

## HOW DOES PREVORA WORK?

Prevora is an invisible coating that kills *Streptococcus mutans*, the bacteria which lives on your teeth and causes tooth decay. Prevora keeps these bacteria from growing back on your teeth for long periods.

## HOW IS PREVORA APPLIED?

Prevora is “painted” on your teeth quickly and painlessly by your dental professional. It takes just a few minutes.



Patients at risk of (more) cavities at the gum line need 4 Prevora treatments in the first 8 weeks, then a single “booster” application at regular checkups until they are no longer at risk of these cavities.

## HOW SAFE IS PREVORA?

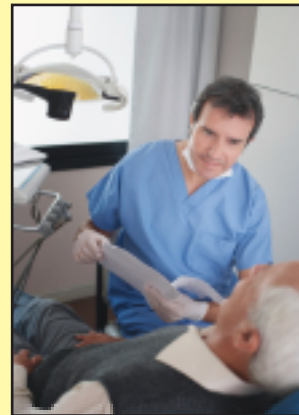
Prevora is approved by Health Canada, based on evidence that it has been used safely by thousands of patients. The most common side effect is a temporary bitter taste or a momentary stinging of the gums, which occur about 4 times per 100 applications.

## HOW EFFECTIVE IS PREVORA?

Prevora reduced cavities at the gum line by 41% versus placebo in high risk adults over one year. By contrast, fluoride reduces cavities in children by 26%.<sup>10</sup>

## WHAT ELSE SHOULD I KNOW ABOUT PREVORA?

Prevora will not discolour your teeth and does not upset your mouth’s natural bacterial environment. It should be applied only to those patients who have had cavities at the gum line or are at-risk. In comparison to the costs of ongoing tooth decay, Prevora is an affordable route to better oral health.



Ask your dental professional to assess your risks of this most common dental disease and visit [www.prevora.com](http://www.prevora.com) for more information.

**PREVORA**<sup>™</sup>  
ANTIBACTERIAL TOOTH COATING chlorhexidine acetate



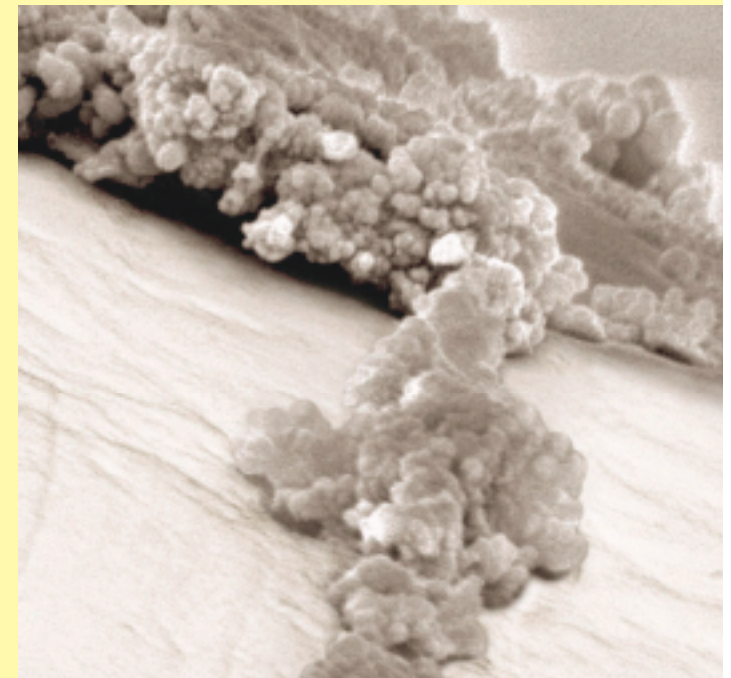
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IF YOU'RE OVER 40, YOUR  
TEETH MAY BE AT RISK

A PATIENT'S GUIDE TO

**PREVORA**<sup>™</sup>  
ANTIBACTERIAL TOOTH COATING chlorhexidine acetate

TO PREVENT CAVITIES AT THE  
GUM LINE



WITHOUT PREVORA, BACTERIA WILL RE-EMERGE  
ON THE TOOTH WITHIN DAYS AFTER CLEANING

SAFE • EFFECTIVE • PAINLESS  
INVISIBLE • AFFORDABLE

PROTECT YOUR OVERALL  
HEALTH

# Cavities at the gum line - the #1 dental problem for patients over 40<sup>1,2</sup>

Tooth decay at the gum line is amongst the top chronic diseases for Canadians over 40. About one in three seniors have this problem, which often re-occurs.<sup>1</sup> It's a disease which can be painful, expensive and affect your overall health. But now it can also be prevented!

