CE Course Handout

“Top of the Heap”
The Most Frequently Prescribed Brand-Name Medications and Their Clinical Dental Implications

Thursday, June 18, 2015
2:30pm-5:30pm
Program Learning Objectives

Upon successful completion of this program, participants will be able to:

- Identify the 25 most frequently prescribed FDA approved brand name medications.
- Review the basic mechanism of action, therapeutic indications, and potential adverse reactions and drug interactions of these medications.
- Discuss the clinical dental considerations of these medications and potential impact on dentistry.

The Top 25 Most Frequently Prescribed Brand Name Medications

1. Lipitor
2. Nexium
3. Plavix
4. Singulair
5. Lexapro
6. Crestor
7. Synthroid
8. ProAir HFA
9. Advair Diskus
10. Cymbalta
11. Diovan
12. Ventolin HFA
13. Diovan HCT
14. Actos
15. Seroquel
16. Levaquin
17. Lantus
18. Nasonex
19. Viagra
20. Lyrica
21. Celebrex
22. Concerta
23. Spiriva
24. Effexor XR
25. Tricor

Source: SDI’s Vector One: National (as published in Drug Topics)
Antihyperlipidemic Agents

- Hyperlipidemia
  - Elevation of lipids (fats) in the bloodstream

- Lipoproteins
  - Cholesterol, phospholipids and triglycerides are insoluble in our water-based blood
  - Must be bound to lipid-containing proteins (lipoprotein) for transport

Low-density lipoproteins (LDL’s)
- Transport cholesterol to peripheral cells
- Excess cholesterol is discarded into the blood
  - Leads to high cholesterol
  - Leads to atherosclerotic plaque formation

High-density lipoproteins (HDL’s)
- Transfer cholesterol from peripheral cells to liver
- Cholesterol is metabolized in liver and excreted

Lipitor (atorvastatin)

- Pharmacologic Classification
  - Antihyperlipidemic

- Mechanism of Action
  - Inhibits HMG-CoA reductase, reduces cholesterol synthesis, decreases LDL’s and increases HDL’s

- Therapeutic Indication
  - Treatment of high cholesterol
  - Reduction of risk of MI, angina

Lipitor (atorvastatin)

- Adverse Effects
  - Headache
  - Myalgia, allergy
  - GI upset
  - Anterograde amnesia
  - Flatulence

- Dental Considerations
  - Drug interactions with erythromycin, fluconazole, grapefruit juice, pomegranate juice
    - Possible severe myopathy or rhabdomyolysis

Nexium (esomeprazole)

- Pharmacologic Classification
  - Proton-pump inhibitor

- Mechanism of Action
  - Inhibits enzyme on the surface of parietal cells, reduces gastric acid synthesis

- Therapeutic Indication
  - Treatment of gastroesophageal reflux disease
Nexium (esomeprazole)

- Adverse Effects
  - Headache
  - GI upset
  - Dizziness
  - Xerostomia
  - Halitosis

- Precautions
  - Active liver disease
  - Allergy

- Dental Considerations
  - Reduced absorption of drugs requiring low pH
  - Use NSAIA's with caution
  - Possible blood dyscrasias
  - Consider semi-supine chair position

Plavix (clopidogrel)

- Coagulation
  - A normal clotting mechanism which prevents blood loss when the integrity of a blood vessel is disrupted

- Hypercoagulation
  - An abnormally overactive clotting mechanism which produces clots (thrombi) within undamaged vessels
  - Arterial thrombi produce stroke, MI, death
  - Venous thrombi produce deep vein thrombosis and pulmonary embolism

Oral Antiplatelet Agents

- Types
  - aspirin
  - clopidogrel (Plavix)
  - dipyridamole (Persantine)
  - prasugrel (Effient)
  - ticagrelor (Brilinta)

- Uses
  - Prevention of cardiovascular events in adults with
    - Acute coronary syndrome
    - Recent MI, TIA, stroke
    - Post-stenting

