alberta dental
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Guide for Pain Management/Opioids

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Acknowledgements

With the permission of the Royal College of Dental Surgeons of Ontario the publication; Guidelines: The Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice; was used in the development of this Guide. The Alberta Dental Association and College acknowledge the valuable contribution of their publication towards the development of this Guide.

A. Background

Certain prescription drugs, like opioids, sedative-hypnotics and stimulants, are associated with serious harms like addiction, overdose and death. These drugs can have a devastating impact on individuals and their families, as well as place a significant burden on our health, social services and public safety systems. In countries like Canada, where these prescription drugs are readily available, the associated harms have become a leading public health and safety concern.

Canada is the world's second largest per capita consumer of one type of these drugs, opioids (International Narcotics Control Board, 2013). While Canadian cost data is lacking, recent research from the United States estimates the annual cost of the non-medical use of prescription opioids to be more than $50 billion, with lost productivity and crime accounting for 94% of this amount (Hansen, Oster, Edelsberg, Woody, & Sullivan, 2011). There has also been a surge of criminal activity for diverting prescription drugs from legal, regulated supply routes to illegal markets in Canada (Royal Canadian Mounted Police, 2010).

The Government of Canada Minister of Health in a letter to the Alberta Dental Association and College stated in 2014 "The rising rates of addiction and overdose deaths associated with the abuse of prescription drugs are placing a significant burden on Canadian families and the healthcare system. Prescription drugs are now the third most commonly abused substances among Canadian youth. Improving prescribing practices for drugs, opioids in particular, have been identified as integral to addressing prescription drug abuse. Governments working collaboratively with health professionals and their regulatory colleges need to look at ways to ensure that prescription drugs are prescribed in an appropriate manner.

B. Introduction

Pain management is an essential component of dental practice. This requires appropriate education, training, skill and professional judgement to comprehensively diagnose, evaluate treatment options and provide appropriate treatment that may include the use of analgesics and other drugs.

For many patients and dentists the management of pain and the use of prescription opioids are often linked. However, in most instances, dental pain is best managed with effective and timely treatment interventions, and the use of non-opioids, including acetaminophen and non-steroidal anti-inflammatory (NSAIDs) drugs. In those instances in which the patient's pain is unable to be managed with non-opioids, dentists must consider whether an alternate treatment or drug is clinically appropriate.

Dentists must exercise reasonable professional judgment to determine whether prescribing an opioid is the most appropriate choice for a patient. These drugs are highly susceptible to misuse, abuse and/or diversion into illegal markets, and may result in harm. If there are no appropriate

or reasonably available alternatives, the risk and benefits of prescribing an opioid must be considered especially when used long-term. Dentists who prescribe an opioid for a patient should place reasonable limits on their prescriptions, based on their clinical evaluation, which may help mitigate many of the potential risks associated with opioids.

The Alberta Dental Association and College provides this document to Alberta dentists as a membership service to assist dentists with decisions related to the prescription of opioid drugs for pain management in dental practice. This document complements the Alberta Triplicate Prescription Program that monitors the prescription and use of drugs that have a high addiction potential, such as opioids, and are prone to misuse and abuse for non-medical purposes. Any dentist or pharmacist may request a patient's Triplicate Prescription Program profile from the College of Physicians and Surgeons of Alberta to assist in providing patient care or if double doctoring or poly-pharmacy is suspected.

C. Acute Pain Management

The management of acute pain implies the elimination of a causative disease or disorder, whereas the objective with chronic pain is generally management of the patient's symptoms and any related dysfunction.

