

## ORAL HEALTH RECOMMENDATIONS & CHECKLIST FOR PRIMARY CARE PROVIDERS

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1. In a primary care practice, the standards for an oral exam are 1) an oral exam on initial visit, 2) an oral exam on every yearly visit thereafter, and 3) a recommendation to see a dentist once a year at a minimum.<sup>1</sup>
2. Ask, “*When was the last time that you saw a dentist?*” If the patient saw a dentist longer than a year ago, make a referral for an oral health exam.
3. Certain patients are at higher risk for oral health problems. Screen patients for these conditions and refer to an oral health provider:
  - History of heart disease
  - Pregnancy
  - Diabetes mellitus
  - History of substance abuse or recreational drug use
  - Altered nutritional status
  - HIV and other immunocompromised conditions
  - On dialysis
  - Chronic medical conditions
  - Seizure disorders
  - Suspected physical abuse
  - Organ transplant patients
4. Uncontrolled blood glucose levels in homeless individuals who have diabetes mellitus is problematic given the correlation between diabetes and periodontal disease. These patients should see a dentist more frequently, between two to four times annually, depending on the patient’s overall health status.<sup>2</sup>
5. Look in the patient’s mouth for plaque and calculus, which are a better indicator of a person’s indication of cardiac health than HDL, LDL and total cholesterol values.<sup>3</sup>
6. Check for lesions especially in patients who smoke or use alcohol.
7. Ask patients if they have bleeding or swollen gums.
8. Be aware that certain medications, for example, phenytoin, calcium channel blockers, blood thinners and medications that cause dry mouth, may cause gum problems.
9. Counsel patients to avoid using methamphetamine and other illegal drugs. Research shows that brief interventions by professionals that may be as simple as admonitions not to start or continue to use a substance or to decrease the amount and frequency of use can be very effective. You may also ask questions, and if they admit drug abuse, assess treatment readiness and give referrals where appropriate.

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### SOURCES:

1. U.S. Preventative Services Task Force: Guide to Clinical Preventive Services 2006
2. HCH Clinicians’ Network Oral Health Task Force
3. *Circulation, Journal of the American Heart Association*, February 2006