

Product implements the triple protection of fluoride, hydroxyapatite, and xylitol with custom trays

The loss of enamel is a common problem in everyday dental practice, and studies indicate that one in eight adults experience hypersensitivity. Numerous factors can lead to loss of enamel, such as grinding, clenching, abfraction, abrasion, and erosion.

As clinicians, we understand that despite the current state of patients' oral health, most are concerned about the color of their teeth. The role of the clinician is to properly educate patients on protecting the enamel on a daily basis, and to boost enamel protection during whitening treatments. An effective office whitening protocol should include a remineralization agent with a high fluoride content that can neutralize the pH and has cariostatic properties. I recommend Remin Pro (VOCO).

Remin Pro is a water-based cream that contains calcium and phosphate (hydroxyapatite), fluoride, and xylitol.2 This combination of ingredients has been shown to effectively repair enamel while aiding in caries prevention.3 Unlike other remineralizing agents, Remin Pro does not contain milk proteins, and it is equipped with a high concentration (1,450 ppm) of fluoride, which allows the paste to offer therapeutic effects. It is effective at reducing root surface sensitivity in a short time, and it provides relief to patients with mild to severe cases of recession or abfraction. The cream is silky smooth, spreads easily, and is offered in pleasant flavors. The inclusion of highly-concentrated fluoride makes it ideal for caries prevention in high-risk patients.2

Remin Pro can be applied with a brush, finger, or in custom trays for a 30-minute duration. If the sensitivity is moderate to severe, the patient should wear the tray overnight. When applying Remin Pro with a brush or finger, apply the cream directly onto the site-specific locations that are experiencing sensitivity. Following the application, the patient should not drink or eat for a

minimum of 30 minutes.

During orthodontic treatment, advise patients to apply a pea-sized amount of Remin Pro with a toothbrush or swab onto the enamel surface. Instruct the patient to distribute excess cream in his or her mouth with the tongue. The remineralizing cream should remain in the mouth as long as possible (clinical results have shown at least three minutes) for optimum results. After the patient has completed the treatment, instruct him or her to expectorate the excess without rinsing, eating, or drinking for at least 30 minutes for the most beneficial treatment.2

Implementing Remin Proregimen aids in decreasing the patient's risk of decay and sensitivity, and it smooths the enamel surface dental tubules are protected.

Establishing an effective whitening protocol encourages patients to implement therapeutic products that will protect their enamel. Whether for daily protection to aid in the balance of pH, decay, root sensitivity, or for use during whitening treatment, products such as Remin Pro should be recommended as adjunctive therapy. It is important to choose products that are not thick in consistency because this can trigger a gag reflex. Remin Pro offers the correct consistency to promote compliance of overnight and daily use, while providing great tasting flavors such as strawberry, melon, or mint.2

Using trays to combat sensitivity

When using Remin Pro in custom trays, take an alginate impression and fabricate custom Essix trays, then demonstrate how the patient will effectively use the product at home. Instruct the patient to place a small amount of paste into the trays, preferably a pea-size amount on each sextant of the upper tray. Advise the patient to use a cotton swab to evenly disperse the paste to ensure full tooth coverage. Depending on the size and number of teeth, additional paste may need

to be added. Gently dry the top teeth if excessive saliva is present and insert the tray onto the maxillary arch, being careful not to drop or tilt the tray. Instruct the patient to follow the same procedure for the mandibular arch. When patients use whitening travs with professional gels, instruct them to use them. overnight for the night prior, day of treatment (if not wearing overnight), and the following evening. When implementing a remineralizing cream for patients with a high risk of caries, suggest they implement it one or two nights a week overnight or three to four times a week for 30-minute durations.

Implementing Remin Pro into a patient's homecare regimen aids in decreasing the patient's risk of decay and sensitivity, and it smooths the enamel surface after whitening to ensure dental tubules are protected.4 Selecting products with proven clinical studies that require few steps to implement is essential to patient compliance. continued on pg. 79

have many jobs, but one critical responsibility is to make sure patients understand what the doctor is recommending. By repeating this important information, I offer an opportunity for clarity, and I also encourage patient compliance. It's almost as if the patient gets a second opinion or second pair of eyes and ears in their very own dental office. If both the hygienist and doctor agree on an issue, the patient knows it's important.

Don't talk too much—This is not an opportunity for you to unload personal information unrelated to your job onto patients. When this happens, it allows patients to see you as something other than a dental professional. It's harder for patients to comply with dental recommendations from a hygienist who just returned from another weekend bender. You need to keep the relationship professional in order to support any claims you have about their dental health.

When you do engage in friendly conversation, it's important to keep it light, positive, and in the patient's control. Let them determine how much talking is comfortable for them. Otherwise they could perceive you as annoying, which is counterproductive for repeat business. It's great to be friendly and comfortable, but please be respectful of your patient's time and interests. We want them to enjoy their time with us and look forward to the next appointment.

