



WHAT ABOUT SENSITIVITY?



## TOOTH WHITENING RELATED SENSITIVITY <sup>1-9</sup>

- A common side effect
- Transient - it goes away
- It's not harmful – smear layers are not etched -not the result of development of exposed tubuli
- In toxicological data no evidence for risk

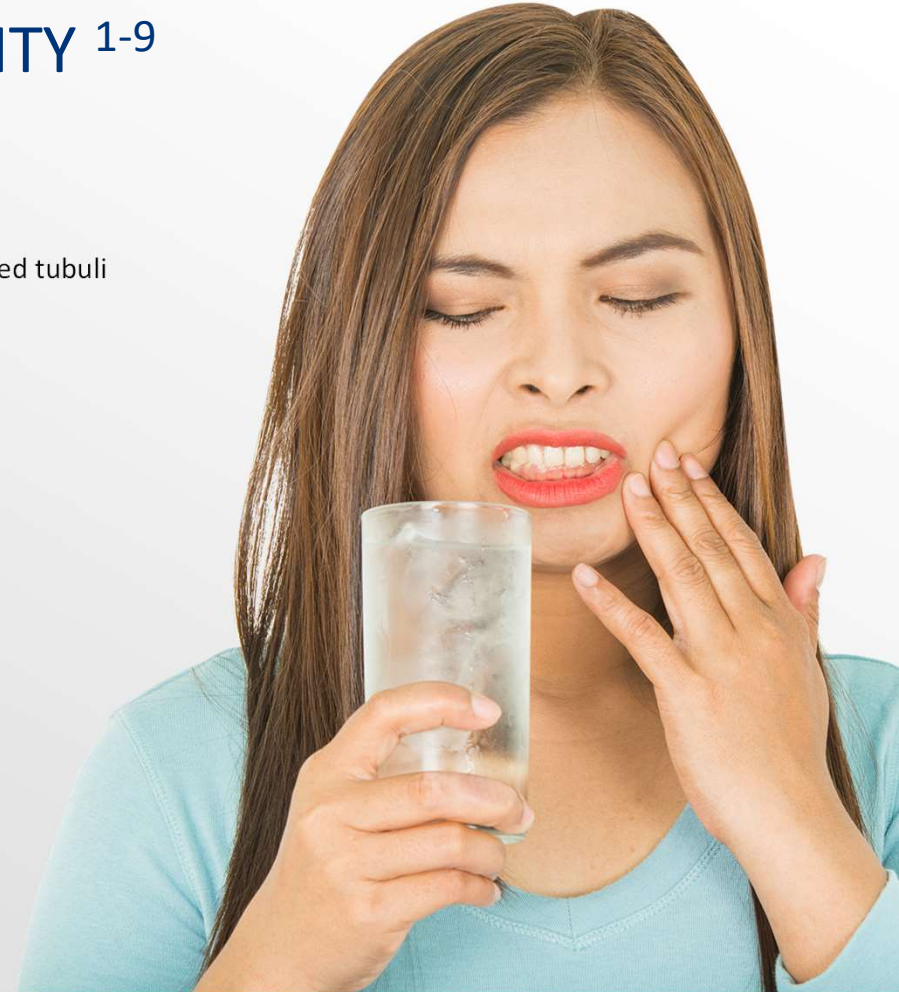
### Current belief

Directly related to rate of whitening and solely related to peroxide

### Reality

The gelling and adhesive agents also contribute to sensitivity through dehydration.

This is true for ALL current effective whitening products.





## TOOTH WHITENING RELATED SENSITIVITY <sup>1-9</sup>

Natural processes mitigate effects even during bleaching.  
There are no lasting known pulp effects of properly applied peroxide bleaching.

The source of the increased hypersensitivity is **minor inflammation of the pulp**.

