

# Oral health behaviours amongst homeless people attending rehabilitation services in Ireland

**Statement of the problem:** Research on oral health behaviours and dental care service uptake of drug users and those in recovery remains scant.

**Purpose of the study:** The research aimed to explore and describe perspectives of drug users on their oral health behaviours, awareness of oral health complications caused by alcohol, cigarette and drug use, dental service uptake and opinions on improved dental service for active and recovering addicts.

**Materials and methods:** Two focus groups with a purposeful sample of participants (n=15) were conducted in two treatment and rehabilitation settings. The semi-structured guide consisted of open questioning relating to dental access and uptake, oral health, awareness of oral cancers, nutrition and substance consumption on oral health, and opinions around optimum oral health and dental service provision for active drug users and those in recovery. Thematic analysis of narratives was conducted.

**Results:** Participants described barriers to access and uptake, poor levels of preventative dental care, DIY dentistry in the event of dental emergencies, substance use to self-medicate for dental pain, mixed awareness of the effects of sugary products and substance use on oral health and cancers, and emphasised the importance of preventative dental care and dental aesthetics when in recovery.

**Conclusions:** Findings illustrate a profile of oral health behaviours in Irish drug users, with information useful for private and public practice, and in the further development of street, community and treatment setting oral health interventions.

## Keywords

Oral health; dental health; addiction; dependency; qualitative.

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## New oral anticoagulants and their implications for dental patients

Anticoagulation therapy is used in several conditions to prevent or treat thromboembolism. Over the last 40 years, warfarin has been the oral anticoagulant of choice and has been considered the mainstay of treatment. However, its use is limited by a narrow therapeutic index and complex pharmacodynamics, necessitating regular monitoring and dose adjustments.

Recently, two new oral anticoagulants - dabigatran etexilate (a direct thrombin inhibitor) and rivaroxiban (a factor Xa inhibitor) - have been approved for use in North America and Europe. Unlike warfarin, dabigatran and rivaroxiban are relatively small molecules that work as anticoagulants by targeting specific single steps of the coagulation cascade. Their advantages, relative to warfarin, include: predictable pharmacokinetics; limited food and drug interactions; rapid onset of action; and, short half-life. They require no monitoring. However, they lack a specific reversal agent.

The number of patients taking dabigatran and rivaroxaban is increasing. Therefore, it is inevitable that dentists will be required to perform invasive procedures on this cohort of patients. This paper outlines the various properties of the new oral anticoagulants and the most recent guidelines regarding the management of these dental patients taking these medications.

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