Three-year randomised study of manual and power toothbrush effects on pre-existing gingival recessions

Christian E. Dorfer, Hans Jorg Syaehle, Diana Wolff.

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Participants in both groups were instructed to ADA reference flat trim manual brushes (n=54). The test group used oscillating-rotating and pulsating power toothbrush and manual toothbrush. The control group used flat trim (n=55). New brush heads, toothbrushes, and dentifrice were available oscillating-rotating power toothbrush effects on pre-existing gingival recessions. The results of the first phase of this study have been published previously. The present paper reports the results after 12, 18, and 35 months.

Materials and Methods

The aim of this long-term, prospective, randomised study is to examine the influence of tooth-brushing with a widely used oscillating-rotating power toothbrush on subjects with pre-existing gingival recession. Tooth-brushing techniques, and smoking are risk indicators for buccal gingival recession. Tooth-brushing with a widely used oscillating-rotating power toothbrush results in more soft-tissue trauma than manual brushes.

Background

Gingival recession is the exposure of the root surface following apical migration of the gingival margin, resulting in the exposure of cementum/dentin. Dental plaque, gingivitis, age, gender, margin, resulting in the exposure of cementum/dentin. Dogs suffering from periodontal disease have been used in preclinical settings to verify whether tooth-brushing with power brushes causes more gingival damage than manual toothbrushing. The influence of tooth-brushing with a widely used oscillating-rotating power toothbrush results in more soft-tissue trauma than manual brushes.

Risk indicators for buccal gingival recession.

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The tests were conducted by the same calibrated examiner at baseline, 6, 12, 18, and every 6 months. The participants were randomly assigned in two groups: existing gingival recession, gender, and smoking.

The participants were eligible for inclusion if they were 18-70 years old, healthy, had 18 scorable teeth with at least two showing pre-existing buccal recession.

The control group was told to continue brushing as they normally do. Over three years, new brush heads, toothbrushes, and dentifrice were available.

Results

The results of the first phase of this study have been published previously. The present paper reports the results after 12, 18, and 35 months.

Conclusion

There is inconclusive evidence that tooth-brushing with power brushes causes more gingival damage than manual toothbrushing. However, there is inconclusive evidence that tooth-brushing with power brushes causes more gingival damage than manual toothbrushing.

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At baseline, subjects recruited from the general population underwent a two-step logistic regression analysis. ANOVA was performed to determine whether there were significant differences in the regression analysis results between the two groups. The analysis showed that participants who used a power toothbrush had a lower risk of developing gingival recession compared to those who used a manual toothbrush. However, no significant differences were found between the two groups in terms of dental plaque, gingivitis, age, gender, and smoking status. There was no significant difference in the risk of developing gingival recession between the two groups. The study concluded that the use of a power toothbrush is recommended for patients with pre-existing gingival recession.