Successful Management of Patients with Anxiety or Special-Needs

Harvey Levy, DMD, MAGD

UMKC March 21, 2019

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Course Schedule

Thursday, March 21, 2019

9:00-9:10 am  Introduction; Around the room experiences
9:10-10:40  Debunking the Myths
10:50-12:00  Basics of Special-Needs dental care (access, wraps, pressure points, props)

[Lunch: 12:00 – 2:00 pm]

2:00-4:00  Basics of Special-Needs dental care cont’d (imaging, lights, gas, drugs, OR)
4:15-4:45  Practical Tips, Tricks and Techniques - Demonstrations
1.  Ergonom-X Self-developing dental film and NOMAD-Pro 2
2.  Instant imaging - DEXIS Digital and Cari-Vu
3.  Silhouette nitrous oxide mask - Porter
4.  Rainbow Wrap with head and leg restraint – Specialized Care
5.  Different mouth props – Open wide Mouth Rest, Molt mouth gag, Zyris
6.  Light sources for oral exam - Identafi, Ultralight Optics, Eclipse
7.  Kovanaze nasal spray local anesthetic
8.  NumBee local anesthetic – Golden Dent
9.  Pressure point to open mouth
10.  Silver Diamine Fluoride
11.  Use of acupressure points to open patient’s mouth

4:45-5:00  Review Pearls and Closing

Special-needs patient care is more than “why do people climb mountains” and “let's make a dollar.” It's a golden opportunity to use your gift, leave your mark, and make a positive difference.  — Dr. Harvey Levy
Debunking the Myths about Special-Needs Patient Care

Harvey Levy, DMD, MAGD

Myths about treating special-needs patients, in short:

- They’re too hard to treat.
- I can’t make money.

A. Administrative barriers

1. It’s too difficult to communicate with them.
2. It’s hard to get permission or consent to treat them.
3. It’s a problem that they rely on others for transportation.
4. They don’t keep their appointments or are late.
5. They are disruptive to the schedule.
6. I may have to treat them in a hospital, and getting hospital privileges is too hard.

B. Management barriers

1. Repulsion factor: They urinate, defecate, expectorate and vomit anywhere.
2. I can’t do quality work because they don’t cooperate.
3. They are too difficult to restrain.
4. I can’t get good x-rays.
5. I have to work around their wheelchairs or helmets.
6. They have disgusting poor oral hygiene.
7. My staff will not want to work on them. I have a hard enough time attracting good staff.
8. It scares me to be in their presence.
9. It saddens me to work on these people - they have no future.

C. Medical concerns

1. Pills alone wouldn’t allow me to complete the procedure.
2. I’m afraid of having to use oral sedation greater than maximum recommended dose.
3. They have communicable diseases.
4. There may be no one to refer to, if I don’t have the skills to perform a procedure.
5. I may not be able to handle their emergencies.

D. Financial concerns

1. They’re all on Medicaid and have no money.
2. It’s too hard to ensure payment.
3. I don’t want to buy expensive special equipment that I won’t use much.
4. I’m only asked to do low-level, low-fee procedures on them.
5. Their treatment takes too long and requires too much staff to be cost effective.
6. Their appearance and screaming frighten away other patients.
7. They won’t refer anyone.
8. They are high-risk medical patients. I don’t want to be sued for complications.
9. Dentists who treat these people are the ones who can’t succeed with regular patients.
Successful Management of Patients with Anxiety or Special-Needs

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I. Why handle these cases?

II. How we go about treating anxious and special-needs patients
   A. Accessibility
   B. Office Techniques
      1. Wraps and other restraints (least restrictive environment)
      2. Props and Blocks (wood & foam, rubber, plastic, Molt, Jennings, Isolite)
      3. Immobilize the head (five point contact and other restraints)
      4. Communicate with patient/caregiver
      5. Management and meaning of noises
      6. Autism and sound, light, tactile sensitivity
      7. Versatility
      8. Early morning appt, npo x 6 hr
      9. X-ray imaging systems and film
     10. Illuminating systems
     11. Acupressure points for opening the mouth
   C. Nitrous Oxide Analgesia
   D. Range of sedation:
   E. Drugs (see Drugs handout for names and recommended doses):
   F. Additional training available
   G. If unsuccessful: reschedule, refer or take to OR

III. Qualifying for a facility

IV. At the hospital OR

V. In conclusion
DRUGS FOR OFFICE SEDATION

The following summaries are offered as overviews, and by no means are a comprehensive description of each drug. Please consult other sources before actually using these drugs in your practice.

