Mouthwash: help or hindrance?

Neel Kohthari discusses the controversy over mouthwash use:

**T**his may seem like a strange question, but an area of course, it is generally accepted that raising awareness to and improves oral healthcare must be good, right? I mean, who could argue with the latest evidence supporting the use of mouthwashes in reducing plaque levels, or even the efficacy of anti-plaque agents such as chlorhexidine in reducing plaque levels?

Now the manufacturers of many of these products are quick to promote their semi-medical nature, but unlike regulated medicines, very little emphasis is given to the risks.

*‘Sufficient evidence’*

A literature review by McCulough and Farah (Dental Journal of Australia, 2009) concluded that there is ‘sufficient evidence’ that ‘alcohol-containing mouthwash products contribute to the increased risk 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 UK, 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 of the leading manufacturers are heavily promoting clinical studies demonstrating that using mouthwash that contains triclosan etc; but how effective are these products when stacked against thorough cleaning? Are they actually needed or helpful in the presence of poor oral hygiene? 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 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 families 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 ‘clean 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.

Of course, this doesn’t detract from the many of the advances made with anti-plaque and anti-gingivitis agents such as chlorhexidine, essential oils, etc; but how effective are these products when stacked against thorough cleaning? Are they actually needed or helpful in the presence of poor oral hygiene? 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?

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

...