

ID 4010538
Periodontal Diagnostics II (March 15, 2024; 3:45 PM – 5:00 PM)



INTERDENTAL CLEANING AIDS ARE BENEFICIAL FOR ORAL HEALTH AT FOLLOW-UP

Birte Holtfreter¹, Elena Conrad¹, Thomas Kocher¹, Sebastian-Edgar Baumeister², Henry Völzke^{3,4}, Alexander Welk¹

- ¹Department of Restorative Dentistry, Periodontology, Endodontology and Preventive and Pediatric Dentistry, University Medicine Greifswald, Greifswald, Germany
- ² Institute of Health Services Research in Dentistry, University of Münster, Germany
- ³ Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany
- ⁴ German Center for Cardiovascular Research (DZHK), Partner Site Greifswald, Greifswald, Germany

Sources of funding: SHIP is part of the Community Medicine Research Network of the University Medicine Greifswald, which is supported by the German Federal State of Mecklenburg-West Pomerania. Birte Holtfreter was supported by the Deutsche Gesellschaft für Parodontologie (DGParo) e.V..

Conflicts of interests: The authors declare no potential conflicts of interest with this study.

SHIP-TREND was approved by the ethics committee. All study participants provided written informed consent to participate in the study.

AIM

We estimated associations of interdental cleaning aids (IDA) use and type on 7-year follow-up levels of interdental plaque, interdental gingival inflammation, interdental periodontitis severity, the number of interdental sound surfaces and the number of missing teeth in a population-based cohort study.

MATERIALS AND METHODS

We used 7-year follow-up data of 2224 Study of Health in Pomerania (SHIP-TREND) participants. We applied generalized linear and ordinal logistic models, adjusting for confounding and selection bias using inverse probability treatment weighting and multiple imputation.

RESULTS

Flossers were 0.68 less likely to have higher interdental plaque levels than non-users of IDA (OR=0.68; 95%CI: 0.50-0.94); flossing resulted in 5% lower means of iPlaque. Effects on interdental bleeding on probing (iBOP), mean interdental probing depths, and mean interdental clinical attachment levels were direction-consistent, but statistically non-significant. Interdental brushing was associated with lower follow-up levels for interdental plaque (OR=0.73; 95%CI: 0.57-0.93) and iBOP (OR=0.69; 95%CI: 0.53-0.89). IDAs were more effective in reducing iPlaque in periodontitis cases, while iBOP reduction was more pronounced in non-periodontitis cases. The analyses did not suggest that the use of IDAs affected caries. Finally, applying change score analyses, flossing reduced tooth loss incidence (IRR=0.71) compared to IDA non-users.

Table 1. Baseline characteristics (SHIP-TREND-0) for participants present in the final model for the number of missing teeth in total and stratified by interdental cleaning aids usage and type.

	IDA non-user	Wooden stick user	Dental flosser	Interdental brusher	P value †
N	1,576	156	230	262	
Age, years	47 (37; 58)	57 (47; 64)	47 (37; 56)	56 (45; 64)	<0.001
Male sex, yes	833 (52.9%)	83 (53.2%)	72 (31.3%)	95 (36.3%)	<0.001
School education					
<10 years	186 (11.8%)	26 (16.7%)	16 (7.0%)	43 (16.4%)	
10 years	880 (55.8%)	90 (57.7%)	126 (54.8%)	142 (54.2%)	
>10 years	510 (32.4%)	40 (25.6%)	88 (38.3%)	77 (29.4%)	0.008
Household equivalence income, € *	1450 (1096; 1803)	1184 (836; 1761)	1450 (1096; 2050)	1450 (1096; 1803)	0.0055
Smoking status					
Never smoker	585 (37.1%)	60 (38.5%)	92 (40.0%)	114 (43.5%)	
Former smoker	600 (38.1%)	61 (39.1%)	90 (39.1%)	111 (42.4%)	
Current smoker	391 (24.8%)	35 (22.4%)	48 (20.9%)	37 (14.1%)	0.017
Brushing ≥2 times/day, yes	1,338 (84.9%)	133 (85.3%)	215 (93.5%)	249 (95.0%)	<0.001
Toothbrush usage					
Manual toothbrush	1,135 (72.0%)	113 (72.4%)	148 (64.4%)	169 (64.5%)	
Powered toothbrush	435 (27.6%)	41 (26.3%)	82 (35.6%)	91 (34.7%)	
None	6 (0.4%)	2 (1.3%)	0 (0%)	2 (0.8%)	0.019
Dental visit within last 12 months, yes	1,426 (90.5%)	138 (88.5%)	220 (95.7%)	258 (98.5%)	<0.001
Gum treatment within last 5 years, yes	278 (17.6%)	33 (21.2%)	50 (21.7%)	94 (35.9%)	<0.001
Known diabetes mellitus, yes	86 (5.5%)	16 (10.3%)	4 (1.7%)	18 (6.9%)	0.003
Haemoglobin A1c, %	5.2 (4.8; 5.5)	5.3 (4.9; 5.6)	5.1 (4.8; 5.4)	5.3 (4.9; 5.6)	0.0046
Body Mass Index, kg/m ²	27.1 (24.2; 30.1)	27.8 (25.8; 31.6)	25.7 (23.4; 28.8%)	26.9 (23.9; 29.7)	<0.001
Physical activity, yes	1,100 (69.8%)	110 (70.5%)	188 (81.7%)	205 (78.2%)	<0.001
Last time consulting a doctor (except					
for a dentist)?					
Within the last 4 weeks	597 (37.9%)	63 (40.4%)	92 (40.0%)	97 (37.0%)	
Within the last 2-12 months	· · · · · · · · · · · · · · · · · · ·	80 (51.3%)	105 (45.7%)	149 (56.9%)	
More than a year ago		13 (8.3%)	33 (14.3%)	16 (6.1%)	0.015
	922 (58.5%)	114 (73.1%)	161 (70.0%)	205 (78.2%)	<0.001
Data are presented as median (25%; 75% quai	ntiles) or as number (p	·	·	· ·	outional

