

“Tweaked”, “Cracked” and “Loaded”:
A Profile of the Addicted Dental Patient

Learning Outcomes...

At the end of the presentation, the dental professional will be able to:

Detect patients with substance abuse disorders using the physical, oral and behavioral clues of substance abuse

Discuss substance abuse with patients and communicate effectively with patients that are drug-seeking or under the influence of a controlled substance

Select appropriate treatment strategies (preventive, restorative, surgical and pain-management) for patients with substance use disorders.

Key Concluding Points...

Current estimates of drug use suggest *that 23.5 million Americans (1 out of every 10) has a substance use disorder.* Therefore, we have patients in our practices that are addicted.

The delivery of safe, effective, and realistic care requires that the dental team *know the drug use status of each patient* to:

- Prevent drug to drug interactions
- Develop appropriate treatment plans and realistic patient expectations
- Avoid dental malpractice associated with drug-related treatment failures and prescription-related relapses.

The 3 categories of drugs most commonly abused...

The drugs in these categories are extremely addictive and trigger the brain's reward center causing feelings of pleasure, euphoria, well-being.

- **Depressants**-drugs that slow down the function of the central nervous system causing delay in brain functions
 - Include benzodiazepines (Valium, Elavil, Xanax, Klonopin, Ativan), barbiturates (Phenobarbital, Mebaral), sleep aids (Soma, Sonata, Lunesta), alcohol
 - The High: Euphoria, well-being, calmness, relaxation
 - The Physical Clues: Drowsiness, nausea, vomiting, clumsiness, spider angiomas, blood-shot eyes, irritability, amnesia
 - The Oral Clues: Dry mouth, lingual erosion, oral cancer, periodontal disease



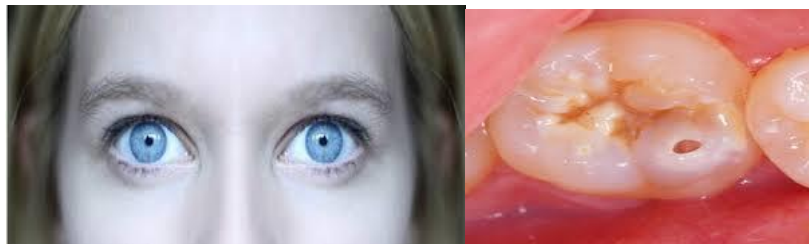
- The Danger: Respiratory depression, confusion, loss of consciousness, death especially when combined with opiates

- **Stimulants**-drugs that speed up the function of the central nervous system causing over-stimulation of brain functions
 - Include Adderall, Ritalin, Methamphetamine, Cocaine, Crack, Ecstasy
 - The High: Euphoria, increased energy, attention, focus,
 - The Physical Clues: Insomnia, irritability, mood changes, dilated pupils, elevated blood pressure, extreme weight loss, skin pops, track marks, high blood pressure, irregular heartbeat, chest pain, shortness of breath, nausea and vomiting, diarrhea, and elevated body temperature
 - The Oral Clues: Unusual decay pattern (blackened/Class III/V/Extensive caries on anterior teeth), fractured teeth, dry mouth, attrition, periodontal disease, poor oral hygiene



- The Danger: Panic attacks, cardiac arrest, psychosis, seizures, death

- **Opioids**-drugs that act on opioid receptors to produce morphine-like pain relief
 - Include Vicodin, Oxycodone, Methadone, Fentanyl, Heroin
 - The High: Euphoria, pain relief, warmth, well-being
 - The Physical Clues: Fatigued/depressed appearance, lethargy, constricted pupils, track marks, coldness, restless leg syndrome, elevated pain level, wearing long-sleeve shirts in hot weather, stomach cramping, vomiting, constipation
 - The Oral Clues: Cuspal caries, poor oral hygiene, periodontal disease
- The Danger: Respiratory depression, confusion, loss of consciousness, death especially when combined with depressants



Tips for discussing substance abuse and potential for abuse with patients...

- Obtain a health history of substance use
- Express concern regarding dental findings
- If the patient is receptive to a medical consult, have the phone number of a local physician, clinic or rehabilitation facility available
- Educate your patients about the risks associated with illicit drug use
- Be objective
- Speak about your core professional values of building relationships, improving oral health outcomes, and helping your patients.

American Dental Association's Statement on Provision of Dental Treatment for Patients with Substance Use Disorders; 2005 House of Delegates

1. Dentists are urged to be aware of each patient's substance use history, and to take this into consideration when planning treatment and prescribing medications.
2. Dentists are encouraged to be knowledgeable about substance use disorders—both active and in remission—in order to safely prescribe controlled substances and other medications to patients with these disorders.
3. Dentists should draw upon their professional judgment in advising patients who are heavy drinkers to cut back, or the users of illegal drugs to stop.
4. Dentists may want to be familiar with their community's treatment resources for patients with substance use disorders and be able to make referrals when indicated.
5. Dentists are encouraged to seek consultation with the patient's physician, when the patient has a history of alcoholism or other substance use disorder.
6. Dentists are urged to be current in their knowledge of pharmacology, including content related to drugs of abuse; recognition of contraindications to the delivery of epinephrine-containing local anesthetics; safe prescribing practices for patients with substance use disorders—both active and in remission—and management of patient emergencies that may result from unforeseen drug interactions.
7. Dentists are obliged to protect patient confidentiality of substances abuse treatment information, in accordance with applicable state and federal law.

