The Role of the Dentist in Preventing Opioid Abuse
Appropriate Use of Opioids in Dentistry

Orofacial Pain Appropriate Management

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Most Dentists Don’t Treat

• Survey of dental specialists

“Do you treat or refer patients with chronic TMD and orofacial pain disorders?”

– Percent of each specialty who chooses to refer
  • Oral Surgeons (78%)
  • Orthodontists (87%)
  • Endodontists (95%)
  • Periodontists (96%)
  • Prosthodontists (95%)
  • Pediatric Dentists (89%)

\[ \text{Percent total} = 90\% \]

Look et al, 2000

Why Refer?

• Not sufficiently trained (78%)
• Patients are too complex (64%)

To Whom Do You Refer?

“To whom would you refer your orofacial pain patient?”

• The results were
  – Oral Surgeons (81%)
  – Orthodontists (94%)
  – Endodontists (88%)
  – Periodontists (89%)
  – Prosthodontists (100%)
  – Pediatric Dentists (92%)

They refer to each other!

Insufficient Pain Education of Health Professional Students and Graduates

<table>
<thead>
<tr>
<th></th>
<th>Total Hours (mean)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>15</td>
<td>0 – 24</td>
</tr>
<tr>
<td>Medicine</td>
<td>16</td>
<td>0-38</td>
</tr>
<tr>
<td>Nursing</td>
<td>31</td>
<td>0-109</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>28</td>
<td>0-48</td>
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<tr>
<td>Pharmacy</td>
<td>13</td>
<td>2-33</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>41</td>
<td>18-69</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td>87</td>
<td>27-200</td>
</tr>
</tbody>
</table>

Competency requirements in pain are also limited

* Watt-Watson et al., 2009

A 2007 CPS Survey of Pain Curricula in Health Professional Faculties in Canada

Orofacial Pain Evolving Specialty

• Over the past 30 years, there have been many developments in the field of chronic pain and specifically Orofacial Pain that have lead to the formation of advanced education programs
• Pharmacological management of pain is an integral part of this training
Abundance of Patients
Recognition of the Need

The cost of chronic pain is estimated to be about $80 billion per year, with as much as 40% associated with orofacial pain.

Israel & Szarvani, 2000; Friction & Schiffman, 1995

Psychosocial Impact

- Untreated Pain
  - Loss of family
  - Loss of income
  - Loss of home
  - Search for non-conventional or illicit sources for pain treatment

Economic Impact

- Untreated Chronic Pain
  - Loss of work and productive contribution to society
  - Unemployment
  - Over utilization of the medical and social support systems
    - SSI
    - Medicare
    - ERs, etc

Acute vs. Chronic Pain and Suffering

First Line Medications for Neuropathic Pain

- Antidepressant medications
  - Tricyclic antidepressants, especially nortriptyline and desipramine
  - Duloxetine and Venlaxafine
- Calcium Channel A2-δ ligands
  - Gabapentin and Pregablin
- Topical lidocaine
  - 5% lidocaine patch

Second-line Medications that can be Used for First Line Treatment in Selected Clinical Circumstances

- Opioid analgesics
  - Generally, second-line after patients have not had an adequate response to first-line medications alone and in combination
  - Can be used as first-line in select circumstances
Pharmacologic Management of Neuropathic Pain

- Opioid analgesics may be used alone or in combination with one of the first-line therapies for patients with
  - Acute neuropathic pain
  - Neuropathic cancer pain
  - Episodic exacerbations of severe pain
  - When prompt pain relief during titration of a first-line medication to an efficacious dosage is required

Dworkin et al; Pain. 2007 Dec 5;132(3):237-51
Pharmacologic management of neuropathic pain: evidence-based recommendations

Third-Line Medications for Neuropathic Pain

- Antiepileptic medications
  - Carbamazapine, Lamotrigine, Oxcarbazepine, Topiramate, Valproic Acid
- Antidepressant medications
  - Bupropion, Citalopram, Paroxetine
- Capsaicin (low concentration)
- Dextromethorphan
- Mexiletine

Dworkin et al; Pain. 2007 Dec 5;132(3):237-51
Pharmacologic management of neuropathic pain: evidence-based recommendations

Conclusion

- There is substantial body of evidence that orofacial pain disorders are common
- When not adequately managed, substantial disability and suffering results
- This supports the need for improved consistency and quality treatment
- Appropriate use of analgesic medications is necessary in dentistry for treating chronic, complex facial pain disorders