Before prescribing any drug, a patient evaluation is required including a medical history, appropriate clinical exam and tests such as pulp vitality testing and radiographs. The information collected should allow for a specific or differential diagnosis and establish a clinical connection for the use of the drug(s) prescribed. The following should be considered before prescribing any drug:

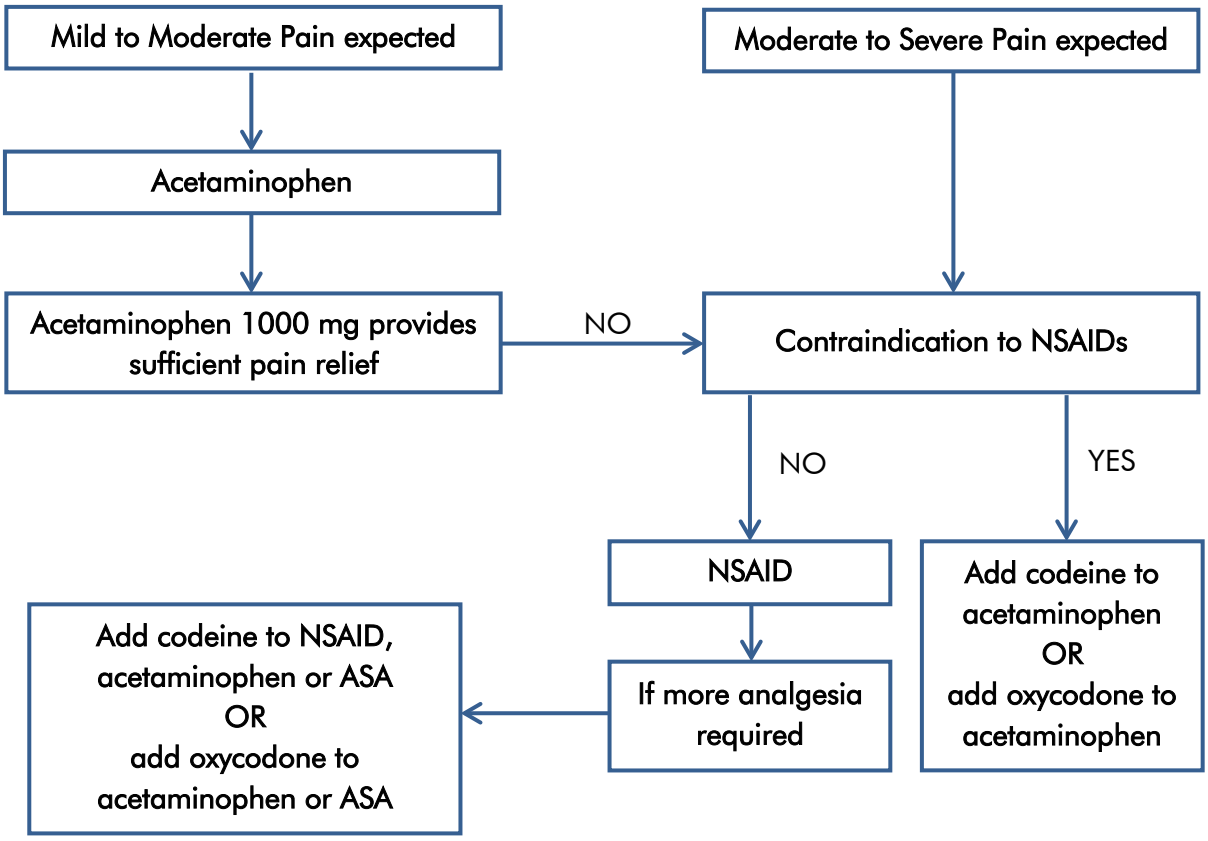
- Patients deserve effective, timely and safe pain management;
- Eliminate the source of the patient's pain directly through dental procedures whenever possible;
- The use of any drug involves potential risks;
- The use of an analgesic must be individualized, based on the patient's medical history and the level of anticipated post-operative pain;
- A non-opioid (i.e. acetaminophen or non-steroidal anti-inflammatory (NSAID) drugs) should be maximized before adding an opioid;
- A preoperative and/or loading dose of an NSAID may be beneficial;
- The dose and frequency of an analgesic should be optimized before switching to another analgesic;
- Long-term use of any analgesic should be avoided, whenever possible;
- The analgesic dose should be reduced in older individuals; and
- For children, the analgesic dose should be calculated on the basis of weight.

Postoperative pain is generally most significant for approximately two to three days post-operatively, after which it is expected to diminish. Thus, in most situations, analgesics should be prescribed for the management of postoperative pain for three days, with declining amounts needed thereafter.

