IADR 2024 Early nasal gel application in COVID-19 patients -Presentation/ Poster #: 0580 RCT study

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PRESENTER



Objectives:

Nasal mucosa target cells are prone to initial infection by SARS-Cov-2 viruses. Therefore, an oronaso-pharyngeal care gel was applied via nasal application to (i) prevent inflammation, (ii) to compare clinical symptoms with conventional irrigation and -(iii) to correlate to the OHIP-G14 outcomes (German validation).

Material and Methods:

The randomized clinical trial was organized under the strict isolation conditions within the first 2 years of the COVID-19 pandemy. After ethical approval EK 66/2021 the test-group-A and the control-group-B comprised 25 SARS-CoV-2 positive COVID-19 subjects each. OROFAN® Gel in Group-A contains ChitoClear and 3 other bio-polymers, is moderately antibacterial and executes at mucosal cells a virus barrier for up to 16 hrs because of the long bioavailability (in-vitro testing Dr.Brill Institutes, Hamburg, Germany).

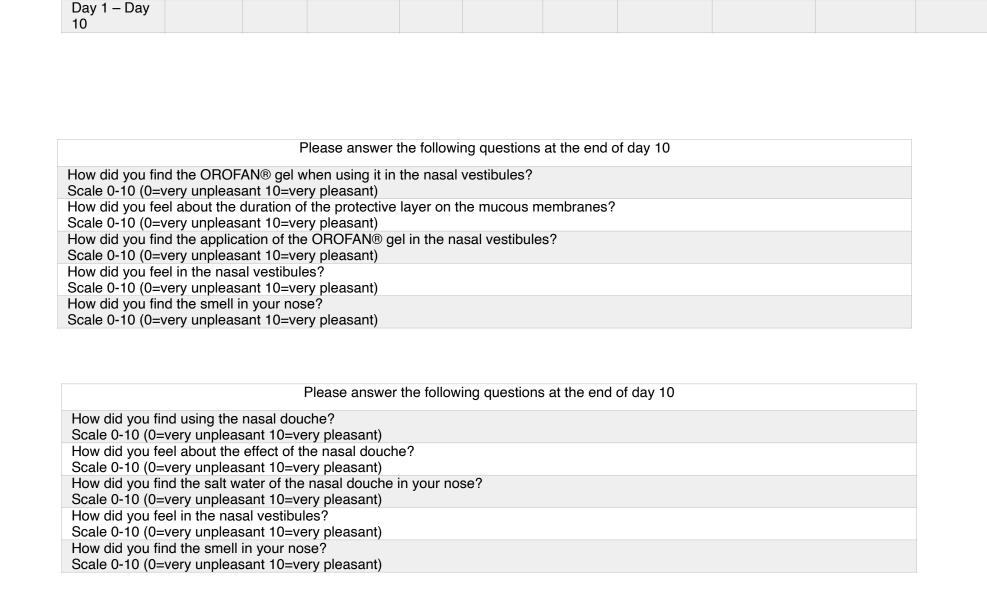
For 10 days the gel was applied in Test-Group A at home once or multiple times per day into the nostrils and distributed throughout the nose by slight finger pressure at the right and left nose site. A diary assessed 8 symptoms daily and 5 summarizing questions at day-10. Control-Group-B used a nasal douche with salt-water once or multi times per day. The protocol-B was the same as protocol-A. The Health-related Individual Profile OHIP-G14 was assessed at baseline and at the end of study. The statistics comprised the Mann-Whitney-U-test and ANOVA with the 95% confidence interval.







