



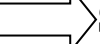
OPIOID USE, MISUSE, ABUSE, AND ADDICTION: APPROPRIATE OPIOID AND NON-OPIOID PRESCRIBING

Hosted by

5th District Dental Society **2023 CNYDC** **Syracuse, New York**

September 22, 2023

SUBSTANCE ABUSE DISORDERS AND THE AMERICAN DENTAL ASSOCIATION

www.ada.org  Advocacy  Current Policies  Substance
Use Disorders (6)

Statement on Provision of Dental Treatment for Patients with Substance Abuse Disorders

*“Dentists are urged to be aware of each patient’s substance use history,
and to take this into consideration when planning treatment and
prescribing medications.”*

**For example: Does your medical history form include the question:
“Do you have a history of chemical dependency?”**

“Guidelines Related to Alcohol, Nicotine, and/or Drug Use by Child or Adolescent Patients”

*“Dentists are urged to be knowledgeable about the oral manifestations of
nicotine and drug use in adolescents”*

*“Dentists are encouraged to know their state laws related to confidentiality
of health services for adolescents and to understand the circumstances
that would allow, prevent, or obligate the dentist to communicate
information regarding substance use to a parent.”*

Medications used for treatment of opioid use disorder:

Methadone

Naltrexone:

Vivitrol®

Revia®

Buprenorphine plus naloxone:

Suboxone®

Bunavail®

Zubsolv®

Age-Related Warning Signs

Behavioral changes

Health Issues

Hygiene/appearance problems

School or work concerns

“Statement on Alcohol and Other Substances by Pregnant and Postpartum Patients”

“Dentists are encouraged to inquire about pregnant or postpartum patient’s history of alcohol and other drug use, including nicotine”

I. General Information

Definitions

1. Misuse: “to use incorrectly”
2. Abuse: “improper or excessive use or treatment”
3. Addiction: “persistent compulsive use of a substance known by the user to be harmful”
 - a. behavioral signs of addiction
 - preoccupation with obtaining the drug
 - **compulsive use despite adverse consequences**
 - **consequences**
 - relapse following periods of abstinence
 - b. risk factors for addictive disease
 - family history of alcohol or other drug abuse
 - early onset of drug use
 - high risk drinking or behavior
 - c. behaviors associated with addiction
 - anal retentive
 - compulsive obsessive
 - controlling
 - manipulative
 - d. progressive nature of addiction
 - experimental ➡ social use ➡ abuse ➡ addiction
 - e. **Addiction is NOT the same as dependence**
 - Dependence may be psychological or physical

Controlling Post-Operative Dental Pain

I. Choosing an analgesic

- A. Quality of Pain
 - Dull, aching, inflammatory
 - Sharp, piercing, lancinating
 - Neuropathic pain
- B. Quantity of Pain
 - Mild/moderate/severe
- C. Locus of Action
 - Central nervous system
 - Locally, peripherally
 - A combination of the two-acetaminophen

II. OPIOIDS

- A. Opioid statistics
- B. Opioid mechanism of action- act on central nervous system to depress specific areas of the brain and spinal cord involved in perception of pain and modulation of pain reflexes
 - Mu, Delta, and Kappa receptors
- C. Definitions
 - 1. Opiate-naturally derived from opium
 - a. morphine
 - b. codeine
 - c. thebaine
 - 2. Opioid-general term to denote any opioid- synthetic or semisynthetic
 - a. synthetic opioids
 - meperidine (Demerol)
 - fentanyl (Duragesic, Actiq)
 - carfentanil (Wildnil)
 - methadone (Dolophine)
 - buprenorphine (Subutex)
 - b. semisynthetic opioids
 - hydrocodone
 - oxycodone
 - oxymorphone
 - hydromorphone
 - heroin
- D. Signs and symptoms of opioid use
 - 1. lethargy
 - 2. confused

3. glazed eyes
 4. unresponsive
 5. slurred speech
 6. pinpoint pupils (miosis)
 7. craving for sweets
 8. xerostomia
- E. Signs/Symptoms of Opioid **OVERDOSE**
1. **Unable to arouse/awaken**
 2. **pinpoint pupils (miosis)**
 3. **shallow breathing**
 4. **lips/fingernails blue in color**

FAMILIARIZE YOURSELF WITH NALOXONE (NARCAN)

