PainManagement inDental Medicine

PainManagement Guidelines

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Guide(v.)

14th Century French

- tolead, conduct
- toshow, pointout
- showthe way

Guideline

- aline bywhich oneis guided
- acord orrope toaid apasser overa difficult pointor topermit retracinga course
- anindication oroutline ofpolicy orconduct
- anindication ofa futurecourse ofaction

PainManagement inDental Medicine

PainManagement Guidelines

- Whatis available?
- Isit adequate?
- Whoprovides it(organizations)?
- Howis itimplemented?
- Howis itvalidated?

AccreditationStandards for DentalEducation Programs

Undergraduate and Postgraduate Specialty Training Programs

Commissionon DentalAccreditation
AmericanDental Association

GUIDELINES

for Teaching Pain Control and Sedation to Dentists and Dental Students

As adopted by the October 2007 ADA House of Delegates

AmericanDental Association

- **TheADA/PDR Guideto Dental Therapeutics,Fifth Edition,edited byDr. SebastianCiancio.**

  Informed,clinical decision-makingin one source

AmericanAssociation ofOral and MaxillofacialSurgeons

- The4th editionof theAAOMS Parameters ofCare: ClinicalPractice Guidelinesfor Oral andMaxillofacial Surgeons

InternationalAssociation forthe Studyof Pain

ProposedOutline Curriculaon Pain:

- DentalSchools
- MedicalSchools
- Nursing
- Pharmacy
- Psychology
- PhysicalTherapy

OrofacialPain
Guidelinesfor Assessment, Diagnosis,and Management
FourthEdition, 2008

American Academy of Orofacial Pain
Reny de Leeuw, D.D.S., Ph.D.
Editor

CraniofacialPain AHandbook forAssessment, Diagnosisand Management

FirstEdition, 2009

The American Academy of Craniofacial Pain
H. Clifton Simmons III, D.D.S.
Editor

AmericanAssociation ofDental Boards

Guidelines for Evaluating Allegations of Inappropriate Prescribing Practices, Drug Diversion and Substance-Related Impairment of the Dental Licensee

- **This report addresses the inappropriate administration, dispensing or prescribing of drug products containing controlled substance, the diversion of such medicines, and the impairment of dental practitioners from drug and ethanol use and how this can harm the public and erode confidence in the maintenance of professional standards.**

MassachusettsBRD

Title: Advisory on the Management of Pain

Date Adopted: March 11, 2009

Scope of Practice: Dentistry

Purpose: To provide a framework for ensuring patient access to clinically necessary and effective pain management.

- The Board of Registration in Dentistry (the Board) encourages the development and implementation of practices to ensure the appropriate application of up-to-date knowledge and treatment modalities that serve to improve the quality of life for those patients who suffer from pain and reduce the morbidity and costs associated with untreated or inappropriately treated pain.
- For purposes of this Advisory, the inappropriate management of pain includes non-treatment, under-treatment, over-treatment and the continued use of ineffective treatment. The Board encourages dentists to view pain management as a part of quality dentistry practice for all patients experiencing pain within the maxillofacial area. All dentists should become knowledgeable about assessing and diagnosing patients' pain and effective methods of pain management. (1)

(1) Adapted from the Preamble, Model Policy for the Use of Controlled Substances for the Treatment of Pain (2004), Federation of State Medical Boards of the United States, Inc. Available at http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf.

Advisory: **A dentist licensed by the Board is responsible and accountable for engaging in the practice of dentistry in accordance with accepted standards of care.**

It is the Board's current position that these standards, in the context of appropriate, legitimate and effective pain assessment, diagnosis and management of pain, include:

- **development and implementation of a patient's pain management plan that is evidence-based and includes a comprehensive and on-going pain assessment, appropriate pharmacological and non-pharmacological modalities, and the substantiation of adequate symptom control;**
- **complete, accurate and legible entries in all appropriate patient or resident records required by federal and state laws and regulations, and accepted standards of care;**
- **use, when appropriate, of controlled substances including opioid analgesics in the management of all pain types. All medications provided to a patient by the dentist should be an appropriate therapeutic pharmaceutical commensurate with the patient's diagnosis;**
- **inter-disciplinary consultation and collaboration with the patient's medical care provider(s).**

