In March 2017 the Scottish Dental Clinical Effectiveness Programme (SDCEP) will publish guidance on the Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw. This is an update to the Oral Health Management of Patients Prescribed Bisphosphonates guidance, first published in 2011. The scope of the guidance has been widened to include several other drugs which have been implicated in medication-related osteonecrosis of the jaw (MRONJ). This condition is a rare side effect of anti-resorptive (e.g. alendronic acid, denosumab) and anti-angiogenic drugs (medication used in the treatment of cancer). MRONJ is defined as the presence of exposed bone, or bone that can be probed through a fistula, in the maxillofacial region that has persisted for more than eight weeks in patients with a history of treatment with anti-resorptive or anti-angiogenic drugs, and where there has been no history of radiation therapy to the jaw or no obvious metastatic disease to the jaws.

The purpose of this survey is to help inform the development of appropriate training and support to help dentists implement the guidance. This is not a test of your knowledge.

Section 1 of the questionnaire asks about what you currently do in practice, sections 2, 3 and 4 explore your attitudes and beliefs to the management of patients at risk of MRONJ. Section 5 asks about guidance and training and section 6 gathers demographic information. Most of the questions require you to tick a box or circle a number, but there are also a number of text boxes that we hope you will use. Please be assured that your responses will be held in confidence and anonymised. The questionnaire should take around 20 minutes to complete.
## SECTION 1: YOUR CURRENT PRACTICE

1. **Before reading this questionnaire were you aware of this category of medication:**
   - a) Anti-resorptive drugs
     - Yes [ ] No [ ]
   - b) Anti-angiogenic drugs
     - Yes [ ] No [ ]

2. **Have you ever treated a patient taking:**
   - a) Anti-resorptive drugs
     - Yes [ ] No [ ] Unsure [ ]
   - b) Anti-angiogenic drugs
     - Yes [ ] No [ ] Unsure [ ]

3. **In the last month approximately how many patients have you seen taking:**
   - a) Anti-resorptive drugs
   - b) Anti-angiogenic drugs

4. **Are you aware that patients taking these medications have a very small risk of MRONJ?**
   - Yes [ ] No [ ]

5. **When taking a medical history, do you ask patients about:**
   - **a) Current use of:**
     - i. Anti-resorptive drugs? [ ] [ ] [ ] [ ] [ ]
     - ii. Anti-angiogenic drugs? [ ] [ ] [ ] [ ] [ ]
   - **b) Past use of:**
     - i. Anti-resorptive drugs? [ ] [ ] [ ] [ ] [ ]
     - ii. Anti-angiogenic drugs? [ ] [ ] [ ] [ ] [ ]
   - **c) Health conditions for which these drugs may be prescribed?** [ ] [ ] [ ] [ ] [ ]

6. **Currently, for a patient taking anti-resorptive or anti-angiogenic drugs, I:**
   - **a) Assess whether the patient is at low risk or higher risk of MRONJ based on:**
     - i. Medical condition [ ] [ ] [ ] [ ] [ ]
     - ii. Type and duration of drug therapy [ ] [ ] [ ] [ ] [ ]
     - iii. Any other complicating factors [ ] [ ] [ ] [ ] [ ]
   - **b) Advise the patient that this medication is associated with a very small risk of MRONJ**
   - **c) Record the assigned risk level in the patient’s notes**
   - **d) Record in the patient’s notes that they have been advised of the risk of MRONJ**
Please answer the next questions based on the following definitions:

LOW RISK
Patients being treated for osteoporosis or other non-malignant disease of bone with:
- **bisphosphonates for less than 5 years** and not being concurrently treated with systemic glucocorticoids;
- **denosumab for any length of time** and not being concurrently treated with systemic glucocorticoids.

HIGHER RISK
Patients being treated for osteoporosis or other non-malignant disease of bone with:
- **bisphosphonates for more than 5 years**;
- **bisphosphonates or denosumab for any length of time** whilst concurrently being treated with systemic glucocorticoids.

This category also includes:
- patients being treated with anti-resorptive or anti-angiogenic drugs for cancer management;
- patients with a previous diagnosis of MRONJ.

<table>
<thead>
<tr>
<th>7. Currently, for a patient taking anti-resorptive or anti-angiogenic drugs, I:</th>
<th>LOW RISK PATIENTS</th>
<th>HIGHER RISK PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Low and Higher Risk patients please circle one option for each statement</td>
<td>Never</td>
<td>Always</td>
</tr>
<tr>
<td>a) Aim to get the patient as dentally fit as feasible, prioritising preventive care at the outset of their drug treatment</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b) Carry out all routine dental treatment in primary care</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c) Continue to provide ongoing preventive advice in primary care</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d) Contact secondary care for advice regarding clinical assessment and treatment planning</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e) Refer the patient to secondary care if an extraction is the most appropriate treatment</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f) Perform straightforward extractions in primary care</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>g) Advise the patient to make contact if they have unexpected pain, tingling, numbness, altered sensation or swelling in the treated area following an extraction</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>h) Review the healing of extraction sockets no later than 8 weeks</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>i) Refer the patient to secondary care if the extraction socket has not healed at 8 weeks</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>j) Prescribe antibiotic or antiseptic prophylaxis (e.g. chlorhexidine mouthwash) following an extraction</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
## SECTION 2: ASSIGNING RISK

To what extent do you agree with the following statements about ASSIGNING A MRONJ RISK CATEGORY to patients prescribed anti-resorptive or anti-angiogenic drugs

