

# Q&A

WITH...  
**DIANE ROCHFORD**



## MANAGING SENSITIVITY: ANSWERING YOUR FAQ

### Q. DO YOU SEE A LOT OF SENSITIVITY AMONG YOUR PATIENTS?

**A.** We are seeing it more now, partly because people are keeping their teeth longer, so there is a higher incidence of recession, and especially of tooth wear and erosion. Diet also plays a part, as do reflux and certain medications.

### Q. WHICH TREATMENTS TEND TO TRIGGER SENSITIVITY?

**A.** Treatments tend not to cause sensitivity, but they can highlight a problem.

Instrumentation is a common trigger, especially when carrying out mechanical instrumentation subgingivally, which can lead to gingival recession, leaving dentine exposed.

### Q. HOW DO YOU OPEN THE DISCUSSION AROUND SENSITIVITY?

**A.** Patients have different ways of referring to their sensitivity – some say it is painful, others describe the severity of it.

I always ask first if they have sensitivity to hot or cold: if they mainly react to cold, it is more likely to be dentine related; if hot, it's probably nerve related; and if the reaction is to sweet things, it could be caries.

We then look at the possible causes such as diet, oral hygiene and recession.

### Q. HOW DO YOU INVESTIGATE AND DIAGNOSE PATIENTS WHO COMPLAIN OF SENSITIVITY?

**A.** To confirm the diagnosis, we blow air onto areas that could be sensitive, and gauge the patient's response.

### Q. HOW DO YOU TRY TO MANAGE OR MINIMISE SENSITIVITY ARISING?

**A.** Either before or after treatment, especially with subgingival instrumentation, I put a small amount of desensitising toothpaste, such as Biomin F, on any exposed dentine, using either an applicator brush or a cotton bud.

If the sensitivity is extreme, I may choose to use a topical anaesthetic during the treatment.

### Q. HOW DOES YOUR PRACTICE MANAGE SENSITIVITY AROUND WHITENING?

**A.** The practice has protocols for the

management of sensitivity during tooth whitening treatments.

There is a good chance they will experience sensitivity during the process, so we aim to manage rather than prevent it.

Before treatment we use a desensitising product, such as Biomin F, and ask the patient to apply it with a finger or their toothbrush.

When carrying out the procedure at home, some patients find sensitivity is alleviated if they put toothpaste in the bleaching trays for 10-30 minutes before or after whitening.

### Q. WHAT ADVICE DO YOU GIVE THEM FOR HOME CARE?

**A.** Once we have established the cause of the sensitivity, I give the patient general advice on:

- Brushing technique. They may be over enthusiastic and causing dentine to be exposed by brushing too hard; we work together to modify their brushing technique
- Diet. I explain about the role of sugary and acidic drinks, acidic fruit, and so on. I work with the patient to consider options in their diet
- Oral hygiene. We discuss the importance of interdental cleaning and removal of plaque, and choosing an appropriate toothpaste to help reduce sensitivity.

I also ask the patient to complete a diet sheet to check diet and highlight areas of concern, and use disclosing tablets a few times a week to check their effectiveness with toothbrushing and interdental cleaning.

### Q. WHAT DO YOU RECOMMEND REGARDING TOOTHPASTE?

**A.** As a practice we tend to choose products that have strong science behind them, and I have been recommending Biomin for patients with dentine hypersensitivity for some time.

We like the science behind the bioactive glass's slow-release mechanism, releasing not only fluoride ions but also the calcium and phosphate that help with the formation of mineral, blocking the dentinal tubules and preventing sensitivity.

Offering a product like Biomin, with both clinical evidence and real user feedback, allows people to enjoy food and daily lifestyle. 