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PREScription COnPouNDING FOR DENTAL MEDICINE

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GINGIVITIS / ANTI-INFLAMMATORY

The following study indicates local delivery of 0.3% Triclosan/0.3% Flurbiprofen gel can be used as an anti-inflammatory agents either alone or as an adjunct to scaling in periodontal therapy - “Intracrevicular application of 0.3% Flurbiprofen gel and 0.3% Triclosan gel as anti inflammatory agent. A comparative clinical study” (Indian J Dent Res, 2001 Apr-Jun;12(2):105-12).

OBJECTIVE: “This study compared the anti-inflammatory efficacy of Triclosan and Flurbiprofen in a gel form on clinical parameters of moderate gingivitis cases. The study comprised of 100 sites from 16 volunteers and used split mouth technique. 0.3% Triclosan/0.3% Flurbiprofen gels applied intracrevicularly once daily for one week. Clinical parameters like Plaque index, Gingival index and Bleeding index scores were recorded at 0 day, 4th day and 8th day. The obtained results showed significant reductions in clinical parameters from baseline to 8th day. This indicates local delivery of 0.3% Triclosan/0.3% Flurbiprofen gel can be used as an anti-inflammatory agents either alone or as an adjunct to scaling in periodontal therapy.” PMID: 11665396

We can compound triclosan and flurbiprofen together as one intracrevicular dental gel.

An example of how you might prescribe follows:

<table>
<thead>
<tr>
<th>COMPOUNDED MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triclosan 0.3% / Flurbiprofen 0.3%</strong></td>
</tr>
<tr>
<td>Dental Gel</td>
</tr>
<tr>
<td>15ml</td>
</tr>
<tr>
<td>Apply 1ml intracrevicularly QD</td>
</tr>
</tbody>
</table>
**ORAL LICHEN PLANUS**

The following study found that the topical application of aloe vera improves the total quality of life score in patients with OLP - “Efficacy of topical Aloe vera in patients with oral lichen planus: a randomized double-blind study” (J Oral Pathol Med. 2010 Nov;39 (10):735-40).

**BACKGROUND:** Different treatments have been used in application to symptomatic oral lichen planus (OLP), with variable results, perhaps caused by the refractory nature of the disease. The objective of this study was to evaluate the efficacy of the topical application of aloe vera (AV) in OLP compared with placebo.

**METHODS:** A total of 64 patients with OLP were randomized in a double-blind study to either AV (32 patients) or placebo (32 patients), at a dose of 0.4 ml (70% concentration) three times a day. A Visual Analog Scale was used for rating pain, with the application of a clinical scale for scoring the lesions, the Oral Health Impact Profile 49 (OHIP-49), and the Hospital Anxiety-Depression (HAD) scale. The patients were evaluated after 6 and 12 weeks.

**RESULTS:** A total of 64 patients with OLP were randomized in a double-blind study to either AV (32 patients) or placebo (32 patients), at a dose of 0.4 ml (70% concentration) three times a day. A Visual Analog Scale was used for rating pain, with the application of a clinical scale for scoring the lesions, the Oral Health Impact Profile 49 (OHIP-49), and the Hospital Anxiety-Depression (HAD) scale. The patients were evaluated after 6 and 12 weeks.

**CONCLUSION:** The topical application of AV improves the total quality of life score in patients with OLP. PMID: 20923446

This study found that aloe vera gel is statistically significantly more effective than placebo in inducing clinical and symptomatological improvement of OLP - “The efficacy of aloe vera gel in the treatment of oral lichen planus: a randomized controlled trial” (Br J Dermatol. 2008 Mar;158(3):573-7).

**BACKGROUND:** Oral lichen planus (OLP) is a chronic inflammatory disease that can be painful especially in the atrophic and erosive forms. Several therapies have been tried, with varying results. There is one case report in which aloe vera (AV) was used successfully in the treatment of lichen planus.

**OBJECTIVES:** To compare the efficacy of AV and placebo in the topical management of OLP.

**METHODS:** A randomized, double-blind, placebo-controlled trial was designed. Fifty-four patients were randomized into two groups to receive AV gel or placebo for 8 weeks.