Oral Antiplatelet Agents

- Dental considerations
  - Drug interactions with liver enzyme inducers and inhibitors (Plavix and Brilinta)
  - Increased risk of bleeding may be exacerbated by other drugs used in dentistry
    - NSAIA's
    - Antibiotics
  - No contraindication for dental treatment

Plavix (clopidogrel)

- Pharmacologic Classification
  - Platelet aggregation inhibitor

- Mechanism of Action
  - Inhibits binding of ADP to platelet receptors, inhibits formation of thrombi

- Therapeutic Indication
  - Treatment of MI, stroke, PVD
  - Treatment of acute coronary syndrome
  - Prevention of thrombosis post-stent placement
**Plavix (clopidogrel)**

- **Adverse Effects**
  - Skin rash
  - Epistaxis, bruising
  - GI upset
  - Stomatitis, dysgeusia

- **Dental Considerations**
  - Avoid discontinuation for dental procedures due to increased risk of thromboembolism
  - Use NSAIA’s with caution
  - Consider local hemostasis measures

**Oral Anticoagulant Agents**

- **Types**
  - Coumadin (warfarin)
    - Inhibits the synthesis of Vitamin K-dependent clotting factors

- **Uses**
  - Prevention and treatment of venous thrombosis, pulmonary embolism, thromboembolism due to
    - Atrial fibrillation
    - Prosthesis
    - Recent MI

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**Oral Anticoagulant Agents**

- **Types**
  - Pradaxa (dabigatran)
    - Inhibits thrombin (factor IIa)

- **Uses**
  - Prevention and treatment of venous thrombosis, pulmonary embolism, thromboembolism due to atrial fibrillation

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**Oral Anticoagulant Agents**

- **Patient care considerations**
  - Increased risk of bleeding
    - Assessed by INR
      - INR (international normalized ratio)
        - Value of 1 is “normal”
        - Value of <3.5 is needed for dental hygiene treatment
    - INR test should be done immediately before oral treatment

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**Oral Anticoagulant Agents**

- **Dental considerations**
  - Anticoagulant effect may be reversed with administration of Vitamin K or whole blood
  - Increased risk of bleeding may be exacerbated by other drugs used in dentistry
    - NSAIA’s
    - Antibiotics
  - No contraindication for dental treatment!
Oral Anticoagulant Agents

- **Patient care considerations**
  - Increased risk of bleeding may be exacerbated by other drugs used in dentistry
    - NSAIA's
    - Antibiotics
  - Co-administration with aspirin doubles bleeding risk
  - No contraindication for dental treatment!

Oral Anticoagulant Agents

- **Types**
  - Xarelto (rivaroxaban)
  - Eliquis (apixaban)
  - Inhibit factor Xa
- **Uses**
  - Prevention and treatment of venous thrombosis, post-hip or knee replacement
  - Prevention and treatment of venous thrombosis, pulmonary embolism, thromboembolism due to atrial fibrillation

To Bleed or Not to Bleed…

There is a widespread belief that oral anti-thromboembolic therapy must be discontinued before dental treatment to prevent serious hemorrhagic complications.

- This is regardless of the fact that dental treatment rarely involves trauma to major blood vessels and that effective local hemostatic measures exist in dentistry (aminocaproic acid or tranexamic acid oral rinse)

To Bleed or Not to Bleed…

The potential for excessive bleeding with continuation of therapy must be weighed against the adverse effects of discontinuation of therapy.

- Patients receiving oral antithromboembolic therapy may bleed more that what is normally encountered.
- Patients who discontinue such therapy are at greater risk for resulting hypercoagulation.
Clinical literature does not support routine discontinuation of oral antithromboembolic therapy for dental patients.

- Discontinuation of oral antithromboembolic therapy prior to dental treatment puts the patient at unnecessary risk for severe morbidity and mortality.
- Antithromboembolic therapy is not within the scope of practice of dentists or hygienists.

