

SDCEP Management of Acute Dental Problems: TRiADS Pharmacist Scoping Survey

Introduction

The Scottish Dental Clinical Effectiveness Programme (SDCEP) is developing guidance concerning the management of acute dental conditions (MADP). To inform and support the development of this guidance and its translation into practice, the Translation Research in a Dental Setting (TRiADS) Programme, in partnership with SDCEP, is conducting a diagnostic analysis to understand current practice and attitudes towards the management of patients presenting with acute dental problems in general dental practice, general medical practice and community pharmacy.

This report presents the interim results for pharmacists¹.

Methods

An anonymised postal questionnaire was sent to a sample of 276 pharmacists in May 2011. To maximise response rates all non-responders were sent a reminder questionnaire at three weeks and a reminder letter at six weeks.

The purpose of the questionnaire was to investigate pharmacists':

- current behaviour with respect to the incidence of oral health problems presenting in community pharmacies (presenting symptoms and treatment advice given);
- attitudes towards the level of difficulty experienced in advising clients presenting with oral health problems;
- attitudes towards the expected usefulness of guidance and training in advising clients presenting with oral health problems;
- views about what they would want from this guidance (conditions covered, level of detail, format etc).

Data collection is ongoing and responses are still being received. Accordingly, this report presents the results from an interim analysis. The final analysis will be undertaken when data collection is complete and, therefore, the results presented in the final report may differ.

Results (29 June 2011)

Response Rate

To date, five questionnaires were returned not completed. All five respondents were hospital pharmacists and felt the questions were not relevant. A further four hospital pharmacists returned the questionnaires partially completed. Given community pharmacy is the area of interest; these incomplete questionnaires have been removed from the data analysis. One hundred and eleven pharmacists have returned a completed questionnaire giving an interim response rate of 40% (111/276).

¹ General dental and general medical practice results will be reported separately.

Demographics

The respondents' average age was 35 years, 44% were male, and all but one worked solely as a community pharmacist, with the remaining one working between the community and hospital sectors. Respondents had been qualified for an average of 12 years and on average, they worked 42 hours per week.

The pharmacies ranged in size, in terms of the number of people a day that would usually ask for some medical advice, from as little as one person a day, up to 200 people per day. The overall average for the sample was 40 people per day.

Incidence

With regards to asking for advice on oral health problems, all pharmacies are asked for advice at least once a month (every day = 36%; at least 1 x week = 56%).

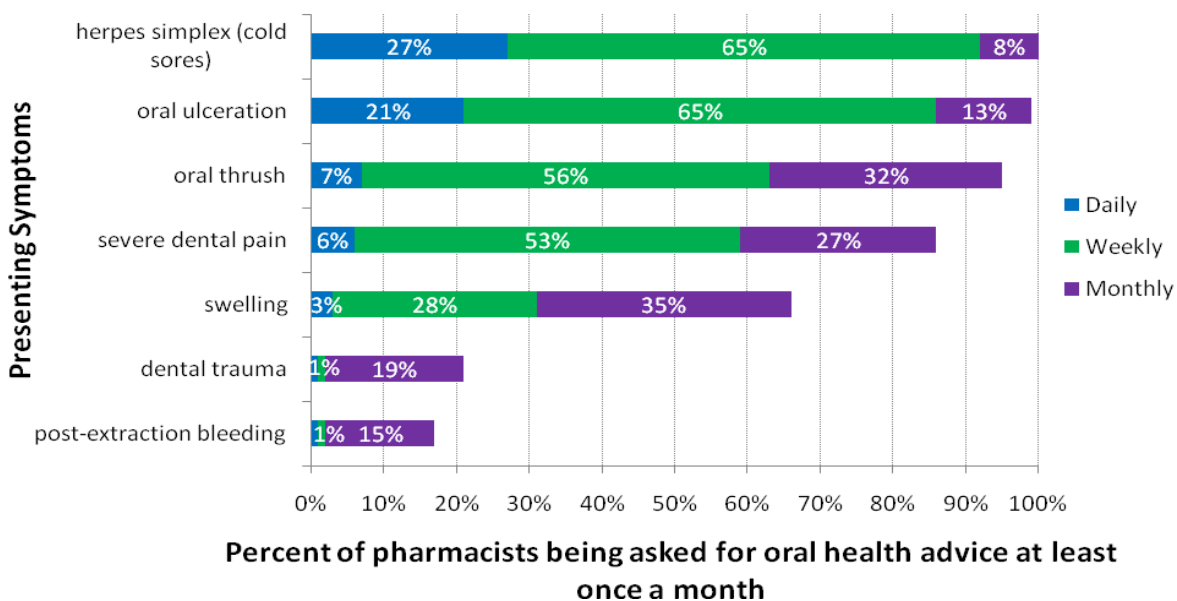
Symptoms: The majority of pharmacists are asked for oral health advice at least once a month by a client presenting with:

- swelling (every day = 3%; at least 1 x week = 28%; at least 1 x month = 35%);
- severe dental pain (every day = 6%; at least 1 x week = 53%; at least 1 x month = 27%);
- oral ulceration (every day = 21%; at least 1 x week = 65%; at least 1 x month = 13%);
- oral thrush (every day = 7%; at least 1 x week = 56%; at least 1 x month = 32%);
- herpes simplex (every day = 27%; at least 1 x week = 65%; at least 1 x month = 8%).

In contrast, the number of pharmacists asked for advice at least once a month by a client presenting with dental trauma and post extraction bleeding is much less:

- dental trauma (every day = 1%; at least 1 x week = 11%; at least 1 x month = 19%);
- post-extraction bleeding (every day = 1%; at least 1 x week = 1%; at least 1 x month = 15%) (Figure 1).

