

The role of the antiseptic mouthwash

as an adjunct to brushing and flossing

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I would firstly like to say thank you for this opportunity to investigate the effects of antiseptic mouthwash. I have recently rediscovered the world of dental research, and the wealth of information that is available to support everyday practice.

My eyes have also been opened to the world of retail. In terms of consumer led product trends the news is good for oral health, mouthwash matters!

The humble twice daily mouthwash which took a back seat in oral health management when I was a student is in retail terms experiencing a huge renaissance. IRI figures show that in 2005-2006 Britons spent £97 million on mouthwash, which represents a staggering growth of 20% in a year¹.

If you look in a typical supermarket for mouthwash, the choice can be daunting, even for a dental professional! Increasingly, patients are requesting advice on product selection and seeking a professional endorsement. The aim of this article is to provide an update on current mouthwashes, their modes of action and effectiveness. This will enable you to convey correct and

concise product advice when called for. So let us look at the science first.

The problem

In the last UK Adult Dental Health Survey, 72% of subjects had visible plaque on their teeth². 43% of adults were experiencing mild to moderate symptoms of periodontitis and in 8% of cases they were severe².

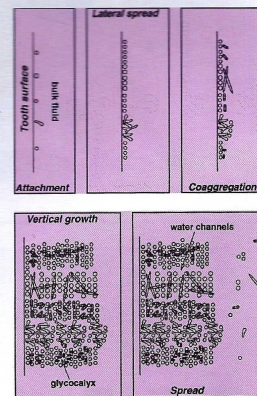
Globally the trends are similar irrespective of ethnicity, age or gender. With an increasing number of adults retaining their teeth into old age we have a situation where oral hygiene must be put to the fore to avoid a periodontal pandemic.

Plaque control issues

Teeth only represent 24% of the surface area of the mouth³ and studies have shown that you cannot guarantee gingival health stability and adequate plaque control by purely tooth brushing alone.

If interdental brushes/floss are added to the equation then the results improve. But because of the nature of the plaque biofilm and its adherence/resistance properties, the impact of mechanical interventions are somewhat limited.

Dental plaque biofilm formation is a three-step process. Following the formation of a pellicle, pioneer microorganisms will adhere to it, proliferate and form colonies. The final stage involves the aggregation of filamentous organisms and spirochetes into a cohesive plaque biofilm.



Stages involved in plaque biofilm formation

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