

LISTERINE

**COULD GOOD
ORAL HEALTH
BE BETTER
AND BOLDER?**

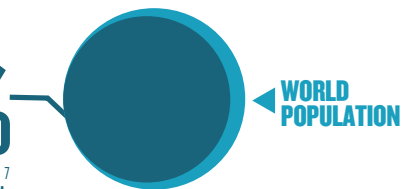
BRING OUT THE BOLD™



BOLD FACT: 76% OF PATIENTS WANT BETTER ORAL HEALTH.* HELP THEM ACHIEVE THIS GOAL WITH 4 ESSENTIAL OILS.

CHRONIC GINGIVITIS AFFECTS OVER 90%

of the world population, to some degree.⁷



The unique formula of LISTERINE® Mouthwash contains a fixed combination of 4 essential oils that have a proven antibacterial effect, which helps prevent gingivitis.³

- These essential oils deeply penetrate into the bottom layers of the plaque biofilm, breaking down its structure in places that are more difficult for a toothbrush or interdental cleaning device to access⁴⁻⁶
- This antimicrobial action comes from the fixed combination of 4 essential oils that can be found in natural plant sources: thymol, eucalyptol, methyl salicylate, and menthol

*Based on self-reported data from a survey of patients in the United States, United Kingdom, Thailand, Brazil, and Japan (N=4134).

LISTERINE

WHAT'S BOLDER THAN BETTER ORAL HEALTH FOR ALL? PROOF IT'S POSSIBLE.

As proven in a landmark, peer-reviewed analysis of 29 studies and over 5000 patients, those who added LISTERINE® to mechanical methods (MM) had^{1,2}

NEARLY

5x MORE PLAQUE-FREE SITES AT 6 MONTHS vs. MM alone

— AND —

OVER

2x MORE HEALTHY GINGIVAL SITES AT 6 MONTHS vs. MM alone

- Plaque-free sites were identified as those with small pieces of plaque (1) or no plaque (0), based on the Plaque Index score¹
- Healthy sites were those with mild (1) to no (0) inflammation, based on the Modified Gingival Index score¹
- Mechanical methods: brushing and interdental cleaning or flossing¹

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BOLD ORAL CARE DEMANDS A BOLD RECOMMENDATION.

FACT: 90% OF PATIENTS ARE WILLING TO USE MOUTHWASH FOR ENHANCED ORAL HEALTH.* THE BOLD EVIDENCE BELOW DEMONSTRATES WHY YOUR RECOMMENDATION SHOULD BE LISTERINE®:

- Patients who added LISTERINE® to mechanical methods had nearly 5x more plaque-free sites and over 2x more healthy gingival sites at 6 months^{1,2}
- LISTERINE® has been proven safe for both daily and long-term use and contributes to the maintenance of healthy oral flora^{5,8,9}

A bold opportunity: Better oral health is attainable for your practice—and it starts with a LISTERINE® recommendation.

Let's bring out the bold together.

*Based on self-reported data from a survey of patients in the United States, United Kingdom, Thailand, Brazil, and Japan (N=4134).

References: 1. Araujo M, Charles C, Weinstein R, et al. Meta-analysis of the effect of an essential oil-containing mouthrinse on gingivitis and plaque. *J Am Dent Assoc*. Manuscript ID: 539-14. RI: 2. Based on a meta-analysis in Araujo et al and/or post-hoc study analyses. 3. Sharma N, Charles CH, Lynch MC, et al. Adjunctive benefit of an essential oil-containing mouthrinse in reducing plaque and gingivitis in patients who brush and floss regularly: a six-month study. *J Am Dent Assoc*. 2004;135(4):496-504. 4. Foster JS, Pan PC, Kollenbrander PE. Effects of antimicrobial agents on oral biofilms in a saliva-conditioned flowcell. *Biofilms*. 2001;1:512. 5. Mirah DG, DePaola LS, Orentlicher CD, et al. Effects of 6 months use of an antiseptic mouthrinse on supragingival dental plaque microflora. *J Clin Periodontol*. 1999;16:347-352. 6. Walker C, Clark W, Wheeler T, Lamm R. Evaluation of microbial shifts in supragingival plaque following long-term use of an oral antiseptic mouthrinse. *J Dent Res*. 1989;68:412. 7. Coventry J, Griffiths G, Scully C, Tonetti M. Periodontal disease. *Brit Med J*. 2000;321(7252):36-39. 2. 8. Boyle P, Kocchlin A, Autier P. Mouthwash use and the prevention of plaque, gingivitis and caries. *Oral Dis*. 2014;20(suppl 1):1-69. 9. Walker C, Clark W, Wheeler T, et al. Evaluation for microbial shifts in supragingival plaque following long-term antiseptic mouthrinse use. *J Dent Res*. 1989;68:412. Abstract 1845.

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