

terminal prognosis of pancreatic cancer. During his last months he wrote a book, not about death, but about living your childhood dreams and living your life the right way.

Wendy, you are gone too soon and will be greatly missed.

Your friend,

Kristy Ker, RDH

Lee's Summit, Missouri

Dear RDH,

I read with appreciation Lynne Slim's article in the March issue.

Lynne, it is wonderful that your nerdy disposition fuels your critical thinking! Many of us deliver the expected lecture, expect every patient to floss, and expect the perfect outcome. You have dissected the application of flossing by considering tooth anatomy and the limitations of access, hence, the limitations of benefit in certain patients. We have so many options and approaches available to more effectively customize patient education and treatment plans, including applying risk assessment tools and minimal intervention techniques. This evolving standard of care will result in better outcomes and more rewarding practice!

Patients are well served by dental hygienists who continue to learn (and critically think!) after hygiene school and apply new thought and new theory. And our profession is advanced by out-of-the-box thinkers like yourself and Carol Jahn, who help us consider practical alternatives to thorough biofilm removal.

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A Moment in Dental Science Getting to the heart of the matter

Coronary heart disease (CHD), cerebrovascular disease (CVD), and hypertension (high blood pressure, HBP) are the three most common diseases of the cardiovascular system (CVS). The American College of Cardiology (ACC) and the American Heart Association (AHA) suggest the evaluation of cardiac risk during dental care using major clinical predictors, rather than relying on time passed since a cardiac event. (See ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery at content.onlinejacc.org/cgi/content/short/j.jacc.2007.09.003.)

These guidelines recommend determining functional capacity (FC), which is measured in metabolic (MET) equivalents such as the ability to: 1) climb a flight of stairs; 2) walk up a hill; 3) run a short distance. (These activities are all equal to 4 METs). A medical consult is necessary for anyone with a history or presence of cardiovascular disease (CVD) before dental care.

Thus, risk of professional care is determined after a medical consult.

1. Withhold emergency or elective surgery (or periodontal procedures by a dental hygienist) for four to six weeks after a myocardial infarction (MI) and determine FC.
2. Dental care should be delayed unless the patient can meet 4 METs capacity and/or further medical testing has been completed to quantify the level of cardiac risk in treatment.
3. Antibiotic premedication may be needed before invasive dental procedures in high-risk patients to prevent infective endocarditis (IE), such as heart transplant or artificial heart valve patients, as well as a past history of IE, cancer, diabetes mellitus (DM), corticosteroid use, IV drug use, alcoholism, renal failure, or systemic lupus erythematosus (SLE). (See guidelines from AHA at circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.106.183095.)
4. Continue use of concurrent drug therapy, which possibly includes statins as well as antiplatelet therapy since, according to the ADA, there is a greater risk of thromboembolic events than uncontrollable bleeding if drugs are temporarily stopped. (See jada.ada.org/cgi/content/full/131/1/77.) Bleeding levels can be monitored by international normalized ratio (INR); INRs ≤ 2.5 are safe for invasive dental work; older test is prothrombin time (PT).
5. Use of stress reduction protocol that includes adequate pain control, pre-treatment with antianxiety medication such as diazepam (Valium) and alprazolam (Xanax), and use of nitrous oxide sedation. Caution is necessary when administering local anesthetics because of possible interactions with prescribed drug therapy.
6. Adjust the patient's chair appropriately (more upright, 45 degrees) because some patients are not able to recline in a supine position. Long appointments should be avoided with CVD. Schedule patients in the afternoon when blood pressure is lowest or when the patient is well-rested.

* From Review of Dental Hygiene, 2nd edition, Saunders/Elsevier, 2009 (Fehrenbach, Weiner), available Dec. 2008.