Building relationships both professionally and personally use very similar tactics, if not the same. The more people we make feel good and teach to trust us, the more successful relationships we have. Follow my suggestions and see the results for yourself. The easiest way to apply them is to use common sense or put yourself in the patient's position. How would you like to be treated, what would make you comfortable, and what would make you want to stick around? Use those answers as your guide to increase patient retention. The second opinions will decrease as patient compliance increases, resulting in happy offices and happy patients. RDH

Tanya Stein Gold. RDH, BS, BA, has worked with hundreds of offices in her 20-plus years in dentistry, rechnology, and marketing. After earning her first degree in interpersonal communication, she worked in the private sector as a marketing manager and publicist. She then received her degree in dential hygiene from the University of Southern California and practiced hygiene throughout the greater Los Angeles.

area Today sile represents such companies as Dental Anywhere Mobile Apps and The Dental Insider through her company, Dental Hand for Hire, which specializes in jubilic relations, practice enhancement, and communication strategies.

THE 'ORAL-SYSTEMIC LINK' MARCHES FORWARD continued from pg. 61

has been given the title of a "medicament delivery device," because of the sonic ability to deliver prescribed gels, pastes, or rinses 3 mm past the end of the bristle tip. With this knowledge, we know the medicaments chosen will be driven deep interproximally. This area has historically been a challenge for at-home patient care. It is very important to disrupt the bacterial load.

Gather your favorite at-home cleaning devices, arm yourself with clear expectation about your product choices, and, in doing so, reward your patients with a successful path to successful home care unique to everyone.

PATIENT AND ORAL SYSTEMIC MESSAGE

With the results of salivary testing guiding our treatment recommendations, the success of subsequent treatment is reliant on the patient and hygienist working together to gain control of oral disease. In concert with our dentist and physician colleagues, we are given the responsibility to ensure that either oral antibiotics are taken as prescribed, or that prescription rinses and creams are used correctly.

The oral-systemic message is growing louder and researchers' results continue to be publicized in consumer media. The importance of oral health is strongly associated with the ability to maintain overall health and influence how a physician can deter or correct a disease process. Together the medical and dental community are creating overall health. Are you ready to be part of the movement and this scientific solution for patient care? RDH

Lisa Wadsworth, RDH, BS, owns Lisa C. Wadsworth, Inc. a company focused on serving the dental community. She lectures nationally, contributes to many major dental publications and provides in-office coaching for personal and professional development. Lisa is a Key Opinion Leader for Philips Sonicare and is currently retained to supervise the launch of USA hygiene educators for OraVital Inc. She can be reached at (215) 262-6168 or via her Web site or email of lisa@ lisawadsworth.com

ANNE GUIGNON

continued from pg. 63

phagocytosis, and increase in virulence. Infect Immun. 2011 Nov;79(11):4533-4.

 Jacob JA. Study Links Periodontal Disease Bacteria to Pancreatic Cancer Risk. JAMA. 2016 Jun 28:315(24):2653-4.

11. Gao S, Li S, Ma Z,et al. Presence of Porphyromonas gingivalis in esophagus and its association with the clinicopathological characteristics and survival in patients with esophageal cancer. Infect Agent Cancer. 2016 Jan 19:11:3.

 Bale BF, Doneen AL, Vigerust DJ. High-risk periodontal pathogens contribute to the pathogenesis of atherosclerosis. Postgrad Med J. 2016 Nov 29. pii: postgradmedj-2016-134279.

 Krishnan K, Chen T, Paster BJ. A practical guide to the oral microbiome and its relation to health and disease. Oral Dis. 2018 May 24.

 Schaudinn C, Gorur A, Keller D, Sedghizadeh PP, Costerton JW. Periodontitis: an archetypical biofilm disease. J Am Dent Assoc. 2009 Aug;140(8):978-96.
Marshall MV. Cancro LP, Fischman St., Hydrogen peroxide: a review of its use in dentistry. J Periodontol. 1995 Sep;66(9):786-96.

 Duniap T, Keller DC, Marshall MV, Costerton JW, Schaudinn C, Sindelar B, Cotton JR. Subgingival Delivery of oral debriding agents: A proof of concept. Jour Clin Dent. 2011, Nov; XXII(5):149-158.

17. Putt MS, Mallatt ME, Messmann LL, Proskin HM. A 6-month clinical investigation of custom tray application of peroxide gel with or without doxycycline as adjuncts to scaling and root planing for treatment of periodontitis. Am J Dent. 2014 Oct;27(5):273-84.

 Cochrane RB, Sindelar B. Case Series Report of 66 Refractory Maintenance Patients Evaluating the Effectiveness of Topical Oxidizing Agents. J Clin Dent, 2015;28(4):109-14.

REMINERALIZING ENAMEL continued from pg. 66

Equipping patients to participate in their own remineralization program reinforces chairside caries prevention education and enables them to reduce their risk of decay. RDH

Amber Auger, RDH, MPH, is a hygienist with expenence in multiple clinical settings including inculties abroad Amber obtained a manter's degree in public health from the University of New England and a bachetor's in dental hygiene from the University of New Eleven. She holds a part-time position at an elite dental office in Boston, and is chief of clinical technology for Jameson Management. Amber is co-owner of Spin C.E. where participants receive continuing education while enjoy a challenging indoor cycling class. Amber Auger is a key opinion leader for several dental companies, a professor, a published author, and can be contacted at amberaugerich@mail.com.

REFERENCES

 Cunha-Gruz J, Wataha JC, Heaton LJ, et al. The prevalence of dentin hypersensitivity in general dental practices in the northwest United States. *Journal of the American Dental Association* (1939).
2013;144(3):288-296.