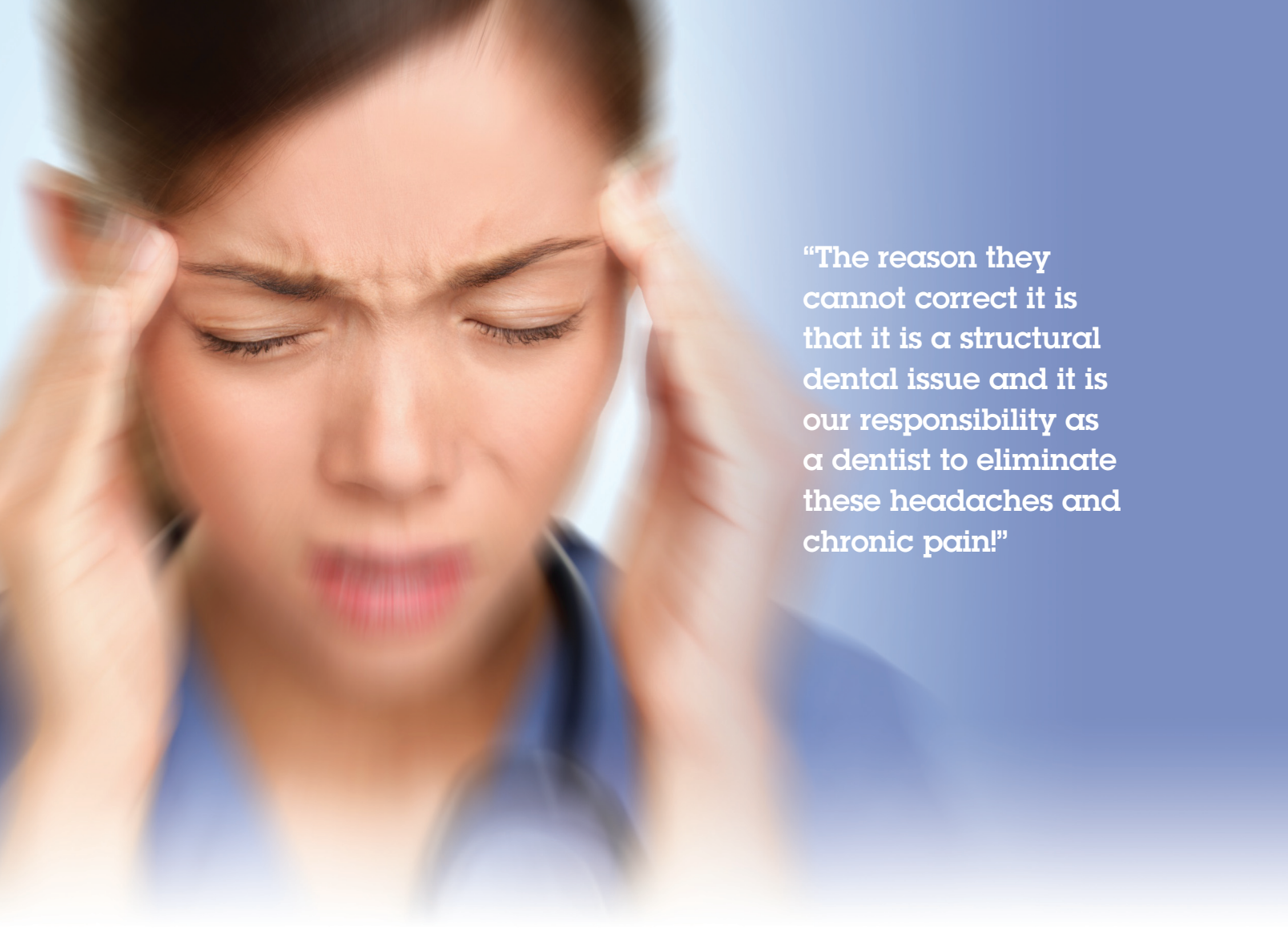
What Your Health History Isn't Telling You

Mark Duncan, DDS, FAGD, DICOI, LVIF

> *"We could teach a monkey to do a filling, you need to learn to be a doctor."*
>
> Professor Smiley

We all had those experiences in dental school where some professor berated us and insisted that we needed to learn to be a doctor. In my case it was from the professor affectionately called 'Smiling Ed,' who would often declare "we could teach a monkey to do a filling, you need to learn to be a doctor." I don't know why he was called that because I don't remember ever seeing him smile! Regardless, his plea was earnest and he was right on the money. We should become excellent diagnosticians first and then artists, and this is done through a careful review of the page so many overlook. The doctor-patient relationship is established in the health history and the answers to so many issues can be uncovered in a well-detailed and carefully reviewed history. Unfortunately we rarely make this happen in most practices today. There are many reasons why and not the least of which is the deterioration of the care by corporate pressures such as insurance 'standards of care.' To be the exceptional dentist delivering exceptional care, one of the first places we need to start is investing time and energy in the health history.

