Over the past few years dentists have been heavily scrutinised in the way that we advertise to our patients and the public. Heaven forbid we use words that suggest we specialise in fixing teeth without the relevant qualifications or make use of our courtesy title of ‘Dr’ without running the risk of misleading patients into thinking that we graduated with PhDs (Or is that medical doctors? I’m confused.).

Of course in the long run this level of scrutiny is probably in the best interest of our patients, after all can we really expect people to make informed choices without fair and honest advertising? Of course not. As a profession we are quite rightly held to a high standard; people value the health of their mouths and as such put a lot of trust in us when we try to help.

So why are manufacturers of toothpastes and mouthwashes allowed to make all sorts of exaggerated claims when other healthcare products such as over the counter medicines have stricter guidelines? In my opinion if somebody is gullible enough to think that the extract of herbs and fruits actually improves shampoo, then that’s fine and up to them, but most people don’t really expect any health-care benefits.

However many of the dental products are not simply advertising whiter teeth or improved breath, they often claim to offer a ‘total’ protection against more serious dental conditions such as gum disease. Whilst many products used appropriately are of benefit to the public, where do we draw the line when it comes to marketing? Recently I have seen a large increase in the number of mouthwashes marketed for children which runs contrary to the advice that I give my patients not to rinse after brushing.

In 2010 the FDA (US Food and Drugs Agency) issued warning letters to three companies that manufacture and market mouth rinse products with claims that they remove plaque above the gum line or promote healthy gums. These claims suggest the products are effective in preventing gum disease when no such benefit has been demonstrated. Warning letters were sent to Johnson & Johnson (Listerine Total Care), CVS Corporation, and Walgreen Company. These mouth rinse products contain the active ingredient sodium fluoride. The FDA has determined that sodium fluoride is effective in preventing cavities but has not found this ingredient to be effective in removing plaque or preventing gum disease.

Jonathan Shenkin, a paediatric dentist and assistant professor of health policy at Boston University’s School of Dental Medicine said “rinsing does disrupt plaque, but the effect is similar with plain water or mouthwash”. Of course this does not apply to all mouthwash-es and certain antimicrobial rinses have proven efficacies with good clinical studies supporting their claims. However, if we look at the children’s range of mouthwashes there is a strong implication to parents that by using their product children will have oral health benefits. In my opinion, not only is this marketing gone mad but it could potentially do a lot of harm for those high risk children who may rinse away their fluoridated toothpaste whilst thinking that they are improving their oral health.

One popular toothpaste brand has recently placed an advert strongly suggesting that by using their toothpaste one will not see bleeding gums when flossing. The advert goes along the lines of a lady flossing with a clear look of disgust when blood is seen on the piece of floss. Her colleague walks into the boardroom flossing and telling her ‘look no blood’ stating that it is because of his toothpaste.

As a dentist I am completely confused.com over how using this product alone is able to adequately remove plaque to a point where there is no immune response and as such no bleeding. What is the public perception of this sort of advertisement? I suspect that a high proportion of the public may think that as they are getting a ‘total’ clean there is no additional need for flossing or interproximal cleaning? After all if there is no bleeding, there’s no inflammation and surely this means that there is no bacteria. This may be fine for a large percentage of the public who are not periodontally susceptible, but what about those who are, or even patients with cardiac issues who may be at risk from bacteremia?

I discussed this topic with a patient called Beverly, who said “I think that this is dangerous as the companies lull you into a false sense of security. They are misleading you into thinking that by buying these products you are doing all you can to protect your teeth.”

So why are we so heavily scrutinised as a profession when big corporate organisations are able to blatantly abuse marketing in a manner that manipulates their quasi-medicinal products and takes advantage of the public, who are simply trying to do the best they can to improve the oral health of themselves and their families? We already have rules and regulations which govern advertisement of products which are not in the public’s best interest - a key example is tobacco advertisement.

Whilst I am not trying to compare smoking with flossing, I am concerned that companies are so freely able to imply that their products are on par with other more tried and tested forms of cleaning despite a lack of acceptable evidence supporting their claims. I am even more concerned that the GDC seeks to question whether it is in the public’s best interest that we use the title ‘Dr’ when there are far more pressing issues which would benefit the public. Or perhaps they are just going after the battles they think they can win.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a non-salaried general dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL Eastman Dental Institute.