



District of Columbia
DENTAL SOCIETY

NEWSLETTER

March 2020, Vol. 66, No. 3



Dr. Steven A. Guttenberg

Letter from the DC Dental Society President Steven A. Guttenberg, DDS, MD

There are procedures that we in dentistry perform that may cause pain. Because we are compassionate and want to diminish or eliminate that discomfort, we often prescribe analgesics. To better understand which pain medications work best, it is prudent to understand how pain is produced. The explanation will be short and painless (sorry, I couldn't resist) but the remainder of this text depends upon its understanding.

When a noxious stimulus is presented to the body (e.g. extractions, periodontal and endodontic procedures, etc.), prostaglandins are released at the site of injury. It is this phenomenon that produces pain and swelling. Without getting too deep, there are three important enzymes that facilitate this transaction, Phospholipase A2, Cyclooxygenase (COX 1 or 2), and Peroxidase. Analgesics that can block these enzymes, and therefore block pain and swelling, in order, are corticosteroids (e.g., Decadron), NSAIDs (e.g., Ibuprofen) and Acetaminophen (e.g., Tylenol).

The class of drugs that you do not find on the list of prostaglandin blockers are opioids (e.g., Codeine, Hydrocodone and Oxycodone). They work by essentially clouding one's sensorium in the brain. They do not stop the pain and swelling. They merely alter the way we perceive those sensations. The opioids cause a surge of the neurotransmitter dopamine in the brain and habitual use "rewires" the brain's reward system.

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Welcome New Member

Dr. Steven Yeager received his dental degree in 2014 from the University at Buffalo School of Dental Medicine, graduating with honors. He then completed a General Practice Residency at Upstate Hospital in 2015. Dr. Steve lives with his wife and their son. In his free time, he enjoys traveling, golfing as well as attending concerts and sporting events. He is a devoted fan of the Buffalo Bills and New York Yankees.



Nominations Close Next Week for Board and Officer Positions

Know someone who would be a great addition to the DCDS leadership? Why not nominate that person to serve on the Board of Directors or as an officer of DCDS. Submit a **nomination by close of business Friday, March 6** by writing to info@dcdental.org. Final nominations will be accepted from the floor at the March 10 Monthly Meeting.

Know a Distinguished Dentist? Nominate a Colleague for a DCDS Award

DCDS and the DCDS Foundation are now accepting nominations for their esteemed awards to recognize the contributions of our members and community leaders working towards improving oral health in the District. Recipients of the 2020 awards will be honored at the June DCDS Awards Dinner. Here are links to the list of awards and relevant criteria for the [DCDS awards](#) and [DCDS Foundation awards](#). To nominate a colleague, please send your nomination along with supporting documentation to info@dcdental.org. The deadline to receive award nominations is April 13.

The Beauties and the Beasts: Greatest Hits and Misses of Cosmetic Dentistry

March Monthly Meeting

The March DC Dental Society monthly meeting will be held Tuesday, March 10 at the **Westin Georgetown** and will feature two sessions by Dr. Mark Hyman.

When you attend a dental seminar and see case after case of picture-perfect cosmetic care, don't you wonder why your cases don't always turn out like that? Guess what? They don't! Get ready for an evening where you will laugh and learn as we review the ideal principles and the often painful reality of single tooth, quadrant, full arch and full mouth rehabilitation from the perspective of thirty-two years of real-world private practice!"



Learning Objectives:

- Learn about new technologies that will make your clinical examinations motivating and informative.
- Discover how to combine the new patient experience with optimal-care treatment planning so that your practice can thrive.
- Empower your team to join you in this journey towards practice excellence and fulfillment!

For more details, and to register, [click here](#). Space is limited.

Pre-registration ends at 5pm on Monday, March 9.

The DC Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The DC Dental Society designates this presentation for 2.5 CE.



March 10 Monthly Meeting	Location:
Presentation Topic:	Westin Georgetown 2350 M St NW Washington, DC 20037
The Beauties and the Beasts: Greatest Hits and Misses of Cosmetic Dentistry	Parking at the Westin
Schedule	Before 5:00 p.m.: \$15 After 5:00 p.m.: \$10
5:30 p.m. –Registration/ Buffet Opens	
5:45 p.m. — Business Meeting	
6:00 p.m. — Session 1	
7:30 p.m. — Break	
7:45 p.m. — Session 2	
8:45 p.m. — Event Ends	

According to the [Centers for Disease Control and Prevention](#), more than 191 million opioid prescriptions were dispensed to Americans in 2017. From 2006 until now, more than 100 billion opioid pills were shipped across the country.