- recognition that tolerance and physical dependence are normal consequences of sustained use of opioids and are not synonymous with addiction: tolerance is a physiologic state resulting from regular use of a drug in which (a) an increased dosage is needed to produce a specific effect, or (b) a reduced effect is observed with a constant dose over time (2); and physical dependence is a state of adaptation that is manifested by drug class specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist (3);
- exercising sound professional judgment to recognize that pseudo-addiction may develop as a direct consequence of inadequate pain management and that pseudo-addiction can be distinguished from true addiction in that inappropriate drug seeking behaviors resolve when pain is effectively treated;
- recognition that patients with chemical dependency may require specialized pain management involving controlled substances including opioids (4)

(2) Adopted by the Federation of State Medical Boards of the United States from the Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine (2001). Available at http://www.painmed.org/pdf/definition.pdf.

(3) Adopted by the Federation of State Medical Boards of the United States from the Definitions Related to the Use of Opioids for the Treatment of Pain: A Consensus Document of the American Academy of Pain Medicine, the American Pain Society and the American Society of Addiction Medicine (2001). Available at http://www.painmed.org/pdf/definition.pdf.

(4) In the event the patient with chemical dependency is a licensee of the Board who is enrolled in the Board's substance abuse rehabilitation program, the specialized pain management plan may be developed in collaboration with the Board's substance abuse rehabilitation program.

- recognition that a patient who suffers from extreme pain or disease progression may require increased doses of pain medication and that the appropriate dose is the dose required to effectively manage the patient's pain in that particular circumstance;
- adherence to system safe-guards that are designed to minimize the potential for abuse and diversion when controlled substances are used;
- acceptance of patient self-determination and autonomy; and
- culturally sensitive patient, family/significant other and/or caregiver education.
- The dentist is also responsible and accountable for acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management. Such competencies may be obtained through basic, graduate or continuing education programs, as appropriate to the dentist's scope of practice. These competencies include, but are not limited to, knowledge of the current federal and state laws and regulations for the prescription, dispensing, administration and destruction of controlled substances, and current evidence-based guidelines developed by nationally recognized professional organizations in the assessment and management of pain.

MedicalEvidence -Based Guidelinesfor PainManagement

AmericanPain Society

- Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain, 2009
- Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, 2008
- Guideline for the Management of Cancer Pain in Adults and Children, 2005
- Guideline for the Management of Fibromyalgia Syndrome Pain in Adults and Children, 2005
- Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis and Juvenile Chronic Arthritis, 2002
- Guideline for the Management of Acute and Chronic Pain in Sickle-Cell Disease, 1999

GUIDELINE FOR THE

Use of Chronic Opioid Therapy in Chronic Noncancer Pain

Evidence Review

The American Pain Society in Conjunction with
The American Academy of Pain Medicine

CLINICAL GUIDELINE FOR THE USE OF CH
CHRONIC NONCANCE

SPECIALARTICLES

- Anesthesiology 2004; 100:1573–81 © 2004 American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.

PracticeGuidelines forAcute Pain Managementin thePerioperative Setting

AnUpdated Reportby theAmerican Society ofAnesthesiologists TaskForce onAcute PainManagement

USHeadache Consortium2000

Evidence-BasedGuidelines

American Academy of Family Physicians

American Academy of Neurology

American Headache Society

American College of Emergency Physicians

American College of Physicians-American Society of Internal Medicine

American Osteopathic Association

National Headache Foundation

- **Evidence-Based Guidelines in the Primary Care Setting: Neuroimaging in Patients with Nonacute Headache**
- **Evidence-Based Guidelines for Migraine Headache in the Primary Care Setting: Pharmacological Management of Acute Attacks**
- **Evidenced-Based Guidelines For Migraine Headache: Behavioral and Physical Treatments**
- **Evidence-Based Guidelines for Migraine Headache in the Primary Care**
- **Setting: Pharmacological Management for Prevention of Migraine**

Table 3: Rates of significant intracranial abnormalities in patients with migraine or tension-type headache and normal neurological examination.

