Alternatives with Bleaching
Dr. Bruce A. Matis
www.bamatis.com

Introduction
- Goal in tooth whitening 1) Preserve tooth structure, 2) Remove stain 3) Do not harm
- Important to determine tooth color objectively and subjectively
  Objectively with shade guide
  Subjectively with colorimeter
- Tooth Whitening can occur in the following ways
  In-Office (professional)
  At-Home (professional)
    Day time
    Night time
    Over-the-counter
- Agents used in tooth whitening are Carbamide Peroxide (CP) and Hydrogen Peroxide (HP)
  - One-third of CP is HP (Ex; CP 10% = 3% HP +7% Urea)

In-Office Bleaching
- Advantages-Rapid tooth whitening; no gel ingested.
- Disadvantages- Greater sensitivity; rapid reversal of tooth whitening; cannot use it on people who are taking medications that make them sensitive to light; possible “burning” of tissues.
- Respondents’ satisfaction with In-office bleaching:
  Very satisfied-16%, Satisfied 32%, Unsatisfied 23%, Very unsatisfied 5%
  CRA Newsletter 29(10):2;2005
- In vivo study of eight In-office bleaching systems: A pilot study (alphabetical order).
  Manufacturer’s were invited to come observe use of their product.
  Accelerated In-Office by Life Like  ArcBrite by Biotrol
  Illumine by Dentsply  BriteSmile by BriteSmile
  Niveous by Shofu  PolaOffice by Southern Dental Industries
  One Hour Smile by Den-Mat Corp  Zoom! by Discus Dental
- No effect on enamel micromorphology when 38% HP used in an in vivo study on teeth.
  Cadenaro et al., Op Dent 33(2):127-134;2008
- Recommend any In-office treatment be followed up with At-home treatment

Summary and Conclusions
1) 48% of patients are “very satisfied” or “somewhat satisfied” with In-office tooth bleaching.
2) The more we cut tooth, the more we weaken tooth.
3) Considerable tooth lightening occurs but there is also a reversal of color 1-2 weeks post-bleaching.
4) Light activation does not appear to increase tooth lightening effect of bleaching.
5) Micro morphology and surface smoothness is not affected with bleaching.
6) Follow In-office bleaching with use of At-home tray whitening gel.
At-Home Bleaching
- Advantages - Less tooth sensitivity, more effective.
- Disadvantages - Not predictable, takes longer.
- Respondents’ satisfaction with At-home bleaching:
  Very satisfied - 49%, Satisfied 45%, Unsatisfied 1%, Very unsatisfied 1%
  CRA Newsletter 29:2;2005

Concentrations to use
- American Dental Associations (ADA) first guidelines on safety and efficacy of bleaching agents were issued in 1994.
  J Am Dent Assoc 125:1140-42;1994
- Efficacy standard was revised in 2006.
- The following product is accepted as safe and effective by the American Dental Association.
  Opalescence Whitening Gel 10% CP

Studies to review effectiveness of whitening agents
- All had at least 24 subjects, bleached for 14 days and used reservoirs in trays.
- All maxillary anterior teeth evaluated for color objectively and subjectively.
- Compare three studies
  10% CP and 15% CP, overnight. No difference between 10% and 15% four weeks post-bleaching.
  Matis et al., Quint Int 31:303-310;2000
  15% CP and 5.5% HP, ½ hour 2X daily.
  Panich, Masters Thesis, IUSD, 1999
  20% CP and 7.5% HP, 1 hour 2X daily. 20% CP or 7.5% used 1 hr twice daily produces same lightness as 10% CP overnight.
  Mokhlis et al., J Am Dent Assoc 131:1269-1277;2000
- CP has same bleaching capacity as HP at comparable concentrations.
- Color reversal plateaus between 1 and 4 weeks post-bleaching.

