

## *Oral Health and Bisphosphonates*

There has been a great deal of controversy lately regarding a group of medications called bisphosphonates. Bisphosphonates are available in three forms; tablets, liquid, and intravenous (IV) (National Osteoporosis Foundation). Most of us are familiar with these medications under the names: Aledronate (Fosamax), Ibandronate (Boniva), Risedronate (Actonel) or Zoledronic Acid (Reclast). This medicine is commonly used to treat or prevent osteoporosis, including prevention of debilitating spine and hip fractures (National Osteoporosis Foundation).

This article addresses a side effect of the oral medication in the form of tablets or liquid version of bisphosphonate and how it affects the mouth. According to the medical and dental community, one of the side effects of this medication that occurs in the oral cavity is osteonecrosis of the jaw. When the osteonecrosis is directly related to bisphosphonates it is called Bisphosphonate-Associated Osteonecrosis of the Jaw or **BON**. According to the American Dental Association, there is about a 6% chance that an individual may develop BON.

Typical signs and symptoms of BON may include pain; swelling and infection; loosening of teeth; or exposed bone inside the mouth that may result in damage to the jawbone. (American Dental Association). It is strongly recommended that an individual who is being considered for treatment with bisphosphonate has all major dental work completed before the treatment begins. The individual's dentist and physician should be in close communication to assure the optimal treatment outcome.

Maintaining optimal oral hygiene is imperative for all individuals taking bisphosphonate therapy. This will help prevent dental infections and may avoid BON. (American Dental Association)

In response to the risk of BON, the St. Francis dental clinic has published guidelines for all individuals who require dental work under general anesthesia in St. Francis. These include discontinuing the oral bisphosphonate six months prior to the intended procedure and obtaining a blood test called CTx to determine the level of specific bone cell. If the blood test value is 150 pg/ml or greater, the patient can be scheduled for surgical treatment before bisphosphonates are resumed. The individual's physician should review these guidelines to ensure there are no contraindications to follow the recommendations.

It is very important to understand that according to many experts in the field, BON is not fully understood and additional research is being done. According to Dr. Sims an oral surgeon, "at this time, there are more questions than answers." According to the National Osteoporosis Foundation, "At this time, healthcare providers don't know for sure how long most osteoporosis medicines stay safe and effective to take. They also don't know how long these medicines continue to be helpful after you stop taking them."

The American Dental Association has recommended that all individuals who are taking oral bisphosphonate be informed that the use of this medication places them at a very low risk of developing BON. An oral health program consisting of sound oral hygiene practices and regular dental care may be the optimal approach for lowering the risk for developing BON.



## ~ UCONN Health Center—Dental Consent Forms ~

The dental department at UConn Health Center is in the process of updating their records. In order to comply with the state and federal regulations the dental administration at UConn is requesting that all the “Permission to Treat” forms be updated. DDS dental coordinator is in the process of distributing the consent forms to all the public and private facilities. If you need additional forms please contact Izabella Pulvermacher at [izabella.pulvermacher@ct.gov](mailto:izabella.pulvermacher@ct.gov)

This form includes: the consent to basic treatment and diagnostic procedures; authorization to release medical information; assignment of benefits; non-assignment of benefits or self-pay; and notice of privacy practices.

Medicaid, which also includes dental coverage, covers most of the individuals who are clients of the Department of Developmental Services (DDS). Under this policy, diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and reasonable practices are fully covered.

In order for UConn to provide treatment, the consent to treat form, must be signed by the individual if they are deemed competent or by the individual’s legal guardian before dental treatment will be rendered.



### From The Desk of Dental Coordinator



In my opinion dentists, dental hygienists and dental assistants who have not received clinical education for individuals who have developmental disabilities are unlikely to choose to care for them in their practices. In order to change this trend, I have made it my mission to educate as many future and current dental providers as possible.

For the second year, I have been invited by Dr. Goldblatt, DMD, Clinical Professor at UConn Health Center, who teaches “Special Care Dentistry”, to discuss dental needs of DDS consumers. This course is taught to the fourth year dental students. At the beginning and the end of each lecture, I ask these future dentists to consider including at least five individuals with intellectual disabilities into their practice. In a room of forty future professionals, this means that two hundred additional people may have a dental home. This year, one of the dental students has a child with an intellectual disability and he shared his family’s story with his classmates. He emphasized the importance and need of providing dental treatment to all people with dignity and respect.

Several weeks later the dental students had another contact with our department. James Welsh, the Director of Legal and Government Affairs from DDS spoke to the students about the legal guardianship and how it relates to the DDS consumers. He also reinforced to the students that they are mandated legal reporters for abuse and neglect. He proceeded to describe what abuse and neglect is and what to look for, especially in individuals with intellectual disabilities. Hopefully this type of education and collaboration will create better services for the DDS consumers.

In September, I was fortunate to join an oral health panel from DPH, DSS, WIC, and others for a presentation to the members of dental hygiene society. I discussed the importance of educating the parents and direct care staff on preventative oral health measures. Additionally we addressed different strategies on providing dental care to DDS consumers. Many hygienists were interested in this topic and promised to discuss the possibilities of providing additional services with their dental practices.