



IHPI BRIEF: Opioid Prescribing for Wisdom Tooth Extractions: A Closer Look



Each year approximately 5 million people in the United States have wisdom teeth removed.¹ These primarily young and otherwise healthy individuals are routinely prescribed opioids for the procedure, despite evidence that over-the-counter pain medications are equally effective at controlling pain.²

People exposed to opioids for the first time after other elective surgeries are at an increased risk for persistent opioid use. Our research examined opioid use among those exposed to opioids for the first time after wisdom tooth extraction.

Opioid prescribing after wisdom tooth extraction is linked to persistent opioid use*

In a study of nearly 71,000 people ages 13–30 not using opioids** before undergoing wisdom tooth extraction:



78% filled an opioid prescription around the time of the procedure.



Those who filled the initial opioid prescription were nearly **3 times as likely** to become a new persistent opioid user (filling 2 or more opioid prescriptions weeks and months later)*, compared to those who did not fill an initial opioid prescription (1.3% vs. 0.5%).



Teens and young adults with a history of mental health issues or chronic pain conditions were more likely than others to go on to become persistent opioid users.

Ways to reduce risks with pain control

Prescribing recommendations

- The prescribing of opioids for uncomplicated dental extractions is not recommended by Michigan OPEN.
- Non-opioid therapies (e.g., acetaminophen, ibuprofen) should be encouraged as the primary pain management treatment.
- Opioid prescriptions, if warranted, should not be written prior to completing the dental procedure.
- Consider prescribing naloxone for at-risk patients (history of overdose or substance use disorder (SUD); concurrently using benzodiazepines; current opioid use greater than 50 MME/day).

Patient education

Providers should counsel patients on:

- pain expectations
- the scheduled use of over-the-counter medications for pain management

IF opioids are prescribed, educate patients on:

- risks of opioid use
- use for breakthrough pain only
- safe storage
- proper disposal of unused opioids



Referenced study: Persistent Opioid Use after Wisdom Tooth Extraction. Harbaugh CM, Nalliah RP, Hu HM, Englesbe MJ, Waljee JF, Brummett CM. *JAMA*. 2018;320(5):504–506. PMID: 30088000. doi:10.1001/jama.2018.9023.

Other references: 1) The prophylactic extraction of third molars: a public health hazard. Friedman JW. *Am J Public Health*. 2007;97(9):1554–1559. PMID: 17666691. doi:10.2105/AJPH.2006.100271. 2) Why Do We Prescribe Vicodin? Moore PA, Dionne RA, Cooper SA, Hersh EV. *J Am Dent Assoc*. 2016;147(7):530–533. PMID: 27350643. doi:10.1016/j.adaj.2016.05.005.

*For this study, persistent opioid use was defined as one or more opioid prescription fills during days 4–90 after the procedure, in addition to one or more fills during days 91–365, written by any provider for any reason.

**For this study, this was defined as no opioid prescriptions filled in the 6 months prior to the procedure.

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