Arestin® minocycline HCl 1mg MICROSPHERES

INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg is indicated as an adjunct to scaling and root planing (SRP) for reduction of pocket depth in adult periodontitis patients. ARESTIN® may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ARESTIN is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines.

WARNINGS AND PRECAUTIONS

- ARESTIN should not be used in children, pregnant or nursing women as the use of tetracycline drugs during tooth development may cause permanent discoloration of the teeth.
- Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin erythema.
- Hypersensitivity reactions and hypersensitivity syndrome included, but were not limited to anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens-Johnson syndrome and erythema multiforme have been reported with oral minocycline.
- Tetracyclines, including oral minocycline, have been associated with the development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness-like reaction have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy, and malaise. In symptomatic patients, discontinue use of ARESTIN.
- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.

ADVERSE REACTIONS

The most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health US, LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

Please see accompanying full Prescribing Information or visit arestinprofessional.com/PI

REFERENCES

1. Data on file. OraPharma. Market research: dental patient treatment acceptance factors. Prepared by Lightspeed, LLC. August 2017.
2. American Academy of Periodontology (AAP) and the European Federation of Periodontology (EEP) , (2017), Periodontitis: Grading
3. Mayo Clinic (2023), Periodontitis, available at: https://www.mayoclinic.org/diseases-conditions/ periodontitis/symptoms-causes/syc-20354473
4. Eke PI, Thornton-Evans GO, Wei L, Borgnakke WS, Dye BA, Genco RJ. Periodontitis in US adults: National Health and Nutrition Examination Survey 2009-2014. J Am Dent Assoc. 2018;149(7):576-588.

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Hygienist Battle Plan

47.2% of US adults aged 30+ have periodontitis[4]

that equates to about **64.7 million adults** walking around with active infection in their mouths

How are you going to personalize your approach to educate and empower your patients when fighting periodontal disease?

Patient

Beginning of the journey

Every patient presents with a distinct set of characteristics and personal concerns that need to be addressed through your approach to periodontal care.

We need to take time to understand patients' unique risk factors, including their medical history, lifestyle and pre-existing conditions to understand if they are likely to have any impact on their periodontal care and oral health.

Periodontal disease may be associated with an increased risk of other chronic conditions throughout the body, such as cardiovascular disease.

First steps

After diagnosis of periodontal disease, it's important that we effectively communicate:

What is periodontal disease?
Periodontitis, also known as advanced gum disease is an active bacterial infection that can't be cured, only maintained through ongoing ongoing treatment and monitoring as needed.

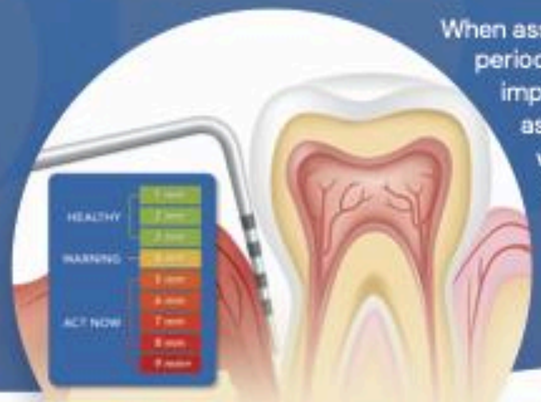
What may happen if we don't treat it?
Gum disease is chronic and could ultimately lead to tooth loss if not managed adequately.

How might we treat it?
Comprehensive initial treatment and ongoing periodontal maintenance therapy will help combat the infection and allow your gums the time to heal.

Prognosis

Assessing the issues...

Prognosis in periodontal care refers to predicting the likely course and outcome of the disease based on the initial assessment.



When assessing patients with periodontal disease it's important to effectively assess periodontal disease with appropriate staging and grading protocol and understand 'healthy sites'.

What does a healthy site look like?

Pocket Depth is LESS than 4mm:
Pocket depth may be an indicator of gum disease. Any site that has less than 4mm pocket depth may be considered healthy[2].

Minimal to no Bleeding on Probing: Healthy sites exhibit minimal bleeding upon probing. This is a key indicator of periodontal health and effective management of the disease[3].

Alveolar Bone Stability: We can also identify healthy sites by the stability of alveolar bone and tissues around the periodontal sites[3].

Planning

What's next?

Once we have diagnosed periodontal disease and the likely course of disease we need to talk to our patients about a comprehensive treatment plan. This will involve multiple stages including initial assessment, treatment and long-term periodontal maintenance.

Factors in accepting treatment[1]

1. Trust in their DHCP
2. Understanding the consequences of NOT undergoing treatment
3. Understanding the recommended treatment
4. Understanding the diagnosis
5. Cost of the recommended treatment

A comprehensive treatment plan for periodontal disease involves multiple stages including initial assessment, intervention, and long-term maintenance. An effective plan should...

- **Be clear** - periodontis is a chronic bacterial infection that cannot be cured, only managed
- **Be personalized** - each patient has their own unique risk factors that should be taken into account
- **Be measurable** - use measurable benchmarks to monitor progress
- **Be consistent** - discuss the chronic nature of the disease that requires monitoring and ongoing management
- **Be goal oriented** - remember the goal is to achieve (and sustain) healthy periodontal sites

Find out more at Oracademy.com
Cathy Cabanzon highlights the need to convey information in an understandable and engaging manner, using visual aids to explain the disease and its potential impacts.

Find out more at Oracademy.com
Dr. Tim Donley addresses the importance of being able to identify a healthy periodontal site as we strive to improve the health of our periodontal patients.

Find out more at Oracademy.com
Hygienists Jessica Giebel & Cathy Cabanzon stress the importance of comprehensive patient assessment to determine the severity and prognosis of periodontal disease.