

Influence

How to guide your patients to the products that are right for them. By Rachel Wall, RDH, BS



We've all seen it. The poor souls lost on the dental aisle of the local discount retailer. You want to reach out to them but you're afraid of invading their privacy. They stand there, scanning the mountain of products available, confused about what to buy. But don't worry. There is a way you can help, a way you can make a difference and it starts with your patients.

As oral healthcare professionals, we are asked every day what products we use and recommend. With so many high-quality, safe and effective oral care products on the market, it is difficult for patients to go wrong in general. But our guidance can help patients target the products that may best serve their individual needs. A professional recommendation rescues your patients from navigating the sea of homecare products alone. It helps them zero in on what works and supports their dental investment.

WHAT DO YOU USE?

Are you using the same products you recommend? Seems like a silly question, but aligning your recommendations with what you use in your own mouth can help you practice as a professional with the utmost integrity. What products do you use to keep your breath fresh, protect your pristine restorations and keep bacteria at bay? Do you make those products available for your patients, or are you sending them into the black hole that is the dental care aisle?

This is the first of a series of articles that will review a variety of oral care products now available and how making a strong professional recommendation can build your patients confidence in you, their personal oral health expert.

MOUTHRINSE

Let's look at mouthrinses. Americans spend millions of dollars every year on mouthwash. The primary reason for using mouthwash is to prevent or cover up bad breath or halitosis. What we know about some rinses is that all they do is cover up odor for a short time. The good news is that there are now products that can eliminate bad breath at its source for many hours.

The causes of halitosis are numerous, but by far the most common cause is the presence of volatile sulfur compounds (VSC). VSC are gases that result when anaerobic bacteria metabolize sloughed epithelial cells and decaying food par-

TAKE-AWAY

■ Be a guide

A professional recommendation rescues your patients from navigating the sea of homecare products alone.

■ Be sensitive

Patients who are alcohol-sensitive have great options in mouthrinses.



Eliminating volatile sulfur compounds is not just about creating fresh breath. It is also a critical component in the fight against periodontal disease.

ticles. The gases consist primarily of hydrogen sulfide, methyl mercaptan, dimethyl sulfide and dimethyl disulfide. For example, hydrogen sulfide is the gas that creates the smell of rotten eggs, and methyl mercaptan is the smell we experience in barnyards. No wonder halitosis can be embarrassing and offensive!

VSC levels have also been linked to the occurrence of periodontal disease. Even in a low number, VSC have been shown to have a negative effect on the oral mucosa's ability to resist bacterial invasion. In fact, methyl mercaptan is produced primarily by periodontal pathogens¹. Even more disturbing is news that the permeability of mucosa is increased by up to 75 percent following exposure to hydrogen sulfide, and 103 percent with methyl mercaptan due to the VSC concentration.² With this evidence, it becomes very clear that eliminating VSC is not just about creating fresh breath. It is also a critical component in the fight against periodontal disease. Recommending homecare products that can stop VSC in their tracks is one way you can support your patients in their search for a healthy, fresh mouth. Periodontal therapy without supporting homecare products is incomplete.

THE ALCOHOL QUESTION

Progressive dental professionals are always looking for ways to serve their patients' individual needs. As healthcare professionals, it is our responsibility to give our patients the information they need to make good choices about their health. This includes advice on alcohol-free products for those patients for whom alcohol is contraindicated. Patients who suffer from Xerostomia or others who are sensitive to alcohol need not be denied the benefits of mouthrinse. Scientific research is showing that some products without alcohol are just as effective as those containing it. Some clinicians are moving away



from alcohol-based products toward alternative ingredients.

The controversy remains over the effects of alcohol on soft tissues and dental materials. There currently is no evidence that alcohol causes oral cancer in humans, but a study in 1979 by Bernstein and Carlish found that when an alcohol-based mouthrinse was placed in the cheeks of mice for 45 minutes, 100 percent of the mice experienced hyperkeratotic changes in the exposed tissue. More recent research states that clinicians should be alert to the potentially adverse effect of alcohol-containing mouthrinses.³ Depending on the material, alcohol may also pose a danger to the longevity of certain dental restorations.⁴

The use of an alcohol-free rinse will moisten the mouth and reduce the risk of increased dryness, which contributes to the lack of saliva and bad breath. Xerostomia is the No. 1 side effect of many prescription medications and it is not uncommon for dental professionals to encounter this on a daily basis.

Two independent studies using a chlorhexidine rinse with alcohol and one without alcohol indicated there was no difference in the effectiveness of the two rinses. We can gather that alcohol is not essential to create a chlorhexidine mouthrinse that is effective in reducing bacte-

ria. With that information, it is clear to say that an effective, safe mouthrinse should be one that eliminates VSC, reduces bacteria and, for patients who are sensitive to alcohol, is alcohol-free.

There are several active ingredients that have proven effective at reducing bacterial levels in the mouth as well as eliminating volatile sulfur compounds, the primary culprits behind bad breath. The good news is that they are all now available in alcohol-free formulas and there is clinical research to support their efficacy.

These ingredients include:

Cetylpyridium Chloride (CPC) – Clinical research shows that CPC breaks down the bacterial cell membrane, effectively killing bacteria. It also has been shown to reduce oral malodor. In one study, the use of a .07-percent CPC mouthrinse when used over a six-month period provided antiplaque and antigingivitis benefits when used twice a day with brushing⁵.

Chlorine Dioxide (ClO₂) – ClO₂ may also be known as as Sodium Chlorite. It is a strong oxidizing agent and broad spectrum antimicrobial. The oxidizing properties work best against dangerous anaerobic bacteria that cause destructive periodontal disease. Sodium chlorite has been shown to have an equivalent plaque inhibitory action as compared to chlorhexidine without the side effect of staining⁶. ClO₂ has been shown to significantly reduce mouth odor and reduce VSC concentrations in mouth air for at least 8 hours.⁷

Zinc (Zn) – Clinical trials have shown that zinc ions are able to reduce the levels of VSC.⁸ A study of the effects of VSC on oral mucosa showed that treatment of the mucosa with Zinc Chloride nullified the effect of VSC and restored the permeability of the mucosa to a healthy state.² Zinc has also been shown to enhance the antimicrobial effect of chlorine dioxide.

Chlorhexidine (CHX) – Chlorhexidine is


widely recognized as helpful in reducing bacterial plaque. In the past, most CHX rinses contained alcohol. Fortunately, alcohol-free CHX rinses are now available and have been shown to be as powerful at controlling plaque and gingivitis as those with alcohol.⁹ The side effects of CHX remain as staining and taste alteration.

Fluoride – Long held as the gold standard for caries control, fluoride in mouthrinses can give extra protection against root decay and protect the margins of restorations.

Xylitol – Recently, xylitol has been the topic of numerous research studies and articles. It is a naturally occurring sugar substitute that has been shown to be effective in reducing dental caries, middle ear infections and in the relief of xerostomia by stimulating salivary flow.¹⁰

Essential Oils – The term essential oils as

related to oral hygiene products usually refer to such oils as Thyme oil (thymol), Clove oil (eugenol) and Eucalyptus oil. Essential oils are germicidal and they work best in liquid form. In one study, the presence of alcohol actually reduced the effectiveness of essential oils.¹¹

Clinical research strongly supports the efficacy of these active ingredients in breath control as well as protecting periodontal health without the addition of alcohol. Help your patients support their dental investment. Do your own research and find a product you use and believe in. Then give your patients the gift of a strong professional recommendation. 

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