1. Chloral Hydrate / Noctec® (no longer readily available in US)

<table>
<thead>
<tr>
<th>Description</th>
<th>Short-term sedative/hypnotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Preoperative sedative that allays anxiety and induces sleep without depressing respiration or cough reflex.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Patients with marked hepatic or renal impairment or severe cardiac disease. Allergy. Oral dosage forms contraindicated in the presence of gastritis and in patients who have previously exhibited an idiosyncrasy or hypersensitivity to the drug.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Porphyria, severe cardiac disease, pregnancy, nursing mothers.</td>
</tr>
<tr>
<td>Availability</td>
<td>Syrup, capsules, rectal suppositories, other</td>
</tr>
</tbody>
</table>
| Dose | Adult 50-75 mg/kg; max 2 g  
Child 50-75 mg/kg; max 1g |

2. Hydroxyzine / Atarax®, Vistaril®

<table>
<thead>
<tr>
<th>Description</th>
<th>Antihistamine. May be combined with Chloral Hydrate for effective synergistic anxiolytic pre-operative sedation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Relief of symptoms of common anxiety and tension. Also to relieve itching from allergic reactions. Can be used as a sedative.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Early pregnancy, allergy</td>
</tr>
<tr>
<td>Precautions</td>
<td>Increases the effects of drugs that depress the activity of the central nervous system. May potentiate meperidine (Demerol®) and barbiturates, and increase the effects of alcohol.</td>
</tr>
<tr>
<td>Availability</td>
<td>Syrup, pill, other</td>
</tr>
</tbody>
</table>
| Dose | Adult max 50-100 mg  
Child 0.6 mg/kg |

3. Benzodiazepines
   a. Diapezam / Valium®

<table>
<thead>
<tr>
<th>Description</th>
<th>A benzodiazepine that exerts anxiolytic, sedative, muscle-relaxant, anticonvulsant and amnesic effects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Short-term relief of anxiety symptoms. As a surgical premedication, it provides relief of anxiety and tension, and diminishes the patient’s recall of the procedure.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Acute narrow-angle glaucoma, untreated open-angle glaucoma, allergy, or patients younger than 6 months.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Kidney or hepatic dysfunction</td>
</tr>
<tr>
<td>Availability</td>
<td>Tablets, other</td>
</tr>
</tbody>
</table>
| Dose | Adult 2-20mg; max 20 mg  
Child 0.2-0.3 mg/kg; max 10 mg |
b. Triazolam / Halcion®

<table>
<thead>
<tr>
<th>Description</th>
<th>A benzodiazepine that is a hypnotic agent, anxiolytic, and sedative.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Preoperative anxiolysis. Short-term treatment of insomnia.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Allergy, drinking alcohol, or pregnancy.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Driving or operating dangerous machinery or participating in any hazardous activity is not recommended until patient is fully awake.</td>
</tr>
<tr>
<td>Availability</td>
<td>Tablets, other</td>
</tr>
<tr>
<td>Dose</td>
<td>Adult max 0.25-1.5 mg; Child max 0.125-0.25 mg.</td>
</tr>
</tbody>
</table>

c. Lorazepam / Ativan®

<table>
<thead>
<tr>
<th>Description</th>
<th>A benzodiazepine with antianxiety, sedative, amnesic, and anticonvulsant effects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Management or short-term relief of the symptoms of anxiety.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Acute narrow-angle glaucoma, allergy.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Avoid with primary depression or psychosis. Caution with elderly, renal or hepatic dysfunction, or compromised respiratory function.</td>
</tr>
<tr>
<td>Availability</td>
<td>Tablets, other</td>
</tr>
<tr>
<td>Dose</td>
<td>Adult 1-4 mg; Child 0.05 mg/kg; max 2 mg</td>
</tr>
</tbody>
</table>

d. Midazolam / Versed®

<table>
<thead>
<tr>
<th>Description</th>
<th>A water-soluble, short-acting benzodiazepine, central nervous system (CNS) depressant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Sedation, anxiolysis and amnesia prior to diagnostic, therapeutic or surgical procedures.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Acute narrow-angle glaucoma, allergy.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Monitor for respiratory adverse events and paradoxical reactions. For use only in settings equipped to provide continuous monitoring of respiratory and cardiac function, with appropriate resuscitative management. Caution with CHF, chronic renal failure, chronic hepatic disease, pulmonary disease, cardiac or respiratory compromised patients. Associated with respiratory depression and respiratory arrest especially when used for sedation in noncritical care settings. Possible airway obstruction, desaturation, hypoxia, and apnea especially with other CNS depressants. Midazolam is associated with a high incidence of impairment of recall for the next several hours.</td>
</tr>
<tr>
<td>Availability</td>
<td>Syrup, other</td>
</tr>
<tr>
<td>Dose</td>
<td>Adult 0.25-1 mg/kg; max 20 mg; Child 0.25-1mg/kg; max: 20 mg</td>
</tr>
</tbody>
</table>

