

Introducing the Oral-B iO electric toothbrush: next generation oscillating-rotating technology

Ralf Adam

Procter & Gamble Service GmbH, Kronberg, Germany.

Purpose: A novel oscillating-rotating electric toothbrush (Oral-B iO) has been developed with a linear magnetic drive, resulting in oscillation-rotations with micro-vibrations. The mechanism directs motor energy directly to the bristle tips. The brush also has a redesigned round brush head and smart pressure sensor to enhance plaque removal and encourage proper brushing technique. **Methods:** The plaque removal and gingival health effects of this new electric toothbrush technology were evaluated in three randomized controlled studies summarized in this supplement, including an 8-week trial *versus* a manual toothbrush, an 8-week trial *versus* a premium sonic toothbrush, and a single-brushing, repetitive-use study *versus* a manual toothbrush. **Results:** Outcomes from these studies demonstrate statistically significantly greater plaque removal and gingival health improvements for the Oral-B iO toothbrush technology *versus* manual and sonic toothbrush controls. Plaque removal advantages demonstrated in the replicate-use single-brushing trial resulted in significant gingival health benefits as evidenced in the longer-term trials. In addition, gingivitis case status assessments based on the American Academy of Periodontology (AAP) and European Federation of Periodontology (EFP) guidelines show that over 80% of subjects using the Oral-B iO transitioned from ‘gingivitis’ ($\geq 10\%$ bleeding sites) at baseline to ‘generally healthy’ ($< 10\%$ bleeding sites) at week 8 in both longer-term clinical trials, *versus* 24% in the manual toothbrush group and 53% in the sonic toothbrush group. **Conclusions:** This uniquely designed oscillating-rotating electric toothbrush with a linear magnetic drive delivers significantly greater plaque removal and gingival health benefits with additional features to improve brushing experience and clinical outcomes.

Key words: Dental plaque, gingivitis, oscillating-rotating electric toothbrush, micro-vibrations

INTRODUCTION

The electric toothbrush has been progressively gaining in popularity due to its ease of use and importantly, proven superior plaque removal and gingival health improvements for certain models compared to manual brushes¹⁻⁴. The oral health improvements are of vital importance, given that thorough daily plaque control with solely manual toothbrushing proves unattainable for many^{5,6} and plaque-induced gingivitis continues to be prevalent globally^{7,8}. While gingivitis is reversible, a lack of intervention can propel a transition to periodontitis and the threat of tooth loss, impact on quality of life, and possible systemic involvement in at-risk individuals^{7,9,10}.

The oscillating-rotating (O-R) electric toothbrush with a round brush head, introduced by Oral-B in the 1990s, has been recognized in clinical research, systematic reviews, and meta-analyses (e.g. Cochrane

Collaboration) to offer superior plaque removal and gingivitis reductions relative to various manual and electric toothbrush models^{1-3,11-27}. Gingival health benefits have been demonstrated across various patient populations, including post-surgical patients, pediatric patients, orthodontic patients, and adolescents²⁸⁻³². The O-R movements disrupt and remove plaque via rapid shearing forces while the round brush head maximizes access in hard-to-reach areas.

Since its introduction, Oral-B has continuously innovated the O-R rechargeable electric toothbrush design to further improve cleaning, compliance, and the brushing experience. Advancements have included increased oscillations, more ergonomic handle designs, improved brush head design and filament technology, timers, pressure sensors, brushing mode selections, and customizable interactive features via ‘Smart’ technology for real-time feedback and coaching linking a mobile app and the brush to monitor brushing habits^{12,14,33-39}.

The Oral-B iO: next-generation O-R technology

The latest innovation in the Oral-B O-R electric toothbrush line-up is the Oral-B iO. (Figure 1) This unique O-R electric toothbrush represents an internal and external redesign based on more than 6 years of research with nearly 250 granted patents and pending patent applications globally. Key features of the brush include:

