MANAGEMENT OF THE ADDICTED DENTAL PATIENT

Harold L. Crossley DDS, Ph.D.
Omar Jones, DDS
Robert K. White, LCPC

In 1991, the American Dental Association (ADA) passed a policy statement recognizing drug dependence as a disease. This policy statement stipulated that dentists have the responsibility to identify patients who are actively addicted to drugs or who are in recovery. Dentists must include, in their patient health history, questions that address drug addiction and substance use. A positive response may require the dentist to alter the treatment plan and eventual dental care of the patient.

In order to help detect the addicted patient, the comprehensive medical history should include, at a minimum, questions that address congenital or acquired cardiac abnormalities and any significant hepatic dysfunction. Obviously a positive response for hepatic dysfunction requires a medical consultation to provide an evaluation for hepatitis and overall liver function. During the review of the patient's medical history, the dentist should not hesitate to ask whether a history of hepatic dysfunction could be the result of drug and/or alcohol abuse or addiction. The dentist should explore whether the patient has any history of, or is in recovery from drug dependence. Usually, patients who are in recovery from some form of drug addiction will readily admit to it in order to avoid taking medications that would cause a relapse.

A patient's social history may reveal active drug use including alcohol and other drugs. The clinician should ask about the use, frequency and quantity of alcohol and other drugs. The patient may admit to the use of any or all these substances and express a desire to stop their use. The clinician should be prepared to offer assistance to the patient by referring the patient to the appropriate counseling services.

Occasionally, a dental treatment plan must be modified for the addicted or recovering patient. As an example, local anesthetics with vasoconstrictors are contraindicated for a patient under the influence of cocaine since an inadvertent intravascular injection would potentiate the vasoconstriction of cocaine and produce a hypertensive crisis. In reality, it is unlikely (but possible) that a patient would come to the dental office under the influence of cocaine since it is a stimulant. With the inherent anxiety of dental care, it is more likely that a patient would take a narcotic (heroin), euphoriant (marijuana), or sedative (alcohol). If patients are taking these central nervous system depressants, local anesthetics with or without vasoconstrictors are not contraindicated.

Postoperative pain control may present a problem in patients actively using or recovering from psychoactive drugs, particularly if the drugs are central nervous system depressants. Practitioners who have traditionally relied on opiate type analgesics for post operative

pain control must use alternative medications such as nonsteroidal anti-inflammatory drugs (NSAIDS). These drugs provide the ideal alternative since they are not addictive and provide an additional anti-inflammatory effect. In addition, nitrous oxide and oral or intravenous sedation should be used with caution for drug dependent patients and only if there is no alternative.

A particularly vexing problem for dentists are addicted patients who seek practitioners that will liberally prescribe narcotic analgesics. These individuals have been dubbed "doctor shoppers" and present themselves to dentists in an attempt to secure narcotic analgesics. Certain compulsive characteristics of these patients should alert the dentist to the user's scheme. They will often request an appointment near closing time to prevent any definitive treatment and to request a narcotic analgesic until the offending tooth can be treated. The "shopper" will often request a specific brand of analgesic, calling it by name or a close similarity of the name. Occasionally, a patient will call a dental office claiming to be a close friend of an established patient. The addict may then state that he or she cannot come to the office on time and would prefer a later appointment. This conversation then ends with a request for a prescription for a narcotic analgesic.

Once the addict has the prescription, they go to the next dentist with the same ruse. The practitioner should be wise not to prescribe any drug without seeing the patient, not to see the patient after hours without anyone in the office, and to prescribe non-narcotic drugs for
postoperative pain, particularly when the patient presents a suspicious narrative.

Dentists should be aware that addiction is a disease and that denial is a normal part of the illness. If it is clear that the patient is drug dependent then offer to help them find a drug treatment program or an addiction professional.