Singulair (montelukast)

- Pharmacologic Classification
  - Leukotriene receptor antagonist

- Mechanism of Action
  - Inhibits binding of leukotrienes to receptors, decreases bronchoconstriction and edema

- Therapeutic Indication
  - Prophylaxis and treatment of chronic bronchial asthma

- Adverse Effects
  - Headache
  - Skin rash
  - GI upset
  - Viral infection

- Precautions
  - Not for use in acute asthma or exercise-induced asthma

- Dental Considerations
  - Keep short-acting bronchodilators readily available
  - Use NSAIA’s with caution
  - Use vasoconstrictors (sulfites) with caution
  - Consider semi-supine chair position

Lexapro (escitalopram)

Antidepressant Agents

- Mechanism of action/Types
  - Inhibit reuptake of norepinephrine-serotonin
    - Tricyclic antidepressants (TCA’s)
      - amitriptyline (Elavil)
    - trazodone (Desyrel)
    - venlafaxine (Effexor)
  - Inhibit reuptake of serotonin only (SSRI’s)
    - fluoxetine (Prozac)
    - sertraline (Zoloft)
Antidepressant Agents

- Mechanism of action/Types
  - Inhibit reuptake of norepinephrine/dopamine
    - bupropion (Wellbutrin)
  - Inhibit breakdown of norepinephrine (MAOIs)
    - phenelzine (Nardil)
    - selegiline (Emsam transdermal patch)
      - Use epinephrine with caution

Lexapro (escitalopram)

- Pharmacologic Classification
  - Antidepressant

- Mechanism of Action
  - Selective serotonin reuptake inhibitor (SSRI), increases serotonin activity at receptors

- Therapeutic Indication
  - Treatment of major depressive disorder
  - Treatment of generalized anxiety disorder

Lexapro (escitalopram)

- Adverse Effects
  - Headache
  - Xerostomia
  - GI upset
  - Bruxism

- Precautions
  - Increased bleeding
  - Serotonin syndrome
  - Seizure disorder
  - Suicidal thoughts

- Dental Considerations
  - Increased risk of bleeding events, especially with concurrent use of NSAIA’s, aspirin, warfarin
  - Use epinephrine with caution, monitor blood pressure and pulse

Synthroid (levothyroxine)

- Pharmacologic Classification
  - Thyroid hormone

- Mechanism of Action
  - Synthetic for of thyroxine, responsible for normal growth and development

- Therapeutic Indication
  - Treatment of hypothyroidism

- Adverse Effects
  - Alopecia
  - Dry skin
  - GI upset
  - Dysphagia

- Precautions
  - Allergy
  - Ischemic heart disease

- Dental Considerations
  - Overdose may lead to exaggerated response to epinephrine and cardiac arrhythmias
  - Refer uncontrolled patients for medical consult
  - Monitor blood pressure and pulse
ProAir HFA (albuterol)
Ventolin HFA (albuterol)

Pharmacologic Classification
- Short-acting Beta-2 adrenergic agonist

Mechanism of Action
- Stimulates Beta-2 receptors, relaxes bronchial smooth muscle, producing bronchodilation

Therapeutic Indication
- Prevention and relief of bronchospasm and exercise-induced bronchospasm

Adverse Effects
- Headache
- Tachycardia
- Pharyngitis
- Xerostomia

Precautions
- Hyperthyroidism
- Severe cardiac disease

Dental Considerations
- Keep short-acting bronchodilators readily available
- Use NSAIA's with caution
- Use vasoconstrictors (sulfites) with caution
- Consider semi-supine chair position

Advair Diskus (fluticasone/salmeterol)

Pharmacologic Classification
- A combination of a corticosteroid and long-acting Beta-2 adrenergic agonist

Mechanism of Action
- Corticosteroid reduces inflammation and Beta-2 agonist produces bronchodilation

