

# Perceptions of general dental practitioners in Northern Ireland on the clinical management of patients taking direct oral anticoagulants

**Précis:** Most general dental practitioners in Northern Ireland are aware of the Scottish Dental Clinical Effectiveness Programme guidance on management of patients taking anticoagulants or antiplatelets, but require additional training and support to prevent inappropriate referrals.

## Abstract

**Statement of the problem:** Despite guidance advocating the management of patients taking direct oral anticoagulants (DOACs) in primary dental care settings, evidence from clinical audit in Northern Ireland suggested that a high proportion of patients were being referred to secondary and tertiary care settings for dental procedures with a bleeding risk.

**Purpose of the study:** The aim of this study was to evaluate the perceptions of general dental practitioners (GDPs) working in the health service in Northern Ireland on the clinical management of patients taking DOACs in primary dental care.

**Materials and methods:** A questionnaire was distributed to the 1,167 registered GDPs in Northern Ireland, assessing perceptions of the clinical management of DOAC patients in primary dental care. The data obtained was analysed using SPSS statistical software. Qualitative data underwent thematic analysis.

**Results:** A total of 344 questionnaires were analysed. Some 83% (285) of responding GDPs were aware of the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance. Some 98% (337) believed that patients taking DOAC medication could potentially be managed in primary care but that additional training was required. Some 80% (275) of GDPs had referred patients to secondary care. Procedures presenting a low risk of postoperative bleeding complications accounted for 12% (41) of referrals.

**Conclusions:** A lack of GDP confidence and experience in the management of DOAC patients are motivating factors in referral to secondary care settings for treatment. Some 12% of the referrals analysed were potentially inappropriate, given the low risk of associated postoperative bleeding complications. Additional training and support for GDPs, as well as enhanced awareness of the SDCEP guidance, is essential.

**Key words:** NOACs, DOACs, SDCEP guidance, anticoagulants, bleeding risk, GDP, primary care

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# Persistent post-surgical orofacial pain

## Abstract

Delivery of pain-free dental treatment is the ultimate goal for clinicians, and the hoped-for result by patients. Thanks to the optimised use of local anaesthesia and high standards of clinical training, this goal is frequently achieved. Research also tells us that the incidence of persistent pain following dental procedures, while relatively low, is not zero. Given the number of procedures we perform as dentists, the number of patients affected with post-treatment pain is still substantial. Moreover, persistent pain is not exclusive to dentistry, but is a risk for all surgical interventions.

When this pain lasts over six months it has been labelled persistent or chronic post-surgical pain (CPSP), and as expected it has a detrimental effect on the patient's quality of life. While all persistent pain is vexing, it is especially true for persistent orofacial pain. It creates increased levels of stress, anxiety and confusion for the patient, which in turn may place a strain on the dentist-patient relationship. On occasions, patient dissatisfaction may even result in medicolegal litigation.

This article describes some of the common clinical scenarios associated with chronic pain after dental procedures. Known risk factors are also discussed and recommendations are made so that clinicians might identify those at risk prior to an invasive procedure, and then possibly prevent post-surgical pain.

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