



**Translation Research  
in a Dental Setting**



**Scottish Dental  
Clinical Effectiveness Programme**

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

## **Guidance Implementation Summary**

For SDCEP guidance, information about potential barriers and facilitators for implementation is sought at various stages during the development process, such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. This may include financial and organisational barriers that operate at the policy-level in addition to practice- practitioner- and patient-level barriers. The impact of these potential barriers is considered during the development of the guidance and the guidance recommendations, content and format may be influenced or changed as a result.

Much of this work is carried out in collaboration with SDCEP's partner programme TRiADS (Translation Research in a Dental Setting), a multidisciplinary research collaboration which aims to develop and evaluate guidance implementation strategies to improve the knowledge-to-practice gap in primary care dentistry in Scotland. Reports of the results of TRiADS research are provided on its website ([www.triads.org.uk](http://www.triads.org.uk)).

This document provides a summary of the potential barriers and facilitators to implementation of the *Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw (2017)* guidance recommendations, information on how these influenced the guidance and updates on any changes that have taken place since publication of the guidance that may affect implementation.

<b>Potential Barriers/Facilitators</b>	<b>Pre-publication Action</b> (e.g. changes made to the guidance, provision of implementation tools)	<b>Post-publication Activities</b>
<b>Training</b>		
<p>The need for training on the topic was identified as a possible barrier to implementation of the guidance.</p> <p>Areas highlighted included:</p> <ul style="list-style-type: none"> <li>improving knowledge about anti-resorptive and anti-angiogenic drugs and the risks associated with them</li> <li>lack of confidence in discussing MRONJ risk with patients</li> <li>updating/improving extraction skills and techniques</li> <li>providing alcohol reduction and smoking cessation advice in practice</li> </ul>	<p>In response to these needs, various tools were provided with the guidance to aid with implementation of the guidance recommendations. These included:</p> <ul style="list-style-type: none"> <li>background information on antiresorptive and antiangiogenic drugs including their action and indications for their use</li> <li>generic and brand names for each of the drugs to aid recognition</li> <li>patient information leaflets to aid communication</li> </ul> <p>The requirement for further training will be assessed during the TRiADS implementation process. NES will also consider the need for further related training in pharmacology and extraction techniques.</p>	<p>NES held an evening CPD symposium on the topic area in May 2017. This provided information on the background to the guidance and implications of the guidance recommendations for dental practice. Further training sessions have been provided by NES and a video addressing frequently asked questions is available via NES's online learning platform TURAS Learn.</p> <p>TRiADS has conducted pre- and post-publication surveys to assess the impact of the guidance and to inform the development of additional educational interventions, if necessary. More details are available on the TRiADS website (<a href="https://www.triads.org.uk/in-development/medication-related-osteonecrosis-jaw/">https://www.triads.org.uk/in-development/medication-related-osteonecrosis-jaw/</a>).</p> <p>A national pre-approved criterion based audit was made available to dentists in Scotland. More details are available on the TRiADS website.</p>
<b>Patient education</b>		
<p>Difficulties in obtaining a full medical history, due to patients being unaware of the importance of this, were seen as a barrier to implementation.</p>	<p>Patient information leaflets explaining the risk of MRONJ and highlighting the need to inform the dentist of all medical conditions and medications were produced and made available with the published guidance.</p>	<p>The National Osteoporosis Society has used the SDCEP patient leaflets to inform information that they provide for patients.</p> <p>Members of the Guidance Development Group presented a session on MRONJ, for both patients</p>

		and clinicians, at the 2018 National Osteoporosis Society National conference.
<b>Guidance format</b>		
There was concern from some consultees that the length and layout of the guidance may make it more difficult for busy practitioners to find the information required to manage patients at risk of MRONJ.	Key recommendations and clinical practice advice were summarised at the front of the guidance and a summary Guidance in Brief was produced to aid the busy practitioner. The flowcharts from Section 3 and Appendix 3 were also provided as stand-alone downloadable pdfs	In 2019, the guidance was included as a toolkit within SDCEP's Dental Companion smartphone and desktop app. This presents information in a layered format, allowing the user to decide how much depth to explore a particular topic of interest. The content is also searchable, facilitating rapid access to information of interest.
<b>Other healthcare professionals</b>		
There was concern about a lack of awareness among prescribers and dispensers about the need to advise patients of the MRONJ risk associated with their medication and the need for a dental assessment at outset of treatment	Specific recommendations for prescribers and dispensers were included in the guidance. These have also been provided as a stand-alone information sheet for these healthcare professionals.  SDCEP informed relevant professional groups and publications to facilitate dissemination to other healthcare professionals.	
<b>Service provision</b>		
There was concern amongst some consultees that the existing dental contract in Scotland did not support review of patients who had undergone extractions or procedures which impact on bone at 8 weeks.  There were also concerns about the time required to:	The group acknowledged the concerns about the provision of care but felt that most of the recommendations could be supported under the current dental contract. For example, the recommendations around taking a medical history and providing preventive advice were not	In 2018, the Scottish Government published the Oral Health Improvement Plan (OHIP), which prioritises a preventive system of care for adults and aims to include a revision of remuneration for dental care.

<ul style="list-style-type: none"><li>• Assess and discuss medical history and individual MRONJ risk</li><li>• Prepare and explain care plan.</li></ul>	<p>considered to differ significantly from current practice.</p> <p>There are plans to update the dental system in Scotland and the Scottish Government made its proposed Oral Health Plan available for consultation in 2016. This will likely result in changes to the dental contract.</p>	
---	---	--