New Philips Sonicare AirFloss Ultra improves periodontal health in just four weeks

By Philips

COLOGNE, Germany: Dutch healthcare manufacturer Philips presented its latest innovations in oral healthcare at the Philips media breakfast on 10 March at the International Dental Show (IDS) in Cologne. One of the main innovations is the new interdental cleaning device, Philips Sonicare AirFloss Ultra. Study results show this device is able to improve periodontal health in just four weeks. The product is now available in the UAE.

Oral Probiotics - it is Time to add Friendly Bacteria to the Mix

By Dr. Jaco Smith, UK

Brush more, floss more, use automated toothbrushes, a water pik, or place sulcular antibiotics? What regimens are you currently recommending in your office for your patients’ oral hygiene maintenance and prevention? What if I told you that mechanical removal of bad bacteria might not be enough to ensure optimal oral health in all of your patients? After all, if simple removal of bacteria was beneficial then mouth washes would rein supreme chemical adjunct to mechanical removal. The problem is that this chemical warfare kills all types of oral bacteria, including the good!

The potential issue is that problems can become worse because good bacteria are targeted and reduced and numbers can decline to levels that allow bad bacteria to take over. What if the war on bad bacteria could be won with target warfare by out numbering them? It is time to consider adding friendly bacteria to the mix.

There is an entire category of products that is underutilized in the dental profession – oral probiotics. In fact, they are a category unto themselves.

Oral probiotics have the potential to make a significant impact on the oral health of our patients, and systemic health by extension. While not yet a therapeutic modality that we could include in a periodontal patient’s active phase of treatment, oral probiotics are among the best options we can use for patients in differing states of disease or health.

According to the current accepted definition by the World Health Organization, probiotics are: “Live microorganisms which when administered in adequate amounts confer a health benefit on the host.” Lactic acid bacteria (lactobacilli), Streptococcus and Bifidobacteria are the most common types of microbes used as probiotics and have been widely accepted in the medical profession. Some benefits of probiotics are decreased hypertension, lowering cholesterol, overall GI function, managing lactose intolerance, anti-inflammatory effects, prevention of caries, and reduced symptoms of colds and flu. They have been used in the world, originate from a genetically engineered and they are highly caries active? How do you respond to this patient amongst team members? “They are drinking more soda then they are telling us” or “eating more sugar-filled snacks then they let on.” Here is the truth when it comes to caries: It isn’t the sugar that causes cavities but how streptococcus bacteria use sugar and produce lactic acid that causes decay. The ecological plaque hypothesis states that caries and periodontitis, the 2 most common biofilm-associated diseases in the world, originate from a disturbance in the balance and diversity in the biofilm. Con- tributing causes may be inadequate oral hygiene, incorrect diet, stress and/or other factors which determine the microbiology. Caries is caused by the presence of acidogenic and act-
By Karen Davis, Texas

Dental Hygienist around the world share a common habit... monitoring the clock. How can we increase efficiency without sacrificing clinical effectiveness? Biofilm management with air polishing devices and low-abrasive powder has been shown to be significantly more efficient and more comfortable than biofilm removal with hand and ultrasonic instruments. Let’s take a closer look at the benefits.

Biofilm covers the surfaces of the teeth and all of the light, narrow periodontal pockets. It is sticky and adherent and requires mechanical disruption to remove it. While power ultrasonic tips and mechanical disruption to remove it. While power ultrasonic tips and brushes, interdental cleaning devices, apps which monitor and encourage superior oral hygiene routines, as well as innovative professional whitening products. The company’s focus is on solutions that encourage holistic health improvements. A lot of novel products come from Philips’ Sonicare product line, for example, the new Sonicare for Kids Connected, a Bluetooth electric toothbrush that works together with an app specifically designed to encourage children to develop healthy oral-care habits.

The centre of attention was the Philips Sonicare AirFloss Ultra, an innovative product designed to provide an easy and effective way to clean in between teeth and achieve healthy gingiva. The device features Philips Sonicare’s proprietary technology, which has been combined with a new Triple Air flow function that delivers three powerful blasts of liquid (mouthwash or water) and air to remove plaque and unwanted bacteria more effectively and efficiently than previous models.

“Based on feedback from dental practitioners, we focused on upgrading the existing model with new specifications designed to improve interproximal plaque removal and make interdental cleaning even easier,” Kwant said. “In laboratory studies, our improved proprietary ‘Microburst’ technology removed up to 99.9 per cent of plaque from treated areas, although results will vary from tooth to tooth.”