Two methods of delivery:

Injection (Evzio®) 0.4 mg

Nasal Spray: Narcan® 4mg ...Kloxxado®....8 mg

F. ***Prescribing guidelines for opiate prescribing***

***** *write the actual amount prescribed in addition to writing the number to discourage alterations of the prescription order***

***** *when prescribing an opioid medication always select the lowest potency and the smallest quantity that will relieve the patient's pain***

*Follow the **AMERICAN DENTAL ASSOCIATION's** recommendations for controlling post-operative dental pain*

CDC Guidelines for Prescribing Opioids for Acute Pain:

Limit duration for less than three days and under no circumstances greater than seven days for acute pain

G. ***BEWARE OF THE DOCTOR SHOPPER***

1. Warning Signs
 - a. Name the medication (usually an opioid)
 - b. Rx by telephone
 - c. After hours requests
 - d. Out-of-towners
 - e. unusual behavior
 - f. Cutaneous indications
2. Management of the "doctor shopper"
 - a. Thorough examination
 - b. Document, 4document-

CHECK YOUR State's Prescription Drug Monitoring Program (PDMP), place note in chart that it was checked

- c. Request photo identification
- d. Confirm Telephone # and address
- e. Prescribe limited amounts
- f. NSAIDs are drug of choice-

II. *Non-narcotic analgesics act on the peripheral and/or central nervous system by interfering with the production of chemical mediators at the site of pain*

III. *Acetylsalicylic acid and derivatives*

- A. pharmacologic effects - most of aspirin's useful pharmacologic effects are due to its ability to inhibit prostaglandin synthesis
 - 1. analgesic
 - 2. antipyretic
 - 3. anticoagulant
 - 4. anti-inflammatory
- B. adverse effects
 - 1. uric acid excretion
 - 2. salicylism
 - 3. allergy
 - 4. caustic-Ouch!
- C. contraindications
 - 1. allergy to aspirin or NSAIDs
 - 2. asthma
 - 3. chronic gastritis
 - 4. gout-probenecid
 - 5. anticoagulants
 - 6. pregnancy

IV. *Acetaminophen*

- A. Where is the site of action of acetaminophen
 - 1. COX-3 inhibitor (located in the CNS)
 - 2. Some peripheral effects also
- B. Pharmacologic effects
 - 1. analgesic
 - 2. antipyretic
 - 3. **NO** gastritis ☺
 - 4. **NO** clinically significant effects on uric acid ☺
 - 5. **NO** anti-platelet effects ☺
 - 6. **NO ANTI-INFLAMMATORY EFFECTS**

- C. maximum dose
 - < 3000 mg/day-McNeil-January 28, 2011
 - maximum analgesic **dose** is 1000 mg (650 mg)
- V. **Non-Steroidal Anti-inflammatory Agents (NSAIDs, NSAIDs)**
 - 1. Mechanism of action
 - inhibition of cyclooxygenase-1 (COX-1) and/or cyclooxygenase-2 (COX-2)
 - 2. Combined COX-1 and COX-2 inhibitors
 - a. ibuprofen (Advil, Motrin, Motrin-IB)
 - maximum daily dose-3200 mg

Rx Ibuprofen Tablets 400 mg
Disp. 16 tablets
Sig: Take 1-2 tablets 3-4 times per day
as needed for the relief of pain
Do not exceed eight tablets within 24 hours

 - **Pediatric dosing**
 - **7.5 mg/kg every 6 -8 hours**
 - **30 mg/kg/day-maximum dose**
 - Other useful NSAIDs (Cox1 and Cox 2 inhibitors)
 - naproxen sodium-Aleve®
 - 220 mg every 8 to 12 hours (do not exceed 660 mg within 24 hours) (unless Physician directs)
 - etodolac (generic)-Lodine®
 - 200-400 mg every 6 to 8 hours
 - ketoprofen (generic)-Orudis®
 - 50-75 mg every 6 to 8 hours-immediate release
 - 200 mg per day for extended release
 - meloxicam (Mobic®)-Long acting
 - 7.5mg - 15 mg per day
 - do not exceed 15 mg per day
 - 3. contraindications to all NSAIDs
 - a. previous allergic response to these drugs or aspirin
 - b. history of gastritis
 - c. Coumadin-type anticoagulants
 - d. asthma
 - e. pregnancy

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