

ORAL CARE, THE SENSITIVE WAY

Sensitive teeth can stop patients enjoying the things they love, so why not recommend a toothpaste that can combat the issue?

The Arm & Hammer Sensitive Pro Toothpaste combines Liquid Calcium with baking soda to tackle tooth sensitivity. This innovative formula soothes exposed nerves, repairs the enamel surface by filling in any cracks and seals the teeth, so patients can enjoy lasting pain relief for up to 16 weeks. Plus, thanks to the powers of baking

soda, patients will appreciate a cleaner and whiter smile, as it gently lifts stains without further damaging the enamel.

Help patients give their sensitive teeth some TLC, with the Arm & Hammer Sensitive Pro Toothpaste.

For more information about the carefully formulated Arm & Hammer toothpaste



range, visit <https://www.armandhammer.co.uk/> or email: ukenquiries@churchdwright.com.

Arm & Hammer oral healthcare products are available at Boots, Superdrug, Sainsbury's, Tesco, Asda and Morrisons throughout the UK.

SUPPORTING PATIENTS' DAILY CHALLENGES WITH PLAQUE MANAGEMENT

Up to half of the population suffers from periodontitis¹ and at-home daily dental plaque control between dental visits is key to maintaining oral health.² Gingivitis and periodontitis are a continuum of the same inflammatory disease; however, it does not follow that gingivitis will always progress to periodontitis. Evidence also indicates that interrupting the plaque colonisation process may well offer the most appropriate approach in helping to prevent the progression of periodontal diseases.³

Unfortunately, it is also known that, for a variety of reasons, brushing and interdental cleaning alone may be insufficient to maintain an adequate level of plaque control in many people.⁴

Limitations in the oral care routines of patients include:

- The average brushing time is 46 seconds⁵
- Only 31% of people claim to clean between their teeth with floss,⁶ despite agreement that flossing is necessary to protect oral health^{7,8}
- Patients can lack the manual dexterity, the time or find flossing painful.^{9,10}

It is widely accepted that the bacteria present in dental plaque are a major cause of caries and periodontal disease, and that prevention of these conditions requires removal of that plaque.¹¹

Whilst the standard recommendation is to brush the teeth and clean interdentally, evidence suggests that the adjunctive use of a mouthwash may provide benefits beyond mechanical cleaning.¹²

Rinsing reaches virtually 100% of the mouth¹³ and LISTERINE penetrates the plaque biofilm, kills 99.9% of germs and helps reduce the repopulation rate of bacteria.^{14,15,16,17}

New published data reveals how to tackle interproximal plaque with essential oils-based LISTERINE.

For patients who brush and floss, adding LISTERINE reduces interproximal plaque by 28.4% versus brushing and flossing alone.¹⁸ And, for those who don't floss, LISTERINE is shown to reduce interproximal plaque above the gumline by 4.6x versus floss.¹⁹ Of course, not all patients are the same – attack plaque from every angle. Make an evidence-based recommendation with LISTERINE.

<https://www.listerineprofessional.co.uk/>

References

1. Department of Health and Social Care. *Delivering better oral health: an evidence-based toolkit for prevention*. Chapter 5. 2021. Available at: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-5-periodontal-diseases> (accessed May 2021).
2. Chapple I L C et al. Periodontal health and gingival diseases and conditions on an intact and a reduced periodontium: Consensus report of workgroup 1 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Periodontol* 2018; **89** Suppl 1: S74–S84.
3. Kinane D F, Attström R. Advances in the pathogenesis of periodontitis. Group B consensus report of the fifth European Workshop in Periodontology. *J Clin Periodontol* 2005; **32**(Suppl 6): 130–131.
4. Barnett M L. The rationale for the daily use of an antimicrobial mouthrinse. *JADA* 2006; **137**: 165–215.
5. Gallagher A et al. The effect of brushing time and dentifrice on dental plaque removal in vivo. *J Dent Hyg* 2009; **83**: 111–116.
6. Smith M. Three in ten Brits only brush their teeth once a day. Available at: <https://yougov.co.uk/topics/politics/articles-reports/2017/10/23/three-ten-brits-only-brush-their-teeth-once-a-day> (accessed 25 May 2022).
7. FDI World Dental Federation. How to keep your mouth healthy throughout life. Available at: <https://www.fdiworlddental.org/how-practice-good-oral-hygiene> (accessed 25 May 2022).
8. European Federation of Periodontology. Gum disease: Prevention. Available at: <https://www.efp.org/gum-diseases/gum-disease-prevention/> (accessed 25 May 2022).
9. Dentavox. Why people give up on flossing. Based on results from 'Do you floss' survey, completed by 300 respondents in the period 09/07–07/08/2019. dentavox.dentacoin.com.
10. Ipsos. National Dental Hygiene Survey. Ipsos poll: 27–28 June 2017. Available at: <https://www.ipsos.com/sites/default/files/ct/news/documents/2017-10/National-Dental-Hygiene-Survey-PR-2017-10-18-v1.pdf> (accessed 25 May 2022).
11. Anas B. A single-brushing study to compare plaque removal efficacy of a manual toothbrush, an electric toothbrush and an ultrasonic toothbrush. *J Oral Hyg Health* 2018; doi: 10.4172/2332-0702.1000249.
12. Lynch M C et al. The effects of essential oil mouthrinses with or without alcohol on plaque and gingivitis: a randomized controlled clinical study. *BMC Oral Health* 2018; **18**: 6–15.
13. Kerr W J S, Kelly J, Geddes D A M. The areas of various surfaces in the human mouth from nine years to adulthood. *J Dent Res* 1991; **70**: 1528–1530.
14. Johnson & Johnson internal in vitro study: 103-0391. Johnson & Johnson 2021.
15. Johnson & Johnson internal study: FCLGBP0048. Johnson & Johnson 2021.
16. Johnson & Johnson internal study: CCSORC001793 (Serenity). Johnson & Johnson 2020.
17. Foster J S et al. Effects of antimicrobial agents on oral biofilms in saliva-conditioned flowcell. *Biofilms* 2004; **1**: 5–12.
18. Millemann J et al. Comparative effectiveness of toothbrushing, flossing and mouthrinse regimens on plaque and gingivitis: a 12-week virtually supervised clinical trial. *J Dent Hyg* 2022; **96**: 21–34.
19. Bosma M L et al. Efficacy of flossing and mouthrinsing regimens on plaque and gingivitis: a randomized clinical trial. *J Dent Hyg* 2022; **96**: 8–20.