



Updated ADA guidelines for dental pain treatment, with Pitt help, downgrades opioids

‘The guidelines bring clarity about the most effective interventions for dental pain’



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Following years of research concerning best practices for pain management within dentistry — and with a keen eye on reducing the prescribing of opioids — the American Dental Association on Monday updated its guidelines for treatment of adults and adolescents ages 12 and up.

Based upon studies led by the ADA, University of Pittsburgh and University of Pennsylvania, the [new recommendations](#) state that nonsteroidal anti-inflammatory medications (such as ibuprofen and naproxen) alone, or NSAIDs in combination with acetaminophen, are sufficient as a first-line treatment of dental pain in adults and adolescents.

An [update to pediatric guidelines](#), also developed by Pitt, Penn and the ADA, was released in August.

“A lot of people ended up with an opioid addiction from a legitimate prescription,” said Michael Reynolds, an assistant professor of addiction medicine at West Virginia University School of Medicine and a physician. He said the new guidelines were “excellent” and a “powerful step forward” for reducing opioid prescribing and opioid use.

Opioid prescribing by dentists has dropped in the last decade in addition to a reduction in deaths by prescription medication, as fentanyl now accounts for the majority of overdose deaths. In Allegheny County in 2010, prescription opioids were the leading cause of drug overdose deaths, at 57% of all overdose deaths, according to the county’s overdose dashboard. [Preliminary 2023 data](#) shows the percentage has dropped to 25%.

“We hope this clinical practice guideline will reduce the risk of opioid addiction, overdose and diversion,” Marta Sokolowska, deputy center director for substance use and behavioral health at the Food and Drug Administration’s Center for Drug Evaluation and Research, said in a news release.

In 2020, the FDA awarded Pitt and the ADA [a three-year grant totalling \\$1.5 million](#) to support research efforts to develop the guidelines.

Paul Moore, professor emeritus at Pitt’s School of Dental Medicine and senior author and panel chair for the guidelines, said the team combed through around 500 randomized control trials to develop a large-scale analysis. Researchers also conducted studies with 50,000 patients and gathered their experiences with wisdom tooth extraction.



**Dr. Paul Moore, professor emeritus at Pitt's dental school, is senior author on the new ADA guidelines for first-line treatment of dental pain.
(Courtesy Pitt School of Dental Medicine)**

Not only are the new guidelines aiming to address the opioid epidemic, but they are bolstered by the fact that NSAIDs often work better than opioids because they directly target inflammation. Opioids do not.

“Opioids really are not good agents,” said Dr. Moore. “They have nothing to do with inflammation. If NSAIDs work better than Percocet, and they don’t give you constipation, gastrointestinal upset or have a risk of dependence, you can see why they should be the first-line treatment. The guidelines are well-documented, and this should give people confidence.”

“The data we collected precisely shows that opioids across the board are less effective than NSAIDs alone or NSAIDs with acetaminophen,” said Alonso Carrasco-Labra, who was the senior director of the Department of Evidence Synthesis and Research at ADA when the funds became available, and has since become an associate professor at Penn’s School of Dental Medicine and director of Penn’s Cochrane Oral Health Collaborating Center.

Dr. Reynolds, who was not involved with the development of the guidelines, agreed.

“The science behind this is not new,” he said. “We’ve known this for a while. So the more we embrace these different modalities for treating pain, the better.”

For when opioids are necessary, the guidelines suggest how physicians should prescribe them.

“There are going to be times when an NSAID and a Tylenol are just not cutting it,” said Dr. Moore. “I don’t think we can decrease prescribing to zero, because sometimes you need a backup.”

The new guidelines include avoiding “just in case” prescribing, which was an earlier practice where people were sent home with opioids as a preventive measure. This often led to opioids sitting in medicine cabinets or drawers for years — tempting for a teen or other member of the household to snag.

The recommendations also note the importance of proper disposal of unused medications, through the utilization of [drug take-back programs](#), and they also note that careful prescribing of opioids should include shared decision-making and exercising “extreme caution” when considering giving them to teens and young adults.

“[Adolescents] are risk-takers,” said Dr. Moore. “The best approach to decrease risk-taking with opioids is to make them unavailable.”

Dr. Moore also noted that if a patient has a history of drug abuse or mental illness, dentists should first consult with that patient’s physician or not prescribe opioids at all.

The guidelines are not just for dentists.

Many people, especially those who are underinsured, low-income or homeless, visit emergency departments when they’re experiencing dental pain and are often given opioids and antibiotics, said Dr. Carrasco-Labra.

“The guidelines bring clarity about the most effective interventions for dental pain,” he said. “And th[ose] interventions are in alignment with what other physicians can do.”

Dr. Reynolds agreed that an announcement like this from such an

influential institutional body will create standardization across the medical field.

“Now everyone is on the same page,” he said.

The only gripe those involved with the research had was regarding the slow pace of the scientific process. Dr. Moore retired in the midst of the process, and Dr. Carrasco-Labra moved from the ADA to Penn. The peer-review process alone, which helps to ensure that scientific studies are sound, can take up to six months.

“All that scientific work had to be published before the guidelines came out,” said Dr. Moore. “It’s very extensive.”


And that can have real-world consequences.

“If the system was faster, this would have [come out] much faster,” Dr. Carrasco-Labra said. “In the future, we need to think about other ways to disseminate guidelines other than the peer review-journal.”

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