

Pain Management:

Oral Health Leading Change to Battle the Opioid Epidemic

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The mission of the Bureau of Oral Health and Dental Services (BOHDS) is to protect and promote the oral health of all Delawareans. It is my vision and that of my predecessors, that to provide the citizens of our great state with all of the resources needed to achieve optimal oral health, it will take a combination of improved access, increases in preventative services, and an educational focus that highlights the importance of oral health on overall wellness.

In 2017, oral health care providers and patients have access to more information than ever before. We should expect that as access to information increases, it would have a trickle-down effect to improve our oral health literacy, treatment programming knowledge, and ultimately our patient outcomes. However, we continue to struggle to improve health care utilization rates as we are mired by several issues that may be related to complacency and cultural perceptions.

When you talk about the dental landscape in Delaware, many issues come to mind: state licensure requirements, Medicaid utilization and reimbursement rates, dentist- to-provider ratios in Sussex County, and the fact that Delaware is one of only a few states without its own dental school. However, dentists can protect the well- being of Delawareans in many ways, including helping to fight the opioid epidemic through safer prescribing practices.

In virtually every dental practice, comprehensive and complicated multi-disciplinary care is performed every day. Historically, after a dental procedure where the dental practitioner anticipates moderate to severe pain, such as a third molar extraction or root canal therapy, the practitioner would often prescribe an immediate release narcotic analgesic. This is usually driven by the dentist's belief that these medications would best mitigate post-operative discomfort and be more effective than over-the-counter medications; and a cultural perception that post-operative pain is best-remedied using opioid analgesics.

The dentist's belief that an aggressive approach to pain management is warranted, coupled with the patient's perception that narcotics should be prescribed after undergoing an invasive dental procedure, has led to a cycle where, put simply – receiving potentially painful dental care equals a narcotic analgesic prescription. This may be a less effective means of treating the patient's post-operative pain and could expose the patient to additional risks, adverse reactions, drug interactions, and substance use disorder.

Orofacial pain typically results from two general pathologic mechanisms: tissue injury and inflammation (i.e. nociceptive pain); or from a primary lesion or dysfunction of the nervous system (i.e. neuropathic pain). The first step to manage orofacial pain is to determine if the pain

is primarily nociceptive, neuropathic, or a combination of the two. This determination is critical for selecting a medication that will address the underlying pathophysiology.

Based on current evidence, the drugs of choice to treat nociceptive orofacial pain are acetaminophen and a non-steroidal anti-inflammatory drug (NSAID). NSAIDs act by inhibiting cyclooxygenase enzymes responsible for the formation of prostaglandins that promote pain and inflammation. The combination of acetaminophen and NSAID have been shown to have a better effect than either drug alone, but more importantly, the drugs have a better side effect profile and less potential for abuse compared to opioids. These medications target the underlying physiology of nociceptive pain. In contrast, the narcotic is geared to suppress the central nervous system, helping the patient forget about the pain – but once the medication wears off and the pain returns, the patient is often left looking for more narcotics.

For this reason, we need to break the cycle of habitual opioid prescribing for routine dental pain. This change will require both patient education and clinician discipline. The discussion must start with the patient about what to expect after surgery and why pain medications, such as ibuprofen and acetaminophen, can be more effective than opioids for treating the discomfort. It is also imperative to highlight why the pain occurs and the impact inflammation has in the process. Finally, dental practitioners should reinforcement the fact that the narcotic does not treat the etiology of the pain; it merely affects the perception of pain, leaving patients more susceptible to adverse effects such as psychomotor impairment and addiction.

Many resources are available through the Division of Professional Regulation's Prescription Monitoring Program (visit dpr.delaware.gov/boards/pmp/) and the American Dental Association (visit www.ada.org) to aid clinicians in determining when opioid prescription is warranted and when patients may be better served with alternate medications. As health care providers, it is our responsibility to better educate ourselves and our patients to the dangers of opioid use. To ensure the well-being of Delawareans, we can prescribe appropriate medications for the right indications to best help our patients achieve optimal oral health.

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