



Management of Pain in the Chemically Dependent Dental Patient

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Tufts Health Care Institute: Program on Opioid Risk
Management

The role of dentists in preventing opioid abuse.

**"The best medical advice
I ever got was from my dentist."**



"When my dentist noticed how jittery I was, he told me how dangerous it could be to rely on a local anesthetic if I had recently used cocaine."

"I confessed that I had and he suggested that I restrict another equipment just that—using cocaine. He said he wouldn't prescribe to me, but it was his responsibility as a doctor to let me of the medical complications, such as allergic reactions, heart attack, strokes, kidney problems, etc."

For a copy of the American Dental Association Policy Statement on Dental Care and Recovery from Chemical Dependency, write:

Drug Free America Campaign, 62
1071 Laurel in Dental Practice, American Dental Association
221 East Chicago Avenue, Chicago, IL 60611

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Drug abuse...

You don't have to preach about it... just teach about it.

Partnership for a Drug-Free America

80-100

**Did he come
to you for
his uppers...**



**or your
downers?**



How can you tell if your patient really has dental pain, or if he just wants a prescription? The fact he's one of the 1.8 billion on new pills in this country means of what you just follow or prescribe to "come down" pills from their "high."

You can't tell by their Dentsite responses alone, either in the ghetto, the periphery drug stores, or in well-serviced and middle-class, well-serviced suburban stores. For in the end, they receive equal dental care—and that poses a special risk to you.

Cocaine is a stimulant. As with nicotine, it causes heart "jitters" and "racing" and a feeling of exhilaration and well-being that is a function of increased heart rate and increased adrenaline. If you administer an oral painkiller containing aspirin, the result may be a high blood level of adrenaline, increased heart rate and blood pressure. These symptoms are signs of cocaine use.

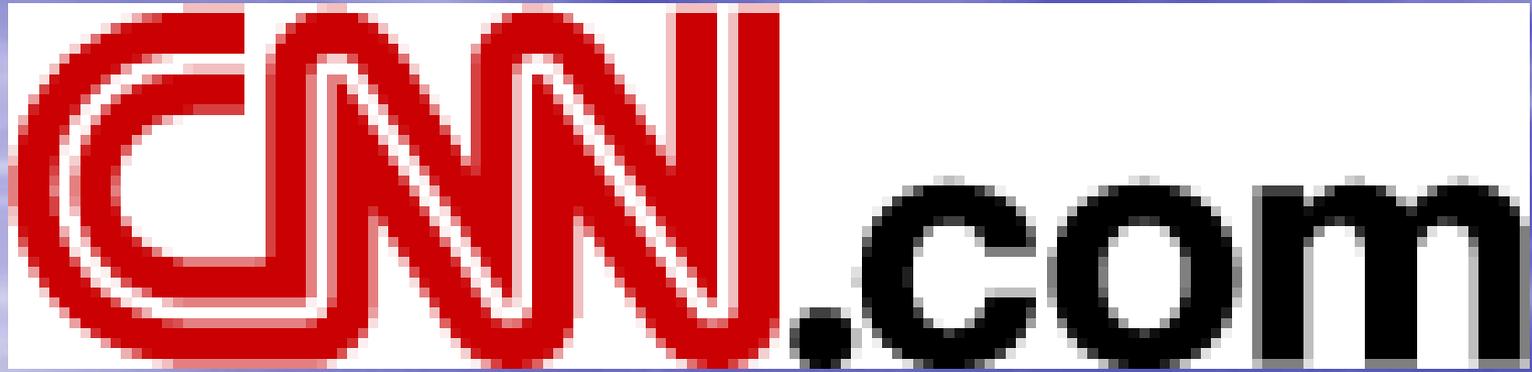
So how can you tell if the drug abuser is using?

It's asking your patient how things are. It's asking him to describe his pain. It's asking him to describe his dental care. And he'll probably be pleased to tell you that he's taking his pills. It's asking him to tell you how he's feeling. It's asking him to tell you how he's feeling. It's asking him to tell you how he's feeling.

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DRUG ABUSE...be part of the solution.

