

COLGATE DURAPHAT® 5000PPM FLUORIDE

TOOTHPASTE May be prescribed as Sodium Fluoride Toothpaste 1.1%.

COLGATE DURAPHAT® 2800PPM FLUORIDE

TOOTHPASTE May be prescribed as Sodium Fluoride Toothpaste 0.619%.

Dental information

Fluoride mouthwash, oral drops, tablets and toothpaste are prescribable on form FP10D (GP14 in Scotland, WP10D in Wales).

There are also arrangements for health authorities to supply fluoride tablets in the course of pre-school dental schemes, and they may also be supplied in school dental schemes.

Fluoride gels are not prescribable on form FP10D (GP14 in Scotland, WP10D in Wales).

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

▶ **Endekay** (Manx Healthcare Ltd)

Sodium fluoride 1.1 mg Endekay Fluotabs 3-6 Years 1.1mg tablets | 200 tablet **P** £2.38 DT = £2.38

Sodium fluoride 2.2 mg Endekay Fluotabs 6+ Years 2.2mg tablets | 200 tablet **P** £2.38 DT = £2.38

Paste

▶ **Sodium fluoride (Non-proprietary)**

Fluoride (as Sodium fluoride) 2.8 mg per 1 gram Sodium fluoride 0.619% dental paste sugar free sugar-free | 75 ml **PoM** £3.26 DT = £3.26

Fluoride (as Sodium fluoride) 5 mg per 1 gram Sodium fluoride 1.1% dental paste sugar free sugar-free | 51 gram **PoM** £6.50 DT = £6.50

▶ **Colgate Duraphat** (Colgate-Palmolive (UK) Ltd)

Fluoride (as Sodium fluoride) 2.8 mg per 1 gram Colgate Duraphat 2800ppm fluoride toothpaste sugar-free | 75 ml **PoM** £3.26 DT = £3.26

Fluoride (as Sodium fluoride) 5 mg per 1 gram Colgate Duraphat 5000ppm fluoride toothpaste sugar-free | 51 gram **PoM** £6.50 DT = £6.50

Mouthwash

▶ **Sodium fluoride (Non-proprietary)**

Sodium fluoride 500 microgram per 1 ml Sodium fluoride 0.05% mouthwash sugar free sugar-free | 250 ml **GSL** **N** DT = £1.51

▶ **Colgate FluoriGard** (Colgate-Palmolive (UK) Ltd)

Sodium fluoride 500 microgram per 1 ml Colgate FluoriGard 0.05% daily dental rinse alcohol free sugar-free | 400 ml £2.99
Colgate FluoriGard 0.05% daily dental rinse sugar-free | 400 ml **GSL** £2.99

▶ **Endekay** (Manx Healthcare Ltd)

Sodium fluoride 500 microgram per 1 ml Endekay 0.05% daily fluoride mouthrinse sugar-free | 250 ml **GSL** £1.51 DT = £1.51
sugar-free | 500 ml **GSL** £2.45

exclude oral cancer in adults or secondary causes such as leukaemia.

Simple mouthwashes

A **saline** mouthwash may relieve the pain of traumatic ulceration. The mouthwash is made up with warm water and used at frequent intervals until the discomfort and swelling subsides.

Antiseptic mouthwashes

Secondary bacterial infection may be a feature of any mucosal ulceration; it can increase discomfort and delay healing. Use of chlorhexidine mouthwash p. 727 is often beneficial and may accelerate healing of recurrent aphthae.

Corticosteroids

Topical corticosteroid therapy may be used for some forms of oral ulceration. In the case of aphthous ulcers it is most effective if applied in the 'prodromal' phase. Thrush or other types of candidiasis are recognised complications of corticosteroid treatment.

Hydrocortisone oromucosal tablets p. 456 are allowed to dissolve next to an ulcer and are useful in recurrent aphthae and erosive lichenoid lesions.

Beclometasone dipropionate inhaler p. 162 sprayed on the oral mucosa is used to manage oral ulceration [unlicensed indication]. Alternatively, betamethasone soluble tablets p. 454 dissolved in water can be used as a mouthwash to treat oral ulceration [unlicensed indication].

Systemic corticosteroid therapy (see under Corticosteroids, inflammatory disorders p. 685) is reserved for severe conditions such as pemphigus vulgaris.

Local analgesics

Local analgesics have a limited role in the management of oral ulceration. When applied topically their action is of a relatively short duration so that analgesia cannot be maintained continuously throughout the day. When local anaesthetics are used in the mouth, care must be taken not to produce anaesthesia of the pharynx before meals as this might lead to choking.

Benzylamine hydrochloride p. 731 and flurbiprofen p. 678 are non-steroidal anti-inflammatory drugs (NSAIDs).

Benzylamine hydrochloride mouthwash or spray may be useful in reducing the discomfort associated with a variety of ulcerative conditions. It has also been found to be effective in reducing the discomfort of tonsillectomy and post-irradiation mucositis. Some patients find the full-strength mouthwash causes some stinging and, for them, it should be diluted with an equal volume of water. Flurbiprofen lozenges are licensed for the relief of sore throat in adolescents.

Choline salicylate p. 732 is a derivative of salicylic acid and has some analgesic action. The dental gel may provide relief for recurrent aphthae, but excessive application or confinement under a denture irritates the mucosa and can itself cause ulceration in adults and children over 16 years of age.

Other preparations

Doxycycline p. 364 rinsed in the mouth may be of value for recurrent aphthous ulceration.

Periodontitis

Low-dose doxycycline (*Periostat*®) is licensed as an adjunct to scaling and root planing for the treatment of periodontitis; a low dose of doxycycline reduces collagenase activity without inhibiting bacteria associated with periodontitis.

For anti-infectives used in the treatment of destructive (refractory) forms of periodontal disease, see under Oropharyngeal infections, antibacterial therapy p. 733. See also Mouthwashes and other preparations for oropharyngeal use p. 727 for mouthwashes used for oral hygiene and plaque inhibition.

3 Oral ulceration and inflammation

Oral ulceration and inflammation

Ulceration and inflammation

Ulceration of the oral mucosa may be caused by trauma (physical or chemical), recurrent aphthae, infections, carcinoma, dermatological disorders, nutritional deficiencies, gastro-intestinal disease, haematopoietic disorders, and drug therapy. It is important to establish the diagnosis in each case as the majority of these lesions require specific management in addition to local treatment. Local treatment aims to protect the ulcerated area, to relieve pain, to reduce inflammation, or to control secondary infection. Children with an unexplained mouth ulcer of more than 3 weeks' duration require urgent referral to hospital to