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In vitro bactericidal assay under simulated practical conditions for comparison of chlorhexidine mouthrinses: chlorhexidine concentration is only one of the *in vitro* activity criteria

Running title:

Bactericidal activity of CHX mouthrinses

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In vitro bactericidal assay under simulated practical conditions for comparison of chlorhexidine mouthrinses: chlorhexidine concentration is only one of the *in vitro* activity criteria

SUMMARY

Aim: To determine the *in vitro* bactericidal activity of different chlorhexidine (CHX)-based commercial mouthwash products claiming different chlorhexidine concentrations under conditions similar to their use.

Method: Bactericidal assays were performed using four major bacterial species implicated in periodontal disease: *Fusobacterium nucleatum* CIP 101130, *Aggregatibacter actinomycetemcomitans* CIP 52.106T, *Prevotella intermedia* CIP 103607, and *Porphyromonas gingivalis* CIP 103683. Seven commercially available mouthwash products were chosen, each containing CHX digluconate (concentrations ranged from 0.1% to 0.2%) as the principle active ingredient. Assays were performed according to European guidelines for antiseptics (with modifications to mimic conditions of use) by exposing bacterial suspensions to the mouthwash solutions for 1 min ± 5 seconds at 32±1°C in the presence of an interfering substance (artificial saliva). The log reduction in bacterial counts was determined.

Results: Five of the tested mouthwashes were defined as bactericidal to each of the four test strains (log reduction ≥ 5). However, two mouthwashes were not defined as bactericidal to all test strains (log reduction < 5). In one case, a 0.12% CHX mouthwash was not bactericidal towards *A. actinomycetemcomitans*. In the other case, a 0.2% CHX mouthwash was not bactericidal towards two test strains, *A. actinomycetemcomitans* and *P. intermedia.*

Conclusions: This study emphasizes that antimicrobial activity of CHX-based mouthwash products is not determined lonely by the CHX concentration, but by all the components of the formulation as a whole. Indeed, interactions between CHX and the different components, and not only alcohol, may affect antibacterial activity positively or negatively.

Key words: Chlorhexidine, Mouthwash, Antiseptic, Bactericidal, Periodontal pathogen

INTRODUCTION

The use of chemical antibacterial agents especially antiseptics is considered an important complement to mechanical oral hygiene practices (1-5). In this respect, the effectiveness of chlorhexidine digluconate (CHX) in the prevention and treatment of oral disease has been recognized for a number of years (1, 6-11). Indeed, CHX remains the current gold standard oral antiseptic, its efficacy in terms of significantly reducing oral biofilms has been confirmed (1, 12-15). CHX is used primarily in a mouthwash formulation in dentistry and exhibits potent, broad-spectrum antimicrobial activity and has the ability to adsorb to negatively charged surfaces in the mouth (tooth, mucosa, pellicle, restorative materials) which results in prolonged activity (16). At low concentrations, the activity of CHX is bacteriostatic, while at higher concentrations it is rapidly bactericidal (17-20) according to the species (1), leading to therapeutic and/or prophylactic indications, in agreement to the limitation of topical antibiotic use (1, 6, 16, 21-22) The most common adverse side effect associated with oral use of CHX is extrinsic tooth staining (dental dyschromia) which occurs when CHX combines with dietary chromogens, which are precipitated onto the tooth surface (21, 23).

Commercially available CHX based mouthwash products contain different CHX concentrations, ranging from 0.02% to 0.3%. CHX tends to have a dose-dependent effect, in terms of both bactericidal activity and local adverse effects (tooth staining) (1, 12). However, there is evidence that the antibacterial activity of CHX solutions cannot be predicted solely on the concentration of CHX (20, 24). Other constituents of CHX mouthwash formulations (e.g. alcohol content) as well as environmental parameters (e.g. pH, proteins) may influence antimicrobial activity (25-29).

AIM

The aim of this study was to determine the *in vitro* bactericidal activity of different CHX-based commercial mouthwash products containing different chlorhexidine concentrations under conditions similar to their use. In this way, assays were performed according to European standards (30, 31) taking into account the short contact time (1 min), and the local conditions e.g. 32°C contact temperature and the presence of artificial saliva as interfering substance.

