 2003; 15(3):142-52.

Li Y. Compend Cont Educ Dent, 2000; 21(28):s4-s9.

Macpherson LM *et al.* Journal of Clinical Periodontology 2000; 27:424-430.

McCaslin, AJ. JADA 1999; 130: 1485-90.

Munro IC. J Esthetic Rest Dent 2006; 18(3):119-125.

Neumann, LM et al . J AM Dent Assoc 1989 118(5):565-70.

Nathoo SA *et al.* Compend Contin Educ Dent 1994 (Suppl 17): S627-30.

Nathoo S. JADA. 1997; 128:6-10.

Oliver TL. J Esth Dent 1999; 11(2):95-102.

Perigao J. Pract Proc Aesth Dent 2004; 16(3):185-192.

Polydorou O et al. Dent Materials 2006; 23(2):153-8.

Potocnik I et al. Journal of Endodontics 2000; 26:203-6.



Head to www.colgateprofessional.com.au/students for more information on products, references, resources, competitions and prizes