4. Barbiturates and Narcotics (Demerol®, Fentanyl®) - Not covered
REVERSAL AGENTS

1. Flumazenil / Romazicon®

<table>
<thead>
<tr>
<th>Description</th>
<th>Benzodiazepine receptor antagonist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
<td>Complete or partial reversal of the sedative effects of benzodiazepines where sedation has been produced with benzodiazepines for diagnostic or therapeutic procedures, and for the management of benzodiazepine overdose in adults.</td>
</tr>
<tr>
<td>Contraindications</td>
<td>Patients given benzodiazepines for life-threatening conditions (eg, control of ICP or status epilepticus), signs of serious cyclic antidepressant overdose, or allergy.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Caution in overdoses involving multiple drug combinations. Risk of seizures, especially with long-term benzodiazepine-induced sedation, cyclic antidepressant overdose, concurrent major sedative-hypnotic drug withdrawal, recent therapy with repeated doses of parenteral benzodiazepines, myoclonic jerking or seizure prior to flumazenil administration. Monitor for resedation, respiratory depression, or other residual BZD effects (up to 2 hrs). Caution with head injury, alcoholism, and other drug dependencies. Does not reverse respiratory depression/hypoventilation or cardiac depression. May provoke panic attacks with history of panic disorder. Patients should have a secure airway and intravenous access before administration of the drug and be awakened gradually.</td>
</tr>
<tr>
<td>Availability</td>
<td>IV</td>
</tr>
<tr>
<td>Dose</td>
<td>Adults (mg/kg): Reversal of Conscious Sedation: Give IV over 15 seconds. Initial: 0.2. May repeat dose after 45 seconds and again at 60 second intervals up to a max of 4 additional times until reach desired level of consciousness. Max Total Dose: 1mg. In event of resedation, repeated doses may be given at 20-min intervals. Max: 1mg/dose (0.5mg/min); 3mg/hr. Children &gt;1yr: Give IV over 15 seconds. Initial: 0.01mg/kg (up to 0.2mg). May repeat dose after 45 seconds and again at 60-second intervals up to a max of 4 additional times until reach desired level of consciousness. Max Total Dose: 0.05mg/kg up to 1mg.</td>
</tr>
</tbody>
</table>

2. Phentolamine Mesylate / OraVerse®

Reverses the anesthetic effects of local anesthetic injections, and is used at the same site as the original oral injection. It has no contraindications, and is supplied in 0.4 mg/1.7 mL cartridges.

3. Narcan® for narcotics - not covered in this course
DR. LEVY’S RECOMMENDED DOSES (FOR ADULTS)

- Nitrous Oxide / Oxygen - titrate to desired effect for patient, 50-70%
- Chloral Hydrate / Noctec® 1-2 g, (not readily available in US)
- Hydroxyzine / Atarax® or Vistaril® 10-50 mg,
- Diazepam / Valium® 10-20 mg,
- Triazolam / Halcion® 0.5-1.5 mg,
- Lorazepam / Ativan® 2-4 mg,
- Midazolam / Versed® 5-15 mg with monitoring,
- Clonazepam / Klonopin® 0.5-1 mg

Mild (Light, Anxiolysis) vs. Moderate Sedation

Maryland State Board of Dental Examiners
From “Anesthesia and Sedation Regulations Effective January 4, 2010”
http://www.dhmh.state.md.us/dental/sedationregs.htm

Section .03 Definitions.

(5) “Anxiolysis” means a drug-induced state, with or without nitrous oxide/oxygen to decrease anxiety, in which patients respond normally to tactile stimulation and verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are maintained and require no assistance.

(18) “Moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

Sources used for drug information included in this course

PDR (Physician’s Desk Reference), 2017 and PDR.net

Lexi-Comp’s Dental Reference Library, 21th edition and www.lexi.com


INSTRUCTIONS FOR SAME DAY HOSPITAL DENTAL TREATMENT

We have agreed to dental treatment in the operating room at Frederick Memorial Hospital (FMH). The list below should be followed exactly and completely.

1. **Physical Exam**
   a. Exam must be done within 30 days before surgery by a licensed physician.
   b. The exam form should be faxed to FMH, 240-566-3636.
   c. If your physician is not on staff at FMH, please have your doctor fax a credential-approval form to the hospital at 240-566-3636.

