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Dentistry — Screening method for erosion potential of oral rinses on dental hard tissues

Médecine bucco-dentaire — Méthode de criblage de l'érosion potentielle des tissus durs dentaires due aux rinçages oraux

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2. www.iso.org/directives

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The committee responsible for this document is ISO/TC 106, *Dentistry*, Subcommittee SC 7, *Oral care products*. **iTeh STANDARD PREVIEW**

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Introduction

This International Standard describes a screening method for assessing the erosion potential of dental hard tissues associated with the use of oral rinses.

The primary aim of this International Standard is to provide methodology for screening oral rinses for the potential for tooth erosion.

Oral rinses should not cause adverse reactions to the oral soft and hard tissues when used in accordance with the manufacturer's recommendation for frequency and duration of use.

The range of known side effects and biological hazards is wide and complex. The tissue interaction with a constituent material alone cannot be considered in isolation from the overall device design. Thus, in designing an oral rinse, the choice of the best material with respect to its tissue interaction might result in a less functional product, tissue interaction being only one of a number of characteristics to be considered in making that choice. Where a material is intended to interact with tissue in order to perform its function, the biological response to this interaction can be evaluated.

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Dentistry — Screening method for erosion potential of oral rinses on dental hard tissues

1 Scope

This International Standard specifies a screening method for the erosion potential of non-fluoridated oral rinses on dental hard tissues.

The results of the screening method are intended for use in enamel and/or dentine erosion models.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 78-2, Chemistry — Layouts for standards — Part 2: Methods of chemical analysis

ISO 1942, Dentistry — Vocabulary

ISO 3696, Water for analytical laboratory use \triangle Specification and test methods

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3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 78-2, ISO 1942 and the following apply.

3.1

dental erosion

progressive loss of calcified dental hard tissue by chemical processes that do not involve bacterial action

[SOURCE: ISO 1942:2009, 2.292]

4 Test method

4.1 General

The risk of enamel and dentine erosion due to oral rinses shall be assessed.

This method is intended to provide initial screening of potential for erosion for all non-fluoridated oral rinses.

In case a product fails the screening test, test methods that are more complex and close to clinical conditions shall be applied.

4.2 Maximum decrease in pH

The maximum allowable decrease in pH of this test method shall be 1,0.

Should a decrease of the pH greater than 1,0 be determined, then the oral rinse fails this screening test. In this case, test methods that are more complex and close to clinical conditions shall be performed in order to establish the erosive capacity of the oral rinse as specified in ISO 16408.

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4.3 Reagents

- **4.3.1** Calcium chloride dihydrate (CaCl₂ 2·H₂O), reagent grade.
- **4.3.2** Citric acid (C₆H₈O₇), reagent grade.
- 4.3.3 Potassium hydroxide (KOH), reagent grade.
- **4.3.4** Hydrochloric acid (HCl), reagent grade.
- **4.3.5** Sodium azide (NaN₃), reagent grade.
- **4.3.6** Trisodium citrate dihydrate (C₆H₅Na₃O₇ 2·H₂O), reagent grade.
- **4.3.7** Potassium dihydrogen phosphate (KH₂PO₄), reagent grade.
- **4.3.8** Distilled water (H₂0), complying with grade 2 of ISO 3696.

4.3.9 Reference citrate buffer solutions.

Prepare three reference citrate buffer solutions according to 4.6.2.

- Solution 1: 1,0 % citric acid at pH 3,60 at 25 C, ARD PREVIEW
- Solution 2: 0,25 % citric acid at pH **3,68 at 25 0; rds.iteh.ai**)
- Solution 3: 0,07 % citric acid at pH 3,77 at 25 °C.

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4.4 Apparatus

4.4.1 One 50 ml vessel, composed of (borosilicate) glass.

- **4.4.2** Analytical balance, with an accuracy of 0,1 mg or better.
- **4.4.3** Magnetic stirring apparatus, with PTFE-coated magnetic stirring bar.
- 4.4.4 Volumetric flask, 1 l.
- 4.4.5 Beaker, 100 ml, made of borosilicate glass, clean.
- **4.4.6 Pipette**, capable of measuring 1 ml to 0,01 ml.
- **4.4.7** Thermometer, with an accuracy of 0,1 °C or better.
- **4.4.8 pH meter (pH electrode)**, with a sensitivity of ±0,05 pH units, calibrated.

EXAMPLE 1 Example for calibration: use pH 2,0, 4,0, and 6,0 standards or pH 1,68, 4,01 and 6,86 at 25 °C. Use pH standard solutions prepared in accordance with appropriate ISO Guides. Check for a linear response with a slope of at least 58 mV per pH unit.

NOTE Ready-to-use pH standards can be used.

4.5 Sampling

Use two representative samples from each of three batches of the oral rinse (total: six samples).

4.6 Test method

4.6.1 Preparation of screening solutions

4.6.1.1 Preparation of stock solutions

Prepare the following two stock solutions.

- Stock solution A: 1 mol/l CaCl₂: 147,01 g CaCl₂ ·2H₂O in 1 l distilled H₂O add 0,02 g NaN₃.
- Stock solution B: 1 mol/l KH₂PO₄: 136,09 g KH₂PO₄ in 1 l distilled H₂O add 0,02 g NaN₃.

NOTE The NaN_3 is added as a preservative to prevent microbial contamination while in storage. Should growth be observed, it is intended that new stock solutions be prepared.

4.6.1.2 Preparation of diluted screening solution

Prepare diluted screening solution (calcium phosphate) as follows.

To 500 ml distilled water (4.3.8) in a 1 l volumetric flask, add 1,266 ml 1 mol/l CaCl₂ (Stock A) and 0,760 ml 1 mol/l KH₂PO₄ (Stock B): ANDARD PREVIEW

Adjust to pH = (5,05 ± 0,05) with (HCl. (Standards.iteh.ai)

NOTE 1 KOH can be required to raise the pH; typically, HCl is need to lower the pH to the appropriate value.

Dilute to 1 l with distilled water (4.3.8). ISO 28888:2013 Minss/Standards. Kenai/Catalog/standards/sist/ba5b1aaf-9d5a-494c-bc45-

NOTE 2 This solution is prepared fresh daily from the stock calcium phosphate solutions.

4.6.2 Preparation of reference buffer citrate solutions

Prepare the reference buffer solutions as described in <u>Table 1</u> in clean 100 ml glass beakers or other suitable container.

Weigh powdered anhydrous citric acid and trisodium citrate dihydrate on separate weighing dishes; combine crystals in a 100 ml volumetric flask and add distilled water (4.3.8) until the meniscus nears the graduation line.

Determine the pH of these solutions using a suitably calibrated pH electrode and meter, while agitating using a magnetic stirrer.

If the pH is more than ± 0.05 units away from the expected pH, adjust this pH accordingly with 0.1 mol/l potassium hydroxide solution or 0.1 mol/l hydrochloric acid to the expected value.

Add distilled water (4.3.8) to make up to the final volume of 100 ml.