

Pronamel—specially developed range of products for your patients’ needs.

	For patients who want	Active ingredients	Formulation benefits	Variants
Active Shield	To actively reinforce enamel and build acid resistance	1150 ppm Sodium Fluoride 5% Potassium Nitrate	Helps keep teeth strong and healthy for life* Helps shield enamel against erosion and cavities Enhanced foaming action with extra fresh mint leaves the whole mouth feeling clean and fresh† Contains no Sodium Lauryl Sulfate (SLS)	Fresh Mint Whitening
Essential Care	To help protect teeth from the effects of everyday acids while keeping the mouth feeling fresh and clean†		Fights against the effects of dietary acids and sugar acid Strengthens and rehardens enamel Cavity protection* Cleans effectively and freshens breath* Contains no Sodium Lauryl Sulfate (SLS)	Fresh Breath Multi-Action Daily Protection
Gentle Whitening	To protect against the effects of acid erosion and to help remove stains†		Protects enamel against the effects of everyday acids Restores natural whiteness* Cavity protection* Protects precious enamel Contains no Sodium Lauryl Sulfate (SLS)	
Intensive Enamel Repair	A deep repair for acid-weakened enamel		Actively repairs acid-weakened enamel¹ Locks in vital minerals²³ Contains no Sodium Lauryl Sulfate (SLS)	Extra Fresh Clean Mint Whitening

*With twice-daily brushing.
† vs Pronamel Daily Protection.
*With twice-daily brushing when used as directed.

Recommend Pronamel to help safeguard the future of your patients’ enamel



Learn more about the science behind Pronamel
Scan the code or visit www.haleonhealthpartner.com

References: 1. Barlow AP, Sufi F, Mason SC. Evaluation of different fluoridated dentifrice formulations using an in situ erosion remineralization model. *J Clin Dent.* 2009;20(6):192-198. 2. Zero DT, Hara AT, Kelly SA, et al. Evaluation of a desensitizing test dentifrice using an in situ erosion remineralization model. *J Clin Dent.* 2006;17(4):112-116. 3. Data on file. Ipsos. Survey of 3506 US adults at risk of acid erosion. 2014. 4. McGuire J, Szabo A, Jackson S, Bradley TG, Okunseri C. Erosive tooth wear among children in the United States: relationship to race/ethnicity and obesity. *Int J Paediatr Dent.* 2009;19(2):91-98. 5. Lussi A, Jaeggi T, Zero D. The role of diet in the aetiology of dental erosion. *Caries Res.* 2004;38(suppl 1):34-44. 6. Davenport T. Very Well Health. Signs and symptoms of tooth erosion. Accessed January 18, 2023. <https://www.verywellhealth.com/signs-and-symptoms-of-tooth-erosion-10594517>. 7. Ganss C, Lussi A. Diagnosis of erosive tooth wear. In: Lussi A, ed. *Dental Erosion*. Basel: Karger; 2006. 8. Blacker SM, Chadwick RG. An in vitro investigation of the erosive potential of smoothies. *Br Dent J.* 2013;214(4):E9. 9. Zero DT, Lussi A. Behavioral factors. *Monogr Oral Sci.* 2006;20:100-105. 10. Wagoner SN, Marshall TA, Qian F, Wefel JS. In vitro enamel erosion associated with commercially available original-flavor and sour versions of candies. *J Am Dent Assoc.* 2009;140(7):906-913. 11. Healthline. Is vinegar an acid or base? And does it matter? Accessed January 24, 2023. <https://www.healthline.com/nutrition/vinegar-acid-or-base#acid-vs-base>. 12. Nyhan LM, Lynch KM, Sahin AW, Arendt EK. Advances in kombucha tea fermentation: a review. *Appl Microbiol.* 2022;2:73-103. doi.org/10.3390/applmicrobiol2010005 13. Story of dentin hypersensitivity: etiology diagnosis and management. Module one. GSK. August 2005. 14. Lussi A, Jaeggi T. Chemical factors. In Lussi A, ed. *Dental Erosion*. Basel: Karger; 2006:77-87. 15. U.S. Food and Drug Administration. October 2003. Approximate pH of foods and food products. Accessed February 2, 2023. https://www.webpal.org/SAFE/aaarecovery/2_food_storage/Processing/lacp-phs.htm. 16. Morgado M, Ascenso C, Carmo J, Mendes JJ, Manso AC. pH analysis of still and carbonated bottled water: potential influence on dental erosion. *Clin Exp Dent Res.* 2022;8(2):S52-S60. 17. GSK data on file 144803. 18. GSK data on file 162366. 19. GSK data on file RH02217. 20. Friberger P. The effect of pH upon fluoride uptake in intact enamel. *Scand J Dent Res.* 1975;83(6):339-344. 21. Zero DT, Siegel GC, Fu J, Li H. Effect of pyrophosphate on fluoride enhanced remineralization after an erosive challenge. *Caries Res.* 2000;34:344. 47th ORCA Congress abstract 105. 22. Barkvoll P, Rella G, Lagerlöf F. Effect of sodium lauryl sulfate on the deposition of alkali-soluble fluoride on enamel in vitro. *Caries Res.* 1988;22(3):139-144. 23. GSK data on file 208166.



