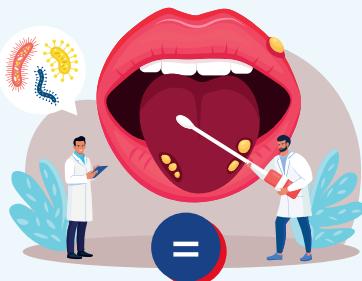


How Can Non-Oral Health Professionals Prevent Oral Adverse Drug Reactions (ADRs)?

Oral Health



Whole-body health

WHY IT MATTERS

Non-oral health professionals may first notice oral changes. These may be drug-related, not disease-related.

Impacts:



Affect eating, speech, swallowing, appearance

May signal systemic disease

What Are Oral ADRs?

Adverse Drug Reaction (ADR):

A harmful or unpleasant reaction to a medicine that may require dose change or drug withdrawal.

Key facts:

- Oral ADRs are common, affecting the orofacial region.
- Linked with 43 of the 100 most dispensed drugs (Australia, 2018).
- Usually reversible once the drug is stopped.

Common Oral ADRs



Xerostomia
(Dry Mouth)

Bruxism (Teeth
Grinding/Clenching)

Oral Mucositis



Gingival Overgrowth

Drug-Induced Oral
Lichenoid Reactions
(DIOLRs)

The 5-Step Framework:

1 ASK

- Full medication history (prescribed, OTC, herbal)
- Ask about dryness, pain, ulcers, bleeding gums, difficulty eating/speaking
- Onset/duration relative to medication
- Systemic conditions, habits, hygiene

2 LOOK

- Dryness, ulcers, white patches, gingival swelling, tooth wear, infections
- Systemic signs of underlying disease

3 DECIDE

- Identify urgent cases (severe mucositis, painful ulcers, major overgrowth)
- Consider medication review or dose change
- Recommend lifestyle/oral care modifications
- Refer to dentist or specialist if needed

4 ACT

- Stop or change suspected drug if possible
- Manage symptoms: saliva substitutes, hydration, oral care
- Encourage good hygiene: fluoride toothpaste, avoid irritants/alcohol mouthwash
- Refer for specialist care when necessary

5 DOCUMENT

- Record symptoms, suspected link, interventions, referrals
- Educate patient and ensure continuity of care
- Report suspected ADRs to pharmacovigilance agencies

Learn More: fdiworlddental.org/educational-module-other-healthcare-professionals