Huntington Village Implant & Oral Surgeons

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Don't Miss Out on our Next Seminar!!

Thursday

Jan. 28, 2016

3 CE Credits

"Implant Esthetics & Treatment Complications"

Presenter: Scott Froum, DDS

Registration Dinner 5:30 pm

Lecture 6:00 - 9:00 pm

Dolan Family Health Center

284 Pulaski Road, Greenlawn, NY

This course is sponsored by the Suffolk County Dental Society, an ADA-CERP recognized provider of Cont. Ed. (CE) approved by the New York State Dental Association and a designated PACE Program Provider for the Academy of General Dentistry.

Methamphetamine: Dental Care For Substance Abusers

Smit DA, Naidoo S: Oral health effects, brushing habits and management of methamphetamine users for the general dental practitioner, Br Dent J 218;531-536, 2015

Clinical Significance: Persons who abuse methamphetamine may require care for poor oral hygiene, severe damage to hard and soft oral structures, and pathological changes. Often the oral problems are related to the mode by which the drug is taken in, but they can also be related to physiological changes in the mouth. It's important that the dental practitioner be aware of and able to identify drug use as the cause of oral health issues and make appropriate referrals and/or interventions. The complexity of the problems associated with methamphetamine addiction is best addressed through a multidisciplinary team approach. Restoring dental appearance, however, will allow users to regain self-esteem and improve oral health quality of life.

Background: The abuse of drugs is an increasing public health concern. Methamphetamines are among the common abused substances and are known to produce oral problems commonly termed meth mouth." Characteristics include rampant dental caries of the anterior teeth, premolars, and molars; periodontal disease; mucosal dysplasia; tooth wear; and tooth loss. Methamphetamine is highly addictive and associated with several health problems, including premature labor, birth defects, memory loss, aggression, psychotic behavior, and potential damage to the heart and brain. Serious physiological and psychological effects can also alter the oral health of these patients. The brushing frequency and decayed, missing, and filled teeth (DMFT) score of patients abusing methamphetamine were evaluated. In addition, dental management options for these individuals were suggested.

Methods: A convenience sample of 308 self-reported methamphetamine users at 22 substance addiction treatment centers in Western Cape, South Africa was studied. Characteristics and the oral health status of these individuals were documented.

Results: Eight-one percent of the patients were men, mean age 28 years. Three fourths were unemployed for a mean of 21.17 months. The rug addiction had lasted a mean of 6.5 years, and most used methamphetamine through smoking. A third of the sample were 16 years or younger when they began abusing the drug. Men began at a mean age of 19 years, with women at a mean age of 21 years. Most used methamphetamine daily or weekly.

About 82% of the participants tended to brush their teeth twice or more than twice a day when they were not using methamphetamine, but just a quarter of the sample brushed frequently when they were on meth. Forty percent of the patients brushed infrequently whether or not they were on the drug. An association was noted between brushing frequency and whether the patient was on or off meth. Individuals off meth were 3.25 times more likely to brush frequently than when they were on meth.

The mean DMFT score was 10, with 98% of the participants having dental caries. Most had two to four decayed teeth. DMFT mode was 8 and the mode for sound teeth was 19. Less than 3% of the sample had no caries. One user had 21 decayed teeth, with nearly 20% of the individuals having a DMFT score between 15 and 21.

The mean number of filled teeth was 1 and missing teeth 5. Fourteen percent of the participants were missing 10 or more teeth. Three individuals had lost all of their teeth. For every filled tooth, four teeth were missing among this group of methamphetamine users.

Mean DMFT and addiction duration were linked. Those who had used methamphetamine the shortest time had the lowest DMF score, those who had used the drug the longest had the highest. Missing teeth and duration of drug addiction were similarly related.

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Management Recommendations: Dentists contribute significantly to the overall health restoration for the patient. Dental professionals should be aware of clinical signs and medical indicators of illicit drug use and refer patients to specialized substance abuse treatment centers. These centers offer multidisciplinary teams who may include a clinical psychologist, social worker, counselor, medical physician, and professional nurse.

The most important management intervention is to encourage the patient to stop abusing methamphetamine. Patients should be advised about the severe dental, neurological, and other complications that are associated with continued methamphetamine abuse.

Before addressing dental management issues, pain control and infection prevention are required. Basic dental treatment is offered, which will be based on a complete medical and social history and examination. Classic meth mouth findings should prompt questions about the patient's history of drug abuse.

A multidisciplinary approach is advised, with prevention, promotion of health, tooth restoration, and salivary gland function assessment stressed. Patients should be instructed in regular oral health care measures and monitored for compliance.

Dietary concerns center on reducing the development and progression of dental caries and improving salivary flow. Drug abusers often drink large quantities of soft drinks and have a poor appetite, which can lead to malnutrition and dietary insufficiency. Dental rehabilitation is furthered by reducing the ingestion of high levels of sugar and undertaking better oral hygiene and a more balanced diet. Education about oral health care will include brushing twice a day with a soft tooth brush, flossing regularly, and using fluoridated toothpaste.

Professional fluoride applications are also strongly recommended. Oral rinses contain low levels of fluoride and tend to be insufficient. Patients with xerostomia may suffer burning sensations from stannous fluoride applications, so the preferred solution is 5000 ppm of sodium fluoride.

Patients who abuse methamphetamines tend to have an acidic oral pH, with the buffering capacity of their saliva unable to temper the lower pH levels. Patients should therefore be advised to drink 8 to 10 glasses of water each day and avoid consuming caffeine or alcoholic beverages and using tobacco. Saline solutions available over the counter are advised hourly as mouth rinses. Other interventions include salivary substitutes, oral moisturizers, and artificial saliva. Pilocarpine can be used to stimulate the salivary glands. Recommended dosages are 2.5 to 15 mg, given 2 to 6 times a day.

Severe dental pain between binges or after halting drug use may be the reason methamphetamine users seek dental care. Once the dentist has obtained a thorough history, examined the source of the complaint, and assessed present oral status, pain issues can be addressed. Local anesthetics containing vasoconstrictors should be avoided, since they can cause cardiac problems. Medications should be carefully considered to avoid inducing drug-drug interactions. Prewritten prescription forms should not be used. Nonsteroidal anti-inflammatory drugs are safe and effective.

MARK YOUR CALENDARS FOR:

APRIL 14TH, 2016 (THURSDAY) CONTINUING EDUCATION SEMINAR:

"WHEN TO SAVE AND WHEN TO EXTRACT TEETH"

BY DANIEL POMPA, DDS

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