METHODS

Bacterial strains

All bacterial strains used in this study were obtained from the Institute Pasteur Collection (Paris). Testing was performed using four strains: *Fusobacterium nucleatum* CIP 101130, *Aggregatibacter actinomycetemcomitans* CIP 52.106T, *Prevotella intermedia* CIP 103607, and *Porphyromonas gingivalis* CIP 103683. These strains were chosen based on their implication as periodontal pathogens (6). Bacteria were cultured at 36±1°C under anaerobic conditions (*F. nucleatum*, *P. intermedia* and *P. gingivalis*) or under 5% CO_2 (*A. actinomycetemcomitans*). The following culture media were used for maintaining and CFU numeration: Columbia agar with 5% sheep blood (*A. actinomycetemcomitans* and *P. intermedia*), Schaedler agar (*F. nucleatum*), and Wilkins-Chalgren agar (*P. gingivalis*).

Test products

The formulation of seven commercially avalilable mouthwash products (chlorhexidine concentration and list of other claimed active substances and excipients) is presented in Table 1, along with the usage directions suggested by the manufacturer. The *in vitro* bactericidal activity of these products, each containing chlorhexidine digluconate, was tested according to the usage recommendations (pure or diluted).

Bactericidal assays

In vitro bactericidal assays were conducted in accordance with the NF EN 13727 standard "Quantitative suspension test for the evaluation of bactericidal activity of chemical disinfectants and antiseptics used in medical area" (31). Some modifications were made to the procedure in order to test the mouthwash products under conditions similar to their use. The tests were performed as follows.

All reagents were brought to the testing temperature of 32±1°C. Bacterial cells were suspended in tryptone salt broth to a density of approximately 1.5×10^8 to 5.0×10^8 CFU/ml. 1 ml of interfering substance (artificial saliva: soy peptone 0.25g/L, yeast extract 0.25g/L, NaCl 0.5961 g/L, KCl 0.7978 g/L, $MgCl_2$ $6H_2O$ 0.0589 g/L, $CaCl_2$ $2H_2O$ 0.1588 g/L, KH_2PO_4 0.2994 g/L, K_2HPO_4 0.7995 g/L and $NaHCO_3$ 0.021 g/L) was added to 1 ml of the bacterial suspension in a test tube and the mix was incubated for 2 mins ±10 secs. 8ml of each test product (neat or diluted in hard water [30°F] to mimic tap water according to manufacturer's directions for use) were added and the mix was incubated for 1 minute ± 5 seconds. For *F. nucleatum, A. actinomycetemcomitans* and *P. intermedia*, the reaction was stopped by adding 8 ml of neutralizing solution (tween 80 (10%), lecithin (2%), saponin (2%), sodium thiosulfate (0.5%), trypticase soy broth) to 1 ml of the test mix along with 1 ml of water. This mix was incubated for 5 min at 20±1ºC. For *P. gingivalis*, considering the non inocuity of the neutralizing solution, filtration was used to terminate the reaction: 0.1ml of the test mix was deposited on a 0.45□m membrane with 50 ml of diluent and the membrane was rinsed with sterile distilled water. Viable bacteria were enumerated in duplicate by plating 100 µl of 10^{-6} and 10^{-7} serial dilutions (neutralization method) or by depositing membranes onto agar plates (filtration method). Bacterial colonies were counted after 48 to 72 hours of incubation (7 days for *P. gingivalis*). In accordance with the standards, test products were considered bactericidal if a reduction of $\geq10^5$ CFU (5 log) was recorded.

The bactericidal assay was validated by performing control experiments to determine the effect of the following on bacterial counts: experimental conditions, the neutralizing solution (or filtration for *P. gingivalis*), and neutralized (or filtered) test products.

