

**“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 the 3 most commonly abused drugs; depressants, stimulants, and opioids.

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, pain-management and referral) for patients with substance use disorders.

Step 1: Detection

- **Depressants-** Benzodiazepines (Valium, Elavil, Xanax, Klonopin, Ativan), barbiturates (Phenobarbital, Mebaral), sleep aids (Soma, Sonata, Lunesta), alcohol which cause euphoria, calmness and relaxation.
 - Physical Clues: Drowsiness, clumsiness, spider angiomas, dilated pupils, irritability, amnesia
 - Oral Clues: Dry mouth, lingual erosion, oral cancer, periodontal disease



- **Stimulants-** Adderall, Ritalin, Focalin, Concerta, methamphetamine, cocaine, crack, ecstasy which cause euphoria, energy, attention, focus and hypersexuality.
 - Physical Clues: Insomnia, mood changes, dilated pupils, elevated blood pressure, extreme weight loss, skin pops
 - Oral Clues: Dry mouth, “meth mouth” (blackened, broken, rotted teeth), extremely poor oral hygiene, attrition



- **Opioids**-Vicodin, Oxycodone, Methadone, Fentanyl, heroin which cause euphoria, numbness, state of well-being.
 - Physical Clues: Lethargic, constricted pupils, track marks, weight loss, pain intolerant, coldness
 - Oral Clues: Dry mouth, cuspal caries, poor oral hygiene, attrition



Step 2: Discussion

- Use open-ended questions
- 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.

Step 3: Selection of Treatment

- 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

Step 3: Selection of Treatment (continued)

- Use 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.

- Consult with state's Prescription Drug Monitoring Program to check for patient's prescribed history of controlled substances

Step 3: Selection of Treatment (continued)

- Refer patients to trained professionals specializing in the treatment and management of substance use disorders

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 who 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



Additional Resources (continued)

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