

Protecting your healthy smile while wearing braces



**Oral Care throughout
Orthodontic Treatment**

Oral care throughout orthodontic treatment



Orthodontic treatment is an important investment in your future. Everyone helping with your orthodontic care wants you to have the best results possible. While you are wearing braces, it is essential that you take care of your teeth and gums. This brochure explains why and how.

More care needed during orthodontics

Have a look in the mirror at your new braces. As you see, the brackets and wires have many nooks and crannies that can trap food and plaque. This means your risk of tooth decay and gum problems may be higher while you are wearing braces.

You need to pay special attention to cleaning your teeth everyday and to your diet. Permanent damage to tooth enamel can occur if the teeth and brackets are not kept clean.

Areas on the enamel surface may begin to lose minerals (the early stage of tooth decay), leaving unsightly white spots. You may also develop inflamed, bleeding gums (gingivitis). Gingivitis and the early stages of tooth decay can be reversed by taking extra care with your cleaning and diet. If left untreated, they can lead to bigger problems that will require treatment and have life-long effects. While you are having orthodontic treatment, you need to continue to have regular check-ups with your family dental professional to ensure your little problems don't become big ones.

Tooth-friendly diet

Dentists are increasingly concerned about acidic foods and drinks that can damage tooth enamel when consumed frequently or when sipped over extended periods of time.

The chart below shows you how some common food and drinks stack up against one another. While many high acid foods are healthy for your body, low acid foods are better for your teeth. Remember- during orthodontic treatment, it's best to choose low acid foods when you sit down to eat.



Less Tooth-Friendly Foods & Drinks (High Acid)	More Tooth-Friendly Foods & Drinks (Low Acid)
Apples, cherries, oranges, peaches, pears, plums, pineapples, raspberries	Bananas, mangoes, melons
Tomatoes, pickles	Carrots, cucumbers, lettuce, beets
Soft drinks (regular & diet), sports drinks, fruit drinks	Milk, water
Vinaigrette dressings, BBQ sauces, salsas	Meat, poultry, seafood, eggs, crackers, soups, pasta

Most of us are well aware that sugary foods and drinks can lead to tooth decay. Starchy foods, such as potato chips, can also stick to teeth for long periods of time and cause tooth decay.

Soda is especially hard on teeth because it not only contains acidic flavor additives, but it also includes 10–12 teaspoons of sugar, which further increases your chance of developing cavities.

Studies show that diet sodas are just as damaging as regular sodas at weakening tooth enamel.*

Saliva is your body's natural defense against tooth decay. You need to give saliva plenty of time to wash away acids that form after eating and drinking. A good rule to follow is to limit eating times each day to 3 meals and 2 snack times. You can drink plenty of water as often as you like! Be aware that bottled water may not contain fluoride.

*Von Fraunhofer J, Rogers M. Dissolution of dental enamel in soft drinks. Gen Dent. 2004;52:308-12.

Braces-friendly diet & habits



There are foods that can loosen, break or bend wires and bands when you are wearing braces.

Avoid hard foods such as nuts and hard cookies. Foods such as apples and carrots should be chopped into small pieces before eating to reduce the stress on your braces. Avoid sticky foods such as caramels, toffees, muesli or fruit bars. No chewing gum! No chewing ice!

Habits such as nail biting, unnatural tongue thrusting, pencil chewing and nervous picking at your wires can also break braces. Be aware of these and make an effort to stop them. Remember that damaged braces mean extra appointments, inconvenience and extended treatment time. If you do break your braces, be sure to make an appointment with your orthodontist immediately. Broken braces are not correcting your teeth!

Care at home

When cleaning your mouth while you are wearing braces, you need to pay special attention not only to your teeth and gums, but also to the brackets and wires.



Here are
10 simple
steps
for keeping your
teeth, gums and
braces in great
shape:

1.

If your orthodontist has fitted you with elastics, remove them before brushing.

2.

Using a fluoride toothpaste and a soft, compact toothbrush, place your brush at an angle of 45 degrees against the gums. Gently brush along the gum line where the gums and teeth meet, using a small circular motion on each tooth.

3.

Spend about 10 seconds on each tooth before moving onto the next tooth, brushing in a set pattern so that you don't miss any teeth.

4.

Gently brush the braces. Press your toothbrush firmly enough so that the bristles spread into the gaps between the wire and the tooth. Brush in and around all of the brackets and wires. Ensure that you brush under the wires. A battery powered brush may be helpful.

5. Brush both the inside and the outside surfaces of your teeth using a gentle circular motion on each tooth.



Brush the outside surfaces and the inside surfaces of the lower teeth.



Brush the outside surfaces and the inside surfaces of the upper teeth.

6. For the chewing surfaces, use a firm back and forth motion.

7. Spit out excess paste, then closely inspect your teeth and braces in the mirror to check that they are clean and shiny.