Fig. 2: OROFAN® Oral Care Gel for nasal application (Dr.Hinz Dental, Dr. Hinz Dental- Vetriebsgesellschaft mbH & Co. KG, Herne, Deutschland)



Control-Group B Fig. 4: Summarizing

questions at day 10,

Test-Group A

Fig. 3: Symptom diary

for Test-Group A and

Fig. 5: Summarizing questions at day 10, Control-Group B

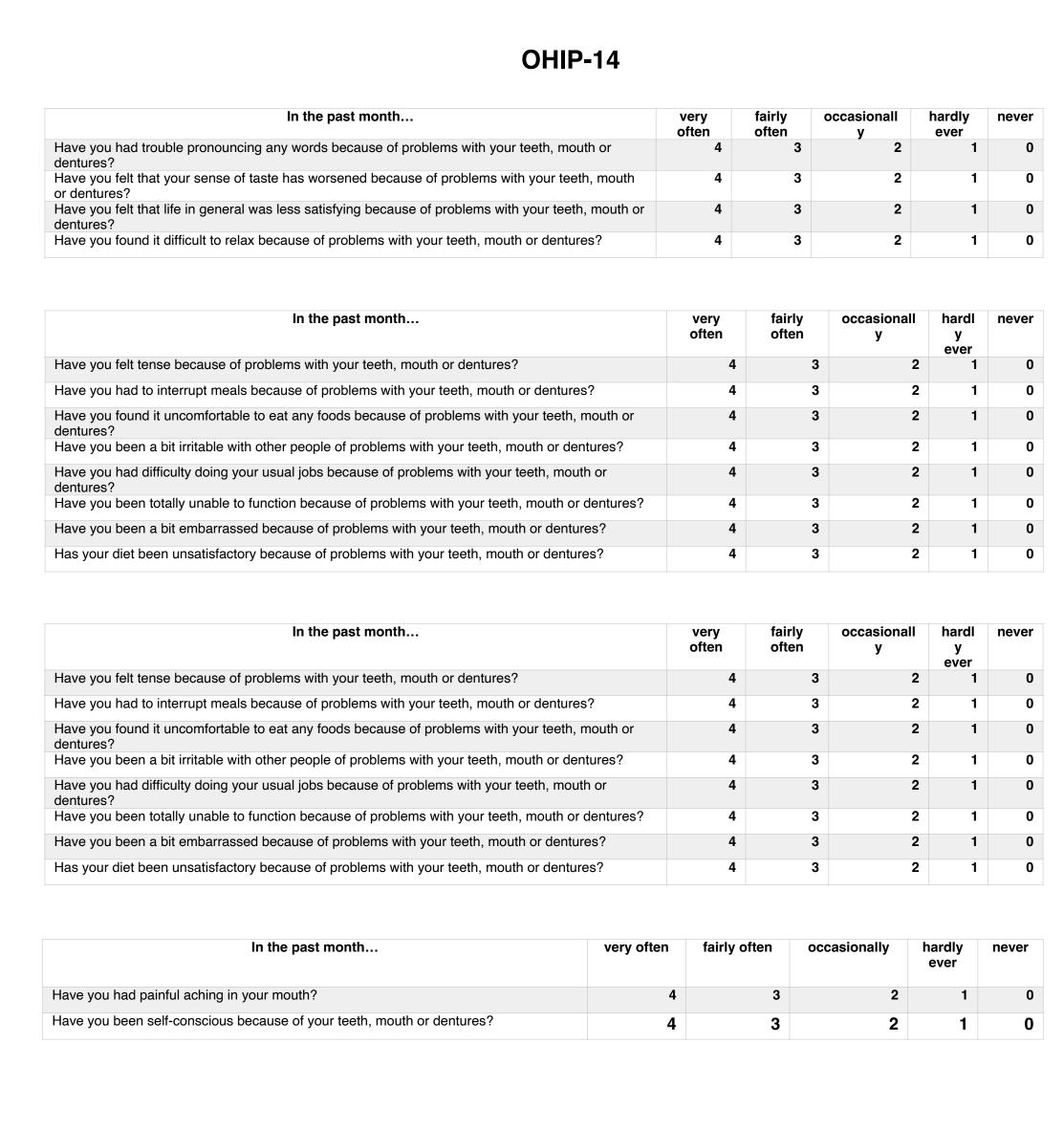


Fig. 6: Original version of OHIP-14 (Slade, 1997), for German subjects the Validated German Version OHIP-G14 (John et. al., 2006) was used.