- *A linear magnetic drive:* The new magnetic drive delivers clinically-proven O-R technology, but with the benefit of micro-vibrations resulting from controlled energy being directed to the bristle tips. The brush also provides a noticeably quieter brushing experience, which some consumers find appealing⁴⁰.
- *Redesigned round brush head:* The Oral-B Ultimate Clean brush head features the round shape from Oral-B but has increased bristle density and newly-developed ‘Tuft-in-Tuft’ technology. (Figure 2) CrissCross bristles are angled at 16° ⁴¹ in a novel arrangement of thinner, longer tufts in the inner region for maximal interdental penetration, encircled by shorter, supporting high surface area tuft regions for thorough surface cleaning. Additionally, there is a slight twisting of the tufts to adapt to the curvature of each tooth. These design iterations maximize tooth surface coverage and cleaning.
- *Smart pressure sensor:* The Oral-B iO augments brushing feedback with a ‘smart’ pressure sensor that guides the user to brush in the optimal pressure range of 0.8–2.5 Newtons (N). This range was determined via results of preclinical laboratory robot testing of plaque removal effectiveness across a range of pressures. The sensor light changes color based on brushing force and thereby coaches the brusher to maintain consistent pressure in the ideal window via positive reinforcement. A green light provides the user with positive feedback that the most favorable brushing pressure (0.8–2.5 N) for plaque removal and safety is being applied (Figure 3), and a red light indicates there is too much force (>2.5 N). If a user applies too much pressure, a variable-speed smart drive causes the oscillation angle to automatically decrease and operate the power brush in ‘sensitive’ mode.

In addition, real-time brushing encouragement is communicated via a unique intuitive smart interface, and a menu of features promotes compliance through coaching on brushing time, location, and pressure. Users can additionally experience interactivity using artificial intelligence for guidance in a 2-minute brushing session with 3D teeth tracking, via a compatible



Figure 1. The Oral-B iO oscillating-rotating electric rechargeable toothbrush

Oral-B iO app with Bluetooth connectivity, without having to bring their Smartphone into the bathroom or mount it on the mirror.

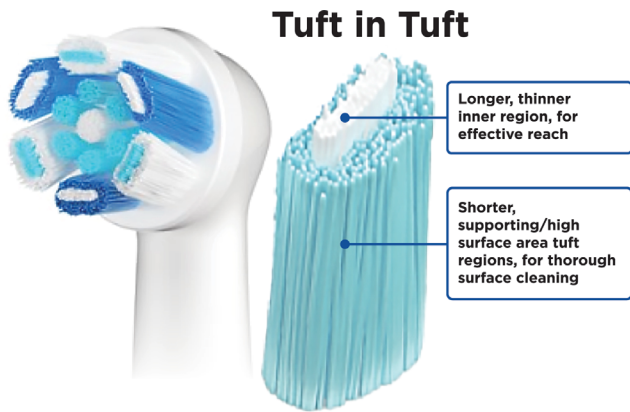


Figure 2. The Oral-B Ultimate Clean brush head with 'tuft in tuft' technology



Figure 3. Smart pressure sensor provides positive feedback (green light) when optimal pressure (0.8–2.5 N) is used

Clinical research evidence

The results of three recent randomized and controlled, examiner-blinded clinical trials assessing the efficacy of the novel Oral-B iO electric toothbrush technology are presented in this special issue⁴²⁻⁴⁴. The first clinical investigation by Grender *et al.*⁴² summarizes an 8-week, parallel group study in adults with pre-existing plaque and gingivitis wherein subjects brushed unsupervised with either the Oral-B iO electric toothbrush or a manual control brush. Those assigned to the Oral-B iO electric toothbrush saw statistically significantly greater relative plaque and gingivitis reductions *versus* those using the manual toothbrush throughout the 8 weeks, with performance differences seen as early as the first brushing. Importantly, when assessing gingivitis case