Acetaminophen should be the first analgesic to consider and is usually sufficient for mild to moderate pain. Studies of acute pain in dentistry demonstrate that an appropriate dose of an NSAID should manage the vast majority of moderate to severe pain experienced by dental patients. **Only in a minority of situations is an opioid required.**

Before prescribing an analgesic for any patient, consider the following algorithm using clinical judgement with respect to the level of pain expected.

Algorithm for Management of Acute Pain



Attribution: Adapted with permission from the RCDSO The Role of Opioids in the Management of Acute and Chronic Dental Pain, adapted by RCDSO with permission from Haas, D.A. (2002). An Update on Analgesics for the Management of Acute Postoperative Dental Pain. Journal of the Canadian Dental Association, 68(8),476-482

The algorithm suggests the following approach first consider acetaminophen. If professional judgment determines that the maximum adult dose is, or will be, insufficient, then consider an NSAID. If deemed insufficient, then consider a combination of acetaminophen or NSAID with codeine. If deemed insufficient, then consider a combination of acetaminophen or an NSAID with oxycodone.

Before prescribing an opioid for any patient, consider the following:

- Is the patient's pain well documented?
- Is the patient currently taking an opioid?
- Does the patient's medical history suggest signs of substance misuse, abuse and/or diversion (see section on Assessing Risk)?
- Given the efficacy of non-opioids, do the benefits of prescribing an opioid outweigh the risks?

If the use of an opioid is determined to be appropriate, limit the number of tablets dispensed for opioid prescriptions to what the patient is expected to require for a 2 to 3 day period. This will allow for clinical re-evaluation of the patients pain and cause before additional prescriptions are provided.

In some situations, dentists may consider exceeding the suggested maximum number of days for a single opioid prescription. Dentists must exercise reasonable professional judgment in determining when this is justified, which should be documented. These situations, however, are the exception, and not common practice.

If a patient's pain is not resolving after 3 opioid prescriptions a referral for pain management should be considered. Further opioid prescriptions if necessary should be provided by or in consultation with the professional (physician or dentist), the patient is referred to for pain management.

D. Management of Chronic Pain

The diagnosis of chronic pain refers to pain that is prolonged, generally of 3 to 6 months duration, and subsumes chronic nociceptive pain, central pain and sympathetically maintained pain. These may all cause a "chronic pain syndrome", often with a behavioural or psychosocial component.

In dental practice, patients may present with chronic pain primarily of oral-facial origin or as part of, or in conjunction with, another primary pain diagnosis. If the patient's pain is primarily of oral-facial origin, the dentist may be the primary caregiver. However, if it is not primarily or solely of oral-facial origin, the dentist should collaborate with or refer to a physician or medical specialist, who may assume the responsibility of the primary caregiver.

Even if the patient's pain is primarily of oral-facial origin, the dentist should consider collaborating with other health care professionals, particularly when appropriate pharmacotherapy involves the use of drugs with which the dentist lacks experience or complications begin to exceed his/her competence to manage independently.

Chronic Conditions in Dental Practice	
Primarily of Oral-Facial Origin	Not Primarily or Solely of Oral-Facial Origin

• Temporomandibular Disorders
  o Muscular/Myofascial
  o Intra-articular
  o Degenerative/Inflammatory
• Neuropathic/Neuralgic Pain
  o Trigeminal Neuralgia (Tic Douloureux)
  o Secondary Trigeminal Neuralgia from Facial Trauma
  o Postherpetic Neuralgia (Trigeminal)
  o SUNCT Syndrome (Short-lasting, Unilateral, Neuralgiform Pain with Conjunctival Injection and Tearing)
  o Unclear But Likely Neuropathic Pain
  ▪ Glossodynia and Sore Mouth (also known as Burning Mouth Syndrome)
  ▪ Atypical Facial Pain (Atypical Facial Neuralgia, Migratory Odontalgia, etc.)
	• Tension-Type Headache (Muscle Contraction Type Headache) with facial pain
	• Secondary Trigeminal Neuralgia from Central Nervous System Lesions
	• Cervicogenic Headaches with facial pain
	• Temporal Arteritis
	• Cluster Headache
	• Migraine Headache

Attribution: RCDSO The Role of Opioids in the Management of Acute and Chronic Dental Pain	

Temporomandibular Disorders

For muscular/myofascial pain, in general, the most effective first line of therapies are the physical and cognitive/behavioural modalities. If parafunctional habits are contributing to the patient's symptoms, a stabilizing-type oral appliance may be helpful. If sleep disordered breathing is suspected, a sleep assessment followed by appropriate management, may be considered.