RESULTS

The number of viable *F. nucleatum*, *A. actinomycetemcomitans*, *P. intermedia* or *P. gingivalis* cells was not reduced by a factor greater than two-fold when experimental conditions were applied, including neutralization/filtration validation (Table 2). Thus, it was concluded that the bactericidal assay used in this study was appropriate for determining the *in vitro* bactericidal activity of the seven commercial mouthwash formulations selected.

The log reductions in bacterial counts following 1 min incubation of each of the 4 strains with each of the 7 test products are presented in Table 3. Solutions 1, 3, 5, 6 and 7 were found to be bactericidal to each of the 4 strains (log reduction in bacterial counts ≥5). Solutions 2 and 4 were not bactericidal towards *A. actinomycetemcomitans* (log reduction in bacterial counts <5). Furthermore, solution 2 was also not bactericidal towards *P. intermedia*. The results of the bactericidal assays performed in this study are summarized together with the key features of each mouthwash product in Table 4.

DISCUSSION

Chlorhexidine is a bisbiguanide antiseptic which has a wide spectrum of bactericidal activity encompassing Gram positive and Gram negative bacteria (32-34). It is also effective against some fungi and yeast, including *Candida*, and some lipophilic viruses including HIV and HBV (35). The bactericidal effect of chlorhexidine is due to the cationic nature of the agent binding to extra microbial complexes and negatively charged microbial cell wall, thereby altering the cells osmotic equilibrium (36). Lesions of the cell wall and cytoplasmic membrane are then combined with intracellular precipitation of proteins (37-40). Indeed, the bactericidal activity of CHX is known to be sensitive to interfering substances, thus *in vitro* tests used to test the efficacy of CHX solutions must mimic the in-use conditions as closely as possible to be clinically relevant (41). The efficiency of chlorhexidine mouthwashes on plaque control and in reduction of gingivitis and other periodontal diseases is well described and known (12, 13, 15, 23) and to correlate that with *in vivo* activity, *in vitro* assays need to be performed according to Phase 2, step 1 tests which are quantitative suspension tests to establish that a product induces an irreversible inactivation of microorganisms (bactericidal and/or other biocidal) under simulated practical conditions appropriate to its intended use (30).

The present results obtained on periodontopathic bacterial species, in the presence of artificial saliva as interfering substance, confirmed a five log reduction by 1 minute of contact at 32°C, for 5 of the 7 containing CHX mouthwashes tested.

The bacterial strains tested in this study have been earlier found to exist as microbial complexes within subgingival plaque and as supragingival biofilms (42, 43). Among these Gram negative species, *A. actinomycetemcomitans* appeared as the less sensitive followed by *P. intermedia*. *A. actinomycetemcomitans* has been earlier described as more resistant than other Gram negative species involved in periodontitis to antibiotics and also to antiseptics.

Currently chlorhexidine (CHX) is considered the gold standard for oral antisepsis considering significant clinical and microbiological effects (12, 14, 44, 45). Therefore, the data obtained in this *in vitro* study are likely to be directly applicable to the clinical setting. Those products that exhibited a greater spectrum of bactericidal activity are likely to be more effective in the prevention or treatment of periodontal disease. However, the data presented here demonstrated different level of activity among the tested products.

The antibacterial activity of CHX is known dosage dependent (9, 46) and it is considered that no further benefits can be expected above 0.20%. The main important side effects described are undesirable tooth and tongue staining and taste disturbance (47). These side effects are also dosage dependent, being accentuated at concentrations above 0.10% (23).

The combination of these two CHX characteristics explains the various marketed formulations with CHX concentrations ranging from 0.1 to 0.2%, associated or not with alcohol or other active compounds. However, the data presented here support the notion that the concentration of CHX is not the sole factor in determining the antimicrobial activity of commercial CHX-based mouthwash formulations. Different bactericidal activity profiles were observed for mouthwashes containing the same CHX concentration. Solutions 1, 2 and 3 contain 0.2% of chlorhexidine digluconate (alcohol free) and bactericidal activity on the 4 tested strains was observed only for solutions 1 and 3. If we considered the claimed composition, solution 1 presents another active ingredient (Sodium hyaluronate: 0.05%) but without described antimicrobial activity. In the same way, solutions 4 and 5 contain the same chlorhexidine concentration (0.12%) without any claim of other active ingredient, but express different level of activity considering *A. actinomycetemcomitans* At last, two tested mouthwashes are characterized by alcohol content (solutions 6 and 7) and are considered here as bactericidal despite different CHX concentrations (0.12% to 0.033% as final concentrations respectively) but also alcohol concentrations (3.5% and 14.3% as final

