



ORAL RINSING RECOMMENDATIONS FOR PERIODONTAL HEALTH

CANADIAN DENTAL HYGIENISTS ASSOCIATION POSITION STATEMENT¹

Dental hygienists are encouraged to recommend a demonstrated effective and safe therapeutic oral rinse to their adult clients to complement home care routines for the reduction of plaque and gingival inflammation. Based on the research reviewed, there is no evidence from rigorous, long-term (≥ 6 months) studies to show that non-commercially available oral rinse formulations are as effective as commercially available prescription or over-the-counter oral rinses in reducing plaque and gingivitis. Consequently, dental hygienists should continue to recommend the use of commercially available oral rinse products that have been proven effective and safe, taking into account specific client needs, to promote optimal oral health.

INTRODUCTION

Oral biofilm plays a significant role in many oral and systemic diseases, yet clients often find it challenging to maintain good oral hygiene through toothbrushing and interdental cleansing. Integrating oral rinsing into daily home care practices may help to reduce oral biofilm, but the number of products on the market makes it difficult in some cases for clients and dental hygienists to select an appropriate oral rinse to use.

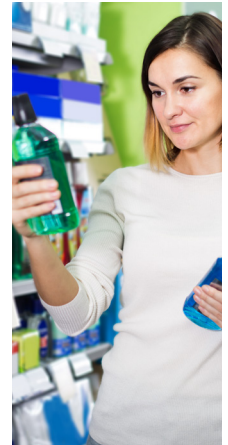
In Canada, most oral rinses are categorized as “consumer health products” and can be identified by their product number on the label, which also indicates whether the product is approved by the Food and Drug Regulations or by the Natural Health Products Regulations.² Products requiring a prescription are regulated under the Food and Drug Regulations. In addition to commercially available oral rinsing products, many natural compounds, including green tea, witch hazel, and pomegranate extract are of growing interest to the public and researchers for home oral care.

WHAT DOES THE RESEARCH SAY?

Research demonstrates the effectiveness of some commercially available oral rinsing products in reducing biofilm and gingival inflammation. While prescription chlorhexidine gluconate (CHG) (e.g., PERIDEX™ 0.12%) has long been considered the gold standard for therapeutic home oral rinsing³, an essential oil compound combining three essential oils—thymol 0.063%, eucalyptol 0.091%, and menthol 0.042%, (LISTERINE®)—has also been shown to reduce biofilm and gingival inflammation.⁴ Because CHG has the negative side effects of staining the oral tissues, altering taste, and increasing calculus accumulation, it is indicated for short-term use only.⁵ Other formulations, including cetylpyridinium chloride (e.g., Crest® PRO-HEALTH™)^{6,7}, demonstrate superior efficacy to placebo but are not as effective as CHG or essential oil compounds at reducing biofilm and gingival inflammation. While several *non-commercially* available oral rinse formulations appear to improve gingival health, consistent, high-quality, long-term studies demonstrating their effectiveness and safety are lacking.¹

RECOMMENDATIONS TO CLIENTS

Dental hygienists are encouraged to recommend a daily combination of oral rinsing and mechanical plaque control methods to their adult clients to reduce biofilm and inflammation. As regulated health care providers, dental hygienists should only recommend oral rinsing products that have been proven safe and effective, taking into consideration clients' needs, beliefs, preferences, and product availability. Among non-prescription oral rinses, an essential oil rinse compound combining three essential oils—thymol 0.063%, eucalyptol 0.091%, and menthol 0.042%—has been shown to be the most effective, safe, and acceptable to users, and should be recommended as a daily complement to tooth brushing and interdental mechanical cleansing for adult clients.⁸



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