## WHAT CAUSES CAVITIES AT THE GUM LINE?

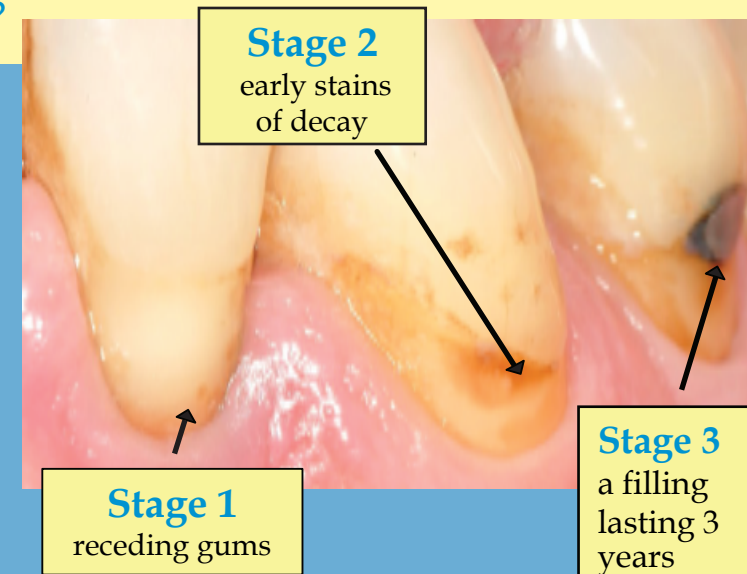
These cavities result from an **ongoing bacterial infection** on the tooth surface.<sup>3</sup> This infection gradually destroys the tooth surface so that it requires a filling. The infection quickly re-emerges after you brush your teeth and after a dental cleaning. Major risk factors for this disease are extensive gum recession,<sup>4</sup> a dry mouth<sup>5</sup> and ongoing periodontal scaling.<sup>6</sup>

## WHY SHOULD I CARE ABOUT PREVENTING THESE TYPES OF CAVITIES?

These cavities are hard to restore, their fillings typically fail after 2 to 3 years,<sup>7</sup> and if you get one, you'll likely get more. Importantly, dental science also shows they are linked to your overall health.<sup>8</sup> In one large study, gum line decay was more predictive of heart disease than cholesterol.<sup>9</sup>

## WHAT DO CAVITIES AT THE GUM LINE LOOK LIKE? HOW DO THEY DEVELOP?

Early cavities often appear as a stain at the recessed gum, then progress to a hole in your tooth as the bacteria gradually erodes the tooth surface. They frequently occur on adjoining teeth as shown. Gum line decay happens more quickly than at the top of the tooth, so this infection needs more timely attention to prevention.



## ARE YOU AT RISK OF CAVITIES AT THE GUM LINE?

Your dental professional may already have spoken to you about your risks for cavities at the gum line. If you answer "Yes" to any of the following questions, ask about more information on Prevora and your protection from the #1 dental problem for older Canadians.

I have already had cavities at the gum line?	Yes	No
My dental professional has told me I have substantial gum recession?	Yes	No
I receive frequent scaling for my periodontal disease?	Yes	No
I have a dry mouth?	Yes	No
My dental professional is always concerned about plaque build up?	Yes	No

References: 1. CDC, Trends in oral health status: US, 1988-1994, and 1999-2004, Vital and Health Statistics, Series 11, #248, April 2007. 2. Albandar JM et al. 1999. Destructive periodontal disease in adults 30 years of age and older in the United States, 1988-1994. J Periodontol.70: 13-29. 3. Wilson M. 2005. Microbial Inhabitant of Humans: Their ecology and role in health and disease. Cambridge University Press. 4. Lawrence IH et al. 1995. Three-year root caries incidence and risk modeling in older adults in North Carolina J Pub Health Dent, 55: 69-78. 5. Singh ML, Papas AS, Biesbrock AR. 2006. Root caries increment in a medication-induced saliva hypofunction population. AADR Abstract #1472. 6. Reiker J et al. 1999. A cross-sectional study into the prevalence of root caries in periodontal maintenance patients. J Clin Periodontol, 26: 26-32. 7. Levy S and Jensen M. 1990. A clinical evaluation of the restoration of root surface caries. Special Care Dentistry, Sept-Oct: 156-160 and Hu J et al. 2005. Radiation-induced root surface caries restored with glass-ionomer cement placed in conventional and ART cavity preparations: Results in 2 years. Aust Dent J, 50: 186-190. 8. Mauriello S. et al. 2006. Root caries prevalence and incident myocardial infarction. IADR Abstract 3582, J Dent Res, 78 and Holm-Pedersen P. et al. 2005. Dental caries, periodontal disease, and cardiac arrhythmias in community-dwelling older persons aged 80 and older: is there a link? J Am Geriatr Soc, 53: 43-437. 9. Mauriello S. 2008. Presentation to Partners in Prevention, November 4. 10. Marinho VC et al. 2003. Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents. Cochrane Database Syst Rev, 4. CD002782.