Toothpaste Consumption: Implications for Health and Sustainability in Oral Care

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Abstract

Objective  Toothpaste is a crucial component of daily oral hygiene routines and is significant in maintaining oral health. This study aimed to assess the amount of toothpaste consumed during tooth brushing and investigate the influence of toothbrush type on toothpaste consumption.

Materials and Methods  Ten volunteer students of dentistry who regularly practiced oral hygiene at home were enrolled. Participants used a 15-mL tube of toothpaste with manual and electric toothbrushes and the amount consumed was recorded three times daily.

Statistical Analysis  Variance analysis for repeated measures was applied for differences within groups for toothbrush types while the t-test was carried out to compare the mean quantities between groups. Statistical significance was set at \( p < 0.05 \).

Results  The findings revealed no significant difference in toothpaste consumption across different time intervals for both manual and electric toothbrushes. However, a significant difference in toothpaste consumption was observed when comparing toothbrush types. Participants using electric toothbrushes consumed less toothpaste compared to those using manual toothbrushes.

Conclusion  The observed differences in toothpaste consumption highlight the importance of considering toothbrush type when promoting appropriate usage. With their advanced brushing mechanisms, electric toothbrushes may enhance cleaning efficiency and reduce the need for a large amount of toothpaste. Reducing toothpaste consumption benefits oral health and contributes to environmental sustainability. It minimizes packaging waste, conserves energy and resources, promotes water conservation, preserves ecosystems, and encourages a culture of ecological responsibility. By embracing a more conscious approach to toothpaste usage, individuals can contribute to a greener and more sustainable future.

Keywords  oral hygiene
► toothpaste consumption
► sustainability
► oral care

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Introduction

In recent years, the consumption of oral care products has increased significantly, and among these, the most used cosmetic product for oral health is represented by toothpaste.\(^1\)\(^-\)\(^3\) A cosmetic product is defined by The European Regulation (EC) No 1223/2009 as “any substance or mixture intended to be placed in contact with the external parts of the human body [...] or with the teeth and the mucous membranes of the oral cavity with a view exclusively or mainly to cleaning them, perfuming them, changing their appearance, protecting them, keeping them in good condition or correcting body odours.”\(^4\) In addition, a cosmetic product made available on the market “shall be safe for human health when used under normal or reasonably foreseeable conditions of use.”\(^5\)

Toothpaste is essential to daily oral hygiene routines and has significantly maintained oral health for centuries.\(^6\) Adding fluoride to toothpaste formulations became a breakthrough in preventing tooth decay.\(^5\)\(^,\)\(^6\) Today, toothpaste is available in various formulations to cater to oral health needs. To prevent tooth decay and reduce the amount of dental plaque, it is common practice to brush teeth with a fluoride toothpaste at least twice a day,\(^7\)\(^,\)\(^8\) with the recommended annual consumption of four toothbrushes and six tubes of toothpaste.\(^8\) It is well known that brushing teeth with a fluoride toothpaste containing 1.000 to 1.500 ppm F\(^-\) reduces the incidence of caries by at least 25% in adolescents.\(^9\) However, an excessive fluoride exposure can interfere with the dental formation in children and promote the risk of fluorosis with white or brown lesions on the teeth depending on the severity of the cases.\(^9\)\(^,\)\(^10\) This risk increases due to the lack of experience in oral hygiene maneuvers by young children who could ingest the toothpaste during brushing.\(^11\) Guidelines have been established to mitigate the risk of excessive fluoride consumption regarding the appropriate amount of toothpaste. In fact, it is recommended that young children brush their teeth using a quantity of toothpaste equal to the “size of a pea” twice a day.\(^12\) The Scientific Committee of the European Union for Cosmetic Products and Non-food Products for Consumers has estimated that this amount should be 0.25 g.\(^13\) However, it was found that adults and parents of children consume an average dosage of 0.3 to 0.5 g, leading to potential overconsumption of fluoride.\(^14\)\(^,\)\(^15\) The data on toothpaste consumption obtained by the Cosmetics Europe\(^16\)\(^-\)\(^18\) are used by the Scientific Committee on Consumer Safety to assess daily exposure levels for European consumers.\(^19\) In the literature, several studies have been conducted on the consumption of toothpaste during oral hygiene practices in several European countries.\(^20\)\(^-\)\(^24\) However, different methods have carried out the quantitative assessment of the use of the product concerned, and comparing their results is difficult. Therefore, this research aimed to evaluate the daily consumption of toothpaste during oral hygiene at home according to the habits of Italian consumers. The evaluation also included the influence of the type of toothbrush used on consuming the cosmetic product.

