



Talking Points: FLOSSING

- Plaque is an invisible blanket of bacteria that develops on our teeth every day.
- If the plaque remains undisturbed, it can begin to harden into calculus (commonly known as tartar).
- Calculus cannot be removed by an individual and must be taken off by an oral health professional.
- Calculus creates a rough surface, which can harbour more plaque, which in turn can irritate the tissues.
- Toothbrushing is ineffective in reaching the areas where the teeth touch, as well as the area under the edge of the gums. This area can be accessed by dental floss.
- The effectiveness of flossing is dependent on technique.
- Many individuals do not use floss properly and therefore do not achieve good results.
- Dental hygienists make **personalized recommendations for clients** based on a thorough assessment of the client's mouth and after consideration of the client's manual dexterity and ability to manipulate dental floss effectively.
- Flossing may be part of the recommendations made for home care.
- As indicated in recent media reports, there is no strong evidence of flossing effectiveness.
- Cochrane, in 2011, also looked at the evidence around flossing to reduce gum disease and tooth decay http://www.cochrane.org/CD008829/ORAL_flossing-to-reduce-gum-disease-and-tooth-decay
- Cochrane reported that there is some evidence from twelve studies that flossing in addition to toothbrushing reduces gingivitis compared to toothbrushing alone.
- Gingivitis is the beginning stage of periodontal disease and is experienced by many people in Canada
- Since flossing has the potential to reduce gingivitis and can help prevent the disease from progressing into a more serious periodontitis, dental hygienists would be remiss as health professionals not to recommend flossing to people suffering from, or at risk of developing, gingivitis
- We also need to remember that the authors of the report that CBC referenced stated that there was **no strong evidence of flossing effectiveness**. Lack of evidence does **not** mean it's not effective. Ethical and methodological complexities make it extremely challenging to **prove** effectiveness. For example, it would be unethical for researchers to tell half the participants NOT to floss at all in order to compare them to flossers. If a researcher wanted to measure a reduction in caries, the study would need to be several years in length, which would also raise ethical concerns.
- It has been mentioned that the studies conducted to date have been of short duration. It may be that the short duration was necessary in order to allow the participants who developed some signs of disease to reverse the process before irreversible damage occurred.
- The fact that the revised 2015 US Dietary Guidelines for Americans do not include a statement on flossing does not mean that Canadian dental hygienists should change our evidence-based, individualized approach to client care.