

Dental Prescribing Guidelines

“These findings suggest even short and low-dose opioid prescriptions can be associated with risks of persistent use for youths.” Wilson JD, Abebe KZ, Kraemer K, et al. Trajectories of Opioid Use Following First Opioid Prescription in Opioid-Naive Youths and Young Adults. *JAMA Netw Open*. 2021;4(4):e214552. doi:10.1001/jamanetworkopen.2021.4552

The earlier the first exposure to a substance with addiction potential [i.e. prescription opioids], the greater the estimated risk of subsequent development of a substance use disorder. Paraphrased from Herron AJ, Brennan TK. *ASAM Essentials of Addiction Medicine*. 2015, Wolters Kluwer, p. 17.

Dental/Oral Surgery opioid prescribing references

1. Opioid guidelines for common dental surgical procedures: a multidisciplinary panel consensus, NIH, 2020: zero opioid pills recommended for routine extraction; 0-15 recommended for impacted third molar extraction; the panel recommended that clinicians advise patients on commonly available over-the-counter nonopioid analgesics, such as an NSAIDs, taken in combination with acetaminophen; (further recs below)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8771805/#:~:text=The%20panel%20unanimously%20agreed%20that,in%20combination%20with%20acetaminophen24.>
2. *Journal of Dental Education*, 2020, Five Different Solutions to Mitigate Overprescribing Opioid Medications, (need full text link) <https://onlinelibrary.wiley.com/doi/abs/10.1002/jdd.12393>
3. 2020 American Dental Association <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/oral-analgesics-for-acute-dental-pain>
4. 2020 American Association of Oral Surgeons
https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/opioid_prescribing.pdf
5. Michigan OPEN: zero opioid pills recommended for dental extraction <https://michigan-open.org/wp-content/uploads/2022/07/Dental-Extraction-Prescribing-Recs-Summer-22.pdf>
 - a. <https://michigan-open.org/prescribing-recommendations/>
6. CDC Opioid Prescribing Guidelines
 - a. 2016 <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
 - b. 2022 (published after referral)
<https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
7. Harbaugh CM, Nalliah RP, Hu HM, Englesbe MJ, Waljee JF, Brummett CM. Persistent Opioid Use After Wisdom Tooth Extraction. *JAMA*. 2018;320(5):504–506. doi:10.1001/jama.2018.9023
8. Moore et al, Benefits and harms associated with analgesic medication used in the management of acute dental pain. *Journal of the American Dental Association*. 2918:149(4):256-265.
<https://doi.org/10.1016/j.adaj.2018.02.012>

Opioid guidelines for common dental surgical procedures: a multidisciplinary panel consensus, NIH, 2020 (reference 1 above)

Six important qualifying recommendations were proposed and agreed on by panel members with unanimous consensus.

1. Patients who express the desire to avoid opioids after dental surgery, should be offered alternative pain medications when clinically appropriate.
2. Clinicians should avoid prescribing opioids after dental surgery if postsurgical pain is comfortably managed with nonsteroidal anti-inflammatory drugs (NSAIDs) and/or acetaminophen alone.
3. Patients should be advised about non-pharmacological therapies such as cold and heat therapy and distraction therapy.
4. Patients should be taught to maximize non-narcotic pain medication with scheduled doses of acetaminophen and NSAIDs before using opioid medication unless there is any contraindication.
5. A shared decision-making process is recommended with clinicians and patients. **Patients should be fully informed about the risks and benefits of opioids, including the risk of fatal addiction.** [Emphasis added.]
6. When deciding whether or not to prescribe opioids, a surgeon should take into account factors such as potential medical contraindications, risks for addiction, and aversion to such risks.