

MARKET LEADING* GUM CARE EXPERTISE FOR YOU AND YOUR PATIENTS



chlorhexidine digluconate

CHX: SUPERIOR SUBSTANTIVITY

NO COMMONLY USED ANTIBACTERIAL INGREDIENT WORKS LONGER¹⁻³

- The active ingredient chlorhexidine digluconate (CHX) considered as the gold standard gum disease treatment⁴



chlorhexidine

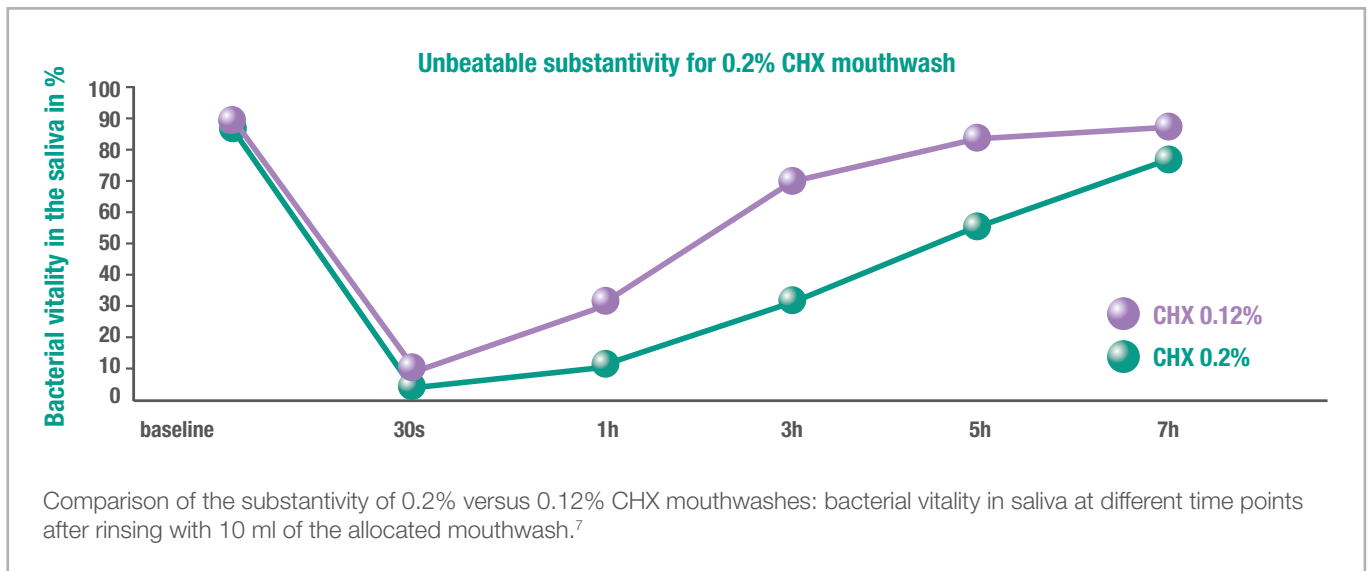
Substantivity – refers to the amount of time that an active ingredient or agent remains effective after being applied to the area of treatment

CLASSIFICATION OF COMMON ANTIBACTERIAL INGREDIENTS USED IN MOUTHWASHES¹

ANTIBACTERIAL INGREDIENT	GENERATION	SUBSTANTIVITY
Essential oils	1st generation	Low
Cetylpyridinium chloride	1st generation	Low to medium
Hexetidine	1st generation	Low to medium
Chlorhexidine	2nd generation	High

UNBEATABLE CONCENTRATION: 0.2%

NO OTHER CHX MOUTHWASH CONCENTRATION AVAILABLE IS PROVEN MORE EFFECTIVE⁷



UNBEATABLE BACTERIAL COUNT REDUCTION FOR 0.2% CHX MOUTHWASH⁸

- A 0.2% CHX mouthwash generated 700 times greater reduction of some anaerobic bacterial counts in saliva when compared to 0.12% CHX mouthwash.⁸

