



**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.

TRiADS (Translation Research in a Dental Setting) carry out further research to monitor post-publication implementation of the guidance. Prior to distribution of the published guidance, TRiADS conduct a diagnostic study to measure current practice in relation to priority recommendations within the guidance and attitudes and beliefs towards the guidance topic. Barriers and facilitators to adopting the guidance recommendations are explored and the information gathered is used as a pre-guidance publication baseline measure. A follow-up is then conducted 6-12 months post-publication to identify any changes in current practice, attitudes and beliefs to inform decisions about whether a further intervention is necessary to support change in practice.

TRiADS reports the results of this research in detail on its website ([www.triads.org.uk](http://www.triads.org.uk)).

This document provides a summary of the potential barriers to implementation of the *Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw* 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</b>	<b>Pre-publication Action</b> (e.g. changes made to the guidance, provision of implementation tools)	<b>Further Action</b>	<b>Update</b>
<p><b>Training</b></p> <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</p>	<p>An evening NES CPD symposium on the topic area is planned for May 2017. This will provide information on the background to the guidance and implications of the guidance recommendations for dental practice.</p> <p>TRiADS has completed a pre-publication survey to assess current practice.</p> <p>A post-publication survey to enable impact evaluation and to inform the development of additional educational interventions, if necessary, will be carried out several months after publication.</p> <p>A pre-approved audit is also in development.</p>	

	techniques.		
<p><b>Patient education</b></p> <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 intends to use the SDCEP patient leaflets to inform information that they provide for patients.</p>	
<p><b>Guidance Format</b></p> <p>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.</p>	<p>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</p>		
<p><b>Other healthcare professionals</b></p> <p>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</p>	<p>Specific recommendations for prescribers and dispensers were included in the guidance. These have also been provided as a stand-alone information sheet for</p>		

<p>and the need for a dental assessment at outset of treatment</p>	<p>these healthcare professionals. SDCEP will inform the relevant professional groups and publications to facilitate dissemination to other healthcare professionals</p>		
<p><b>Service provision</b></p> <p>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.</p> <p>There were also concerns about the time required to:</p> <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>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 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>		