**RESULTS:** Fifty-four consecutive patients (34 women and 20 men) participated in the study. We found erosive and ulcerative lesions in 83% and 17%, respectively. The most common site of OLP was the lower lip. Twenty-two of 27 patients treated with AV (81%) had a good response after 8 weeks of treatment, while one of 27 placebo-treated patients (4%) had a similar response (P<0.001). Furthermore, two patients treated with AV (7%) had a complete clinical remission. Burning pain completely disappeared in nine patients treated with AV (33%) and in one treated with placebo (4%) (P=0.005). Symptomatology improved by at least 50% (good response) in 17 patients treated with AV (63%) and in two treated with placebo (7%) (P<0.001). No serious side-effects were found in both groups.

**CONCLUSIONS:** AV gel is statistically significantly more effective than placebo in inducing clinical and symptomatological improvement of OLP. Therefore, AV gel can be considered a safe alternative treatment for patients with OLP. PMID:18093246

We can compound aloe vera into a topical gel in various concentrations to meet the needs of your individual patients.

An example of how you might prescribe follows:

**COMPOUNDED MEDICATION**

**Aloe Vera 25%**

**Topical Gel**

90ml

Apply TID
TARTAR CONTROL

The following study found that a tartar-control mouthrinse with zinc chloride as the tartar-control ingredient is clinically effective in reducing the formation of calculus - “Anticalculus efficacy of an antiseptic mouthrinse containing zinc chloride” (J Am Dent Assoc. 2001 Jan;132(1):94-8).

BACKGROUND: The authors undertook a controlled clinical study to determine the efficacy of a tartar-control antiseptic mouthrinse in inhibiting the development of supragingival dental calculus.

METHODS: After undergoing a dental prophylaxis, 334 subjects with a moderate rate of calculus formation were stratified and randomly assigned to one of three groups: positive control (using a tartar-control toothpaste and an antiseptic rinse), negative control (using a regular toothpaste and an antiseptic mouthrinse) or experimental (using a regular dentifrice and a tartar-control mouthrinse). Subjects brushed and rinsed twice daily, unsupervised, for four months. The researchers assessed subjects’ calculus levels using the Volpe-Manhold Index, or VMI, after 16 weeks.

RESULTS: Using analysis of covariance, the authors found that both the experimental group (which used a tartar-control rinse containing zinc chloride) and the positive control group (which used a tartar-control dentifrice containing pyrophosphate) demonstrated statistically significantly lower VMI scores (P = .001) than the negative control group (which used a regular dentifrice and an antiseptic rinse). Both anticalculus agents provided a clinically relevant 21 percent reduction in calculus formation.

CONCLUSION: An antiseptic mouthrinse containing 0.09 percent zinc chloride as the anticalculus agent provides a clinically relevant reduction in calculus formation in people with a moderate rate of such formation.

CLINICAL IMPLICATIONS: A tartar-control mouthrinse with zinc chloride as the tartar-control ingredient is clinically effective in reducing the formation of calculus. PMID:11194406

We have the ability to compound zinc chloride into a mouthrinse in various strengths to meet the unique needs of your patients.

An example of how you might prescribe follows:

**COMPOUNDED MEDICATION**

**Zinc Chloride 0.5%**

Mouth Rinse

60ml

Swish and expectorate 1ml BID
All topical compound %s are per 1 ml or 1 gm unless otherwise noted

**Gingivitis / Anti-Inflammatory**

- [ ] Triclosan 0.3% / Flurbiprofen 0.3% Dental Gel
  - Quantity 15ml
  - Directions: Apply 1ml intraoricularly QD

**Oral Lichen Planus**

- [ ] Aloe Vera 25% Topical Gel
  - Quantity 90ml
  - Directions: Apply TID

**Tartar Control**

- [ ] Zinc Chloride 0.5% Mouth Rinse
  - Quantity 60ml
  - Directions: Swish & expectorate 1ml BID

**Directions**

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Prescriber’s Signature______________________________________ Refills: 1 2 3 4 5 6 7 8 9 10 11 12 NR