



Robot Test of Cleaning Efficacy by Plaque Planimetry

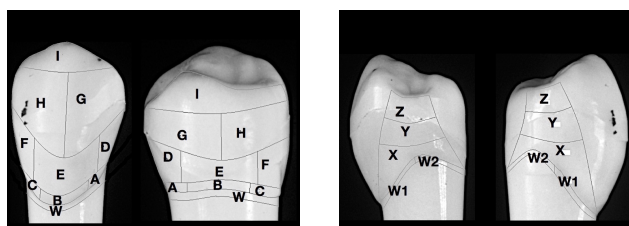
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Aims

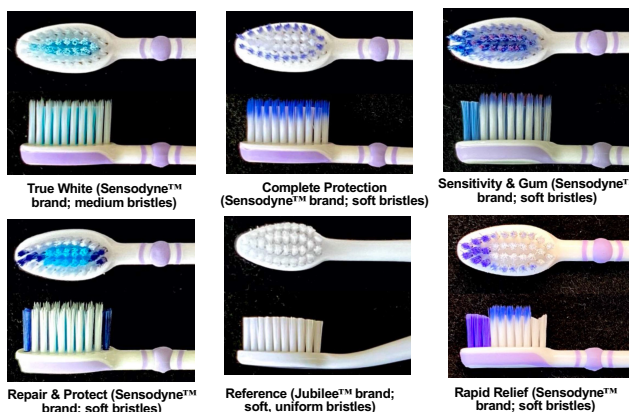
- Toothbrushing reduces plaque levels and minimizes the risk of plaque-associated diseases such as dental caries, gingivitis and periodontitis^{1,2}
- This *in vitro* study compared cleaning efficacy at low brushing force of five marketed toothbrushes with a unique handle neck flexibility compared to a control

Methods

- Five marketed toothbrushes (GSK Consumer Healthcare, Brentford, UK) plus a control were tested using a clinically validated, comparative robot test⁵ to examine *in-vitro* brush efficacy
 - KaVo™ human teeth replications were used: four incisors, one canine, two premolars, three molars in anatomic positions, coated in clinically validated simulated plaque
 - Seven runs each of horizontal, seven rotating and seven vertical movements at 2.5 N
- Evaluation of plaque removal carried out using automated plaque planimetry
 - 30 planimetric fields per tooth representing buccal, lingual and proximal sites of tooth crowns and exposed tooth roots (Next to Gum line: ABCDF; Interproximal: DF; Crown smooth surface: EGH; In-between teeth mesially and distally: XYZ; Root buccally and lingually: W, proximally: W1W2; Proximal root: W1W2) encompassing 12 risk areas
 - Mean simulated plaque reduction was compared to evaluate cleaning efficacy at:
 - All buccal/lingual tooth sites (A–I): at risk fields near gum line and approximately between teeth (ABCDF fields at buccal/lingual sites); all mesial/distal sites (XY fields proximal in-between teeth); root buccally/lingually/mesially/distally; all sites (total, 30 fields per tooth)
 - The Kolmogorov-Smirnov-test was applied to test tooth surfaces variables; null hypothesis of normality was rejected, therefore, analysis used non-parametric Wilcoxon-Mann-Whitney-U-testing

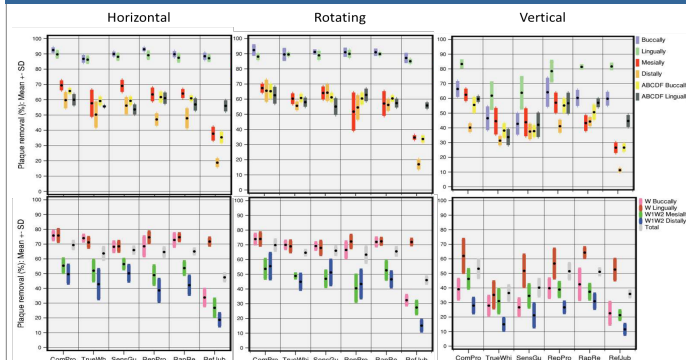


Planimetric fields at tooth crowns and roots of smooth surfaces (left) and mesially and distally in-between the teeth (right) for plaque assessment in percent per field, per risk area or per tooth site with automated plaque planimetry APP³