TOTAL BACTERIA	Water	0.12% CHX	0.2% CHX
Germ count reduction compared to baseline after rinsing for 30 seconds	1.3-fold	2.8-fold	63-fold*
AEROBES/FACULTATIVE ANAEROBES	Water	0.12% CHX	0.2% CHX
Germ count reduction compared to baseline after rinsing for 30 seconds	1.3-fold	2.3-fold	54-fold*
OBLIGATE ANAEROBES	Water	0.12% CHX	0.2% CHX
Germ count reduction compared to baseline after rinsing for 30 seconds	1.3-fold	17-fold	12000-fold*

$\xrightarrow[\text{greater reduction}]{\times 700}$

Comparison of bacterial count reduction of 0.2% versus 0.12% chlorhexidine: bacterial counts in saliva after rinsing with 10 ml of the allocated rinse.⁸

*statistically significant difference compared to water and to 0.12% CHX

CORSODYL: EXPERTS IN FORMULATION

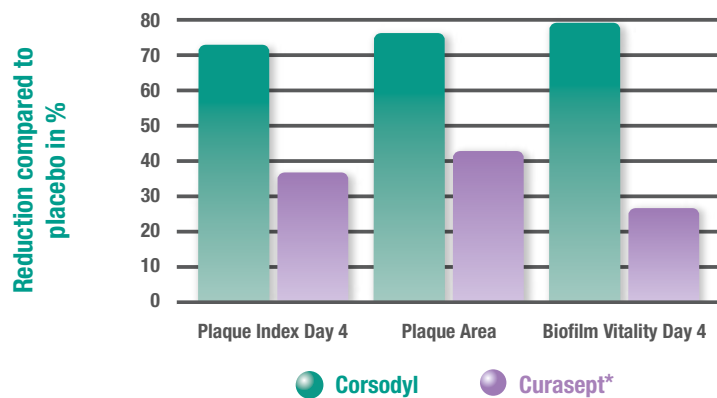


NOT ALL 0.2% CHX FORMULATIONS ARE THE SAME

Chlorhexidine is a delicate molecule; its efficacy can be affected by the wrong environment⁴, so the formulation of the treatment is very important. The Corsodyl mouthwash formulation is unique and has proven efficacy⁹. Nothing is more effective than Corsodyl at treating gingivitis.

- Availability of CHX depends on formulation – For example, the addition of an anti-discolouration system to a 0.2% CHX solution can result in reduced efficacy⁹

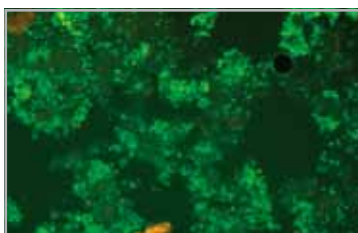
Corsodyl Mint Mouthwash shows superior performance to Curasept*



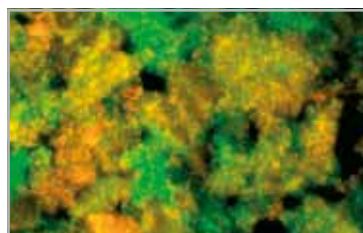
Inhibition of plaque re-growth and bacterial vitality by Corsodyl Mint Mouthwash and 0.2% chlorhexidine mouthwash with an anti-discolouration system (Curasept*)¹⁰

BACTERIAL VITALITY AFTER 4 DAYS OF RINSING WITH CHX MOUTHWASHES

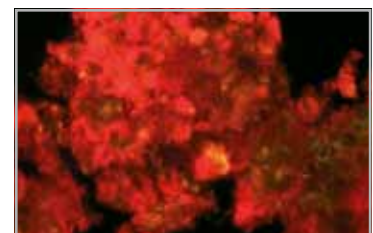
GREEN bacteria are vital, YELLOW displays a mixture of dead and vital bacteria, RED bacteria are dead.



