



Figure 8. Correlation of variables in order of importance to pulpal inflammatory activity.

our many collaborators who have contributed to the wider aspects of the programme of research described in this series of papers.

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Figure 9. Variables influencing pulp injury and postoperative activity.

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ABSTRACT

ARE ELECTRIC TOOTHBRUSHES REALLY BETTER?

Safety, Efficacy and Acceptability of a New Power Toothbrush: A 3-month Comparative Clinical Investigation. P.R. Warren, M. Cugini, P. Marks and D.W. King. *American Journal of Dentistry* 2001; **14**: 3–7.

How often do patients ask whether it really is worth buying an electric toothbrush? Here is a scientific report to which you can refer. These workers

compared a new electric toothbrush with a standard manual toothbrush, examining the hard and soft tissues for safety, and measuring plaque, gingivitis and bleeding scores. The study was randomized and examiner-blind, and measurements were made at the start, and after one and three months. Nine of the initial 110 subjects withdrew for various reasons, for example the unrelated prescription of antibiotic therapy, which may have affected plaque scores.

No detrimental soft or hard tissue abrasion was found at any point in the

study in either group. However, after both one and three months there were significantly lower plaque scores in the group using the electric toothbrush, and the gingival index was found to be significantly reduced after three months. The bleeding index was reduced at both time intervals, but this was not statistically significant. The workers were able to conclude that the power toothbrush was safe, and more effective at reducing plaque and gingivitis than a standard brush.

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