Admitting There's a Problem

Opioids are the most prescribed drug in the U.S. and dentists are the second-leading prescribers. From 1999 to 2016, more than 200,000 people in the U.S. died from an overdose related to prescription opioids. Inappropriate prescribing and overprescribing are a large part of the problem. Dental providers play an important role in preventing future opioid abuse.

Dental procedures and surgeries occur every day. It’s common to prescribe an immediate release opioid analgesic in anticipation of moderate to severe pain. Many dentists (and society at large) believe that opioids are best for treating pain and more effective than over-the-counter (OTC) medications. Contrary to that belief, opioids should not be the first line of treatment in most cases.

It’s become the societal norm to believe that when patient’s receive potentially painful dental care, they should also receive an opioid analgesic prescription. The reality of this approach is that the provider may not be treating the cause of the pain but rather just masking its symptoms. In fact, this may be a less effective means of treating the patient’s post-procedural pain, and, more importantly, may be exposing the patient to additional risks like addiction.

It is our responsibility as dental providers to better educate ourselves and our patients regarding the etiology of pain, pain management options, and the dangers of opioid use. We play a vital role in ensuring the well-being of Maryland in the future by prescribing the appropriate medication.

Recommendation: Break the Cycle

Orofacial pain typically results from nociceptive pain or neuropathic pain. The first step in pain management should be determining the type of pain your patient is having or likely to have. This is critical for determining the right medication.

Acetaminophen and NSAIDs target the underlying cause of nociceptive pain while opioids suppress the central nervous system. This helps the patient forget about the pain, but once the medication wears off the pain returns.

Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) should be the first line of treatment for most post-procedural pain. The combination of acetaminophen and NSAIDs has been shown to have a better effect than either drug alone. Both of these drugs also have much lower risk for abuse than opioids. It is up to us to break the cycle of habitual opioid prescribing for routine dental pain.

![Graph showing pain intensity and relief over time for different pain medication combinations](image-url)
What about Extreme Circumstances?²

Since medications such as morphine, hydromorphone, and oxycodone do not reduce inflammation, they are not considered the drugs of choice for post-procedural dental pain. These opioids should be reserved for extreme circumstances, and even then they should be prescribed as opioid combination analgesics and in combination with an NSAID.

If all other options have been exhausted and a patient’s pain is so severe that an opioid is necessary, thoroughly review the patient’s health history by checking the Prescription Drug Monitoring Program (PDMP). Knowing who to prescribe to, when, and how much is vital.

Opioid combination analgesics have a maximum recommended therapeutic dose (MRTD). Only enough medication for the first 24-48 hours post-procedure should be prescribed. Leftover opioids create a risk for drug misuse. If a patient requests pain medication past 48 hours post-procedure, they should be re-evaluated by a dental practitioner. Prolonged pain can be a sign of poor healing, infection, or addiction.

Dispensing Opioids in the Dental Practice for Acute Pain

Prior to dispensing an opioid, dentists should:

- Conduct a thorough medical and dental history, including documentation of current medications taken.
- Provide instructions for safe disposal of unused medications.
- Consideration should be given to local anesthetics, such as Bupivicaine, to assist in pain management. Local anesthetics provide extended duration of action and analgesia following the return of sensation, decreasing the need for strong analgesics
- Use of NSAIDs as a first-line therapy, unless contraindicated.
- Give NSAIDS immediately prior to treatment with continued dosing as needed following the procedure.
- Exercise caution when using NSAIDs in patients taking anti-coagulants as the combination poses a significant increased risk in bleeding.
- Be aware that adverse reactions to NSAIDs can also occur in patients with a history of renal disease, heart disease, or GI upset.

Prescribing Opioids in the Dental Practice for Acute Pain

- Pain therapy should be coordinated with the patient’s other medical providers when possible, especially in cases where there is a history of substance abuse.
- The PDMP is a helpful clinical tool that allows health care providers access at the point of care to their patients’ complete CDS prescription history. In 2017 and 2018, Maryland implemented a PDMP Registration and Use Mandate, requiring prescribers and dispensers to search the PDMP in certain situations. However it is recommended providers check the PDMP any time a prescriber and patient are making clinical decisions regarding a controlled substance, including opioids. Please visit MarylandPDMP.org for more information.
- Opioid combination medications including acetaminophen should not exceed 4,000 mg/day of acetaminophen for adults.
- In general, it is not appropriate to prescribe to new patients without a thorough evaluation.
- Safe disposal instructions should be given to patients to ensure unused medications are not misused or improperly disposed of.