Placebo



Curasept 0.2% CHX



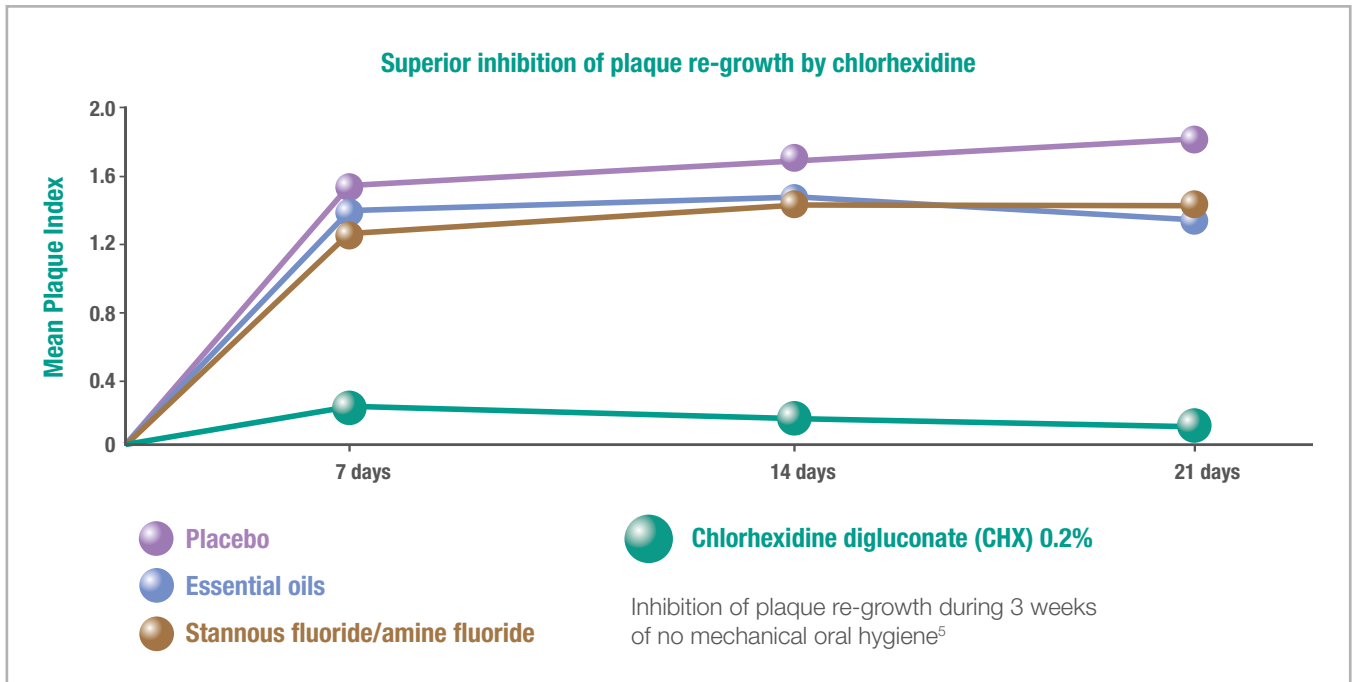
Corsodyl 0.2% CHX

(Images with the kind permission of Prof. Arweiler, University of Freiburg).

*CURASEPT is a trade mark of Curasept A.D.S. s.r.l

CHX: SUPERIOR EFFICACY

NO ANTIBACTERIAL INGREDIENT IS MORE EFFECTIVE AT INHIBITING PLAQUE BACTERIA^{4,5}



SUPERIOR BACTERIAL KILLING BY CHLORHEXIDINE COMPARED TO ESSENTIAL OILS⁶

PERIODONTAL PATHOGENIC GERM	CHX MOUTHWASH	MOUTHWASH CONTAINING ESSENTIAL OILS
Aggregatibacter actinomycetemcomitans	4	256
Porphyromonas gingivalis	2/4	64/128
Tannerella forsythia	2	64/128
Prevotella intermedia	2/4	256/512
Eikenella corrodens	1	256

