

Hypertension Summit – Getting to the Heart via Oral Health: A Medical and Dental Collaboration Summit

▶ The Importance of Hypertension Screening by Dental Providers



# An Exciting Day in the Dental Office



# Quick Reminder of the Current Blood Pressure Categories

In November of 2017 the American College of Cardiology and the American Heart Association published new high blood pressure guidelines which lowered the threshold for hypertension (Image 1).<sup>2</sup> This new threshold accounts for complications that can occur at lower numbers and allows for earlier intervention. Because the diagnostic threshold for hypertension has been lowered, more people will be classified as having hypertension. Under these new hypertension guidelines, approximately 46 percent of adults in the United States, or more than 103 million adults, are currently considered to have hypertension compared with an estimated 72 million adults under the previous 2003 guidelines.<sup>3</sup>

Image 1. Blood Pressure Categories

## Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

The new guidelines eliminate the category of prehypertension, categorizing patients as having either Elevated (120-129 mm Hg systolic and less than 80 mm Hg diastolic) or Stage 1 hypertension (130-139 mm Hg systolic or 80-89 mm Hg diastolic). While previous guidelines classified 140/90 mm Hg as Stage 1 hypertension, this level is classified as Stage 2 hypertension under the new guidelines.<sup>2</sup>



## My Patient

40 year-old male

Clenches/grinds

Has not seen physician in years

Recent endo #18 from a cracked tooth



# Screening for Hypertension

- **What I did wrong**
- We took his Blood Pressure after I starting working on his tooth
- My assistant forgot to take it when he was seated
- What if I hadn't asked as the doctor?
- Why didn't the endodontist take his blood pressure before he saw me?
- **What I did right**
- As someone valuing the screening of BPs, I asked my assistant what his BP was that day
- I stopped and had a conversation with him. He opened up.
- I looked at his whole health
- I referred him to a physician and urgent care and to a therapist

# Collaboration is Key



## HEALTH SCHOOLS FORM INTERPROFESSIONAL CURRICULUM WORKGROUP

Posted on [January 27, 2016](#) | by [IPE Center 2](#)



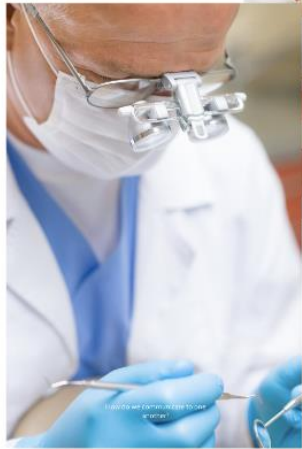
Seventeen faculty, staff and students from across the health science schools have been appointed to the newly-formed **Interprofessional Curriculum Workgroup**. The workgroup is charged with examining the curricula and accreditation standards for each of the professions and developing a curricular map for interprofessional education (IPE) across the health science schools.

The workgroup was created by the recently-funded **Michigan Center for Interprofessional Education** and includes representation from the School of Dentistry, School of Kinesiology, Medical School, School of Nursing, College of Pharmacy, School of Public Health, School of Social Work, and School of Health Professions and Studies (Flint) and two student representatives. It is expected that U-M Dearborn will name representatives in the near future.





Dentists  
Physicians



Physicians



Dentists



- Optometrists  
Pharmacists  
Therapists  
Physical  
Therapists  
Nurse  
Practitioners

REPETITION WORKS

LEARNING FROM  
MANY HELPS SHOW  
HTN EFFECTS ON  
OVERALL HEALTH

All major groups of pharmaceuticals, such as diuretics, beta-blockers, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and calcium channel blockers, can produce oral side effects including, but not limited to, xerostomia, taste changes, gingival hyperplasia, gingival bleeding, lichenoid reactions, and increased risk of oral infections. Therefore, people who take medications for hypertension may be at increased risk for poor oral health consequences. Additionally, having periodontal disease may interfere with the effectiveness of hypertension therapy.

2020



### **Hypertension Screening Guidance for Michigan Oral Health Professionals**

**ORAL HEALTH UNIT**  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Referenced from

**ORAL HEALTH UNIT**  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PREPARED BY | MDHHS Oral Health Unit with assistance from an Oral Health and Chronic Disease Advisory Group and the Center for Child and Family Health, Michigan Public Health Institute



# Patients With Hypertension in the Dental Office

als Verapril, Lisinopril (BP),  
acco? YES NO

knee, etc.)  
Year? \_\_\_\_\_  
 Arthritis/Rheumatism  
 High Blood Pressure  
 Low Blood Pressure  
 Cancer  
(Type and when diagnosed?)



cavities

## What Do our Professional Organizations Say About Taking Blood Pressures?

**The American Dental Association (ADA) recommends** that all dental care providers become involved in the detection and management of hypertension. The ADA recommendation is for oral health professionals to measure blood pressure of all new patients, all patients at least annually, and patients with diagnosed hypertension at each visit.<sup>10</sup>

**The American Dental Hygienists' Association standards** for clinical practice outline taking and recording blood pressure as part of a general health history assessment and risk assessment, which would necessitate that registered dental hygienists record this at every initial visit and every recall/recare visit.<sup>11</sup>

# Our Committee Conclusions

## Screening for Hypertension in the Dental Setting

Screening for hypertension in a dental setting should start when a patient reaches 18 years of age or prior to age 18 if they have a history of hypertension. Separate guidelines for children under 18 years old can be found at: <https://www.aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx>.

All pregnant patients, regardless of age, should be screened for hypertension. Hypertensive disorders of pregnancy, such as preeclampsia/eclampsia and gestational hypertension, complicate 6 to 8 percent (6-8%) of pregnancies and can cause significant maternal and fetal morbidity and mortality.<sup>12</sup>



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## In Summary

# Our Guidance Booklet Says It Best

## Why Michigan Oral Health Professionals Should Routinely Measure Blood Pressure

A dental visit may be the only routine care visit that a patient receives. Dental visits provide the perfect opportunity to screen for hypertension and refer patients to their primary care provider for further evaluation. Many patients trust their oral health providers and welcome their interest in their overall health, not only their oral health.<sup>9</sup>





# FINALLY

## Hypertension

Hypertension is diagnosed when blood pressure is consistently high. Hypertension usually has no warning signs or symptoms, and many people do not know they have it. The only way to know if a person has hypertension is to measure their blood pressure. Steps can be taken to control it if it is too high.<sup>1</sup>

If people don't know they have hypertension, we need to help them find out.  
**And that is why it's important for dental professionals to screen for hypertension in the dental office.**



Dr. Lisa Knowles  
Associate Dental Consultant  
Blue Cross Blue Shield of Michigan  
Private Practice Dentist  
Haslett East Lansing Dental Health & Wellness  
Email: [Lknowles@bcbsm.com](mailto:Lknowles@bcbsm.com)  
Blue Cross Phone: 313-448-4140  
Office Phone: 517-332-1000



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