NHS
Sheffield
Clinical Commissioning Group

Oral Health – A brief guide for General Practitioners and other primary care clinicians

This guide offers advice to GPs and other primary care clinicians to support the management of oral health.

Oral health in Sheffield

Despite improvements in oral health over the last forty years, poor oral health remains a significant public health problem. Tooth decay is the main oral health problem affecting children in Sheffield and has significant impacts on the daily lives of children and their families including pain, sleepless nights and time missed from school and work. By five-years of age, 36% of children in Sheffield have tooth decay with each child having between three and four decayed teeth. Sheffield also has one of the highest rates in England for extraction of children's teeth under general anaesthesia.

In Sheffield, the cost of treating oral disease is approximately £42 million pounds a year. However, the main oral diseases are largely preventable. Sheffield City Council has an oral health improvement strategy that aims to reduce the inequalities in oral health across the city and improve overall levels of oral health. The strategy focuses on optimising exposure to fluoride, reducing tobacco and alcohol usage and partnership working to improve oral health.

GPs, community pharmacists and their teams can contribute to oral health improvement in Sheffield by signposting people to general dental services when they do not have a dentist, by incorporating oral health messages into their practices' health promoting policies and by prescribing / recommending sugar free medicines wherever possible.

This guide provides:

- Key messages to improve oral health
- Information for GPs on why specialist dentists may wish GPs to prescribe for some of their patients
- Advice on medicines that can have a detrimental impact on oral health, and how this can be managed
- Information on accessing dental care in Sheffield

Prescribing requests from dental practitioners

Dentists are able to prescribe for preparations listed in the dental practitioners' formulary. If medication is required for treating/preventing a dental condition then the prescribing and monitoring should be carried out by the dentist. There may be occasions when the ***specialist** dental services request the GP to continue the supply of oral health preparations, for example for a vulnerable person who is known to be on repeat medication from their GP. In such cases the dentist should liaise with the GP directly to gain agreement that they are happy to prescribe (see appendix 1 for sample letter). They should then provide as a minimum:

- Name and strength of preparation to be prescribed and frequency
- The quantity of toothpaste should be used and how long the tube of toothpaste should last

- Intended duration of treatment, including the date of the next dental review
- Any supporting information to ensure the GP feels competent to prescribe

*Community specialist dental service clinics in Sheffield are run from; Firth Park, Wheata Place, Heeley Dental Clinic, Manor Dental Clinic, Jordanthorpe Dental Clinic, Limbrick Dental Clinic, Talbot Special School and Norfolk Park Special School. See appendix for template letter used by these clinics.

Medication that can affect oral health

Healthcare professionals should be aware of medication that may have a detrimental effect on oral health and counsel patients accordingly, encouraging regular dental check-ups. Common adverse effects of medication on oral health and examples of groups that are associated with these are tabled below.

Potential side effects on oral health	**Medication (likelihood of risk in brackets where available)**	**Practical advice for GPs / community pharmacists**
Bisphosphonate related osteonecrosis of the jaw (BRONJ). NB. This primarily occurs post dental surgery	Bisphosphonates. (This is very rare when bisphosphonates are used in osteoporosis treatment - estimated 1 in 10,000 to 1 in 100,000, but occurs more frequently in oncology treatment and is dose-dependent. The risk of BRONJ may be greater for patients receiving intravenous bisphosphonates)	A dental examination with appropriate preventive advice should be considered prior to treatment with oral bisphosphonates in patients with poor dental status. Encourage good oral hygiene and regular dental check-ups and report/refer and record any oral symptoms such as dental mobility, pain or swelling. Note - All cancer patients receiving intravenous bisphosphonates should have a dental check-up before bisphosphonate treatment. Urgent bisphosphonate treatment should not be delayed, however, a dental check-up should be carried out as soon as possible. Prior to starting IV bisphosphonate treatment patients should be given a reminder card informing them about the risk of BRONJ Useful resource - The National Osteoporosis Society's patient information leaflet - https://www.nos.org.uk/document.doc?id=1657
Osteonecrosis of the jaw (ONJ)	Denosumab injection - (60mg – rare, 120mg – common)	It is important to evaluate patients for risk factors for ONJ before starting treatment (NB. the Metabolic Bone Centre will do this prior to commencing treatment). A dental examination including appropriate preventive advice is recommended prior to treatment with denosumab in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, receive routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling during treatment with denosumab. Prior to starting treatment patients should be given a reminder card informing them about the risk of ONJ. See example for Prolia®

