In response to recent news reports questioning whether scientific research supports oral health benefits associated with flossing, the American Dental Association is advising dental professionals and their patients that when it comes to flossing, a lack of strong evidence doesn’t equate to a lack of effectiveness. The association is advocating that dentists are in the best position to advise their patients on oral hygiene practices because they know their patients’ oral health status and health history.

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Flossing on front pages

News about flossing’s status in dietary guidelines shines global spotlight on interdental cleansing

In response to news coverage about the lack of scientific research on the benefits of daily flossing, the ADA is stressing the importance of interdental cleaners such as floss for oral health.

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address and improve oral health.”

According to the ADA, interdental cleaners such as floss are an essential part of taking care of teeth and gums. Cleaning between teeth removes plaque that can lead to cavities or gum disease from the areas where a toothbrush can’t reach. Interdental cleaning is proven to help remove debris between teeth that can contribute to plaque buildup.

Individuals advised to consult with their dentists on flossing

The ADA reports that there are more than 500 bacterial species in plaque; some are good and some are bad for oral hygiene. Together with food debris, water and other components, plaque buildup around the teeth and on the gum line will contribute to disease in teeth and gums. Whether individuals use floss or another interdental cleaner is a personal preference, but it’s important to understand, according to the ADA, the proper technique for each tool so that it is effective. Patients are advised to talk to their dentists about how to use interdental cleaners to ensure efficacy. The ADA continues to recommend brushing for two minutes twice a day with a fluoride toothpaste, cleaning between teeth once a day with an interdental cleaner and regular dental visits as advised by the individual’s dentist.

The Health and Human Services statement also acknowledged that while dental floss — along with brushing teeth and using fluoridated water — was mentioned in past editions of the guidelines (in both 2005 and 2010), “it was most likely identified as a supporting recommendation along with brushing teeth, with the primary emphasis being on the nutrition-based recommendation to reduce added sugars.”

Brushing and flossing have never been an integral part of the dietary guidelines, which are designed primarily to provide evidence-based food and beverage recommendations for U.S. citizens. The Health and Human Services statement said, “Since neither the 2010 nor 2015 Advisory Committees (for the guidelines) reviewed evidence on brushing and flossing teeth, the authors of the current edition decided not to carry forward the information on brushing and flossing included in past editions of the guidelines. By doing so, they were not implying that this is not an important oral hygiene practice.”

ADA members practitioners can direct their patients to the ADA consumer website www.MouthHealth.org for more information about flossing.

(Source: American Dental Association)