

ORAL SURGERY CARE



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Winter 2019

Happy New Year!

A study published last month showed an alarmingly high percentage of adolescents and young adults diagnosed with an opioid abuse disorder, within a year of being prescribed opioids by dentists following third molar removal (see first reviewed article). I began presenting advantages of the efficacy and safety of pain management without opioids—this strategy relies on more than just pills—to parents of wisdom teeth patients well over a year ago. I have since had essentially no requests for a backup opioid prescription for so-called “breakthrough pain”.



Oral Surgery Care

Contact me if you are interested in my experience of safely and effectively managing pain without opioids, especially for the highly vulnerable adolescent and young adult. I would love to present my approach to you and your staff at your convenience. Each of us can make our own impact on the opioid epidemic by providing information to help parents keep their children out of harm’s way.

As we start the New Year, I would like to thank all of you for including us in the care of your patients. It is a privilege to be part of your patient “family”. Call whenever we can be of help.

Best Regards,

Brent Florine, DDS

Association of Opioid Prescriptions from Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse

Schroeder AR, Dehghan M, et al.
JAMA Intern Med. 2018 Dec 3

Through prescription writing, dental clinicians are a potential source of initial opioid exposure and subsequent abuse for adolescents and young adults. The purpose of this study was to examine the association between index dental opioid prescriptions from dental

clinicians for opioid-naïve adolescents and young adults in 2015 and new persistent use and subsequent diagnoses of abuse in this population. This study examined outpatient opioid prescriptions for patients aged 16 to 25 years in the Optum Research Database in 2015. Prescriptions were linked by National Provider Identifier number to a clinician category.

Individuals were included in the index dental opioid (opioid-exposed) cohort if they filled an opioid prescription from a dental clinician in 2015, had continuous health plan coverage and no record of opioid prescriptions for 12 months before receiving the prescription, and had 12 months of health plan coverage after receiving the prescription. Two age- and sex-matched opioid-nonexposed control individuals were selected for each opioid-exposed individual and were assigned a corresponding phantom prescription date. Outcome measures included receipt of an opioid prescription within 90 to 365 days, a health care encounter diagnosis associated with opioid abuse within 365 days, and all-cause mortality within 365 days of the index opioid or phantom prescription date.

Among 754 002 individuals with continuous enrollment in 2015, 97 462 patients (12.9%) received 1 or more opioid prescriptions, of whom 29 791 (30.6%) received prescriptions supplied by a dental clinician. The opioid-exposed cohort included 14 888 participants (7882 women

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School of Dentistry. He received postgraduate dental and oral and maxillofacial surgery training at Louisiana State University and Charity Hospital in New Orleans, and the University of Minnesota Hospitals and Clinics. He is certified as a Diplomate of the American Board of Oral and Maxillofacial Surgery and has practiced oral surgery in Eagan since 1987.

Association of Opioid Prescriptions...continued

[52.9%], 11 273 white [75.7%], with mean [SD] age, 21.8 [2.4] years), and the randomly selected opioid-nonexposed cohort included 29 776 participants (15 764 women [52.9%], 20 078 [67.4%] white, with mean [SD] age, 21.8 [2.4] years). Among the 14 888 individuals in the index dental opioid cohort, 1021 (6.9%) received another opioid prescription 90 to 365 days later compared with 30 of 29 776 (0.1%) opioid-nonexposed controls (adjusted absolute risk difference, 6.8%; and 866 opioid-exposed individuals (5.8%) experienced 1 or more subsequent health care encounters with an opioid abuse-related diagnosis compared with 115 opioid-nonexposed controls (0.4%) (adjusted absolute risk difference, 5.3%). There was only 1 death in each cohort. *The findings suggest that a substantial proportion of adolescents and young adults are exposed to opioids through dental clinicians. Use of these prescriptions may be associated with an increased risk of subsequent opioid use and abuse.*

Panoramic Radiographic Features that Predict the Development of Bisphosphonate-related Osteonecrosis of the Jaw

Kubo R, Arijji Y, et al.
Oral Radiol. 2018 May;34(2):151-160

The purpose of this study was to clarify which panoramic radiographic features can predict the development of bisphosphonate-related osteonecrosis of the jaw (BRONJ). Participants included 24 patients treated with bisphosphonates (BP) for osteoporosis who developed osteonecrosis of the jaw (ONJ+ group). Controls included 179 patients treated with BP who did not have osteonecrosis (ONJ- group) and 200 patients with no history of BP administration (unmedicated group). The mandibular cortical width, mandibular cortical index (MCI), sclerosis of trabecular bone, and thickening of the lamina dura were evaluated on panoramic radiographs.

The mandibular cortical width was significantly smaller in the ONJ- group than in the other groups. Class II MCI (semilunar defects of endosteal margin) was frequently noted on the affected and contralateral sides in the ONJ+ group but not in

the ONJ- or unmedicated groups. Sclerosis of the trabecular bone was significantly more frequently observed on the affected side in the ONJ+ group than in the other groups. Thickening of the lamina dura was observed significantly more frequently in the BP-treated groups than in the unmedicated group. Class II MCI may be an indicator to predict the development of BRONJ. Sclerosis of trabecular bone was a characteristic imaging feature of BRONJ. The authors concluded from the results of their study that thickening of the lamina dura may be an imaging feature caused by BP administration.

Autologous Platelet-rich Fibrin: Can it Secure a Better Healing?

Kapse S, Surana S, et al.
Oral Surg Oral Med Oral Pathol Oral Radiol. 2018 Aug 31

The purpose of this investigation was to evaluate the efficacy of platelet-rich fibrin (PRF) in the healing of impacted mandibular third molar (M3) extraction sockets. This study included 30 patients with bilaterally symmetric impacted M3 (N = 60) requiring transalveolar extraction. All patients were assigned numbers randomly; left-sided M3 patients with odd numbers and right-sided patients with even numbers were categorized into group A (test group), and the other side of the mouth was classified as "group B" (control group). Group A M3 extraction sockets received PRF, whereas group B sockets were closed without PRF. Patients were evaluated for pain and swelling on postoperative days 1, 3, 7, and 14. Bone healing was compared on postoperative weeks 8 and 16. Appropriate statistical analysis was applied.

A total of 30 patients, ages 18 to 40 years, participated in this study. The overall postoperative pain score (visual analogue scale [VAS]) and facial swelling percentages were lower for group A compared with group B. Early bone healing was also evident on postoperative radiographs obtained at weeks 8 and 16 in group A. *The authors concluded from the results of this study that the use of autologous PRF aids in earlier and better wound healing in a controlled manner.*

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