Introducing Oral-B iO electric toothbrush

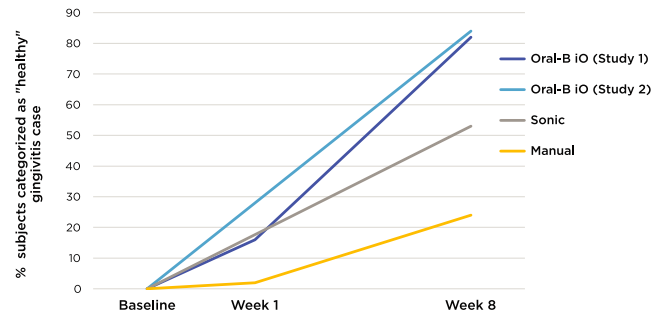
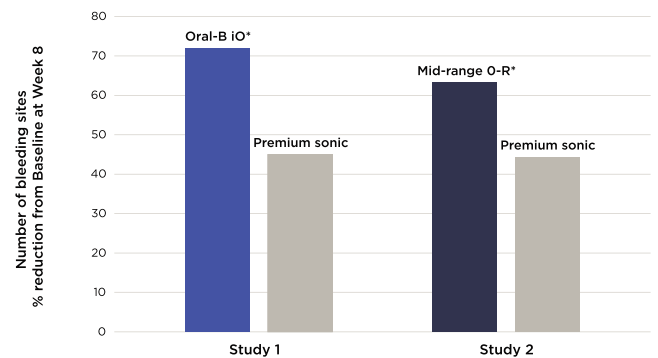


Figure 4. The Oral-B iO group had a higher percentage of subjects categorized as having a 'healthy' gingivitis status (<10% bleeding sites)⁴⁵ at week 8 compared to a manual toothbrush and sonic toothbrush: results from two clinical studies^{42,43}



*Difference between treatments was statistically significant at Week 8 ($p < 0.001$) in each study.

Figure 5. Number of bleeding sites percent change from baseline at week 8 for Oral-B iO and a mid-range O-R brush *versus* the same comparator sonic brush: results from two randomized clinical trials conducted at the same clinical site, using the same clinical design with the same investigator^{25,43}

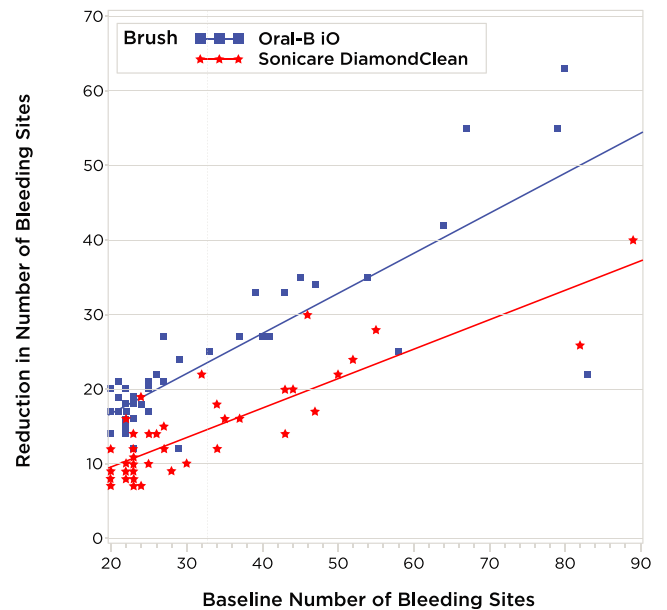


Figure 6. Reduction in the number of bleeding sites at week 8 *versus* baseline number of bleeding sites for Oral-B iO and the comparator sonic brush⁴³

status at baseline and week 8 according to the new periodontitis staging/grading system of the American Academy of Periodontology (AAP) and European Federation of Periodontology (EFP)⁴⁵, there were three times as many ‘healthy’ (<10% bleeding sites) subjects in the Oral-B iO group at week 8 as compared to those in the manual brush group (82% *vs.* 24%, respectively) (*Figure 4*).

In the second featured 8-week, randomized and controlled, examiner-blinded, parallel design clinical trial, the Oral-B iO electric toothbrush was compared to the Sonicare DiamondClean among adults with plaque and gingivitis⁴³. At study end, subjects using the Oral-B iO electric toothbrush had a significantly greater reduction in plaque (29–49%) and gingivitis (51–62%) *versus* the sonic brush. These outcomes are consistent with several published studies of classic O-R electric brushes evaluated against sonic control brushes¹¹. Those subjects reaching the ‘healthy’ (<10% bleeding sites) gingivitis case definition category at week 8 represented 84% of those assigned to the iO power brush, as compared to 53% of those using the premium model sonic toothbrush (*Figure 4*).

