

The Oral Health Management of Patients Prescribed Anti-Resorptive or Anti-Angiogenic Drugs: GMP Questionnaire

In 2011, the Scottish Dental Clinical Effectiveness Programme (SDCEP) published guidance on the *Oral Health Management of Patients Prescribed Bisphosphonates*. In 2015, the guidance was placed under review to take into account the wider range of drugs that had been implicated in the development of Medication-Related Osteonecrosis of the Jaw (MRONJ).

To help inform this review and support the implementation of the guidance when published, TRiADS conducted an online questionnaire survey of General Medical Practitioners (GMPs).

The aim of the survey was to:

- explore current practice in relation to dentistry when managing patients prescribed anti-resorptive or anti-angiogenic drugs.

Key Findings

- Fifty-seven GMPs returned a completed survey.
- Most prescribed anti-resorptive or anti-angiogenic medication as the primary prescriber and/or as the repeat prescriber.
- Almost all were aware that patients taking these medications had a small risk of developing MRONJ.
- Just under one third always discuss the risk of MRONJ with a patient but one fifth never do so.
- Although one third always advise the patient to make a dental appointment before starting these types of medications, the same proportion never do so.
- Most believe that it is the responsibility of the prescriber to inform patients of the MRONJ risk.
- Around half believe that responsibility for informing patients of the MRONJ risk also lies with the dispenser and/or the dentist.
- Most GMPs agreed it would be useful to provide a patient medication summary to help inform dentists.
- Most also agreed that it would be useful to have a patient information leaflet to facilitate discussions around the risk of MRONJ.
- These findings cannot be generalised outwith the survey participants due to the low response rate.

Summary

The findings from the survey were reported to the MRONJ Guidance Development Group for their consideration when finalising the guidance.

This summary presents results of a questionnaire survey conducted with General Medical Practitioners during the development stage of SDCEP's *Oral Health Management of Patients Prescribed Anti-Resorptive or Anti-Angiogenic Drugs* guidance. The survey was carried out by SDCEP and TRiADS to inform the development of the new guidance.



SDCEP (Scottish Dental Clinical Effectiveness Programme) has a national remit to provide user-friendly, evidence based, clinical guidance in priority areas for dental healthcare in Scotland.



TRiADS (Translation Research in a Dental Setting) is a multidisciplinary research collaboration working in partnership with SDCEP to increase the implementation of SDCEP guidance through the development and evaluation of theory-informed interventions for change.

Background and Aim

In 2011, the Scottish Dental Clinical Effectiveness Programme (SDCEP) published guidance on the *Oral Health Management of Patients Prescribed Bisphosphonates*. In 2015, the guidance was placed under review to take into account the wider range of drugs that had been implicated in the development of Medication-Related Osteonecrosis of the Jaw (MRONJ).

This guidance is of relevance to a range of healthcare professionals including General Medical Practitioners. Therefore, to help inform this review and support the implementation of the guidance when published, TRiADS conducted an online questionnaire survey of General Medical Practitioners (GMPs).

The aim of the survey was to:

explore current practice in relation to dentistry when managing patients prescribed anti-resorptive or anti-angiogenic drugs.

Methods

Design

A cross-sectional, online questionnaire survey. The survey was hosted on Questback – an online survey platform used by NHS Education for Scotland (NES).

Recruitment

The survey was distributed to all GMPs who had agreed to being contacted by NES via the NES Portal on 1st December 2016. A reminder email was sent at four weeks and a final reminder sent on the 27th January 2017. The survey closed on 28th February 2017.

Questionnaire Development

The content of the questionnaire was informed by the findings of preliminary interviews with dentists and pharmacists across Scotland as well as from feedback from the SDCEP MRONJ guidance development working group. Its content focused primarily on current practice in relation to MRONJ.

Data Collection and Analysis

Data was received in an online format and was extracted directly from Questback to SPSS version 22. A simple frequency analysis was carried out to check for errors. Summary descriptives for all sections of the questionnaire were produced. Thematic analysis was used to analyse free text responses.

Governance

All data collected was anonymous and it was not possible to identify respondents from the answers provided. NHS Research Ethics Committee review was not required under Governance Arrangements for Research Ethics Committees (GAFREC).

Results

Response Rate

Three-thousand, six hundred and eighty-nine GMPs were sent an email invitation to take part in the survey. In total 57 questionnaires were submitted resulting in a 1.5% response rate.

Current Practice

Respondents were asked about the situations in which they would prescribe anti-resorptive or anti-angiogenic medication. Just over three quarters reported that they would do this as the primary prescriber and 87% reported that they may also do this as the repeat prescriber.

If prescribing as the primary prescriber respondents identified that this would be for conditions such as osteoporosis (mentioned by over 30 respondents), hypercalcaemia and for patients on high dose steroids over long periods.

The vast majority (98%) reported that they were aware that patients taking these medications were at a small risk of developing MRONJ.

When asked about their current practice (Table 1) in relation to prescribing these medications, around a third reported that they would never advise the patient to make a dental appointment before starting their medication nor would they recommend that the patient advises their dentist that they are taking it. Around half would always or usually discuss the risk of MRONJ with the patient, but 18% reported that they would never do this. One participant commented that some patients elect not to take the medication after hearing of the risk and hence it would be useful to have figures for percentages of benefit and risk to present.

Only 16% of GMPs responded that they would always explore whether the patient has any swallowing difficulties before prescribing these types of medication.

Table 1 MRONJ General Medical Practitioners Current Practice

| When prescribing a patient anti-resorptive or anti-angiogenic medication do you: | Never % | Occasionally % | Usually % | Always % |
|-------------------------------------------------------------------------------------|---------|----------------|-----------|----------|
| a. discuss the risk of MRONJ with the patient? | 18 | 20 | 34 | 29 |
| b. advise the patient to make an appointment with their dentist soon as possible? | 32 | 13 | 24 | 32 |
| c. advise the patient to inform their dentist that they are taking this medication? | 32 | 16 | 20 | 32 |
| d. explore if the patient has any swallowing difficulties? | 27 | 36 | 21 | 16 |

Percentages include valid responses only. Percent totals may not sum to 100 due to rounding

When asked whose responsibility they felt it was to inform the patient of the MRONJ risk, 97% agreed that the prescriber was responsible, however 47% answered that responsibility also lay with the dispenser and 54% with the dentist. Some GMPs used the free text response box to comment that this information is provided in the medication information leaflet.

GMPs were asked if they felt it would be useful to provide a medication summary for patients to help inform their dentist and 74% agreed. Seventy-nine percent also agreed that it would be helpful to have a patient leaflet available to them to facilitate the discussion when informing the patient of the MRONJ risk.

Summary

The findings from the survey were reported to the MRONJ Guidance Development Group for their consideration when finalising the guidance. Due to the low response rate the findings cannot be generalised outwith the survey participants.

Acknowledgements

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