*Please circle one option for each statement*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I know how to assign a MRONJ risk category to these patients</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. I am confident assigning a MRONJ risk category to these patients</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. I intend to assign a MRONJ risk category to these patients</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. I think it is important for patient safety that these patients are assigned a MRONJ risk category</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Patients’ level of knowledge about their medication makes it difficult for me to assign a MRONJ risk category</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION 3: INFORMING PATIENTS OF MRONJ RISK

To what extent do you agree with the following statements about INFORMING PATIENTS OF THE MRONJ RISK associated with anti-resorptive or anti-angiogenic drugs

*Please circle one option for each statement*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a) I intend to inform patients taking these medications of the MRONJ risk associated with it, whether they require an extraction or not</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b) I intend to record that I have advised patients of the MRONJ risk associated with these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. I think that advising patients of the MRONJ risk associated with these medications is important for patient safety</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. a) I think that advising patients of the MRONJ risk associated with these medications is important from a medico-legal perspective</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b) I think recording that I have advised patients of the MRONJ risk is important from a medico-legal perspective</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. I am confident I can advise patients about the MRONJ risk associated with these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. I have the skills to advise patients about the MRONJ risk associated with these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. It is part of my role to inform patients about the MRONJ risk associated with these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. I have time to provide all the relevant information when advising patients about the MRONJ risk associated with these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. I think that patients take the MRONJ risk associated with these medications more seriously when informed by their GP/prescriber rather than their dentist</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION 4: MANAGEMENT OF PATIENTS

When MANAGING PATIENTS prescribed anti-resorptive or anti-angiogenic drugs:

*For Low and Higher Risk patients please circle one option for each statement*

<table>
<thead>
<tr>
<th>Low Risk Patients</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Risk Patients</td>
<td>Strongly Disagree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. I intend to contact secondary care for advice regarding treatment planning
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

2. It is easy for me to access advice from secondary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

3. It is easy for me to access advice from a patient’s GP
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

4. It is part of my role to seek advice from other healthcare professionals
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

5. I intend to carry out extractions in primary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

6. I am confident I can carry out extractions in primary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

7. It is part of my role to carry out extractions in primary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

8. I would not feel comfortable carrying out an extraction in primary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

9. I would worry about a patient developing MRONJ following an extraction if I did not refer them to secondary care
   - Low Risk: 1 2 3 4 5
   - Higher Risk: 1 2 3 4 5

10. Carrying out an extraction in primary care is better for the patient
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

11. It is more stressful for the patient if they are referred to secondary care for an extraction
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

12. The preference of the patient would influence whether or not I refer them to secondary care for an extraction
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

13. It is easy for me to refer a patient to secondary care for an extraction
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

14. The patient is less likely to develop MRONJ if they are referred to secondary care
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

15. Carrying out an extraction in primary care is better for NHS resources
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

16. I intend to review the healing of extraction sockets no later than 8 weeks
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

17. I intend to refer the patient to secondary care if the extraction has not healed at 8 weeks
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

18. When reviewing healing after an extraction, I am confident I can decide if a patient should be referred to secondary care
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5

19. There is sufficient remuneration available within the SDR to allow me to carry out extractions and then review these patients
    - Low Risk: 1 2 3 4 5
    - Higher Risk: 1 2 3 4 5
**SECTION 5: GUIDANCE AND TRAINING**

1. **How useful do you think the following would be for managing the oral health of patients at risk of MRONJ?**

   *Please circle one option for each statement*

<table>
<thead>
<tr>
<th>Option</th>
<th>Not at all useful</th>
<th>Extremely useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A patient information leaflet</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b) A list of medications associated with MRONJ</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c) A checklist of the main points to cover during consultations with patients prescribed these medications</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d) A poster detailing all the medications associated with MRONJ which could be displayed in the practice waiting room</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>e) An online training module</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>f) Clinical audit tools</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>g) In practice training</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>h) Other (please provide details below)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

2. **In your practice how useful do you find the following SDCEP guidance publications?**

   *Please circle one option for each statement*

<table>
<thead>
<tr>
<th>Publication</th>
<th>Not at all useful</th>
<th>Extremely useful</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Conscious Sedation in Dentistry</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Decontamination into Practice (Cleaning, Sterilization and Management)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Prevention and Management of Dental Caries in Children</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Drug Prescribing for Dentistry</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Emergency Dental Care</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Practice Support Manual (<a href="http://www.psm.sdcep.org.uk">www.psm.sdcep.org.uk</a>)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Oral Health Assessment and Review</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Management of Acute Dental Problems</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Prevention and Treatment of Periodontal Diseases in Primary Care</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Oral Health Management of Patients Prescribed Bisphosphonates</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 6: ABOUT YOU

1. Are you? Male □ Female □

2. What year did you qualify?

3. Please describe yourself
   - Principal Dentist □
   - Associate Dentist □
   - Salaried Dentist □
   - Other □

4. What is your approximate list size?

5. On average, how many sessions (0.5 days) per week do you work?

6. How many other dentists are in the practice where you work?

7. Does your practice employ a dental hygienist or hygienist-therapist? Yes □ No □

8. Is your practice?
   - Only NHS □
   - Mostly NHS □
   - Equal NHS/Private □
   - Mostly Private □
   - Only Private □

Thank you for taking the time to answer these questions. Your contribution is very much appreciated. Please return the questionnaire in the FREEPOST envelope provided by **Wednesday 15th March 2017**.

If you would like to discuss any part of this questionnaire or any other aspect of the proposed guidance, please contact: Heather Cassie at heather.cassie@nes.scot.nhs.uk or on 01382 740954.

THANK YOU