So, what's the problem?

Briefly, the answer is unfortunate: addiction and death. About 90% of surgical patients (like those having wisdom teeth removed) are opioid naïve. Of those, about 6% may become new persistent opioid users. As reported in the [Journal of the American Medical Association \(JAMA\) in 2016](#), dentists continue to be among the leading prescribers of opioid analgesics. An investigation in 2012 estimated that 61% of 14-17 year old patients receive opioid prescriptions from dentists following extraction of wisdom teeth. We are the number one prescribers of opioids to teenagers.

[According to Andrew Kolodny, MD](#), co-director of Opioid Treatment Research at Brandeis University, "The aggressive prescribing of opioids to adolescents may be why we're in an [opioid] epidemic." He goes on to state "What's so disturbing is that it's so unnecessary. These are kids who could have gotten Advil and Tylenol."

[Paul Moore, DMD, PhD, MPH](#), professor of anesthesiology and pharmacology at the University of Pittsburg School of Dental Medicine, contends that while opioid prescriptions are common following third molar extractions in the U.S., they are never or rarely provided in the United Kingdom, Japan and China. He also points out that 99% of the world's supply of hydrocodone (e.g. Vicodin) is prescribed and consumed in the U.S.

As reported in JAMA in 2018, about 80% of patients filled an opioid prescription following third molar surgery. Of the patients who did not fill the prescription, only 0.5% went on to subsequent use of opioids. In contrast, of those who did get the medication, 160% more patients went on to persistently use opioids (5 per 1,000 v. 13 per 1,000). The conclusion of this study was that a filled perioperative opioid prescription was independently associated with persistent opioid use at the 95% level of confidence.

So, why does our profession continue to use a class of drugs that has been now demonstrated to be so contributory to the opioid crisis here in America?

I can think of a few reasons. Beginning as a dental student, continuing as an Army dentist and finally during my OMS residency, we were advised to give narcotics to make the patients comfortable and to limit or eliminate patient phone calls in the middle of the night. This rationale was further supported by the opioid producing companies who aggressively (and falsely) assured us that these medications were harmless and absolutely not habit forming. These are the companies that have now been and are continuing to be successfully sued for billions of dollars for those fallacious assurances.

I have to admit, that at one time I had been sucked into the hype offered in the previous paragraph. In my specialty, we clearly perform invasive procedures that cause pain. We wanted our patients to be as comfortable as possible postoperatively. We routinely prescribed narcotics to keep them comfortable. However, I was always surprised when I would get a call from a patient telling me that the oxycodone or the hydrocodone were not doing their job.



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Dr. Moore who I cited earlier, performed a systematic review which included 140 trials and more than 50,000 patients. The results showed that 200 mg of ibuprofen combined with 500 mg of acetaminophen treated postoperative pain more effectively than any other drug combination, including opioids.

As described in an ADA webinar on June 7, 2018, dealing with adolescent pain management, the following regimens were ranked from least to most effective:

Least Effective:

Acetaminophen 1,000 mg
Oxycodone 10 mg + Acetaminophen 650 mg
Ibuprofen 400 mg
Codeine 60 mg + Acetaminophen 1,000 mg

Most Effective:

Ibuprofen 200 mg + Acetaminophen 500 mg

One would think that these studies and reviews would help to curb narcotic prescriptions and the opioid crisis, but it has not. In a paper published on February 3, 2020 in the American Journal of Preventive Medicine, Katie Suda, PharmD, the lead author, states, "Up to half of opioids received at the time of dental visits are inconsistent with guidelines on the appropriate use of opioids for acute pain".

Although the ADA, to date, does not have specific guidelines for prescribing opioids in the dental practice for acute pain, the association has identified several models that are specific to dental settings. The ADA recommends that dentists consider non-steroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.

When confronted with the available information regarding pain control, about five years ago, I was skeptical. I found it hard to believe that my surgical patients could be comfortable without an opioid analgesic following surgery. But, I decided to give the new protocol a try. With some reluctance, I terminated my opioid prescriptions entirely for teens and young adults and nearly completely for adults. I would go home at night and wait for the calls to start pouring in from patients, complaining of pain. That did not transpire, nor has it during the ensuing five years. I wish that I had smartened up earlier.

It is important to note, that patient acceptance of an NSAID prescription rather than one that contains opioids, is more easily accomplished once the information given above is shared with them. Parents of children and teens are virtually universally pleased that their child is not being given a narcotic analgesic.

