Opioid Analgesia in your Dental Practice:
Assessing Risks and Effective Pain Management
Case Report

- 29 y.o. female with c/o “my tooth on back right hurts”. Pointed to #2
- HPI: difficult/vague, spontaneous throbbing pain for 2 weeks, 7/10, denied hot/cold sensitivity and symptoms of infection, Abs with no relief, no analgesics
- PMH: clear
- PSH: hysterectomy, 2010. no complications
- Meds: none
- Allergies: denied
- SH: smokes 5-6 cigs/day x 10 years
Clinical exam: student adamantly told not to touch tooth. Very healthy, without remarkable findings

Radiographic: Pan/PA, unremarkable, except missing all lower molars

Discussed lack of findings, revisited history. Patient stated “my tooth hurts and I want it out”

Diagnostic infiltration #2, 2% xylocaine, pain ceased

Obtained KASPER: since 2010 over 800 opiates prescribed from multiple doctors, filled by multiple pharmacies

Escorted patient to a quiet, private operatory and confronted her
Prevention of prescription opioid abuse - The role of the dentist. JADA 2011;142(7):800-810.
Sharp increase in prescription drug abuse

- Americans are downing massive amounts of prescription pills
- Painkiller deaths nearly 15,000 in last decade
- 7 million used prescription drugs for non-medical reasons
- More than 5000 people begin misusing painkillers everyday
Med Toss
in partnership with the DEA National Take Back Initiative

Saturday, October 29
9am-3pm
Rain or Shine

Dispose of your unwanted medicines for free in a safe and environmentally friendly way!

Drop off your expired or unused prescription and over-the-counter medicines on October 29 for free at one of these locations:

- Division of Police Roll Call Facility at 1165 Centre Pkwy.
- Kentucky American Water at 2300 Richmond Rd.
- Walmart at 2350 Grey Lag Way (Hamburg)
- Dunbar High School at 1600 Man O’ War Blvd.

www.lexingtonky.gov/MedToss
LexCall at: 311 or 425-CALL

Take-Back Programs
How to Dispose of Unused Medicines

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based “take-back” programs offer another safe disposal alternative.

Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

1. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.

2. If no instructions are given, throw the drugs in the household trash, but first:
   - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
   - Put them in a sealable bag, empty can, or other container to prevent the medication from breaking or breaking out of a garbage bag.

Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds ...
Who's at risk?

Who are the most vulnerable?

National Survey on Drug Use and Health
Why are Prescription Drugs so Popular?

Easy to obtain

Cheaper

Legal

Safer & non-addictive
Why do People Become Prescription Drug Abusers?

1. Some people who abuse PD’s do so intentionally from the outset

2. For others, what began as prescribed use escalates over time
Identify Patients as:

- **Use (Low risk)**
- **Misuse (At risk)**
- **Abuse (Problem)**
- **Addiction**

**Non-users**

**Continuum Model – alcohol use**
Identify Patients as:

- Use (Low risk)
- Misuse (At risk)
- Abuse (Problem)
- Addiction

Non-users

Any use of other drugs is misuse

Continuum Model – other drugs
Identify Patients as:

- **Use (Low risk)**
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- **Addiction**

**Non-users**

What’s happening in the brain?
Addiction is a Brain Disease

Drugs
Detection
- Nociceptors: 1° afferents (Aδ, C, Aβ) → nociception

Processing
- Modulation: alteration of the pain pathways

Perception
- Interpretation: nociception is given meaning and is experienced as pain
Sensitization

• Quicker, stronger, faster, spontaneously, wider receptive field

Allodynia

• Light touch is painful

Hyperalgesia

• Pain is exaggerated

Inflammatory soup

• Excitatory chemicals
Pain Perception

- Perceived threat of the injury
- Past experiences
- Expectations
- Attention drawn

Pain perception is as individual as personality – it is different for everyone.

Pain is not just a sensation – it is an experience.
What we see as clinicians is pain behavior; what we treat is nociception.

What we assume is:

The amount of **pain behavior** is proportionate to the **suffering**, which is proportionate to the **pain**, which is proportionate to the **nociception**.

What we know is: **Nociception**, **suffering**, and **pain behavior** can be independent.
Effective pain management is fundamental to quality health care

- Education and reassurance
- Preemptive analgesia/sedation
- Profound local anesthetic techniques
- Long acting anesthetics
- Non-opiate and opiate analgesia and combination treatment methods – Addiction recovery, buprenorphine patient
- Managing persistent pain
Most states have or are developing prescription monitoring programs for controlled substance.

Several states are working on electronic versions of their monitoring programs.

Goals of Prescription Monitoring Programs

Designed to be:

- a source of information for practitioners and pharmacists
- an investigative tool for law enforcement

Decrease doctor shopping
An electronic data monitoring system
Learning Objectives:

• Understand how drug abuse can lead to addiction and drug-seeking behavior.

• Identify signs, symptoms and behavioral problems associated with the abuse of prescription drugs.

• Learn how to screen patients for drug misuse, abuse and addiction.
Learning Objectives:

- Understand pain processing mechanisms to apply evidence-based pain management strategies.
- Learn how to use prescription monitoring tracking programs to prevent diversion of prescription drugs.
- Spot how drug-seekers attempt to obtain and divert prescription drugs, and learn how to identify and deal with these individuals.
Learning Objectives:

• Understand how to refer drug abusing patients for assessment and/or treatment.
• Learn how to manage post-operative pain in the face of addiction.