Study	Number of patients	Significant abnormality detected	Rate	Upper 95% CI
MIGRAINE				
Cala, 1976[8]	32	1	0.031	0.141
Cuetter, 1983[16]	435	1	0.002	0.011
Cull, 1995[17]	69	0	0.000	0.043
De Benedittis, 1995[18]	28	0	0.000	0.103
Hungerford, 1976[19]	53	0	0.000	0.055
Igarashi, 1991[15]	91	0	0.000	0.033
Kuhn, 1990[20]	74	0	0.000	0.040
Osborn, 1991[21]	41	0	0.000	0.071
Robbins, 1992[22]	46	0	0.000	0.064
Sargent, 1979[23]	129	0	0.000	0.023
Sargent, 1983[2]	88	0	0.000	0.034
Combined			**0.0018**	**0.0059**
Test for homogeneity:			**X^2=6.1; d.f.=10; p=0.81**	
TENSION-TYPE HEADACHE				
De Benedittis, 1995[18]	35	0	0.000	0.083
Sargent, 1979[23]	48	0	0.000	0.061

Triptans

	QOE	Scientific Effect	Clinical Effect	AEs
Sumatriptan	A	+++	+++	1+(3+)
Rizatriptan	A	+++	+++	1+
Zolmitriptan	A	+++	+++	1+
Naratriptan	A	+/++	+/++	+/-

The US Headache Consortium

PreventiveTherapies forMigraine

	QOE	SE	CE
Alpha-2 agonists	B	0	0
Antiepileptics	A/B	++/+++	++/+++
Antidepressants			
TCAs	A/B	++/+++	+++
SSRIs	B/C	+/?	+
Beta-blockers	A/B	+/++	++/+++
Ca Ch blockers	B	+/?	+/?
NSAIDs	B	+/++	+/++

The US Headache Consortium

Advancesin NeuropathicPain: Diagnosis, Mechanisms,and Treatment Recommendations

Dworkin R, et.al. Arch Neurol. 60:1524-1534, 2003.

FirstLine TreatmentRecommendations:

- Gabapentin
- LidocainePatch 5%
- Opioids
- Tramadol
- TricyclicAntidepressants

Pharmacologicmanagement ofneuropathic pain: evidence-basedrecommendations

Dworkin, Robert H. O'Connor, Alec B. Backonja, Miroslav, et al: Pain. 132(3):237-51, 2007.

Recommended first-line treatments include:

- Certain antidepressants (i.e., tricyclic antidepressants and dual reuptake inhibitors of both serotonin and norepinephrine)
- Calcium channel alpha 2-delta ligands (i.e., gabapentin and pregabalin)
- Topical lidocaine

Second-line treatments:

- Opioid analgesics and tramadol

Third-line treatments:

- Antiepileptic and antidepressant medications, mexiletine, N-methyl-D-aspartate receptor antagonists, and topical capsaicin

Algorithmfor Pharmacological Managementof NP

(Stepwise approach 1-4??)

- Assess pain and establish a diagnosis of NP
- Identify associated co-morbid medical illness
- Treat the cause of NP and co-morbid disease
- Evidence-based drug selection [1st line, 2nd line…]
- Non-pharmacological treatments!!
- Reassess pain and health-related QOL
- Additional and alternative lines of pharmacological therapy
- Combination therapy

Namaka M, Gramlich CR, Ruhlen D, et al: A treatment algorithm for neuropathic pain. Clin ther. 26:951-979, 2004.

Gilron I, Bailey JM, Dongsheng T, et al: Morphine, gabapentin or their combination for neuropathic pain. N Engl J Med. 352:1324-1334, 2005.

MedicalEvidence -Based Guidelinesfor PainManagement

Isthere somethinglike thisfor DentalMedicine?

Acuteand chronicorofacial pain?

PainManagement inDental Medicine

PainManagement Guidelines

- Thereare currentlyno evidence-based guidelinesfor themanagement ofacute or chronicorofacial painfor dentalmedicine