Hypersensitivity is commonly observed in patients **without exposed dentin**; hence the bleaching does not have to expose dentinal tubules to produce the effects. <sup>1-4</sup>

Long term studies have now followed up on patients following bleaching and has established that transient hypersensitivity which occurs during oxidative whitening recedes with time.<sup>5-11</sup>, long term follow up studies reveal that bleached patients exhibit no long-term increased hypersensitivity following their bleaching procedure. <sup>5-11</sup>

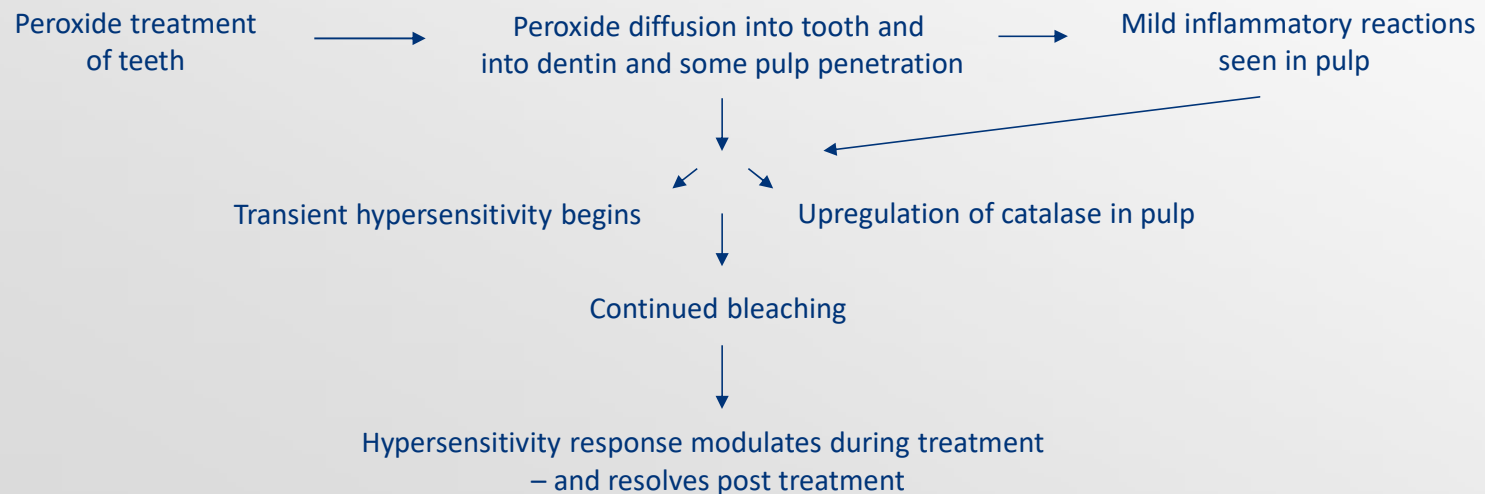




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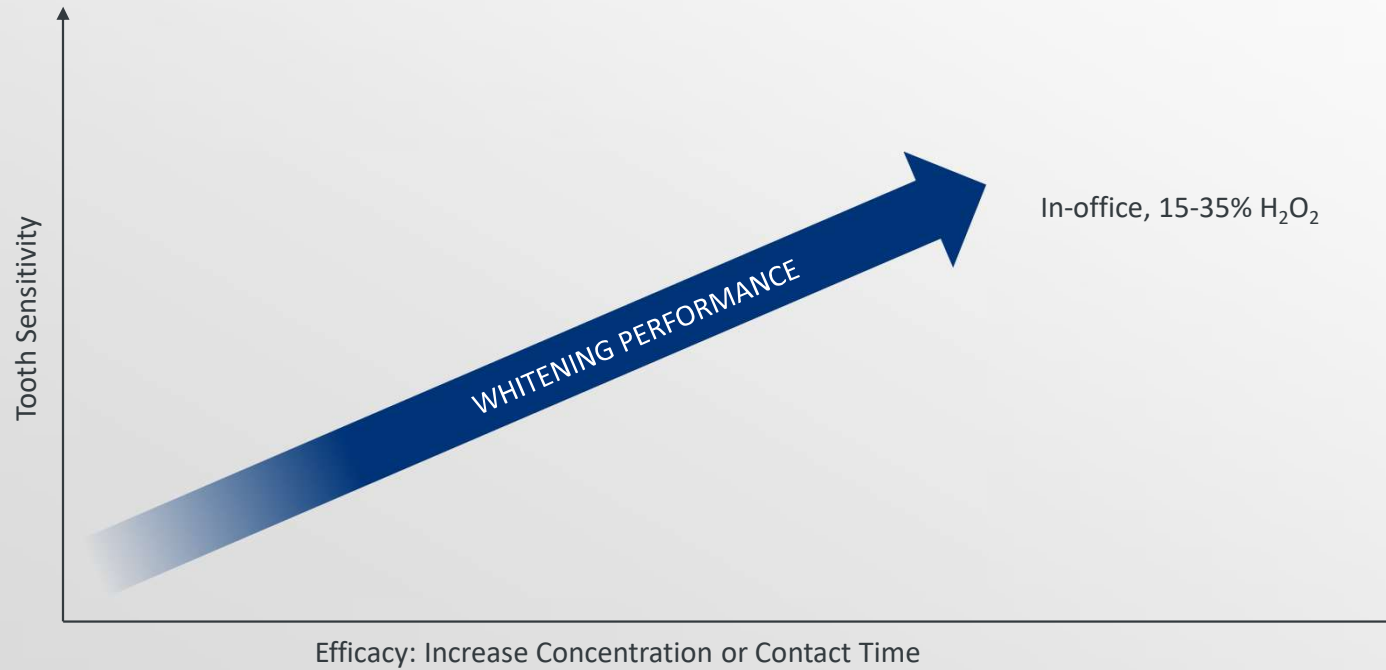
Combined data suggest mild inflammatory response in some pulps is likely correlated to transient and reversible hypersensitivity side effects