Minimum inhibitory concentration of a chlorhexidine digluconate mouthwash compared to a mouthwash containing essential oils against periodontal pathogenic germs (in µg/ml).⁶

CORSODYL MOUTHWASH

CHLORHEXIDINE DIGLUCONATE THE GOLD STANDARD CHOICE FOR YOUR PATIENTS

- SUPERIOR SUBSTANTIVITY
- SUPERIOR EFFICACY



CORSODYL – FORMULATED FOR EFFICACY

- UNBEATABLE CONCENTRATION –
0.2% MOUTHWASHES

NOTHING IS MORE EFFECTIVE THAN CORSODYL AT TREATING GINGIVITIS

Product Information: Corsodyl Mint Mouthwash. **Presentation:** A colourless solution containing 0.2% w/v chlorhexidine digluconate. **Indications:** Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. **Dosage & Administration:** Adults and children 12 years and over: Rinse with 10ml for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Do not use in children under 12 unless on advice of healthcare professional. **Contraindications:** Hypersensitivity to Chlorhexidine or any of the excipients. **Precautions:** Keep out of eyes and ears, do not swallow, separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of soreness, swelling or irritation of the mouth cease use of product. **Pregnancy & Lactation:** No special precautions. **Side effects:** Superficial discolouration of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation; parotid swelling; irritative skin reactions; extremely rare, generalised allergic reactions, hypersensitivity and anaphylaxis. **Overdose:** Due to the alcohol content (7%) ingestion of large amounts by children requires medical attention. **Legal category:** GSL. **Product Licence Number and RSP (excl. VAT):** PL 00079/0312 300ml £3.99 600ml £7.82. **Licence Holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Date of preparation:** December 2009.

References: 1. Sellmann H. Plaquekontrolle und Chemotherapeutika. Published in: Hetz G. Aktueller Stand der Parodontologie. Spitta Verlag, Balingen, 2004; Part 4, Chapter 12.3.1, p.1–3. 2. Elworthy A, Greenman J, Doherty FM, Newcombe RG, Addy M. The substantivity of a number of oral hygiene products determined by the duration of effects on salivary bacteria. J Periodontol 1996; 67: 572–576. 3. Roberts WR, Addy M. Comparison of the in vivo and in vitro antibacterial properties of antiseptic mouthrinses containing chlorhexidine, alexidine, cetyl pyridinium chloride and hexetidine. J Clin Periodontol 1981; 8: 295–310. 4. Jones CG. Chlorhexidine: is it still the gold standard? Periodontology 2000, 1997; 15: 55–62. 5. Brex M, Nutuschil L, Reichert B, Schreil G. Efficacy of Listerine, Meridol and chlorhexidine mouthrinses on plaque, gingivitis and plaque bacteria vitality. J Clin Periodontol 1990; 17: 292–297. 6. Haffajee AD, Yaskell T, Socransky SS. Antimicrobial effectiveness of an herbal mouthrinse compared with an essential oil and chlorhexidine mouthrinse. JADA 2008; 139 (5): 606–611. 7. Garcia-Caballero L, Carmona IT, González MCC, Posse JL, Taboada JL, Dios PD. Evaluation of the substantivity in saliva of different forms of application of chlorhexidine. Quintessence Int. 2009; 40 (2): 141–144. 8. Tomás I, Cousido MC, Tomás M, Limeres J, Garcia-Caballero, Diz P. In vivo bactericidal effect of 0.2% chlorhexidine but not 0.12% on salivary obligate anaerobes, Archives of Oral Biology 2008, 53:1186–1191. 9. Arweiler NB, Boehnke N, Sculean A, Hellwig E, Auschill TM. Differences in efficacy of two commercial 0.2% chlorhexidine mouthrinse solutions: a 4-day plaque re-growth study. J Clin Periodontol 2006; 33: 334–339.