



# Huntington Village Implant & Oral Surgeons PETER H. PRUDEN, D.D.S\*, P.C. & Associates

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Don't Miss out  
on our Next  
Seminar

**Mark Your Calendars For Our Next CE Lecture, March 11th, 2014 on  
CDC Recommended Infection Control Practices for Dentistry**

**Pain Medicine  
Over the counter pain relievers**

**Tuesday**

**Please note:**

**January  
28th, 2014**

**3 CE Credits**

**“ Under-  
standing De-  
mentia and  
Dentistry”**

**Presenter:  
Lori B.  
Kanter,  
D.P.M**

**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  
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State Dental  
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vider for the  
Academy of  
General  
Dentistry.**

Wynn RL: Over-the counter ibuprofen and acetaminophen in combination are superior to each agent alone in treating postoperative pain. Gen Dent 60;176-178,2012

**Clinical Significance-** Rather than relying on prescription medications to relieve pain after dental procedures, it is simpler and more convenient to have the patient take ibuprofen and acetaminophen together. Each agent has provided good pain relief when used alone, but together they appear to offer significantly better pain management and have significantly fewer adverse side effects than prescription agents. Patients and dentists should both be happy with this situation.

**Background-** Over-the-counter (OTC) ibuprofen and acetaminophen are convenient and effective analgesics for use after dental surgery to relieve pain. There are few side effects with these agents compared to prescription pain relievers. Several recent studies have shown that ibuprofen alone and acetaminophen alone are significantly more efficacious than placebo in managing moderate to severe postoperative pain. The combined use of these agents may be even more effective.

**Methods-** Three recent studies were detailed to show the effectiveness of these OTC agents alone or in combination to manage moderate to severe dental pain.

**Results-** Study 1 assessed the efficacy of single-dose OTC ibuprofen through a review of the Cochrane Central Library, MEDLINE, EMBASE, and the Oxford Pain Relief Database. Pain relief or pain intensity data were converted to outcomes of numbers of participants with at least 50% pain relief in 4-6 hours. Relative risk and number needed-to-treat-to-benefit (NNT) were calculated. The 72 studies included a total of 9186 patients who received ibuprofen (200 or 400 mg) or placebo. The NNT for ibuprofen 200mg was 2.7; for ibuprofen 400 mg it was 2.6. This study provided a substantial amount of high-quality evidence that showed OTC ibuprofen was effective in relieving postoperative pain.

Study 2 evaluated the efficacy of single-dose OTC acetaminophen for the treatment of acute postoperative pain. The 51 studies covered 5762 participants, 3277 of whom received placebo. The doses of acetaminophen used range from 500 to 1000 mg. It was shown that the single-dose acetaminophen regimen was sufficient to give effective analgesia for about 4 h for half of the patients with acute postoperative pain and was associated with few adverse effects, with most being mild. The adverse events occurred at similar rates with 1000 mg acetaminophen and with placebo.

Study 3 investigated the efficacy of combining OTC ibuprofen and acetaminophen to manage moderate to severe acute postoperative dental pain in adolescents and adults. The 234 patients treated and included in the intent-to-treat population were randomly assigned to receive 400 mg ibuprofen and 1000 mg acetaminophen, 200 mg ibuprofen and 500 mg acetaminophen, 400 mg ibuprofen alone, 1000 mg acetaminophen alone, or placebo. The mean scores on pain relief and pain intensity with the 400- mg ibuprofen/1000-mg acetaminophen combination was also associated with the significantly better scores than single-agent therapy for total pain relief, sum of pain intensity differences, and sum of pain intensity differences using a visual analog scale at all evaluation points. The most common adverse effects were nausea, vomiting, headache, and dizziness, with none occurring in more than 27% of patients.

**Discussion-** Both ibuprofen and acetaminophen can manage moderate to severe dental pain both conveniently and effectively compared to placebo. Combining ibuprofen and acetaminophen in appropriate amounts provided even greater efficacy against pain in dental patients.

**ADA News November 18, 2013**

Washington — The Treasury Department will modify long-standing “use-or-lose” flexible spending account rules to allow a carryover of up to \$500 of unused FSA funds at employer discretion. Some 14 million families use FSAs to pay for medical and dental expenses.

“An overwhelming majority of feedback from individuals, employers and others requested that the use-or-lose rule for health FSAs be modified. Comments pointed to the difficulty for employees of predicting future needs for medical expenditures, the need to make FSAs accessible to employees of all income levels and the desire to minimize incentives for unnecessary spending at the end of the year.”

The “clarifications” of FSA rules may be applied beginning on or after Dec.28, 2012, the date on which proposed regulations were issued, Treasury said.