It is my hope that the readership of this newsletter finds this information useful in the management of patients with acute pain.

I hope to see all of you at the next DCDS meeting on Tuesday, March 10 at the Westin Georgetown for camaraderie, dinner and excellent continuing education. Our speaker Dr. Mark Hyman is a renowned public speaker and thought leader whose work is characterized by his warmth, enthusiasm, sense of humor, and passion for dentistry. His presentation on cosmetic dentistry will be valuable to all.

Sincerely,



Steven A. Guttenberg, DDS, MD
DCDS President



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Infectious Diseases: 2019 Novel Coronavirus

The ADA has released an [informational handout](#) for dentists on the coronavirus disease, now named COVID-19. The handout covers strategies for helping prevent the transmission of suspected respiratory disease in the dental health care setting and answers frequently asked questions related to the virus, based on [guidelines](#) from the [Centers for Disease Control and Prevention](#).

Dentists are urged to view the CDC's COVID-19 situation webpage for current insight. The risk of transmission in the United States is low at this time. Standard precautions should be taken with all patients, at all times.

The CDC has not changed its guidance on single-use disposable facemasks, which are [regulated by FDA to be single use](#) and should be worn once and discarded.

Page 41 of the [CDC Guidelines for Infection Control in Dental Health-Care Settings](#) has the following guidance:

1. Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids;
2. Change masks between patients, or during patient treatment if the mask becomes wet.

CDC urges Dental Health Care Personnel (DHCP) concerned about healthcare supply for PPE to monitor [Healthcare Supply of Personal Protective Equipment](#) for updated guidance, and to be familiar with the [Interim Infection Prevention and Control Recommendations](#).

Dentists can visit [ADA.org/Virus](https://ada.org/Virus) to learn more.

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“Top of the Heap”

Frequently Prescribed Medications and Clinical Dental Considerations

May Monthly Meeting

The DC Dental Society monthly meeting will be held Tuesday, May 12 at the **Westin Georgetown** and will feature two sessions by Tom Viola



The challenge faced by all clinicians today is to provide safe and effective dental treatment to our medically complex patients. However, dental professionals find themselves practicing in a marketplace awash in direct to consumer advertising of prescription drugs and in the midst of an explosion of new drug entities over the last several years. Thus, many dental professionals may find it challenging to stay up to date with the latest prescribing trends in disease state management.

This program will provide an overview of those frequently prescribed brand name medications whose actions, side effects, contraindications and potential drug interactions may have the greatest impact on dental therapy.

Learning Objectives:

- Identify the most frequently prescribed FDA-approved brand name medications for the treatment of systemic illnesses.
- Discuss the basic mechanisms of action, potential adverse reactions, drug interactions and contraindications of these medications.
- Explain the clinical dental considerations of these medications and their potential impact on dental therapy.
- Describe patient management strategies essential for successful treatment planning and proper care of our medically complex dental patients.

For more details, and to register, [click here](#). Space is limited. Pre-registration ends at 5pm on Monday, May 11.

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Presentation Topic	Location:
“Top of the Heap”	Westin Georgetown
Frequently Prescribed Medications and Clinical Dental Considerations	2350 M St NW
	Washington, DC 20037
Schedule	Parking at the Westin
5:30 p.m. —Registration/ Buffet Opens	Before 5:00 p.m.: \$15
5:45 p.m. — Business Meeting	After 5:00 p.m.: \$10
6:00 p.m. — Session 1	
7:30 p.m. — Break	
7:45 p.m. — Session 2	
8:45 p.m.— Event Ends	



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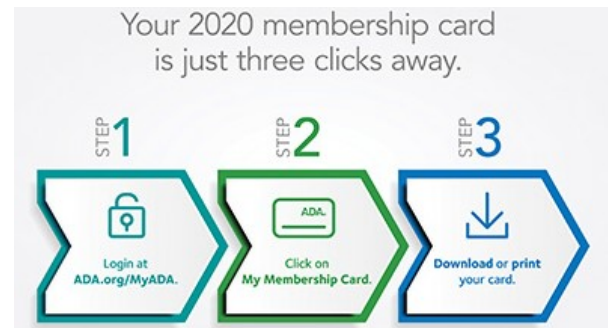
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7 Tips for Tax Season

Tax time is upon us! Dentists can sometimes be more likely to face an audit than other taxpayers because they're both small business owners and high wage earners. [Check out these seven tips](#) to get your finances in order before you file your 2019 returns.

Find more financial resources for your practice at the [ADA Center for Professional Success](#).



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