

The "Too Busy" Patient Strategy



If you hear this excuse:

"I don't need to floss or rinse... besides, I am way too busy."

Wouldn't it be great to finally hear this?

"You convinced me that just adding a 30-second rinse, morning and night, can make my whole mouth clean."



Brushing and flossing are vital but only do so much

- Brushing and flossing disrupt plaque on teeth and gums, but teeth make up only 25% of the mouth⁷
- Bacteria displaced by brushing and flossing can recolonize on other oral surfaces such as the tongue, cheeks, or roof of the mouth^{8,9}

LISTERINE® Antiseptic helps finish the job!

- Kills bacteria associated with plaque and gingivitis throughout the mouth
- Penetrates plaque biofilm, providing comparable bacterial kill vs. Peridex^{®10}

Give patients the tools to go from "teeth clean" to "WHOLE MOUTH CLEAN™" You'll see the difference!



REACH®



LISTERINE®
ANTISEPTIC

Recommended **BRUSH, FLOSS, RINSE™** to help your patients achieve better oral health

REFERENCES: 1. American Dental Association Council on Scientific Affairs. Acceptance Program Guidelines: Chemotherapeutic Products for Control of Gingivitis. Chicago, IL: American Dental Association; July 1997. 2. American Dental Association. ADA offers new advice on mouthrinses, toothpaste [press release]. May 18, 2007. <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=2056>. 3. Kerr AR, Katz RW, Ship JA. A comparison of the effects of 2 commercially available nonprescription mouthrinses on salivary flow rates and xerostomia. Quintessence Int. 2007;38(8):41-48. 4. Fischman SL, Aguirre A, Charles CH. Use of essential oil-containing mouthrinses by xerostomic individuals: determination of potential for oral mucosal irritation. Am J Dent. 2004;17(1):23-26. 5. Sharma N, Charles CH, Lynch MC, et al. Adjunctive benefit of an essential oil-containing mouthrinse in reducing plaque and gingivitis in patients who brush and floss regularly: a six month study. J Am Dent Assoc. 2004;135(4):496-504. 6. Data on file, McNEIL-PPC, Inc. 7. Kerr WJS, Kelly J, Geddes DAM. The areas of various surfaces in the human mouth from nine years to adulthood. J Dent Res. 1991;70(12):1528-1530. 8. Loesche WJ, Swanberg ML, Pape HR. Intraoral transmission of Streptococcus mutans by a dental explorer. J Dent Res. 1979;58(8):1765-1770. 9. Edman DC, Keene HJ, Shklair IL, Hoerman KC. Dental floss for implantation and sampling of Streptococcus mutans from approximal surfaces of human teeth. Arch Oral Biol. 1975;20(2):145-148. 10. Data on file, McNEIL-PPC, Inc. 11. Oral Health in America: A Report of the Surgeon General. Washington, DC: US Dept of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. www.surgeongeneral.gov/library/oralhealth. Accessed July 30, 2007.

*Advanced LISTERINE® does not carry the ADA Seal of Acceptance.

**REACH® ULTRACLEAN™ Brush and REACH® TOTAL CARE Floss do not carry the ADA Seal of Acceptance.

***Use professional discretion based on the individual patient profile.

†Based on a home-use test among subjects with mild to moderate gingivitis.

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The individuals depicted here are models and do not necessarily use LISTERINE®, are not real patients, and do not necessarily have dental problems.