Mouthwashes: help or hindrance?
Neel Kohari discusses the contribution of mouthwashes to oral health

This may seem like a strange question, because of course anything containing mouthwash and the oral cavity must be a help rather than a hindrance. However, the FDA reported that bad breath, especially on waking up, is one of the proven benefits of their mouth rinse products, and many of the studies used by the mouthwash manufacturers point to improvements when looking at mouthwashes being used as an adjunct to decent oral cleaning; but there is very little evidence supporting the use in the presence of poor cleaning or as a substitute for good oral hygiene. Whilst the ‘help’ that they claim to offer to patients is heavily advertised, perhaps mouth washing post brushing (hence rinsing of fluoridated toothpaste) for a high caries risk child may actually be a hindrance.

Whilst organisations such as the FDA have acted to reprimand companies for making false claims, this in itself does not prove harm or a causal link to those patients that choose to stay away from gingival brushing and flossing because they misinterpret slogans such as ‘bleeding gums are bad’ or ‘cleans the whole mouth’. However, this does lead me back to the original question: are mouthwashes actually a help or a hindrance? Of course, in some situations they can be very useful and many dentists often recommend these products with good results, but this is marred by a plethora of quasi-scientific claims which, rather than emphasising their usefulness, imply to many that they are a adequate replacement to decent oral cleaning

‘It is worth questioning whether the terminology used by mouthwash brands helps or hinders the population’s ability to maintain their own oral hygiene’

of development of oral cancer’. The authors also state that the risk of acquiring cancer rises almost five times for users of alcohol-containing mouthwash who neither smoke nor drink, (with a higher rate of increase for those who do). Whilst this was disputed by Yinka Ebo of Cancer Research U.K. who concluded that ‘there is still not enough evidence to suggest that using mouthwash that contains alcohol will increase the risk of mouth cancer’, many brands have now introduced alcohol-free ranges. Whilst the risk of oral cancer has been much debated, concerns have also been raised about the effects of dryness when using an alcohol containing mouthwash and the actual effectiveness at combating halitosis.

Leaving the content of the products aside, what exactly is their contribution towards oral health? Of course many brands heavily promote clinical studies that clearly point to improvements in gingival health, but these tend to be for patients with-out severe periodontal disease (a fact often omitted) and often slogans such as ‘nothing is more effective for gum problems’ and ‘kills 99.9 per cent of bacteria’ strongly imply that patients may be able to effectively self treat.

The US Food and Drugs Agency (FDA) seem to disagree see their gums bleed, ie during brushing and interspace cleaning, all of a sudden this statement takes a different turn. Could these sorts of messages hinder our patients from decent gingival brushing when cleaning? And if, so do the benefits of using a mouthwash outweigh the risks of poor tooth brushing? Why use it?

So why do we all use mouthwash? Well I often use mouthwash during the day, but mostly to freshen my breath either after lunch or if I am in a rush. Many people use mouthwash after brushing their teeth, but in the process however wash off much of the proven benefits of their fluoridated toothpaste. Others purposefully buy mouthwash on the basis of improving their breath, especially on waking up, to get rid of the ‘so called ‘morn-ing breath’. A panel compiled by the FDA reported that bad breath in the morning is something most people have, but it doesn’t indicate an oral disease. According to the panel, most people can solve their breath problems by rinsing their mouths with water, brushing their teeth, flossing, or simply eating breakfast.

Now of course, this doesn’t detract from the many of the advances made with anti-plaque and anti-gingivitis agents such as with chlorhexidine, essential oils, triclosan etc; but how effective are these products when stacked up against thorough cleaning? Are they actually needed or helpful in the presence of decent oral cleaning? Furthermore, if it is not as helpful to our patients as the claims suggest, could this hinder some of our patients’ oral hygiene routine by convincing them that they are doing everything they can to look after their teeth and leading them to a cost ineffective dependency?

Child ranges

Many leading manufacturers are introducing children’s ranges of mouthwashes, again with much of the same rhetoric around killing bacteria and carefully worded implications surrounding preventing oral health problems. Many of the studies used by the mouthwash manufacturers point to improvements when looking at treatments made with the mouthwash and the patients who use them. But is there a real improvement in gingival health, or is it simply a matter of the treatment being used or simply an improvement because of the toothpaste?

It has come to our attention through consumer reports and now from our own thorough investigations that this batch contains some larger (1 – 2 mm) particles of the occluding material (calcium sodium phosphosilicate – NovaMin™ – normal particle size range typically less than 75 microns). These larger particles are noticeable by the end user. GSK’s investigation concluded that these larger particles may scratch the gums when brushing, which may cause the gums to bleed. Therefore GSK will be taking the precautionary measure to recall this batch. Only a very small number of such cases have been reported. Patients have been advised to contact their dentist if they experience bleeding from the gums after using this product.

We regret any inconvenience this may cause.

What you/your patients should do:

If you/your patient have a pack of Sensodyne Repair & Protect please check to see if it is Batch No 031G

If you have Batch No 031G please stop using it and return any packs (used or unused) to the following address for a refund:

Consumer Affairs Dept (Sensodyne)
GliaoxSmithKline Consumer Healthcare
Brentford
TW8 9GS

Please enclose your contact details in the envelope

If you have any questions please call the freephone number below

If the batch code is NOT 031G then you do not need to take any action

Freephone helpline: 0800 652 4500
8.30am-6pm Monday to Friday with an answer phone outside of these hours

Consumer health and safety is of upmost importance to GSK.