# SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs - Scope of Guidance Update

## Background

The Scottish Dental Clinical Effectiveness Programme (SDCEP) *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* guidance provides recommendations and practical advice to inform bleeding risk assessment and decision making for the treatment of this patient group. Information about the newer generation anticoagulants and antiplatelet drugs as well as the more established medications is included. The guidance was developed by a multidisciplinary group, including medical and dental practitioners and specialists, and a patient representative, using SDCEP's NICE Accredited standard guidance development process.

The first edition of the guidance was published in 2015 and a scheduled review of the guidance topic has commenced in line with SDCEP's five-year guidance review period.

## Guidance Aim

The *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* guidance aims to encourage a consistent approach to the management of dental treatment for patients who are taking anticoagulants or antiplatelet drugs by providing evidence, where available, and expert opinion based recommendations and information relevant to dental treatment, for the existing, new and emerging anticoagulants and antiplatelet drugs. Through the clinical practice advice provided, the guidance also aims to empower dental staff to treat this patient group within primary care thereby minimising the need for consultation and referral to secondary care.

These aims will also be applicable for the second edition of the guidance.

## Target patient groups

The guidance is applicable to patients of any age who are taking anticoagulant or antiplatelet drugs and present for outpatient dental treatment. This includes patients taking vitamin K antagonists (warfarin, phenindione, acenocoumarol), oral antiplatelet drugs (aspirin, clopidogrel, dipyridamole, prasugrel, ticagrelor), injectable anticoagulants (dalteparin, enoxaparin, tinzaparin) and DOACs[1] (apixaban, dabigatran, rivaroxaban). The second edition of the guidance will also include edoxaban.

[1] The term DOAC (Direct Oral Anticoagulant) will be adopted throughout the guidance in place of NOAC (Novel Oral Anticoagulant) to reflect the more widely accepted usage of DOAC across healthcare professions.

The clinical management of dental patients who are taking anticoagulants or antiplatelet drugs and being treated as inpatients within a medical hospital setting is beyond the scope of the guidance.

### Target end-users

The guidance is primarily directed at dentists, hygienists and therapists in primary care dental practice, including the general dental service and public dental service, and will also be of relevance to the secondary care dental service, those involved in dental education and undergraduate trainees. Patients and carers may also refer to the guidance and use the accompanying patient information. Use of the guidance could impact on medical professionals including general medical practitioners, pharmacists, haematologists and cardiologists involved in the care of patients taking anticoagulants or antiplatelet drugs. The second edition of the guidance may include specific information for dissemination to these professions.

### Clinical questions

The clinical questions and key recommendations made in the first edition of the guidance are listed in Appendix 1.

Key recommendations were not made for Questions 4 (injectable anticoagulants) and 5 (additional haemostatic measures) because of insufficient evidence and other considerations. The second edition of the guidance will address the same five clinical questions (with the inclusion of edoxaban in Question 3). The GDG will consider whether the recommendations for Questions 1-3 should remain extant and whether key recommendations can be made for Questions 4 and 5.

### Process for guidance review and update

The scheduled review will involve searching, appraising and considering relevant new evidence and other information that might impact on the guidance, and consideration of feedback received about the first edition of the guidance.

All of the key recommendations, clinical advice and other guidance content will be reviewed, with specific consideration of:

- new drugs and drug indications;
- changes in the prevalence of patients taking the different anticoagulant and antiplatelet drugs;
- categorisation of bleeding risk for dental procedures, including for different aspects of implant procedures and for local anaesthesia;
- any new information on anticoagulant/antiplatelet drugs or other medications relating to bleeding risk;
- any new information on bleeding risk associated with other medical conditions;

- any new evidence relating to haemostatic measures (e.g. tranexamic acid), taking practicalities into consideration;
- timing of INR testing, INR levels and criteria for INR stability;
- any new evidence on pre-procedural management of drug regimes and bleeding outcomes;
- timing of drug interruption/restarting;
- advice on injectable anticoagulants;
- advice for managing medically complex patients on antithrombotic drug combinations (e.g. DOACs with clopidogrel and aspirin).

