Classic versus modern: Comparison of new method of professional dental cleaning

By Adina Maurer, Germany

The early work of prophylaxis pioneers Axelson and Linthi in the late 70s already described the content and procedure of a dental prophylaxis session. Due to scientific and technological progress, new possibilities are available today that enable professional dental cleaning in a more efficient, effective and gentle way (minimally abrasive andatraumatic) with increased

Middle East’s Dentist Meet Recommends Power Brushes for Improved Oral Hygiene

First dental consensus agrees that electric power brushing is best for oral health; 80 per cent of children between 12-15 years have unhealthy gums, according to research by the Dubai Healthcare Authority

By Oral-B

Dubai, UAE: A group of the Middle East’s leading dentists have come together to agree on how best to promote good oral hygiene through brushing. Held in Dubai at the end of August and supported by Procter & Gamble, the first dental consensus has issued a series of recommendations to help improve oral hygiene in the region. These proposals, which focused on tooth brushing habits across the Middle East, include an agreement that electric power brushes are more effective at maintaining oral health, and that Bluetooth enabled power brushes have the potential to encourage better oral care among children.

Co-chaired by Hamdan Bin Mohammd’s College of Dental Medicine’s Professor Crawford Bain and Dr Arwa Al Sayed, Director for the Saudi Board of Periodontics, the meeting of ten dentists from Lebanon, Oman, Saudi Arabia and the United Arab Emirates met for two days to discuss how best to promote better brushing habits among the region’s consumers. Research undertaken by the Dubai Healthcare Authority in February of this year found that 80 percent of children in Dubai between the ages of 12 and 15 have unhealthy gums.

The group agreed on the following recommendations:

1. Evidence suggests that power brushes are more effective in the short & long term compared to manual brushes.
2. Evidence suggests that oscillating-rotating mode of action are more effective than others at reducing and preventing gingivitis in the short & long term.
3. Bluetooth enabled power brushes with interactive apps and smart guides have the potential to aid in better compliance from children.
4. Power brushes with an oscillating-rotating mode of action are more effective than others at reducing and preventing gingivitis.
5. Power brushes with an integrated pressure feedback mechanism could have the potential of reducing soft & hard tissue abrasion.

Toothpaste app?

By Kimberly Bray, RDH, MS

What determines your level of confidence in recommending a product to your patients? My confidence level depends on doing some of my own research and coming to my own conclusions.

When I first heard about Crest Pro-Health toothpaste and the wide range of cosmetic and therapeutic benefits it provides, I have to admit I was curious. The only product I own that can do just about anything is my smartphone! It’s a phone, camera, iPod, and so much more! Then I started wondering, what if toothpaste could work that way, providing all of the key oral health benefits in a single tube? What would be the advantages? As it turns out, I could think of quite a few:

• Convenience. Many patients just don’t have time to use more than one oral care product to get a wide range of benefits. They would prefer to simply use one product.
• No trade-offs. Patients could get therapeutic benefits without trading off cosmetic benefits of extrinsic whitening, tartar control, and breath protection.
• No selection required. Unlike my smartphone, where I select the app I want, a multi-benefit dentifrice would provide all of the benefits with each use.
• Widely applicable. It would be a product that would offer benefits for both teens and adults alike.
• Provide therapeutic protection. It would provide protection against caries, plaque, gingivitis, and sensitivity.

My list of potential benefits turned out to be pretty impressive. So I decided to do some research on Crest Pro-Health toothpaste. Here are the questions I asked and what I learned:

What is the basis for Crest Pro-Health formulations? Crest Pro-Health (CPH) dentifrice is based on a unique, patented system of stabilized stannous fluoride (SnF2) and a cosmetic ingredient, sodium hexametaphosphate (NaHMP).

Figure 1. Crest Pro-Health is compared to an app-like “smart toothpaste.”
Stannous fluoride has a long history of use in oral products for protection against caries, sensitivity, plaque, gingivitis, and oral malodor.1 Crest with Fluoristan, introduced by Procter & Gamble (P&G) in 1955, contained SnF2 and was the first dentifrice to receive the American Dental Association (ADA) Seal of Acceptance for the therapeutic prevention of caries. Stannous fluoride is the only fluoride source to provide benefits against caries, sensitivity, and plaque/gingivitis. It was the potential of this multi-benefit therapeutic agent that motivated P&G scientists to work for more than three decades to overcome the early limitations of SnF2-based dentifrices. These limitations included formula stability, an astringent taste, and mild extrinsic staining of teeth in some patients.