Even elective issues our patients face, such as a smile they can be proud of, should be discussed as a product of the health history. Simply including 'Are you happy with the appearance of your teeth?' on your health history is a great way to open the door. In this particular arena the issues are largely emotionally driven and so conversation should be the most valuable tool in getting to the bottom of the underlying emotional driver. This process simply is asking the questions to open the conversation and



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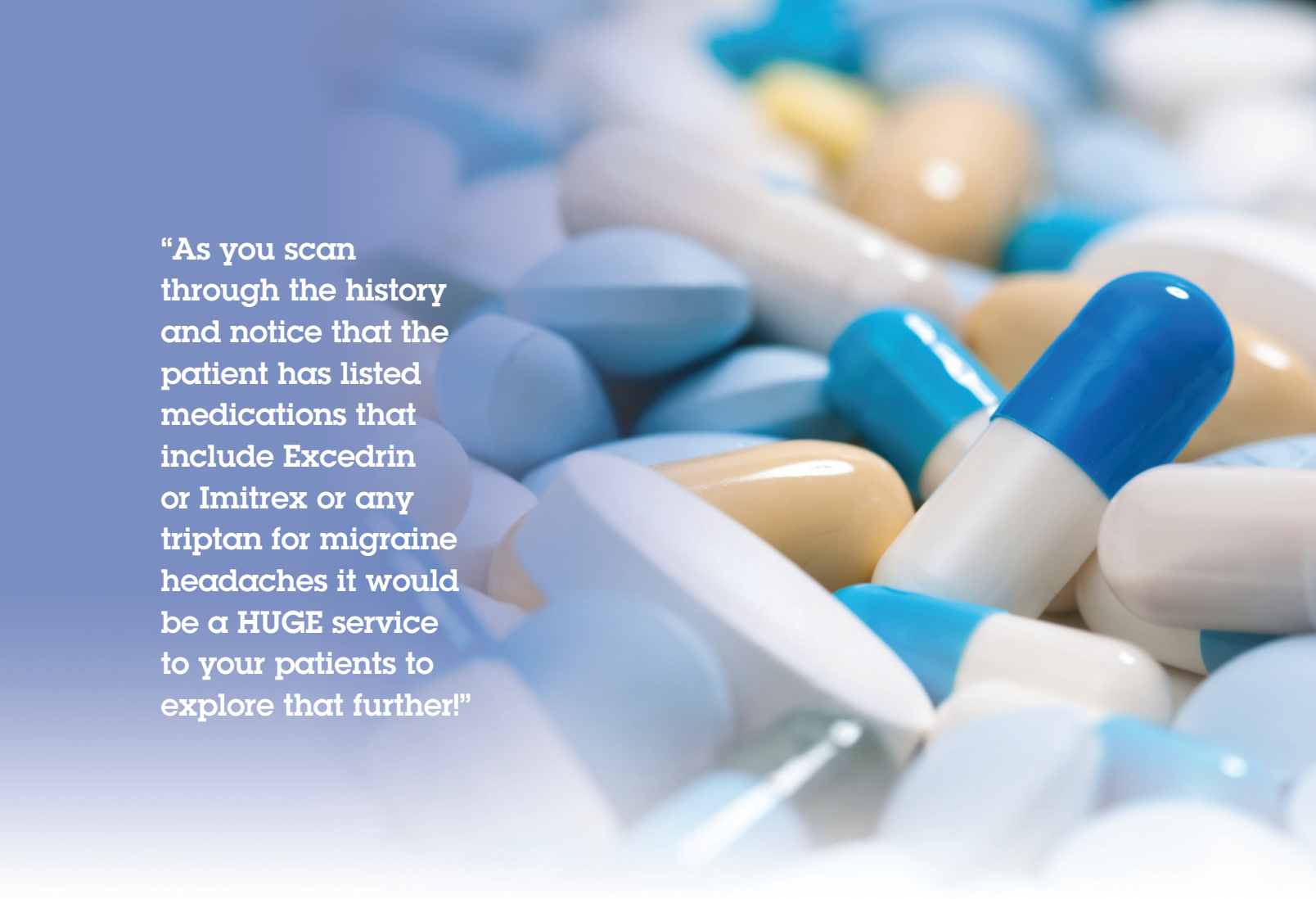
more importantly, the question after the question. That's the part I didn't learn in dental school and that's the part that drives emotional reasons for comprehensive care.

In any patient decision tree there are two sides, emotion and logic. Emotion drives the needs and logic supports the decision. We need to deliver both, and both can be found on the health history. If you are trying to develop a periodontal program to improve the tissue health, clues are in the health history. If you are looking to help your patients alleviate a lifetime of chronic pain and headaches or you are screening to support eliminating obstructive sleep apnea; the clues are in the history. And let us not forget that we are the gatekeepers of health. In part, we are responsible for culling the total history to uncover issues where the multiple medical providers are delivering redundant or even dangerous care.