A recent clinical study of the Philips Sonicare AirFloss Ultra reported up to 97 per cent of users who had improved periodontal health in just four weeks. While the Philips Sonicare AirFloss Ultra has not been designed to replace express floss for those people who already floss consistently, it is clinically proven to be as effective as string floss for improved periodontal health — when used in conjunction with an anti-microbial rinse in patients with mild to moderate gingivitis.

While it would be compelling to reference a double-blind, placebo-controlled study confirming a specific dollar amount as a return-on-investment that study does not exist. So instead, I will share real-world experiences. First, let’s appreciate that biofilm management with low-abrasive powder requires a different approach. Since low-abrasive powders and air polishing devices are so efficient in biofilm removal, clinicians can begin with use of that technology, finishing up with use of power and hand instruments to remove calculus deposits and remaining stains. Rubber cup polishing is not required. This simple transition of going after the biofilm first with the most efficient technology saves about 10 minutes of instrumentation time per patient.

The most obvious use of those magical minutes could easily be to couple them together to see one more patient per day, per dental hygienist, but I have experienced and observed a very different return-on-investment. Within the allotted time per patient to provide comprehensive care, clinicians can be provided, per patient, without running behind when you start your appointment by managing biofilm first with air polishing devices. What is this real return-on-investment?

• Happy patients because the process is more comfortable and more efficient.
• Happy clinicians because they finally have more T-I-M-E per patient to perform services that have been elusive.
• Increased profitability as a result of increased services and treatment enhancement.

“Magical Minutes” gained with Air Polishing – What’s the Return on Investment?

As a result of increased services and treatment enhancement by the dental hygienist, Sounds too good to be true? Try it yourself, and experience the return-on-investment possibilities with your own magical minutes.

References

About the Author
Karen Davis is a practicing dental hygienist in Dallas, Texas and is owner of Cutting Edge Concepts, a continuing education company. She is an accomplished speaker on topics related to practicing comprehensively. Throughout her career as a dental hygienist and consultant she has served on numerous advisory boards and councils. Many corporations within the industry consider Karen a Key Opinion Leader in Dentistry Today has recognized her as a “Top Clinician in Continuing Education.”

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A triple burst of better gingival health

The new Philips Sonicare AirFloss Ultra

Philips Sonicare AirFloss Ultra gives your inconsistent flossers everything they need for improved interproximal health. With our new high-performance nozzle design and triple-burst technology, it creates three bursts of micro-droplets to remove plaque biofilm.

Clinically proven as effective as floss for improving gingival health** and is shown to improve gum health in 4 weeks***. AirFloss Ultra can be filled with water or antimicrobial mouth rinse, for targeted treatment. And inconsistent flossers say it’s an easy addition to their daily routine. After all, the best solution is one they’ll use regularly... and effectively.

innovation + you

95% said it was easy to use*

Up to 97% showed improved gum health**

Up to 99.9% plaque biofilm removal in the treated area†

For enquiries contact Castle General
Trading tel: 0097143328795
or email: cgdub@emirates.net.ae

* Survey of 1,000 patients
** When used in conjunction with a manual toothbrush and antimicrobial rinse in patients with mild to moderate gingivitis. AirFloss is designed to help inconsistent flossers develop a healthy daily interdental cleaning routine. For more information, please visit www.philips.com/AirFlossFAQ or reference the QR code.
*** Vivo study to assess the effects of Philips Sonicare AirFloss Ultra, when used with antimicrobial rinse, on gum health and plaque removal.
† In a lab study, actual in-mouth results may vary
to successfully compete for nutrients and space on tooth surfaces with the native strain of streptococcus that produces lactic acid. The result is a reduction in decay despite the potential presence of sugar (substrate) in the oral environment.

Gum and Tooth Health
What do you make of patients who brush and floss, yet their periodontal health continues to slump? Can the same be true of these patients? Despite their commitment to mechanically remove bacteria, chemically the bad is still winning the war. Research has revealed that even after the aggressive process of scaling to clean out the periodontal pockets, the future oral health of the patient is determined by the type of bacteria that colonizes first in the base of that clean pocket. If the harmful bacteria are first to colonize, the disease condition will quickly return. If the beneficial bacteria are first, then good oral health will be established and the dental office procedure will have been successful (Socransky and Haffajee, 1992, J. Perio, p. 522). Pathogenic biofilm has a couple of requisites, and one is a low pH. So a biofilm with early colonizers that doesn’t make acid has a harder time harboring the bacteria that we associate with dental disease. Harnessing this pH characteristic of biofilm goes right up into the face of traditional methods - brush ‘n floss. Adjusting the pH allows your patients a way to manage their biofilm without having the dexterity and laser-focused education of a dental hygienist.

