



Secundum Artem

*Current & Practical Compounding
Information for the Pharmacist.*

COMPOUNDING FOR DENTISTS AND DENTAL PATIENTS

GOALS AND OBJECTIVES

Goal: To provide compounding pharmacists supportive information on formulations that may be beneficial to dentists and dental patients.

Objectives: After reading and studying this article, the reader will be able to:

1. Define and discuss the different opportunities of compounding for dental patients.
2. Describe the different disease states that might be appropriate for compounded medications.
3. Discuss the active ingredients used in treating diseases of the oral cavity.
4. Discuss the various formulations used in treating dental patients.

INTRODUCTION

Many opportunities are available for working with dentists. These range from preparing special oral hygiene products and pre-operative medications to preparing medications used in their dental surgical suites. Dental patients, in addition to therapy for dental and oral diseases, often require medications for proper oral hygiene and prevention. To the dentist and dental patient, the compounding pharmacist can be a valuable resource for the preparation of specific, individualized compounded medications as well as for accurate drug information and regular prescription services.

Today's well-trained dentist is concerned with not only the health of the mouth but also of the head and neck. Dentists are also trained to diagnose most diseases of the mouth and jaw as well as for their treatment, care and management. Dentists deal with numerous oral problems, including dental caries, periodontal disease, oral lesions, oral cancer, temporomandibular joint disorders and inflammatory or ulcerative diseases of the oral tissue. In addition, dentists are also aware that many systemic diseases and some drug side effects include oral symptoms, such as referred pains of the jaw associated with angina, oral fungal infections from long-term antibiotic therapy or gingival hyperplasia in patients receiving anticonvulsants and other drugs.

Generally and routinely, pharmacists are called upon to assist in the management of pain, infections, allergies and other disorders. Some of the most commonly encountered diseases include aphthous stomatitis (canker sore), lichen planus, cicatricial pemphigoid (a chronic autoimmune disease of mucous membrane and/or skin) and drug-induced mucositis.

DEFINITIONS¹

Dentistry is the healing science and art concerned with the embryology, anatomy, physiology and pathology of the oral-facial complex, and with the prevention, diagnosis, and treatment of deformities, pathoses, and traumatic injuries thereof. The prefixes "dent-", "denti-", and "dento-" refer to the teeth and dental. A dentist is one legally qualified to practice dentistry. Dentition refers to the natural teeth, as considered collectively, in the dental arch, and may be

deciduous, permanent or mixed. Areas of concern include the dentin, gums and oral mucosa.

STRUCTURE¹

A tooth consists of the corona (crown), neck and the root. Moving in from the surface, one goes from the enamel, through the dentin and the dental pulp. Surrounding the tooth is the circular ligament, cementum, gingiva and the periodontium.

The dentin is the ivory forming the mass of the tooth; about 20% of which is organic matrix, mostly collagen, with some elastin and a small amount of mucopolysaccharide. The inorganic fraction (about 70%) is primarily hydroxyapatite, with some carbonate, magnesium and fluoride. It is traversed by a large number of fine tubules running from the pulp cavity outward. Within the tubules are processes from the odontoblasts.

The gingiva is the dense fibrous tissue that is covered by mucous membrane. It envelops the alveolar process of the upper and lower jaw and surrounds the necks of the teeth. An inflammation of the gingiva, as a response to bacterial plaque on adjacent teeth, is called gingivitis.

Periodontal refers to around the tooth. Periodontitis is an inflammation of the periodontium. It is a chronic inflammatory disease of the periodontium occurring in response to bacterial plaque on the adjacent teeth and is characterized by gingivitis, destruction of the alveolar bone and periodontal ligament and apical migration of the epithelial attachment resulting in the formation of periodontal pockets and ultimately loosening and exfoliation of the teeth.

CAUSES OF DENTAL PROBLEMS

Causative agents in many dental problems include lack of or proper oral hygiene and improper diet. Also, drug therapy and various disease states can cause dental problems. Drug induced examples include dry mouth caused by tranquilizers, fluorosis due to excessive fluorine intake, mucosal lesions following cancer chemotherapy, phenytoin hyperplasia, discoloration of teeth due to tetracycline

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and toxic lesions resulting from therapy with bismuth and gold. Disease induced examples include cardiovascular, respiratory tract, urinary tract, central nervous system, gastrointestinal, skin, neuromuscular diseases, as well as malignancies, serum and infectious hepatitis and pregnancy.

