



Medically complex patients in the dental clinic

When I started practicing dentistry more than 20 years ago, patients with systemic conditions and chronic infectious diseases generally received dental treatment in hospitals or specialized clinics. Dentistry has greatly advanced since then. Dentists are better trained, and many are comfortable treating patients with complicated medical conditions in their private practices.

This change in perception was inevitable: Life expectancy improved, significantly increasing the mean age of patients and therefore the possibility of encountering medically complex patients in the dental clinic. Today, more elderly people maintain more teeth for most of their lives, instead of the previously common alternative of dentures.

Older patients visiting dental clinics commonly have more systemic diseases. Many also take medications that may affect the dental treatment plan: Anticoagulants increase the risk for bleeding, drugs that induce hyposalivation increase the risk for caries and periodontal disease, and any medication can interact with medications provided by the dentist. To overcome this challenge, dentists require a more in-depth education in general medicine. This is done more thoroughly in the undergraduate level as well as in routine continuing education courses.

Additionally, HIV-positive patients and viral hepatitis carriers are better monitored, allowing them to receive routine dental care in nonspecialized dental clinics. The same strict infection-control measures are taken for all patients, so there is no reason for patients with controlled chronic infectious diseases to be treated elsewhere. Well-trained dentists may even be the first to see progress in the patient's disease by studying the oral mucosa, salivary function, periodontal status, and more.

Unquestionably, medically complex patients should be routinely treated in private dental practice, while unstable patients should be treated in specialized clinics. However, a key question is to what extent clinicians are comfortable in treating patients with complex conditions. This should be determined by the training and knowledge of the dentist and how well the clinic is equipped to monitor the patient's condition and address any emergencies that may occur.

Medically complex patients used to be referred to as "medically compromised patients," though the term is problematic. We should not compromise patients' health or the dental treatment we provide. If the patient's condition may affect his or her health or quality of treatment, a referral to a specialized clinic should be made. Most patients will understand and even appreciate it.

Nowadays, dentists are more aware of their patients' general health through communication with the general physician, which is essential for successful treatment. It is highly recommended for dentists to have a summary of each patient's illnesses and medications from his or her physician. Moreover, the dentist should update the physician on the patient's condition, medications prescribed, possible painful and stressful procedures, or blood pressure measurements taken during the visit in the dental office.

Dentists see more medically complex patients in private practices, and the key for treatment success is enhanced education. Dentists should have a strong background in general medicine and must routinely add to their knowledge in the field.

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