If your patient reports working with an Endocrinologist or being a part of a Diabetes Support Group then what happens in their mouth is vital to long term whole health. The chronic periodontal infection that is creating systemic inflammation and a lack of blood sugar control can be managed much better and if the physician is to have any chance of helping the patient, it must be! In any hospital in any town there is likely a diabetes support group that consists of a Primary Care Physician, Endocrinologist, Dietician, Eye doctor, Podiatrist, and a physical trainer. It is a sad commentary that it is all too rare to have a hygienist or dentist as a part of that team – and that is a perfect area to grow a strong foundation in hygiene in an exceptional dental practice. It has been there all along and we haven't seen it because we didn't notice that our patients were dealing with diabetes because it doesn't change how we prep the crown. We were fixing the teeth like a monkey.



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As you scan through the history and notice that the patient has listed medications that include Excedrin or Imitrex or any triptan for migraine headaches it would be a HUGE service to your patients to explore that further! There is no patient who suffers from a lack of Imitrex; it is simply a symptom-specific band-aid and it doesn’t address the underlying issue. It only provides some symptom relief from a condition that a physician cannot correct. However, the reason they cannot correct it is that it is a structural dental issue and it is our responsibility as a dentist to eliminate these headaches and chronic pain! It is exceptionally rare that there isn’t a dramatic improvement or complete resolution of headaches when our profession includes a diagnostic overview of the muscles as a part of our workup. More importantly, the keys are on the health history in the first place! Imitrex. Neurology consult. Pain Management Physician. Chiropractor. Regular massage therapy. Rolfing. Alternative medicine. Daily/weekly use of Ibuprofen. There are so many things that should be a warning bell if only we listened. If only we paid attention. If only we weren’t acting like a monkey.

While it is obviously sad to see people suffer needlessly, it is even worse to see them die when they shouldn’t. There is no reason to die of natural causes in your sleep at 50 years old. For that matter, natural causes would cause you to stay alive in your sleep! And yet we are seeing famous people every few months that go to sleep and never wake up. A peek in their mouth reveals Class II bites and narrow maxillas. A peek on their health history reveals any of a number of things that should be alarms going off in our heads! If they are on more than one medication for hypertension it is quite likely that they are dealing with Obstructive Sleep Apnea. If they are taking three or more, then it is all but a certainty. If they are even mildly obese it should trigger some questions. If they are dealing with dyslipidemia or hypercholesteremia or are frustrated by daytime sleepiness, it is

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quite likely that our simple screening can get them some help. In order to fall asleep, you should not need to take Ambien or Lunesta or any sort of sleeping pill. Questions should be included in your health history about snoring and particularly, loud snoring. Questions should be included surrounding daytime sleepiness. Questions should be asked. And as always, it's the questions after the question that really count. Who is helping them manage this dangerous condition? The reality is that barely 25% of primary care physicians even ask about sleep in their history. Perhaps we shouldn't strive to change from a monkey to a doctor; perhaps we should strive for something more.

There are some more specific things to always be alert to and aware of when scanning a health history. While this is not at all an exhaustive list, there are some considerations that we need to be aware of when we are reviewing the health history. Some come with seemingly innocuous things that we don't often ask about or more likely the patient rarely volunteers. If you are looking to manage the anxiety during your patient's visit and are turning to medication for help, then something as simple as having grapefruit juice in the morning can create a major alteration in the expected sedation. As can St. John's Wort or more 'medication-y' things like Pril Prilosec (Omeprazole), Tagamet (Cimetidine), or Nexium can all interfere with the CYPp450 enxyme complex and create unfortunate surprises when looking to manage patients with conscious sedation. And there are obviously medications other than the OTC meds that could create problems or concerns. **(See Table 1)** More importantly, it must be emphasized that it is also the bigger picture we are looking to focus on. It isn't only the medication they are taking – any monkey could review a list for interactions – it is more important to consider the medical issues that may well give rise to concerns. Being aware of the conditions in **Table 2** will help to alert you to potential medications either now or in the future that could present complication when looking to medically manage anxiety in your practice.

For too long we have been focused on the teeth. For too long we have been building a diagnosis based on hard tissue findings. Brown spots and x-rays are important and necessary, but not anywhere near sufficient. In the New Patient Experience, the first screening is the health history review and risk assessment. A monkey won't see the value in understanding the significance of hypertensive medication or the critical nature of an unstable diabetic patient. I suppose I should thank Smiling Ed for 'berating' us so early in our training. Anyone could hold a handpiece on the decay and cut until the brown is gone. However, dentistry is so much more!

Table 1

Category C and D
Prescription Medications

- Antifungals
- Protease inhibitors (end in –avir)
- Erythromycin
- Tetracycline
- Dilantin & Tegretol
- Barbiturates
- Rifampin
- Dexamethasone
- Cytoxan

Table 2

Medical Conditions

- Acute Narrow Angle Gluacoma
- Any type of fungus
- Anything associated with HIV
- Depression
- Rheumatoid Arthritis
- Psoriasis
- Seizures
- Tuberculosis
- Ulcerative Colitis
- Lupus
- Cancers