Therapeutic Indication
- Prophylaxis and treatment of chronic bronchial asthma

Adverse Effects
- Headache
- Tachycardia
- Oral candidiasis
- Xerostomia

Precautions
- Not for use in acute asthma or exercise-induced asthma
- Asthma-related death

Dental Considerations
- Rinse after use to minimize risk of candidiasis and fungal pharyngitis
- Use NSAIA's with caution
- Use vasoconstrictors (sulfites) with caution
Cymbalta (duloxetine)

- Pharmacologic Classification
  - Antidepressant

- Mechanism of Action
  - Inhibits serotonin and norepinephrine reuptake, increases their activity at their receptors

- Therapeutic Indication
  - Treatment of major depressive disorder
  - Treatment of diabetic neuropathy
  - Treatment of fibromyalgia and chronic muscle pain

Cymbalta (duloxetine)

- Adverse Effects
  - Headache
  - Xerostomia
  - GI upset
  - Bruxism

- Precautions
  - Increased bleeding
  - Hepatotoxicity
  - Serotonin syndrome
  - Suicidal thoughts

- Dental Considerations
  - Increased risk of bleeding events, especially with concurrent use of NSAIA’s, aspirin, warfarin
  - Use epinephrine with caution, monitor blood pressure and pulse

Diovan (valsartan)

Hypertension

- Hypertension
  - A failure in fluid volume homeostasis in the renin-angiotensin-aldosterone system in the kidneys
  - Causes the volume of blood being pumped to exceed the capacity of the cardiovascular system.
  - Results in high blood pressure (augmented by SANS stimulation)

Renin-Angiotensin-Aldosterone System

- Reduced blood flow to kidneys
  - Renin release
  - Activation of angiotensinogen
  - Angiotensin I
  - ACE
  - Angiotensin II
  - Powerful vasoconstriction
  - Aldosterone release
  - Retension of salt and water
  - Increased blood pressure
  - Increased blood flow to the kidneys
**Sympathetic Autonomic Nervous System**

<table>
<thead>
<tr>
<th>Receptor</th>
<th>Stimulation by (nor)epinephrine produces:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\alpha_1$</td>
<td>Vasoconstriction (skin and mucosa)</td>
</tr>
<tr>
<td>$\beta_1$</td>
<td>Increased cardiac activity</td>
</tr>
<tr>
<td>$\beta_2$</td>
<td>Vasodilation (skeletal muscle) Bronchodilation</td>
</tr>
</tbody>
</table>

**Treatment of Hypertension**

- Non-pharmacologic treatment of hypertension
  - Reduce weight
  - Limit alcohol consumption
  - Increase aerobic physical activity
  - Restrict sodium intake
  - Stop smoking

- Pharmacologic treatment of hypertension
  
  **Goal of Treatment**
  - Reduce plasma volume
  - Dilate blood vessels
  - Reduce cardiac output (via SANS)

  **Drugs Employed**
  - Diuretics
  - ACEI's, ARB's, CCB's, hydralazine
  - Beta-1 Blockers, Alpha-1 Blockers, clonidine

**Diovan (valsartan)**

- Pharmacologic Classification
  - Angiotensin II receptor (AT1) antagonist

- Mechanism of Action
  - Inhibits binding of angiotensin II to receptors, produces vasodilation and reduces blood pressure

- Therapeutic Indication
  - Treatment of hypertension
  - Treatment of heart failure

**Adverse Effects**
- Dizziness
- Orthostasis
- GI upset
- Joint pain

**Precautions**
- Hepatic impairment
- Renal artery stenosis

**Dental Considerations**
- Use sedatives and general anesthesia with caution (possible hypotensive episode)
- Consider short appointments and stress-reduction techniques

