UNDERSTANDING YOUR GUM DISEASE TREATMENT PLAN

What is gum disease?

Through normal screening processes, we have discovered signs of gum disease—or periodontal disease.

- It is a chronic bacterial infection in your gums that is the #1 cause of adult tooth loss in the US
- All teeth may not be affected, but if not treated completely, it can spread and lead to bone and tooth loss
- Emerging research is suggesting a link between gum disease and other diseases like heart disease, diabetes and stroke may exist*

How do we treat gum disease?

- One or more sessions of Scaling & Root Planing (SRP)
- ARESTIN® (minocycline HCI I mg) microspheres antibiotic applied at each SRP session
- Additional follow up visits for maintenance and check up
- Practice good oral hygiene at home

What is SRP?

SRP (Scaling & Root Planing) is a careful cleaning of the root surfaces to remove plaque and calculus [tartar] from deep periodontal pockets and to smooth the tooth root to remove bacterial toxins. It may take up to an hour or more for each session and you may need several sessions to clean all infected teeth.

What is ARESTIN®?

ARESTIN® is a small amount of antibiotic powder that is easily administered by a dental professional:

- Clinical studies show that ARESTIN® plus SRP reduce the bacteria associated with periodontal disease by nearly twice as much as SRP alone.
- ARESTIN® remains in the pocket and fights infection and inflammation for 30 days.^{1,2}
- ARESTIN® + SRP provide significantly better results than SRP alone for up to 90 days after administration.³
- ARESTIN® + SRP are nearly 3X more likely to result in successful treatment than SRP alone.³
- ARESTIN® is painless, easy to administer, and generally well-tolerated.

How does ARESTIN® work?

ARESTIN® combines Microsphere technology with minocycline HCl to easily and effectively kill the bacteria that cause gum disease.

ARESTIN® is administered inside infected gum pockets just after your dental professional finishes the SRP procedure. Once ARESTIN® is inserted, it immediately adheres to the tooth surface and infected gum tissue. Then, tiny holes in the Microspheres provide "escape routes" for the drug to be slowly released and absorbed into the surrounding gum tissue.

For more information about ARESTIN®, visit www.MyArestin.com™

References: 1. Goodson JM, Gunsolley JC, Grossi SG, et al. Minocycline HCI microspheres reduce red-complex bacteria in periodontal disease therapy. J Periodontol 2007;78(8):1568-1579. 2. Oringer RJ, Al-Shammari KF, Aldredge WA, et al. Effect of locally administered minocycline microspheres on markers of bone resorption. J Periodontol 2002;73:835-842. 3. Williams RC, Paquette DW, Offenbacher S, et al. Treatment of periodontitis by local administration of minocycline microspheres: a controlled trial. J Periodontol 2001;72:1535-1544.

* A causal relationship between periodontal infection and an elevated risk for systemic events has not been established.

ARESTIN® (minocycline HCI I mg) is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal program which includes good oral hygiene, and scaling and root planing. ARESTIN® contains minocycline, a tetracycline derivative, and therefore should not be used in children and pregnant or nursing women. The use of drugs of the tetracycline class during tooth development may cause permanent discoloration of the teeth. The most common treatment-emergent adverse events were headache (9.0%), infection (7.6%), flu syndrome (5.0%), and pain (4.3%). These occurred at a similar rate to SRP and SRP + placebo.



Healthy gums



Measuring pockets



Scaling



Root planing

