Abrasion Levels – How Low Can You Go?

By Beverly Hills Formula

The variety of toothpastes available means that many patients choose a brand based on how effective it is at targeting some of the most common dental problems: staining, bad breath, sensitivity and gum disease. They probably do not even give a second thought to the ingredients and the effect they may be having on their teeth and overall oral health.

However, results from Missouri Analytical Laboratories confirm that dental professionals and patients should be concerned with the ingredients in toothpaste and their level of abrasiveness, and how by using a lower abrasion toothpaste, serious oral health issues can be avoided.

As a dental professional your advice and professional recommendation carries considerable weight and it’s important that your patients understand what’s inside their toothpaste before committing to a particular brand.

High vs. Low

All toothpastes contain abrasives; they provide the cleaning power needed to keep teeth clean and help prevent gum disease by removing plaque, stains and debris. However, in the search for the right toothpaste, it’s important to find one that does “all of the above” but is not so harsh that the abrasives attack the enamel.

The development of toothpaste and its abrasive qualities date back as far as the Egyptians in 4th Century AD and the Romans, when the most effective recipes included crushed flowers, bones and oyster shells.

Today, abrasive ingredients include particles of aluminum hydroxide (Al(OH)3), calcium carbonate (CaCO3), various calcium hydrogen phosphates, silicas and zeolites, and hydroxyapatite (Ca5(PO4)3OH), and can account for up to 80% of some brands of toothpaste.

Patients should steer clear of highly abrasive toothpastes as they can damage the teeth and gums. As tooth enamel is worn down, the dentin beneath is more visible and teeth become more yellow in appearance. They can also remove the luster and polish of porcelain veneers and crowns, dulling an otherwise beautiful smile. Abrasive toothpastes can also cause teeth to be become sensitive and in the most severe of cases can result in infection and even tooth loss.

Abrasivity

The abrasiveness of toothpaste is measured according to the RDA (relative dentin abrasivity) value, and any value over 100 is considered to be “abrasive”. Unfortunately the RDA Value is often not included in the marketing or promotional information supplied with toothpaste products, masking what is a common problem.

In a study recently performed by Missouri Analytical Laboratories (July 2011), a range of whitening toothpastes were tested to compare and evaluate their levels of abrasion. The results confirmed that Beverly Hills Formula toothpaste is proven to be less abrasive than some other leading brands of both whitening and regular toothpastes.

In fact, Beverly Hills Formula Total Protection Whitening toothpaste scores as low as 95 on the RDA table whilst some leading competitors have levels as high as 147.

To support this, in a study conducted at Bristol University Dental School, Beverly Hills Formula whitening toothpaste was also found to remove stains in just 1 minute, with over 90% of stains removed over a 5 minute period. For extra stain removal, patients can be advised to leave the toothpaste on their teeth for up to 1 minute before brushing.

These results signal a break-through in oral care and aesthetics. Removing stains caused by tea, coffee, red wine or tobacco no longer requires harsh abrasives or bleach, as this new generation of whitening toothpaste offers a more tooth-friendly solution, helping patients to restore their teeth to a natural white colour, quickly, safely and effectively.

Beverly Hills Formula’s Perfect White Range has been proven as a safe and effective at-home whitening method, which can be carried out daily. Studies have shown that Beverly Hills Formula’s toothpastes and mouthwashes provide powerful stain removal, a high performance whitening boost and also care for teeth and gums. With so many teeth whitening products available on the market that have high abrasivity, it is important that you inform your patients the safest and most effective form of teeth whitening.

Complete tooth protection

Choosing a lower-abrasion toothpaste is important in the fight to ensure a healthy mouth and using the wrong type of toothpaste can lead to serious oral health issues. For peace of mind, the Beverly Hills Formula lower abrasion whitening range also contains fluoride to offer fast-acting, long-lasting protection against acid attack, whilst helping to strengthen, re-mineralise and harden tooth enamel for complete tooth protection.

Beverly Hills Formula whitening toothpastes are low in abrasion, safe for everyday use!

Contact Information

For more information on Beverly Hills Formula products please call +353 1842 6611, email info@beverlyhillsformula.com or visit www.beverlyhillsformula.com.

