

ORAL SURGERY CARE



Opioid Edition

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Greetings,

This issue of our quarterly newsletter is devoted to the opioid crisis. The prescription painkiller epidemic is just that: a true epidemic that has affected all of us. As dentists we are at the periphery of the issue but—since most of us prescribe opioids at least occasionally—we should be careful to prescribe responsibly.

Several facets of the opioid crisis are reviewed this issue: My recent article in Northwest Dentistry describes contributors to the opioid epidemic and statistics of how many Minnesotans have been affected. A study in Pediatrics describes increased vulnerability in the adolescent population to future opioid misuse after taking legitimately prescribed opioids as teenagers. A JADA article concluded that ibuprofen combined with acetaminophen often outperforms the opioids in double-blind pain studies.



Oral Surgery Care

Patient education and prescribing habits should reflect current data for us to best control our patients' pain, while exposing them to the least amount of risk. Opioids have their place in dentistry—they are very effective pain relievers—but optimizing patient comfort while minimizing side effects and risks can often be done without them.

Extra time is needed to educate patients and their parents about the risks and benefits of opioids, but information is key. If we can protect even one person, and especially an adolescent, in our practices from future opioid misuse and/or addiction, isn't that time worth it?

As always, thank you for involving us in the care of your patients. We truly appreciate it, and we welcome hearing from you for any reason.

Best regards,

Brent Florine, DDS

The Prescription Painkiller Epidemic: The Short History of a Rapid Evolution

Brent L. Florine, D.D.S.

Northwest Dentistry Jan-February 2017

Much has been written in recent years about the styled-by-headline "Prescription Painkiller Epidemic", and the fentanyl overdose death of Prince in April of 2016 brought a new wave of publicity about the perils of prescription narcotics. For those of us on the front line of the questions this raises, the first one would be the use of the word "epidemic". Is this undeserved media hype, or now, by legitimate definition, fact?

By Definition

An epidemic is the occurrence of more cases of a disease than would be expected in a community or region during a given time period.

Prescription painkillers are opiates and opioids: central nervous system depressants—mostly derived from the opium poppy—that act on opioid receptors in the brain.

Fentanyl is a completely synthetic opioid with 100 times the potency of morphine.

Opioids relieve pain, decrease (or completely stop) respirations, cause euphoria, and have high potential for abuse and addiction.

Vital Statistics

Minnesota deaths from prescription painkillers showed a ten fold increase (23 to 212) from 2000 to 2014. There were about 100 homicides per year in Minnesota during those years, so prescription painkillers

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Painkiller Epidemic...continued

are killing more than twice as many Minnesotans as homicide. The Centers for Disease Control (CDC) feels that most prescription drug addiction is caused by prescriptions, not diversion, and that the medical community has caused this epidemic. Death rates for opioid overdose are rising only for whites (they are getting opioids through the medical system). The CDC recommends prescribing no more than three-day doses of opioid painkillers, and not beyond the period of initial tissue healing, which it defines as 30 days. It considers opioids inappropriate for treating long-term pain other than for cancer, palliative, or end of life care.

Why US?

Why is it that the USA has less than 5% of the world's population but consumes 80% of worldwide prescription opioids and 99% of worldwide hydrocodone? In short, patients in this country live in a 24/7 world and the reaction from many patients is "If something hurts, give me relief right now with a pill." When patients complain of pain, a good question is: Do they require a narcotic? Options other than opiates for pain are often superior at pain relief, with fewer side effects, and should be considered, especially after initial tissue healing. If there is any opioid abuse history or doubt about a patient's narrative, the Prescription Monitoring Program is a good tool because one can compare the information given by the patient with the controlled substances shown to have been prescribed to him or her in the database.

In conclusion, providers need to be mindful of and document pain control needs, but must also prescribe responsibly and caution patients about the highly addictive potential of opioids. The goal is not to eliminate opioids from use, but to utilize our current knowledge to most safely and effectively manage patients' pain.

Prescription Opioids in Adolescence and Future Opioid Misuse

Miech R, Johnston L, et al.
Pediatrics. 2015 Nov;136(5) 1169-77

Legitimate opioid use is associated with an increased risk of long-term opioid use and possibly misuse in adults. The objective of this study was to estimate the risk of future opioid misuse among adolescents who have not yet graduated from high school. Prospective, panel data come from the Monitoring the Future study. The analysis uses a nationally representative sample of 6220 individuals surveyed in school in 12th grade and then followed up through age 23. Analyses are stratified by predicted future opioid misuse as measured in 12th grade on the basis of known risk factors. The main outcome is nonmedical use of a prescription opioid at ages 19 to 23. Predictors include use of a legitimate prescription by 12th grade, as well as baseline history of drug use and baseline attitudes toward illegal drug use.

Legitimate opioid use before high school graduation is independently associated with a 33% increase in the risk of future opioid misuse after

high school. This association is concentrated among individuals who have little to no history of drug use and, as well, strong disapproval of illegal drug use at baseline. *Use of prescribed opioids before the 12th grade is independently associated with future opioid misuse among patients with little drug experience and who disapprove of illegal drug use. Clinic-based education and prevention efforts have substantial potential to reduce future opioid misuse among these individuals, who begin opioid use with strong attitudes against illegal drug use.*

Combining Ibuprofen and Acetaminophen for Acute Pain Management after Third-molar Extractions

Moore PA, Hersh EV.
J Am Dent Assoc 2013 Aug;144(8): 898-908

Effective and safe drug therapy for the management of acute postoperative pain has relied on orally administered analgesics such as ibuprofen, naproxen and acetaminophen, or N-acetyl-p-aminophenol (APAP), as well as combination formulations containing opioids such as hydrocodone with APAP. The combination of ibuprofen and APAP has been advocated in the last few years as an alternative therapy for postoperative pain management. The authors conducted a critical analysis to evaluate the scientific evidence for using the ibuprofen-APAP combination and propose clinical treatment recommendations for its use in managing acute postoperative pain in dentistry. The authors used quantitative evidence-based reviews published by the Cochrane Collaboration to determine the relative analgesic efficacy and safety of combining ibuprofen and APAP.

The results of the quantitative systematic reviews indicated that the ibuprofen-APAP combination may be a more effective analgesic, with fewer untoward effects, than are many of the currently available opioid-containing formulations. In addition, the authors found several randomized controlled trials that also indicated that the ibuprofen-APAP combination provided greater pain relief than did ibuprofen or APAP alone after third-molar extractions. The adverse effects associated with the combination were similar to those of the individual component drugs. Combining ibuprofen with APAP provides dentists with an additional therapeutic strategy for managing acute postoperative dental pain. This combination has been reported to provide greater analgesia without significantly increasing the adverse effects that often are associated with opioid-containing analgesic combinations. *When making stepwise recommendations for the management of acute postoperative dental pain, dentists should consider including ibuprofen-APAP combination therapy.*

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