One breakthrough along the way was the discovery of polyphosphates, such as NaHMP, as cosmetic agents. Pyrophosphates were used in Crest Tartar Control dentifrices to provide tartar control benefits. Compared to pyrophosphate, NaHMP is a large polymer with more potential attachment sites to the tooth surface. It is being adsorbed to tooth enamel, which provides surface stain resistance with calcification of plaque to provide tartar control benefits. NaHMP was successfully used in Crest toothpastes to improve whitening benefits. The successful formulation of NaHMP and stabilized SnF2 in a single dentifrice formulation is the key breakthrough leading to the introduction of CPH dentifrice in 2005.

How does CPH dentifrice perform?

CPH dentifrices containing a system of stabilized SnF2 and NaHMP have been shown to provide a full range of therapeutic and cosmetic benefits (see Figure 1). The efficacy of these products has been demonstrated in randomized, blinded, controlled, and independent clinical studies. Based on these clinical studies, CPH dentifrice has been awarded the Seal of Acceptance from the ADA in five categories: cavities; gingivitis and plaque; oral malodor; sensitivity; and whitening. In fact, CPH dentifrice is the only toothpaste on the market to earn acceptance in all five categories.

Efficacy demonstrated in technical studies, clinical trials

Over 80 publications and research presentations support the efficacy of CPH dentifrice. The results show CPH dentifrice is:

1. Effective in preventing and reducing the incidence of caries. Use of a fluoride-containing dentifrice is known to be effective in reducing caries and reversing early carious lesions by promoting remineralization and preventing demineralization.2

In addition, fluoride may also limit the production of acid associated with cariogenic bacteria.1 Stokey et al. conducted a two-year clinical trial with 955 subjects. A dual- phase prototype of CPH dentifrice provided 77% to 25% fewer caries relative to a standard sodium fluoride (NaF) dentifrice.3 Efficacy benefits were also demonstrated by Weile et al. in an in situ study.

2. Effective in building protection against dentinal hypersensitivity. Laboratory studies show SnF2 reacts to form precipitates, which include dentinal tubules and provide sensitivity relief. Figure 2 shows high magnification scanning electron micrographs (SEM) of human enamel tubules before and after the use of CPH dentifrice.1

Independent clinical studies have shown increased salivary flow, and long-term sensitivity relief as measured by tactile and thermal methods compared to standard fluoride negative controls. Results from one clinical study showed a 44% decrease in thermal sensitivity and up to a two times greater tolerance in tactile sensitivity after eight weeks of use.9

3. Effective in reducing plaque and gingivitis. These benefits are due to the broad spectrum antibacterial effect of CPH dentifrice. CPH reduces the development of gingivitis. Gingivitis, if left untreated, can lead to periodontal disease, which can eventually lead to tooth loss. Emerging research suggests that poor oral health habits are linked to systemic conditions.5 Figure 5 demonstrates that the antibacterial activity of CPH dentifrice remains strong for 16 hours to control a biofilm (live/dead assay).6

Numerous clinical studies, ranging from short-term studies to six-month clinical trials, have shown significant improvements in plaque, gingival inflammation, and bleeding after use of CPH dentifrice related to positive and negative controls.6,10

4. Effective in reducing breath malodor. The antibacterial action of SnF2 inhibits the breakdown of residual proteins in the mouth to form volatile sulfur compounds responsible for oral malodor. Surface-dependent clinical studies involving a total of 75 subjects showed significant reductions in halitosis overnight after using CPH dentifrice compared to a standard NaF control.11

A longer-term study12 of 71 subjects showed significant reductions in halitosis after one week and three weeks of CPH use compared to a standard NaF control.

5. Effective in reducing formation of calculus. Laboratory studies have shown that NaHMP significantly reduces the crystal growth and mineralization of plaque either in aqueous solution or in a dentifrice compared to a conventional anti-tartar dentifrice containing pyrophosphate.13,14 Two separate clinical trials evaluated by results of two independent six-month clinical trials in volunteers showed a 56% and 55% reduction in calculus formation compared to marketed controls at six months.12,15

6. Effective in whitening teeth by removal and prevention of extrinsic stains. Use of CPH dentifrice was conduct ed by results of two independent, six-month clinical trials in volunteers. A CPH prototype showed a 56% and 55% reduction in calculus formation compared to positive controls.12,13

7. Effective in improving the sensitivity of CPH dentifrice. CPH contains pyrophosphate.21 One of the studies found a 42% decrease in thermal sensitivity and 44% decrease in patient perception of thermal sensitivity.22

What do patients and professionals think about CPH?

