

Editorial

From Research to Practice

It has been fifteen years since the *Journal of Dental Hygiene* published a supplemental issue focusing on incorporating antimicrobial mouthrinse strategies into oral hygiene regimens. At that time, the safety and efficacy of antimicrobial mouthrinses were discussed extensively.¹

Mouthrinse products containing the active ingredients chlorhexidine gluconate, cetylpyridium chloride and essential oils, have been designated as safe and effective by the Food and Drug Administration for the reduction of gingivitis. While chlorhexidine gluconate mouthrinses require a prescription for use, cetylpyridium chloride and essential oil rinses are both available over the counter and the essential oil rinses carry the American Dental Association Seal of Acceptance.

Using an antimicrobial mouthrinse has been shown to benefit the entire mouth, including those areas easily missed during toothbrushing and interdental cleaning.¹ We also know that pathogenic bacteria from oral biofilm are easily shed into the saliva and transferred to the oral mucosa which represents about 80% of the oral cavity,² areas of the mouth that will not benefit from daily brushing or flossing!

Yet, in spite of what we know about the efficacy of antimicrobial rinses, clinicians often focus on flossing for interdental cleaning recommendations. Just tell anyone you meet in a social setting that you are a dental hygienist, and they immediately respond with “I know I need to floss more!” Or before you even begin your intraoral examination, your patient is already confessing that they have not been flossing. When the United States Departments of Agriculture and Health and Human Services quietly dropped the mention of flossing from the dietary guidelines for Americans in 2016, the news went global, leaving oral health care professionals and associations to address the fallout to support the habit.³ A key take away from the publicity regarding flossing, is that we need to know what is being published in the literature to support our recommendations for patient care.

What if we were able to give our patients more options based on the existing science and their individual needs? In this issue, there are two different clinical trials conducted over 12 weeks comparing the use of dental floss to various combinations of toothbrushing, and mouthrinsing with an essential oil rinse product. One of the unique features of both studies is the introduction of daily professional flossing by a dental hygienist in the first clinical trial and virtually supervised flossing in the second trial. While this level of flossing was shown to be effective, the results for the combinations of brushing/rinsing and brushing/flossing/rinsing were compelling for the reduction of gingivitis. Two other manuscripts explore the role of dexterity with flossing and the role of oral health beliefs towards oral hygiene regimens that include flossing and mouthrinsing.



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The research in this issue shows that there are benefits to brushing, flossing and mouthrinsing. There are also considerations to keep in mind. The studies reported in this issue showed that patients benefitted from daily professional flossing by a dental hygienist or supervised flossing, things that simply may not be practical in the real world. We know there are other interdental aides that are more effective and user friendly. In addition, the research provided shows us that rinsing with an essential oil product is comparable, and in some cases, more effective than brushing and flossing. By considering the evidence, clinicians should be able to provide their patients with solid strategies for optimal oral health outcomes that are tailored to meet what they are able to perform on a regular basis. Does this mean that we tell all our patients to “toss the floss?” No, but the research demonstrates that we can provide a variety of effective options for controlling gingival inflammation and promoting oral health. Adding other mechanical aides along with mouthrinsing may provide opportunities for improved oral health outcomes.

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