concentrations respectively). The same level of activity considering the high difference in CHX content may be explained by other formulation components, e.g. alcohol but also chlorobutanol in the case of solution 7. Potentiation of bactericidal activity has been described between CHX and chlorobutanol (48). Solution 7 used in our study contains 0.5% chlorobutanol or rather 0.17% in the test conditions (1/3 dilution) and CHX at a relatively low concentration of 0.1% or rather 0.033% (final concentration after dilution according to manufacturer's instructions). CHX solutions at low concentrations (0.02%-0.06%) have been typically associated with bacteriostatic activity, while solutions at higher concentrations (0.12-0.2%) have been associated with bactericidal activity (1). So a positive interaction between chlorobutanol and CHX might explain a lower CHX concentration to be used in this solution whilst maintaining bactericidal activity. On another hand, the activity of CHX but also of chlorobutanol was described as dependent of interfering substances like organic matter or divalent cations (49-51), despite of this, solution 7 which is the lonely diluted in artificial saliva presents a bactericidal activity on the 4 tested strains.

These results suggest that the mouthwash formulation as a whole, rather than simply CHX concentration, influences antimicrobial activity. Ethylic alcohol content is considered to play a role in the antibacterial activity of mouthwashes by enhancing solubility, and also the biocidal spectrum. In this study the influence of alcohol on mouthwash bactericidal activity was not so obvious; three of the five alcohol-free mouthwashes tested (containing 0.12% or 0.2% CHX) exhibited bactericidal activity towards all test strains; in the same time the two formulations containing alcohol are bactericidal but present different CHX/alcohol ratio. The results of our study seem to indicate that excipients, as well as the presence of other active compounds including alcohol), within the mouthwash formulation are important in determining bactericidal activity. Synergistic or antagonistic interactions between ingredients occurring within the specific physiological environment of the mouth, replicated in our *in*

vitro assay, are likely to play an important role in determining the efficacy of the mouthwashes.

The most unfortunate side effect of CHX-based mouthwash use beyond 1 week is dental and mucosal (lingual) colorations. These side effects can greatly affect patient compliance with respect to the frequency and length of product usage. It is generally accepted that the efficacy of CHX-based mouthwashes is directly proportional with the concentration of CHX and the degree of dental dyschromia (4). However, we demonstrated in this study that a mouthwash formulation containing 0.033% CHX exhibits equal or greater bactericidal activity compared to those containing 0.12%/0.2% CHX, illustrating the importance of the overall formulation of the product in determining efficacy and perhaps in reducing the probability of dyschromia. These decreased side effects are likely to result in increased patient compliance and greater overall efficacy of the treatment.

REFERENCES

1. Varoni E, Tarce M, Lodi G, Carrassi A. Chlorhexidine (CHX) in dentistry: state of the art. *Minerva Stomatologica*. 2012; **61**: 399-419.

2. Osso D, Kanani N. Antiseptic mouth rinses: an update on comparative effectiveness, risks and recommendations. *Journal of Dental Hygiene*. 2013; **87**:10-8.

3. Sands KM, Twigg JA, Wise MP. Oral hygiene with chlorhexidine in critically ill patients. *JAMA Internal Medicine*. 2015;**175**:316. doi: 10.1001/jamainternmed.2014.7174.

4. Klompas M, Berenholtz SM. Oral hygiene with chlorhexidine in critically ill patients—reply. *JAMA Internal Medicine*. 2015;**175**:316-7.