The efficacy of CPH dentifrice is supported by extensive body of clinical evidence. However, its success ultimately depends upon its effectiveness and acceptability to users in the home environment. The question is the benefits measured or observed in a controlled clinical environment by clinical specialists translate to product acceptance in the home. In other words, are dental benefits observed by patients and dental professionals in clinical studies evident when used in the home environment? These questions have been addressed in two recent home-use studies. These studies showed that CPH dentifrice is effective for a number of benefits and acceptable to both patients and dental professionals who used it at home as part of their normal oral hygiene routine.

Practice-based assessment.

A practice-based assessment of CPH dentifrice was conducted among patients across the USA.26 In this study, both patients and their dental professionals were interviewed. The responses to the questions were addressed in two recent home-use studies. These studies showed that CPH dentifrice is effective for a number of benefits and acceptable to both patients and dental professionals who used it at home as part of their normal oral hygiene routine.

When asked why they would recommend CPH to more of their patients now that they have experienced the product themselves (see Figure 6), some responses given were:

• 100% agreed that dentifrices containing SnF2 benefit their patients more than other toothpastes
• 91% said they had recommended CPH dentifrice to patients in the past and 96% said they would recommend CPH in the future as a patient service
• 96% indicated they would continue the use of CPH
• 92% agreed that dentifrices containing SnF2 benefit their patients more than other toothpastes
• 91% indicated they would continue the use of CPH
• 90% said they had recommended CPH dentifrice to patients in the past and 96% said they would recommend CPH in the future as a patient service

When asked why they would recommend CPH to more of their patients now that they have experienced the product themselves (see Figure 6), some responses given were:

• ‘I believe patients can benefit from this product’
• ‘I can only vouch for a product I have personally used and liked’
• ‘I believe this is the best product on the market right now’
• ‘Orthodontic patients need extra level of protection’
• ‘It feels clean, and there was noticeable plaque reduction in my mouth’
• ‘It helped with my sensitivity and has a nice, refreshing taste. It’s also good for the gums.’

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in controlled clinical trials translates into effectiveness and acceptability among both patients and dental professionals.

Recent studies have shown that dental care routines that include CPH, an Oral-B oscillating-rotating power toothbrush, and regular use of dental floss can further enhance oral care benefits to patients.

These findings show that you can be confident in recommending CPH dentifrice to your patients, knowing that the vast majority are likely to notice and appreciate benefits of a clean, healthy mouth and gums.

About the Author
Kimberly Bray is professor and director for the Division of Dental Hygiene at the University of Missouri-Kansas City School of Dentistry. She currently teaches in three degree programs including two degrees with distance learning options.

Prof. Bray has 24 years of clinical experience in both general and periodontal practice with research interests in patient adherence, alternative learning strategies, and product efficacy.

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The two-day meeting was attended by Professor Khaled Balto, Chairman Department of Endodontics at King Abdulaziz University, and King Saud University's Dr. Montasser Al-Quth, Associate Professor in Periodontology & Implantology, both from Saudi Arabia, and Dr. Naheel Al-Sabeeha, Consultant Prosthodontist at the Ministry of Health in Ras Al Khaimah, Dr. Elias Berdouses, Assistant Professor Department of Paediatric Dentistry at Dubai's European University College, Dubai-based Dr. Ajay Juneja, Specialist Prosthodontist and Esthetic Dentist, Dr. Eftherios Kaklamanos, Assistant Professor of Orthodontics, at the Hamdan Bin Mohammed College of Dental Medicine, all of whom are based in the UAE, as well as Dr. Badar Monir Zaki, Senior Consultant Orthodontics & Dentofacial Orthopedics, AI Nahda Hospital from Oman and Dr. Nabih Nader, Clinical Chief Oral & Maxillofacial Surgery Department, from the Beirut-based Lebanese University.

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comfort for patients and dental staff. Hand instruments that have only limited tissue-preserving properties can be replaced in preservation therapy by ultrasonic instruments (Piezon, EMS Electro Medical Systems, Munich) and air polishing (Air-Flow with low abrasive: erythritol-based plus powder, EMS) for the benefit of dental staff and patients. In the following article, the classical method (Axelson / Linthout) is compared to the modern method (guided biofilm therapy) based on a patient case.