**Actos (pioglitazone)**
Antidiabetic Agents

- Treatment of Diabetes Type II (NIDDM)
  - Stimulate insulin production
    - glipizide (Glucotrol, XL)
    - repaglinide (Prandin)
    - nateglinide (Starlix)
  - Reduce cellular insulin resistance
    - rosiglitazone (Avandia)
    - pioglitazone (Actos)
  - Decrease hepatic glucose production and increase cellular sensitivity to insulin
    - metformin (Glucophage)
- Inhibit breakdown of ingested carbohydrates
  - acarbose (Precose)
- Mimic the action of incretin hormones
  - exenatide (Byetta)
- Inhibit the breakdown of incretin hormones
  - sitagliptin (Januvia)
  - saxagliptin (Onglyza)
  - linagliptin (Tradjenta)
  - alogliptin (Nesina)

Actos (pioglitazone)

- Pharmacologic Classification
  - Antidiabetic
- Mechanism of Action
  - Reduces skeletal muscle insulin resistance and decrease hepatic glucose output
- Therapeutic Indication
  - Treatment of Type II diabetes

Adverse Effects
- Headache
- Myopathy
- Sinusitis
- Pharyngitis

Precautions
- Hepatic impairment
- Renal impairment
- Increased risk of MI

Dental Considerations
- No drug-specific
  - Consider susceptibility to infection
  - Consider decreased wound healing
  - Consider AM appointments/stress reduction

Seroquel (quetiapine)

- Pharmacologic Classification
  - Psychotherapeutic agent
- Mechanism of Action
  - Antagonizes dopamine, serotonin, histamine, and alpha-1 adrenergic receptors, reduces psychoses
- Therapeutic Indication
  - Treatment of schizophrenia
Seroquel (quetiapine)

- **Adverse Effects**
  - Hypertension
  - Orthostasis
  - Somnolence
  - Xerostomia
  - Weight gain

- **Dental Considerations**
  - Prolongs QT interval (caution with vasoconstrictor)
  - Additive sedation with CNS depressants
  - Possible extrapyramidal adverse effects
  - Drug is also used illicitly ("cheeked")

- **Precautions**
  - Hepatic impairment
  - Renal impairment
  - Tardive dyskinesia
  - Suicidal thoughts

Levaquin (levofloxacin)

- **Pharmacologic Classification**
  - Fluoroquinolone antibiotic

- **Mechanism of Action**
  - Interferes with bacterial DNA synthesis and cell replication, bactericidal

- **Therapeutic Indication**
  - Treatment of upper/lower respiratory infections
  - Treatment of urinary tract infections

- **Adverse Effects**
  - Headache
  - GI upset
  - Pharyngitis
  - Tendonitis

- **Precautions**
  - Hypersensitivity
  - Renal impairment

- **Dental Considerations**
  - Prolongs QT interval (caution with vasoconstrictor)
  - May increase NSAIA-induced seizure risk
  - May increase warfarin anticoagulant effect

- **General patient care considerations**
  - Drug interactions
    - Warfarin
      - Antibiotics reduce flora that make vitamin K (increase effect of warfarin)
    - Other antiinfectives (antagonism)
      - Bacteriostatic and bactericidal antibiotics should not be used together
    - Oral contraceptives
      - Reduced effectiveness

- **Allergic reactions**
  - Possible anaphylaxis

- **Gastrointestinal side effects**
  - Pain
  - Increased GI motility and diarrhea
  - Pseudomembranous colitis

- **Pregnancy/teratogenicity**
  - Risk of suprainfection

- **Antibiotics**
  - Bacteriostatic and bactericidal antibiotics should not be used together
  - Oral contraceptives
    - Reduced effectiveness
**Insulins**

