Opioids, Dentistry and Addiction: The Dentist’s Role in Treating Pain

Dr. David Kimberly
Dr. Sharon Parsons
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No conflicts of interest to disclose.
The overarching goal of the Providers Clinical Support System (PCSS) is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
To interact during the webinar:

- Questions for the Technical Team
- Questions for the presenter(s)
Educational Objectives

• At the conclusion of this activity participants should be able to:

  ▪ Better understand addiction, how it happens and to whom.
  ▪ Learn current pain control methods that are safer for patients than opioids.
  ▪ Understand dentistry’s role in fighting the opioid crisis.
Opioids, Dentistry and Addiction: The Dentist’s Role in Treating Pain

OCTOBER 21, 2021
DR. DAVID KIMBERLY
DR. SHARON PARSONS
The Adolescent Brain

- Major growth occurs in the PFC between ages 13 - 26
- Adolescents can become addicted 5x faster than adults
- People who start using as teenagers have immature PFC’s

Information provided by Brad Lander, PhD, LICDC
Of all the people with addiction, 96.5% started substance use before age 21.

Information provided by Brad Lander, PhD, LICDC
2012 by The National Center on Addiction and Substance Abuse at Columbia University
ADDICTION HAS GENETIC RISK FACTORS

Genetics account for 40-70% of the risk

OXYCONTIN FDA APPROVED 1995, LAUNCHED 1996

Initial Product Label

• “Iatrogenic addiction was ‘very rare’ if opioids were legitimately used in the management of pain.”

• “Oxycodone products are common targets for both drug abusers and drug addicts. Delayed absorption, as provided by OxyContin tablets is believed to reduce the abuse liability of a drug.”

• “OxyContin tablets are to be swallowed whole, and are not to be broken, chewed, or crushed. Swallowing broken, chewed, or crushed OxyContin tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.”

• Sales $45-48,000,000
HOW OXYCONTIN ROSE

• Medical Education

• 1996 – 2002, directly or indirectly funded more than 20,000 pain-related educational programs

• Portenoy becomes a speaker for Purdue Pharma

• Promotional materials Brochures, audiotapes, videotapes, websites

• Risk of addiction is “less than 1%”


Is drug addiction a disease or moral failing?
DIABETES vs ADDICTION

TYPE II DIABETES
- GENETIC PREDISPOSITION
- ORGAN: PANCREASE/TISSUE RECEPTORS
- TOO MUCH: GLUCOSE/ NOT ENOUGH: INSULINE
- RESULT: TISSUE RECEPTOR DOWN REGULATION
- EFFECT: GLYCEMIC INSTABILITY

ADDICTION
- GENETIC PREDISPOSITION
- ORGAN: MID BRAIN
- TOO MUCH: DOPAMINE
- RESULT: RECEPTOR DOWN REGULATION IN BRAIN
- EFFECT: DEPRESSION / CRAVING / ADDICTION
Prescribing Statistics 2015
Akron Oral Maxillofacial Surgery

• 2268 narcotic prescriptions written

• Of those, 498 were non-oxycodone/hydrocodone

• Default prescription 3rds 2015 (685 cases)
  • Percocet 5/325
  • # 30*
  • sig: 1-2 tabs po Q 4hr prn pain
Prescribing Statistics 2015
Akron Oral Maxillofacial Surgery

• Default prescription for tooth extraction
  • Percocet 5/325
  • # 20
  • sig: I-II po Q4hr prn pain
So what...

- 20,550 Percocet/Vicodin tabs for 15-24 year olds in 2015 (Wizzies)

- 21,700 Percocet/Vicodin tabs for other adult extractions, implants, biopsies

- 42,250 CII narcotic tabs total
Let’s extrapolate

- 300 OMFS in Ohio according to AAOMS
- 200 are in practice
- If they prescribe as I did...
- 8,450,00 CII narcotic tabs
Let’s look at the bigger picture

• 7,000 dentists in Ohio

• Less the OMFS, Peds and Ortho... 6,000

• If the rest prescribe at 10% of my level
  • 25,350,000 CII tabs
Can we make our postoperative medication routine better?