Histological changes after bleaching
- Mild histological changes that were observed with 10% CP used overnight are considered to be reversible. No moderate or severe histological changes observed.
  Gonzalez-Ochoa, J. Masters Thesis IUSD 2002

Effects on teeth
- Study in vivo completed recently showed no changes in microhardness and shear bond strength returned to baseline values in two weeks.
- Why not place resin immediately after bleaching?
  Cannot bond properly because of oxygen inhibition internally.
  Cannot color match because color reversal will occur.
Degradation
-Rapid initial degradation of carbamide peroxide agent and then it slows down.
  87% of agent recoverable after 15 seconds \textit{in vivo}
  66% of agent recoverable after 1 hour \textit{in vivo}
  53% of agent recoverable after 2 hours \textit{in vivo}
  31% of agent recoverable after 4 hours \textit{in vivo}
  18% of agent recoverable after 6 hours \textit{in vivo}
  6% of agent recoverable after 10 hours \textit{in vivo}
  Matis et al., J Am Dent Assoc 130:227-235;1999

-More rapid degradation of hydrogen peroxide
  61% of agent recoverable after 5 minutes \textit{in vivo}
  56% of agent recoverable after 10 minutes \textit{in vivo}
  49% of agent recoverable after 20 minutes \textit{in vivo}
  44% of agent recoverable after 30 minutes \textit{in vivo}
  38% of agent recoverable after 45 minutes \textit{in vivo}
  32% of agent recoverable after 60 minutes \textit{in vivo}
  Al-Qunaian et al., Op Dent 28:236-241;2003

Over the counter tooth whitening agents
-Whitening wraps were more effective than Whitestrips Premium.
  *Matis et al., Op Dent 30:588;2005
-When patients ask about over-the-counter bleaching I tell them:
  Gel is usually higher percentage than recommended.
  It is entry level bleaching
  Works, but not as well as tray bleaching
  ADA accepts only 1 product. It has 10% CP.
-Review of bleaching-compared 9 studies from IUSD printed in peer reviewed literature
  Matis et al. Op Dent (accepted for publication)

Summary and Conclusions
1) 98% of patients are “very satisfied” or “somewhat satisfied” with At-home tooth bleaching.
2) Only 10% carbamide peroxide bleaching agents are accepted as “safe” and “effective”.
3) Carbamide peroxide and hydrogen peroxide lighten at the same rate in short periods of time. Carbamide peroxide is more effective in longer periods of time.
4) 10% CP has been shown histologically to cause some minor but reversible changes in the pulp.
5) Microhardness stays the same after bleaching.
6) Shear bond strength is reduced with bleaching, but returns to baseline in 2 weeks postbleaching.
7) Resin restorations should not be placed for up to two weeks post-bleaching.
8) After two hours about 50% of the initial concentrations of carbamide peroxide is remaining when reservoirs are used. Less amount of active agent is remaining if reservoirs are not used.
9) After 20 minutes about 50% of the initial active hydrogen peroxide is remaining in trays.
10) Systems from most to least effective: At-home night time, At-home day time, In-office, Over-the-counter.
**Clinical Cases**

1) 19-year-old male, endodontically treated #8, placed glass ionomer plug, bleached internally and externally for 2 weeks each. Followed for 2 months post-bleaching.

2) 36-year-old female, trauma caused discoloration of tooth N11, no periapical pathology, bleached 6 weeks. Followed for 4 months post-bleaching.

3) 28-year-old male, semi-professional football player/student, canal in tooth #9 calcified and tooth discolored, bleached for 5 weeks, rebleached after 9 months.

4) 62-year-old female bleached mandibular teeth 6 weeks. Followed for 6 months post-bleaching.

5) Lightened stained craze line on left central incisor on 66-year-old female. Followed for 4 months post-bleaching.

6) Hypocalcified area was bleached for 14 days, white spot lightened rapidly then returned to original color after cessation of bleaching.

7) Unhappy person who was dissatisfied with vital bleaching and decided on veneers.

**Summary and Conclusions**

1) In discolored asymptomatic teeth without periapical pathology bleach without root canal treatment.

2) In nonvital bleaching seal orifice to canal with glass ionomer and leave open during bleaching. Seal orifice with glass ionomer as resin will not adhere well to cavosurface area.

