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the editor's corner

The ADA has recently recognized over-the-counter fluoride mouthrinses as a therapeutic category and given its Seal of Approval to two products — StanCare (0.1% stannous fluoride), Block Drug Company; and Fluoriguard (0.05% sodium fluoride), Colgate-Palmolive Company. Considering the undoubted merit of this form of fluoride therapy, there is evidence that it is underutilized in orthodontics. The most direct evidence was presented in Dr. Leonard Gorelick's Survey of Bonding (JCO, January 1979) in which only 31% of the respondents reported routinely prescribing fluoride mouthrinses.

It has not been for lack of published information. Over the past thirty-five years a considerable literature has been produced with regard to fluoride therapy in dentistry. More recently, numerous articles have appeared in the orthodontic literature specifically relating fluoride therapy to caries and decalcification prevention in orthodontic practice. Zachrisson (Angle Orthodontist, January 1975) recommended, in addition to adequate brushing with a fluoride toothpaste, tray application of fluoride gel prior to appliance placement, supplemented by daily fluoride mouthrinses. Zachrisson repeated this advice (JCO, February 1978) and added an additional therapeutic aspect to daily fluoride mouthrinsing in the interference by the fluoride with the growth of plaque. This plaque inhibitory effect was also mentioned by Gwinnett (JCO, April 1979) while he, too, recommended daily home fluoride mouthrinsing as an adjunct in a program of prevention of

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caries and decalcification. Thomas (JCO, October 1978) also recommended semi-annual application of fluoride gel in the office, supplemented by daily fluoride mouthrinses.

Recently, Bounoure and Vezin (JCO, May 1980) published a thoroughgoing analysis of fluorides and concluded with the recommendation of a combination approach with adequate toothbrushing, professional application of fluoride gels, and personal home fluoride mouthrinsing daily as the basis for a preventive program during orthodontic treatment; with fluoride varnishes reserved for protection of cervical areas and for remineralization of white spots. The idea of trying to remineralize unbroken white spot lesions has been mentioned by various investigators in connection with the use of somewhat stronger rinse solutions.

Physical protection with adhesives and sealants has also been reported. Lee, et al (JCO, April 1973) reported success with the use of Enamelite, a composite adhesive, for both preventive and restorative purposes. Other coverings (copal varnishes, polyurethanes) have been tried by other investigators (Myers, Horowitz) with inconclusive results. Zachrisson (AJO, February 1977) indicated that a sealant coating added protection to the enamel surface and reiterated this (JCO, November 1978) but with a call for improved sealants. Gorelick and Thomas concurred in this thought. Phillips (JCO, July 1980) alluded to the development of improved sealants for enamel protection.

Since there is evidence in all these preventive measures that caries and decalcification during orthodontic treatment can be substantially avoided, it is to be hoped that Dr. Gorelick's next

Survey of Bonding will show a substantial improvement in the percentage of orthodontists who are using these measures to the fullest extent possible, including routine daily fluoride mouthrinsing.

Avoidable decay and decalcification is so upsetting to both patient and orthodontist, and noticeable lesions are so detracting from however perfect an orthodontic result, a maximum fluoride effort is called for. The patient's future health, happiness, self-esteem, and appreciation of orthodontic treatment are involved. The orthodontist's happiness, self-esteem, and source of referral are also involved.

A recently published report about complaints might put this in practical context. It was said that 2% of people who have a complaint actually complain; meaning that for every complaint, there may be forty-nine others who do not complain. However, every one who has a complaint tells his tale of woe to eleven other people; meaning that for every complaint, 550 other people have heard about it. That is something to avoid.

While it is not easy to motivate patients to undertake a daily routine of fluoride mouthrinses, the effort should routinely be made. And if prevention fails, for the well-being of the patient and themselves, orthodontists should be prepared to institute recuperative or restorative measures to try to abolish the blemish on their work. □