5. Ciancio SG. Mouthwashes: Rationale for use. *American Journal of Dentistry*. 2015; Spec No **A**:4A-8A.

6. Loe H, Schiott CR. The effect of mouthrinses and topical application of chlorhexidine on the development of dental plaque and gingivitis in man. *Journal of Periodontal Research*. 1970; **5**: 79-83.

7. Khoo JG, Newman HN. Subgingival plaque control by a simplified oral hygiene regime plus local chlorhexidine or metronidazole. *Journal of Periodontal Research*. 1983; **18**:607-619.

8. Grossman E, Reiter G, Sturzenberger OP, De La Rosa M, Dickenson TD, Ferretti GA, Lindham GE, Meckel AH. Six month study of the effects of a chlorhexidine mouthrinse on gingivitis in adults. *Journal of Periodontal Research*. 1986; **21**:33-43.

9. Segreto VA, Collins EM, Beiswanger BB, De La Rosa M, Isaacs RL, Lang NP, Mallet ME, Meckel AH. A comparison of mouthwashes containing two concentrations of chlorhexidine. *Journal of Periodontal Research*. 1986; **21**:23-32.

10. De La Rosa M, Sturzenberger OP, Moore DJ. The use of chlorhexidine in the management of gingivitis in children. *Journal of Periodontology*. 1988: **59**:387-389.

11. Banting B, Bosman M, Bollmer B. Clinical effectiveness of a 0.12% monthrinse over two years. *Journal of Dental Research*. 1989; **68**:1716-1718.

12. Addy M., Jenkins S., Newcombe R. The effect of some chlorhexidine-containing mouthrinses on salivary bacterial counts. *Journal of Clinical Periodontology*. 1991;**18**: 90-93.

13. Van Strydock DA, Timmerman MF, Van der Velden U, Van der Weijden GA. Plaque inhibition of two commercially available chlorhexidine mouthrinses. *Journal of Clinical Periodontology*. 2005;**32**:305-309. Cat 1

14. Franco Neto CA, Parolo CC, Rösing CK, Maltz M. Comparative analysis of the effect of two chlorhexidine mouthrinses on plaque accumulation et gingival bleeding. *Brazilian Oral Research.* 2008;**22**:139-144.

15. Matthews D. No difference between 0.12 % et 0.2 % chlorhexidine mouthrinse on reduction of gingivitis. *Evidence-Based Dentistry.* 2011;**12**(1):8-9.

16. Rolla G, Melsen B. On the mechanism of the plaque inhibition by chlorhexidine. *Journal of Dental Research*. 1975; 54 Sp No **B**: B57-62.

17. Cancro LP, Klein K, Picozzi A. Dose response of chlorhexidine gluconate in a model in vivo plaque system. *Journal of Dental Research*. 1973; **52**:223-232.

18. Cumming BR, Löe H. Optimal dosage and method of delivering chlorhexidine solution for inhibition of dental plaque. *Journal of Periodontal Research*. 1973; **8**:57-62.

19. Jenkins S, Addy M, Newcombe R. Comparison of two commercially available chlorhexidine mouthrinses. II. Effects on plaque formation gingivitis and tooth staining. *Clinical Preventive Dentistry*. 1989; **6**:12-16.

20. Luc J, Mroz C, Roques C, Ducani-Federlin M. Activité bactéricide de bains de bouche contenant 0.10%, 0.12% et 0.20% de digluconate de chlorhexidine. *Journal de Parodontologie et d'Implantologie Orale*. 1998; **17**:441-446.

21. Addy M, Sharif N, Moran J. A non-staining chlorhexidine mouthwash? Probably not: a study in vitro. *International Journal of Dental Hygiene*. 2005; **3**: 59-63.

22. Oberoi SS, Dhingra C, Sharma G, Sardana D Antibiotics in dental practice: how justified are we. *International Dental Journal*. 2015; **65**:4-10..

23. ADDY M., WADE W., GOODFIELD S. Staining and antimicrobial properties in vitro of some chlorhexidine formulations. *Clinical Preventive Dentistry*. 1991b;**13**:13-17.

24. Barkvoll P, Rolla G, Svenden A. Interaction between chlorhexidine digluconate and sodium lauryl sulphate *in vivo*. *Journal of Clinical Periodontology*. 1989; **16**:893-598.

