addition, a large percentage of patients received opioid prescriptions postoperatively before the protocol was in place. These data were flipped when the protocol was implemented, with surgeons prescribing more nonopioids and fewer opioids regardless of the procedure performed. The presence of an acute postoperative pain opioid prescribing protocol led to fewer opioid prescriptions, more consistency in prescribing behaviors among practitioners, and fewer opioid tablets prescribed per patient. Patient pain management was adequate to the need.

PREGNANCY
Oral disorders in pregnant women

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BACKGROUND

During pregnancy, women experience changes that can increase their susceptibility to the development of oral disorders. Progesterone, estrogen, and chorionic gonadotropin are related to greater vascular permeability and proliferation. In addition, changes in chemical mediators and the fibrinolytic system can produce a proinflammatory status. Higher hormone levels can change the oral microbiome, with stress and anxiety contributing to poor oral hygiene. The result can be the development of intraoral lesions. The most prevalent are pyogenic granuloma, gingival hyperplasia, oral candidiasis, cheek biting, benign migratory glossitis, aphthous ulcers, and telangiectasia. A systemic review was done to summarize and critically evaluate the evidence regarding the prevalence of oral mucosal disorders during pregnancy.

METHODS

The databases of CINAHL, LILCS, LIVIVO, PubMed, Scopus, Web of Science, Google Scholar, OpenGrey, and ProQuest were searched for observational studies that evaluated the prevalence of oral mucosal disorders during pregnancy. Fifteen studies met the inclusion criteria and were subjected to qualitative synthesis and meta-analysis. A total of 5935 participants were included. The prevalence of oral lesions in pregnant women was expressed by relative or absolute frequencies.

RESULTS

Participants ranged in age from 10 to 50 years. The prevalence of oral mucosal disorders varied widely from 0.22% to 31%. The primary lesions were gingival hyperplasia, seen in 11.4% of women; morsicatio buccarum, seen in 10%; oral candidiasis, seen in 4.7%; pyogenic granuloma, seen in 3.2%; and benign migratory glossitis, seen in 2.9%. The variation in prevalence among the articles was 2.9% to 25% for gingival hyperplasia, 0.22% to 16.6% for pyogenic granuloma, 3.5% to 31% for morsicatio buccarum, and 1% to 15% for oral candidiasis.

Overall prevalence rate for oral lesions was 11.8%. The prevalence on meta-analysis was 17.1% for gingival hyperplasia, 9.9% for morsicatio buccarum, 4.4% for oral candidiasis, 3% for pyogenic granuloma, and 2.8% for benign migratory glossitis.

DISCUSSION

About a tenth of the pregnant women had disorders of their oral mucosa, with gingival hyperplasia being the most common lesion seen. Dental professionals can help these patients achieve a proper diagnosis and receive care. In addition, they can offer education to pregnant women regarding oral health.
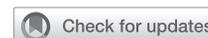
PRESCRIPTION DRUG MONITORING

State prescription drug monitoring programs

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BACKGROUND

The effectiveness of nonsteroidal anti-inflammatory analgesics to manage postoperative dental pain has been supported by recent evidence. The American Dental Association (ADA) recommends that dentists consider nonsteroidal anti-inflammatory drugs as first-line therapy for acute pain, although opioids have been the traditional treatment in acute pain management. Most dental opioid prescriptions are for immediate-release medications, which have a high potential for abuse and diversion. In addition, some data suggest that dentists often prescribe more opioids than needed or recommended to manage acute post-procedural pain. The ADA also recommends that dentists register with and use their state's prescription drug monitoring programs (PDMPs), which are available in 49 states. These programs are designed to promote the appropriate use of controlled substances and deter misuse, abuse, and diversion by collecting data from pharmacies on dispensed controlled substances and making it available to authorized prescribers and dispensers. However, the rates of dentist registration with and use of the PDMPs are low. A survey of dentists' experience with state PDMPs and of the impact of registration and use of these databases on practice characteristics was undertaken.

METHODS

A cross-sectional survey was conducted among 805 practicing dentist members of the National Dental Practice-Based Research Network. The questions asked about prescribing practices for pain management and the implementation of risk mitigation strategies, including PDMP use.

RESULTS

A total of 375 (46.6%) of respondents reported never accessing their state PDMP. Reasons for not accessing the PDMP were lack of awareness of the program's existence and lack of knowledge about how to register with or access the program. Other reasons given included perceiving the process was too time-consuming, believing the information would not change their prescribing, concerns about the timeliness or accuracy of program data, and not knowing how to discuss the information with patients.

Most dentists who used the PDMP reported it was very helpful (58.1%) or somewhat helpful (31.6%), but 6% reported program use was not very helpful or not helpful at all. Just over 40% of the dentists reported program use usually did not change their intended prescribing behavior, 33.5% reported it kept them from prescribing an opioid, and 25.5% reported it led them to prescribe fewer doses of an opioid. Two dentists reported program use usually led them to prescribe more doses of opioids than initially intended.

DISCUSSION

Based on these findings, additional motivation is needed to encourage all dentists who prescribe opioids to register for and use their state opioid prescription monitoring programs. Future research is needed to determine how best to implement PDMP use in the dental office, with special focus on barriers to use, communicating findings with patients, customizing nonopioid alternatives to pain control, and integrating PDMP access into the existing clinical workflow using electronic dental record software.