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Prevention through plaque control

Dental professionals know that to prevent gingivitis and its concomitant periodontitis, their patients should follow a scrupulous oral hygiene regime to remove plaque and prevent inflammation.

We constantly advise our patients that brushing and flossing are vital to control plaque. Yet the last Adult Dental Health Survey (1998)¹ reported that overall, 72 per cent of all dentate adults had visible plaque on at least one tooth, and on average, over eight teeth in the mouth had visible plaque. So what's going wrong?

According to a study in the *Journal of Dental Public Health*, "patients consistently cite time limitations and interference with daily routines/habits as reasons for not carrying out professional advice on oral hygiene tooth brushing."²

Among the options for managing patients with less than optimal oral hygiene are:

- Helping patients take more responsibility for their oral care
- Re-advising on brushing and flossing techniques
- Recommending the adjunctive use of an antibacterial mouthwash such as Listerine.

Listerine has been proven to kill a broad spectrum of planktonic

and plaque bacteria. It penetrates deep into the biofilm to kill a significant proportion of plaque bacteria. Adding Listerine twice daily to a brushing and flossing regime can reduce whole plaque levels by up to 51.9 per cent at six months.³

Over the past 20 years there have been more than 25 long-term (six months) studies on the plaque reducing effect of Listerine. These studies confirm that it kills more plaque bacteria than any other mouthwash.

Accepting the evidence that brushing and flossing are vital but do not always get the attention they deserve, Listerine is a valuable additional tool in helping your patients control plaque, prevent gingivitis and periodontitis and maintain good oral health. ■

References

1. Kelly M et al. Adult Dental Health Survey – oral health in the UK 1998, p123.
2. Abegg C et al. *Journal of Public Health Dentistry* 2000; 60(3): 154-8. (Quoted in *UCL – Periodontal Disease in Modern Day Britain* March 2008, p7).
3. Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.

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An educational tour of Southern India

PETER SINCLAIR writes about a recent dental study tour of Southern India, which he attended...

AFTER discovering 11 hours of CPD was included in a tour of Southern India, my interest was immediately engaged. Jon Baines Tours organised a tour led by Periodontologist, Professor Phillip Dowell, who gave us a teaching program, which included visits to hospitals and clinics from Chennai and across Southern India.

12 of us assembled for the tour and flew by Emirates Airlines to Chennai where we had three nights at the beautiful GRT Temple Bay Resort just south of the city at Mamallapuram. The monsoons were late this year so we did experience the last few days of them. With only a few seconds warning, the heavens would open and a sheet of water would descend, but it did not interfere with our program. By the time we left Chennai, the monsoons had passed and we had good weather for the rest of our tour.

In Chennai we met up with our guide for the tour, Babu. Our group gelled together from day one and under the leadership of Professor Dowell and Babu, we established long-lasting friendships.

We visited the Balaji Dental Hospital in Chennai where all forms of dental and maxillo-facial surgery are performed. This meeting was attended by Dr Anil Kohli, the President of the Dental Council of India and a delegation of eminent colleagues from many dental schools in the area. Professor Dowell presented a lecture on E-learning and IVIDENT [International Virtual Dental School], a program that is currently being developed. It addresses the shortage in teaching staff by supporting the complete dental educational cycle through a flexible learning environment. This is a not for profit, online system. It builds a virtual library from the world's finest research and technical advances, which is available at the click of a mouse all around the world. This will be an interactive sight where students can discuss and interact with teachers via their computers. Speaking on the subject, Dr Kohli said "Virtual learning is the need of the hour. It is the future."

After three great nights in Chennai, we took the train to Bangalore. This was a great experience. The trains in India are a hive of activity. Bangalore is a busy vibrant city – lots of traffic and new buildings under construction.

We visited the M S Ramaiah Memorial Hospital which has its own medical and dental school. The Dean of the dental school, Dr Rao, was a wonderful host and with his departmental heads, took us all out for a great lunch. We saw the teaching programs in place and met many of the staff and students.

From Bangalore, we travelled to Mysore. The Temple and the market, with their mix of stall sellers, spices, cattle, monkeys and people were a great experience. The Windflower Resort was a beautiful and a relaxing experience. By now the group were enjoying the spa facilities of our hotels and our visit to a large silk store, where made-to-measure garments were made for us in 24 hours, had all the ladies a buzz. Sunset High Tea at the Lalitha Mahal Palace was a wonderful way to finish a great day.

Cochin by car and rail.

Brunton's Boat Yard Hotel is a beautiful hotel on the water's edge. While in Cochin, we visited the Nagarjuna Ayurvedic Hospital. This was a fascinating experience and we learnt a great deal about alternative forms of healing. Cruising on a rice barge along the back waters of Kerala was a wonderful and relaxing way to bring our tour to an end.

Throughout our tour we had great camaraderie. The balance of CPD did not intrude on other aspects of our holiday and for our partners, it remained an extremely fun-filled holiday. We had plenty of shopping fun in the markets and formal shops. We all enjoyed the excellent hotels and their wonderful spas. Most enjoyed the herbal massages and the food was varied and excellent. I think we all put



President of the Dental Council of India, Dr Anil Kohli with Professor Phillip Dowell. Professor Dowell presented a lecture on E-learning and IVIDENT

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From Mysore, we visited Ooty and on to Coonoor, which is in the highland area of South India. Heavy rains had caused landslides which had devastated the Tea Plantations and closed many of the roads. After several attempts by local drivers, we found a way to our hotel. Our visit to a Tea Plantation and factory was interesting. It is amazing what different flavours of tea can be enjoyed. From Coonoor it was on to

on a few kilos that we will need to address in the coming weeks, but to sum up the holiday, it was lots of fun and we learnt a great deal. I'd like to say a huge thank you to Jon Baines Tours for organising such a great holiday, and I for one will be eager to do a similar trip in the future to a new and equally exciting destination. ■

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About the Author

Peter Sinclair B.D.S qualified in 1970 in New Zealand. Started in general practice in the UK in 1973. Built Seven Surgery General Dental Practice in Teddington, Middlesex. Peter retired from General Practice in 2008 and now does Dento-Legal Reports for the courts for patients who have had accident damage to their teeth.

