



Hypertension and management of hypertensive patient in dentistry. Drug interaction and pre & postoperative consideration

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Abstract:

Most of the times dentist plays the significant role in diagnosing undetected hypertension in dental patient beside this Hypertensive drugs have oral manifestation and adverse effect on oral health. Many hypertensive drugs interaction causes serious life threatening complications. NSAID (aspirin and indomethacin in particular) reduce the antihypertensive effects of ACE inhibitors by blocking bradykinin mediated vasodilatation. NSAID inhibit the diuretic effects of thiazides and loop diuretics and antagonize the antihypertensive effect of β -Blockers. Use of guanethidine (an adrenergic neuron blocker and an antihypertensive drug) on long term basis produces the sensitivity to an exogenously administered epinephrine as present in local anaesthetic injection results in hypertension and cardiac arrhythmias. Non selective β -Blockers (propranolol) or mixed α and β -Blockers may rather enhance the pressure response to vasoconstrictor epinephrine resulting in hypertension.

Avoid giving cephalosporin in dental infection cases to the patients on loop diuretics as it may increase the risk of renal toxicity of the cephalosporin secreted through kidneys.

There are many adverse effect of hypertensive drugs on oral health. In a research among the gingival hyperplasia patients using anti-hypertensive drugs 71.1% were taking calcium channel blocker, 21.5% were taking ACE Inhibitors, and 7.4% were taking beta-blockers. Antihypertensive drugs clonidine, α -methyldopa and prazosin causes xerostomia. ACE inhibitors causes dry cough in some patients. Dry cough during the dental treatment which affect the dental treatment success. A dry cough possibly the result of accumulation of bradykinin in the bronchial mucosa.

Conclusions:

By taking complete patient medical history and accurate treatment planning we ensure first step towards success of dental treatment and patient well being using diagnostic tools and test to accurately judge the medical condition i.e. taking blood pressure measurement, potassium deficiency test, etc. taking consideration of time slot while giving dental appointment, drug interaction consider-



ation while prescribing NSAID or other antibiotics or giving LA cogitation of hypertensive condition during dental treatment may increase the percentage of success of treatment.

Biography:

Dr. Bindu Bisht, member of Indian society of dental traumatology, BDS, tobacco cessation counselor, practicing doctor in private practice. Practical experience of 7 years in dentistry, oral health counseling. Experienced in management of patient. Actively looking for Opportunities in advanced health care group. Experienced dental surgeon with demonstrated history of working in health care industry, skilled in patient management, endodontics, extraction, prosthetics, cosmetics dentistry.

Recent Publications:

1. Research in maxillofacial surgery
2. Dental opioid prescribing rates after the up-scheduling of codeine
3. Exposures to Dental Products, Stomatological Preparations, and in Dental Care and Toothache reported to the PIC Erfurt
4. Preventive effect of fluvastatin on the development of medication-related osteonecrosis of the jaw
5. Long-term impact of oral surgery with or without amoxicillin on the oral microbiome-A prospective cohort study

International Conclave on Hypertension and Healthcare | July 19, 2020 | Vienna, Austria.

Citation: Hypertension and management of hypertensive patient in dentistry. Drug interaction and pre & postoperative consideration - Bindu Bisht, India; Hypertension Conclave 2020; July 19, 2020; Vienna, Austria.