Last, Adam and colleagues investigated the single-use plaque removal efficacy of a prototype Oral-B iO electric toothbrush as opposed to a manual toothbrush in a randomized 4-period crossover, replicate-use clinical trial of generally healthy adults⁴⁴. As with the outcomes of the other two clinical trials detailed in this supplement, the plaque removal results revealed the O-R electric toothbrush delivered statistically significantly greater plaque reduction relative to the manual brush control. Compared with manual brushing, the prototype Oral-B iO electric brush was shown to give more toothbrushing evenness and consistency in the plaque removal results of the facial and lingual regions.

The new Oral-B iO electric toothbrush delivers Oral-B’s most impressive clinical results to date, as illustrated in *Figure 5*. Results from two randomized controlled trials using the same clinical design, conducted at the same clinical site with the same investigator and a well-established gingivitis clinical efficacy index show a greater relative benefit in the reduction of bleeding sites for the Oral-B iO toothbrush compared to a premium sonic toothbrush than the relative benefit seen with a mid-range O-R toothbrush compared to the same premium sonic toothbrush.^{25,43} Importantly, the gingival bleeding advantage for Oral-B iO has been demonstrated across the range of baseline bleeding sites (as shown in *Figure 6*) differentiating the two treatments.

CONCLUSIONS

The novel Oral-B iO O-R electric rechargeable toothbrush features a linear magnetic drive that results in

controlled micro-vibrations, directing energy to the bristle tips for effective plaque removal and a noticeably quieter brushing experience. Three randomized controlled trials described in this supplement demonstrate significantly greater plaque removal and gingivitis reduction benefits for the novel O-R brush *versus* a reference manual toothbrush control and a marketed premium sonic toothbrush. Significantly more patients were transitioned to a ‘healthy’ gingivitis case status according to AAP/EFP guidelines after 8 weeks of using the Oral-B iO electric toothbrush, underscoring its value as a core part of a gingivitis intervention strategy to transition patients from more diseased to generally healthy in the spectrum of gingival health.

Acknowledgements

We wish to thank Shelly Campbell for medical writing assistance.

Conflict of Interest

Dr. Adam is an employee of Procter & Gamble Service GmbH. Funding for medical writing was provided by Procter & Gamble.

REFERENCES

1. Robinson PG, Deacon SA, Deery C *et al.* Manual versus powered toothbrushing for oral health. *Cochrane Database Syst Rev* 2005 18: CD002281.
2. Yaacob M, Worthington H, Deacon SA *et al.* Powered versus manual toothbrush for oral health. *Cochrane Database Syst Rev* 2014 CD002281.
3. Van der Weijden FA, Slot DE. Efficacy of homecare regimens for mechanical plaque removal in managing gingivitis: a meta review. *J Clin Periodontol* 2015 42(Suppl 16): S77–S91.
4. Pitchika V, Pink C, Völzke H *et al.* Long-term impact of powered toothbrush on oral health: 11-year cohort study. *J Clin Periodontol* 2019 46: 713–722.
5. Elkerbout TA, Slot DE, Rosema NAM *et al.* How effective is a powered toothbrush as compared to a manual toothbrush? A systematic review and meta-analysis of single brushing exercises. *Int J Dent Hyg* 2020 18: 17–26.
6. Slot DE, Wiggelinkhuizen L, Rosema NAM *et al.* The efficacy of manual toothbrushes following a brushing exercise: a systematic review. *Int J Dent Hyg* 2012 10: 187–197.
7. Herrera D, Meyle J, Renvert S *et al.* FDI Global Periodontal Health Project Task Team. *White paper on prevention and management of periodontal diseases for oral health and general health*. Available from: https://www.fdiworlddental.org/sites/default/files/media/resources/gphp-2018-white_paper-en.pdf. Accessed 11 January 2020.
8. Beaglehole R, Benzion H, Crail J *et al.* *The Oral Health Atlas: Mapping a Neglected Global Health Issue*. Brighton, UK. FDI World Dental Federation. Myriad Editions, 2009.
9. van der Weijden GA, Slot DE. Oral hygiene in the prevention of periodontal diseases: the evidence. *Periodontol* 2000 2011: 104–123.

