



New Hampshire

DENTAL SOCIETY

OPIOIDS IN THE DENTAL PRACTICE GUIDELINES FOR NEW HAMPSHIRE DENTISTS

Dentists provide acute pain treatment as part of routine dental care and management of dental emergencies. In addition, dentists may be involved in the management of chronic oral-facial pain. Acute and chronic pain therapy may involve the administration of potent opioids. However, the prescribing of potent opioids is associated with significant risk of harm, including sedation, altered mental status, and respiratory depression and arrest, as well as the risk for misuse, diversion and substance use disorders.

Opioid diversion and abuse pose a significant threat to the individual and to every New Hampshire community. Providers are trained and have a responsibility to employ best practices and use sound clinical judgment to treat their patients. Such practices may include the prescribing of opioids. Providers also have a responsibility to, wherever and whenever possible, prevent the abuse and diversion of opioids.





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New Hampshire's dental care providers should incorporate the following best practices into their care of patients to whom they prescribe opioids for treatment of acute dental pain:

- 1. Before initiating pain therapy, clinicians should conduct and document a medical and dental history, including documentation and verification of current medications, and a physical examination. Appropriate diagnostic imaging and testing, if indicated, should be completed before starting therapy. If opioids are to be prescribed, the initial evaluation should include documentation of the patient's psychiatric status and substance use history. If prescribing opioids for chronic pain, dentists should establish and discuss with the patient a set of treatment goals. The New Hampshire Prescription Drug Monitoring Program (PDMP) can greatly assist in this process.**
- 2. Clinicians should seek to administer non-steroidal antiinflammatory drugs (NSAIDs) as first-line analgesic therapy. NSAIDs have demonstrated to be very effective for the treatment of dental pain (if not more effective than opioids). Consideration should be given to initiating NSAID therapy immediately before the procedure, then continuing dosing on a scheduled basis immediately following the procedure.**





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A. A selective NSAID, such as Celecoxib, can avoid an increased risk of bleeding.

B. The risk for bleeding is significantly increased when NSAIDs are used in combination with other anticoagulants, including aspirin. Dentists should exercise extreme caution administering NSAIDs to patients who are taking any other anticoagulant.

C. Dentists should exercise caution regarding patients with a history of hepatic or renal impairment or who report a previous adverse reaction to acetaminophen and/or NSAIDs.

3. Acetaminophen has been shown to be synergistic with NSAIDs, with the efficacy of low-dose opioids. When dentists administer acetaminophen, it should be on a scheduled basis unless contraindicated

4. Whenever possible, dentists should consider the use of local anesthetic techniques, including local infiltration of dental anesthetics and regional nerve blocks to assist in pain management and reduce the requirement for opioid analgesia.





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5. If an opioid must be administered, the dose and duration of such therapy should be reflective of the conditions in which more severe pain is to be expected. Dentists should not prescribe doses or amounts that exceed expected opioid requirements.

A. When opioids are required, the provider should choose the lowest potency opioid necessary to relieve the patient's pain.

B. Long-acting opioids or extended-release preparations are contraindicated for the treatment of acute procedural pain.

C. Providers should be aware of concurrent medications and the potential for drug interactions. Interactions with other medications the patient is taking can either increase or decrease the potency of certain analgesics. The provider should assess the risk for drug-drug interactions before prescribing analgesics.

i. Some concurrent medications, such as antidepressants, can interfere with the metabolism of some prescribed opioids and can increase the risk of adverse events.





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ii. Opioids should not be administered in combination with benzodiazepines or other centrally acting sedating medications, due to the increased risk of serious adverse effects (including death) when these medications are used together.

D. To ensure that the total dose of acetaminophen does not exceed 3,000 mg/day in adults, care should be used when prescribing opioid combination product medications.

E. Care should be used when administering opioids to individuals with obstructive sleep apnea, as these patients are at increased risk for opioid-induced adverse events.

F. Dentists should consistently utilize the New Hampshire PDMP, both as an informational resource and as a means to help prevent the diversion and abuse of opioids in the state.

6. Unless the dentist has training and experience in the use of opioids for the treatment of non-cancer or chronic facial pain, long-acting or extended-release opioids should not be prescribed.





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A. Patients reporting unexpectedly prolonged pain, especially those patients who do not have clear evidence of ongoing pathology, should not be prescribed opioids. The dentist should consider patient referral to appropriate dental or chronic pain specialists for patients who request continuation of opioids beyond the normal, expected recovery period. The PDMP can greatly assist the dentist in this arena.

B. A patient whose behavior raises the provider's concern about the presence of a substance abuse disorder should be encouraged to seek evaluation and possible treatment for this condition through his or her "primary medical care provider," local substance treatment programs, or other appropriate referral sources.

7. Dentists should use the PDMP to coordinate with other clinicians pain therapy for patients who are receiving opioids for chronic pain, have a history of substance abuse or who demonstrate a high risk of for aberrant drug-related behavior.





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8. It is not appropriate to refer patients receiving chronic opioid therapy to the emergency department to obtain prescriptions for opioids.

9. Extreme caution should be exercised when responding to requests for opioid analgesics, especially from patients who are new to the practice or who have not been recently seen and evaluated. In general, it is not proper to prescribe opioids absent a face-to-face patient evaluation.

10. Providers should provide patients with instructions on the safe disposal of unused medications, including opioids, to ensure these medications are not available for possible diversion or misuse.

11. Dentists should understand and comply with current federal and state laws, regulatory guidelines, and policy statements that govern the prescribing of controlled substances. The PDMP, the New Hampshire Board of Dental Examiners, the US Drug Enforcement Administration, the American Dental Society and the New Hampshire Dental Society can assist dentists in locating such information.





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References

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