Using the example of a 20-year-old patient with braces, increased plaque deposits and a hyperplastic gingiva, the author describes the procedure, the implementation and time management of a structured, professional prophylaxis session. The upper jaw was treated with the modern method using piezo technology (EMS No Pain) and air-flow technology (EMS, Air-Flow with Plus powder). The lower jaw was treated according to the classic, conventional method (hand instruments, ultrasonic technology, polishing cup, brush, polishing paste CCS red and Proxifin, Ivoryflex, Vivadent, Elgydium).

Procedure (work phases)

1. Workplace preparation

It is advisable to specifically set up basic tools and products for the respective treatment measures of the patient and to prepare them accordingly (Fig. 1-5). In that way you can save a lot of time during the prophylaxis treatment and simplify compliance with the hygiene chain.

2. Patient pick-up and repeat amnesianum (2 minutes)

A short introductory talk, in which specific needs and questions can be addressed, gives the patient a sense of having arrived, creates trust and conveys interest and professionalism. This is followed by the control and questions on the case history. This vital step has the objective of ascertaining changes in health, new risks, prevention of infections and medicines, and integrating them into the treatment process. This information helps to clarify and ensure that the right technical and material resources are used for the prophylaxis session without exposing the patient or dental staff to any health risks. Only after clarification can the professional cleaning session begin.

3. Disinfection of oral cavity (1-2 minutes)

In order to reduce the number of bacteria prior to further treatment, rinsing with 0.2% chlorhexidine solution (Rinseguard) is recommended. Another modern way is to clean the entire oral cavity (full-mouth treatment according to Flumex) including tongue, cheek, palate and mucosal fold using air-flow technology and Plus powder in a gentle and simple manner (Fig. 4). This seemingly simple step already serves to carry out successful biofilm management (guided biofilm therapy).

4. Diagnostics (7 minutes)

After the visual inspection of the teeth, the latest findings of the inspection of the mucous membranes in the oral cavity. This is where tongue surface, palate, base of the mouth, the mucosal fold as well as lips and inner surfaces of the cheeks are accurately inspected. After that, a re-evaluation of caries risk, the documentation and erosion diagnosis is carried out. The documentation of probing depths, oral hygiene and the preparation of the respective findings. This is where electronic systems that enable a quick and accurate examination have proven their worth. In order to ascertain the plaque index, it is helpful to stain the teeth using Mira 2 ton (miradent, Hager & Werken GmbH & Co. KG, Duisburg). The patient situation can be represented neutrally and made visible (Fig. 5). In order to obtain an accurate reproducibility of the index, it is advisable for the entire team involved in prophylaxis to focus on the documentation and evaluation of a patient index for 5 minutes.

5. Oral hygiene instruction and removal (5 minutes)

The diagnostic findings should be discussed in detail with the patient. They are the basis for a common dialogue and reevaluation of the motivation of oral hygiene measures at home. Only if patients understand their situation, can better compliance be expected. Visual aids such as a magnifying mirror and an intraoral camera are very useful for instructional purposes. Based on the obtained findings, patients should then be individually instructed on the use of some of the many available tools (manual toothbrush, rotating or sonic toothbrush, toothpastes, interproximal brushes, toothpicks, tongue cleaners, etc.) but not be overwhelmed with too many deep-and-quick cleanings. In summary, it must be stressed that in order to achieve effective oral hygiene, the instruction and motivation of patients is a central and challenging component of professional prophylaxis sessions. The selection of the appropriate tools and materials depends on the individual needs and abilities of the patient.

6. Treatment preparation (2 minutes)

This includes the use of safety glasses as a protection against infections for both the dental staff and the patient. Furthermore, hands should be protected by putting cream on them. Patient comfort can likewise be increased by using an Optragate rubber appliance (Ivoclar Vivadent), which allows a clear view of the oral cavity. This use of paroxy rolls also be very helpful.

7. Professional tooth cleaning (30 minutes)

7.1. Modern preservation therapy (general)

Modern professional dental cleaning involves the removal of hard and soft deposits in a particularly gentle way. Biofilm management today plays an increasingly important role. With the air-polishing technology and predistilled water, the surfaces are not only cleaned and subjected to biofilm management in supragingival and subgingival regions, but also in subgingival regions even into cervical areas and root surfaces are treated in a painless manner and patient comfort is increased. Only in exceptional cases is re-polishing with air-flow technology and erythritol powder (Plus, EMS necessary). Even in cases of a hyperplastic gingiva, sulcular cleaning and polishing was necessary. This case is intended to carry out successful biofilm management here, too. It was therefore possible to continue with the air-flow technology and erythritol (without traumatizing the tissue). The patient thought the treatment was very pleasant.

