

## ORAL RINSING

### Canadian Dental Hygienists Association Position Statement

Based on current research, dental hygienists are encouraged to recommend oral rinsing with commercially available over-the-counter rinses (mouthwashes) as an adjunct to their clients' usual mechanical plaque control measures, particularly for clients who are unable to control plaque accumulations and/or show signs of gingivitis. Based on well-conducted long-term clinical studies (six months and longer), mouth rinses with a fixed combination of three essential oils—thymol 0.063%, eucalyptol 0.091%, and menthol 0.042% along with other ingredient(s) (i.e., methyl salicylate 0.0660%)—have shown reductions in plaque and gingival inflammation beyond that accomplished with mechanical means alone. Other oral rinses, such as those with the active ingredients cetylpyridinium chloride, triclosan, and amine/stannous fluoride, demonstrate some reductions in plaque and gingivitis, but the research surrounding these formulations is less conclusive. Where rinses with alcohol may be poorly tolerated by or contraindicated for clients, an alternative alcohol-free oral rinse formulation may be warranted but it is recognized there will be a marked reduction in product efficacy. Recommendations surrounding the use of oral chemotherapeutics should be based on current evidence and client-specific conditions.

**Keywords:** biguanides, cetylpyridinium, chlorhexidine, dental plaque, gingivitis, mouthwashes, triclosan