









THE PROBLEM

What is a mouth ulcer?

Recurrent Aphthous Ulceration (RAU). A disorder that makes no distinctions.

An inflammatory condition characterised by the appearance of an ulcerous lesion on the lining of the mouth (oral mucous membranes), and consequent pain.

Buccal ulcers are small, painful, recurrent surface lesions (similar to small ulcers) which occur on the mobile tissue, hard palate and tongue in the oral cavity; on the inner surface of the lips, the buccal and alveolar mucosa, the tongue, soft palate, oropharynx and floor of the mouth.

They can occur several times (recurrent aphthous ulceration), sometimes in the same place.

The periodic appearance of mouth ulcers is known as Recurrent Aphthous Ulceration (RAU).

Incidence

Mouth ulcers are a very common disorder for the mouth; some 50% of the population suffer from occasional lesions during their lifetime. They are most frequent in children, adolescents and young adults, and most prevalent in the female sex.

The estimated incidence of the recurrent form (RAU) is approximately 20% in the normal population.

1 child in 3 suffers from RAU; mouth ulcers cause pain disproportionate to their size and interfere with eating, swallowing and speaking.

Risk factors and predisposing causes

Nutritional: in some cases foods can be involved, such as chocolate, coffee, peanuts, almonds, cereals, strawberries, cheese, tomatoes, or durum wheat flour (with gluten).

Physical: stress, emotional shock, fatigue.

Traumatic: such as those caused by dental procedures or wearing braces.

Infectious: viral (herpes, papillomarvirus, chickenpox, infectious mononucleosis, etc); bacterial (streptococcus, poor oral hygiene).

Medicinal products: aspirin, NSAIDs, antibiotics, nicotine substitutes, anti-fungals.

Deficiencies: iron, folic acid and vitamin B1.

Hormonal: menstruation, excess weight, liver overloads (caused by oral contraceptives).

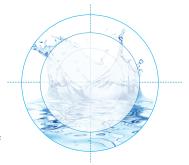
Genetic: the predisposition to RAU is hereditary; if both parents suffer from RAU, there is a 90% probability that the child will suffer from it too. If neither parent has RAU, the probability is only 20%.

Syndromes: coeliac disease, diabetes, Crohn's disease.

AFTAMED® ACTIVE PROTECTION: TRIPLE EFFICACY

What is hyaluronic acid?

Hyaluronic acid is one of the fundamental components of connective tissue in man and other mammals: it gives the skin its special properties of resistance and shape retention, and is a basic component of healthy oral mucosa.



In recurrent aphthous ulceration (RAU), preparations based on hyaluronic acid rapidly reduce the pain and discomfort caused by the ulcers, accelerate the healing process and significantly reduce the risk of reoccurence of the disorder. It also controls the inflammatory process and rehydrates the tissues.

Performance of the functions of hyaluronic acid in the buccal cavity depends on its molecular weight, which must be as high as that physiologically present in the oral mucosa.

The hyaluronic acid contained in Aftamed:

- has a high molecular weight
- is based on biotechnology
- is biomimetic (identical to type found in the oral mucosa)
- activates the natural tissue repair mechanisms; aids healing and prevents the proliferation of mouth ulcers

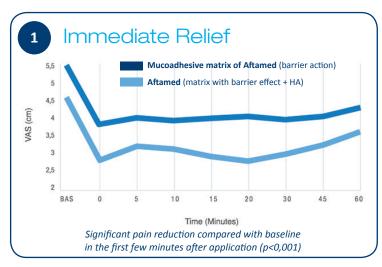


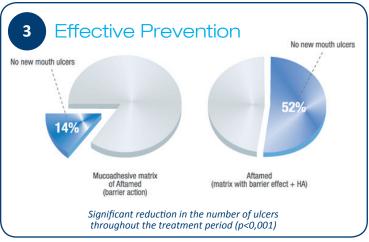
The special matrix of Aftamed guarantees:

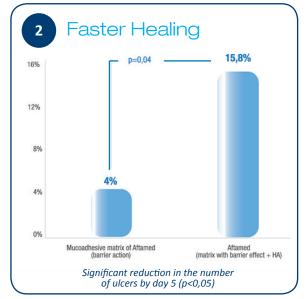
- maximum adherence to the lesion
- the formation of an aqueous film with moisturising and protective properties which play an important role (barrier effect)
- maintenance of the compound in situ over time

The combination of these two factors guarantees active protection

Clinical studies show that Aftamed gives:







First Study

An evaluation of Aftamed was conducted on patients suffering from Recurrent Aphthous Ulceration (RAU); 60 patients were treated with Aftamed and 60 with the mucoadhesive matrix only. As show in the graph, the painkilling efficacy is due mainly to the mucoadhesive matrix, which clings to the mucosa and protects it. This study also demonstrates the synergic action between the matrix and hyaluronic acid; the matrix not only protects the lesion with a painkilling effect, but also retains the hyaluronic acid in situ.

Second Study

A randomised, double-blind clinical trial to investigate the efficacy of Aftamed (HA 0,2%) in reducing pain and the size of ulcerative lesions during the treatment of Oral Lichen Planus (OLP) showed a reduction in pain (p<0,05 up to 4 hours after application) and in the size of the ulcerated areas (p<0,05 after 28 days of treatment). Both results are quite surprising for a condition which has no recognised treatment.



- · Does not contain alcohol
- Does not contain sugar
- Iso-salivary pH, to maintain a physiological oral pH
 - Harmless if swallowed
 - Interactions with other drugs have not been observed in clinical trials of Aftamed[®]

Available in 3 practical formulations for all treatment requirements:



Aftamed® Gel

15ml tube
For acute treatment
Reorder code:
BOAFTAMEDG



Aftamed® Spray

20ml bottle with dispenser Convenient, practical and easy to carry around Reorder code:

BOAFTAMEDS



Aftamed® Mouthwash

150ml bottle

Easier and quicker to apply in the case of widespread ulcers and for preventative treatment

Reorder code:

BOAFTAMEDM