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July 21, 2009

“Using Dentist as Dope
Dealers”

Chemical Dependency: aka

- **Substance Abuse/ Use Disorder**
- **Alcoholism**
- **Addictive Diseases**
 - Involving Chemicals**
 - Drug Addiction
 - Nicotine Addiction
 - ”Behavioral Addictions”**
 - Gambling
 - Eating Disorders
 - Sexual Compulsivity
 - Problematic Internet Use
 - Compulsive Buying Disorder

Definitions

- A brief call for terminologic clarity *
- Addiction is a medical disorder with a complex etiology, multiple manifestations of illness, and a varied clinical course.**

*Gilson – 2010 *Cli J Pain* Vol26, No.1

**Vaillant, G.E. *Principles of Addiction Medicine*, 3rd. Edition. p.3: 2003.

Definitions cont.

- **ASAM Definition**

“Addiction is a primary, chronic, **neurobiologic** disease, with genetic, psychosocial, and environmental factors....It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.”*

- “Addiction can be defined as the loss of control over drug use, or the compulsive seeking and taking of a drug regardless of the consequences.”

*ASAM *Addiction Terminology: Principles of Addiction Medicine*, 3rd edition. p1601:2003. Savage, Joranson, & Covington, *Journal of Pain Symptom Management* 26, 662:2003

**Nestler, E.J., *Principles of Addiction Medicine*, 4th edition. p 39:2009.

Definitions continued

- DSM IV Definition-Define terms abuse and dependence by meeting certain criteria.

See handout.

- ICD – 10 Definition-Define terms abuse and dependence by meeting certain criteria. *See handout.*

- Chemical dependency / alcoholism / drug addiction =synonymous terms

Categories/classification of dental patients with a history of substance use/abuse/dependence

- Abstinence: Drug – free recovery
- Abstinence: Recovery with adjuvant pharmacotherapy for prevention of relapse. *Disulfiram, Naltrexone, Acamprosate, Methadone, LAAM, Buprenorphine*
- Active disease: ongoing abuse
 - Sidebar: “Pseudoaddiction”
 - Patients with chronic pain syndromes

What is Recovery?

- Is more than just abstinence. Complete abstinence is the preferred goal, in reality most patients are at risk to resume drug seeking behavior and require a period of retreatment.*
- Recovery is a complex process requiring Intensive, continuous personal effort that not only involves abstinence but requires a series of changes to maintain sobriety.
- Terms, “cured”, “former”, “recovered”, and “ex” are not appropriate to describe the recovering patient.
- Incidence of relapse is inversely related to the duration of recovery.**

*O'Brian, C.P. Goldman&Gilman's The Pharmacological Basis of Therapeutics eleventh edition. 2006. p626.

**May,JA, et al. Anesth Analg 2001 p 1602

What is Treatment?

- People don't get better without something changing.
- Can range from A to Z
- DIY Treatment
- The Minnesota Model -Considered the standard of care-
- Adjuvant Drug Therapy for Relapse Prevention
- Mutual – help organizations, AA,CA,NA, 12 Step Programs, individual psychotherapy, behavioral modifications, faith based programs.



Addiction, **neurobiology** of behavior going awry*

Four commonalities of an addict/chemically dependent individual.

They exhibit-

- Mental Mismanagement
- Denial
- Terminal uniqueness
- Isolated

**Volkrow, ND, Li, TK, Principles of Addiction Medicine, p 3. 2009.*

Chemicals

- ❖ Alcohol
- ❖ Amphetamines
- ❖ Caffeine
- ❖ Cocaine
- ❖ Nicotine
- ❖ Designer Drugs
- ❖ Dissociatives
- ❖ Inhalants
- ❖ Hallucinogens
- ❖ Marijuana
- ❖ Opiates
- ❖ Sedatives/Hypnotics/
Tranquilizers
- ❖ Anabolic-Androgenic
Steroids

HOW MANY PATIENTS ARE AFFECTED?

- Over 8 million individuals meet the criteria for alcohol dependence
 - 5.6 million for alcohol abuse
 - 16 million use illicit drugs
 - 66.5 million smokers
- Studies have ranged from 10% - 33 1/3%

In terms of impact on the US Economy the above costs \$484 Billion annually.