Results

Plaque removal efficacy (% mean and standard deviation)



Statistical analysis of cleaning efficacy (% plaque removal)

	Complete Protection				True White				Sensitivity & Gum				Repair & Protect		Rapid Relief	
	True	Sens	Rep	Rap	Ref	Sens	Rep	Rap	Ref	Sens	Rep	Rap	Ref	Ref	Ref	Ref
Buccally	HV	HV		H	HR	H	HV	HV	V	HV	V		H	HR	R	
W Buccally	RV	HRV	HR		HRV	H	V	V	HR	V	HRV			HV	HRV	
ABCDF Buccally	HV	HV	H	HR	HRV		HV	V	HRV	V	V	HRV		HV	HRV	
Lingually	HV	V			HR		V	V	RV	V	V			R	R	
W Lingually	V	HR			H	V	V	V	V	H	HV				V	
ABCDF Lingually	HV	HRV			RV		RV	V	V	HRV	V			V	V	
Mesially	HRV	V	HR	HRV	HRV	H			HRV	HV	H		HV	HV	HRV	
W/W2 Mesially	RV	V	RV	V	HRV		R		HRV	H			HRV	HV	HRV	
Distally	HRV		HR	HRV	HRV	RV	V	V	HRV	HR	HRV			HV	HRV	
W1/W2 Distally	RV		HR		HRV		V	V	HR	H	HV			HV	HRV	
Total	HRV	HRV	HR	HR	HRV		V	V	HR	HV	V			HV	HRV	

Toothbrush with statistically significant higher ($p < 0.05$) percentage plaque removal is shown by corresponding colour of brushing movement (Black or Orange) where H: Horizontal; R: Rotating; V: Vertical movements

ABCDF: Risk fields near gum line and interproximal; W: Tooth root sites; Total: Total mean plaque reduction over all tooth sites; True White: True White; Sens Gum: Sensitivity & Gum; Rep Prot: Repair & Protect; Rap Rel: Rapid Relief; Ref Jub: Reference Jubilee

- Performance order of the toothbrushes was: Complete Protection > Repair & Protect > Rapid Relief > Sensitivity & Gum = True White > Reference Jubilee
- Test toothbrushes were statistically superior ($p < 0.05$) to the Reference Jubilee brush:
 - Overall (total) in horizontal movements with 4/5 toothbrushes in rotating and 3/5 toothbrushes in vertical movements
 - At all mesial and distal sites for all movements
 - At most Buccal and Lingual sites for rotating movements only
 - For all ABCDF Buccal sites for almost all movements but few ABCDF Lingual sites with no advantage in horizontal movements, little advantage in rotational movement (1/5 toothbrushes), 3/5 toothbrushes advantageous in vertical movements
 - At most root fields except W Lingually
- Superior brushing efficacy was at a lower level with vertical movements than with rotating or horizontal movements
- Single tooth analysis showed optimal simulated plaque removal at incisors (up to 99.75%) > canines > premolars > molars (up to 45.72%)
- At 2.5 N, handle neck flexibility was 75% of capacity according to force measurement

Conclusions

- Plaque control is postulated to differ with different movements due to the ball joint bending being supported by horizontal/rotating brushing flexible movements, with vertical brushing limiting the force transfer from the neck to the head
- Based on this *in vitro* model, brushing efficacy of the test toothbrushes with handle neck flexibility can be interpreted as optimal plaque control at all risk areas and their single planimetric fields, contributing to good oral hygiene

References

- 1) Fejerskov O. Dental caries: The disease and its clinical management. John Wiley & Sons, Ltd. 2015; 2) Loe H. Int Dent J 2000; 50:129–39; 3) LANG T, STAUFFER S, JENNIES B, GÄNGLER P. BMC Oral Health. 2014; 14:142.

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