



**Translation Research
in a Dental Setting**



Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw

March 2017

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.



**Scottish Dental
Clinical Effectiveness Programme**

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:

	Never	Rarely	Sometimes	Usually	Always
a) Current use of:					
i. Anti-resorptive drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Anti-angiogenic drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Past use of:					
i. Anti-resorptive drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Anti-angiogenic drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Health conditions for which these drugs may be prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Currently, for a patient taking anti-resorptive or anti-angiogenic drugs, I:

	Never	Rarely	Sometimes	Usually	Always
a) Assess whether the patient is at low risk or higher risk of MRONJ based on:					
i. Medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Type and duration of drug therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Any other complicating factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advise the patient that this medication is associated with a very small risk of MRONJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Record the assigned risk level in the patient's notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Record in the patient's notes that they have been advised of the risk of MRONJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

7. Currently, for a patient taking anti-resorptive or anti-angiogenic drugs, I: <i>For Low and Higher Risk patients please circle one option for each statement</i>	LOW RISK PATIENTS		HIGHER RISK PATIENTS	
	Never	Always	Never	Always
a) Aim to get the patient as dentally fit as feasible, prioritising preventive care at the outset of their drug treatment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b) Carry out all routine dental treatment in primary care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
c) Continue to provide ongoing preventive advice in primary care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d) Contact secondary care for advice regarding clinical assessment and treatment planning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e) Refer the patient to secondary care if an extraction is the most appropriate treatment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
f) Perform straight forward extractions in primary care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
h) Review the healing of extraction sockets no later than 8 weeks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
i) Refer the patient to secondary care if the extraction socket has not healed at 8 weeks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
j) Prescribe antibiotic or antiseptic prophylaxis (e.g. chlorhexidine mouthwash) following an extraction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION 2: ASSIGNING RISK

<p>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</p> <p><i>Please circle one option for each statement</i></p>	<p>Strongly Disagree</p>	<p>Strongly Agree</p>			
1. I know how to assign a MRONJ risk category to these patients	1	2	3	4	5
2. I am confident assigning a MRONJ risk category to these patients	1	2	3	4	5
3. I intend to assign a MRONJ risk category to these patients	1	2	3	4	5
4. I think it is important for patient safety that these patients are assigned a MRONJ risk category	1	2	3	4	5
5. Patients' level of knowledge about their medication makes it difficult for me to assign a MRONJ risk category	1	2	3	4	5

SECTION 3: INFORMING PATIENTS OF MRONJ RISK

<p>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</p> <p><i>Please circle one option for each statement</i></p>	<p>Strongly Disagree</p>	<p>Strongly Agree</p>			
1. a) I intend to inform patients taking these medications of the MRONJ risk associated with it, whether they require an extraction or not	1	2	3	4	5
b) I intend to record that I have advised patients of the MRONJ risk associated with these medications	1	2	3	4	5
2. I think that advising patients of the MRONJ risk associated with these medications is important for patient safety	1	2	3	4	5
3. a) I think that advising patients of the MRONJ risk associated with these medications is important from a medico-legal perspective	1	2	3	4	5
b) I think recording that I have advised patients of the MRONJ risk is important from a medico-legal perspective	1	2	3	4	5
4. I am confident I can advise patients about the MRONJ risk associated with these medications	1	2	3	4	5
5. I have the skills to advise patients about the MRONJ risk associated with these medications	1	2	3	4	5
6. It is part of my role to inform patients about the MRONJ risk associated with these medications	1	2	3	4	5
7. I have time to provide all the relevant information when advising patients about the MRONJ risk associated with these medications	1	2	3	4	5
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	1	2	3	4	5

SECTION 4: MANAGEMENT OF PATIENTS

When MANAGING PATIENTS prescribed anti-resorptive or anti-angiogenic drugs: <i>For Low and Higher Risk patients please circle one option for each statement</i>	LOW RISK PATIENTS					HIGHER RISK PATIENTS					
	Strongly Disagree					Strongly Agree		Strongly Disagree		Strongly Agree	
1. I intend to contact secondary care for advice regarding treatment planning	1	2	3	4	5	1	2	3	4	5	
2. It is easy for me to access advice from secondary care	1	2	3	4	5	1	2	3	4	5	
3. It is easy for me to access advice from a patient's GP	1	2	3	4	5	1	2	3	4	5	
4. It is part of my role to seek advice from other healthcare professionals	1	2	3	4	5	1	2	3	4	5	
5. I intend to carry out extractions in primary care	1	2	3	4	5	1	2	3	4	5	
6. I am confident I can carry out extractions in primary care	1	2	3	4	5	1	2	3	4	5	
7. It is part of my role to carry out extractions in primary care	1	2	3	4	5	1	2	3	4	5	
8. I would not feel comfortable carrying out an extraction in primary care	1	2	3	4	5	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	1	2	3	4	5	1	2	3	4	5	
10. Carrying out an extraction in primary care is better for the patient	1	2	3	4	5	1	2	3	4	5	
11. It is more stressful for the patient if they are referred to secondary care for an extraction	1	2	3	4	5	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	1	2	3	4	5	1	2	3	4	5	
13. It is easy for me to refer a patient to secondary care for an extraction	1	2	3	4	5	1	2	3	4	5	
14. The patient is less likely to develop MRONJ if they are referred to secondary care	1	2	3	4	5	1	2	3	4	5	
15. Carrying out an extraction in primary care is better for NHS resources	1	2	3	4	5	1	2	3	4	5	
16. I intend to review the healing of extraction sockets no later than 8 weeks	1	2	3	4	5	1	2	3	4	5	
17. I intend to refer the patient to secondary care if the extraction has not healed at 8 weeks	1	2	3	4	5	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	1	2	3	4	5	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	1	2	3	4	5	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? <i>Please circle one option for each statement</i>	Not at all useful					Extremely useful				
a) A patient information leaflet	1	2	3	4	5					
b) A list of medications associated with MRONJ	1	2	3	4	5					
c) A checklist of the main points to cover during consultations with patients prescribed these medications	1	2	3	4	5					
d) A poster detailing all the medications associated with MRONJ which could be displayed in the practice waiting room	1	2	3	4	5					
e) An online training module	1	2	3	4	5					
f) Clinical audit tools	1	2	3	4	5					
g) In practice training	1	2	3	4	5					
h) Other (please provide details below)	1	2	3	4	5					

Please provide details:

2. In your practice how useful do you find the following SDCEP guidance publications? <i>Please circle one option for each statement</i>	Not at all useful					Extremely useful					N/A
a) Conscious Sedation in Dentistry	1	2	3	4	5						
b) Decontamination into Practice (Cleaning, Sterilization and Management)	1	2	3	4	5						
c) Prevention and Management of Dental Caries in Children	1	2	3	4	5						
d) Drug Prescribing for Dentistry	1	2	3	4	5						
e) Emergency Dental Care	1	2	3	4	5						
f) Practice Support Manual (www.psm.sdcep.org.uk)	1	2	3	4	5						
g) Oral Health Assessment and Review	1	2	3	4	5						
h) Management of Acute Dental Problems	1	2	3	4	5						
i) Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs	1	2	3	4	5						
j) Prevention and Treatment of Periodontal Diseases in Primary Care	1	2	3	4	5						
k) Oral Health Management of Patients Prescribed Bisphosphonates	1	2	3	4	5						

Please use this box to provide additional information

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