WREN’s Collaboration with a Dental Network (PEARL)

A work in progress

Michael Grasmick, PhD; Peggy O’Halloran, MPH; Paul Smith, MD

Wisconsin Research and Education Network and the University of Wisconsin Department of Family Medicine
Outline

- introduction to PEARL
- background & significance to our study
- collaborative aim
- funding and WREN timeline
- study design (surveys)
  - WREN Survey Takers Group
- survey screen shots
- next collaboration with PEARL?
PEARL

• Practitioners Engaged in Applied Research and Learning
• launched in 2005 at NYU College of Dentistry
• $26.7 million over seven years from NIH
• mandate to expand the research evidence base in dentistry
• almost 200 practitioner-investigators in 23 states
Background & Significance

Acute Pain:

• common both in dentistry and primary care
• very little literature on prevalence in primary care
• physician attitudes poorly described in literature
• no literature to support the anecdotal link of attitudes to prescriptions given and adequacy of pain relief
Collaborative Aim

Describe the attitudes and practices related to the treatment of acute pain and any differences between primary care clinicians and dentists.
**Funding and WREN Timeline**

- **$19,310 (includes 26% F&A)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review literature and formulate research question.</td>
<td>May</td>
<td>June</td>
</tr>
<tr>
<td>Write survey questions, program Qualtics™ and beta test</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>Obtain approval from UW DFM Research Committee.</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>application to UW Health Sciences IRB and obtain approval.</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>Recruit WREN members to participate in our Survey Group</td>
<td>June</td>
<td>May</td>
</tr>
<tr>
<td>Deploy survey and send three reminders across a three week timeline.</td>
<td>May</td>
<td>June</td>
</tr>
<tr>
<td>Download data in Excel format and send data to PEARL for analysis.</td>
<td>June</td>
<td>May</td>
</tr>
<tr>
<td>Review PEARL analysis and make conclusions</td>
<td>May</td>
<td>June</td>
</tr>
<tr>
<td>communication to one statewide and to one national meeting.</td>
<td>May</td>
<td>June</td>
</tr>
<tr>
<td>Write manuscript for publication in peer-reviewed journal.</td>
<td>May</td>
<td>June</td>
</tr>
</tbody>
</table>
• Scenario #1

A 25 year old male slipped on the ice while carrying a package and fell **hitting his face on the curb** about 12 hours ago. He did not lose consciousness, but he has facial bruises, swelling and **broke off part of an incisor**. He put ice on the injury when he got home. He took Ibuprofen 600 mg every 6 hours and it “helps some,” but **he woke up twice last night because of the pain**. He has an abrasion, ecchymosis and swelling on his nose, right cheek and forehead. He has an angular fracture with no pulpal exposure and approximately 1/3 of the incisal edge is gone. You do not suspect any bone fractures.

• Non-medication recommendations or treatments?

• Medication and dose and number of pills and instructions?
Study Design – Survey 2 (practices)

What type of drugs would you commonly prescribe for acute orofacial or dental pain? (check all that apply)

- NSAIDS
- Acetaminophen
- Tramadole (Ultram)
- Opioids
- Muscle relaxants
- Anticonvulsants
- Other, specify
Study Design – Survey 2 (practices)

When would you consider prescribing an opioid in addition to acetaminophen or an NSAID for acute pain? (check all that apply)

• after the patient has tried the maximum dose of an NSAID
• after you prescribed two or three different kinds of NSAIDs within adequate pain relief
• the patient has inadequate daytime pain relief pain with non-narcotics
• the patient has inadequate nighttime pain relief and difficulty in sleeping
• other, specify
Next PEARL Collaboration

Your ideas/suggestions?