Unlike acute pain, pharmacologic management of chronic temporomandibular pain implies long-term use, which may result in drug tolerance, escalating dosage and increased risks of adverse effects. **Opioids are rarely indicated**.

Neuropathic/Neuralgic Pain

For neuropathic/neuralgic pain, whether (apparently) primarily of oral-facial origin or not, collaboration with a physician is advisable to confirm that it is not part of a more generalized/systemic pain disorder.

Generally, neuropathic/neuralgic pain is best managed pharmacologically, although other adjunctive modalities are often helpful. Anticonvulsants are usually the drugs of choice for neuropathic/neuralgic pain. Certain antidepressants, particularly the tricyclic amines, are also useful in selected situations. **Opioids are rarely indicated,** except for the most severe cases, unresponsive to the first line of therapy.

Dentist should consider collaborating with the patient's physician and/or referring the patient to another professional, particularly when appropriate pharmacotherapy involves the use of drugs with which the dentist may lack experience or when complications begin to exceed his/her competence to manage independently.

Chronic Pain Not Primarily or Solely of Oral-Facial Origin

For pain that is not primarily or solely of oral-facial origin, in general, the dentist is not the primary care provider. The dentist's role is complementary to the physician or medical specialist, principally in monitoring and/or controlling the oral-facial and/or dental component of the patient's complaint.

E. Management of Risk for Opioid Use/Abuse

No dentist has the obligation to prescribe any drug if he or she does not believe it is clinically appropriate even if the patient has been prescribed them in the past and despite any demands or expectations. In appropriate instances, a dentist must have the clarity of purpose and conviction to refuse a patient's request for opioids when it appears to be unjustified or suspect, in order to protect him or her from unnecessary drug and abuse potential, and to limit the potential diversion of these drugs to illegal purposes.

Assessing Patient Risk

When prescribing opioids, a dentist must have current knowledge and ensure comprehensive documentation of the patient's pain condition and general medical status. This should include a review of the patient's alcohol and other substance use.

Additional assessment may be desirable regarding a patient's risk for opioid misuse, abuse and/or diversion; various screening tools may help with this determination. Examples include the CAGE-AID Questionnaire adapted to include drugs and the Opioid Risk Tool (refer to Appendix 1).

A discussion about potential benefits, adverse effects, complications and risks assists the dentist and patient in making a joint decision on whether to proceed with opioid therapy.

Dentist should ensure the patient's expectations are realistic before prescribing any analgesic including opioids. The goal of analgesic therapy is rarely the elimination of pain, but rather the reduction of pain intensity.

Patient Education

Dentists should advice patients on the safe use and storage of opioids. Inform patients at a minimum:

- Read the label and take the drug exactly as directed. Take the right dose at the right time;
- Follow the other directions that may come with the drug, such as not driving, and avoiding the use of alcohol;
- Store opioids in a safe place out of the reach of children and teenagers, and keep track of the amount of drugs;
- Never share prescription drugs with anyone else, as this is illegal and may cause serious harm to the other person;
- Return any unused drugs to the pharmacy for safe disposal, in order to prevent diversion for illegal use and to protect the environment. Drugs must not be disposed of in the home (e.g. in the sink, toilet or trash);
- Inform patients what to do if they miss a dose; and
- Remind them that crushing or cutting open a time-release pill destroys the slow release of the drug and may lead to an overdose with serious health effects.

