

Prescribing Matters for Dental Practitioners

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Dental Prescribing of Oral Benzodiazepines

Monitoring General Dental Practitioners (GDPs) must have appropriate systems in place to manage their Controlled Drug (CD) prescribing. To seek assurance that this is happening, the HSCB reviews all dental CD prescriptions on a regular basis using the prescribing thresholds as agreed by the HSCB Accountable Officer (see table 1). When GDPs exceed the thresholds, they are asked to provide a written explanation for this. GDPs are reminded that pharmacists can dispense smaller doses of medication ('breaking bulk'), by splitting the standard packs of 28 tablets or decanting the requested volumes of liquid medication into smaller bottles.

Table 1

Drug	Quantity to be queried
Diazepam 2mg / 5 mg tabs	> 10 tabs per script
Diazepam 10 mg tabs	Any quantity
Diazepam liquid 2mg/5ml	> 50 ml
Temazepam 10mg/20mg tablets	> 5 tabs
Temazepam liquid 10mg/5ml	> 20ml
Dihydrocodeine 30mg tablets	> 16 tabs

Management of anxious patients

Guidance for the management of anxious patients appeared in the first two issues of this newsletter which are available on the BSO website: <http://www.hscbusiness.hscni.net/services/2369.htm> Additional advice is available from the Scottish Dental Clinical Effectiveness Programme: www.sdcep.org.uk/published-guidance/drug-prescribing/

Prescribing for multiple visits by anxious patients

Current best practice is to issue the controlled drug prescription for one visit at a time and as close as possible to the day of the appointment. This allows GDPs to use the smallest possible dose (1 x 2mg or 5mg Diazepam tablet) and then assess the effectiveness of that dosage for the patient at the first review appointment. GDPs may wish to alter the dosage for subsequent visits and issue an appropriate prescription before the subsequent appointments. This will reduce the potential risk of accidental ingestion.

Management of Temporomandibular Disorders (TMD) in Primary Care

TMD symptoms range from a dull aching pain to a localised sharp pain of moderate to severe intensity. There may be associated problems including limitation of movement, headache, depression and anxiety. Benzodiazepines have a very limited role in the management of TMD and should only be used for acute pain-related TMD with profound trismus, anxiety and insomnia and only for a maximum of 2 weeks. Patients require early and regular follow-up and where necessary, liaison with other healthcare professionals. Prescribing of benzodiazepines in doses of 10mg to 15mg daily and for longer than 14 days may lead to dependency (addiction). Guidelines for the treatment of TMDs in dental practice are available from the RCS Faculty of Dental Surgery on the following link:

http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/temporomandibular-disorders-guideline-2013

Additional information is available on the BSO website - the Belfast H&SC Trust Oral Surgery Referral Guidelines:

<http://www.hscbusiness.hscni.net/services/2470.htm>

New Oral Anticoagulants (NOACs)



The proportion of older people in our population is increasing and they are retaining their natural teeth longer. The prevalence of some medical conditions such as atrial fibrillation also increases with age. For the past 50 years, warfarin has been the drug of choice for oral anticoagulation in cases of atrial fibrillation. However new anticoagulants such as Apixaban (trade name Eliquis), Dabigatran (Pradaxa) and Rivaroxaban (Xarelto) are now commonly prescribed. These NOACs don't require such regular monitoring and dose adjustments and so represent an attractive option for some patients.

Dentists are familiar with patients' INR as a measure of coagulation but there is no agreement on which laboratory test is most suitable for NOACs when assessing a patient's level of coagulation. A simple INR measurement does **NOT** give an accurate indication of the degree of coagulation for patients using NOACs. There is a risk of haemorrhage with invasive procedures. Currently, unlike Warfarin, there is no antidote for NOACs. Some guidance for dentists undertaking invasive procedures is available in an article on NOACs by Dental Protection (DPL) in issue 48 of Riskwise UK. The piece contains practical advice and NICE recommendations:

<http://www.dentalprotection.org/uk/publications/publications>

DPL advise that 'GDPs have a responsibility to recognise these drugs and their potential complications, to exercise caution with invasive procedures and to report adverse reactions'. Further advice is available on the Regional Drugs and Therapeutics Centre website (FAQs on oral anticoagulant drugs):

<http://rdtc.nhs.uk/publications/publication-type/prescriber-support-tools>

A comprehensive article appeared in the Journal of Irish Dental Association Vol 60 No 3 June/July 2014:

<http://www.dentist.ie/fileupload/JIDA/pdfs%20of%20Journal/2014/2014%2060%20No1%203%20-%20June%20July.pdf>

Prescribing of High Strength Fluoride Toothpastes



While the HSCB does not wish to discourage prescribing of fluoride toothpastes containing 2800ppm or 5000ppm by practitioners it does seek assurances that prescribing is appropriate and is being used as an adjunct to other interventions in the management of dental caries. The Department of Health guidance 'Delivering better Oral Health' from April 2009 <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention> defines the categories of patient at **increased risk of dental decay as those:**

- undergoing orthodontic treatment
- having a dry mouth
- undergoing head and neck radiotherapy
- having special needs
- having obvious current active dental decay

Patient selection

The decision to prescribe high strength fluoride toothpaste for a patient should only be taken by a dentist and should be based upon a comprehensive clinical examination and identification of all other needs. **One tube** of toothpaste should be prescribed with a clearly defined recall interval recorded in the patient notes. Advice on the treatment of caries in children can be found in sections 3.1 and 3.2 of the SIGN caries prevention guideline:

<http://www.sign.ac.uk/guidelines/fulltext/47/index.html>

Where a patient requests a repeat prescription for a fluoride toothpaste before they have attended for their recall examination, the decision to provide the prescription should be made by a dentist. Any repeat prescription should be recorded in the **practice prescribing log** and in the **patient's clinical notes**.

A review of GDPs' prescribing of high strength fluoride toothpastes was carried out by the HSCB in 2012 and 2013. The highest prescribers were contacted and were asked to provide evidence that their prescribing was appropriate and complied with best practice.

This review of prescribing will continue to be carried out on a regular basis.

This newsletter has been produced with the aim of informing and guiding dentists in areas of medicines governance and prescribing safety. We welcome your feedback and suggestions for articles that you would find useful for future editions. If you have any queries or require further information on the contents of this newsletter, please contact Gerry Cleary, Dental Adviser, HSCB at Gerry.Cleary@hscni.net