# What's new in Oral and Dental (2019)

**Some of the new information and major changes included in the Oral and Dental guidelines in *eTG complete*.**

To help dentists and medical practitioners determine the likely cause of **acute dental pain**, an expanded guide to common causes, and their management, has been included. Nonsteroidal anti-inflammatory drugs (NSAIDs) are preferred for acute dental pain but can cause significant adverse effects; details are included on how to determine whether NSAID use is appropriate for a patient. Opioids have a limited role in the treatment of dental pain; if they are indicated, advice is included on minimising potential harms. Analgesic dosing in children requires dose calculations; for simplicity, calculated doses for common preparations of ibuprofen and paracetamol have been included.

Antibiotic therapy is not a substitute for dental treatment of **acute odontogenic infections**, but is sometimes required adjunctively. The indications for antibiotic therapy (including for patients who present to a medical practitioner) are clarified in a new table.

It is crucial that oral mucosal lesions are assessed for 'red flag' features (summarised in a new box) that require further investigation. To aid recognition of oral mucosal lesions, new photos are included of common **oral mucosal diseases**. New information is also included on red, white and pigmented lesions, and a new table outlines the features and management of oral candidiasis and *Candida*-associated lesions.

Dental practitioners often treat patients with complex **medical conditions** for whom dental treatment may need to be modified, because of the condition or the medication used to treat it. New sections are included on dental treatment for patients who are immunocompromised, or who have a cardiac implanted electronic device, a bleeding disorder, or diabetes that is treated with an SGLT2 inhibitor.

Before an oral or dental procedure, patients taking **antithrombotic drugs** must be evaluated for the risk of bleeding related to patient factors or the procedure. Management is determined by the assessment findings and knowledge of the antithrombotic drug(s) used, and may include local haemostatic measures, specialist referral, or temporary interruption of antithrombotic therapy (in consultation with the patient's medical practitioner). Specific advice is included for common antithrombotics.

A flow chart is included to help practitioners assess the risk of **medication-related osteonecrosis of the jaw** (MRONJ) in patients taking antiresorptive or antiangiogenic drugs who require a bone-invasive dental procedure. Advice is also included on managing patients at risk of MRONJ.

Patients at risk of adrenocortical insufficiency may need their **corticosteroid** dose increased before certain procedures—specific advice is included.

**Antibiotic prophylaxis** is rarely needed for dental procedures. The topic on antibiotic prophylaxis outlines when antibiotics are and are not indicated.

To aid choice of **local anaesthetic**, a new table outlines the properties of commonly used preparations. Although the dose required is usually much lower than the maximum dose of local anaesthetic, the maximum dose should always be calculated; an example calculation is included.

Safe and effective use of **anxiolysis** to facilitate a dental procedure requires careful patient assessment and perioperative management, and appropriate drug choice. New guidance helps identify patients at increased risk of adverse outcomes; a summary of the advantages and disadvantages of benzodiazepines and nitrous oxide aids drug choice; and a patient information sheet (printable from *eTG complete*) summarises the principles of perioperative management of patients receiving anxiolysis.

To support **medical practitioners** treating patients with common oral and dental conditions, guidance on triage and management is included, together with new information on oral hygiene, dental anatomy and terminology, and the dental numbering system.

A new section is included on **peri-implant mucositis** and **peri-implantitis**.

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