7.2. Modern preservation therapy (patient case)

The same initial situation was at hand in the lower jaw, too. Here conventional materials were used in addition to ultrasonic, hand tool polishing, cup polishing, brushing paste CCS red (Proxifin fine). With the help of mechanical and manual instruments, the calculus was removed in supragingival and sulcular regions. Afterwards, a prophylaxis was followed using a polishing paste (CCS red) and various soft brushes of different sizes. The coarse polishing was carried out with a soft polishing cup with a fine polishing paste (Proxifin) (Fig. 6, lower jaw). The difficult-to-reach areas, which turned out to be very hard to reach or not sufficiently accessible. Polishing and biofilm management cannot be carried out as precisely in sulcular regions. Minor injuries to the gingiva were caused quickly. Especially in the region of the brackets, the cleaning was more difficult than using air-flow polishing and erythritol (Plus). Compared to the treatment in the upper jaw with Air-Flow and air-flow technology Plus, more materials, tools and time were needed in the lower jaw. Cleaning with air-flow technology Plus was more precise in terms of cleaning success.

8. Control of the degree of perfection and chemical plaque control (10 minutes)

Control of the cleaning performance that was done very well with a fine probe (here: Hu Friedy 5X 5G, Frankfurt/Main) and magnifying glasses. It followed the inspection by the dentist and a chemical plaque control. As a result of a successful reeducation and a high degree of cooperation, hand, a 1% chlorhexigemel solution was used. The fluoridation gel or mouth rinse was used in the next session two days later.

9. Recall (2 minutes)

Regular professional care is a basic element of prevention. It is important to determine an appropriate time for the follow-up consultation based on the basis of the respective findings. This depends on individual habits, patient compliance and is usually determined according to the risk groups (individual, age-specific, risk-based prophylaxis).

Conclusion

A paradigm shift is currently taking place when it comes to the procedures and implementation of professional preservation therapy, which makes it necessary to critically re-think the tools and technology. New technical conditions are provided. It is time to start using the simplified, more efficient, effective, comfortable and above all – substance-conserving treatment methods for the good and the health of our patients.

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Oral health and diabetes discussed at premier event in Singapore

By Dental Tribune International

SINGAPORE: Among developed nations, Singapore has the second-highest proportion of diabetics, according to a recent report by the International Diabetes Federation. As the condition continues to be a growing concern owing to the increasingly sedentary lifestyle and high-calorie diets of Singaporeans, the city-state was the ideal place for the Joslin–Sunstar Diabetes Education Initiative (JSDEI) to hold its first Diabetes, Oral Health and Nutrition Symposium in Asia. The one-day event took place last week at the Swissotel The Stamford. Attended by Singapore Chief Dental Officer Patrick Tseng and Japanese Ambassador Haruhisa Takeuchi as part of the S$50 celebrations (a number of events to commemorate 50 years of diplomatic ties between Singapore and Japan), it provided the latest information on the two-way relationship between diabetes and oral health. Over 500 international leading medical and dental health care global experts, including Dr George King, Senior Vice President, Chief Scientific Officer and Director of Research at the Joslin Diabetes Center in Boston in the US, among others, presented the latest findings on the interrelationships, innovations and interactions between periodontitis and diabetes.

Future strategies on oral and systemic health, as well as how JSDEI’s efforts at strengthening the ties between the medical and dental fields were also discussed.

According to the initiative, increasing evidence supports the existence of an association between periodontal disease and diabetes. The latest research has shown that not only are people with diabetes more susceptible to serious periodontal disease, but the condition may also have the potential to affect blood glucose control and contribute to the progression of diabetes.

Recognising that early and proper treatment of periodontal disease can have a profound effect on the control of diabetes and its complications, the Sunstar Foundation established the JSDEI in April 2008 with the Joslin Diabetes Center, the world’s largest diabetes research and clinical care organisation dedicated to the prevention, treatment and cure of diabetes, affiliated with the Harvard Medical School, to engage in education and research to improve knowledge and practices in this field.

In addition to its symposium in Asia, it has organised an annual event under the same name in Europe.

Established almost 40 years ago, the Sunstar Foundation for Oral Health Promotion has achieved international recognition for the significant benefits to society gained through its efforts to improve oral care and promote dental health through various activities.
Dentine hypersensitivity protection, now in a daily mouthwash

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* Rinse twice daily after brushing with a fluoride toothpaste.
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