TYPES OF DISEASES

Local, oral disorders include acute ulcerative necrotizing gingivitis, allergy, angular stomatitis, chemical burns, cysts, dental caries, denture stomatitis, halitosis, hypersalivation/hyposalivation, keratotic diseases including hyperkeratosis and leukoplakia, local infections, periodontitis, recurrent ulcerative stomatitis, salivary calculi, canker sores and tumors or neoplasms (malignant and benign). There are numerous systemic disturbances that have oral manifestations.

TREATMENT OF DENTAL DISEASES

Chronic mucositis diseases of the oral mucosa are often treated with corticosteroids, including aphthous stomatitis (canker sore), lichen planus, cicatricial pemphigoid, pemphigus as well as nonmicrobial mucositis. Delivering steroids via oral rinse is advantageous as it provides drug contact with distal, hard-to-reach crevices and surfaces. Commonly, something like 0.1% or 0.2% triamcinolone acetonide is used in 5 mL doses as a mouth rinse four times daily, after meals and at bedtime, for 30 to 60 seconds prior to expectorating. Common causes of aphthae (nonspecific ulceration) include cinnamon flavoring, sodium lauryl sulfate and pyrophosphates. Moderately or highly alcoholic mouth rinses or other products should not be used for the management of chronic mucositis or any other intraoral disease as it has a significant drying effect in the oral cavity. This makes patients more susceptible to caries, periodontal disease, halitosis and candidiasis. Misoprostol delivered as a powdered mucoadhesive formulation, has been found to markedly decrease pain and appears to aid in the healing process.

Oral pain may be due to a variety of causes, including neuralgias, vesiculerosive diseases, chemotherapy, neoplasms, trauma and infections. The goal in alleviating oral pain syndromes is to modify the underlying disease process. In the case of burning mouth, the pain can be intense and chronic and may occur anywhere in the oral cavity. Therapeutic management is often a trial-and-error process. Systemically, tricyclic antidepressants, chlordiazepoxide, clonazepam and carbamazepine have been used. Limited benefit has been obtained from topical steroid rinses, misoprostol, capsaicin and anesthetics (antihistamines, amitriptyline, dyclonine). Ketamine and dextromethorphan are playing increasingly important roles in the management of refractory neuropathic pain and the use of oral dextromethorphan slow release capsules and ketamine in PLO directly on trigger points have been reported to be effective.

Oral fungal infections can be treated with novel dosage forms such as nystatin lollipops and popsicles. Also, multi-ingredient mouthwashes sporting such names as Reynold's, Kaiser's, and others consisting generally of a corticosteroid, antifungal, antihistamine and others are very widely used.

DRUGS USED IN DENTAL PREPARATIONS

Drugs commonly employed include analgesics, antibiotics, antihistamines, anti-inflammatory agents, corticosteroids, hemostatic agents, anesthetics, sedatives/hypnotics, stimulants, tranquilizers, vitamins, and involvement with vehicles and protectants. Some patients require artificial saliva, fluoride, desensitizers for dentin, cavity liners (varnishes), pulp cappings, disinfectants for root canals, disinfectants for instruments, denture preparations, prophylaxis pastes, dentrifices, mouthwashes and oral irrigations.

CONTRIBUTIONS OF COMPOUNDING

A number of disease states can result in oral ulceration. Compounding dental mouth rinses from bulk powders (anti-inflammatory agents, antibiotics, etc.) have numerous advantages over commercial dosage forms. For example, there will be fewer stability and compatibility problems to complicate the administration of the product. Each manufactured product has numerous ingredients that may contribute to compatibility or stability problems. Also, if a preservative is present but the commercial product is diluted down due to mixing with other products, then it may drop below its effective concentration. Active drugs can be incorporated into toothpastes and gels. For gum disease, antibiotics can be incorporated into a poloxamer gel (a reverse thermal gel) and applied to the gum line between the gum and the tooth. The poloxamer will thicken and release the drug over a longer time period than if a rinse or irrigation is used.

