



**Translation Research  
in a Dental Setting**



**Scottish Dental  
Clinical Effectiveness Programme**

# Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs

## Guidance Implementation Summary

For Scottish Dental Clinical Effectiveness Programme (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 an ongoing summary of the potential barriers and facilitators to implementation of the *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* guidance recommendations, information on how these influenced the first and second editions of the guidance and updates on any developments since publication of the guidance that may affect implementation.

| <b>Potential Barriers/Facilitators</b>   | <b>Pre- and Post-publication Activities/ Developments - 1<sup>st</sup> edition (2015)</b><br><i>(e.g. changes made to the guidance, provision of implementation tools, educational activities)</i>   | <b>Pre- and Post-publication Activities/ Developments - 2<sup>nd</sup> edition (2022)</b><br><i>(e.g. changes made to the guidance, provision of implementation tools, educational activities)</i>  |
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| <b>Service provision</b>   |  |   |
| <p>At consultation for the 1<sup>st</sup> edition of the guidance some practitioners reported concerns that the existing dental contract in Scotland did not support the use of suturing as a preventive haemostatic measure provided at the time of treatment.</p> <p>This was still considered to be a potential barrier to implementation of the guidance advice in the second edition.</p> | <p>For the 1<sup>st</sup> edition of the guidance the GDG reconsidered whether routine suturing should be advised for all patients taking anticoagulants or antiplatelet drugs. It was agreed that routine packing and suturing may not be necessary for patients taking only aspirin. However, for patients taking the other drugs it was considered that dentists should be prepared to carry out packing and suturing and that if not done at the time of treatment, they should expect that they may need to carry out these measures later. The guidance wording was amended to reflect these points.</p> <p>The concerns about the provision of suturing as a preventive measure within the existing dental contract were reported to the National Dental Advisory Committee (NDAC).</p> | <p>No further action was taken prior to publication of the 2<sup>nd</sup> edition of the guidance.</p>  |
| <b>Awareness</b>   |  |   |
| <p>Lack of awareness of the various anticoagulant and antiplatelet drugs, particularly the newer DOACs, was identified as a potential barrier for the 1<sup>st</sup> edition of the guidance.</p>  | <p>Information about all of the drugs, their mode of action, indications for use and brand and alternative names was included in the guidance (see also below under training).</p> <p>SDCEP undertook various dissemination approaches at the launch of the guidance to raise awareness. These included notifying all dentists and hygienists/therapists in Scotland, as well as dental educators, of the guidance</p>   | <p>Since prescribing of the newer drugs has increased significantly since publication of the 1<sup>st</sup> edition of the guidance, awareness of these is expected to have improved.</p> <p>The 2<sup>nd</sup> edition was widely disseminated within the dental profession in the UK at publication.</p> <p>A NES Dental CPD webinar about the updated guidance was presented by the GDG chair in</p> |

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|   | <p>publication, press releases, newsletter and magazine articles and the use of social media.</p> <p>The GDG chair promoted the guidance through an NHS Education for Scotland (NES) CPD webinar in October 2015 with a recording made available on the SDCEP website.</p> <p>The North West Medicines Information centre (NWMiC; part of UKMi) uses the guidance as the basis for UK wide pharmacy advice for dentists on this topic.</p> <p>A joint NES Pharmacy/Dental webinar was presented by a senior pharmacist from the guidance development group in January 2016.</p> | <p>March 2022. A recording will be made available via NES.</p>   |
| <p>The need for medical professionals (particularly GPs and pharmacists) to be aware of the guidance was considered an issue.</p>             | <p>Pharmacists and GPs in Scotland were notified of the guidance and its relevance. Organisations relevant for these professions were also notified.</p> <p>NHS Lothian featured the topic in their regular prescribing bulletin in May 2016 to raise awareness in the region.</p>  | <p>The need for awareness of the guidance by other healthcare professionals was also considered to be important for implementation of the 2<sup>nd</sup> edition of the guidance.</p> <p>National leads for medicine and pharmacy and relevant organisations were notified of publication of the updated guidance.</p> |
| <b>Training</b>   |   |  |
| <p>The need for training on the topic was identified as a possible barrier to implementation of the guidance. Areas highlighted included:</p> | <p>Various tools were introduced with the guidance to aid with implementation of the guidance recommendations. These included:</p> <ul style="list-style-type: none"> <li>background information on all of the drugs including their action and indications for their use</li> </ul>  | <p>Lack of knowledge, skills, experience and confidence in managing patients taking DOACs</p>  |

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| <ul style="list-style-type: none"> <li>improving knowledge about anticoagulant and antiplatelet drugs and in particular the newer drugs</li> <li>updating skills for carrying out suturing</li> </ul> | <ul style="list-style-type: none"> <li>generic, brand and alternative names for each of the drugs to aid recognition</li> <li>information on drug interactions</li> <li>patient information leaflets to aid communication</li> </ul> <p>A full day NES CPD symposium on the topic area took place in 2015 after guidance publication to provide information on the drugs and implications of the guidance recommendations for dental practice. Further training sessions have been provided by NES.</p> <p>TRiADS carried out pre- and post-publication surveys of dental practice to assess levels of adherence to the guidance recommendations and inform the development of additional educational interventions, if necessary (<a href="http://www.triads.org.uk/in-development/anticoagulants-and-antiplatelets/">www.triads.org.uk/in-development/anticoagulants-and-antiplatelets/</a>).</p> <p>NES CPD provide practical training sessions on oral surgery including suturing skills, which are notified to dentists in Scotland.</p> | <p>were also identified as potential barriers prior to publication of the 2<sup>nd</sup> edition of the guidance.<sup>1</sup></p> <p>A CPD webinar on the updated guidance took place in March 2022.</p> <p>Further educational resources including a CPD quiz on the guidance topic are being considered.</p> |
| <b>Practitioner communication/contacts</b>  |   |  |
| <p>Difficulty in accessing advice from consultants in secondary care was identified as a potential barrier to treating patients in primary care.</p>  | <p>The guidance included advice on contacting colleagues in primary and secondary care settings.</p> <p>A template form is provided with the guidance for recording local contact details for medical, pharmacy,</p>  | <p>The guidance advice was amended to give more clarity on who to contact and when, to facilitate obtaining timely advice.</p>   |

<sup>1</sup> Kelly, N., Nic Íomhair, A., Hill, S., McKenna, G., O'Carolan, D., Cleary, G., & Burnett, K. (2021). Perceptions of general dental practitioners in Northern Ireland on the clinical management of patients taking direct oral anticoagulants. *Journal of the Irish Dental Association*, 67(6), 340-345.

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|   | haematology, cardiology and secondary dental care support.  |  |
| <b>Patient education/communication</b>  |   |  |
| Difficulty in obtaining a full medical history, because patients are unaware of the importance of this, was identified as a barrier to implementation.                        | Patient information leaflets explaining the impact of the drugs on dental treatment and highlighting the need to inform the dentist/hygienist of all medical conditions and medications were produced and made available with the published guidance. | The patient information leaflets were reviewed and updated for the 2 <sup>nd</sup> edition.<br><br>Patient support charities were notified of the guidance publication and availability of updated patient information.  |
| Failure by patients to carry out correct pre-treatment requirements, due to uncertainty about these, may be a barrier to providing treatment in accordance with the guidance. | The patient information leaflets include information about the pre-treatment instructions that might be provided by the dentist.  | Pre-treatment advice sheets suitable for recording individual instructions for the patient (e.g. for INR testing or any pre-treatment modification of the drug schedule) were developed and made available with the guidance. These can be printed, if necessary, or provided digitally to patients. |