An updated systematic search for evidence relating to the clinical questions will be carried out by the Trials Search Co-ordinator of Cochrane Oral Health. The search will be based on that used for the first edition of the guidance (described in the Guidance Development Methodology document) and will include articles published since the original search in October 2014. Preliminary scoping searches suggest that a number of systematic reviews directly relevant to the clinical questions have been published in the last six years. Consequently, the search will combine anticoagulant/antiplatelet terms with dental terms, but not with terms for other types of surgical procedure or for general bleeding risk as used in the wider searches carried out for the first edition of the guidance.

In accordance with SDCEP's standard process, the evidence search and screening will focus on systematic reviews and guidelines, before considering primary studies, and the articles will be appraised using GRADE or AGREE II.

Information will also be sought on the views of practitioners and patients, relating to the guidance and dental treatment for patients taking these drugs. Other information in the guidance, such as indications for anticoagulant and antiplatelet drug use and drug interactions, will be updated according to national drug information sources and expert group member input.

The Guidance Development Group (GDG) will review summarised evidence and information to inform the updating of the guidance content. If significant new evidence that could affect the key recommendations is identified, the GDG will follow a considered judgement process to review and change the recommendations accordingly.

The GDG will also review the supporting tools accompanying the guidance, including the Quick Reference Guide, Patient Information Leaflets, Post-treatment Advice Sheets, and Local Contacts for Advice and Referral sheets. Additional patient feedback on the patient information will be sought.

If significantly changed from the first edition, a draft of the updated guidance will be subject to external peer review. A short open consultation may also be carried out if required.

The updated guidance will be published online via the SDCEP website and SDCEP Dental Companion app.

Notification of online publication will be widely disseminated to the dental profession in Scotland and to UK dental organisations and bodies. Patient information will also be shared with relevant patient support charities. Specific information may be targeted to the medical profession including general medical practice, pharmacy, haematology, cardiology and those providing anaesthesia for dental procedures.

## Appendix 1 - Clinical Questions & Recommendations (2015)

Q1. Should warfarin or other vitamin K antagonists be continued or interrupted for dental treatment? (To include warfarin, acenocoumarol and phenindione)

Recommendation:
For a patient who is taking warfarin or another vitamin K antagonist, with an INR below 4, treat without interrupting their anticoagulant medication. (Strong recommendation; low quality evidence)

Q2. Should antiplatelet drugs be continued or interrupted for dental treatment? (To include aspirin, clopidogrel, dipyridamole, prasugrel, ticagrelor and combined therapies)

Recommendation:
For a patient who is taking single or dual antiplatelet drugs, treat without interrupting their antiplatelet medication. (Strong recommendation; low quality evidence)

Q3. Should the NOACs be continued or interrupted for dental treatment? (To include apixaban, dabigatran and rivaroxaban)

Recommendations:
For a patient who is taking a NOAC and requires a dental procedure with a low risk of bleeding complications, treat without interrupting their anticoagulant medication. (Conditional recommendation; very low quality evidence)

For a patient who is taking a NOAC and requires a dental procedure with a higher risk of bleeding complications, advise them to miss (apixaban, dabigatran)/delay (rivaroxaban) their morning dose on the day of their dental treatment. (Conditional recommendation; very low quality evidence)

Q4. Should the injectable anticoagulants be continued or interrupted for dental treatment? (To include dalteparin, enoxaparin and tinzaparin)

No key recommendation made.
*There is a lack of direct clinical evidence regarding the dental treatment of patients taking injectable anticoagulants, including the LMWHs. Furthermore, patients taking these drugs are likely to have varied conditions and drug regimes such that further information is required to make a reasonable judgement on the management of their dental treatment.*

Q5. Should other measures be used for dental treatment on patients taking anticoagulants or antiplatelet drugs?

No key recommendation made.
*There is insufficient evidence to indicate any additional benefit of tranexamic acid to minimise bleeding when used in conjunction with other haemostatic measures for dental procedures.*