differences across all four groups; Abbreviations: IDA, interdental cleaning aids.

Table 2. Confounder-adjusted associations between different types of interdental cleaning aids users with non-users of interdental cleaning aids (reference) and oral health variables in ANCOVA and change score models using complete case data of the Study of Health in Pomerania. Confounder-adjustment using inverse probability treatment weighting.

		IDA non-user	Wooden stick user		Dental flosser		Interdental brusher		
Outcome variable	N	OR, β or IRR	OR, β or IRR (95% CI)	P value	OR, β or IRR (95% CI)	P value	OR, β or IRR (95% CI)	P value	
Including all participants with self-reported information on IDA use and type at baseline									
ANCOVA									
iPlaque, %	2121	1.00 (ref.)	1.78 (1.38; 2.30)	<0.0001	0.68 (0.50; 0.94)	0.018	0.73 (0.57; 0.93)	0.010	
iBOP, %		1.00 (ref.)	1.51 (1.06; 2.15)	0.024	0.79 (0.56; 1.12)	0.183	0.69 (0.53; 0.89)	0.005	
Mean iPD, mm		1.00 (ref.)	1.10 (0.77; 1.55)	0.608	0.78 (0.54; 1.11)	0.163	0.81 (0.60; 1.10)	0.173	
% sites with iPD≥4 mm, %		1.00 (ref.)	1.33 (0.96; 1.84)	0.085	0.81 (0.56; 1.17)	0.258	1.04 (0.79; 1.37)	0.761	
Mean iCAL, mm		1.00 (ref.)	0.96 (0.58; 1.58)	0.869	0.77 (0.54; 1.11)	0.166	1.27 (0.94; 1.70)	0.117	
CDC/AAP case definition	1953	1.00 (ref.)	1.53 (1.06; 2.21)	0.024	0.85 (0.56; 1.28)	0.431	1.21 (0.87; 1.69)	0.266	
Number of interdental	2143	0.00 (ref.)	-1.15 (-2.43; 0.13)	0.079	0.41 (-0.65; 1.46)	0.450	-0.48 (-1.51; 0.55)	0.360	
sound surfaces									
Number of missing teeth	2224	1.00 (ref.)	1.37 (0.99; 1.89)	0.054	0.99 (0.75; 1.31)	0.954	1.28 (0.99; 1.66)	0.064	
Change score analysis									
Tooth loss	2224	1.00 (ref.)	1.45 (1.29; 1.63)	<0.001	0.71 (0.63; 0.79)	<0.001	1.44 (1.31; 1.59)	<0.001	
Including only participants w	<i>i</i> ith ide	ntical self-repo	orted information o	n IDA use	and type at basel	ine and 7	-year follow-up		
ANCOVA									
iPlaque, %	1370	1.00 (ref.)	1.02 (0.56; 1.85)	0.941	0.64 (0.40; 1.03)	0.068	0.54 (0.37; 0.77)	0.001	
iBOP, %	1352	1.00 (ref.)	1.04 (0.62; 1.75)	0.894	0.62 (0.40; 0.96)	0.033	0.59 (0.41; 0.85)	0.005	
Mean iPD, mm	1355	1.00 (ref.)	1.76 (0.98; 3.15)	0.058	0.64 (0.36; 1.12)	0.120	0.71 (0.46; 1.08)	0.112	
% sites with iPD≥4 mm, %	1355	1.00 (ref.)	1.79 (0.98; 3.29)	0.059	0.58 (0.31; 1.10)	0.096	0.91 (0.62; 1.32)	0.608	
Mean iCAL, mm	1286	1.00 (ref.)	1.46 (0.47; 4.51)	0.516	0.70 (0.39; 1.24)	0.222	1.13 (0.75; 1.70)	0.553	
CDC/AAP case definition	1262	1.00 (ref.)	1.61 (0.65; 3.98)	0.299	0.78 (0.37; 1.68)	0.531	1.08 (0.72; 1.60)	0.717	
Number of interdental	1388	0.00 (ref.)	-0.11 (-0.72; 0.50)	0.719	0.46 (0.08; 0.84)	0.018	-0.23 (-0.54; 0.07)	0.139	
sound surfaces									
Number of missing teeth	1398	1.00 (ref.)	1.08 (0.55; 2.11)	0.833	0.96 (0.62; 1.49)	0.867	1.26 (0.88; 1.80)	0.206	
Change score analysis									
Tooth loss	1398	1.00 (ref.)	0.54 (0.28; 1.07)	0.059	0.56 (0.36; 0.88)	0.011	0.98 (0.73; 1.33)	0.885	

