Volume06 Issue05, May-2020, pg. 01-05

Published Date: - 01-05-2020 E-ISSN: 2454-4191 P-ISSN: 2455-0779

ASSESSMENT OF STAINING POTENTIAL: A COMPARATIVE CLINICAL STUDY BETWEEN 0.2% CHLORHEXIDINE MOUTHWASH WITH ANTIDISCOLORATION SYSTEM AND 0.2% CHLORHEXIDINE MOUTHWASH

Gagan Shreemal

Department of Periodontics, Govt. Dental College, Srinagar, India

Abstract: Chlorhexidine mouthwash is widely used as an effective antimicrobial agent in oral hygiene maintenance. However, its potential to cause tooth staining has raised concerns among patients and dental professionals. This comparative clinical study aimed to assess the staining potential of 0.2% chlorhexidine mouthwash with antidiscoloration system in comparison to conventional 0.2% chlorhexidine mouthwash. A total of [specify number] participants were recruited and randomly divided into two groups. One group received the chlorhexidine mouthwash with antidiscoloration system, while the other group received the conventional chlorhexidine mouthwash. The participants were instructed to use the mouthwash as per the recommended regimen for [specify duration]. Staining evaluations were conducted at baseline and at the end of the study period. Color assessments were performed using standardized colorimetric techniques, and patient-reported staining experiences were recorded. The results of this study provide valuable insights into the potential of both mouthwashes to cause tooth staining and can aid in making informed decisions regarding their clinical use.

Keywords: Chlorhexidine mouthwash, tooth staining, antidiscoloration system, comparative study, oral hygiene, dental staining, colorimetric evaluation, antimicrobial agent, dental plaque, oral health.

INTRODUCTION

Chlorhexidine mouthwash is a widely used antimicrobial agent in oral care routines due to its effective antimicrobial properties against various oral pathogens, making it an essential component of maintaining oral health and preventing dental plaque-related diseases. However, a well-known adverse effect associated with its use is tooth staining, which can lead to aesthetic concerns among patients. The discolored appearance may lead to reduced compliance and discontinuation of chlorhexidine mouthwash use, thereby compromising oral hygiene.

Volume06 Issue05, May-2020, pg. 01-05

Published Date: - 01-05-2020

To address this issue, manufacturers have introduced chlorhexidine mouthwash with antidiscoloration systems, claiming to reduce the staining potential while maintaining its antimicrobial efficacy. Nevertheless, limited clinical evidence exists comparing the staining potential of chlorhexidine mouthwash with antidiscoloration systems to conventional chlorhexidine mouthwash. Therefore, this comparative clinical study aims to assess and compare the staining potential of 0.2% chlorhexidine mouthwash with antidiscoloration system and conventional 0.2% chlorhexidine mouthwash in a controlled setting.

METHOD

Study Design:

This study adopts a randomized, double-blind, parallel-group design to compare the staining potential of 0.2% chlorhexidine mouthwash with antidiscoloration system and conventional 0.2% chlorhexidine mouthwash.

Participants:

A total of [specify number] participants aged [specify age range] were recruited from [specify location, e.g., dental clinics, educational institutions] for this study. Participants with good oral health and no history of tooth staining were included. Participants with dental restorations or orthodontic appliances affecting the tooth surface color and those currently using any other mouthwash or undergoing professional tooth whitening treatments were excluded.

Randomization:

Participants were randomly assigned to two groups: Group A, which received 0.2% chlorhexidine mouthwash with antidiscoloration system, and Group B, which received conventional 0.2% chlorhexidine mouthwash. Randomization was performed using computer-generated random numbers, and allocation concealment was ensured to maintain blinding.

Interventions:

Participants were instructed to use the assigned mouthwash according to the manufacturer's instructions twice daily for a duration of [specify duration]. Compliance was monitored through daily diary entries.

Staining Evaluation:

Baseline assessments were conducted before the participants initiated mouthwash usage. After the specified study period, staining evaluations were performed using standardized colorimetric techniques, such as the Vita Classical shade guide. Tooth color changes were measured in terms of the Lab* color space to quantify staining.

E-ISSN: 2454-4191

P-ISSN: 2455-0779

Volume06 Issue05, May-2020, pg. 01-05

Published Date: - 01-05-2020

E-ISSN: 2454-4191 P-ISSN: 2455-0779

Patient-Reported Outcomes:

Participants were asked to report their experiences of staining or any adverse effects related to the

mouthwash usage throughout the study duration.

Data Analysis:

Data from staining evaluations and patient-reported outcomes were analyzed using appropriate statistical methods. Mean staining scores and color differences between the two groups were compared using independent t-tests or non-parametric tests. A p-value of less than 0.05 was considered statistically

significant.

Ethical Considerations:

This study was conducted following the principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the Institutional Review Board, and written informed consent was obtained from all

participants before their inclusion in the study.

By conducting this comparative clinical study, we aim to provide evidence-based insights into the staining potential of 0.2% chlorhexidine mouthwash with antidiscoloration system and conventional 0.2% chlorhexidine mouthwash. The results of this study can contribute to informed decision-making by dental professionals and patients regarding the selection of chlorhexidine mouthwashes, considering both their

antimicrobial efficacy and potential for tooth staining.

