Interdental Cleaning Aids

by Hafeez Ahmed, BDS, FDS, MRD, MSc, MClinDent, DGDP
binswoodhousedentalpractice@btinternet.com

When it comes to prevention, without question, floss comes first, then toothpicks, and then interdental brushes.

FIRST

▲ ***Figure 1.*** *Prefabricated dental tape loop mounted on a rigid handle with perfect tension*

SECOND

▲ ***Figure 2.*** *Tea tree oil toothpicks*

THIRD

▲ ***Figure 3.*** *Curaprox interdental brush system*

Floss embodies the perfect properties to realize primordial and primary prevention. When bone has been lost and recession has taken place there's a shift to secondary and tertiary prevention. As a general rule, with minimal loss, I coach my patients to supplement flossing with toothpick use; with significant loss, I coach them to supplement flossing and toothpick use with interdental brushing.

Continued...

FEATURE

THE EVIDENCE

Research offers insight into what has happened for some patients in some settings, but often the studies lack the details for us to fully understand the precise circumstances faced by those patients.

Evidence-based health care is essential, and over the last 10 years the evidence has created some controversy around flossing. That said, overall, it's been very helpful. It confirmed what I've observed in some of my patients, but it's not true for them all. In some patients flossing is very effective; in others, flossing makes no difference. My observations match those of my colleagues. The science has also been helpful in identifying the need for innovation to make flossing easier. In my experience dental tape stretched across the rigid arms of a handle the length of a toothbrush is what works best. Beyond that, my innovation is a rigid handle onto which patients can load a prefabricated loop of dental tape—it makes what works best easier for my patients. Hopefully, the scientific community will embrace my innovation and test it as they have done with other innovative products.

FRUSTRATIONS

It's well recognized that people are resistant to change, but it's not a great argument for giving up on prevention. Resistance to change has always been an issue and it's likely to persist. The best we can do is to continue providing support and encouragement and oral hygiene aids that make the task at hand as easy as possible.

I believe there isn't actually a conflict over the value of flossing although, at first glance, I found it difficult to establish if the evidence was about the value of flossing or instead about how some patients struggle to use current products to their benefit. Flossing, when done well as part of an overall care regime, works very well but there are some situations that hamper it, such as residual calculus and imperfect margins on restorations. Unfortunately, criticizing a small part of the process—flossing—while not committing to the full preventive requirement is common (and lazy). Some people don't appreciate that dental flossing is a skill that must be learned. And this learning is essential for it to be effective. The training is usually provided by a dental therapist, a dental hygienist or a dental oral health educator.

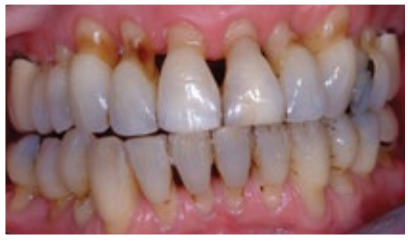
LIFESTYLE

A lifestyle that incorporates interdental cleaning improves a person's health profile.[1,2] In contrast, poor oral health and gum disease have been linked to 57 serious systemic conditions.[3] Science hasn't been able to show whether individuals who engage in interdental cleaning also engage in other healthy habits or if the interdental cleaning alone can convey such a benefit by reducing risks of periodontitis, tooth decay, and tooth loss. That said, it's impossible to ignore the potential link between lifestyle choices and good oral health.

Lifestyle covers belief, desire, motivation, attitude, and ambition; these things influence a person's engagement in preventive measures (and bad habits). It makes sense to me that the type of person who finds a way to spend 8 to 10 minutes per evening flossing their teeth is the same person to engage in other beneficial habits. Thus, the "therapy" is in the act of making the time to floss regularly. The therapy is taking place alongside the reduction in interdental plaque and gingival inflammation. The therapy is in reflecting over the food debris that can easily be seen on the floss as it does its job. The therapy is in the confidence of fresh breath in the morning. The therapy is in the silence, the concentration, the discipline, and, in slowing yourself down to spend some moments in your own mind. The planning, the concentration, the discipline, the distraction, the desire, and the execution all contribute to the therapy. Most of all, the therapy lies in the mindset (and the act) of taking personal responsibility for one's oral health.

BALANCE

When it comes to interdental cleaning, we are blessed to have many options. There is, however, a balance to strike. When primordial and primary prevention fail, and there's a shift to secondary and tertiary prevention, as with an interdental brush, in my experience, bleeding stops when abrasion starts (Figure 4).



▲ ***Figure 4.*** *Teeth with recession and abrasion*

References

1. *Perls T. Living to 100 Life Expectancy Calculator [website]. Available from: www.livingto100.com/calculator*
2. *Paganini-Hill A, White SC, Atchison KA. Dental health behaviors, dentition, and mortality in the elderly: the leisure world cohort study. J Aging Res. 2011;2011:156061. doi: 10.4061/2011/156061.*
3. *Siripaiboonpong N, Sharma P, Suvan J, D'Aiuto F. Associations between periodontal health status and multimorbidity: analysis of the UK Biobank Dataset [abstract #1235]. Oral presentation at EuroPerio11, Vienna, Austria, 14-17 May 2025. Available from: europerio11.abstractserver.com/program/#/details/presentations/1227*