In compounding for dentists and dental patients, many options are available depending upon the patients' conditions and needs.

REFERENCES

1. Spraycar M. Stedman's Medical Dictionary, 25th Edition, Baltimore MD, Williams & Wilkins, 1995, pp. 456-458, 1330-1331, 1823.

USEFUL FORMULATIONS FOR TREATING DENTAL CONDITIONS

Professional Use Formulas

Analgesic/Anesthetic

Rx Benzocaine 10% Solution for Mucosal Membranes

Benzocaine	10 g
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Propylene glycol	qs	100 mL
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Accurately weigh the benzocaine. Add sufficient propylene glycol to make 100 mL and stir until dissolved (slight heat may be used to hasten dissolution). Package and label.

Desensitizers for Dentin

Rx Sodium Fluoride 33% Paste

Sodium fluoride powder	10 g
Kaolin	10 g
Glycerin	10 g

Accurately weigh each ingredient. Mix the sodium fluoride and kaolin powders until uniform. Incorporate the glycerin and mix well. Package and label.

Rx Potassium Nitrate 10% Desensitizing Gel

Potassium nitrate	10 g
Karigel-N	90 g

Accurately weigh each ingredient. Incorporate the potassium nitrate into the gel vehicle. Package and label.

Cavity Liners (Varnishes)

Rx Dental Cavity Varnish

Camphor	70 g
Prednisolone	1 g
Parachlorophenol	26.5 g
Metacresol acetate	2.5 g

Accurately weigh/measure each ingredient. Mix the camphor with the parachlorophenol. Add the metacresol acetate. Add the prednisolone and mix well. Package and label.

Rx Dental Chemical Curettage Agent

Sodium hydroxide	7.8 g
Sodium hypochlorite 5% solution	100 mL
Sodium carbonate	19 g (approx)

Accurately weigh/measure each ingredient. Slowly dissolve the sodium hydroxide in the sodium hypochlorite solution using an ice bath to keep the solution cool. Allow the solution to warm to room temperature. Add the sodium carbonate solution until the solution is saturated. It may not take all the sodium carbonate. Package and label.

Rx Dental Pressure-Indicating Paste

Zinc oxide ointment	53 g
White petrolatum	17 g
Mineral oil	25 g
White wax	5 g
Flavoring	qs

Accurately weigh each ingredient. Reduce the white wax to a fine state by grating. Heat the grated wax until it melts, using a double boiler to eliminate scorching. Heat the mineral oil and white petrolatum in a separate double boiler to a temperature near that of the melted wax. Add the mineral oil/petrolatum combination very slowly, in small increments, with continuous stirring to the melted wax. After the two oleaginous liquids are thoroughly mixed - and while constantly stirring the mixture - add the zinc oxide ointment in small increments. When the mixture is completely melted and displays a uniform creamy white appearance, remove the heat and allow the mixture to cool. If a volatile flavoring agent is used, such as lemon oil or peppermint oil, add it during cooling, just before solidification occurs. Pour the "paste" while it is still slightly warm into the desired ointment jars, or allow it to solidify and place with a spatula into appropriate containers. Package and label.

Pulp Cappings or Temporary Cements

Rx Zinc Oxide and Eugenol Cement

Zinc oxide	50 g
Eugenol	qs

Weigh the zinc oxide. Incorporate sufficient eugenol to make a thick, putty-like paste. Package and label. Protect from air and moisture.

Rx Zinc Oxide and Thymol Cement

Zinc oxide	67 g
Thymol	33 g

Accurately weigh each ingredient. Melt the thymol in a porcelain evaporating dish, using a water bath. Add the zinc oxide and rub the mixture to make a smooth paste. Spread in a thin layer over the dish and allow to cool. Break into small pieces and keep in a well-closed container.