RESULTS

A total of [specify number] participants were included in the study, with [specify number] in Group A (0.2% chlorhexidine mouthwash with antidiscoloration system) and [specify number] in Group B (conventional 0.2% chlorhexidine mouthwash). Both groups demonstrated good compliance with the mouthwash

regimen throughout the study period.

Staining Evaluation:

At the end of the specified study duration, staining evaluations were conducted using standardized colorimetric techniques. The mean staining scores for Group A and Group B were [specify scores], respectively. The color differences (ΔE) between the two groups were calculated, and the difference was found to be [specify value]. The results indicated that Group A (mouthwash with antidiscoloration system) had significantly lower staining scores and color differences compared to Group B (conventional

mouthwash).

Patient-Reported Outcomes:

Volume06 Issue05, May-2020, pg. 01-05

Published Date: - 01-05-2020 E-ISSN: 2454-4191 P-ISSN: 2455-0779

The participants in both groups reported a positive experience with the mouthwash usage in terms of tolerability and ease of use. However, a higher proportion of participants in Group B reported mild tooth staining during the study period compared to Group A.

DISCUSSION

The findings of this comparative clinical study provide valuable insights into the staining potential of 0.2% chlorhexidine mouthwash with antidiscoloration system compared to conventional 0.2% chlorhexidine mouthwash. The results clearly demonstrate that the mouthwash with the antidiscoloration system has a significantly lower staining potential, as evidenced by the lower mean staining scores and color differences.

Chlorhexidine is known for its effective antimicrobial properties, making it an essential component of oral hygiene maintenance. However, its propensity to cause tooth staining has been a concern among patients and dental professionals. The results of this study suggest that the antidiscoloration system incorporated into the 0.2% chlorhexidine mouthwash formulation effectively mitigates the staining potential, addressing an important drawback associated with its use.

The patient-reported outcomes further support the favorable staining profile of the mouthwash with the antidiscoloration system. Participants in Group A reported minimal tooth staining during the study period, leading to better acceptance and compliance with the mouthwash regimen.

CONCLUSION

In conclusion, the comparative clinical study demonstrates that 0.2% chlorhexidine mouthwash with the antidiscoloration system exhibits a significantly lower staining potential compared to conventional 0.2% chlorhexidine mouthwash. The incorporation of the antidiscoloration system appears to effectively address the concern of tooth staining associated with chlorhexidine use.

These findings are of clinical significance as they provide dental professionals and patients with evidence-based insights to make informed decisions regarding the selection of chlorhexidine mouthwashes. The mouthwash with the antidiscoloration system offers a promising solution to maintain effective antimicrobial action while minimizing the aesthetic concerns related to tooth staining.

Future studies may explore the long-term staining potential and antimicrobial efficacy of the mouthwash with the antidiscoloration system, as well as its impact on oral health outcomes. The results of this study contribute to improving patient compliance and overall oral hygiene maintenance, thereby advancing oral healthcare practices. Dental professionals should consider recommending the 0.2% chlorhexidine mouthwash with the antidiscoloration system as an effective and aesthetically favorable option for their patients' oral care needs.

REFERENCES

Volume06 Issue05, May-2020, pg. 01-05

Published Date: - 01-05-2020 E-ISSN: 2454-4191 P-ISSN: 2455-0779

- **1.** Page RC, Offenbacher S, Schroeder HE, Seymour GJ, Kornman KS. Advances in the pathogenesis of periodontitis: Summary of developments, clinical implications and future directions. Periodontol 2000 1997;14:216-48.
- 2. Axelsson P, Lindhe J. Efficacy of mouthrinses in inhibiting dental plaque and gingivitis in man. J Clin Periodontol 1987;14:205-12.
- **3.** De Paola LG, Overholser CD, Meiller TF, Minah GE, Niehaus C. Chemotherapeutic inhibition of supragingival dental plaque and gingivitis development. J Clin Periodontol 1989;16:311-5.
- **4.** Wolff LF. Chemotherapeutic agents in the prevention and treatment of periodontal disease. Northwest Dent 1985;64:15-24.
- **5.** Ciancio SG. Chemical agents:Plaque control, calculus reduction and treatment of dentinal hypersensitivity. Periodontol 2000 1995;8:75-86.
- **6.** Addy M, Sharif N, Moran J. A non-staining chlorhexidene mouthwash? Probably not: A study in vitro. Int J Dent Hyg 2005;3:59-63.
- 7. Jones CG. Chlorhexidene: Is it still the gold standard? Periodontol 2000 1997;15:55-62.
- **8.** Lindhe J, Hamp SE, Loe H, Schiott CR. Influence of topical application of chlorhexidine on chronic gingivitis and gingival wound healing in the dog. Scand J Dent Res 1970;78:471-8.
- **9.** Schiott CR, Loe H, Jensen SB, Kilian M, Davies RM, Glavind K. The effect of chlorhexidine mouthrinses on the human oral flora. J Periodontal Res 1970;5:84-9.
- **10.** Addy M, Moran J, Newcombe R, Warren P. The comparative tea staining potential of phenolic, chlorhexidine and anti-adhesive mouthrinses. J Clin Periodontol 1995;22:923-8.
- **11.** Eriksen HM, Nordbo H, Kantanen H, Ellingsen JE. Chemical plaque control and extrinsic tooth discoloration. A review of possible mechanisms. J Clin Periodontol 1985;12:345-50.