Materials and Methods

Study Design

This study included volunteer students enrolled in the degree course in Dentistry and Dental Prosthesis of the University of Messina who regularly practiced oral hygiene at home, with healthy oral mucosa, and knew how to use both manual and electric toothbrushes. Subjects who had allergies to cosmetic products or drugs with a generally compromised state of health were excluded. All participants received an informed consent form and all information regarding the conduct of the study.

Each subject was given a 15-mL tube of toothpaste (AZ Pro-Expert, Gross-Gerau, Germany) for use with the manual and electric toothbrush. All participants used the same product to limit the variability of the results. According to their daily habits, each subject extracted a dose of toothpaste from the tube to place it on the brush head for manual and electric toothbrush, then it was taken and weighed with a precision balance of sensitivity equal to 0.01 g. The amount of toothpaste consumed was recorded thrice daily (T0, T1, T2). At the end of the study, the toothpaste tubes were weighed with the same precision balance to determine the total individual amount of product used. Toothbrush types with the amount of toothpaste consumed are shown in Figs. 1 and 2.

Fig. 1 Manual toothbrush head and a quantity of toothpaste consumed in a timeframe.

Fig. 2 Electric toothbrush head and a quantity of toothpaste consumed in a timeframe.
Data Analysis
All data were presented as mean ± standard deviation (SD). Numeric variables had normal distribution from the Kolmogorov–Smirnov test and the parametric method was used. Variance analysis for repeated measures with Bonferroni correction was used to verify differences within groups regarding toothbrush types. In addition, the t-test was carried out to assess the distribution of toothpaste quantities between toothbrushes. A p-value of < 0.05 was considered statistically significant. All statistical analyses were performed using SPSS 25.0 software (IBM SPSS Statistics, New York, United States) for the Windows system.

Results
In total, 10 participants were enrolled for this study. Six measurements were recorded for each subject about the amount of toothpaste consumed for both toothbrushes (n = 3 for the manual toothbrush and n = 3 for the electric toothbrush). Therefore, the total measurements were 60 and divided according to the time considered (T0 = 20, T1 = 20, T2 = 20). Table 1 shows all the data found as means and SDs. Variance analysis for repeated measures showed that there is no significant difference both for the manual toothbrush (Table 2) and the electric toothbrush (Table 3). Profile plots for toothbrush types are shown in Figs. 3 and 4.

Table 1 The amount of toothpaste consumed is measured in grams (g) according to the type of toothbrush

<table>
<thead>
<tr>
<th>Groups</th>
<th>Amount of toothpaste consumed (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T0 (mean ± SD)</td>
</tr>
<tr>
<td>Manual toothbrush</td>
<td>1.26 ± 0.27</td>
</tr>
<tr>
<td>Electric toothbrush</td>
<td>0.98 ± 0.38</td>
</tr>
</tbody>
</table>

Abbreviation: SD, standard deviation.

Table 2 Pairwise comparison for the manual toothbrush based on estimated marginal means

<table>
<thead>
<tr>
<th>Pairwise comparisons</th>
<th>Mean difference (I-J)</th>
<th>Standard error</th>
<th>Significance a</th>
<th>Lower bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0-T1</td>
<td>–0.066</td>
<td>0.087</td>
<td>1.000</td>
<td>–0.321</td>
<td>0.189</td>
</tr>
<tr>
<td>T0-T2</td>
<td>–0.218</td>
<td>0.111</td>
<td>0.246</td>
<td>–0.545</td>
<td>0.109</td>
</tr>
<tr>
<td>T1-T0</td>
<td>0.066</td>
<td>0.087</td>
<td>1.000</td>
<td>–0.189</td>
<td>0.321</td>
</tr>
<tr>
<td>T1-T2</td>
<td>–0.152</td>
<td>0.112</td>
<td>0.619</td>
<td>–0.479</td>
<td>0.175</td>
</tr>
<tr>
<td>T2-T0</td>
<td>0.218</td>
<td>0.111</td>
<td>0.246</td>
<td>–0.109</td>
<td>0.545</td>
</tr>
<tr>
<td>T2-T1</td>
<td>0.152</td>
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<td>0.619</td>
<td>–0.175</td>
<td>0.479</td>
</tr>
</tbody>
</table>

aAdjustments for multiple comparisons: Bonferroni.