Many patient educational materials available on the internet including:

- Are you thinking about taking opioids (painkillers) for your pain? http://nationalpaincentre.mcmaster.ca/documents/AreYouThinkingAboutTakingOpioidsEnglishJan2014.pdf
- Unintended Consequences: Sometimes drugs end up in unusual places... Like Trail Mix Parties. http://nationalpaincentre.mcmaster.ca/documents/UnintendedConsequencesAug2012.pdf
- Youth and prescription painkillers: What parents need to know. http://knowledgex.camh.net/amhspecialists/resources_families/Documents/YouthandMisuse%20E.pdf

Detecting Potentially Aberrant Drug Behaviour

Dentists must be alert for behaviour that suggests patients are misusing or abusing prescription drugs, or seeking them for diversion purposes.

It may be difficult to determine whether a patient is misusing or abusing prescription drugs, or seeking them for diversion purposes. Common aberrant drug-related behaviours can be divided into three groups:

- Escalating the dose (e.g. requesting higher doses, running out early);
- Altering the route of delivery (e.g. biting, crushing controlled-release tablets, snorting or injecting oral tablets); and

- Engaging in illegal activities (e.g. double-doctoring, prescription fraud, buying, selling and stealing drugs).

Practical steps to help prevent drug misuse, abuse and/or diversion that dentists can use include:

- If the patient is not well known to you, ensure her or his identity has been verified; for example, by requesting two or three pieces of identification (e.g. health card, driver's licence, birth certificate);
- Verify the presenting complaint and observe for aberrant drug-related behaviour;
- Screen for current and past alcohol and drug (prescription, non-prescription, illicit) use;
- Consider using screening tools (refer to Appendix 1);
- Consider whether the patient may be misusing, abusing and/or diverting opioids if she/he:
    - Requests a specific drug by name and/or states that alternatives are either not effective or is "allergic" to them; and/or
    - Refuses appropriate confirmatory tests (e.g. x-rays, etc.);
- Ask to speak with the patient's physician and/or pharmacist. Alberta dentists can request a patient Triplicate Prescription Program profile by calling 780-969-4939, toll free (in Alberta) 1-800-561-3899 extension 4939 or e-mail tppinfo@cpsa.ab.ca; and
- Ask the patient if she/he has received any opioids in the last 30 days from another practitioner and look for any signs of evasiveness.

Managing the High Risk Patient

Dentists who are considering prescribing opioids or other drugs with abuse potential for patients with a history of aberrant drug-related behaviour should clarify the conditions under which they will prescribe, including consultation with the patient's physician and consider using a treatment agreement. The physician may consider, in appropriate circumstances, monitoring for aberrant drug-related behaviour (e.g. urine drug screening) and the use of a treatment agreement.

A treatment agreement helps to establish the dentist's expectations of a patient before prescribing begins and the circumstances in which it may stop. The consequence for not meeting the terms of the agreement should also be clear: the dentist may decide not to continue prescribing opioids.

Shortages of Interprofessional Support

The Alberta Dental Association and College recognizes that at times, dentists may be faced with the prolonged management of a patient's pain in undesirable circumstances, especially when there is a shortage of interprofessional support; for example, the patient does not have a physician or the referral to another practitioner with expertise in pain management is not possible for an extended period of time.

The paramount responsibility of dentists is to the health and well-being of patients, which is an expression of the core ethical value of beneficence one of the fundamental principles of the Alberta Dental Association and College Code of Ethics.

This requires dentists to maximize benefits and minimize harm for the welfare of patients. In some situations, determining what may be beneficial versus harmful is difficult. Nevertheless, dentists must attempt to provide care in a way that upholds the Alberta Dental Association and College Code of Ethics.

F. Additional Issues

Analgesics for Pediatric Patients

Acetaminophen is usually considered the drug of choice for pediatric patients. Dosage is based on the weight of the child. Ibuprofen can also be used with the dosage based on the weight of the child.

ASA is contraindicated for pediatric patients, because it can potentially induce Reye's syndrome.

Health Canada has recommended that codeine only be used in patients aged 12 and over. This is due to the potential of the rare complication of ultra-rapid metabolism of codeine leading to morphine overdose. Additionally, Health Canada recommends that codeine should not be given to patients under the age of 18 if they are having (or have recently had) surgery to remove tonsils or adenoids, as these patients are more susceptible to the risk of serious breathing problems.