### A Model for Peroxide Effects Pulp and Hypersensitivity Response<sup>1-8</sup>



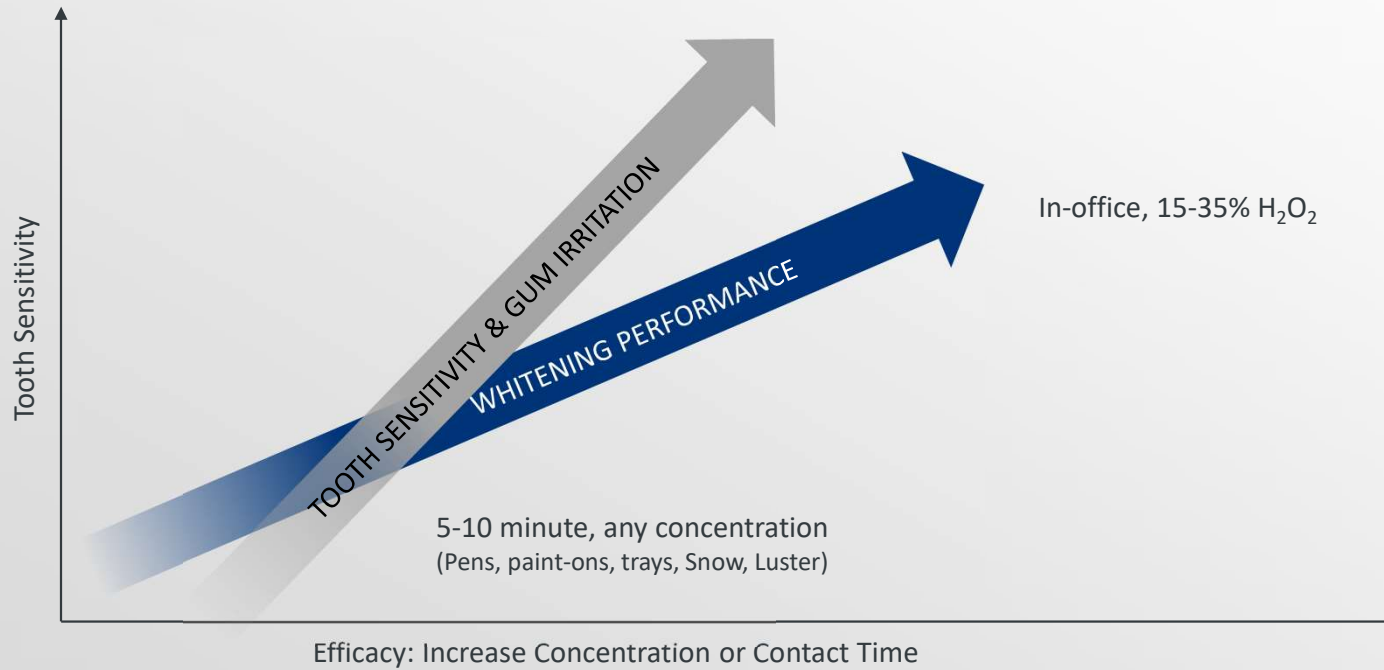


# EFFICACY AND TOLERABILITY OF