



Using Acupuncture for Non-Pharmacological Pain Management

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Introduction: Acupuncture is one of the tools that may be used to treat people with acute and chronic pain. Acupuncture needles are disposable solid non cutting metal needles and typically are 30-38 gauge in size. Acupuncturists typically receive a masters or doctorate level education and are licensed by the Board of Medical Practice. Some of the other tools they may use to treat pain include heat, electrical stimulation, manual massage, tool assisted stimulation, exercise, breathing exercises, and/or dietary adjustments; including addition of herbal medicine. There are different styles of acupuncture; some may include treating the local area of pain and some that address treating systemic imbalances. There are also microsystems of acupuncture and different needling styles that may include shallow insertion or deeper and aggressive needling.

Continued on page 2...

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Mechanism of Action: Similar to injections used in trigger points, acupuncture needles are used to stimulate the body without medication. Needles are placed in acupuncture points, local points of pain or trigger points. Relating to pain therapy, one of the mechanisms of action is stimulating the nervous system in the way that the body processes pain signals. This causes the release of the body's own healing mechanism and endorphins, which act as natural pain killers.

Acupuncture in Dental Disorders:

- Acupuncture analgesia: acupuncture can be used to reduce the amount of opioids for surgery and may help with reducing the nausea and vomiting associated after surgery. Acupuncture in the emergency department has shown that acupuncture can outperform morphine in the reduction of pain.
- Dental anxiety and gag reflex: there is evidence that acupuncture may be helpful to reduce dental anxiety and gag reflex.
- Dental pain: while most dental pain is part of a disease process such as dental caries and/or periodontal disease, acupuncture does not treat the cause of underlying hard/soft tissue pain without dentosurgical intervention, but can be used as an adjunctive tool in the assistance of reducing operative and post-operative pain.
- Xerostomia (dry mouth): acupuncture use after radiation therapy to the neck and head has shown that there is some mechanism of action that increases the salivary production and reduces dry mouth.

Muscular disorders or painful conditions:

Acupuncture may help reduce the pain and tissue changes that are associated with the following conditions:

- Atypical facial pain
- Bruxism
- Chronic muscle pain or spasm
- Headache (tension headache, migraine)
- Nerve pain (neuralgia, especially trigeminal neuralgia, neuropathic pain, nerve injury)
- Temporomandibular joint (TMJ) pain or temporomandibular disorder (TMD)

Insurance coverage of acupuncture:

Many patients may have access to acupuncture through private insurance coverage. Acupuncture coverage is dependent on policy. The policies that cover acupuncture will typically cover for chronic pain conditions after other therapies have been already considered. Some will cover acupuncture for nausea due to surgery, pregnancy or chemotherapy. Others may cover menstruation related disorders and some may cover acupuncture analgesia. Minnesota Medicaid Program has a more comprehensive coverage of conditions, including: acute pain, chronic pain, depression, anxiety, schizophrenia, post-traumatic stress disorder, insomnia, smoking cessation, restless legs syndrome, menstrual disorders, Xerostomia associated with Sjogren's syndrome, radiation therapy and nausea / vomiting associated with post-operative procedures, pregnancy and cancer care.

Never stop learning. Acupuncture is a non-pharmacological pain treatment approach to managing acute and chronic pain and may help pain management for your dental patients. Find a local acupuncturist by visiting the National Certification Commission for Acupuncture and Oriental Medicine <http://www.nccaom.org/find-a-practitioner-directory/>.

This summary does not in any way substitute for professional advice and should not be regarded as clinical guidance. As always, any evidence should be carefully considered by clinician and patient to ensure that in their views, all potentially desirable consequences outweigh all potentially undesirable consequences.

Minnesota Office of Medical Cannabis Report

Last year, Intractable Pain was added to the list of conditions that would qualify for medical cannabis. The Minnesota Department of Health has issued a report “Intractable Pain Patients in the Minnesota Medical Cannabis Program: Experience of Enrollees During the First Five Months” to provide more detailed information on patient and healthcare provider experiences when it comes to using medical cannabis to manage intractable pain.

Read the report [here](#).

Local Anesthesia Update

The FDA routinely updates maximum local anesthetic dosages. However, sometimes the dosages may be different than other standards used in dentistry. It is important to know patient’s medical history and contraindications before administering local anesthetic. It is also important to consider age and weight of the patient.

For more reading on this topic, visit [Update on Maximum Local Anesthetic Dosages](#)

Updated Adverse Reaction Report Form

Per Board of Dentistry rules, a licensee must submit a report to the board on any incident that arises from the administration of nitrous oxide inhalation analgesia, general anesthesia, deep sedation, moderate sedation, local anesthesia, analgesia, or minimal sedation that results in; a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body systems; or minimal sedation unintentionally becoming moderate sedation, deep sedation, or general anesthesia when the licensee does not have a certificate for administering general anesthesia or moderate sedation.

The form has recently been updated and can be found on our website [here](#).

ATTENTION

DENTISTS, if you hold an active DEA license, have the ability to prescribe controlled substances, and you DO NOT have an active Prescription Monitoring Account, you are now in **non-compliance** with the law that took effect July 1, 2017. Going forward, this will become subject to formal complaint with the Board. Register [here](#) today.



Announcing Minnesota's Opioid Prescribing Guidelines

Recently released [guidelines](#) will help Minnesota communities reduce opioid prescriptions; encourage safe, consistent standards when opioids are called for; and deliver compassionate support to people who need ongoing opioid therapy. Built on the understanding that opioids are not the best option for treating chronic pain and may actually worsen it, Minnesota's guidelines focus on post-acute care — the first 45 days after an injury or surgery — as a critical time for preventing long-term use.



Background

Governor Dayton and the Minnesota Legislature established the [Opioid Prescribing Improvement Program](#) in 2015 to reduce opioid dependency and substance use by Minnesotans due to the prescribing of opioids by health care providers. The [Opioid Prescribing Work Group](#) was convened to advance the program's work, which includes developing statewide guidelines on appropriate opioid prescribing. The opioid prescribing guidelines are a joint effort of the medical community and the Minnesota Department of Health and Department of Human Services.



Learn More

Visit the [opioid prescribing guidelines website](#) to read about the: framework for Minnesota's guidelines.



Last year, the Minnesota Board of Dentistry also adopted a [guidance statement](#) on the use of opioids specific to *dental pain management*.