Gingivitis is estimated to affect 63%-100% of the world’s population at some point in their lives. Left untreated, gingivitis can progress to more serious conditions, such as periodontitis. Approximately 2% of adults are affected by severe periodontitis, a major cause of tooth loss and the sixth most prevalent condition in the Global Burden of Disease Study (GBD) 2010. Plaque control is fundamental to achieving oral health. Current recommendations for at-home oral care focusing on mechanical methods only (brushing and interdental cleaning) continue to be the standard within the dental professional community. Despite the focus on mechanical methods, the incidence of gingival inflammation still remains high. Although brushing and other mechanical methods of interdental cleaning remove plaque from the tooth surface, the tooth surface represents only 25% of the oral surface exposed to bacteria. Other areas of the mouth can act as reservoirs for bacteria that can then re-colonize bacteria on teeth following dental prophylaxis or treatment. A breadth of systematic reviews and meta-analyses have reported that mouthrinses can provide a benefit beyond mechanical oral hygiene alone in preventing plaque accumulation and gingivitis. Systematic reviews and meta-analyses are vital components to making evidence-based treatment recommendations in medicine and dentistry. A recent landmark meta-analysis was conducted that evaluated studies with a focus on applicable outcomes to clinical practice (JADA, August 2015, available at http://goo.gl/w269tT). The meta-analysis reviewed randomized, observer-blind, placebo-controlled, published as well as unpublished clinical studies assessing the effect of an essential oil-containing mouthrinse (MMEO) vs mechanical method (MM) in subjects with mild-to-moderate plaque and gingivitis (typical mild to moderate plaque and gingivitis inclusion criteria of MGI ≥ 1.75 and PI ≥ 1.95). The magnitude of the pooled study is noteworthy—over 3 decades of data, 29 studies spanning 3 different countries, 6-months’ duration, over 5000 patients, and 500,000 gingival sites. Results from the meta-analysis demonstrated clinically relevant benefits of the daily use of EO mouthrinse for preventing gingivitis and plaque buildup beyond mechanical hygiene alone. Specifically, at 6 months, MMEO subjects had 5 times higher odds of having healthy sites (MGI ≤ 1: mild inflammation of any portion of gingival unit to no inflammation at all) versus MM subjects, and >7 times higher odds of having “no detectable plaque” sites (PI ≤ 1: isolated flecks of plaque at gingival margin to no plaque). MMEO subjects had 5x higher odds of having healthy sites and >7x higher odds of having “no detectable plaque” sites than MM subjects.

Despite preventive measures that are readily accessible, oral disease—impacting approximately 3.9 billion people—remains a significant global burden.

In recent years, the integral and essential role that oral health plays in overall general health has been acknowledged by widely recognized health organizations. And, while there have been advances in understanding the importance of this connection, much still needs to be done to incorporate a new oral health care model into clinical best practices—one that regards oral care as an integral part of general health, addresses the needs and demands of the public and the right of each individual to good oral health, and shifts from a traditionally curative approach to one of prevention and promotion of good oral health. Preventive daily oral care starts at home. Implementation of a long-term oral care routine that provides almost 8x higher odds for “no detectable plaque” sites and 5x higher odds for healthy sites can be compelling information for dental professionals when educating patients on the appropriate at-home oral care routine.
YOUR CLIENTS ARE ONLY DOING HALF THE JOB WHEN THEY BRUSH & FLOSS

*Based on overall mean percentage of healthy sites per subject after 6 months. Post hoc analysis of Sharma et al clinical study. A randomized, 6-month, controlled, observer-blind, parallel-group clinical trial, conducted according to American Dental Association guidelines; n=137 healthy subjects with mild-to-moderate gingivitis evaluable at both 3 and 6 months. Subjects rinsed twice daily for 30 seconds with 20 mL of LISTERINE® COOL MINT™ at least 4 hours apart.


For adults and children 12 years and older.

LISTERINE® TOTAL CARE® mouthwash contains: menthol 0.042% w/v, thymol 0.063% w/v, eucalyptol 0.091% w/v, sodium fluoride 0.022% w/v, zinc chloride 0.09% w/v. Use after brushing teeth with toothpaste. Rinse full strength with 20 mL for 30 seconds twice per day. Do not swallow. Do not eat or drink for 30 minutes after use.

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ADDING LISTERINE® ANTISEPTIC RESULTS IN 2X AS MANY HEALTHY GINGIVAL SITES VERSUS JUST BRUSHING AND FLOSSING.*1

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