Figure 1: Pharmacist Provision of Oral Health Advice



The majority (82%) of pharmacists did not report any other oral health problems that they are asked for advice on. Of the few that did the main problems were:

- missing fillings, crowns and bridges;
- sensitive teeth;
- gum disease, bleeding gums, gingivitis;
- child teething pain;
- denture problems;
- altered taste sensation, painful tongue.

Conditions:

Pharmacists gave a wide variety of responses when asked about the most unusual oral health problem they had provided advice on in the previous 12 months. These included:

- severe ulcers, including persistent ulcers, green tongue ulcers, black ulcers and those which completely cover the mouth;
- tongue problems including discolouration, tingling, scalloped edge tongue, geographic tongue and severe swelling;
- fluoride allergy;
- problems caused by severe dental trauma (swelling, infection, loose and broken teeth);
- bacterial infection of gums and palette due to a bad piercing.

Current Practice

Pharmacists were asked about their current practice in relation to how they advise clients presenting with oral health problems. The majority of pharmacists rarely or never refer clients to either a dental hospital or A&E. In the most part they will sometimes advise clients to visit a dentist, doctor or contact NHS 24. (Table 1)

Table 1

	Always (%)	Usually (%)	Sometimes (%)	Rarely/Never (%)
Visit a dentist	6	37	56	1
Visit a doctor	1	4	68	26
Contact NHS 24	0	3	54	43
Refer to dental hospital	0	3	27	70
refer to A&E	0	0	19	81

A number of pharmacists reported that the way in which they would advise clients would depend on the particular problem, its severity and the time of day. For out of hours, the advice would be to contact NHS 24 and for in hours the advice would usually be to visit a dentist or doctor. Many pharmacists also indicated that they can often treat many of the symptoms clients are presenting with and no referral is needed.

For clients presenting with pain, 49% of pharmacists would usually recommend analgesia. Twenty per cent reported they would always recommend analgesia, compared to 2% that reported they rarely or never recommend this.

Attitudes and Beliefs

Advising clients with oral health symptoms:

The level of difficulty experienced advising clients on a range of symptoms is detailed in Table 2. The majority of pharmacists do not find it difficult to advise a client presenting with most of the symptoms presented. However, 50% do find it difficult to advise when the client presents with post-extraction bleeding and 44% experience difficulty when the presenting symptom is dental trauma.

Table 2 Pharmacist level of difficulty in advising clients

Presenting Symptom	Median (Mean)	Not Difficult (%)	Neutral (%)	Difficult (%)
Swelling	3.0 (3.4)	48	37	15
Severe dental pain	4.0 (4.0)	76	19	5
Dental trauma	3.0 (2.7)	21	35	44
Post-extraction bleeding	2.5 (2.6)	18	32	50
Oral ulceration	5.0 (4.6)	94	6	0
Oral thrush	5.0 (4.6)	95	4	1
Herpes simplex (cold sores)	5.0 (4.5)	95	3	2

Likert scale 1 = extremely difficult to 5 = not at all difficult. Grouping Scores: 1 & 2 = difficult; Score 3 = neutral; Scores 4 & 5 = not difficult.

Overall, 75% of pharmacists believe they would find clinical guidance on how to advise a client presenting with these symptoms useful, 21% were neutral and 4% believe they would not find guidance useful. When considering each individual symptom, the majority of pharmacists believe that guidance would be useful to support how they advise clients when the presenting symptom is swelling (86%), dental trauma (86%) and post-extraction bleeding (85%).

Fewer (59%) believe training on how to advise a client presenting with these symptoms would be useful, with 32% giving a neutral response and 9% indicating that they believe training would not be useful. Again, the presenting symptoms where training on giving advice would be considered most useful were dental trauma (78%), post-extraction bleeding (75%) and swelling (70%).

Guidance and Training

Available Guidance: When asked if they were aware of any clinical guidance about the initial management of clients presenting with acute dental problems, 98% of pharmacists reported they were not aware of any. For the few that did, the particular guidance they were referring to was; SIGN guidelines, Forth Valley guidance on danger symptoms to look out for and referral pathways, and a minor illness major disease textbook.

Oral Health Training: Respondents were asked whether or not they had received oral health training from a number of different sources. Sixty per cent had received training during their formal

undergraduate education and 10% from formal postgraduate education. The majority (58%) had also received training through journal articles. A small proportion of pharmacists identified a number of other sources of oral health training they had undertaken. These included:

- NES training evening;
- Forth Valley guidance;
- Oral cancer awareness session run by local health board;
- Self study as part of continuing professional development.

What do pharmacists want from guidance? Just over half of respondents answered the question on what they would want from guidance on the initial management of clients presenting with acute dental problems.

There was support for inclusion of all symptoms included in the questionnaire. Several pharmacists highlighted that they would want guidance on pain management, particularly in the case of dental trauma, acute dental pain and for clients with braces. A number of pharmacists suggested that it would also be helpful to have guidance on how to manage problems with fillings, dentures and crowns and one commented that it would be useful to have guidance on how to manage clients with drug problems.

Many of the pharmacists commented that it would be most useful to have guidance on when to refer and who to refer to. Several noted that it is important to know what would require urgent referral and "*what could wait*". Contact details for the appropriate service, and information on what they offer, were also something that many pharmacists would find helpful. Only a small number of pharmacists commented on the level of detail that should be provided. Those that did suggested that it should be short and concise, with potentially further information available on the web.

There was strong support for the use of flow charts that would present symptoms, treatments and referral pathways. A number of pharmacists suggested that pictures and/or case studies for a given problem might also be useful.

When considering the format of the guidance there was greatest support for paper based delivery, with one pharmacist commenting that, "*there is not always IT equipment available on the counter of a pharmacy.*"