10. Gerritsen AE, Allen PF, Witter DJ *et al.* Tooth loss and oral health-related quality of life: a systematic review and meta-analysis. *Health Qual Life Outcomes* 2010 8: 126.
11. Grender J, Adam R, Zou Y. The effects of oscillating-rotating electric toothbrushes on plaque and gingival health: a meta-analysis. *Am J Dent* 2020 33: 3–11.
12. Ccahuana-Vasquez R, Adam R, Conde E *et al.* A 5-week randomized clinical evaluation of a novel electric toothbrush head with regular and tapered bristles versus a manual toothbrush for reduction of gingivitis and plaque. *Int J Dent Hyg* 2019 17: 153–160.
13. Li Z, He T, Li C *et al.* A randomized 3-month clinical comparison of a novel powered toothbrush to a manual toothbrush in the reduction of gingivitis. *Am J Dent* 2016 29: 193–196.
14. Klukowska M, Grender JM, Conde E *et al.* A randomized clinical trial evaluating gingivitis and plaque reduction of an oscillating-rotating power brush with a new brush head with angled bristles versus a marketed sonic brush with self-adjusting technology. *Am J Dent* 2014 27: 179–184.
15. Goyal CR, Qaqish J, He T *et al.* A randomized 12-week study to compare the gingivitis and plaque reduction benefits of a rotation-oscillation power toothbrush and a sonic power toothbrush. *J Clin Dent* 2009 20: 93–98.
16. Williams KB, Rapley K, Haun J *et al.* Comparison of rotation/oscillation and sonic power toothbrushes on plaque and gingivitis for 10 weeks. *Am J Dent* 2009 22: 345–349.
17. Goyal CR, Klukowska M, Grender JM *et al.* Evaluation of a new multi-directional power toothbrush versus a marketed sonic toothbrush on plaque and gingivitis efficacy. *Am J Dent* 2012 25 (Spec Iss A): 21A–26A.
18. Biesbrock AR, Bartizek RD, Walters PA *et al.* Clinical evaluations of plaque removal efficacy: an advanced rotating-oscillating power toothbrush versus a sonic toothbrush. *J Clin Dent* 2007 18: 106–111.
19. Klukowska M, Grender JM, Goyal CR *et al.* 12-week clinical evaluation of a rotation/oscillation power toothbrush versus a new sonic power toothbrush in reducing gingivitis and plaque. *Am J Dent* 2012 25: 287–292.
20. Klukowska M, Grender JM, Conde E *et al.* A 12-week clinical comparison of an oscillating-rotating power brush versus a marketed sonic brush with self-adjusting technology in reducing plaque and gingivitis. *J Clin Dent* 2013 24: 55–61.
21. Büchel B, Reise M, Klukowska M *et al.* A 4-week clinical comparison of an oscillating-rotating power brush versus a marketed sonic brush in reducing dental plaque. *Am J Dent* 2014 27: 56–60.
22. Klukowska M, Grender JM, Conde E *et al.* Six-week clinical evaluation of the plaque and gingivitis efficacy of an oscillating-rotating power toothbrush with a novel brush head utilizing angled CrissCross® bristles versus a sonic toothbrush. *J Clin Dent* 2014 25: 6–12.
23. Ccahuana-Vasquez R, Conde E, Grender JM *et al.* An eight-week clinical evaluation of an oscillating-rotating power toothbrush with a brush head utilizing angled bristles compared with a sonic toothbrush in the reduction of gingivitis and plaque. *J Clin Dent* 2015 26: 80–85.
24. Klukowska M, Grender JM, Conde E *et al.* A randomized 12-week clinical comparison of an oscillating-rotating toothbrush to a new sonic brush in the reduction of gingivitis and plaque. *J Clin Dent* 2014 25: 26–31.
25. Ccahuana-Vasquez R, Conde E, Cunningham P *et al.* An 8-week clinical comparison of an oscillating-rotating electric rechargeable toothbrush and a sonic toothbrush in the reduction of gingivitis and plaque. *J Clin Dent* 2018 29: 27–32.
26. Klukowska M, Grender JM, Conde E *et al.* Plaque reduction efficacy of an oscillating-rotating power brush with a novel brush head utilizing angled bristle tufts. *Compend Cont Educ Dent* 2014 25: 702–706.
27. Deacon SA, Glenny AM, Deery C *et al.* Different powered toothbrushes for plaque control and gingival health. *Cochrane Database Syst Rev* 2010 12: CD004971.
