

The "Skeptical Patient" Strategy



If you hear this excuse:

"All mouthrinses are basically the same.
I use whatever is on sale."

Wouldn't it be great to finally hear this?

"Thanks to you, I know there's a big difference
between mouthrinses."



Drive home the significance of the ADA Seal

LISTERINE® Antiseptic is the ONLY nationally branded over-the-counter antimicrobial mouthrinse that has earned the ADA Seal of Acceptance*

- The ADA sets high standards – including two 6-month studies showing a minimum 15% reduction in gingivitis and a mean of no less than 20% across the two studies – before awarding the seal¹
- The ADA highlights use of an ADA-Accepted mouthrinse in patients' daily brushing and flossing routines to help prevent and reduce plaque and gingivitis²

LISTERINE® Antiseptic is the ONLY nationally branded over-the-counter antimicrobial mouthrinse you can recommend to help patients comply with this advice

Proven safe for long-term daily use

- Studies show no drying of the oral mucosa^{3,4}
- Not contraindicated in any patient population (12 Years and older), including xerostomia patients and patients on medication^{**}

You and your patients should accept nothing but the best!



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, 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.

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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.