8. Replace your elastics in accordance with your orthodontist's recommendation.

9. After brushing, rinse with a fluoride mouthwash, such as Colgate® Phos-Flur®, for 1 minute to help prevent cavities and white spots.

10. Use other oral care products, such as PreviDent® 5000 Booster™ (1.1% Sodium Fluoride), as prescribed by your dental professional.

See back page for brief summary of prescribing information for PreviDent® 5000 Booster™



Fluoride and oral care products

Fluoride protection against tooth decay is needed throughout life. However, while you are wearing braces, it is much harder to keep your teeth clean. This can result in higher than normal amounts of plaque accumulation, which can cause cavities.



Using fluoride toothpaste after each meal or at least twice a day is one of the most proven ways to help you stay decay free. Fluoride makes teeth more resistant to the acids produced after eating or drinking and replaces minerals that are lost in the early stages of tooth decay.

Because your risk of tooth decay may be higher while you are wearing braces, your orthodontist may prescribe other fluoride products that give you additional protection, such as PreviDent® 5000 Booster™ (1.1% Sodium Fluoride).

PreviDent® 5000 Booster™ has over 4.5 times the fluoride protection than your everyday over-the-counter toothpaste. It can help you repair early root cavities, so they don't become bigger problems.*

Your orthodontist may also recommend using special cleaning aids such as interdental brushes or floss threaders - yes, you can and should floss while wearing braces! Ask your orthodontist or hygienist to show you. They may also suggest rinsing with an antiseptic oral cleanser, like Colgate® Peroxyl®, or applying an oral pain reliever, such as Colgate® Orabase®, to help clean, soothe and heal cuts and scrapes that are caused by wearing braces.



*Boyson A, et al. Reversal of primary root caries using dentifrice containing 5,000 ppm and 1,100 ppm fluoride. Caries Res. 2001;35:41-46.



**PreviDent® 5000^{ppm}
BOOSTER**

1.1% Sodium Fluoride
Prescription Strength Toothpaste

Rx ONLY

DESCRIPTION: Self-topical neutral fluoride toothpaste containing 1.1% (w/w) sodium fluoride for use as a dental caries preventive in adults and pediatric patients.

Active Ingredient: Sodium fluoride (NaF) 1.1% (w/w)

Inactive Ingredients: water, sorbitol, hydrated silica, PEG-12, sodium lauryl sulfate, sodium phosphate monobasic, flavor (Spearmint flavor only), xanthan gum, tetrapotassium pyrophosphate, flavor (Fruitastic™ flavor only), sodium benzoate, sodium saccharin, mica, sodium hydroxide, titanium dioxide, FD&C red no. 33 (Fruitastic™ flavor only), FD&C blue no. 1 (Spearmint flavor only)

CLINICAL PHARMACOLOGY: Frequent topical applications to the teeth with preparations having a relatively high fluoride content increase tooth resistance to acid dissolution and enhance penetration of the fluoride ion into tooth enamel.

INDICATIONS AND USAGE: A dental caries preventive; for use daily self-applied topical use. It is well established that 1.1% sodium fluoride is safe and extraordinarily effective as a caries preventive when applied frequently with multiple applicators.¹⁻⁴ PreviDent® 5000 Booster brand of 1.1% sodium fluoride toothpaste in a squeeze bottle is easily applied onto a toothbrush. This prescription toothpaste should be used once daily in place of your regular toothpaste unless otherwise instructed by your dental professional. May be used in areas where drinking water is fluoridated since topical fluoride cannot produce fluorosis. (See WARNINGS for exception.)

CONTRAINDICATIONS: Do not use in pediatric patients under age 6 years unless recommended by a dentist or physician.

WARNINGS: Prolonged daily ingestion may result in various degrees of dental fluorosis in pediatric patients under age 6 years, especially if the water fluoridation exceeds 0.6 ppm, since younger pediatric patients frequently cannot perform the brushing process without significant swallowing. Use in pediatric patients under age 6 years requires special supervision to prevent repeated swallowing of toothpaste which could cause dental fluorosis. Pediatric patients under age 12 should be supervised in the use of this product. Read directions carefully before using. Keep out of reach of infants and children.

PRECAUTIONS:

General: Not for systemic treatment. DO NOT SWALLOW.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a study conducted in rodents, no carcinogenesis was found in male and female mice and female rats treated with fluoride at dose levels ranging from 4.1 to 9.1 mg/kg of body weight. Equivocal evidence of carcinogenesis was reported in male rats treated with 2.5 and 4.1 mg/kg of body weight. In a second study, no carcinogenesis was observed in rats, males or females, treated with fluoride up to 11.3 mg/kg of body weight. Epidemiological data provide no credible evidence for an association between fluoride, either naturally occurring or added to drinking water, and risk of human cancer.