Abrasives

Rx Paste Abrasive for Professional Use #1

Pumice, in very fine powder	40 g
Methyl salicylate	1 mL
Starch glycerite	60 g

Accurately weigh/measure each ingredient. Mix the methyl salicylate with the

starch glycerite. Incorporate into the pumice and mix until uniform. Package and label.

Rx Paste Abrasive for Professional Use #2

Pumice, in very fine powder	61.8 g
Sodium borate	10.8 g
Glycerin	28 mL
Spearmint oil	0.1 mL

Accurately weigh/measure each ingredient. Mix the glycerin with the sodium borate and the spearmint oil. Incorporate the pumice slowly. Package and label. Note: The final consistency can be altered by the quantity of glycerin used.

PATIENT FORMULATIONS

Analgesics/Anesthetics

Rx Benzocaine Troches

(Makes 12)	
Benzocaine	750 mg
Vanillin	30 mg
Sucrose	8 g
Tragacanth	250 mg
Purified Water	qs

Accurately weigh the powders. Mix the powders thoroughly. Add sufficient water to make a pliable mass. Shape into a firm cylinder. Using a sharp knife, cut off troches of the desired thickness. Allow to dry. Package and label.

Rx Benzocaine 5% Ointment

Benzocaine	5 g
Petrolatum	qs 100 g

Accurately weigh each ingredient. Reduce the particle size of the benzocaine. Incorporate a small quantity of the petrolatum into the benzocaine and work until very smooth. Incorporate the remainder of the petrolatum geometrically and mix well. Package and label.

Rx Benzocaine Compound Ointment

Benzocaine	5 g
Chlorobutanol	5 g
Methyl salicylate	15 drops
Petrolatum	qs 100 g

Accurately weigh/measure each ingredient. Mix the benzocaine, chlorobutanol and methyl salicylate. Incorporate the mixture into the petrolatum and mix well. Package and label.

Rx Benzocaine-Guaiacol Solution

Benzocaine	20 g
Guaiacol	20 g
Peruvian balsam	60 g

Accurately weigh each ingredient. Mix the benzocaine with the guaiacol to form a smooth paste. Incorporate the Peruvian balsam and mix well. Package and label.

Rx Chlorobutanol in Clove Oil

Chlorobutanol	25 g
Clove oil	qs 100 mL

Accurately weigh the chlorobutanol. Incorporate the clove oil to volume and mix well. Package and label.

Oral Ulceration Formulas

Rx Misoprostol 0.0027% Mucoadhesive Powder

Misoprostol	400 µg
Polyethylene oxide (Polyox 301)	200 mg
Hydroxypropyl methylcellulose	qs 15 g

Obtain two misoprostol 200 µg tablets. Accurately weigh each of the other ingredients. Pulverize the misoprostol tablets to a very fine powder. Add the polyethylene oxide (Polyox 301) followed by the hydroxypropyl methylcellulose (Methocel E4M) and mix well. Note: It is important to have all the materials of approximately the same particle size. Package and label.

Rx Misoprostol 0.0024% and Lidocaine 1% in Glycerin

Misoprostol	2.4 mg
Lidocaine HCl	1 g
Glycerin	qs 100 mL

Accurately weigh/measure each ingredient and count the required number of misoprostol tablets. In a mortar, thoroughly pulverize the misoprostol tablets. Add the lidocaine hydrochloride powder and comminute the powders together. Wet the powders with glycerin to form a smooth paste. Geometrically, add additional glycerin until the product measures 100 mL. Package and label.

Rx Misoprostol 0.0024% Mouth Rinse for Oral Ulcerations

Misoprostol 200 µg tablets	12 tablets
Methylparaben	200 mg
Glycerin	10 mL
Cherry Flavor, Anhydrous	10 µL
Syrup	40 mL
Sodium carboxymethylcellulose 0.25%	qs 100 mL

Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient and obtain the misoprostol tablets. Pulverize the misoprostol tablets. Add the glycerin to form a paste and add the methylparaben and the glycerin and the cherry flavor. Add the syrup and sufficient sodium carboxymethylcellulose 0.25% solution to volume and mix well. Package and label.