3) Anytime dentin is dark bleaching will work, but it takes longer.

4) Light spots in some teeth turn lighter very rapidly but reverse to original lightness.

5) Other teeth may develop whiter areas during bleaching which indicate less dense enamel areas. These areas disappear after bleaching is discontinued.

6) Use bleach until cuspids become as light as the incisors.

Never promise results but help patients understand the possibilities!

**Thank you for your attention**

* Articles are available on Dr Matis’ web site- www.bamatis.com
Questions patients often ask and their answers
How long do I use the product?
  Usually from 2-4 weeks. (On some teeth that are yellow due to aging, I have used the
  agents for 2 months. Use it as long as teeth continue to lighten. Dr. Haywood has used
  agents for 12 months on tetracycline stained teeth.)
When will I notice some effect?
  In about three days.
What if I cannot wear the tray all night?
  Wearing the tray is usually not a problem. The tray is like a contact lens; it stays in place
  with the gel. Some people will salivate more the first couple of nights. If you find you
  cannot sleep with it through the night we will have you wear it in the morning or evening
  for a couple of hours. That way will just take a little longer.
What happens if I miss a day?
  No problem, just wear it the following evening.
How long does the lightness from the bleaching last?
  It usually lasts from one to three years. In some patients there is no reversal. (They very
  seldom return to the original discoloration, except for smokers.)
Can I rebleach?
  Yes, use the same tray. The product remains at full strength for 18 months in the
  refrigerator.
How fast does rebleaching work?
  You will need to rebleach one day for each 5-7 days you originally bleached.
I am pregnant, can I use At-Home whitening agents?
  We recommend you not use it until you have completed nursing. (There is no evidence it
  would harm the newborn, but no studies have conducted to determine if it would harm
  the offspring. This is an elective procedure so it is better to wait.)
Do I bleach both arches at the same time?
  No, first bleach the maxillary arch. (Patients do not sense teeth are lightening if both
  arches are bleached at the same time.) You will have less chance of TMD discomfort if
  you bleach one arch at a time.
Is it true that laser bleaching is more effective than at-home bleaching?
  No. (The American Dental Association has stated that laser bleaching is not more
  effective than at-home bleaching.)
How young can you begin bleaching?
  Dr. Haywood has bleached patients as young as four when there has been a need for it.
Will it damage my teeth or overall health?
  There are three agents, which have been accepted as “safe” and “effective”. If you use
  any of those products as recommended, they have been shown not to harm the teeth or
  your overall health.
Will it damage my crowns or fillings?
  No, it will not damage fillings or crowns. It will not lighten them either. It will discolor
  some temporary filling materials.

There is an excellent article on my web site by Dr Haywood entitled “Frequently Asked
Questions about Bleaching”, which was published in Compendium 24(4A):324-338;2004.
Figure 1: Mean Delta Shade of Products Evaluated at Clinical Research Section at IU School of Dentistry

Delta Shade: Product Averages After End of Bleaching

- At-Home Nighttime
- At-Home Daytime
- In-Office
- OTC

Weeks After End of Bleaching

Figure 2: Mean Delta E of Products Evaluated at Clinical Research Section at IU School of Dentistry

Delta E: Product Averages After End of Bleaching

- At-Home Nighttime
- At-Home Daytime
- In-Office
- OTC

Weeks After End of Bleaching
Attachment 1. References to Studies Conducted at Clinical Research Section, Indiana University School of Dentistry

At-Home Bleaching/Professionally Prescribed/Overnight


At-Home Bleaching/Professionally Prescribed/Nighttime and In-Office Bleaching


At-Home Bleaching/Professionally Prescribed/Daytime


In-Office Bleaching


At-Home Bleaching/Over-the-counter

<table>
<thead>
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<th>Study #</th>
<th>Products</th>
<th>Concentration</th>
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<th>Bleaching</th>
<th>Time of Bleach</th>
<th>Post Bleaching</th>
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