Prescribing and Monitoring Opioids in Alberta

Alberta Health, in partnership with pharmacists, dentists, and the Council of the College of Physicians and Surgeons of Alberta established the Triplicate Prescription Program to monitor the use of drugs that have a high addiction potential and are prone to misuse and abuse for non-medical purposes. This process is designed to discourage and document prescription forgeries, control "double doctoring" in which individuals visit two physicians/dentists for the same complaint and thus receive two prescriptions, and to obtain general information about prescribing practices in this province. The College of Physicians and Surgeons of Alberta administers the Triplicate Prescription Program.

To prescribe any of the Triplicate Prescription Program medications, it is mandatory that prescribers use Triplicate Prescription Program prescription forms. Failure to complete the Triplicate Prescription Program prescription form may result in rejection of the prescription by the pharmacist with resulting disruption to patient care.

In Alberta, when prescribing oxycodone drugs a dentist must use a Triplicate Prescription Form that is provided to the patient of faxed to the pharmacy.

For safety concerns, the College of Physicians and Surgeons of Alberta added codeine containing drugs to the Triplicate Prescription Program in 2013. Codeine is a considered Type 2 Triplicate Prescription Program medication and does not require prescriptions to be written on triplicate form. However, patient identifying information such as date of birth and the Alberta Personal Health

Number is required on the prescription to ensure the information is captured accurately in the Triplicate Prescription Program database.

Dentists must ensure that all written prescriptions are clearly understandable and contain all necessary information.

Verbal prescriptions for oxycodone drugs are not permitted in Alberta. These drugs must be on a Triplicate Prescription Form provided to the patient or the Triplicate Prescription Form faxed to the pharmacy. Verbal codeine containing drug prescriptions must be directly from the prescriber to the pharmacist/pharmacy technician.

According to drug safety literature, the use of verbal prescriptions (spoken aloud in person or by telephone) introduces a number of variables that can increase the risk of error so whenever possible it is advisable to avoid the use of verbal prescriptions.

Drug and Prescription Security in the Dental Practice

Dentists must take adequate steps to protect narcotics and controlled drugs in their possession from loss or theft. Narcotics and controlled drugs must be kept in a locked cupboard out of sight and reach of patients or prospective patients.

Dentists must store these drugs in a locked and secure location within their professional practice and in an area where only authorized employees have access. A drug register must record and account for all narcotics, controlled drugs, benzodiazepines and targeted substances that are kept on site. It is good practice to also document in this register Over-the-Counter (OTC) drugs that are given to the patient usually in the form of samples as well. The register should also be kept in a secure area in the office, preferably with the drugs. It goes without saying that all drugs given or prescribed and the dosage will be entered in the patients chart regardless of whether they are Over-the-Counter (OTC) or controlled.

- Whenever drugs in the above-mentioned classes are used or dispensed, a record containing the name of the drug, number or dosage dispensed, name of the patient and date should be entered in the register. Each entry should be initialled or attributable to the person who made the entry. In addition, this same information should be recorded in the patient record along with any instructions given;
- Prescription pads should never be pre-signed. They should be kept out of reach of patients, prospective patients or visitors to the office; and
- Triplicate prescription pads should be kept in a secure place that is accessible only by the dentist.

Drugs may only be provided or dispensed to dental patients of record, for dental conditions being treated, and according to accepted dispensing protocols.

It is not acceptable for dentists or their staff to access in-office supplies of narcotics, controlled drugs or other drugs that normally require a prescription, for their own personal use or use by their family

members. Dentists must not prescribe drugs for themselves and can only prescribe drugs for family members when indicated specifically to dental issues.

Education

Dentists should discuss the dangers of drug and substance abuse with staff, remind staff of the safeguards and protocols in the office to prevent misuse of supplies. Dentists should provide information about resources that are available to dental professionals to assist with wellness issues. An example is the CDSPI Members' Assistance Program that provides confidential counselling and related support services to all dentists, their extended families and staff members.

