

Oral Health Guidance for Healthcare Professionals Treating Patients with Substance Use Conditions

Patients who have a substance use condition can experience high rates of dental disease due to a variety of factors, including side effects from substance use, diets high in processed sugars, compromised self-care, and socioeconomic barriers.

Impacts of Dental Disease

Oral health has an enormous impact on overall health and can support or hinder a patient's recovery. It affects eating, speaking, socializing, and quality of life, and is critical for those who are in substance use treatment or recovery. Untreated dental pain or infection can also increase the reoccurrence of substance use. Many patients who have a substance use condition have never received adequate oral health education or regular oral healthcare due to barriers they face such as stigma and access to treatment.

What Healthcare Professionals Can Do

Healthcare professionals can direct and refer patients to dental offices or <u>Dental Safety</u> <u>Net</u> clinics like Federally Qualified Health Centers (FQHCs) and hospital-based programs which accept Medicaid and use sliding fee scales.

Clinicians can educate patients on the side effects of medications for substance use conditions, such as reduced saliva flow and lowered pH (increased oral acidity). Such side effects can increase the risk of dental problems, including unpleasant taste, oral soreness, and dry mouth, which can lead to tooth decay, dental infections and tooth loss, bad breath, teeth grinding, gum disease, and jaw joint and muscle pain. Please see page 2 for a list of proper oral hygiene recommendations.





Examples of tooth decay (cavities), a risk from some medications.

Source: hivdent.org/ Picture

Gallery /picturegallery.htm

The following chart describes common side effects associated with medications for substance use conditions.

Drug Class and Example	Concern
Opioids/Medications for Opioid Use Disorder: Suboxone® (buprenorphine) and methadone Percocet® (oxycodone-acetaminophen) Vicodin® (hydrophone-acetaminophen)	May increase acidity of the mouth. For example, Suboxone Sublingual Film® has a very low pH of near three, which can lead to a breakdown of enamel and cause severe tooth decay. May cause dry mouth and increased risk of tooth decay. For individuals taking Suboxone® (buprenorphine), please refer to page 2 for preventative care recommendations.
Anxiety: clonidine (alpha-2 agonist)	May cause dry mouth and increased risk of tooth decay
Anxiety: benzodiazepines Valium® (diazepam) Xanax® (alprazolam)	May cause dry mouth and increased risk of tooth decay
Anti-diarrheal: loperamide	May cause dry mouth and increased risk of tooth decay
Antidepressants: SSRIs: Zoloft® (sertraline), Lexapro® (escitalopram), Prozac® (fluoxetine), and Wellbutrin® (bupropion) SARIs: Trazodone® and Nefazodone® SNRIs: Cymbalta® (duloxetine) Other antidepressant: Wellbutrin® (bupropion)	May cause dry mouth and increased risk of tooth decay
Stimulants: Adderall® (dextroamphetamine/ amphetamine) methamphetamines	May cause a combination of dry mouth, oral soreness, and unpleasant taste ("Adderall tongue"), tooth loss, bruxism (teeth grinding), halitosis (bad breath), jaw joint and/or jaw muscle pain
Other Substances Patients May Use:	
Alcohol	May cause dry mouth, dental caries, and/or tooth loss Increases risk for oral cancer, especially when combined with tobacco use
Cannabis	May cause dry mouth, dental caries, periodontal complications, leukoplakia (thick white patches on the mouth mucosa), and/or oral cancer
Tobacco/Nicotine	May cause gum disease and/or tooth loss Increases risk for oral cancer, especially when combined with alcohol use

The chart below lists concerns or side effects associated with medications for substance use conditions and how patients and clinicians can appropriately respond.

Concern	Recommendation
Reduced saliva flow High risk for tooth decay	Receive regular preventive dental care, including an application of fluoride varnish.
	Use prescription-grade, high-concentration (5000 ppm) fluoride toothpaste.
	Reduce sugars in foods and drinks; eat low-sugar snacks, including those with the sugar substitute xylitol.
Acidic oral environment	Brush teeth with baking soda to counteract the high acidity of medications.
	Choose snacks with lower acidity such as nuts and cheese.
	• For individuals taking Suboxone® (buprenorphine): After completely dissolving the product in the mouth, patients should take a large sip of water, swish it gently around their teeth and gums, and then swallow. They should wait at least one hour before brushing their teeth after using the product. Regular fluoride use and dental checkups are also recommended. Your dentist may recommend additional fluoride in cases of increased risk of tooth decay through either in-office application or prescription-grade toothpaste.
Bad breath/oral malodor	Use prescription grade antimicrobial mouthwash such as chlorhexidine.
Bruxism, oral soreness, and joint and muscle pain	 Receive an exam at a dental office or clinic or get a referral to check for structural abnormalities and to be fitted for a night guard to protect against grinding.
Gum disease (gingivitis and periodontitis)	Receive regular cleanings at a dental office or clinic or get a referral for deep scaling with local anesthesia.
	Improve brushing and flossing.
	Use prescription-grade antimicrobial mouthwash such as chlorhexidine.

National and local resources for oral health professionals:

The National Institute of Dental and Craniofacial Research (<u>nidcr.nih.gov</u>) offers detailed information on oral health and ways to keep teeth healthy.

QuitWorks-RI (QuitNowRl.com) connects patients to free, confidential, and customized tobacco/nicotine treatments.

Prevent Overdose RI (<u>PreventOverdoseRI.org</u>) provides comprehensive information on substance use and overdose prevention as well as local resources for harm reduction, treatment, and recovery.



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