Results:

OHIP-14 deteriorated with non-significant results between both groups from pain-coding 39 to 48 because of severity of COVID-19. The mainly not changing all other Domains demonstrate that the OHIP-14 profile does not contribute to the characterization of SARS-Cov-2 infected subjets. Nasal application of gel was statistically superior versus salt-water irrigation in 3 from 4 Likert items (application/irrigation, bioavailability, smelling). Descriptive analysis of diary symptoms revealed parallel improvement in A/B in days: Percentage at End of Study in Likert scale and number of days from beginning: Dry nose 52% vs. 60% and 4.7 vs. 6.2 days; Rhinitis 92% vs. 88% and 6.2 vs. 6.1 days; Dysgeusia 32% vs. 40% and 5.4 vs. 5.1 days; Headache 68% vs. 84% and 3.6 vs. 3.9 days; Abnormal fatigue 84% vs. 96% and 5.9 vs.4.7 days. Percentage of subjects and mean time duration evolved clinically parallelized. In contrast to this clinical symptoms with insignificant differences, the end of study evaluation of subjective perceptions revealed all items in favor of the Test-Group using the gel ones or many times per day: Mean Likert values in Test-Group A – 7.1 versus Control-Group B -5.6.



The OROFAN Oral Care Gel for nasal application contributes to nasal health in COVID-19 patients. It is better accepted compared to salt-water nasal douche and recommended for adjunctive treatment.

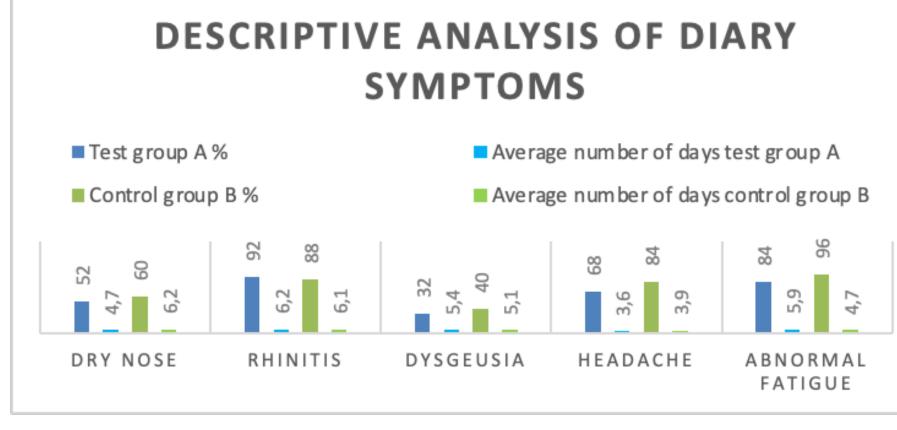


Fig. 8: Evaluation of the symptom diary of the Test Group A and Control Group B and average duration of the respective symptoms.