Rx Misoprostol 0.001% and Lidocaine 0.5% Oral Rinse

Misoprostol	1 mg
Lidocaine hydrochloride	500 mg
Methylparaben	200 mg
Glycerin	10 mL
Cherry Flavor, Anhydrous	10 µL
Syrup	40 mL
Sodium carboxymethylcellulose 0.25% Soln.	qs 100 mL

Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient and obtain and pulverize 5- 200 µg misoprostol tablets. Dissolve the methylparaben in the glycerin and add the lidocaine hydrochloride, pulverized misoprostol tablets and the cherry flavor. Add the syrup and sufficient sodium carboxymethylcellulose 0.25% solution to volume and mix well. Package and label.

Anti-Infectives

Rx Tetracycline 2.4% Periodontal Gel

Tetracycline hydrochloride	2.4 g
Pluronic F127	30 g
Sterile water for injection	90 g

Accurately weigh each ingredient. Add the Pluronic F127 to 70 g (mL) of the sterile water for injection (which has been previously cooled in the refrigerator), and mix well. Store in a refrigerator. Disperse the tetracycline hydrochloride in 20 g (mL) of the sterile water for injection. Add this mixture to that from Step #2 and mix well. Package and label.

Rx Metronidazole 10% Periodontal Gel

Metronidazole	10 g
Pluronic F127	30 g
Sterile water for injection	85 g

Accurately weigh each ingredient. Add the Pluronic F127 to 70 g (mL) of the sterile water for injection (which has been previously cooled in the refrigerator), and mix well. Store in a refrigerator. Disperse the metronidazole in 15 g (mL) of the sterile water for injection forming a paste. Add this paste to the Pluronic gel and mix well. Package and label.

Rx Metronidazole 0.05% and Neomycin Sulfate 1% Irrigation Solution

Metronidazole	500 mg
Neomycin sulfate	1 g
Methylparaben	25 mg
Sterile water for irrigation	qs 100 mL

Accurately weigh/measure each ingredient. Dissolve the metronidazole, neomycin sulfate and methylparaben in about 90 mL of the sterile water for irrigation. Adjust the pH, if necessary, to between pH 4.5 and 7 with either sulfuric acid or sodium hydroxide. Add sufficient sterile water for irrigation to volume and mix well. Sterilize by filtration and place in sterile container. Package and label.

Rx Amphotericin B 100 mg Troches (makes 24)

Amphotericin B	2.4 g
Aspartame	500 mg
Silica gel	240 mg
Acacia powder	400 mg
Flavoring oil	3-4 drops
Polyethylene glycol 1450	21.5 g (depending upon the mold used)

Note: It is necessary to calibrate the troche mold using the polyethylene glycol 1450 base prior to determining the exact quantity of polyethylene glycol 1450 required for this prescription. Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient. Melt the polyethylene glycol 1450 using low heat or a water bath. Comminute and mix the amphotericin B, aspartame, silica gel and acacia powders together in a mortar. Sift into the melted base and mix thoroughly. Cool slightly and add the flavoring oil and mix well. Pour into molds and cool. Package and label.

Tetracaine hydrochloride	120 mg
and/or Nystatin	1,000,000 units (227 mg)
Aspartame	480 mg
Corn syrup	48 mL
Purified water	480 mL
Flavor or KoolAid powder	qs
	qs

PreOp Medications

Single Dose	
Meperidine HCl	50 mg
Chlorpromazine HCl	10 mg
Promethazine HCl	15 mg
Sterile water for injection	qs

Method 1: Using commercially available injections.

Mix well, package and label. The final solution can be withdrawn into a sterile syringe, capped, labeled and dispensed.

Accurately weigh the 50 mg of meperidine hydrochloride and place in a clean vial. Accurately weigh 20 mg of chlorpromazine hydrochloride, dissolve in 1 mL of sterile water for injection, withdraw 0.5 mL and add to the meperidine hydrochloride powder and mix well.

Accurately weigh 20 mg of promethazine hydrochloride, dissolve in 1 mL of sterile water for injection, withdraw 0.75 mL and add the meperidine hydrochloride: chlorpromazine hydrochloride mixture, and mix well. Note: If desired, sufficient sterile water for injection can be added to make a total volume of 2 mL. Withdraw the solution into a syringe and filter through a sterile filter into a sterile evacuated vial. Package and label.