About the Author

Eric Peterson is founder of the whitening toothpaste Beverly Hills Formula.
Clinical Case: Restoration of Anterior Sectors

By Prof. Angelo Putignano, Italy

The case refers to a young patient who suffered a fracture while swimming. The fracture, as we can observe in the initial shots, concerns the entire incisal edge even with a cervical flute-fracture (Fig.1).

After physical and electrical vitality tests were performed (pulp tester), two impressions were taken for diagnostic wax-up's to reconstruct the patient's teeth, both functionally and aesthetically, (Fig.2, 3 and 4).

We examined the patient two days later, checked pulp vitality and used fluoride free Clean-ic® prophylaxis paste on the surface of the preparations, together with water spray to avoid dehydration that would interfere with shade selection. We then conducted a morphological and colorimetric study of the dentin requiring reconstruction. On completion of the study, the case did not appear too difficult, except for a hint of orange in the central area, and several white spots on the incisal edge. We selected HerCeVo® XR UltraTM A2 Enamel, A2 and A3 Dentin & Universal Incisal, and White kolor + Plus® to be applied in a pictorial technique.

The Palatal wall is constructed with A2 Enamel, followed by the application of a small amount of A3 Dentin on the most coronal part of the preparation. A layer of A2 Dentine

AN INTERESTING ARTICLE

By Jordan

In a recent survey¹ we asked dentists and hygienists what the most important criteria was when recommending an interdental brush to their patients. The right size, a good grip and effective bristles that do not break topped the list. So why should you or your patients start using them? Studies tell us that most of us (up to 90%) will experience some form of mild gum disease (gingivitis) Early symptoms of gum disease (gingivitis) can be detected by inflamed gum tissue. This is caused by the bacteria in dental plaque. If the bacteria is not brushed away, it may form tartar and can eventually result in a cavity. As many as 30% of cavities are between our teeth².

The good news is that gingivitis is reversible and preventable with daily brushing and cleaning between your teeth. A tooth has five surfaces that you need to clean thoroughly in order to prevent caries. As many as 30% of cavities are between our teeth³. When brushing your teeth, make sure you brush all your teeth, both functionally and aesthetically. (Fig.2, 3 and 4).

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New Interdental brushes with WaveCut™ bristle technology for better cleaning

Soft tip makes it easy to insert between teeth.

Shorter bristles are perfect for effective cleaning between teeth.

Bristles bounce back effectively cleaning around front and back sides of teeth.

NEW Interdental brushes with WaveCut™ bristle technology for better cleaning

Jordan scores significantly higher than leading competitor brush¹ for control during brushing and overall quality²

Find your size

Quality product

Control during use

30%

40%

50%

60%

70%

80%

90%

100%

Jordan

TePe

TePe

TePe

¹ Tested against TePe®, Market leader in Sweden
² Tested by Perceptor, Sweden, 2014, tested on 104 consumers, Age 40+

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Size matters when recommending daily cleaning with an interdental brush

By Jordan

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References
1. Questback Nordental, Norwegian dental fair, 2013
2. www.ada.org
4. www.jordan.no
5. Questback Nordental, Norwegian dental fair, 2013
The incisal composite is placed, both around and between the mamelons, to create a translucent effect, and to highlight the dentine anatomy. (Fig.10)

The most coronal aspect is slightly pigmented with ochre, while whitish areas are replicated with White Kolor + Plus®. (Fig.11)

At this point we coated it all with a very fine layer of A2 Enamel, also considering the enamel mass’ limited translucency. (Fig.12)

A 40 micron diamond was used to finish the anatomy, while the initial polishing was achieved using silicon polishers with decreasing abrasive grades. (Fig.13)

After checking the occlusion, the patient’s treatment was completed; the final polishing and shade confirmation was postponed for 10 days. At the next appointment the structure surface was replicated and the restoration was polished using Occlubrush® which is impregnated with Silicon carbide and aluminium oxide paste applied with felt pads. (Fig.14)

The patient was pleased with the final result, but we reminded him that, considering the extent of the injury, he should attend periodic pulp vitality checks, and that the need for endodontic treatment should not be ruled out.

Herculite® XRV UltraTM performed a significant mimetic feature and, with the addition of Kerr Kolor + Plus® for the incisal characterizations, a highly aesthetic value end result.