

The "Just Fine" Patient Strategy



If you hear this excuse:

"I've always gotten good checkups... why start rinsing now?"

Wouldn't it be great to finally hear this?

"I thought I was doing just fine. You showed me I could do **so much better.**"



Enlighten patients about adding the power of LISTERINE® to their routines

- LISTERINE® Antiseptic is the **ONLY** nationally branded over-the-counter antimicrobial mouthrinse proven in a 6-month study to reduce significantly more plaque and gingivitis than brushing and flossing alone.¹⁵
- Crest® Pro-Health™ Mouthrinse can't say this! • BreathRx® is not indicated to say this! • Scope® is not indicated to say this!



21%
greater reduction in gingivitis vs. brushing and flossing alone⁵



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

Emerging science suggests an association between periodontitis (advanced gum disease) and broader health problems, but a cause-and-effect relationship has not been established. LISTERINE® Antiseptic is not indicated to treat periodontitis.

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, Svanberg 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.
 All trademarks are the property of their respective owners.

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