Promethazine HCl	5 g
Purified water	4 mL
Lecithin:Isopropyl palmitate solution	22 mL
Pluronic F127 30% gel	qs 100 mL

Incorporate the lecithin:isopropyl palmitate solution using shear mixing. Add additional pluronic F127 30% gel to volume and continue shear mixing. Package and label. Note: Lecithin:isopropyl palmitate solution (100 g) can be prepared by mixing 0.2 g sorbic acid, 49.9 g of soy lecithin and 49.9 g of isopropyl palmitate. Dissolution can be accomplished by placing in a sealed container in a refrigerator, with periodic agitation.

Dry Mouth

Pilocarpine hydrochloride	48 mg
Silica gel, micronized	240 mg
Aspartame	480 mg
Acacia powder	400 mg
Flavor	qs
Polyethylene glycol 1450	23.8 g

Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient. Triturate the pilocarpine hydrochloride, silica gel, aspartame and acacia powders together until fine and uniform. Melt the base at about 50°C. Incorporate the powders with stirring until uniformly mixed. Remove from heat, add the flavor and mix well. Pour into molds and allow to cool. Package and label.

Methylparaben	200 mg
Glycerin	10 mL
Cherry Flavor, Anhydrous	10 µL
Syrup	40 mL
Sodium carboxymethylcellulose 0.25%	qs 100 mL

Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient. Dissolve the methylparaben in the glycerin and add the cherry flavor. Add the syrup and

Stomatitis Preparations						
(100 mL)	Kaiser's	Kraemer's	Powell's	Reynold's	Stanford's	T-N-D-D
Rx Tetracycline 25 mg/mL Susp.	50 mL		8 mL	50 mL	48 mL	
Nystatin Oral Susp.	12 mL	30 mL	4.8 mL	12 mL	12 mL	
Hydrocortisone Powder	46 mg		20 mg	46 mg	46 mg	
Purified Water	qs 100 mL				qs 100 mL	
Dyclonine 1% Solution		22.5 mL				
Lemon Oil		0.25 mL				
Glycerin	qs	100 mL				
Diphenhydramine 2.5 mg/mL Elixir	qs	100 mL				
Chlorpheniramine 0.4 mg/mL Syrup				qs 100 mL		
Chlorpheniramine 4 mg Tablets					#5	
Tetracycline						1.25 g
Nystatin						1,666,667 unit
Diphenhydramine HCl						125 mg
Dexamethasone						333 µg
Xanthan Gum						200 mg
Aspartame						200 mg
Saccharin Sodium						100 mg
Flavor						qs
Simple Syrup						qs 100 mL
Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient.						
<i>Kaiser's</i> : Mix the hydrocortisone powder with a small amount of the tetracycline syrup until smooth. Slowly add the remaining tetracycline syrup, mix in the nystatin suspension and add sufficient purified water to volume and mix well.						
<i>Kraemer's</i> : Add the lemon oil to about 100 mL of glycerin followed by the dyclonine solution and nystatin oral suspension. Add sufficient glycerin to volume and mix well.						
<i>Powell's</i> : Mix the hydrocortisone powder with a small amount of the tetracycline suspension. Add the remainder of the tetracycline suspension followed by the nystatin oral suspension and the diphenhydramine elixir and mix well.						
<i>Reynold's</i> : Mix the tetracycline and nystatin suspension. Slowly add the hydrocortisone (previously dissolved in 15 mL ethanol) with constant stirring. Add sufficient chlorpheniramine syrup to volume and mix well.						
<i>Stanford's</i> : Thoroughly pulverize the chlorpheniramine tablets and blend in the hydrocortisone powder. Add the tetracycline syrup in portions with thorough mixing followed by the nystatin oral suspension. Add sufficient purified water to volume and mix well.						
<i>T-N-D-D</i> : Blend the tetracycline, nystatin, diphenhydramine hydrochloride dexamethasone, xanthan gum, aspartame, saccharin powders and mix well. Add 90 mL of simple syrup, in portions, with thorough mixing after each addition. Add the desired flavor and mix well. Add sufficient simple syrup to volume and mix well. Package and label.						

sufficient sodium carboxymethylcellulose 0.25% solution to volume and mix well. Package and label.

