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HEALTH

'Did I Really Have a Root Canal?'

More Dentists Offer Drugs To Sedate Nervous Patients; Finding a Designated Driver

By JOSEPH DE AVILA

LIKE MILLIONS of people in the U.S., Christopher Dammer hates visiting the dentist. Haunted by memories of painful experiences from childhood, he would go for long stretches without seeking dental care—a lapse that once led to a root canal.

When he did get checkups, he was an onerous patient to deal with, clenching his jaw, moving his head and gagging, he says. "Every time I'm in the dentist chair I start tightening up," says Mr. Dammer, a 55-year-old mortgage banker from Scottsdale, Ariz.

Finally, after years of anxiety-ridden sessions, his dentist, Scott Irwin, recommended a solution: "conscious sedation." Last month, Mr. Dammer downed a series of oral sedatives before a routine teeth cleaning and a filling. He spent the session drowsy and relaxed. And now "I have no memory about it," he says.

Dr. Irwin is one of a growing number of dentists around the country offering so-called sedation dentistry, targeted at the most fearful patients. The approach uses a variety of medications to bring about a state of conscious sedation, in which a patient isn't fully unconscious, but remains drowsy and only semi-aware during procedures. Dentists trained in the practice say the fastest-growing method involves oral sedatives such as insomnia drugs, which they say offer more anxiety relief than nitrous oxide (aka laughing gas). And because memory loss is a common side effect of these drugs, patients typically don't remember the experience.

The practice has spread as more doctors seek training in administering sedating drugs. Some practices are specializing in it and launching ad campaigns to attract patients who otherwise avoid the dentist. Michael Silverman, founder of the for-profit Dental Organization for Conscious Sedation in Seattle, says nearly 8,000 dentists have taken his group's courses in oral sedation since DOCS was founded in 2000.

But sedation dentistry—sometimes called sleep dentistry—is also drawing criticism from some dentists, spurring lawmakers and professional groups to address concerns about the potential for over-sedation.

Oral sedatives, such as the insomnia drug triazolam, sold under the brand name Halcion, are growing in popularity in part because dentists can learn to administer them relatively quickly. Intravenous drugs require more-specialized training. However sedation experts say that even with oral sedatives, practitioners must still be able to determine the proper dosage, assess the level of sedation, assist a patient with breathing if there are respiratory problems, and bring the patient out of sedation with a reversal agent if necessary.

Since 2002, at least 20 states have amended regulations or laws to address the use of anesthesia and sedation in dentistry, according to the American Dental Association. California, Florida, Iowa, Idaho, Minnesota and Wisconsin, for instance, have adopted rules covering training, certification and equipment.

Last week, the ADA released a draft update of its guidelines on sedation and anesthesia. The updates, which will be finalized in the fall, would change the ADA's definitions for the levels of sedation to match those used in the rest of medicine, among other changes. Joel Weaver, ADA spokesman for anesthesia affairs, adds that under the new guidelines, dentists would have to be able to pass a competency course when receiving training. Several states that require certification for dentists using sedation adhere to the ADA's guidelines.

Some dentists say that the addition of sedating medication, which typically isn't covered by insurance, is unnecessary. Eleonore Awadalla, a dentist in Toledo, Ohio, and former member of Ohio's Dental Board, says "95% of patients really don't need sleeping pills." She is concerned that patients may

Patient Information

Resources on the Web:

- www.ada.org/public (American Dental Association) Click on "Anesthesia" under A-Z Topics.
- www.agd.org/consumer (Academy of General Dentistry) Click on "Oral Health Topics" and then "Anesthesia."
- www.adsahome.org (American Dental Society of Anesthesiology) Click on "Patients."

misunderstand the sedation they are getting, believing they will be completely unconscious under general anesthesia. But she says conscious sedation isn't much different from what she can achieve with traditional nitrous oxide—which might be included in the covered cost of the procedure. "It's all about what you sell," says Dr. Awadalla.

Nevertheless, many patients and dentists say the technique is invaluable. Some 85 million Americans avoid the dentist out of dread, according to the Journal of the American Dental Association. And dentists who use sedation say it may be the only way to get certain patients into the dental chair at all. "The big draw is that it reduces the anxiety," says Dr. Irwin, who has been using oral sedation since 2004. Dr. Irwin charges \$285 to sedate patients.

Dr. Silverman of the sedation-dentistry group says that while each patient is different, a typical case works like this: A nervous patient takes an oral sedative the night before a procedure to help him or her sleep. The morning of the dental appointment, the patient takes another dose and is driven by someone else to the dentist's office. At the office, the dentist may up the dosage, depending on the patient's level of sedation. Dosages depend on the age, weight, health and anxiety level of the patient.

Once the patient is adequately sedated—nearly asleep, perhaps with slurred speech, but still able to respond to commands and breathe on his or her own—an anesthetic like Novocain is administered for the pain. The dentist then begins the procedure. Afterward, the patient may remain sleepy for several hours, and must be driven home.

The sedation "is not a euphoria or a high," says Dr. Silverman.

Triazolam (or Halcion) is approved by the Food and Drug Administration to treat insomnia, but doctors can prescribe drugs "off-label" for other uses.

(over please)

John Yagiela, division chair for diagnostic and surgical sciences at the University of California Los Angeles School of Dentistry, says the oral drugs require strict training to administer. Triazolam is “a very safe drug,” Dr. Yagiela says. But he notes that if multiple doses are given before the first one has reached its peak, there is the chance for over-sedation. The dentist needs to be trained in how to spot over-sedation, manage any respiratory problems that may arise, and use a reversal agent to bring the patient out of sedation.

The reversal agent typically is an injection of a drug called flumazenil. In a survey of 613 dentists trained by the Dental Organization for Conscious Sedation, using triazolam on 28,881 cases, there were 85 adverse cases—19 of which involved the administration of flumazenil. None resulted in the need for hospitalization, according to the study, which was conducted by DOCS and presented at a 2003 conference.

Pfizer Inc., maker of Halcion, says signs of overdose may occur at four times the maximum recommended dose, which is 0.5 milligram. This includes “somnia, confusion, impaired coordination, slurred speech, and ultimately coma,” according to the company’s Web site.

The ADA’s new draft guidelines recommend use of no more than 1.5 times the maximum recommended dose, to achieve what it calls “minimal sedation.”

Still, some dentists take extra precautions. Kevin Sands, a dentist who practices in Beverly Hills, has offered oral sedatives for the past six years, charging \$800 and up. Dr. Sands says he uses an anesthesiologist to orally sedate patients even though he has been trained to do so himself. “They’re experts at it,” he says.



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Before You Go

What to ask when you look for a dentist who uses oral sedation:

- What is the dentist’s training and is the dentist certified to administer an oral sedative in his or her state? (Requirements vary by state)
- How many times has the dentist given oral sedation?
- How will I be monitored? For instance, does the dentist have a pulse oximeter to monitor blood pressure?
- Is the dentist prepared to handle an emergency, with a reversal agent on hand?