<https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policies-and-recommendations-on-substance-use-disorders>

American Dental Association's Statement on the Use of Opioids in the Treatment of Dental Pain; 2016 House of Delegates

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
2. Dentists should follow and continually review Centers for Disease Control and state licensing board recommendations for safe opioid prescribing.
3. Dentists should register with and utilize prescription drug monitoring programs (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
5. Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
6. Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
8. Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.

<https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/policies-and-recommendations-on-substance-use-disorders>

Treatment strategies for patients with substance use disorders...

- Use chemo-therapeutic agents, such as home/office fluorides to buffer the salivary acidity and to arrest the caries
- Use in-office anti-microbials, such as chlorhexidine gluconate, to reduce the periodontal pathogens
- Recommend non-alcoholic mouthwash for home use
- Address dietary issues and sources of added sugar
- Consider using direct restorative materials (composites, glass ionomers)
- Avoid complex restorative/prosthetic procedures
- Non-steroidal anti-inflammatory medications should be considered as first-line therapy for pain management
- If opioid medication is prescribed use the “Start Slow and Go Low” method prescribing low doses for short durations (3 days or less)

Step-Wise Approach to Pain Management...

Non-steroidal anti-inflammatory pain medications should be first-line therapy for pain management.

Mild Pain: Ibuprofen (400-600 mg) every 6 hours for 24 hours, then (400 mg) every 4-6 hours prn pain

Moderate Pain: Ibuprofen (400-600 mg) + APAP (500 mg) every 6 hours for 24 hours, then Ibuprofen (400 mg) + APAP (500 mg) every 6 hours prn pain

Severe Pain: Ibuprofen (400-600 mg) + Hydrocodone/APAP (5/325 mg) every 6 hours for 24-48 hours, then Ibuprofen (400-600 mg) + Acetaminophen (500 mg) every 6 hours prn pain

Moore PA, Hersh EV. *Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. Translating clinical research to dental practice.* JADA. 2013;144(8):898-908.

Medication combinations with the highest proportion of patients with at least 50% maximum pain relief for 4-6 hours were...

- Ibuprofen (600 mg)-77% of patients
- Ibuprofen (400 mg) + Acetaminophen (1,000 mg)-72% of patients
- Ibuprofen (200 mg) + Acetaminophen (500 mg)-69% of patients

Moore PA, Zielger KM, Lipman RD, Aminoshariae A, Carrasco-Labra A, Mariotti A. *Benefits and harms associated with analgesic medications used in the management of acute dental pain: An overview of systematic reviews.* JADA. 2018;149(4):256-265.

Ways to prevent drug abuse and diversion of medication...

- Avoid prescribing medication with high potential for abuse (depressants, stimulants, opioids).
- Prescribe medication (type, quantity, duration) that matches clinical diagnosis
- Consult with state's Prescription Drug Monitoring Program to check for patient's prescribed history of controlled substances
- Educate patients about proper storage and disposal of prescription medication
 - Keep medication away from children, adolescents and young adults in your home
 - Use a lockbox to secure medication
 - Use community pharmaceutical take-back programs for unused pharmaceuticals

Where to get help for substance abusers...

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Facility Locator, www.findtreatment.samhsa.gov
- **1-800-662-HELP**

- Contact your state’s Wellness Committee which assists dental team members with have substance use disorders.

Additional Resources...

- Brown R. “How to use fluoride varnish in patients with “meth mouth””. Dental Products Report 51(9), 2017.
<http://www.dentalproductsreport.com/dental/article/how-use-fluoride-varnish-patients-meth-mouth?page=0,1>
- Brown R, Morisky D, Silverstein S. “Meth Mouth” severity in response to drug-use patterns and dental access in methamphetamine users. J Cal Dent Assoc, 41(6), 2013. <http://www.ncbi.nlm.nih.gov/pubmed/23875434>
- Patient Brochures on the Oral Effects of Methamphetamine
www.PreventMethMouth.com
- Video Conferencing/Coaching for the dental team on the management of the addicted dental patient Ronni@DrRonniBrown.com
- Substance Abuse and Mental Health Services Administration,
www.oas.samhsa.gov
- Montana Meth Project, www.montanameth.org
- National Institute on Drug Abuse.
www.nida.gov/Infofacts/methamphetamine
- National Council on Patient Information and Education, www.ncpie.info
- “Warning this Drug May Kill You”, HBO Original Movie. An unflinching look at the devastating effects of addiction on four families that all began with legitimate prescriptions to dangerous painkillers.
www.hbo.com/documentaries/warning-this-drug-may-kill-you.com

