

EDITORIAL

**Use of the health history form reflects a practitioner's knowledge and understanding of medical information needed to provide safe and appropriate oral health care—and shows how completely the oral health care professional has become integrated as a member of the general health care team.**

**The health questionnaire**  
 A continually changing component of practice

Giving patients a health questionnaire with a full complement of, say, 886 questions covering all possible medical conditions and diseases is hardly practical. They won't stand for it.

Instead, most oral health care professionals use a shorter, self-administered version that focuses on the most significant medical problems that, if present, may suggest modifications of otherwise routine dental care. Unfortunately, many of these questionnaires are not updated in a timely fashion, which may cause providers to miss, misinterpret or inquire unnecessarily about various conditions.

For example, many health history forms ask about heart murmurs. This used to be a pertinent question when antibiotic prophylaxis to prevent infective endocarditis needed to be considered. With the latest guidelines from the American Heart Association, published in the June issue of JADA, this question has become moot.<sup>1</sup> An argument could be made that heart murmurs may be associated with other cardiac conditions that may require further inquiry into the need for treatment modifications, but this argument may not be strong enough to keep this question on the questionnaire.

The same is true of rheumatic fever. Today, in the United States, this is an extremely rare condition, and it is highly unlikely that oral health care professionals will encounter a patient with a history of rheumatic heart disease. Yet, even if the condition is present, there are no recommendations to change routine dental care.

An important question often missing from the standard health questionnaire concerns the presence of drug-eluting coronary artery stents. Guidelines published in JADA's May issue caution against premature discontinuation of dual antiplatelet therapy.<sup>2</sup> Halting antiplatelet therapy too soon increases the patient's risk of experiencing a severe adverse event—a myocardial infarction, for example, or even death—by a factor of 30. Oral health care professionals need to weigh the risk of some increased bleeding after dental care against the risk of discontinuing antiplatelet medications.

Emerging data indicate severe side effects associated with specif-

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ic medications used for patients infected with HIV—a disease that afflicts more than 1 million people in North America. Many HIV-infected people take protease inhibitors, a class of medications associated with a substantial increased risk of myocardial infarctions.<sup>3</sup> A reluctance to ask a patient about his or her HIV status, therefore, could put that patient at risk of developing cardiovascular disease.

The dental office health questionnaire also should ask about the use of bisphosphonates. It is becoming more evident that both oral and intravenous administration of these medications may put a patient at risk of developing osteonecrosis in the jaws. Although the risk of such an event is extremely small for patients who take orally administered bisphosphonates, there is a much greater risk for patients who have been taking the medication intravenously.

The examples described above are fairly straightforward. They show how medications or underlying medical conditions can affect dental care. Other scenarios may not be so clear-cut. The authors of a recent study proposed that human papillomavirus transmitted during oral-genital sexual contact

may put a patient at higher risk of developing oropharyngeal cancer.<sup>4</sup> Should oral health care professionals take a sexual history as part of cancer screening? Such questions could become a reality in the future.

The main purpose of a medical health questionnaire in a dental setting is to determine the presence of medical conditions that could affect the provision of safe and appropriate dental care. However, a medical health questionnaire is more than a risk assessment intended to reduce adverse outcomes. It also can be used as a starting point for a dialogue with patients to screen for medical conditions they may not be aware of, to monitor known medical conditions, or to inform patients of new medical information pertinent to them.

For example, when a patient with diabetes seeks dental care, a simple blood pressure measurement will indicate whether the patient is suffering from hypertension—a sign of cardiovascular disease not uncommon among people with diabetes. For patients already diagnosed with hypertension, an additional reading by a health care professional may help the patient with his or her blood pressure control. If a patient is taking rosiglitazone, a treatment for

type 2 diabetes, the dentist may advise the patient to speak with his or her physician about the risk of developing cardiovascular disease.

Today's rapidly changing medical information requires action. Doing nothing is the fastest way to fall behind. The health history form and its use are reflections of a practitioner's knowledge and understanding of medical information needed to provide safe and appropriate oral health care. It also shows how completely the oral health care professional has become integrated as a member of the general health care team. ■

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