

CDHA position statement: Interdental brushing

On February 25, 2014, the Canadian Dental Hygienists Association (CDHA) Board of Directors endorsed the following position statement on interdental brushing and the practice guideline, “Interdental Brushing or Flossing: Self-Care Recommendations for Clients with Interdental Inflammation.”

POSITION STATEMENT

Interdental self-care is important for disrupting the oral biofilm and maintaining oral health.¹ The use of an interdental brush is an effective alternative to dental floss in achieving interproximal health by eliminating both plaque and bleeding. When assessing a client's ability and motivation for daily interdental self-care, it is recommended that the practitioner consider the following factors:

1. The client's preferences
2. The cost and availability of the product
3. The intraoral anatomy, such as the presence of fixed prostheses and orthodontics, and the anatomy of embrasure space

CDHA recommends that further research be undertaken to

- develop an accurate and reliable index for assessing interproximal dental plaque. This is particularly important in assessing Type 1 embrasures where visibility is limited and for incorporating the recent developments in oral biofilm maturation and its effects on gingival inflammation.¹
- investigate other interdental aids' effectiveness in Type 1 embrasures as viable alternatives to dental floss for clients who lack dexterity.¹
- study long-term compliance with and effectiveness of interdental aids to address the Hawthorne effect on the short-term results.¹
- study long-term unintended outcomes and/or consequences of interdental brush use on hard and soft tissues.

Endnote

¹Imai PH, Yu X, MacDonald D. Comparison of interdental brush to dental floss for reduction of clinical parameters of periodontal disease: a systematic review. *Can J Dent Hyg.* 2012;46(1):63-78.

BIBLIOGRAPHY

Chongcharoen N, Lulic M, Lang NP. Effectiveness of different interdental brushes on cleaning the interproximal surfaces of teeth and implants: a randomized controlled, double-blind cross-over study. *Clin Oral Impl Res.* 2012;23:635-40.

Imai PH, Yu X, MacDonald D. Comparison of interdental brush to dental floss for reduction of clinical parameters of periodontal disease: a systematic review. *Can J Dent Hyg.* 2012;46(1):63-78.

Ishak N, Watts TLP. A comparison of the efficacy and ease of use of dental floss and interproximal brushes in a randomised split mouth trial incorporating an assessment of subgingival plaque. *Oral Health Prev Dent.* 2007;5:13-18.

Slot DE, Dorfer CE, Van der Weijden GA. The efficacy of interdental brushes on plaque and parameters of periodontal inflammation: a systematic review. *Int J Dent Hyg.* 2008;6:253-64.

Tu Y-K, Jackson M, Kellett M, Clerehugh V. Direct and indirect effects of interdental hygiene in a clinical trial. *J Dent Res.* 2008;87(11):1037-42.

NOTE

This position statement considered research studies that compared interdental brushing with the use of dental floss. The research papers selected did not compare interdental brushing with other interdental devices.

PRACTICE GUIDELINE

Interdental Brushing or Flossing: Self-Care Recommendations for Clients with Interdental Inflammation

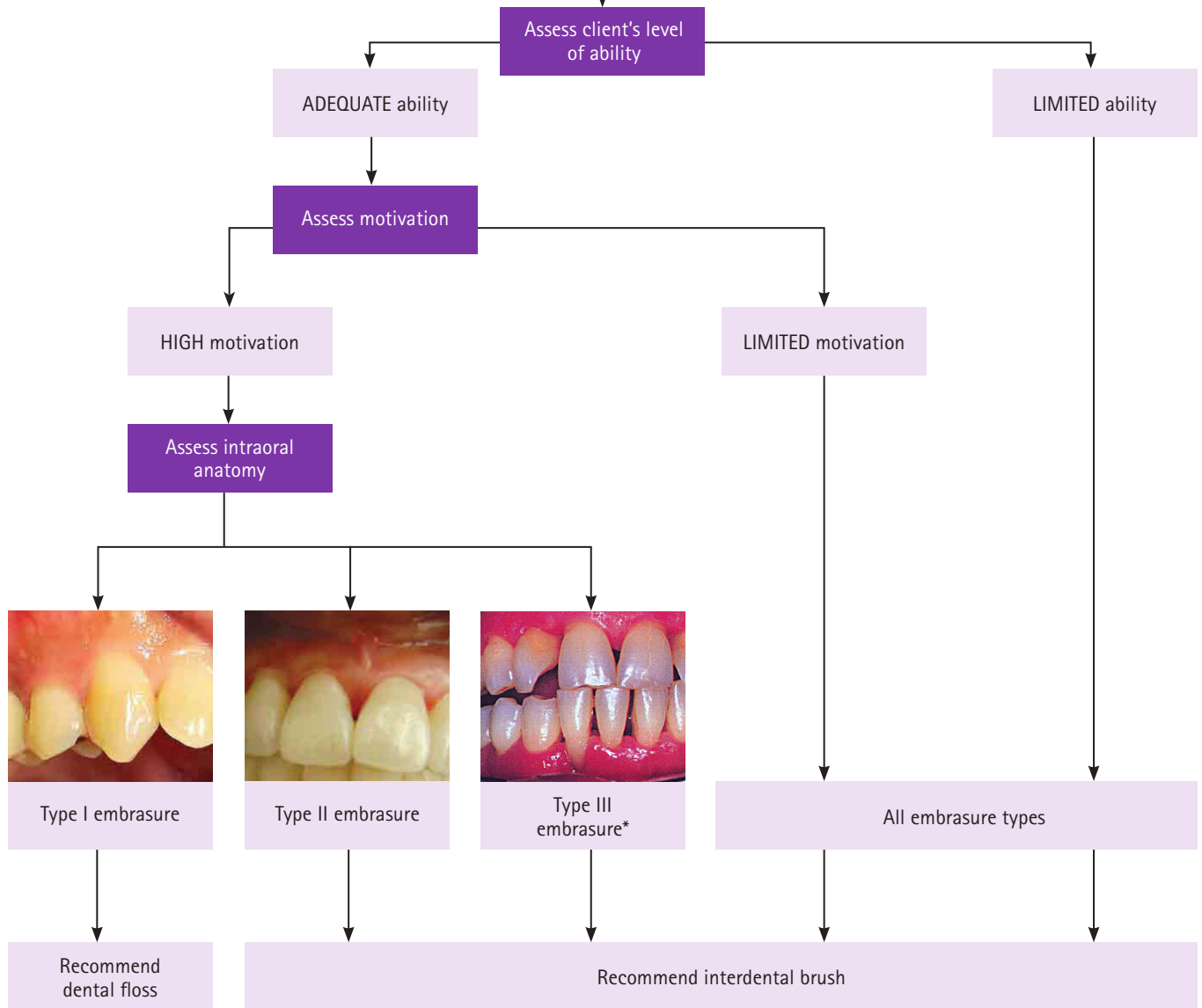
Client with interdental inflammation



Clinical signs:

- redness
- swelling
- soft interdental papilla
- bleeding (with or without stimulation)
- plaque (visible or not)

All are related to plaque biofilm, gingivitis and/or periodontitis



* Photo courtesy Sherry Saunderson