

# Preferred pastes

One size doesn't fit all. Find out which toothpastes meet the specific needs of your patients.

by Rachel Wall, RDH



Toothpaste is an American tradition. Staunch loyalties often determine our choice of toothpaste. I bet you can even remember the brand of toothpaste you used as a child. I know I can.

Back then, picking your toothpaste was pretty simple: stick with what you know. Even when there was something better for us, most consumers would choose to stay in their comfort zone.

Today, buying toothpaste is not so simple. Towers of toothpaste taunt us from the aisles of our grocery stores and discount retailers, challenging our loyalties. And on top of all those choices are marketing messages bombarding the public about tartar, white teeth, gum disease and fresh breath.

## A GOLDEN OPPORTUNITY

This creates an opportunity for dental hygienists to help our patients make good choices. Sometimes their needs are more urgent, like a toothache or sore gums, but often, they just need help figuring out which oral care products are right for them. Like mouthrinse, there are certain features of a dentifrice that are important for different patients. It's time we start asking our patients specific questions so that we can then help them make smart decisions. For a list of good starter questions, see "Do You...?" on the right.

Let's look at a few of the key functions and ingredients of today's toothpastes and see how this knowledge can help us help our patients.

## TAKE-AWAY

### ■ Your 2¢ matters.

Patients value your purchasing advice, so don't be shy about sharing it.

### ■ Q & A.

Making the right recommendation starts with asking the right questions.



## DECAY PREVENTION

Sodium fluoride is the most common type of fluoride found in over-the-counter toothpastes and gels. The usual level of sodium fluoride is about .24%. That is approximately 1000 ppm (parts per million). Compared to professionally dispensed "prescription" level fluoride pastes and gels that are 5000 ppm, such as Prevident 5000 or Fluoridex 5000, the fluoride levels are relatively low in most toothpastes. Another cavity prevention ingredient that is showing up in more products everyday is Xylitol. It is a naturally occurring sugar substitute that has proven to be effective in reducing dental caries, mid-

## Do You...?

Asking these key questions can then lead you to recommend the best product for their oral care.

- Do you ever experience sensitivity to hot or cold?
- Do you notice that your teeth are more sensitive than usual?
- Do you ever feel like your breath isn't as fresh as you'd like it to be?
- Do you ever have ulcers or sores in your mouth? If so, how often?
- Do you ever notice any peeling of the tissue in your mouth?

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dle ear infections and in relieving xerostomia by stimulating salivary flow.<sup>1</sup>

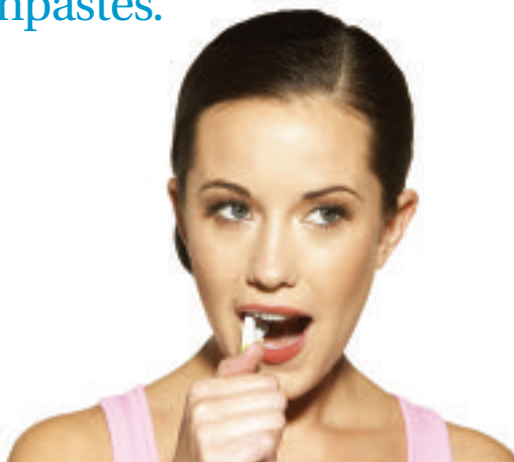
### PERIODONTAL DISEASE

When a patient is in active periodontal therapy or maintenance, we often support them with products that help control the level of periodontal bacteria between visits and to speed healing. We most often think of rinses, power brushes and floss aids. What we don’t always consider are toothpastes and gels that may also be able to reduce the bacteria as well. Triclosan is one ingredient that has been shown to be a broad-spectrum antibacterial agent. It is effective against both gram-positive and gram-negative bacteria.<sup>2,3</sup>

Another anti-bacterial agent that can be found in a few toothpastes and gels is chlorine dioxide. Chlorine dioxide (ClO<sub>2</sub>) is a strong oxidizing agent and broad spectrum antimicrobial. The oxidizing properties work best against dangerous anaerobic bacteria that cause destructive periodontal disease. In addition, ClO<sub>2</sub> has been shown to eliminate volatile sulfur compounds (VSC) which have 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.<sup>4</sup> High levels of VSC also are responsible for most cases of bad breath.

### APHTHOUS ULCERS

Sodium Laurel Sulfate (SLS) is used as a detergent in many beauty, health and cleaning products. SLS also is used to enhance the foaming action of toothpastes and gels. Present in different levels in many popular dentifrices, studies have shown that it may alter the structural integrity of oral mucosa.<sup>5</sup> When



patients mention that they suffer frequently from mouth ulcers, recommending toothpaste that is SLS-free is a great start to helping them toward relief. One study reports a significant reduction in aphthous ulcers when participants used a non-SLS dentifrice.<sup>6</sup> Aphthous ulcers can be very painful and even hinder our patients’ ability to talk and eat. Once they have begun using the new paste or gel, follow-up with the patient with a phone call in two to three weeks to check on their progress.

### SENSITIVITY AND TISSUE SLOUGHING

Isolated hypersensitivity is often easy to pinpoint when there is abfraction or abrasion present, or obvious recession with exposed root surface. General tooth sensitivity can be caused by many factors but its source can be much more elusive. When a patient mentions new general sensitivity to temperature or tactile stimulus, I think about what they might be exposed to that could be triggering the discomfort.

Pastes and gels that feature tartar-control have been linked to dentinal hypersensitivity<sup>7</sup> and tissue irritation such as sloughing, burning and ulceration.<sup>8</sup> Further research is needed to study all the ingredients that are used in tar-

tar-control formulas. As a clinician, I frequently recommend that patients experiencing unexplained generalized sensitivity or apparent mucosa irritation switch to a dentifrice that does not contain a tartar-control ingredient.

### ABRASIVITY

With the high volume of cosmetic dentistry being performed today, our patients are concerned and interested in how to care for their new porcelain and composite restorations. Not only should we be very careful which products we use to clean and polish these materials but our patients should be equally careful about how they care for them at home. Clinical research has shown that dentin is significantly more susceptible than enamel to erosion and abrasion.<sup>9</sup> One study showed that when dentin loss was measured after the use of different toothpastes, the loss appeared to be related to the level of abrasivity of the paste.<sup>9</sup> Unless we educate them on ways to protect the longevity of their smile, they just don’t know that there is a difference in the abrasive levels of various toothpastes.

### THE BOTTOM LINE

When it comes to toothpaste, one size doesn’t necessarily fit all. Our patients’ loyalties may have guided their decisions in the past, but with so many choices today, let’s give them information to help decide which paste or gel is going to be right for them tomorrow. [mh](#)

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References available upon request.  
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