When giving brush ‘n floss directions, we end up focusing only on the teeth, and we miss the elephant in the room - the tongue. Tongue coating is not innocuous, nor is it only a cosmetic concern. Biofilm on the tongue releases planktonic bacteria in what’s called a planktonic storm. A coated tongue sends new biofilm to the rest of the mouth. So it’s time for the tongue to be included in discussions about biofilm management and prophylaxis and it is here that probiotics play a very important role due to their activity in all oral biofilm.

Probiotic bacteria like Streptococcus oralis K1, and Streptococcus uberis K12 colonize supra- and sub gingival sites and produce hydrogen peroxide, which aids in inhibition of periodontal pathogens. The ability to reduce these types of harmful bacteria in return results in a reduction of pathogenic biofilm on the teeth because they can only cause disease when they are in direct contact with the gingival epithelium. If they are in contact with the tooth or surfaces other than the gingival epithelium, or if they are freely floating in the mouth, they cannot cause periodontal disease. The patients who suffer from refractory periodontal disease, or who have poor results from traditional periodontal treatment now have a new conservative approach which might provide them results they were previously unable to achieve with contemporary treatments alone. The story of oral probiotics gets better! This way of biofilm management is not the wave of the future any longer. Recommending oral probiotics with natural strains from healthy mouths may be the ticket for patients who cannot or will not remove their own biofilm to dental hygiene standards.

Antimicrobial agents - including therapeutic doses of systemic and locally applied antibiotics, mouthwashes, sub gingival irrigants, etc. - will kill probiotic bacteria. This is why they are not used during active periodontal treatment. One of the ideal situations in which oral probiotics are used is immediately following successful periodontal treatment. Reducing the repopulation of caries-causing and periodontal bacteria gives the patient a fighting chance to remain healthy. Probiotics are also ideally used in periodontally healthy patients, especially those with a family history of periodontal disease. The optimal time to take the probiotic mint is in the evening, following the use of all biofilm control devices.

Fresher Breath
In general, amino acids are the main substrate for the production of oral malodorous compounds. As freshly secreted human saliva contains low levels of free amino acids, halitosis occurs as a result of bacterial putrefaction by several anaerobic species found in the oral cavity. The most widely used strategies in the treatment of halitosis are comprehensive oral hygiene, including tongue scraping and brushing, as well as the use of mouth rinses containing antibacterial agents. Antibacterial mouthwashes and breath fresheners promote killing up to 99.9% of bacteria and germs in the mouth. These products indiscriminately wipe out both the essential, good
I can always tell when I’m in a good location. There is a way to start dream about teeth. There are more subtle signs that tell us we are there. The first of which is the emergence of the robotic hygienist. She lurks inside of me and, fortunately for all those involved, doesn’t rear her ugly head too often. The other is the OSHA-colored glasses. The one who doesn’t enjoy the human variety of her coworkers and see things through OSHA-colored glasses.

To survive the reality of a dental office for decades, one has to care for both the body and the mind. They say, “Dentistry maims its survivors.” This can be true of both mental and physical well being if we don’t take an adequate amount of time off.

I’ve been labeled a C.E. junkie in the past. But this vacation week, I wanted nothing to do with teeth. Big teeth, little teeth, interestingly old teeth or perfect teeth: They were not on the vacation agenda.

But I was wrong.

I took a cab from my hotel in the French Quarter of New Orleans to the cruise ship terminal. My taxi driver, Dimitri, told me he was from Croatia. “That’s different,” I thought. Not that I expected him to look like a sitting Buddha. The fact that he was NOLO being the metal that it is. I mentioned the name to the driver the first time I used him. In the words of the Lord Mayor’s parade. A beautiful mixture of people, full of all the pomp the Brits do so well. What surprised me was the conversation. It was one Dixieland band after another. Who knew the English were so fond of Nosferatu and crowning the city. Dimitri’s accent was British, his guide stopped to pull a leaf off a tree and asked, “Anybody know what this is? Here, taste it.”

When I returned home, I decided to write about my exciting day of the Lord Mayor’s parade. I found out more than I wanted to know about the origin of the children’s rhyme. Just as I started, I noticed a ladybug land on my keyboard. I remembered my grandmother telling me it was good luck to have a ladybug land on you (in spite of the fact that the bug’s house was on fire and her children all gone). I looked up the origin of the children’s rhyme. I found out more than I wanted to know about my grandmother’s home. I was surprised to discover was that the deceased were Gau- temple. I decided to write about the obvious patient demand of which is the origin of the children’s rhyme. I found out more than I wanted to know about my grandmother’s home. I was surprised to discover was that the deceased were Gau-