25. Crémieux A, Chevalier J, Dauriac H. Evolution de la concentration bactéricide de désinfectants en fonction de la présence de diverses substances interférentes. *Revue de l'Institut Pasteur de Lyon*. 1975; **8**: 187-197.

26. Gélinas P, Goulet J. Neutralization of the activity of eight disinfectants by organic matters. *Journal of Applied Bacteriology*. 1983; **54**: 243-247.

27. Chantefort A, Druilles J. Activité bactéricide de quelques désinfectants en présence ou non de substances interférentes protéiques. *Pathologie et Biologie*. 1984; **32**: 615-618.

28. Guiraud-Dauriac H, Crémieux A. Inactivation par les protéines et les ions calcium des désinfectants en fonction de leur nature chimique et des espèces bactériennes. *Pathologie et Biologie*. 1984, **32** :611-614.

29. Crémieux A, Bonnaveiro N, Chevalier J. Intérêt d'un exsudat standard dans l'étude de l'activité in vitro des antiseptiques. *Pathologie et Biologie*. 1987; **35**: 887-890.

30. AFNOR – NF EN 14885 « Chemical disinfectants and antiseptics — Application of European Standards for chemical disinfectants and antiseptics ». February 2007.

31. AFNOR – NF EN 13727 + A1 “Chemical disinfectants and antiseptics - Quantitative suspension test for the evaluation of bactericidal activity in the medical area - Test method and requirements (phase 2, step 1) ». December 2013.

32. Baker PJ, Coburn RA, Genco RJ, Evans RT. Structural determinants of activity of chlorhexidine and alkyl bisbiguanides against the huma oral flora. *Journal of Dental Research*. 1987; **66**:1099-1106.

33. Stanley A, Wilson M, Newman HN. The in vitro effects of chlorhexidine on subgingival plaque bacteria. *Journal of Clinical Periodontology*. 1989; **16**:259-264.

34. Luc J, Roques C, Frayret MN, Michel G, Ducani M, Vandermander J. Activité bactéricide in vitro de 5 antiseptiques buccaux vis-à-vis des prinicpaux germes impliqués dans les affections bucco-dentaires. *Journal de Parodontologie et d'Implantologie Orale*. 1991; **10**:381-387.

35. Kolahi J, Soolari A. Rinsing with chlorhexidine gluconate solution after brushing and flossing teeth: a systematic review of effectiveness. *Quintessence International*. 2006; **37**:605–612.

36. Greenstein G, Berman C, Jaffin R. Chlorhexidine. An adjunct to periodontal therapy. *Journal of Periodontology*. 1986; **57**:370–377.

37. Lim KS, Kam PCA. Chlorhexidine – pharmacology and clinical applications. *Anaesthesia and Intensive Care Journal*. 2008; **36**:502-512.

38. Kodedova M, Sigler K, Lemire BD, Gaskova D. Fluorescence method for determining the mechanism and speed of action of surface-active drugs on yeast cells. *BioTechniques.* 2011; **50**:58-63.

39. Cheung HY, Wong MMK, Cheung SH, Liang LY, Lam YW, Chiu SK. Differencial actions of chlorhexidine on the cell wall of *Bacillus subtilis* and *Escherichia coli*. *PloS ONE*. 2012; **7**:e36659.

40. Vijayakumar R, Kannan VV, Sandle T, Manoharan C. In vitro antifungal efficacy of biguanides and quaternary ammonium compounds against cleanroom fungal isolates. *Journal of Pharmaceutical Science and Technology*. 2013; **66**:236-242.

41. Walker EM, Lowes JA. An investigation into in vitro methods for the detection of chlorhexidine resistance. *The Journal of Hospital Infection*. 1985; **6**: 389-97.

42. Socransky SS, Haffajee AD, Cugini MA, Smith C, Kent RL, Jr. Microbial complexes in subgingival plaque. *Journal of Clinical Periodontology*. 1998; **25**: 134-44.

