

octenident® antiseptic

**Oral antiseptic for
prevention of infections**

Our new medicinal product with octenidine for
protection against infections in the oral cavity



Microbial load reduction as an important compo

Microorganisms can cause **gum diseases** (gingivitis, periodontitis) and **infections**, especially in patients with risk factors.¹

When the ability to implement oral hygiene measures is limited:



The **elderly** are often affected by poor oral health.²



First bacteria settle again just **2 hours after brushing teeth**.³

Preoperative:



Changes in the oral flora from originally Streptococcus and Actinomyces spp. towards aerobic gram-negative bacteria.⁴



Component of oral health

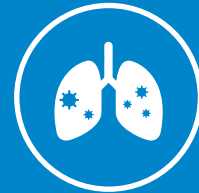


Surgeries may have to be postponed and carry a **risk of infection.**⁵

In intensive care:



A quarter of all nosocomial infections are **respiratory infections.**⁶



Susceptibility of mechanically ventilated patients for **pneumonia**, as ventilators interrupt mechanisms that eliminate secretion.⁷

Without comprehensive oral care, plaque develops within **72 hours**, which consists of hardened bacterial deposits and can lead to gum disease and infections.⁸

Ventilator Associated Pneumonia (VAP)

A challenge for hospitals

Adherence to effective infection prevention strategies is essential to reduce the incidence of pneumonia. Here, antiseptic oral care is an important component, because without it, unwanted microorganisms continue to spread.⁹



- VAP are among the most common hospital infections.¹⁰
- **Increased VAP risk** for patients in intensive care units, as the **oral flora** changes to primarily gram-negative organisms.⁸
- According to studies, **mortality** is between **9 %⁴ and 13 %¹¹**.

VAP prolongs hospitalisation by an average of **6-9 days^{12,13}** and may cause additional costs of up to **€30,000 per patient.^{14,15,16,17,18}**

Common causes of VAP:

- Microbial colonisation of plaque
- Bacterial colonisation of the oropharyngeal area (mouth/pharyngeal cavity)
- Aspiration of contaminated secretions from the mouth/pharyngeal cavity

Hence, measures that prevent micro-aspiration are generally suitable for prophylaxis of VAP. Accordingly, in addition to basic measures, KRINKO recommends patient-related measures, such as regular oral care with antiseptic substances with proven efficacy.¹⁹

KRINKO¹⁹ recommends, among other, the following measures to prevent ventilation-associated pneumonias (VAP):

- ✓ Compliance with hand hygiene
- ✓ Wearing work clothing in intensive care units
- ✓ Employee training
- ✓ Sufficient staff
- ✓ **Regular oral care with antiseptic substances**

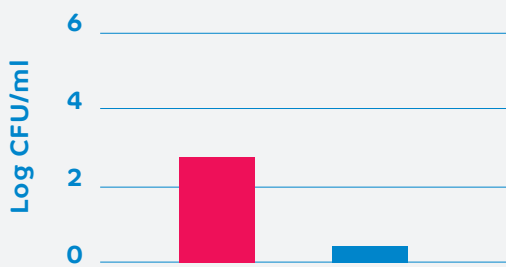


Studies show what you can do to avoid infection.

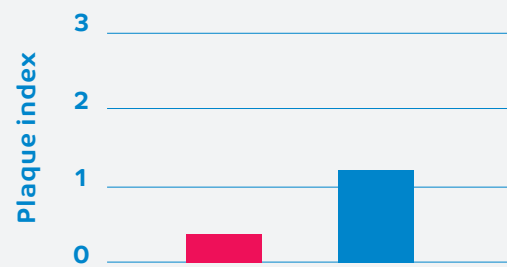
Clinically proven - octenident® antiseptic reduces the bacterial load in the oral cavity and inhibits formation of plaque

Two clinical Phase III studies demonstrated the efficacy of octenident® antiseptic in 201 patients in terms of reducing the bacterial count in the saliva and inhibiting plaque compared to a placebo mouthwash solution.²⁰

Reduction of bacterial load after a single application



Plaque index after 5 days



In terms of results, octenident® antiseptic shows a significantly greater reduction in the number of bacteria in the oral cavity than the placebo mouthwash solution (octenident® antiseptic 2.73 vs. placebo 0.24 IgCFU/ml; $p < 0.0001$) and inhibits formation of new plaque significantly stronger (PI: octenident® antiseptic 0.36 vs. placebo 1.29; $p < 0.0001$).