CURRENT PEROXIDE WHITENING



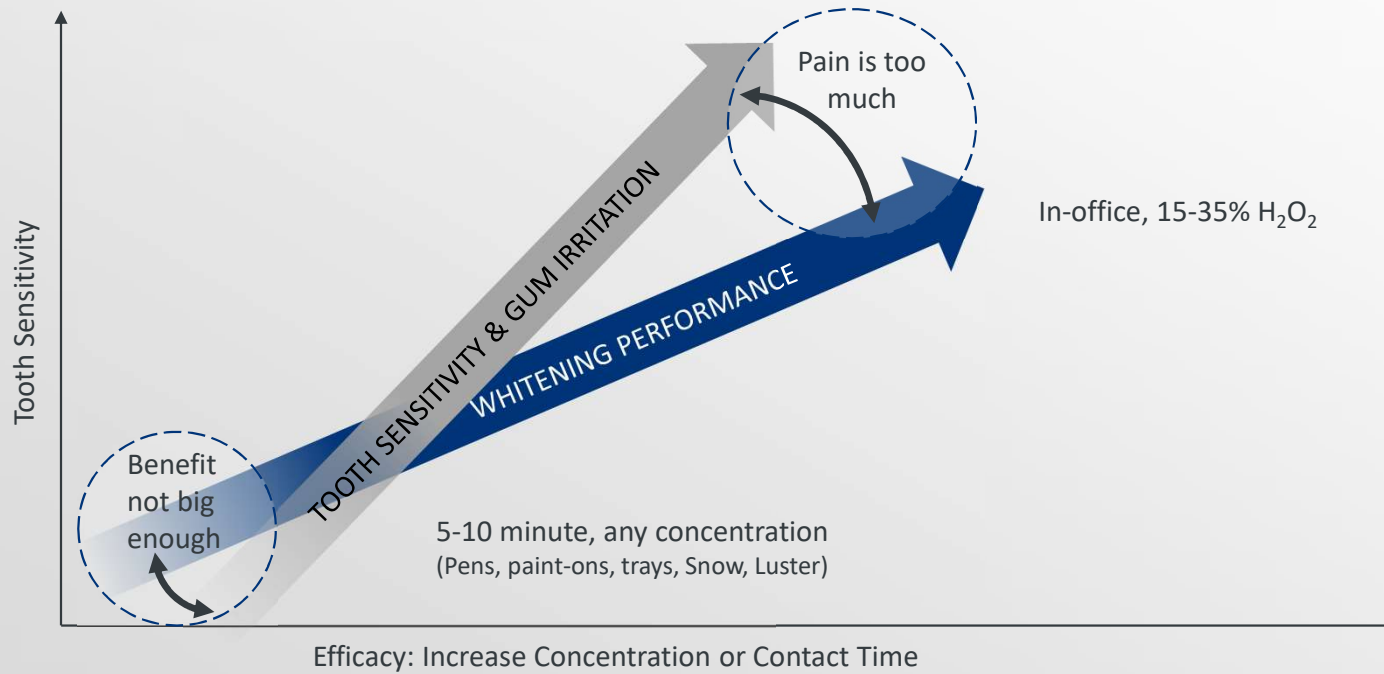


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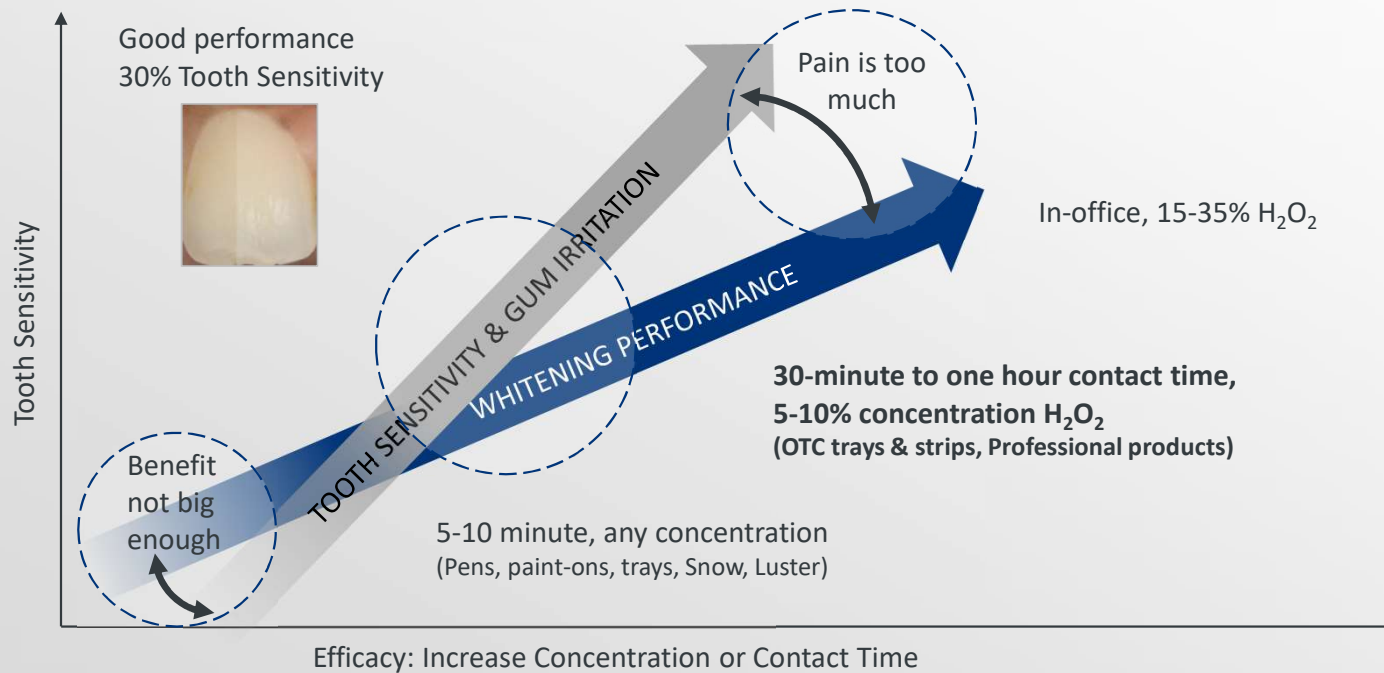