- Estimates of over 2 million involved in recovery through Alcoholics Anonymous.

Chemically Dependent Patients

Oral Health Status and Behaviors

- Related to severity & duration of their disease
- Seek emergency care
- Neglect, poor oral hygiene
- Generalized periodontal disease
- Bruxism and asymptomatic swelling
- Oral Cancer
- Craniofacial trauma
- Delayed wound healing

Chemically Dependent Patients In Active Disease May Exhibit

- Again, related to the severity and duration of their disease
- Unpredictable and maladaptive behavior
- Have been known to create their own dental pathology
- Dependability problems regarding appointments
- Problems with treatment responsibilities
- Exaggerated anxieties and fears
- Arrogant behavior
- “Suspicious” or “Alleged” drug allergies
- Can have complex medical histories
- Unexplained drug reactions
- Drug tolerances, either increased or decrease

Health History and Patient Interview

- Patients responses will again vary related to severity and duration of their disease. Some patients are masters, some are not.
- Look for **“Red Flags”** in the health history and patient interview.
 - suspicious or alleged drug allergies
 - trends in the health history; all organ systems effected by alcohol and drug abuse
 - greater interest in analgesic prescriptions and anxiolysis than participation in the treatment decision.
- Under reporting—ask about tobacco use, then alcohol use
- Denial or anger when questioned
- Empathetic Office Staff and Professional Staff
- Confidentiality
- Practitioners Knowledge and Perception of Chemical Dependency
 - Great resource: dental colleagues in recovery, patients in the practice in recovery

Dental Treatment

For Chemically Dependent Patient in Active Disease

- **No simple answer-** clash in treatment philosophies between pain treatment programs and addiction treatment programs.
- **Require an Accurate diagnosis of the dental pathology**
- **Consider physician consultation?**
- **Antibiotic prophylaxis for IV drug users**
- **Will be more difficult and perhaps take longer to treat**
- **Consider drug interactions**
- **Consider drug tolerances and cross tolerances**
- **Clear guidelines on post-operative analgesics**
- **Stabilization of oral condition**
- **Attempt to offer immediate relief of painful condition, if possible.**

Dental Treatment for the Patient in Recovery

- Accurate diagnosis
- Determine patients status in the recovery process
- Knowledge of Recovery
- Adequate and possibly phased treatment plan
- Knowledge on relapse prevention
- Consult with patients physician
- Involve the patients sponsor, significant other, counselor, etc.
- Initiate immediate relief of pain if possible
- May take more time to treat
- If possible, postpone potentially extremely painful procedures, (impacted wisdom teeth) until the patient is in stable recovery for two years.

Management guidelines

Preoperatively

- Determine the patient's status in the recovery process.
- Encourage the patient to intensify involvement in their recovery program.
- Include the patient's sponsor or trusted member in the pretreatment interview.
- Reassure the patient that chemical dependency will not deter adequate treatment of anxiety and pain.
- Involve the patient in the treatment decision process including medication choices, dosing and scheduling.
- Discuss and document the risk of relapse when using mood-altering medications.
- Consult with the patient's primary care physician or addictionologist, if possible.
- Prescribe NSAID's 1 hour before the procedure for pre-emptive analgesia.

Management guidelines

Intraoperatively:

- Encourage nonpharmacologic relaxation techniques for stress and anxiety control.**
- Carefully consider oral anxiolytics or N20/O2 sedation only after thorough discussion of potential risks with the patient and patients physician.**
- Consider propranolol for anxiety*
- Obtain profound local anesthesia.**
- Use a long-acting local anesthesia at the termination of the appointment.**
- Use of long-acting and local anesthetic with buprenorphine ?

*Yagiela, et al. Pharmacology and Therapeutics for Dentistry, 5th. edition, p213.2004.

**Lindroth, JE, et al. Oral Surg Oral Med Oral Pathol Radiol Endod 2003;95: 433.

? Modi, M, et al. J Oral Maxillofac Surg 67:2571-2576,2009.