Table 3 Pairwise comparison for the electric toothbrush based on estimated marginal means

<table>
<thead>
<tr>
<th>Pairwise comparisons</th>
<th>Mean difference (I-J)</th>
<th>Standard error</th>
<th>Significance a</th>
<th>Lower bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0-T1</td>
<td>–0.078</td>
<td>0.140</td>
<td>1.000</td>
<td>–0.490</td>
<td>0.334</td>
</tr>
<tr>
<td>T0-T2</td>
<td>–0.178</td>
<td>0.114</td>
<td>0.455</td>
<td>–0.511</td>
<td>0.155</td>
</tr>
<tr>
<td>T1-T0</td>
<td>0.078</td>
<td>0.140</td>
<td>1.000</td>
<td>–0.334</td>
<td>0.490</td>
</tr>
<tr>
<td>T1-T2</td>
<td>–0.100</td>
<td>0.072</td>
<td>0.590</td>
<td>–0.310</td>
<td>0.110</td>
</tr>
<tr>
<td>T2-T0</td>
<td>0.178</td>
<td>0.114</td>
<td>0.455</td>
<td>–0.155</td>
<td>0.511</td>
</tr>
<tr>
<td>T2-T1</td>
<td>0.100</td>
<td>0.072</td>
<td>0.590</td>
<td>–0.110</td>
<td>0.310</td>
</tr>
</tbody>
</table>

aAdjustments for multiple comparisons: Bonferroni.
Discussion

The present study aimed to assess the amount of toothpaste consumed during tooth brushing and investigate the influence of toothbrush type on toothpaste consumption. The findings provide valuable insights into the patterns of toothpaste usage and have implications for oral health practices. The results showed no significant difference in toothpaste consumption across different time intervals (T0, T1, and T2) for manual and electric toothbrushes. This suggests that the duration of tooth brushing did not substantially impact the amount of toothpaste used. These findings are consistent with previous studies that have reported constant toothpaste consumption over time intervals during oral hygiene practices. However, there was a significant difference in the total mean amount of toothpaste consumed when comparing toothbrush types (4.06 ± 0.81 vs. 3.21 ± 0.65). In detail, the significance was observed in the mean values recorded at T2 (1.48 ± 0.35 vs. 1.16 ± 0.22). Participants using electric toothbrushes consumed less toothpaste compared to those using manual toothbrushes. This observed difference suggests the importance of considering toothbrush type when promoting appropriate usage. One possible explanation for this discrepancy is the advanced brushing mechanisms found in electric toothbrushes, such as oscillating or rotating brush heads, which may enhance cleaning efficiency and reduce the need for a large amount of toothpaste.

Conclusion

Toothbrush type can influence toothpaste consumption patterns during tooth brushing. Electric toothbrush users consumed less toothpaste compared to manual toothbrush users. These findings emphasize the need for personalized oral health recommendations and highlight the potential benefits of electric toothbrushes in optimizing toothpaste usage, particularly for individuals who are concerned about...
excessive toothpaste consumption. From a sustainability perspective, reducing toothpaste consumption has several positive implications. It aligns with the principles of environmental conservation by reducing packaging waste and preserving resources and raw materials. Understanding toothpaste consumption patterns and factors influencing usage is vital for promoting optimal oral health practices. By expanding our knowledge in this area, we can develop evidence-based guidelines and interventions promoting oral health and environmental sustainability.

Future Directions

There are several potential future directions that researchers and oral health practitioners could explore:

- **Large-scale population studies**: Expanding the research to include a larger and more diverse population would help validate the observed differences in toothpaste consumption between manual and electric toothbrush users. This could involve studying individuals of different ages, oral health conditions, and socioeconomic backgrounds to provide a more comprehensive understanding of toothpaste usage patterns.

- **Long-term oral health outcomes**: Investigating the long-term effects of toothbrush type on oral health outcomes could be an important avenue. Do individuals who use electric toothbrushes and consume less toothpaste experience better oral health over time? Longitudinal studies could shed light on this aspect.

- **Behavioral interventions**: Research could focus on developing interventions aimed at optimizing toothpaste consumption based on toothbrush type. These interventions could target individuals using manual toothbrushes, encouraging them to use less toothpaste while maintaining oral health.

- **Environmental impact studies**: Expanding the sustainability aspect, researchers could conduct studies to quantify the environmental impact of reduced toothpaste consumption. This could involve assessing the reduction in plastic waste, energy savings, and resource conservation resulting from such practices.

- **Innovations in toothpaste formulations**: Future research might explore innovative toothpaste formulations that are more effective in smaller quantities. This could involve the development of toothpaste products intended for use with electric toothbrushes and consuming less toothpaste experience better oral health.

- **Children’s oral health**: Given the potential risk of excessive fluoride consumption among children, future studies could delve into effective strategies for teaching children proper toothpaste usage from an early age. This could include educational programs for both parents and children.

- **Global comparative studies**: Comparative studies across different countries and regions could provide insights into cultural and regional variations in toothpaste consumption patterns and their impact on oral health and the environment.

**Conflict of Interest**
None declared.

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