

# Erosion Management System Synopsis

- Reduce acid exposure by reducing the frequency and contact of acids.
- Do not hold or swish acidic drinks in your mouth. Avoid sipping these drinks.
- Consider using modified acid beverages with no or reduced acid potential.
- Avoid toothbrushing immediately after an erosive challenge (vomiting, acidic diet). Instead, use a fluoride-containing mouth rinse (maintenance rinse), a sodium bicarbonate (baking soda) solution, milk or food, such as cheese or sugar-free yogurt. If none of the above is possible, rinse with water.
- Use a soft toothbrush and low-abrasion fluoride-containing toothpaste. High abrasive toothpastes may remove the pellicle.
- Consider Remineralization Strategy:
  - Complex of casein phosphopeptide (CPP) and amorphous calcium phosphate (ACP) which delivers supercharged Ca and PO<sub>4</sub> ions to the enamel. Over eighty studies to date have shown the effectiveness of RECALDENT (CPP-ACP) in remineralizing enamel and preventing and reversing early (non-cavitated) carious lesions.
  - CTx4 Gel 5000 contains xylitol and optimal levels of nano-partical hydroxyapatite at an elevated pH to neutralize acids and promote remineralization.



- After acid intake, stimulate saliva flow with chewing gum or lozenges.
- Use chewing gum to reduce postprandial reflux.
- Refer patients or advise them to seek appropriate medical attention (gastroenterologist and/or psychologist) when intrinsic causes of erosion are involved.