Management Guidelines: Postoperatively

- Use opioid/nonopioid compounds to treat moderate to severe pain in patients with addictive diseases.
- Prescribe analgesic administration on a clock-regulated basis and not on a PRN basis.
- Avoid unsupervised control of potentially intoxicating medication; have the trusted other (sponsor) dispense these medications.*
- Obtain adequate informed consent and document.**

*Lindroth, JE et al. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2003;95:433

**Kane, WT

Drugs That May Be Hazardous To The Sobriety Of A Recovering Chemically Dependent Patient-

- 1.) Narcotics (opiates) such as codeine, hydrocodone, dihydrocodone, morphine, hydromorphone, meperidine, oxycodone, propoxyphene. Also agonists such as pentazocine, nalbuphine hydrochloride, and butorphanol tartrate.
- 2.) All sedatives including the barbiturates and synthetic sedative drugs. Any medication that contains alcohol such as narcotic cough syrups or OTC cold medications.
- 3.) All major and minor tranquilizers.

Drugs That May Be Hazardous To The Sobriety Of A Recovering Chemically Dependent Patient- *continued*

- 4.) All antihistamines with the possible exception of Allevert, Allegra, Clarinex, Claritin, and Zyrtec.**
- 5.) Decongestants such as phenylpropanolamine and pseudoephedrine.**
- 6.) Central nervous system, stimulants such as the amphetamine type drugs.**
- 7.) Anesthetic gases including Nitrous Oxide.**
- 8.) Mouthwashes containing alcohol**

As a general rule, patients in recovery from chemical dependency, including alcohol, should not be given any psychoactive drug such as nitrous oxide, or benzodiazepines

Guidelines for Use of Mood- Altering Drugs:

Mood-altering drugs are not entirely contradicted for the recovering patient BUT should be used with **EXTREME CAUTION** and only in the event of severe pain --- or --- when the operative procedure indicates the use of sedation or general anesthesia.

The following is a protocol in how controlled substances must be used: (proper informed consent and proper documentation are always indicated.)

Protocol for Using Mood-Altering Drugs

- 1) Inform the patient and a family member of the type of drug being considered and its possible risks and benefits.
- 2) Consult the **patient's** primary care physician and or aftercare professional of your treatment plan and the intended drug therapy.
- 3) If a controlled substance prescription is indicated, a family member, AA/NA sponsor should fill and dispense the drug.
- 4) Suggest that the patient intensify their activity in AA or NA or other support group or group therapy that may be part of their aftercare.
- 5) Seek immediate medical care / evaluation if relapse behavior occurs.

A Quandary: Post operative Opioid Analgesia for Chemically Dependent Dental Patients?

- The treatment of pain in patients with comorbid addiction raises the question of whether to use opioids, and if so, how will it protect the patient's recovery.*
- It is generally considered **unethical** to withhold opioid analgesia from patients with an addictive disorder, yet patients should not be given treatments that fail to help or to harm them.*
- The only absolute contraindication to treatment is included in US federal regulations involving prescribing opioids is when diversion to the illicit market is known to be occurring.**

*Covington, E.C., Kotz, M.M. Principles of Addiction Medicine. 4th edition, 2009:1309

**Fine.P.G., Portonov. R.K., A Clinical Guide to Opioid Analgesia p39.2007

Items to consider

- **Treat or refer to specialist?**
- **When a patient presents with a painful emergency dental condition, attempt to relieve the pain if possible. Emergency extraction, pulpectomy, I&D.**
- **Use profound local anesthesia.**
- **Consider carefully the choice of postoperative analgesia.**
 - **Would a NSAID work?**
 - **Would an agonist-antagonist analgesic work?**
 - **If you choose an opioid---Consider a physician consult, if possible.**
 - **When treating patients who are recovering from substance abuse, coordinate their pain management with their primary care physician.***

Additional Items to Consider

- **Adequate Informed Consent** - Risks and Benefits of Relapse and Adequate Pain Control. Other items to include
 - One prescription by the dentist—not obtain more prescriptions from other providers.
 - Strict policy on lost or stolen prescriptions
 - No refills over the telephone
 - Have a sponsor, family member responsible for filling and dispensing the controlled substance.
 - Permission to speak to pharmacist or primary care provider
 - Consider the Informed Consent in writing.

Questions?

Discussion.

Thank You.