<table>
<thead>
<tr>
<th>Short Acting</th>
<th>Intermediate Acting</th>
<th>Long Acting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humulin R</td>
<td>Humulin N</td>
<td>Humulin U</td>
</tr>
<tr>
<td>Insulin aspart (Novolog)</td>
<td>Humulin L</td>
<td>Insulin detemir (Levemir)</td>
</tr>
<tr>
<td>Insulin lispro (Humalog)</td>
<td>Humulin 70/30</td>
<td>Insulin glargine (Lantus)**</td>
</tr>
<tr>
<td>Insulin glulisine (Apidra)</td>
<td>Humalog Mix 75/25</td>
<td>**Discard 28 days after 1st use</td>
</tr>
</tbody>
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**Lantus (insulin glargine)**

- **Pharmacologic Classification**
  - Long-acting insulin
- **Mechanism of Action**
  - Facilitates passage of glucose into skeletal and adipose tissue, regulates serum glucose levels
- **Therapeutic Indication**
  - Treatment of Type I diabetes
  - Treatment of Type II diabetes

**Adverse Effects**

- Fatigue
- Muscle weakness
- Skin rash
- Mouth numbness

**Precautions**

- Hypoglycemia
- Hypokalemia

**Dental Considerations**

- Additive hypoglycemia with NSAIA’s, salicylates
- Corticosteroids and epinephrine may increase serum glucose levels
- Monitor for hypoglycemia, ketoacidosis

**Nasonex (mometasone furoate)**

- **Pharmacologic Classification**
  - Nasal corticosteroid
- **Mechanism of Action**
  - Inhibits release of inflammatory mediators, prevents onset of allergic reaction
- **Therapeutic Indication**
  - Treatment and prophylaxis of seasonal and perennial allergic rhinitis
Nasonex (mometasone furoate)

- **Adverse Effects**
  - Headache
  - Epistaxis
  - Viral infection
  - Pharyngitis

- **Dental Considerations**
  - Rinse after use to minimize risk of candidiasis and fungal pharyngitis

- **Precautions**
  - Immunosuppression
  - Impaired wound healing

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Autonomic Signaling Modifiers

- **PDE-5 Inhibitors**
  - Promote vasodilation in corpus cavernosum

- **Therapeutic uses**
  - Treatment of erectile dysfunction (ED)

- **Examples**
  - Sildenafil (Viagra)
  - Vardenafil (Levitra, Staxyn)
  - Tadalafil (Cialis)
  - Avanafil (Stendra)

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Viagra (sildenafil)

- **Pharmacologic Classification**
  - PDE Type 5 Inhibitor

- **Mechanism of Action**
  - Inhibits PDE Type 5, results in smooth muscle relaxation and increased blood flow in cavernosum

- **Therapeutic Indication**
  - Treatment of male erectile dysfunction

- **Adverse Effects**
  - Headache
  - Nasal congestion
  - GI upset
  - Possible loss of hearing/vision

- **Dental Considerations**
  - Drug interactions with erythromycin, fluconazole
  - Possible priapism

- **Precautions**
  - Concurrent use of nitrates
  - Possible interaction with nitrous oxide?

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Lyrica (pregabalin)
Lyrica (pregabalin)

- Pharmacologic Classification
  - Antineuralgic, anticonvulsant

- Mechanism of Action
  - Binds to calcium channels in CNS, inhibits excitatory neurotransmitter release

- Therapeutic Indication
  - Treatment of diabetic peripheral neuropathy, postherpetic neuralgia, fibromyalgia
  - Treatment of partial-onset seizure disorder

Lyrica (pregabalin)

- Adverse Effects
  - Peripheral edema
  - Dizziness
  - Weight gain
  - Xerostomia

- Precautions
  - Abnormal thoughts
  - Mood changes
  - Amnesia and mental impairment

- Dental Considerations
  - Additive sedation with CNS depressants
  - Medical consult for determine seizure control
  - Consider stress-reduction techniques

Celebrex (celecoxib)

Pharmacologic Classification
- NSAIA, analgesic

Mechanism of Action
- Selective COX-2 inhibitor, reduces prostaglandin synthesis

Therapeutic Indication
- Treatment of osteoarthritis/rheumatoid arthritis
- Treatment of acute musculoskeletal pain and primary dysmenorrhea