Increased risk of dental caries.	Sugar containing liquid medication	Consider using a sugar free (SF) preparation wherever possible if a liquid medication is required.
Dry mouth (xerostomia)	Anticholinergics, antihistamines, stimulant medication. e.g. dexamfetamine/ methylphenidate, *antipsychotics and tricyclic antidepressants. (Refer to individual sections in the BNF for details of side effect profile. Within drug classes, some have fewer anticholinergic side effects.) *See clozapine below	Review continued need for medication, consider alternative options. If continued need required consider self-help techniques (e.g. chewing sugar free gum, regularly sipping water). Salvia supplementation may be prescribed if above measures not successful. Avoid prescribing acidic preparations in dentate patients. Examples of pH neutral preparations are: Artificial saliva dental oral spray DPF (Xerotin®) – oral spray BioXtra® – gel and spray.
Dyskinesia and dystonia characterised by abnormal movements of the tongue or facial muscles sometimes associated with abnormal jaw movements.	Antipsychotics (extrapyramidal side effects greater with the first generation antipsychotic drugs – See BNF for details on side effect profile)	As symptoms can hinder dental examination and toothbrushing, management of these symptoms should be discussed with the overseeing clinician.
Hypersalivation	Clozapine	Refer to overseeing specialist
Gastrointestinal ulceration, including oral	Nicorandil (rare)	All non-healing oral ulcers should be urgently assessed. Benzydamine 0.15% mouthwash or spray may be used for symptomatic relief. Once a nicorandil related oral ulcer has been diagnosed, consider dose reduction or withdrawal of nicorandil. However, this may depend on a suitable alternative medication being available.
Gingival enlargement.	Calcium channel blockers (depends on drug, in the main, very rare) Phenytoin (rare)	Refer to dentist to assess oral health if patient presents with symptoms.
Oral candidiasis	Inhaled corticosteroids (very common)	Where appropriate use a spacer device to administer the inhaled corticosteroid, and counsel on good inhaler technique. After each dose rinse with water (or cleaning child's teeth) to remove any drug particles. Where appropriate consider stepping down the dose. Patients can be signposted to the community pharmacist for advice on inhaler technique.
Teeth grinding (bruxism)	Psychotropic medicines e.g. antidepressants and	Teeth grinding is also associated with mental or psychological problems, such as stress and

	antipsychotics (uncommon)	anxiety. As such distinguishing whether it is the condition or the medication causing teeth grinding may be challenging. Refer to dentist to assess oral health if patient presents with symptoms.

Please note this list is not exhaustive; also please see individual SPCs.

At risk patient groups

When opportunity arises promote oral health in the following patient groups as these patients are at higher risk of poor dental health:

- Pregnant
- Patients who have physical or mental disabilities
- Stroke/dysphagia
- Patients who smoke or misuse substances (including alcohol)
- Diabetics, primarily those poorly controlled
- Patients who are older and frail
- Prison population
- Patients who are homeless or frequently move, such as traveller communities
- Patients who are, or who have been in care
- Those who are socially isolated or excluded
- Patients who are from a lower socioeconomic group
- Patients who live in a disadvantaged area
- Patients who have a poor diet
- from some black, Asian and minority ethnic groups for example, people of South Asian origin

Finding an NHS dentist in Sheffield

If registration with a dental practitioner is needed signpost to NHS choices - http://www.nhs.uk/service-search

Sheffield Healthwatch can also assist people with finding a dentist on **0114 205 5055**

Urgent dental care

If urgent dental care is needed, signpost to 111 for advice, triage and appointment for clinical treatment as appropriate

Oral health advice

Oral health advice to patients should include:

Brushing teeth twice a day with fluoride toothpaste (at least 1,000ppm fluoride) as soon as first tooth erupts, children will need help with brushing until aged 7-years.

Use smear of toothpaste for children up to age 3-years and pea-sized amount from 3-years.

Limiting sugary foods and drinks to mealtimes only and no more than four times daily

Seeing a dentist regularly as soon as the first tooth erupts.