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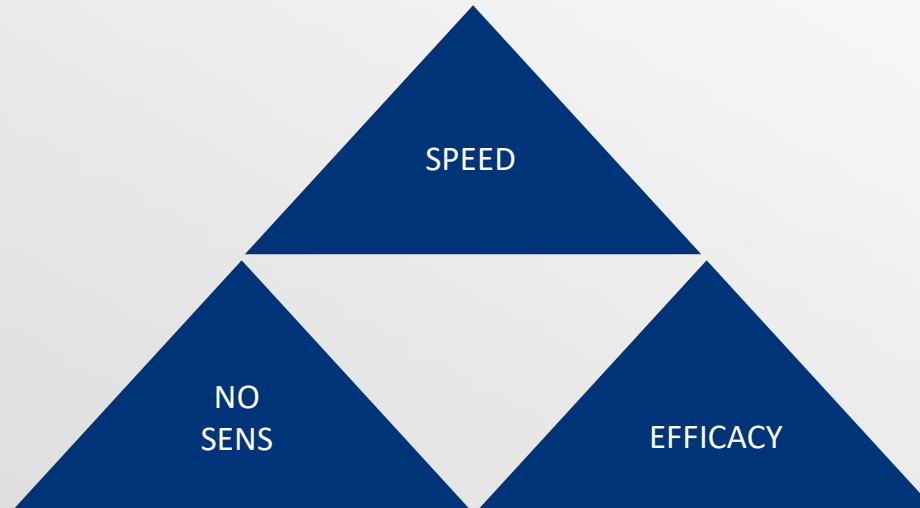






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