"More Than Thirteen Things…" 2nd edition

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1. Increase the amount of arginine in the diet. Eat more spinach, soy, seafood, and nuts. Drink the cheapest tea you can find. Basic Bites offer a prebiotic strategy to nurture the growth of commensal bacteria (basicbites.com). Spry toothpaste is the only option IMO for an arginine toothpaste, but it takes some effort to find. Help your cannabis craving patients overcome marijuana mouth with BirchTree Hemp toothpaste – it's fun to see them get excited about toothpaste (why don't patients respond like that to 5000 ppm NaF toothpaste?)

2. If patients cannot afford LivFresh (the only toothpaste that chemically cleans teeth, is approved for treating periodontitis, and is backed by 31 studies) then they should brush with baking soda - add it to any toothpaste you like or contact Church and Dwight and get their samples in your office. While I a have been a long-time advocate for sonic toothbrushes, they don't help non-brushers start brushing. PLEASE try a Curaprox Velvet toothbrush and give one to any patient who is new to brushing. Encourage the use of a WaterPik with hydrogen peroxide, if flossing is a challenge, or routinely. Don't overlook Glyoxide mouthwash concentrate which can be found at most drugstores and is a wonderful anti-caries mouthwash that raises the pH.

3. Apply chlorhexidine varnish (Cervitec Plus) to exposed roots. The chlorhexidine arrests the enzymatic breakdown of dentinal collagen. To remineralize these surfaces it takes a lot of attention, and probably some SDF (remember my grandmother if/when you decide to use potassium iodide). Alternatively, once they are debrided, clean them with cavity conditioner and apply Vanish XT Varnish or Riva Bond (both products are a highly flowable RMGI that) and light cure. This protective coating acts like an ionic bandaid and I think every hygienist should be empowered to provide this treatment.

4. Stock up on Nuvora products and encourage patients to use them daily. All of their lozenges contain xylitol and baking soda. When these lozenges are in the mouth, the pH does not fall to critical values, and they can last up to 24 hours, how is that possible? Besides offering ProBiora Pro after your prophylactic appointments, I can't think of more complimentary strategy than to have my patients leave the office knowing their intraoral pH is nurturing the growth of the commensal bacteria and we are resetting the oral microbiome.

5. Read Matt's Protocol and work with a compounding pharmacy to help your xerostomic patients. Products like pilocarpine troches are indispensable for difficult patients. Contact Laclede and get samples of Salivea for your office. Try Flintts Mints if you need OTC saliva flow, just don't start with F strength 275.

6. Offer patients Glylic. Glylic is a compound from licorice root that has specific antimicrobial properties against cariogenic and periodontal organisms. After being unavailable for a while, it's back in a new form called Cavibloc. Find out more at cavitiessuck.com. If you're looking for a book to have in your reception area, get Roger's book "More Chocolate No Cavities!" – what a great conversation starter for a whole new dynamic in your oral health office. On the opposite extreme is my favorite "The Grosser More Disgusting But Still Totally Cool Mouth Book" which should already be in your office. However, remember patient individuality and realize it's not about what you like or think is best.

7. Xylitol is a great preventive aid. Patients can brush with xylitol gel or paste and try to get a minimum of six grams per day. While 100% xylitol gum is best, I recommend brands you can easily find like sugar free Starburst Juicy Fruit, or Extra. Tell patients to limit their gum chewing to less than 20 minutes. My preferred vehicle for xylitol is one packet (4 grams) added to a bottle of water, sip on two bottles of xylitol water each day, but start slowly so as not to become a rocket ship.

8. Use some of the rapid diagnostics that are on the market as devices to stimulate a new conversation with your patients. GC America makes a saliva check buffer, Boka Science has a great device to measure resting flow rates, SillHa is unbeatable, CaviSense allows patients to monitor themselves at home, CariFree makes the ATP meter, you need BlueCheck, and Oasis Diagnostics has Fishburne tabs along any other salivary device you may need. You don't need to test everyone, but you will be surprised to see the results on people you thought were low risk…AND IT TAKES THE GUESSWORK OUT OF CARIES MANAGEMENT. Have you ordered Bristle yet?

9. Remember cariogenic organisms that result in visible lesions have grown up in the presence of fluoride for a long time and there is no doubt fluoride resistant bacteria persist in xerostomic mouths. My personal philosophy is to "treat" the disease with something other than fluoride, then return to low doses of topical fluoride (like ADA accepted toothpaste) for home prevention. In other words, stop F toothpaste for 72 hours and hit the oral microbiome with pH neutralization – you need to SHOCK the hydrated biological polymer that lines the oral environment. Help your challenged patients really improve their technique with things like the Wunderbrush (implantandperiocare.com) or a Curaprox toothbrush (get the 12460, aka the Velvet Toothbrush)!

10. Do not shy away from nano hydroxyapatite – in the form of ReminPro by Voco. Remember page one of the Journal of Dental Research in 2015 indicates the combination of calcium, phosphate and fluoride is paramount for remineralizaitgon. MI Paste with CPP-ACP changes plaque chemistry and in combination with fluoride, there is no doubt in my mind it works - now it's in a dentifrice called MI Paste One. If you're using MI Paste or MI Paste Plus, have patients apply a "dab" to their tongue after brushing before bed then wipe it around the mouth with your tongue. Any high risk patient with occlusal guards or Invisalign should do this with ReminPro or MI Paste before inserting their appliances.

11. Cocofloss and Moisyn rinse have changed my world. Both products were/are [what?] permanent fixtures on my bathroom counter. If you're looking for Moisyn, check out PerioSciences. If you're ready to have your universe dented, start GBT (that's Guided Biofilm Therapy, if you've been living under a rock).

12. Good research stimulates debate but there doesn't seem to be much debate about silver diamine fluoride dramatically altering the course of oral healthcare. Read the paper Pam and I wrote for Dentistry IQ, "The Do's and Don't's of SDF" before you use it in practice and start by applying it to posterior teeth only. There is some exciting innovation in this field and you're going to want to be ahead of the curve as our armamentarium grows 😊.

13. Become part of our online community of clinicians bringing better prevention to life. It's really helpful to share experiences with others who are struggling to get CRA and patient engagement happening consistently in practice. The CAMBRA Coalition meets online at 7:30 pm ET, the second Monday of every month, for a very robust and informal discussion of all things cariology – it's fun. Let me know if you want the zoom link.