How Can Two Disciplines Work Together?
Lessons from Dentistry and Pharmacy

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Objectives

- Describe current and potential collaborations between dentists and pharmacists
- Highlight patient education regarding oral adverse effects of medications commonly prescribed in dentistry
- Learn techniques to counsel patients about potential drug interactions commonly prescribed
- Examine ways to promote oral health in DM
- Reinforce smoking cessation
Dentists: What are ways you could work with a pharmacist?

Pharmacists: What are ways you could work with a dentist?
Dentists – Ideas for Collaboration with Pharmacists

- Asking specifics about new medications?
- Asking specifics about supplements?
- Asking how a medication works?
- Asking what dental implications might be of a medication?
  - Xerostomia?
  - Stomatitis?
  - Oral candidiasis?
- Asking what interactions may occur?
  - With pain medications dentists may prescribe?
    - “Allergy” to codeine
    - Impaired kidney function
  - With antibiotics dentists may prescribe?
    - Allergy to penicillin
  - Any disease–state implications?
Pharmacists – Ideas for Collaboration with Dentists

- How do you take care of an “avulsed tooth?”
- How should you deal with a wire that comes loose from braces?
- How should you deal with a crown that falls out?
- What should I tell patients when they come in for advice after having a tooth extracted?
- How do I counsel a patient about the following?
  - Xerostomia?
  - Aphthous ulcers?
  - Oral Candidiasis?
Pharmacists – Ideas for Collaboration with Dentists

- What disease states cause most dental problems?

- What do patients need to do to maintain oral health?
HC

HC is a 42 y/o female with a mental disability that has been cared for at home by her aging parents. The woman is unable to talk and mostly communicates by screaming and spitting. On a home visit the interprofessional (IP) team (consisting of a dentist, physician, nurse, dietitian, and pharmacist) learns that the parents are concerned about HC’s incredibly atrocious oral state. Her gums are bleeding and she has severe halitosis. She has not allowed her parents to come near her for years to help with any type of toothbrushing or oral hygiene. The dentist on the IP team recognizes that there is much dental work that needs to be done but the patient is extremely belligerent and uncooperative.

What are some ideas to deal with this situation?
Periodontal Disease in Diabetes

- Often called another complication of diabetes
- Many dentists are taking an active role in identifying people with undiagnosed DM
  - Study evaluated 530 persons with one additional self-reported DM risk factor (FH, high cholesterol, HTN, overweight/obesity)
  - At-risk population parameters (≥4 missing teeth/≥26% deep periodontal pockets → 73% identification of true cases)
  - Fingerstick point-of-care A1C ↑ sensitivity from 73% to 92%

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GV is a 42 y/o female with insulin–using type 2 diabetes. When she goes to pick up her insulin at the pharmacy she asks the pharmacist about the following issues:

- Is there anything she can do to prevent bleeding from her gums – she states her gums are swollen and some of them seem a bit loose.
- She says she has noticed that she has had to increase her insulin dose lately and asks if you have any idea why.
- She also wants to know if there is a product she can use to control halitosis.
- She wants to know about the nicotine gum she is using to stop smoking.
Should the pharmacist refer GV to a dentist?
  ◦ Why or why not?

Should the pharmacist recommend some OTC products?
  ◦ What and why?

What are some questions a dentist may have?
Dentist: What Questions to Ask (persons with diabetes?)

- Have there been any changes to your overall health?
  - What is your A1C?
- What medications are you taking?
- Any OTCs? Supplements?
- When was the last time you went to your physician?
- Did you take your insulin today? Did you eat?
Dentist: What Questions to Ask

(people with diabetes?)

- What changes have occurred in your mouth?
  - Dryness, bleeding?
  - Bad breath?
  - Loose teeth?
  - Irritation?
- Are there any changes in your diet?
- Have you gained or lost weight?
- How are you sleeping? Why?
- Do you smoke?
  - How much?
GV – Medication List

- Lantus® insulin – 30 Units at bedtime
- Humalog® insulin – 10 Units twice daily with breakfast and supper
- Metformin 1000 mg twice daily
- Nifedipine – 10 mg daily
- Desipramine – 25 mg daily
- Aleve® – 1 tablet twice daily for tooth pain
- Nicotine gum
Medication Issues

- Timing of injections and dental appointment
  - Hypoglycemia issues
- Any problems with any of the medications the patient is taking?
  - Hint: nifedipine
  - Hint: desipramine
  - Hint: anti-inflammatory (Aleve®)
  - Hint: nicotine gum
Break Out Groups
Nifedipine Issues

- Gingival hyperplasia
- What can be done?
- What should the patient be told?
Desipramine Issues

- Xerostomia
- What can be done?
- What should the patient be told?
NSAID Issues

- What is the patient’s BP?
- Kidney function?
- What can be done?
- What should the patient be told?
Nicotine Gum Issues

- Is nicotine gum the best option for the patient?
- What should the patient be told?
- Are there any better options?
SB is a 22 y/o female who goes to the pharmacy to pick up her prenatal vitamins. The patient asks the pharmacist about her sore, swollen gums and states her gums bleed frequently during toothbrushing so she has increased flossing. She asks the RPh for a recommendation on an OTC product. What should the pharmacist do?

- Recommend a mouthwash.
- Provide reassurance to the patient.
- Refer the patient to a dentist.
What are the risks to consider?
Ideas

- What are two ideas you obtained in this workshop?
- How will you incorporate this in practice in the next 6 months?