Celebrex (celecoxib)

- COX Inhibition
  - Phospholipids (phospholipase)
  - Arachidonic Acid
  - (COX-1)
    - Physiologic Prostaglandins
      - GI protection
      - Decrease gastric acid
      - Increase mucus
      - Renal protection
      - Maintain blood flow/function
      - Smooth muscle relaxation
      - Vasodilation
      - Bronchodilation
      - Regulate blood clotting
  - (COX-2)
    - Pathologic Prostaglandins
      - Inflammation
      - Increased capillary permeability and edema
      - Nerve cell pain sensitization
      - Leukocytosis
      - Activation of white blood cells
      - Release of inflammatory cytokines

Celebrex (celecoxib)

- Adverse Effects
  - Peripheral edema
  - Dizziness
  - Stomatitis
  - Xerostomia

- Precautions
  - Increased risk of serious cardiovascular thrombotic events, including death

- Dental Considerations
  - Contraindicated in patients with hypersensitivity to aspirin, NSAIA’s or sulfonamides
  - Drug interactions with erythromycin, fluconazole
  - May increase lithium plasma levels and toxicity
Concerta (methylphenidate)

Pharmacologic Classification
- CNS stimulant

Mechanism of Action
- Blocks reuptake of norepinephrine and dopamine, increases attention span and mental alertness

Therapeutic Indication
- Treatment of ADHD
- Treatment of narcolepsy

Adverse Effects
- Headache
- Hypertension
- GI upset
- Xerostomia

Precautions
- Psychiatric disorders
- Seizure disorders
- Abuse potential

Dental Considerations
- Additive CNS stimulation with TCA’s, SSRI’s
- Monitor blood pressure and pulse
- Use vasoconstrictors with caution

Spiriva (tiotropium)

Pharmacologic Classification
- Anticholinergic bronchodilator

Mechanism of Action
- Blocks respiratory muscarinic receptors, produces smooth muscle relaxation, bronchodilation

Therapeutic Indication
- Treatment of bronchospasm associated with COPD

Adverse Effects
- Sinusitis
- Pharyngitis
- Stomatitis
- Xerostomia

Precautions
- Not for use in acute asthma or exercise-induced asthma
- Paradoxical bronchospasm

Dental Considerations
- Keep short-acting bronchodilator readily available
- Monitor vital signs, especially respiration
- Rinse after use to minimize xerostomia
- Consider semi-supine chair position
Effexor XR (venlafaxine)

- Pharmacologic Classification
  - Antidepressant

- Mechanism of Action
  - Inhibits serotonin and norepinephrine reuptake, increases their activity at their receptors

- Therapeutic Indication
  - Treatment of major depressive disorder
  - Treatment of generalized anxiety disorder

Adverse Effects
- Headache
- Xerostomia
- GI upset
- Bruxism

Precautions
- Increased bleeding
- Serotonin syndrome
- Seizure disorder
- Suicidal thoughts

Dental Considerations
- Increased risk of bleeding events, especially with concurrent use of NSAIA’s, aspirin, warfarin
- Use epinephrine with caution, monitor blood pressure and pulse

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Tricor (fenofibrate)

- Pharmacologic Classification
  - Antihyperlipidemic

- Mechanism of Action
  - Enhances synthesis of lipoprotein lipase, reduces VLDL’s and increases HDL’s

- Therapeutic Indication
  - Treatment of high cholesterol

Adverse Effects
- Headache
- Myalgia
- GI upset
- Xerostomia

Precautions
- Active liver disease
- Increased risk of rhabdomyolysis with statins

Dental Considerations
- Increased risk of bleeding due to blood dyscrasias, enhanced anticoagulant effect of warfarin
  - Use NSAIA’s and aspirin with caution