Specialists in Therapeutic Oral Health

Protect your patients’ enamel with Pronamel

Pronamel helps to strengthen and reharden acid-weakened enamel¹



Enamel erosion is a common problem²

- 9 out of 10 adults are at risk of enamel loss³*
- Nearly 46% of adolescents already exhibit signs of enamel erosion⁴*



Lost enamel cannot be replaced

*Due to dietary acids.



Enamel erosion is a progressive condition and detection can be difficult⁵

Common signs^{6,7}



Yellowing
(advanced sign)



Thinning and
translucency



Surface changes
(smoothing)



Loss of structural
features
(rounding)

Modern lifestyles, even healthy ones, can be high in dietary acid^{5,8,9}

Acidity of food and drinks^{10-16*}

Food and drink	pH
Sour candy	1.5-3.0
Vinegar (salad dressing)	2.0-3.0
Kombucha	2.5-3.5
Wine	2.3-3.8
Sports drinks	2.3-4.4
Soda	2.7-3.5
Iced tea	2.9-3.0
Strawberries	3.0-4.2
Apples	3.5-3.9
Orange juice	3.7
Tomatoes	3.7-4.7

Food and drink	pH
Beer	4.0-5.0
Pears	4.1
Tea (black)	4.2
Yogurt	4.2
Carbonated water	5-6
Bananas	5.1
Natural cheese	5.1
Tooth enamel can begin to dissolve at pH 5.5 and below [†]	
Eggs	6.6
Dentin can begin to dissolve at pH 6.7 and below [†]	
Whole milk	6.7
Water	7.3

*These pH values are approximate and can differ.
[†]In laboratory experiments.

Pronamel: The Acid Protection Specialist

Great for patients who want to strengthen and protect their enamel health¹

10x

Provides up to 10x higher fluoride uptake to enamel vs a nonoptimized fluoride toothpaste^{17*}

x2

Provides dual protection^{1†}



Promotes uptake of calcium from saliva into the enamel surface¹⁸⁻²⁰

Supports remineralization while protecting against demineralization

Pronamel has a specially designed, optimized formula with a neutral pH and low abrasivity that maintains higher lasting levels of fluoride in saliva^{19,20‡} and excludes ingredients known to inhibit fluoride uptake, such as phosphates, polyvalent metal ions, and sodium lauryl sulfate.²¹⁻²²

NEW Pronamel Active Shield

- 2x stronger resistance against dietary acids from Day 1 vs Pronamel daily protection[§]
- 24-hour cavity prevention^{||}
- Designed to help with patient compliance



*Based on an in vitro study in which fluoride uptake was measured at 10 µm depth (vs Colgate Enamel Health. Sourced and tested in 2014).
[†]Strengthens enamel and protects against acid attack.
[‡]Compared with a tested, nonoptimized fluoride toothpaste (Colgate Enamel Health Sensitivity Relief [US sourced 2015]).
[§]Vs your mouth's natural defenses.
^{||}With a healthy diet. Brush twice daily to keep up protection.

