

# Advice for General Medical Practitioners: management of presentations of acute, atraumatic dental pain

## Introduction

Patients frequently attend GPs complaining of acute dental pain. In addition, patients attend with pain in the head and neck which may be due to a dental cause, or may be unrelated to dental pathology.

This document aims to support GPs in:

- differentiating dental causes of pain from non-dental causes of pain
- the initial management of dental pain whilst awaiting a dental opinion
- identifying dental presentations that benefit from antibiotic therapy
- knowing the referral options available to access dental care

This document does not apply to cases of acute dental pain due to external trauma to dental or facial structures.

## Dental pain definition

Dental pain can be difficult to differentiate from non-dental pain. Definitive diagnosis of dental pain requires a thorough dental examination, and in many cases, a dental radiograph. As a result, dental pain requires assessment by a dentist. In circumstances where it is unclear if the origin of the symptoms is dental, referral to a dentist can help resolve the ambiguity.

Assessment of younger children and patients with diminished cognitive function can be particularly challenging. In cases of altered behaviour it is worth considering pain as a possible precipitant, including dental pain.

Clinical indicators suggestive of dental pain include:

- Pain located within the mouth which is usually unilateral
- Spontaneous, often nocturnal pain, which may last hours or days
- Pain precipitated by thermal stimuli (hot and/or cold)
- Pain precipitated by osmotic stimuli (eg sweet and/or acidic foodstuffs)
- Pain in the tooth or surrounding tissues precipitated by chewing (suggestive of a problem in the tooth/teeth/soft tissues or underlying bone)

Some examples of pain that can be difficult to differentiate from dental pain include sinusitis; migraine; TMJ dysfunction; neuralgia; and giant cell arteritis, a medical emergency

### Initial management of dental pain

Dental pain can be severe, and usually requires analgesia. The choice of drug will depend on risks and contraindications. Ibuprofen and/or paracetamol are reasonable first line options in most cases.

Dental pain requires a definitive diagnosis. This frequently requires a dental radiograph. Definitive treatment typically requires a procedure. **Procedures, not prescriptions fix dental pain.** Medical treatment alone is rarely sufficient. As a result, dental pain requires an assessment by a dentist. In presentations where there is dental pain associated with swelling of the intra-oral soft tissues or facial regions, an urgent dental opinion is required.

It is very rare for atraumatic acute dental presentations to require emergency referral. In those exceedingly rare circumstances where sepsis, rapidly spreading infection or airway compromise is suspected, a referral to the nearest emergency department is required. Once the emergency situation is managed, definitive dental care is required.

### When are antibiotics indicated

Most acute dental pain presentations do not require treatment with antibiotics. Acute dental pain presentations associated with swelling of the intra-oral soft tissues and/or face and one or more of the following five criteria require treatment with antibiotics:

- Systemic upset
- Cellulitis
- Fever
- Trismus
- Tender lymphadenopathy

Antibiotic choice should be guided by [this advice](#), available in the oral/dental section of [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie). A dental opinion is required for definitive treatment.

### How to access dental services

1. Children under 16 can be directed to:
  - their local HSE primary care dental service
  - a private general dental practitioner (GDP)
  - a specialist in paediatric dentistry

None of these require a formal referral, and patients can contact these services directly.

2. Adult (>16) medical card holders can attend a GDP who participates in the dental GMS scheme. There are some counties with no GMS-participating dentists.
3. Adults who do not have a medical card should attend a private practice GDP. They may be able to avail of some benefits from the PRSI scheme.

4. Individuals with significant special healthcare needs should attend a primary care dentist (HSE or GDP) in the first instance and if a referral to a specialist service is indicated, this can be provided by the dentist.
5. The dental schools in Dublin and Cork have very limited urgent care services with strict triage and acceptance criteria. They can be contacted directly by patients.

### Key points

- Differentiating odontogenic from non-odontogenic pain can be difficult. When in doubt, a dental opinion can be helpful
- Acute dental pain can be severe, and initial treatment with analgesia is appropriate
- Acute dental pain requires a dental opinion as **procedures, not prescriptions fix dental pain**
- Acute dental pain with swelling of the of the intra-oral soft tissues or face requires an urgent dental opinion
- Acute dental pain with swelling and any of: systemic upset, fever, trismus, cellulitis or tender lymphadenopathy requires treatment with an antibiotic AND a dental opinion
- Guidance about antibiotic choice is available in the oral/dental section of [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)