

# Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs

## 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 *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* 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>Service provision</b></p> <p>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>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.</p> <p>The guidance wording was amended to reflect these points.</p>	<p>Concerns raised by practitioners 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><b>Awareness</b></p> <p>Lack of awareness of the various anticoagulant and antiplatelet drugs, particularly the newer NOACs, was identified as a potential barrier.</p> <p>The need for medical professionals (particularly GPs and pharmacists) to be aware of the guidance was considered an issue.</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 below).</p> <p>SDCEP undertake various dissemination approaches at the launch of the guidance to raise awareness. These include notifying all dentists and hygienists/therapists in Scotland, as well as dental educators, of the guidance publication, press releases, newsletter and magazine articles and the use of social media.</p>	<p>Dissemination approaches were carried out as described.</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>The GDG chair promoted the guidance through a NES CPD webinar in October 2015 (available on SDCEP website).</p> <p>A joint NES Pharmacy/Dental webinar was presented by a senior pharmacist from the guidance development group</p>	<p>A pre-approved national audit on the guidance topic is being planned for 2016.</p> <p>The North West Medicines Information centre (NWMiC; part of UKMi) is using the guidance as the basis for UK wide pharmacy advice for dentists on this topic.</p>

		in January 2016.	
<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 anticoagulant and antiplatelet drugs and in particular the newer drugs</li> <li>• updating skills for carrying out suturing</li> </ul>	<p>In response to these needs, 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> <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>The requirement for further training will be assessed during the TRiaDS implementation process. The provision of suturing skills training is to be considered by NES.</p>	<p>A full day NES CPD symposium on the topic area took place in November 2015 after guidance publication to provide information on the drugs and implications of the guidance recommendations for dental practice.</p> <p>TRiaDS carried out a pre-publication survey of dental practice to assess levels of adherence to the guidance recommendations. A post-publication survey to enable impact evaluation and to inform the development of additional educational interventions, if necessary, is underway.</p>	
<p><b>Patient education</b></p> <p>Difficulties in obtaining a full medical history, because patients are unaware of the importance of this, were seen as a barrier to implementation.</p>	<p>Patient information leaflets explaining the impact of these 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.</p>		