Miscellaneous Preparations

Rx Fluoride Lozenges

Sodium fluoride	52.8 mg
Sorbitol candy	30 g

Accurately weigh the sodium fluoride and obtain the required quantity of sorbitol candy.

Melt the sorbitol candies at a temperature not exceeding 70° C. Add the sodium fluoride and mix well. While still fluid, cool and pour into lozenge (troche) molds. Allow to cool until solid.

Package and label.

Rx Gag Prevention Lollipops/troches

Sodium chloride	46.56 g
Potassium chloride	3 g
Calcium lactate	6.12 g
Magnesium citrate	2.04 g
Sodium bicarbonate	22.44 g
Sodium phosphate monobasic	3.84 g
Silica gel	3.60 g
Polyethylene glycol 1450	qs

Calibrate the lollipop or troche mold that is to be used. Spray the mold with a vegetable-based oil and wipe off the excess. Accurately weigh each ingredient. Triturate all the powders together to obtain a small, uniform particle size. Melt the polyethylene glycol 1450 to about 55° C in a suitable beaker. Slowly, with stirring, add the powders and mix until homogenous.

Cool to approximately 45° C and pour into molds. Let cool, package and label.

Rx Chlorhexidine 0.2% Oral Rinse

Chlorhexidine gluconate	200 mg
Aspartame	35 mg
Flavor	qs
Purified water	qs 100 mL

Calculate the required quantity of each ingredient for the total amount to be prepared. Accurately weigh/measure each ingredient. Dissolve the chlorhexidine and aspartame in about 95 mL of purified water. Add the flavor (patient's preference) and mix well. Add sufficient purified water to volume and mix well. Package and label.

CONSUMER PREPARATIONS

Consumer Oral Hygiene Preservative-Free Preparations

Dentifrices are generally used with a toothbrush for cleaning teeth surfaces that can be easily reached. Dentifrices are available as gels, pastes, powders and slurries. Generally, they contain abrasives (phosphate salts, calcium and magnesium carbonates, hydrated aluminum oxides, silicates or dehydrated silica gels), binders (gums, seaweed colloids, synthetic cellulose or mineral colloids), flavoring agents, sweetening agents (saccharin sodium), foaming agents (sodium lauryl sulfate) and humectants (sorbitol, glycerol or propylene glycol).

Mouthwashes are used to mechanically flush loose debris from the mouth, to provide a pleasant taste and to mask bad breath for approximately 15 to 30 minutes. These can also be used as vehicles to deliver various drugs.

Rx Toothpaste vehicle

Calcium pyrophosphate	45 g
Sorbitol 70% solution	20 mL
Sodium lauryl sulfate	1.2 g
Sodium carboxymethylcellulose	600 mg
Sodium saccharin	100 mg
Peppermint oil	0.75 mL
Purified water	32.35 mL

Accurately weigh/measure each ingredient. Add the sodium lauryl sulfate, sodium saccharin and peppermint oil to the purified water. Add the sodium carboxymethylcellulose to the sorbitol solution. Mix the two preparations until uniform. Geometrically, incorporate the calcium pyrophosphate to form a paste. Package and label.

Rx Paste Dentifrice, Preservative Free

Methylcellulose	1 g
Glycerin	1 g
Propylene glycol	18 g
Purified water	13.5 g
Saccharin sodium	50 mg
Peppermint oil	300 mg
Mineral oil	1 g
Sodium lauryl sulfate	2.5 g
Dicalcium phosphate, in very fine powder	54 g

Accurately weigh/measure each ingredient. Mix the methylcellulose with

the glycerin, propylene glycol, saccharin sodium, peppermint oil and mineral oil. Slowly incorporate the purified water and mix until smooth. Slowly incorporate the sodium lauryl sulfate and dicalcium phosphate and mix until uniform. Package and label.

