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Changing Perspectives on the Use of Antimicrobial Mouthrinses

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Michele Leonardi Darby, RDH, MS is the graduate program director in dental hygiene at Old Dominion University in Norfolk, Virginia. She lectures internationally, is the author of over 50 articles, has published 3 books, and has served on several editorial advisory boards, currently serving as associate editor of the International Journal of Dental Hygiene and as an editorial review board member of the Journal of Dental Hygiene and Dimensions of Dental Hygiene. In 1981, she was a member of the first delegation of dental hygienists to visit the People's Republic of China. She has received many awards, including the Warner Lambert/American Dental Hygienists' Association Award for Excellence in Dental Hygiene and the designation of Eminent Scholar by Old Dominion University.

As oral health care professionals, we need to make evidence-based recommendations to our patients. Studies from which we derive our recommendations need to have been conducted with scientific rigor and need to be confirmed with other well-designed studies. Given the numerous, long-term, peer-reviewed published studies on antimicrobial mouthrinses with consistent statistically and clinically significant outcomes, it is time to change our professional thinking and practices.

When considering the oral environment, about 20% is occupied by tooth surfaces, that is, those areas targeted for toothbrushing and flossing.¹ Dental plaque biofilm is not limited to tooth surfaces. About 80% of the remaining surfaces include the oral mucosa and specialized mucosa of the tongue.¹ Saliva, the tongue, and oral mucosa serve as reservoirs of pathogenic bacteria able to relocate and colonize on the teeth and in sulci. Using an antiseptic mouthrinse produces an antimicrobial effect throughout the entire mouth, including areas easily missed during toothbrushing and interdental cleaning. Therefore, it is not surprising that in May 2007, the American Dental Association Council on Scientific Affairs issued new advice highlighting the oral health benefits of ADA-Accepted antimicrobial mouthrinses that help prevent and reduce plaque and gingivitis.²

This special Supplement to the *Journal of Dental Hygiene* focuses on our changing beliefs about antimicrobial mouthrinses and their value in maintaining oral health. The papers within contain extensive information about dental plaque biofilms, the effectiveness of antimicrobial mouthrinses, and how to incorporate these agents into patients' oral self-care. Within this Supplement, dental hygienists will find *best practices* regarding antimicrobial mouthrinses so they can confidently recommend their use to patients based on the evidence. Patients look to dental hygienists for trustworthy information that can make a difference in their oral and systemic health. In this Supplement, dental hygienists have evidence-based information about antimicrobial mouthrinses from oral health experts.

Dr. Gurenlian provides a primer on dental plaque biofilm and the perpetual challenges facing its management. Drs. DePaola and Spolarich review the safety and efficacy of the major mouthrinses on the market and provide clear guidance on which products can be confidently recommended to yield predictable clinical health outcomes. New bodies of research evidence encourage the replacement of old beliefs and practices with more effective therapies; but embracing change is arduous, even with strong evidence to support the change. Joanna Asadoorian tackles the challenge of *promptly* translating evidence-based information into practice, particularly when it means change on the part of both the practitioner and the patient. From her paper, dental hygienists will better understand resistance to change, the process of change, and how to use change theory to help themselves and patients incorporate health-promoting behaviors such as twice-daily use of antimicrobial mouthrinse. Asadoorian's approach is also useful in motivating patients to adopt other beneficial oral hygiene measures.

Clinically relevant and easily applied information can be found within these pages. Through this new knowledge, dental hygienists will be equipped to better control plaque and gingivitis in patients who historically may have been excluded from antimicrobial mouthrinse recommendations. I encourage you to read this issue from cover to cover because the knowledge within will make a difference in the way you practice dental hygiene. Share the issue with your colleagues, and keep an issue in your reception area for patients to read. Patients will know that you are a valuable source for oral health care recommendations that improve and promote their health status.

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