43. Ximenez-Fyvie LA, Haffajee AD, Socransky SS. Microbial composition of supra- and subgingival plaque in subjects with adult periodontitis. *Journal of Clinical Periodontology*. 2000; **27**: 722-32.

44. Gjermo P, Baastad KL, Rölla G. The plaque inhibiting capacity of 11 antibacterial compounds. *Journal of Periodontal Research.* 1970; **5**:102-109.

45. Lang NP, Brecx M. Chlorhexidine digluconate an agent for chemical plaque control et prevention of gingical inflammation. *Journal of Periodontal Research.* 1986; **21**:74-89.

46. Jenkins S, Addy M, Newcombe RG. Dose response of chlorhexidine against plaque et comparison with triclosan. *Journal of Clinical Periodontology.* 1994; **21**:250-255.

47. Zanatta FB, Antonoazzi RP, Rösing CK. Staining and calculus formation after 0.12% chlorhexidine rinses in plaque-free et plaque covered surfaces : a randomized trial. *Journal of Applied Oral Science.* 2010; **18**:515-521.

48. Mroz C, Segonds R, inventors; Pierre Fabre Medicament, assignee. Antiseptic compositions containing chlorobutanol and chlorhexidine. Patent WO1997032479 A1. 1997 Sep 12.

49. Klarmann EG, Shternov VA, Von Worwern JV. The germicidal action of halogen derivatives of phenol and resorcinol and its impairment by organic matter. *Journal of Bacteriology*. 1929; **17**:423-442;

50. Walker EM, Lowes JA. An investigation into in vitro methods for the detection of chlorhexidine resistance. *Journal of Hospital Infection*. 1985. **6**:389-397.

51. Hugo WB, Russell AD. Evaluation of non-antibiotic antimicrobial agents. In: Pharmaceutical Microbiology (Hugo WB, Russell AD eds), Blackwell Scientific Publications, Oxford. 1992, 258-287.

Hugo WB, Russell AD. Types of antimicrobial agents. In: Russell AD, Hugo WB, Ayliffe GAJ Eds. *Principles and practice of disinfection, preservation and sterilization*, 2nd edn. Oxford: Blackwell Scientific Publications1992; 7-88.

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Commercial product	**Chlorhexidine digluconate concentration**	**Other constituents** (**active substances/** excipients)	**Ethanol content**	**Usage directions** (pure/diluted)
Solution 1	0.2%	**Sodium hyaluronate (0.05%)** Water, sorbitol, xylitol, sodium citrate, PEG-40 hydrogenated castor oil, glycerin, aroma, sodium lauroyl sarcosinate, polysorbate 20, citric acid, salvia officinalis (sage) oil, sage leaf extract, commiphora myrrtha resin extract, limonene, bisabolol, CI 16035	Alcohol free	Pure
Solution 2	0.2%	Water, xylitol, PEG-40 hydrogenated castor oil, chamomilla recutita extract, bisabolol, potassium acesulfame, aroma, cinnamal, CI 42090	Alcohol free	Pure
Solution 3	0.2%	Glycerol, macrogolglycerol hydroxystearate, sorbitol liquid (non-crystallising), peppermint flavor, purified water	Alcohol free	Pure
Solution 4	0.12%	Water, glycerin, propylene glycol, PEG-40 hydrogenated castor oil, olaflur, aroma, aluminum lactate, zinc sulfate, potassium acesulfame, limonene	Alcohol free	Pure
Solution 5	0.12%	Water, propylene glycol, glycerin, PEG-40 hydrogenated castor oil, CI 16255, benzyl alcohol, aroma, limonene, potassium acesulfame	Alcohol free	Pure
Solution 6	0.12%	Water, hydrogenated glucose syrup, denatured alcohol, laureth-9, aroma, CI 16255	Alcohol (3.5%)	Pure
Solution 7	0.1%	**Chlorobutanol (0.5%)** Glycerin, alcohol, water, aroma, benzyl alcohol, CI 16255, citral, citronellol, diethylhexyl sodium sulfosuccinate, eugenol, limonene, linalool, menthol	Alcohol (42.8%)	Dilute 1:3