Staff should be informed that it is not acceptable for dentists or their staff to access in-office supplies of narcotics, controlled drugs or other drugs that normally require a prescription, for their own personal use or use by their family members.

Dentists must take reasonable precautions to prevent the unauthorized use of in-office supplies of opioids or other drugs by staff and other individuals with access to the office.

Appendix 1- Screening Tools:

The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)
1. Have you felt you ought to cut down on your drinking or drug use? 2. Have people annoyed you by criticizing your drinking or drug use? 3. Have you felt bad or guilty about your drinking or drug use? 4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?
Score: _____/4 2/4 or greater = positive CAGE, further evaluation is indicated
Attribution: Wisconsin Medical Journal. Brown, R.L. & Rounds, L.A. (1995). Conjoint screening questionnaires for alcohol and drug abuse. Wisconsin Medical Journal, 94,135–140.

Opioid risk tool		
	Female	Male
Family history of substance abuse		
- Alcohol	☐ 1	☐ 3
- Illegal drugs	☐ 2	☐ 3
- Prescription drugs	☐ 4	☐ 4
Personal history of substance abuse		
- Alcohol	☐ 3	☐ 3
- Illegal drugs	☐ 4	☐ 4
- Prescription drugs	☐ 5	☐ 5
Age (mark box if between 16 and 45)	☐ 1	☐ 1
History of preadolescent sexual abuse 3 0	☐ 3	☐ 0
Psychological disease		
- Attention deficit disorder, obsessive-compulsive disorder, bipolar, schizophrenia	☐ 2	☐ 2
- Depression	☐ 1	☐ 1
Scoring: Low risk: 0–3 points Moderate: 4–7 points High: 8+ points		
Attribution: Lynn R. Webster, MD; Medical Director of Lifetree Medical, Inc., Salt Lake City, UT 84106		

Appendix 2- Reference Documents and Resources

1. Alberta Health and Wellness, Office of the Chief Medical Officer of Health Prescription Drug Misuse in Alberta: Everyone's Problem September 2011

2. National Advisory Committee on Prescription Drug Misuse. (2013). First do no harm: Responding to Canada's prescription drug crisis. Ottawa: Canadian Centre on Substance Abuse.

3. Triplicate Prescription Program, College of Physicians & Surgeons of Alberta http://www.cpsa.ab.ca/Services/Triplicate_Prescription_Program.aspx

4. Codeine Prescribing in Alberta, College of Physicians & Surgeons of Alberta http://www.cpsa.ab.ca/Resources/the-messenger/prescribingcorner/prescribing-corner/2013/01/09/Codeine_Prescribing_in_Alberta.aspx

5. Prescription Regulation Summary Chart, Alberta College of Pharmacists, Revised 2014

6. Controlled Drugs and Substances Act, 1996 Government of Canada http://laws-lois.justice.gc.ca/eng/acts/c-38.8/

7. Understanding Health Professionals' Perceptions of the Prescription Drug Misuse Problem and its Solution, Alberta 2014, Applied Solutions & Consulting

8. The Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice Royal College of Dental Surgeons of Ontario

9. Alberta Health Services Addiction Services - Opioid Dependency Program http://www.albertahealthservices.ca/services.asp?pid=service&rid=1000286

10. Are you thinking about taking opioids (painkillers) for your pain?, 2014 National Pain Centre, McMaster University http://nationalpaincentre.mcmaster.ca/documents/AreYouThinkingAboutTakingOpioidsEnglishJan2014.pdf

11. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, 2010, National Pain Centre, McMaster University http://nationalpaincentre.mcmaster.ca/opioid/

12. Unintended Consequences: Sometimes medications end up in unusual places... Like Trail Mix Parties, 2014, National Pain Centre, McMaster University http://nationalpaincentre.mcmaster.ca/documents/UnintendedConsequencesJan2014.pdf

13. Youth and prescription painkillers: What parents need to know, 2013, Centre for Addiction and Mental Health http://knowledgex.camh.net/amhspecialists/resources_families/Documents/YouthandMisuse%20E.pdf