Neel Kothari discusses the contribution of mouthwashes to oral health

T
imply that patients may be able to effectively self treat.

The US Food and Drugs Agency (FDA) seem to disagree

strongly disagree to mouthwash being used as

by clinical trials; etc but how effective
are these products when stacked
up against thorough cleaning? Are they actually needed or helpful
in the presence of poor cleaning or as a substitute for good oral hygiene.

The FDA, whilst the 'help' that they claim
to offer to families is heavily ad-
vertised, may in turn result in
gum disease. The profes-
sionals in periodontal disease
are effective in preventing
gum disease, but according to the
FDA no such benefit has been
demonstrated.

On a different note, it is worth
questioning the ability of the
population's ability to maintain
their own oral hygiene. Consider
for instance the slogan 'bleeding
gums are bad'. At first glance this
seems hard to argue against, but
if we look at when people actually

with many of the claims made
by the manufacturers and the
FDA has noticed manufacturers
such as Walgreen Co Johnson &
Johnson, and CVS Corp to stop
making unproven claims that
their mouth rinse products can
reduce plaque above the gum
line, promote gum health, and
prevent gum disease. The com-
ments in gingival health, but
are they actually needed or helped

sufficient evidence' that
alcohol-containing mouthwash-
seemingly reiterated in the
FDA's recent conclusion on the
benefit of using mouthwash
products aside, what exactly is
the actual effectiveness at combating
dryness when using an alcohol
content of mouthwash and
effectiveness at combating
halitosis.

Leaving the content of the
products aside, what exactly is
their contribution towards oral
health? Of course many brands
heavily promote clinical stud-
ies that clearly point to improve-
ments in gingival health, but
these tend to be for patients with-
out severe periodontal disease
(a fact often omitted) and often
slogans such as 'nothing is more
effective for gum problems' and
'skills 99.9 per cent of bacteria'
strongly imply that patients
may be able to effectively self treat.

The US Food and Drugs
Agency (FDA) seem to disagree

of development of oral cancer'.

The authors also state that the
risk of acquiring cancer rises al-
most five times for users of alco-
hol-containing mouthwash who
neither smoke nor drink (with a
higher rate of increase for those
who do). Whilst this was disputed
by Yinka Ebo of Cancer Research
UK, who concluded that 'there
is still not enough evidence to sug-
gest that using mouthwash that
contains alcohol will increase the
risk of mouth cancer', many
manufacturers are now introduc-
ing brands with a guaranteed
alcohol-free range. Whilst the risk
of oral cancer has been much
debated, concerns have also been
raised about the effects of
dryness when using an alcohol
containing mouthwash and the
actual effectiveness at combating
halitosis.

‘It is worth questioning whether the termi-
nology used by mouthwash brands helps or
hinders the population's ability to maintain
their own oral hygiene'

Mouthwash: help or hindrance?

Agency (FDA) seem to disagree

proves oral healthcare must be
good, right? I mean, who could
argue with the wealth of evi-
dence supporting fluoridated
toothpastes in reducing caries
rates, or even the efficacy of anti
plaque agents such as chlorhexi-
dine in reducing plaque levels?
Now the manufacturers of many
of these products are very quick
to promote their semi-medici-
nature, but unlike regulated
medicines, very little emphasis is
given to the risks.

Sufficient evidence'

A literature review by McCol-
lough and Farah (Dental Journal
of Australia, 2008) concluded that
there is ‘sufficient evidence’ that
‘alcohol-containing mouthwash-

product as a substitute for good oral hygiene.

Ultimately, whilst many of the claims made
by the manufacturers and the
FDA may be valid, the evidence
supporting the careful use of
mouthwash products is lacking.

Mouthwashes: help or hindrance?

Many leading manufacturers are
introducing children's ranges of
mouthwashes, again with much
of the same rhetoric around kill-
ing bacteria and carefully worded
implications surrounding pre-
venting oral health problems.
Many of the studies used by the
mouthwash manufacturers point
to improvements when looking
at mouthwashes being used as
an adjunct to decent oral clean-
ing, but there is very little evi-
dence supporting the use in the
presence of poor cleaning or as a
substitute for good oral hygiene.

Whilst the 'help' that they claim
to offer to families is heavily ad-
vertised, mouthwash washing
post brushing (hence rinsing of
fluoridated toothpaste) for a high
caries risk child may actually be
a hindrance.

Whilst organisations such as
the FDA have acted to rep-

from a plethora of quasi-scientific
claims which, rather than em-
phising their limited usefulness,
imply to many that they are a
ad-equate replacement to decent oral
cleaning.

Of course, in some situations they can be very
useful and many dentists often
recommend these products with
good results, but this is marred
by a plethora of quasi-scientific
claims which, rather than em-
phising their limited usefulness,
imply to many that they are a
ad-equate replacement to decent oral
cleaning.

Product recall of Sensodyne Repair & Protect
Batch No 031G only

GlaxoSmithKline Consumer Healthcare is taking the precautionary
measure to recall Batch No 031G of Sensodyne Repair & Protect,
a dentine tubule occluding toothpaste for the treatment of dentine
hypersensitivity.

It has come to our attention through consumer reports and now
from our own thorough investigations that this batch contains
some larger (1 – 2 mm) particles of the occluding material (calcium
sodium phosphosilicate – NovaMin™ – normal particle size range
typically less than 75 microns). These larger particles are noticeable
by the end user. GSK’s investigation concluded that these larger
particles may scratch the gums when brushing, which may cause
the gums to bleed. Therefore GSK will be taking the precautionary
measure to recall this batch. Only a very small number of such
cases have been reported. Patients have been advised to contact
their dentist if they experience bleeding from the gums after using
this product.

We regret any inconvenience this may cause.

What you/your patients should do:

• If you/your patient have a pack of Sensodyne Repair & Protect
please check to see if it is Batch No 031G
• If you have Batch No 031G please stop using it and return any
packs (used or unused) to the following address for a refund:

Consumer Affairs Dept (Sensodyne)
GlaxoSmithKline Consumer Healthcare
Brentford
TW8 9GS

Please enquire for contact details
in the envelope
• If you have any questions please call
the freephone number below
• If the batch code is NOT 031G then you
do not need to take any action

Freephone helpline:
0800 652 4500
8.30am-6pm Monday to Friday with an answer phone outside of these hours

Consumer health and safety is of utmost importance to GSK.

About the author

Neel Kothari qualified as a den-
sist from Bristol University Dental
School in 2005, and currently
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