● octenident® antiseptic ● placebo

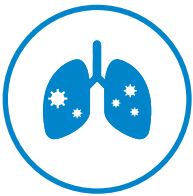
This clinically proves that octenident® antiseptic can temporarily reduce the bacterial load in the oral cavity and prevent the formation of plaque, even in absence of mechanical tooth cleaning.



Help ensure the safety of your patients!



Protect the health of your patients by **using an antiseptic mouthwash solution**, such as octenident® antiseptic.



Reduce the risk of nosocomial infections **by regularly rinsing the oral cavity**.



Compliance with the KRINKO recommendation for the prevention of nosocomial, ventilation-associated pneumonia¹⁹ to avoid risks and additional costs.



octenident® antiseptic

1 mg/ml oromucosal solution
octenidine dihydrochloride

octenident® antiseptic is a medicinal product that reduces the bacterial load in the oral cavity within 30 seconds.

Application areas:

- For temporary reduction of bacterial count in the oral cavity
- For temporary inhibition of plaque formation
- In cases of insufficient oral hygiene capacity in adults

Instructions for use



2x daily

30 sec.



10 ml



How does octenident® antiseptic help protect patients?

octenident® antiseptic **penetrates even hard-to-reach areas on teeth, gums and tongue** and temporarily replaces tooth brushing when the ability to implement oral hygiene is limited.

- Contains octenidine to **fight plaque**, the principal cause of gingivitis and periodontitis
- Effective protection in just **30 seconds**
- Meets the requirements of the **KRINKO**¹⁹ recommendation for hygienic oral care to prevent nosocomial, ventilation-associated pneumonia



NEW

octenident® antiseptic

1 mg/ml oromucosal solution
octenidine dihydrochloride

The benefits for you at a glance:



Compliance with
the KRINKO¹⁹
recommendation



Excellent tolerance



With octenidine



Low systemic
absorption



Broad spectrum of
activity, including gram-
negative bacteria



Approved medicinal
product

order information

Container size

250 ml

Delivery form

12/box

Art.-No:

on request

acts in
**30
sec.**



Alcohol-free



Can also be used
during pregnancy*



Mint flavoured for
improved patient
compliance



*Please observe the Summary
of Product Characteristics

Sources and Important User Information

Sources

1. Kriebel et al., 2018, Front
2. Fünfte Deutsche Mundgesundheitsstudie (DMS V)
3. Dhir 2013, Journal of Indian Society of Periodontology
4. Berry AM, Davidson PM. Beyond comfort: Oral hygiene as a critical nursing activity in the intensive care unit. Intensive Crit Care Nurs 2006 Jun
5. S2k-Leitlinie (Kurzversion); Zahnsanierung vor Herzklappenersatz, AWMF-Registernummer: 007-096, Stand: April 2017
6. ECDC Fact sheet Healthcare associated infections Suetens et al., 2018, Eurosurveillance
7. Sethi, Sanjay (2019): Beatmungsassoziierte Pneumonie. URL: <https://www.msmanuals.com/de-de/profi/lungenkrankheiten/pneumonie/beatmungsassoziierte-pneumonie>, Stand: 16.08.2021
8. Munro CL, Grap MJ. Oral health and care in the intensive care unit: state of the science. Am J Crit Care 2004 Jan;13(1):25-33
9. American Thoracic Society, Infectious Diseases Society of America: Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. Am J Respir Crit Care Med 2005, 171: 388-416. from randomised prevention studies. Lancet Infect Dis 13:665-671
10. Rello, Jordi; Kollef, Martin H.; Diaz, Emili; Rodriguez, Alejandro (2010): Critical Care Infectious Diseases. Dordrecht: Springer.
11. Melsen WG, Rovers MM, Groenwold RH et al (2013) Attributable mortality of ventilator-associated pneumonia: a meta-analysis of individual patient data from randomised prevention studies. Lancet Infect Dis 13:665-671
12. Beyersmann J, Gastmeier P, Grundmann H et al (2006) Use of multistate modelsto assess prolongation of intensive care unitstay due to nosocomial infection. Infect Control Hosp Epidemiol 27:493-499
13. Eber MR, Laxminarayan R, Perencevich EN, Malani A (2010) Clinical and economic outcomes attributable to health care-associated sepsis and pneumonia. Arch Intern Med 170:347-353
14. Hunter JD: Ventilator associated pneumonia. BMJ 2012, 344: e3325. 10.1136/bmj.e3325
15. C.A. VAN NIEUWENHOVEN, E. BUSKENS, D.C. BERGMANS, F.H. VAN THIEL, G. RAMSAY et J.M. BONTEN, Oral decontamination is cost-saving in the prevention of ventilator associated pneumonia in intensive care units, 2004
16. R.F. ABIDIA, Oral Care in the Intensive Care Unit : A Review, The Journal of Contemporary Dental Practice, Volume 8, No. 1, January 2007
17. R. GARCIA, A review of the possible role of oral and dental colonization on the occurrence of health care-associated pneumonia: Underappreciated risk and a call for interventions, AJIC, November 2005
18. R. GARCIA, L. JENDRESKY, L. COLBERT, A. BAILEY, M. ZAMAN et M. MAJUMDER, Reducing Ventilator-Associated Pneumonia Through Advanced Oral-Dental Care: A 48-Month Study, AJCC, July 2009
19. Bundesgesundheitsbl 2013;56:1578-1590DOI10.1007/s00103-013-1846-7, Prävention der nosokomialen beatmungsassoziierten Pneumonie; Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention (KRINKO) beim Robert Koch-Institut
20. Jockel-schneider, Y., Schlagenhaut, U., Petsos, H., Rüttermann, S., Schmidt, J., Ziebolz, D., Wehner, C., Laky, M., Rott, T., Noack, M., Noack, B., & Lorenz, K. (2021). Impact of 0.1 % octenidine mouthwash on plaque re-growth in healthy adults : a multi-center phase 3 randomized clinical trial.

Important User Information octenident® antiseptic

octenident® antiseptic 1 mg/ml oromucosal solution • Active substance: octenidine dihydrochloride. **Composition:** 1 ml of solution contains 1 mg of octenidine dihydrochloride. Other ingredients: glycerol 85 per cent (E 422), sodium gluconate, citric acid, disodium phosphate dihydrate (for pH adjustment), macrogolglycerol hydroxystearate, sucralose, purified water, mint flavour (contains propylene glycol (E 1520)). **Indications:** octenident antiseptic has an antimicrobial effect. It is used for temporary reduction of bacterial count in the oral cavity, for temporary inhibition of plaque formation, and in cases of insufficient oral hygiene capacity (no tooth brushing possible, for example) in adults. **Contraindications:** Allergy to octenidine dihydrochloride or any of the other ingredients. **Undesirable effects:** Very common: Temporary taste disturbance, such as bitter aftertaste; Mild, reversible dental discoloration. Common: Numb sensation in the mouth, coating of the mouth or the tongue, temporary tongue discoloration, sensitivity of teeth. Uncommon: Headache, nausea, tingling of the tongue, more saliva in the mouth than normal. Revision 09/21

If any of the side effects get serious, or if you notice any side effects not listed in this user information, please tell your doctor or pharmacist. Schülke & Mayr GmbH, 22840 Norderstedt, Germany, Tel. +49 40 52100-666, info@schuelke.com

schülke

Schülke & Mayr GmbH
22840 Norderstedt | Germany
Phone | Fax +49 40 52100-0 | -318
www.schuelke.com

 youtube.com/schuelkeChannel
 facebook.com/myschulke

901256 | I | 02.2022 | A | NaH
Product information is not recorded by change management.