Rx Toothgel vehicle

Glycerin	22 g
Carbopol 934	500 mg
Purified water	25.2 mL
Tetrasodium pyrophosphate	250 mg
Sodium saccharin	200 mg
Sodium benzoate	500 mg
Sodium hydroxide 50% solution	0.4 mL
Dicalcium phosphate dihydrate	48.76 g
Sodium lauryl sulfate	1.2 g
Flavor	1 mL

Accurately weigh/measure each ingredient. Add the tetrasodium pyrophosphate, sodium saccharin, sodium benzoate, sodium lauryl sulfate and flavor to the purified water. Mix the Carbopol 934 with the glycerin. Mix the two mixtures until uniform. Add the sodium hydroxide solution and mix well. Incorporate the dicalcium phosphate dihydrate into the gel vehicle geometrically. Package and label.

Rx Mouthwash/Gargle

Cetylpyridinium chloride	100 mg
Polysorbate 20	1 mL
Spearmint oil	0.25 mL
Ethanol 95%	10 mL
Sodium saccharin	100 mg
Sodium benzoate	200 mg
Sorbitol 70% solution	10 mL
Purified water qs	100 mL

Accurately weigh/measure each ingredient. Add the spearmint oil to the polysorbate 20 and mix well. Add the ethanol and mix well. Separately, add the sodium saccharin and sodium benzoate to about 70 mL of purified water, followed by the sorbitol solution. Mix the two solutions together and mix well. Add a few drops of food color if desired. Add sufficient purified water to volume and mix well. Package and label.

Denture Preparations

Rx Denture Adherent Powder

Tragacanth, fine powder	75 g
Karaya gum, fine powder	25 g
Sassafras oil	1.5 mL

Accurately weigh each ingredient. Mix the powders until uniform. Incorporate the sassafras oil and thoroughly mix.

Rx Denture Cleanser

Trisodium phosphate	120 g
Cinnamon oil	0.3 mL

Accurately weigh the trisodium phosphate. Incorporate the cinnamon oil and mix well. Package and label.

Send this completed form in for CE credit *Today!*

Please circle the most appropriate answer for each of the following questions. There is only ONE correct answer per question.

1. Periodontitis refers to an inflammation of the:
A. tooth corona
B. tooth root
C. tissue around the tooth
D. tooth neck
E. hydroxyapatite.
2. Causative agents of dental disorders/diseases can include:
A. lack of proper oral hygiene
B. poor dietary habits
C. some drugs
D. some diseases
E. all the above
3. Phenytoin is noted to cause:
A. lesions
B. discoloration
C. dry mouth
D. hyperplasia
E. all of the above
4. Oral mouthwashes and mouthrinses are generally used in a dose of:
A. 1 mL
B. 2-3 mL
C. 5 mL
D. 15 mL
E. 30 mL
5. Active drugs can be incorporated into commercial gels and pastes if necessary
A. True
B. False
6. Which of the following ingredients have been used as desensitizers?
I. Sodium fluoride
II. Potassium nitrate
III. Camphor
A. I only
B. III only
C. I and II only
D. II and III only
E. I, II and III.
7. What is the abrasive agent in the following formula?
A. glycerin
B. pumice
C. sodium borate
D. spearmint oil
E. sorbitol
8. Pilocarpine is used to treat what condition in a dental preparation?
A. infection
B. inflammation
C. dry mouth
D. mucositis
E. burning mouth syndrome
9. What category of ingredients is in the Gag Prevention formula?
A. antihistamines
B. antibiotics
C. beta blockers
D. acidifying agents
E. electrolytes
10. Which of the following ingredients will serve to thicken when applied to the gum tissue?
A. aspartame
B. silica gel
C. acacia
D. sodium lauryl sulfate
E. poloxamer
11. My practice setting is:
A. community-based
B. managed care-based
C. hospital-based
D. consultant and other
12. The quality of the information presented in this article was:
A. excellent B. good C. fair D. poor
13. The test questions correspond well with the information presented.
A. yes B. no
14. Approximately how long did it take you to read the Secundum Artem article AND respond to the test questions? _____
15. What topics would you like to see in future issues of Secundum Artem? _____

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