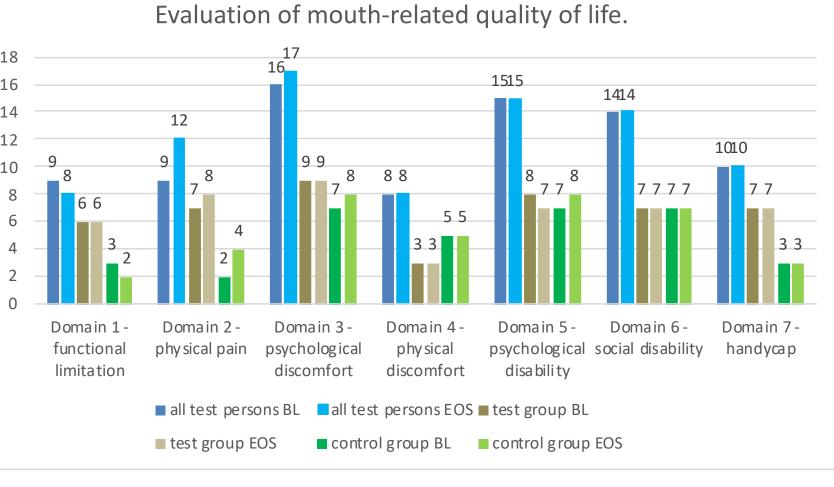


Fig. 9: Evaluation of the mouthrelated quality of life on the basis of the OHIP-G14 questionnaire. The OFOVO coding (4-3-2)clearly shows, that there are all Domains with insignificant outcomes.

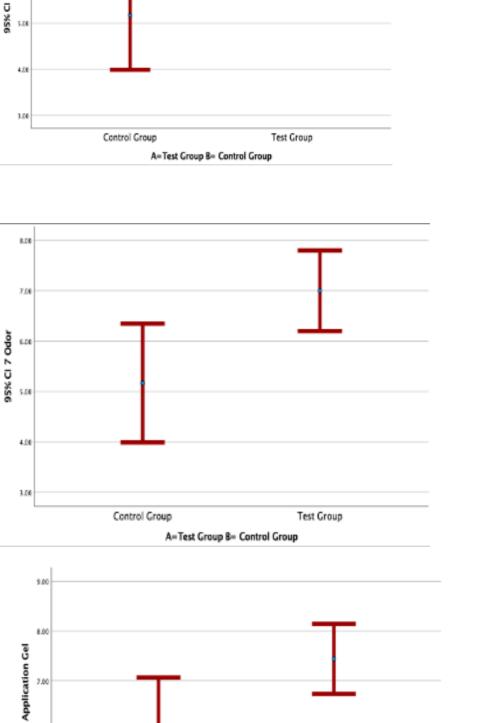
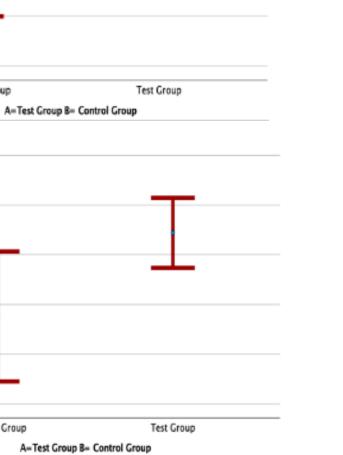


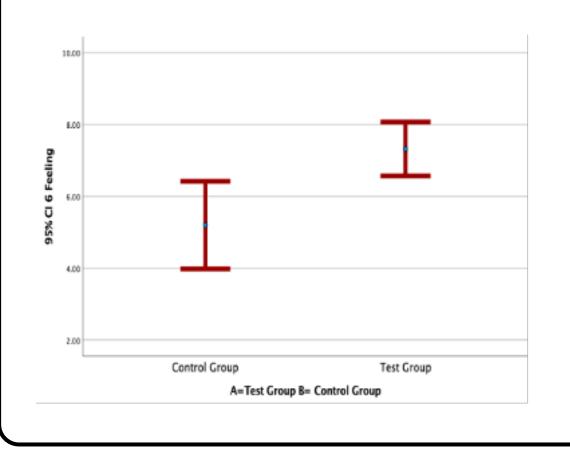
Fig. 10: End of the study: Significant Likert difference in odor of the Gel Group (Treatment), compared to the nasal douche.



the Gel Group, compared to the effect of the nasal douche.

Fig. 11: End of the study: No significant Likert

difference in the feeling of a protective layer of



difference in the perception of using the Gel, compared to the nasal douche.

Fig. 12: End of the study: Significant Likert

Fig. 13: End of the study: Significant Likert difference in the feeling of the Gel, compared to the nasal douche.