2. **Lab Tests (Pre-admission tests)**
   a. Pre-op testing will be ordered depending on age, gender, and health history.
   b. To schedule tests done at FMH, call 240-566-3400. If you go to a lab outside the hospital, they should fax results to FMH at 240-566-3636.
   c. Be aware that some insurance plans require you to go to specific labs.

3. **Consent Form:** An informed consent form must be signed and witnessed less than 30 days before surgery.
   a. If the patient is a minor or not of sound mind, a parent or legal guardian must sign. They must provide a copy of the Power of Attorney or Guardianship document.
   b. The witness must NOT be a relative.

4. **Financial Arrangements:** Our practice will charge you a fee for the specific dental services, plus a $280 **dental** operating room surcharge not covered by most insurance carriers. Your hospital O.R. facility and anesthesia fees are billed separately.
   a. Your estimated uninsured portion is required before the O.R. date.
   b. After insurance has handled your claim, adjustments will be made and included in a billing statement that you will receive. If you have overpaid us, you may request a refund or credit.
   c. Discounts are available per our Office Financial and Insurance Policy. Applications for credit through CareCredit are also available.

5. **No Food or Drink:** The patient must have absolutely nothing to eat or drink after midnight prior to treatment. Check with the doctor regarding any necessary medicines.

6. **Arrival:** Be at the hospital 1½ hours before the scheduled surgery time.

7. **Follow-Up:** On the day after surgery, call the dental office for a one-two week follow-up exam to be certain the mouth is healing normally, and to follow-up on financial and clinical arrangements. Thank you.
Resources

Harvey Levy, DMD, MAGD
www.DrHLevyAsssoc.com
UMKC, March 21, 2019

ADSA
877-255-3742
adsahome.org

Aribex NOMAD hand-held X-ray
801-226-5522
aribex.com

DentalEZ Group
866 DTEINFO
dentaleza.com

DEXIS Imaging Systems
888-883-3947
dexis.com

Ergonom-X Dental Film
Lenty Dental Sales
800-635-3689
Lentysales.com

Golden-Dent
877-987-2284
Golden-dent.com

Hu-Friedy
800 HUFRIEDY
hu-friedy.com

Impact Communication
Linda Gross
778-386-3924
lgross@impactcomms.biz

KaVo Kerr Group
714-516-7400
KaVoKerrGroup.com

Kovanaze
Elevate Oral Care
877-979-3129
elevateoralcare.com

Lexi-comp
800-837-5394
lexi.com wolkerskluwerhealth.com

NIDCR of NIH
866-232-4528
nidcr.nih.gov

Porter Instrument - Nitrous Oxide
888-723-4001
porterinstrument.com

Septodont
800-872-8305
oraverse.com

Silver Diamine Fluoride
St. Renatus
800-770-9400
info@st-renatus.com

SolutionReach
866-605-6867
SolutionReach.com

Special Care Dentistry Assoc
312-527-6764
scdaonline.org

Specialized Care Co.
800-722-7375
specializedcare.com

Ultraglott Optics
323-316-4514
ultraglottics.com

Zyris Systems
800-560-6066
isolitesystems.com

Dr. Levy’s articles and courses: www.DrHLevyAsssoc.com/clinicians.htm
Debunking the Myths About Special-needs Patient Care

Dr. Harvey Levy explores 27 myths about treating special-needs patients and counters them with facts and different perspectives.


Impossible Dentistry Made Simple


Treating Patients with Anxiety or Special Needs: There's Always a Way

Dental Education by Circuit Training

Dentaltown, July 2013, 14:7

NYSAGD, Winter 2016, pages 6-12
Comprehensive General Dentistry in the O.R., Part 1
Article opens in a reader, in a separate tab.
Link:  www.drhlevyassoc.com/clinicians/pubs/comprehensive_general_dentistry_in_or.pdf

NYSAGD, Fall 2016, pages 6-11
Comprehensive General Dentistry in the O.R., Part 2,
Article opens in a reader, in a separate tab.
Link:  http://drhlevyassoc.com/clinicians/pubs/NYSAGD_article_part2.pdf

MAGD Impressions, Spring 2004
My Two Best Friends Just Met
http://www.drhlevyassoc.com/clinicians/pubs/my_two_best_friends_just_met.pdf

All of these articles, and more, are available at Dr. Levy’s website under Clinicians’ Corner

Link:  http://www.drhlevyassoc.com/clinicians/clinicians.htm