28. Erbe C, Klees V, Braunbeck F *et al.* Comparative assessment of plaque removal and motivation between a manual toothbrush and an interactive power toothbrush in adolescents with fixed orthodontic appliances: A single-center, examiner-blind randomized controlled trial. *Am J Orthod Dentofacial Orthop* 2019 155: 462–472.
29. Erbe C, Jacobs C, Klukowska M *et al.* A randomized clinical trial to evaluate the plaque removal efficacy of an oscillating-rotating toothbrush versus a sonic toothbrush in orthodontic patients using digital imaging analysis of the anterior dentition. *Angle Orthod.* 2019 89: 385–390.
30. Erbe C, Klees V, Ferrari-Peron P *et al.* A comparative assessment of plaque removal and toothbrushing compliance between a manual and an interactive power toothbrush among adolescents: a single-center, single-blind randomized controlled trial. *BMC Oral Health* 2018 18: 130.
31. Davidovich E, Ccahuana-Vasquez RA, Timm H *et al.* Randomised clinical study of plaque removal efficacy of a power toothbrush in a paediatric population. *Int J Paediatr Dent* 2017 27: 558–567.
32. Acunzo R, Limiroli E, Pagni G *et al.* Gingival margin stability after mucogingival plastic surgery. The effect of manual versus powered toothbrushing: a randomized clinical trial. *J Periodontol* 2016 87: 1186–1194.
33. Amburgey J. *Overview of power toothbrush technology.* Available from: <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce543>. Accessed 11 January 2020.
34. Procter & Gamble. *Power technical manual.* 2016. Available from: https://www.dentalcare.com/-/media/dentalcareus/research/pdf/power/20151216_powertechmanual_r1.pdf?la=en&v=1-201604260559. Accessed 11 January 2020.
35. Walters PA, Cugini M, Biesbrock AR *et al.* A novel oscillating-rotating power toothbrush with SmartGuide™: designed for enhanced performance and compliance. *J Contemp Dent Pract* 2007 4: 001–009.
36. Warren PR, Chater B. The role of the electric toothbrush in the control of plaque and gingivitis: a review of 5 years clinical experience with the Braun Oral-B Plaque Remover (D7). *Am J Dent* 1996 9: S5–S11.
37. Warren PR. Development of an oscillating/rotating/pulsating toothbrush: the Oral-B Professional series. *J Dent* 2005 33(Suppl. 1): 1–9.
38. Araujo MR. Bluetooth-connected intelligent brushing: mobile technologies bridge the home-office gap to improve oral care compliance. *Inside Dent* 2017 13: 1–2.
39. Driesen GM, Warren PR, Hilfinger P *et al.* The development of the Braun Oral-B Ultra Plaque Remover: an in vitro robot study. *Am J Dent* 1996 9: S13–S17.
40. Zampini M, Guest S, Spence C. The role of auditory cues in modulating the perception of electric toothbrushes. *J Dent Res* 2003 82: 929–32.
41. Goldschmidtboeing F, Doll A, Stoerkel U *et al.* Vertical and inclined toothbrush filaments: impact on shear force and penetration depth. *J Mech Eng* 2014 60: 449–461.
42. Grender J, Goyal CR, Qaqish J *et al.* An 8-week randomized controlled trial comparing the effect of a novel oscillating-rotating toothbrush versus a manual toothbrush on plaque and gingivitis. *Int Dent J* 2020 70(Suppl 1): S7–S15.
43. Adam R, Goyal CR, Qaqish J *et al.* Evaluation of an oscillating-rotating toothbrush with micro-vibrations versus a sonic toothbrush for the reduction of plaque and gingivitis: Results from a randomized controlled trial. *Int Dent J* 2020 70(Suppl 1): S16–S21.

Adam

44. Adam R, Erb J, Grender J. Randomized controlled trial assessing plaque removal of an oscillating-rotating electric toothbrush with micro-vibrations. *Int Dent J* 2020 70(Suppl 1): S22–S27.
45. Trombelli L, Farina R, Silva CO *et al.* Plaque-induced gingivitis: case definition and diagnostic considerations. *J Periodontol* 2018 89(Suppl 1): S46–S73.

Correspondence to:
Dr Ralf Adam,
Procter & Gamble German Innovation Center,
Frankfurter Straße 145,
61476 Kronberg, Germany.
Email: adam.r@pg.com