• Decrease nociception
  • Block with long acting local (Marcaine and Exparel)
  • Decrease inflammation with a NSAID
  • Use acetaminophen to it’s fullest potential

• Decrease pain perception
  • Educate the patient and the family
  • Use narcotic as a rescue medication only
Prescribing Statistics for 2017

Default prescriptions for wizzies:

Ibuprofen 600 mg
# 20 twenty
SIG: 1 po QID until gone

PCN 250mg
#20 twenty
SIG: 1 po QID until gone
Prescribing Statistics for 2017

Default prescription for wizzies

OTC Extra strength acetaminophen
1 po q4hrs prn pain

Surgical Complicated:
Percocet 5mg/325mg
# 6 six
SIG: 1po q6hr prn pain after OTC acetaminophen
Prescribing Statistics for 2017

Tooth Extraction and Soft Tissue Surgery

OTC NSAID and acetominephen

Must request narcotic

Ultram 50 mg

# 8 eight

SIG: 1 po Q6hr prn pain
What I found

• Rarely have requests for refills

• Fewer calls for pain and insomnia

• Nausea calls almost nonexistent

• Parents are THRILLED
SIGNS AND SYMPTOMS OF DRUG USE
Opioids

- Slurred speech
- Poor memory
- Coordination off
- Pupils dilated or constricted
- Constipated
- Sleep patterns off
- Hostile, angry or aggressive at times
- Withdrawal from social activities
- Tooth grinding and higher decay rates
Heroin

- Same as Opioids
- Needle marks
- Greater chance of hepatitis, AIDS
Cocaine

- Dilated pupils
- Excited, talkative, confidant, euphoric
- Abnormal sleep patterns
- Decreased appetite
- Increased heart rate
- Runny nose, nose bleeds
- Burned lips and fingers
- Mouth sores, grinding, increased decay rate, especially buccal
- Transient chorea, buccolingual dyskinesia
Meth

- No sleep for long periods
- Decreased appetite, weight loss, gaunt appearance
- Anxious, confused
- Dilated pupils
- Sweaty
- Increased blood pressure
- Skin sores
- Causes blood vessels to shrivel and die
- Dry mouth, grinding, high caries rate, especially on buccal
Bath Salts

- Extreme stimulant
- Increased blood pressure, heart rate and body temp
- Chest pains, kidney pains
- Muscle tension
- Nausea
- Confusion, paranoia, delusions
- Agitation, violence
- Sometimes unnatural strength
Club Drugs-Ecstasy, Molly, MDMA

- Stimulants that often look like colored candies
- Irregular sleeping schedule
- Lack of awareness of pain
- Increased sexual activity (falling in love)
- Dry mouth, grinding
- Anxiety, depression, confusion
- Brain damage
Marijuana

- Bloodshot eyes
- Lethargy, lack of coordination
- Talkative
- Increased appetite
- Memory and problem solving impairment
- Dry mouth
- Increased chance of oral or throat cancer
- Increased chance of perio disease
- Cannabinoid hyperemesis-vomiting causing enamel erosion
Alcohol

- Dilated blood vessels
- Odor
- Faster buildup of plaque
- Tooth decay from acid
Adderall

- Headache, restlessness, fatigue
- Nausea
- Dry mouth, hoarseness
- With long-term abuse-
  - Numbness in limbs
- Dizziness
- Hives, peeling skin
- Chest pain
- Seizures
Why speak up?

- Adolescents may see Dentist more often than Physician
- Parents often in denial
- Parent may resent the implication
- Risk of Losing a patient vs Losing a patient
- You may be saving a life
- Familiarize yourself with Resources in your area to share with parents
Additional Resources

- National Institute on Drug Abuse drugabuse.gov
- Substance Abuse and Mental Health Services Administration samhsa.gov
- National Institute on Alcohol Abuse and Alcoholism niaaa.nih.gov
- MouthHealthy.org
- ADA.org/Opioids
- pcssNOW.org
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.
  
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  
  - No cost.

For more information visit:
https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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On behalf of the ADA, thank you!