Models: iPlaque, iBOP, % sites with iPD ≥4 mm, mean iPD, mean iCAL, CDC/AAP case definition, number of missing teeth: ordinal logistic model; number of interdental sound surfaces: linear model; tooth loss: negative binomial model. Adjusted for baseline values of the outcome (except for change score analysis), age, sex, education, household equivalence income, smoking, body mass index, known diabetes mellitus, hemoglobin A1c, toothbrushing frequency, dental visits in the last 12 months, and powered tooth brush usage; models for periodontal variables were additionally adjusted for physical activity and gum treatment within the last 5 years. Abbreviations: AAP, American Academy of Periodontology; β, beta regression coefficient; CDC, Centers for Disease Control and Prevention; CI, confidence interval; iBOP, percentage of interdental sites with bleeding on probing; iCAL, interdental clinical attachment level; iPD; interdental probing depth; iPlaque, percentage of interdental sites with plaque; IRR, Incidence Rate Ratio; N, number; OR, Odds Ratio.

Table 3. Effect moderation (EM) by baseline CDC/AAP case definition status (no/mild versus moderate/severe periodontitis): Predicted means of oral health variables for combinations of the CDC/AAP case definition with interdental cleaning aids use and type using complete case data of the Study of Health in Pomerania. Confounder-adjustment using inverse probability treatment weighting performed within strata of the effect moderator.

Outcome	N obs.	CDC/AAP category	IDA non-user	Wooden stick user	Dental floss user	Interdental brush	P for EM
variable						user	
iPlaque, %	1038	No/mild	19.7 (17.8; 21.5)	24.1 (17.0; 31.3)	13.3 (9.8; 16.7) ^a	14.7 (10.0; 19.4) a	
•	983	Moderate/severe	33.2 (31.0; 35.3)	37.1 (31.7; 42.4)	21.6 (16.4; 26.8) a	23.8 (20.0; 27.6) a	0.910
iBOP, %	1031	No/mild	20.2 (18.6; 21.9)	22.7 (16.9; 28.4)	17.2 (13.7; 20.7)	10.0 (6.7; 13.3) a	
,	966	Moderate/severe	24.0 (22.3; 25.8)	24.2 (20.0; 28.5)	18.7 (14.4; 23.0)	21.6 (18.3; 24.9)	0.196
Mean iPD, mm	1030	No/mild	2.54 (2.50; 2.58)	2.62 (2.48; 2.76)	2.43 (2.35;2.52) ^a	2.42 (2.31; 2.52) ^a	
,	967	Moderate/severe	2.95 (2.90; 2.99)	2.84 (2.72; 2.96)	2.82 (2.70; 2.95)	2.82 (2.73; 2.91) a	0.340
% sites with	1030	No/mild	7.3 (6.3; 8.3)	10.3 (6.3; 14.5)	5.8 (3.8; 7.9)	6.6 (3.9; 9.3)	
iPD≥4 mm, %	967	Moderate/severe	22.9 (21.2; 24.7)	21.1 (16.9; 25.4)	17.5 (13.3; 21.8)	19.1 (15.8; 22.3)	0.438
Mean iCAL, mm	1023	No/mild	1.82 (1.76; 1.87)	1.79 (1.58; 1.99)	1.69 (1.58; 1.81) ^a	1.75 (1.59; 1.91)	
	948	Moderate/severe	2.75 (2.67; 2.84)	2.72 (2.48; 2.95)	2.58 (2.34; 2.81)	2.82 (2.64; 3.00)	0.826

Models: iPlaque, iBOP, % sites with iPD ≥4 mm: Fractional response model; Mean iPD, mean iCAL: GLM with gamma distribution and log link. Adjusted for baseline values of the outcome, age, sex, education, household equivalence income, smoking, body mass index, known diabetes mellitus, hemoglobin A1c, toothbrushing frequency, dental visits in the last 12 months, and powered tooth brush usage; models for periodontal variables were additionally adjusted for physical activity and gum treatment within the last 5 years. Abbreviations: AAP, American Academy of Periodontology; β, beta regression coefficient; CDC, Centers for Disease Control and Prevention; Cl, confidence interval; iBOP, percentage of interdental sites with bleeding on probing; iCAL, interdental clinical attachment level; iPD; interdental probing depth; iPlaque, percentage of interdental sites with plaque; IRR, Incidence Rate Ratio; N, number; OR, Odds Ratio. a P<0.05 for average marginal effects versus IDA non-users.

CONCLUSIONS

Recommending flossing and interdental brushing in dental practices could represent an approach to the prevention of gingivitis and consequently periodontitis.