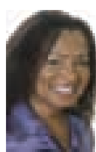
MI Paste or Fluoride for Ortho Patients

Patients going through orthodontic treatment are at risk for caries around the brackets and along the gingival margin. A variety of preventive protocols are suggested for these cases. This message board has 31 replies and 945 views.

mudehy
Posted: 5/19/2010 ▪ Post: 1 of 32
Total Posts: 168

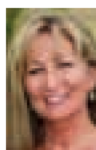
Which do you recommend? Currently the dentist has all ortho patients on OMNI Gel. I usually put them on MI Paste with fluoride as well. What does everyone else do? ■

lindadouglas
Posted: 5/19/2010
Post: 2 of 32
Total Posts: 3,536



MI Paste and fluoride work well together, in the correct ratio. I think that if you are using fluoride, MI Paste Plus is not necessary. MI Paste without fluoride would be better. Tim Ives is really up to date on this; perhaps he will have some more info for you. ■

rdh1982
Posted: 5/19/2010
Post: 3 of 32
Total Posts: 1,243



Very timely topic! I just treated a 16-year-old male ortho patient with extensive decalcification, demineralization and acid erosion throughout his entire mouth! When I questioned him about his dietary acid influences I found out he was drinking 30oz of Gatorade daily plus other fruit-flavored boutique waters like Propel and energy drinks like Monster. Then to top it off, he ate sour candy!

Without any hesitation he was prescribed 3M Clinpro 5000 with tri-calcium phosphate for daily home use. I love this product! The calcium and phosphates help rebuild the damaged enamel/root surfaces while the supercharged fluoride helps reharden the enamel. All dietary acids remove calcium and phosphates from the hard tooth structure while Clinpro 5000 helps replenish these essential ingredients. ■

timothyives
Posted: 5/20/2010
Posts: 4 & 7 of 32
Total Posts: 258

Thanks for the "big up" Linda. There are a couple of really important points here regarding remineralization and GC probably won't like me for it!

Providing there is no xerostomia and no malfunction of the salivary glands in terms of their mineral output, then CPP-ACP is a waste of time. Saliva is supersaturated with calcium and phosphate and will provide the minerals for remineralization. The only way to find this out is to do a buffering test and a stimulated flow and resting flow rate.

If the patient has a low resting flow rate, they need to drink more, which is much cheaper than CPP-ACP! If they have a low stimulated flow rate or buffering problems, they need a lot of CPP-ACP.

The key to this whole equation is the pH of the mouth. No matter how much CPP-ACP someone uses, minerals (calcium and phosphate) will not be taken into the teeth unless the pH is at least 5.5 and ideally 7 to 8 where a maximum uptake occurs. Fluoride will be taken into the teeth down to a pH of 4. Below this all the minerals are lost.

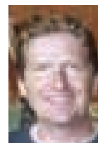
So to summarize, before deciding which products are appropriate, you need to look at the saliva and (critically) ensure the pH is correct before using them.

I recommend all my caries-prone patients with the above issues to use CloSYS (stabilized chlorine dioxide) as a prebrush rinse. This ensures the optimum pH and therefore the right environment for remineralization prior to brushing with a high fluoride toothpaste or further rinsing with a fluoride rinse.

[Posted: 5/20/2010]

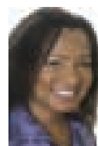
Incidentally, another avenue that you could go down is CariFree. All of their products are aimed at neutralization and remineralization at the correct pH. Check out the Web site. I love the CariFree products aimed at babies and toddlers. ■

Fascinating. Saliva flow rate "buffering" testing. This is the first I've heard of this test. How do you do it, how much does it cost, and who sells the kit to do it in office? ■



skr RDH
Posted: 5/20/2010
Post: 8 of 32
Total Posts: 1,282

In addition to GC America Saliva Check, there is another buffer test made by Orion Diagnostica. These test saliva's ability to buffer an acid challenge. I also mention these briefly in my Hygienetown online CE course on xerostomia (a shameless plug here). ■



Lindadouglas
Posted: 1/23/2010
Post: 11 of 25
Total Posts: 3,429

I have a few more questions. I am familiar with CloSYS II, but I'm ashamed to admit that I did not realize its full purpose or benefit, so thanks for that info. I am curious as to whether you incorporate xylitol into this situation. Wouldn't that be beneficial for creating an environment for remineralization? I am familiar with the saliva check tests, but I doubt my doctor will ever go for that in our office. ■

JJW, RDH
Posted: 5/21/2010
Post: 14 of 32
Total Posts: 2

JJW, Xylitol, yes, yes, yes. It makes me want to believe in God! The cure for caries is sugar, how ironic is that? In my opinion, everyone should recommend it to all their patients from the age of zero.

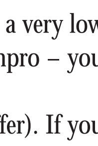
Come visit www.dentalvillage.co.uk (with your DDS) as we have a lot of links to various MI sites and downloads with recent articles we have written on the subject, and protocols to use in the clinic. ■

timothyives
Posted: 5/21/2010
Post: 15 of 32
Total Posts: 258

MI Paste is as close to a neutral pH as you can get – most products have a very low pH because of preservatives. Take litmus paper and test PreviDent and Clinpro – you will be amazed!

Also, test your patients' saliva with litmus paper (or GC saliva check buffer). If you see a patient with acidic saliva, give them a pea size bit of MI paste and test their pH right after. You will see it will change from acidic to neutral. (We did this at a Dr. Ngo seminar – really amazing!) ■

DSanzeri
Posted: 8/6/2010
Post: 21 of 32
Total Posts: 10



Fluoride for Ortho Search

Find it online at www.hygienetown.com