Fluoride ion is not mutagenic in standard bacterial systems. It has been shown that fluoride ion has potential to induce chromosome aberrations in cultured human and rodent cells at doses much higher than those to which humans are exposed. In vivo data are conflicting. Some studies report chromosome damage in rodents, while other studies using similar protocols report negative results. Potential adverse reproductive effects of fluoride exposure in humans has not been adequately evaluated. Adverse effects on reproduction were reported for rats, mice, fox, and cattle exposed to 100 ppm or greater concentrations of fluoride in their diet or drinking water. Other studies conducted in rats demonstrated that lower concentrations of fluoride (5 mg/kg of body weight) did not result in impaired fertility and reproductive capabilities.

Pregnancy, Teratogenic Effects, Pregnancy Category B: It has been shown that fluoride crosses the placenta of rats, but only 0.01% of the amount administered is incorporated in fetal tissue. Animal studies (rats, mice, rabbits) have shown that fluoride is not a teratogen. Maternal exposure to 12.2 mg fluoride/kg of body weight (rats) or 13.1 mg/kg of body weight (rabbits) did not affect the litter size or fetal weight and did not increase the frequency of skeletal or visceral malformations. There are no adequate and well-controlled studies in pregnant women. However, epidemiological studies conducted in areas with high levels of naturally fluoridated water showed no increase in birth defects. Heavy exposure to fluoride during in utero development may result in skeletal fluorosis which becomes evident in childhood.

Nursing Mothers: It is not known if fluoride is excreted in human milk. However, many drugs are excreted in milk, and caution should be exercised when products containing fluoride are administered to a nursing woman. Reduced milk production was reported in farm-raised fox when the animals were fed a diet containing a high concentration of fluoride (98-137 mg/kg of body weight). No adverse effects on parturition, lactation, or offspring were seen in rats administered fluoride up to 5 mg/kg of body weight.

Pediatric Use: The use of PreviDent® 5000 Booster in pediatric age groups 6 to 16 years as a caries preventive is supported by pioneering clinical studies with 1.1% sodium fluoride gels in mouth trays in students age 11 to 14 years conducted by Englander et al.²⁻⁴ Safety and effectiveness in pediatric patients below the age of 6 years have not been established. Please refer to the CONTRAINDICATIONS and WARNINGS sections.

Geriatric Use: Of the total number of subjects in clinical studies of 1.1% (w/w) sodium fluoride, 15 percent were 65 and over, while 1 percent were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.⁵

ADVERSE REACTIONS: Allergic reactions and other idiosyncrasies have been rarely reported.

OVERDOSAGE: Accidental ingestion of large amounts of fluoride may result in acute burning in the mouth and sore tongue. Nausea, vomiting, and diarrhea may occur soon after ingestion (within 30 minutes) and are accompanied by salivation, hematemesis, and epigastric cramping abdominal pain. These symptoms may persist for 24 hours. If less than 5 mg fluoride/kg body weight (i.e., less than 2.3 mg fluoride/lb body weight) have been ingested, give calcium (e.g., milk) orally to relieve gastrointestinal symptoms and observe for a few hours. If more than 5 mg fluoride/kg body weight (i.e., more than 2.3 mg fluoride/lb body weight) have been ingested, induce vomiting, give orally soluble calcium (e.g., milk, 5% calcium gluconate or calcium lactate solution) and immediately seek medical assistance. For accidental ingestion of more than 15 mg fluoride/kg body weight (i.e., more than 6.9 mg fluoride/lb body weight), induce vomiting and admit immediately to a hospital facility. A treatment dose (a thin ribbon) of PreviDent® 5000 Booster contains approximately 2.5 mg fluoride. A 3.4 FL OZ (100 mL) bottle contains approximately 608 mg fluoride.

DOSAGE AND ADMINISTRATION: Follow these instructions unless otherwise instructed by your dental professional:

1. Adults and pediatric patients 6 years of age or older, apply a thin ribbon of PreviDent® 5000 Booster to a toothbrush. Brush thoroughly once daily for two minutes, preferably at bedtime, in place of your regular toothpaste.
2. After use, adults expectorate. For best results, do not eat, drink, or rinse for 30 minutes. Pediatric patients, ages 6-16 years of age, expectorate after use and rinse mouth thoroughly.

HOW SUPPLIED: 3.4 FL OZ (100 mL) in plastic bottles. Spearmint: NDC 0126-0075-34, Fruitastic™: NDC 0126-0076-34

STORAGE: Store at Controlled Room Temperature, 68-77°F (20-25°C)

REFERENCES: 1. American Dental Association, Accepted Dental Therapeutics Ed. 40 (Chicago, 1984): 405-407. 2. H.R. Englander et al, JADA 75 (1967): 638-644. 3. H.R. Englander et al, JADA 78 (1969): 783-787. 4. H.R. Englander et al, JADA 83 (1971): 354-358. 5. Data on file, Colgate Oral Pharmaceuticals.

Questions? Comments? Please Call 1-800-962-2345

www.colgateprofessional.com

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This is a brief summary of the prescribing information. Visit www.colgateprofessional.com for full prescribing information.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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