



## **Tufts Health Care Institute Program on Opioid Risk Management**

The Role of Dentists in Preventing Opioid Abuse

March 11-12, 2010

### **Development of a Research Agenda**

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The March 11-12, 2010 summit meeting sponsored by the Tufts Health Care Institute Program on Opioid Risk Management assessed opioid use and abuse in dentistry. The summit meeting offered guidelines and recommendations for the treatment of acute surgical postoperative pain and the management of chronic orofacial pain. Specific topics addressed the role of dentists in preventing unintended diversion of opioids, and the role of dentists in providing pain management for patients currently abusing psychoactive drugs, patients tolerant to standard recommended doses of opioids, and patients recovering from chemical dependency.

In addition, participants at this group developed recommendations for research that is needed to better understand opioid prescribing in the dental settings, and prevention of opioid abuse or misuse. These recommendations incorporate several research agenda items from National Institute on Drug Abuse's (NIDA) request for research dated August 26, 2009, and as follow-up to NIDA's meeting on opioid prescribing to adolescents in dental settings on February 23, 2009.

#### **Recommendation #1**

There are some gaps in current pharmacologic knowledge with respect to the efficacy of non-opioid analgesics for managing acute and chronic pain in the dental setting. Specific topics include:

- Efficacy of prescribing analgesics at fixed intervals (q.i.d., t.i.d., etc) versus on demand (p.r.n.).
- Demographic, behavioral and genetic (polymorphisms) factors that potentially predict pain relief efficacy, adverse outcomes and abuse.
- The potential utility of NSAID/APAP combinations in limiting the need for opioid analgesics.
- Assessment of the utility of long-acting local anesthetics alone or combined with buprenorphine to manage postoperative pain.

**Recommendation #2**

Research is needed on the use of opioids for managing patients with chronic orofacial pain, of both neuropathic and nociceptive origin. Research is also needed on the potential to optimize the dose of opioids vis-à-vis the risks of abuse. Moreover, research is needed to improve effectiveness of pain therapy by co-administering adjunctive medications such as NMDA receptor antagonists, anticonvulsants and gabapentin.

**Recommendation #3**

There is a need to better understand practice patterns for pain management and analgesic use (both opioid and non-opioid) among general dentists, as well as dental specialists. In addition, there is a need for a better understanding of dentists' perceptions of risk and safety of opioid analgesics, and awareness about the increasing problem of prescription drug misuse and abuse.

**Recommendation #4**

Research is needed on the effectiveness of educational programs to improve pain management and prescribing practices provided by dentists.

**Recommendation #5**

There is a need for research to determine patient behaviors regarding compliance with opioid prescriptions from dentists, and the prevalence and patterns of diversion of unused opioids prescribed by dentists, among adolescents.

**Recommendation #6**

There is a need for research on prevention practices for curbing diversion of prescription opioids in the dental setting, i.e. appropriate dosing, disposal of unused medication, instructions about not sharing medications, etc.

**Recommendation #7**

Research is needed on the effectiveness of educational programs and potential abuse deterrent therapies addressing pain and anxiety management of patients who are chemically dependent and patients who are in recovery following drug dependence within the clinical setting.