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Table 2

Test organism	Mean bacterial counts (CFU/ml) at 10^{-6} dilution[a]									
	Suspension for validation	Experimental conditions	+ Neutralizing solution/ filtration[b]	+ Neutralized/filtered[b] test products						
				Sol. 1	Sol. 2	Sol. 3	Sol. 4	Sol.5	Sol. 6	Sol. 7
F. nucleatum	107	94	149	149	157	148	154	163	147	143
A. actinomycetemcomitans	142	111	129	145	123	112	155	126	146	118
P. intermedia	57	98	61	38	35	48	39	54	63	53
P. gingivalis[c]	60 197	159 215	105 102	89 -	92 -	- 104	74 -	- 104	- 111	- 128

[a]Values represent the mean of duplicate counts. [b]Filtration corresponds with the results for *P. gingivalis* only. [c]Two validation experiments were performed for *P. gingivalis*, the first involved testing solutions 1, 2 and 4, the second involved testing solutions 3, 5, 6 and 7.

Table 3

Test organism	Test suspension[a] (log CFU/ml)	Log reduction in bacterial counts[a]						
		Solution 1	Solution 2	Solution 3	Solution 4	Solution 5	Solution 6	Solution 7
F. nucleatum	**7.56**	>5.41 (0 – 0)	>5.41	>5.41 (0 – 0)	>5.41 (0 – 0)	>5.41 (0 – 1)	>5.41 (0 – 0)	>5.41 (0 – 0)
A. actinomycetemcomitans	**7.72**	>5.57 (0 – 0)	4.36* (226– 230)	>5.57 (0 – 0)	4.92* (48 – 78)	>5.57 (1 - 1)	>5.57 (0 – 0)	>5.57 (0 – 0)
P. intermedia	**7.38**	>5.24 (0 – 0)	4.08* (90 – 203)	>5.24 (0 – 0)	>5.24 (0 – 0)	>5.24 (0 – 0)	>5.24 (0 – 0)	>5.24 (0 – 0)
P. gingivalis[b]	**7.52** **7.67**	>5.37 (0 – 0) -	>5.37 (0 – 0) -	- >5.53 (0 – 0)	>5.37 (0 – 0) -	- >5.53 (0 – 0)	- >5.53 (0 – 0)	- >5.53 (0 – 0)

[a]Values represent the mean of duplicate counts (duplicate values). [b]Two experiments were performed for *P. gingivalis*, the first involved testing solutions 1, 2 and 4, the second involved testing solutions 3, 5, 6 and 7. *Values are lower than the log reduction cut-off defined as representing bactericidal activity.

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Commercial product	Chlorhexidine digluconate concentration	Other claimed active ingredients	Alcohol content	Usage directions (pure/diluted)	Final chlorhexidine digluconate concentration	Bactericidal activity
Solution 1	0.2%	Sodium hyaluronate (0.05%)	Alcohol free	Pure	0.2%	Effective against all strains tested
Solution 2	0.2%	None	Alcohol free	Pure	0.2%	Ineffective against two strains tested
Solution 3	0.2%	None	Alcohol free	Pure	0.2%	Effective against all strains tested
Solution 4	0.12%	None	Alcohol free	Pure	0.12%	Ineffective against one strain tested
Solution 5	0.12%	None	Alcohol free	Pure	0.12%	Effective against all strains tested
Solution 6	0.12%	None	Alcohol (3.5%)	Pure	0.12% (final alcohol conc° 3.5%)	Effective against all strains tested
Solution 7	0.1%	Chlorobutanol (0.5%)	Alcohol (42.8%)	Dilute 1:3	0.033% (final alcohol conc° 14.3%)	Effective against all strains tested

Table 5 Composition of the seven commercial mouthwash products tested

Table 6 Validation of the bactericidal assay conditions

Table 3 *In vitro* bactericidal activity of seven chlorhexidine-based commercial mouthwash products

Table 4 Summary of mouthwash product characteristics (composition and bactericidal activity)