Managing a dental patient taking an anticoagulant or antiplatelet drug

Advise patients on anticoagulants or antiplatelets to inform dental practitioners of treatment at each dental appointment. Further information can be found in appendix 2

References

Public Health England - Delivering better oral health: an evidence-based toolkit for prevention - https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention#history

Electronic Medicines Compendium – SPC for alendronic acid - http://www.medicines.org.uk/emc/medicine/25809

Electronic Medicines Compendium – SPC for Prolia - http://www.medicines.org.uk/emc/medicine/23127

Clinical Knowledge Summaries - Candida – oral - http://cks.nice.org.uk/candida-oral#!scenario:1

Electronic Drug Tariff - http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx

MHRA Drug Safety Update - https://www.gov.uk/drug-safety-update/nicorandil-risk-of-gastrointestinal-ulceration

Antibiotic prescribing in General Dental Practice – Primary Dental Journal; Feb 14, vol 3, no 1

UKMi Q and A - Saliva substitutes: Choosing and prescribing the right product - https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.ukmi.nhs.uk%2Ffilestore%2Fukmias%2FNWQA190.6Salivasubstitutes.doc

NICE PH55 – Oral health: local authorities and Partners - http://www.nice.org.uk/guidance/ph55

Oral healthcare in prisons and secure settings in England - https://www.bda.org/dentists/policy-campaigns/research/patient-care/Documents/oral_health_in_prisons_eng.pdf

MHRA Bisphosphonates: use and safety - https://www.gov.uk/government/publications/bisphosphonates-use-and-safety/bisphosphonates-use-and-safety

The management of dental patients taking anticoagulants or antiplatelet drugs - http://www.scottishdental.org/management-of-dental-patients-taking-anticoagulants-or-antiplatelet-drugs-new-guidance-from-sdcep/

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Appendix 1

Our Ref:
Date:

FAO: Dr.

Dear Dr.

Re:

This patient attends our service for dental care and would benefit from the continuous use of 'prescription only' high fluoride toothpaste as a result of:

A high risk of developing dental decay due to:

- The nature of their disability ☐
- A dry mouth (xerostomia) ☐

A moderate risk of decay but there are significant problems/risks associated with managing dental decay for this patient due to:

- The nature of their disability ☐
- Dental phobia ☐

I am writing to request that you provide the following on a regular basis:

Duraphat 2800ppm toothpaste 75ml ☐
(0.619% sodium fluoride)
Required every 6 weeks

Duraphat 5000 ppm toothpaste 51g ☐
(1.1% sodium fluoride)
Required every 4 weeks

Directions:
Brush pea-size amount onto teeth and gums twice a day. Spit out. Do not rinse.

Warnings:
Store safely. Do not exceed recommended dose. When used as recommended there are no known side effects.

Review:
This patient is having regular review with us and we will contact you again by _____ if the medication is to be continued.

To support oral health in patients with genuine health vulnerabilities Sheffield LMC feels it reasonable for a GP to continue to prescribe fluoride toothpaste as long as all the above information is provided.

If you cannot issue the prescription or have any questions about the oral management of this patient please do not hesitate in contacting me at the above address.

Thank you for your help in this matter.
Yours sincerely,

Appendix 2

Managing a dental patient taking an anticoagulant or antiplatelet drug

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has produced guidance on the management of dental patients taking anticoagulants or antiplatelet drugs.

See link for quick reference guide - http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-Anticoagulants-Quick-Reference-Guide.pdf

See link for full guidance – http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-Anticoagulants-Guidance.pdf

This guidance aims to provide clear and practical advice to enable the dental team to manage and treat this patient group. Please note, this reference does not include edoxaban which is a once a day DOAC. Dosing schedule advice for dental procedures for rivaroxaban should be followed for patients taking edoxaban, based on local expert opinion.

Any bleeding complications following this advice should be reported through normal mechanisms (e.g. yellow card, any overseeing secondary care clinician).

Low Molecular Weight Heparins (Dalteparin, Enoxaparin, Tinzaparin) - for procedures likely to cause bleeding

Management depends on whether the patient is on a prophylactic or treatment dose.

Prophylactic doses for dalteparin (the LMWH currently used in Sheffield)

Dalteparin prophylactic doses	
Weight <45kg or eGFR <20ml/min/1.73m^2	2500 units OD
Weight 45-99kg	5000 units OD
Weight 100-150kg	7500 units OD
Weight >150kg	5000 units BD

- Ensure LMWH is injected in the evening (if taking it at a different time of day, doses may be moved forward by up to 4 hours each day).
- Arrange dental appointment to be in the morning.
- If no problems/bleeding following dental work, restart LMWH in the evening at least 4 hours post-procedure.

Treatment doses *(i.e. any dose greater than a prophylactic dose)*

- If injecting LMWH once daily, take it in the morning (if taking it at a different time of day, doses may be moved forward by up to 4 hours each day).
- If injecting LMWH twice daily, continue at usual times.
- Arrange dental appointment to be in the morning.
- Omit LMWH on the morning of dental work.
- If no problems/bleeding following dental work, restart LMWH in the late afternoon/evening at least 4 hours post-procedure.

Note – If timing of injection is changing check who is administering the dalteparin, and liaise with the community nursing teams if necessary.