



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

MEMO

6 Crescent Road
Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814
Toll-Free: 800.565.4591 www.rcdso.org

TO: ONTARIO DENTISTS AND
KEY STAKEHOLDERS
FROM: IRWIN FEFERGRAD, REGISTRAR

DATE: DECEMBER 8, 2014

REGARDING: PROPOSED GUIDELINES ON THE ROLE OF OPIOIDS IN THE MANAGEMENT OF ACUTE AND CHRONIC PAIN IN DENTAL PRACTICE

Preamble

At its November 13, 2014 meeting, the RCDSO Council approved, in principle, proposed Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice, which are attached to this memo.

Because of the significance of this subject to dentists, Council decided that it was important to circulate the proposed Guidelines to all members and other stakeholders for review and input, even though this circulation is not required by the College's by-laws.

Your feedback is important, so please read this memo and the attached material and send your comments, if any, by surface mail or by e-mail to:

Irwin Fefergrad
Registrar
Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto ON M4W 1T1
e-mail: ifefergrad@rcdso.org

Please ensure that your response is received by the College on or before **February 16, 2015**.

Proposed Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice

The management of pain is an important component of dental practice. Dentists frequently consider the use of analgesics and other drugs to manage a patient's condition, which requires appropriate knowledge, skill and professional judgment to be effective and maintain safety.

Opioids are effective in managing pain, but their use presents a unique set of challenges for both prescribers and patients. Ontarians are among the highest users in the world of prescription drugs containing opioids, which are highly susceptible to misuse, abuse and/or diversion. This represents a serious problem that has been described as a public health crisis.

At the June 14, 2012 meeting, Council approved a recommendation by the Quality Assurance Committee to strike a working group to prepare guidelines on the management of both acute and chronic pain that:

- address best practices for the safe and effective use of analgesics, including opioids;
- include helpful tools to assist dentists in making appropriate prescribing decisions;
- address interprofessional collaboration with physicians, pharmacists and other health care providers;
- address the management of risk for opioid use, including the management of the high-risk patient.

At the November 13, 2014 meeting, Council approved, in principle, proposed Guidelines as recommended by the Quality Assurance Committee. The document was developed by a working group appointed by the Quality Assurance Committee and was comprised of Dr. David Mock (Chair), Dr. Angela Carol (College of Physicians and Surgeons of Ontario), Dr. Daniel Haas (Dean of the University of Toronto, Faculty of Dentistry), Ms. Anne Resnick (Ontario College of Pharmacists) and Dr. David Segal (Council Member).

The proposed Guidelines are divided into four major sections. The first section addresses the management of acute pain and emphasizes that in most situations, acute pain is best managed with effective, timely and safe treatment, and the use of non-opioid analgesics, including acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs). An algorithm is presented to assist members in the correct approach to selecting an appropriate analgesic and is reinforced by the accompanying text, which stresses that only in a minority of situations is the use of an opioid required. If the use of an opioid is determined to be appropriate, the proposed Guidelines suggest limiting the number of tablets dispensed. In addition, the document advises that dentists who prescribe an opioid for a patient independently should limit the number of consecutive prescriptions to a maximum of three, using the suggested maximum number of tablets. Further prescribing should take place only in consultation with the patient's physician and/or a dental specialist with expertise in pain management.

The proposed Guidelines then address the management of chronic pain, noting that if the patient's pain is primarily of oral-facial origin, a dentist or dental specialist may be the primary caregiver. Again, however, the document stresses that the use of an opioid is rarely indicated. If the patient's pain is not primarily or solely of oral-facial origin, the proposed Guidelines advise the dentist to collaborate with or refer to a physician or medical specialist, who may assume the responsibility of the primary caregiver. The proposed Guidelines further advise that 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.

Turning to the management of risk for opioid use, the proposed Guidelines acknowledge that in some instances, the prescription of opioids may be deemed necessary to manage a patient's pain, but they are often prescribed in excess of what is required and with little regard to the possibility of misuse, abuse or diversion. The dentist should strive for adequate pain management, while simultaneously assuming the responsibility of limiting the potential for risk. To assist members in the management of risk for opioid use, the proposed Guidelines describe the assessment of risk, encourage patient education and list aberrant drug-related behaviours that are potentially indicative of opioid misuse. The document also addresses the management of the high-risk patient, which may involve consultation with a physician and the use of treatment contracts, as well as situations in which the dentist is faced with the prolonged management of a patient's pain and a shortage of interprofessional support.

Finally, the proposed Guidelines deal with several additional issues, including the use of analgesics for pediatric patients, the content and clarity of prescriptions, securely issuing written prescriptions, and safeguarding the dental practice by securing and monitoring in-office drugs, along with staff education.

The proposed Guidelines include two appendices, providing screening tools for the assessment of risk, as well as additional resources and reference materials available on the internet.

Overall, the proposed Guidelines deal with this important subject in a comprehensive fashion and presents "best practices" for our members.