



**Pills, Pastes, Potions and Lotions
Randy F. Huffines, DDS, FRCSEd**

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Pills, Pastes, Potions and Lotions NCDS Myrtle Beach 2019

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More resources and patient handouts available at www.geriatricdentistry.com

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Dr. Huffines has no financial interest in any of the products or companies listed below

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CAMBRA guidelines

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www.waterpik.com/oral-health

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www.sulzerdental.com

ANTIFUNGALS FOR OROPHARYNGEAL CANDIDIASIS

Randy F. Huffines, DDS, FRCSEd

General Considerations

Candida is a normal part of the oral flora in 50% of the population

Most important question: why has overgrowth occurred?

Common precipitating factors - reduction in salivary flow, trauma, inadequate denture hygiene, recent antibiotic therapy, immunocompromise, chemotherapy, steroids, radiation treatments

Removable dentures must be removed and treated since their tissue surfaces are ideal for *Candida*

TOPICAL AGENTS

NYSTATIN (*Mycostatin*)

Topical only, not absorbed, no drug interactions

Solution - 100,000 U/ml Swish 5ml QID for > 1 minute, then swallow or spit out depending on pharyngeal involvement. Use for 14 days. Remove dentures prior to use and clean them.

Nystatin is very bitter so solution is 50% sucrose (cariogenic).

Pastille - 200,000 U Let 1-2 dissolve in mouth 5x/day. Clean and/or remove denture first.

Ointment and cream - Dispense 30g tube. The cream or ointment can be used on the tissue side of removable dentures QID. Cream is white so is easier to see. For angular cheilitis apply nystatin cream or ointment or Mycolog II (Nystatin and triamcinolone) to corners of mouth QID. If cheilitis does not respond may be Staph infection- use Neosporin

CLOTRIMAZOLE (*Mycelex*)

10mg troche has minimal systemic uptake so does nothing if patient just swallows the lozenge

Binds to oral mucosa. Contains dextrose

Dissolve 1 lozenge in mouth 5x/day for 10 days. Xerostomias may have trouble dissolving.

SYSTEMIC AGENTS

FLUCONAZOLE (*Diflucan*)

Loading dose of 200mg first day, then 100mg qd for 7-14 days.

Supplied in 50, 100, 200mg tablets and oral suspension 10mg/ml and 40mg/ml.

>90% oral absorption, peak serum concentration in 2 - 4 hours.

Half-life is 25-30 hours with normal renal function, use with caution in patients with renal or hepatic dysfunction.

Hemodialysis for 3 hours reduces plasma levels by 50%

Headache is most common side effect.

Rare cases of hepatic toxicity and exfoliative skin disorders.

Drug interactions - phenytoin, cyclosporine, theophylline, coumarin-type anticoagulants, oral hypoglycemics, cimetidine, thiazide, diuretics, some benzodiazepines.

Denture Adhesives: A Guide for Patients

Randy F. Huffines, D.D.S. © 2019

What are denture adhesives?

Denture adhesives are creams, powders, or liquids that have the ability to stick to the tissues (“gums”) under a denture as well as to the denture itself. This improves what dentists call the retention of the denture – its ability to hold on to the underlying tissues.

If my new denture has been made correctly, why might I need a denture adhesive?

Denture adhesives are NOT a substitute for an expertly designed and crafted denture. You may find you can function well with your new denture without the use of adhesives. However, research has shown that adhesives can improve the retention and chewing function of many dentures. You may have certain conditions that make wearing dentures more difficult, such as dry mouth, a stroke, or loss of some of the bone support for the denture. These and many other conditions can compromise the ability to function with even the best denture. Adhesives may offer some help.

Which denture adhesive should I use?

Over 200 million dollars are spent each year in the US alone for denture adhesives. Additional millions are spent on advertisements to influence your purchase. Advice from friends or relatives can be misleading as each person has unique needs. As a general rule, powders do not last as long as creams but are easier to clean off the gums and dentures. Pads and cushions are best avoided as they may alter the occlusion (“bite”) of the denture and lead to other problems. Your dentist is trained to evaluate your individual needs and offer the best advice for your circumstances.

How should the adhesive be applied?

Powders: The mouth and denture should both be cleansed and kept wet. Tap a thin layer of powder over the entire tissue side of the denture. Gently shake off the excess. Insert the denture and press in place for 5 seconds. Close your teeth together, swallow, and clench your teeth together tightly for 10 seconds. If you have a dry mouth, it may help to first coat your mouth with a saliva substitute or water before placing the denture on your gums.

Creams: Clean your mouth and denture well. Dry the denture. For the upper denture apply 5 pea-sized dabs of adhesive equally spaced to the side of the

denture that contacts your gums. For the lower denture apply 3 pea-sized dabs. If you have a dry mouth, immerse the denture in cool water for 30 seconds to let the adhesive soak up moisture. Insert the dentures and press in place for 5 seconds with your fingers. Close your teeth together, swallow, and clench your teeth together tightly for 10 seconds. If you have used the right amount, only a little should ooze out from under the denture borders. Over time you will find out just how much cream you need.

How should I clean out the adhesive?

It is very important for the health of your mouth to remove all the denture adhesive from your mouth and denture daily. Powders can easily be brushed from the denture using warm water. Powders can be removed from the gums with a soft brush and toothpaste. Creams are more difficult to remove. To remove them from the denture, scrub the denture under very warm water with a denture brush. If the adhesive is very hard to remove, it may need to be soaked overnight and then brushed. Another method is to scrub the denture with an electric toothbrush while the denture is immersed in a sink of warm water. To remove the cream adhesive from your gums, first hold hot water in your mouth to help soften the adhesive. Next, scrub with a washcloth wrapped around one or two fingers and moistened with hot water.

Why are regular checkups still important?

You may think that since you no longer have your natural teeth, you only need to see your dentist if you notice a problem. That is a dangerous myth. The supporting tissues under your dentures continue to change throughout the rest of your life. As the gums shrink, the denture and the gums become mismatched. This change happens little by little and is often not noticed by the denture wearer until significant damage has been done to the tissues, sometimes requiring surgery. Your dentist is trained to detect these changes and correct them early. Your dentist will also closely observe your tissues for signs of oral cancer, about half of which occurs in people with dentures.