



# A Troubling Triad

## HOW STRESS, ISOLATION, AND ANXIETY AFFECT SUBSTANCE USE DISORDERS

by DOUGLAS DIXON, DMD, MSD, PHD, MACSD

EDUCATION CREDIT

This article is available to dentists, dental hygienists and dental assistants licensed or registered in Tennessee. With a passing grade, individuals will earn one (1) hour of chemical dependency continuing education credit.

To obtain credit, read the article, answer the questions that follow and return the completed exam page with the appropriate fee to: TDA, 660 Bakers Bridge Ave., Suite 300, Franklin, TN 37067 or fax to 615-628-0214 or take the exam online, pay with a credit card (MasterCard or Visa) and [print your CE](#)

[certificate](#). Visit the TDA's website at [www.tndentalassociation.com](http://www.tndentalassociation.com)

If you answer eight (8) questions correctly, you will earn one (1) hour of continuing education credit.

If you have any questions, call the TDA at 615-628-0208.

ADA Principles, Code of Professional Conduct & Advisory Opinions state under 2.D. Personal Impairment that "It is unethical for a dentist to

practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society." If you know of a colleague (dentist, dental hygienist or dental assistant) who is impaired, contact the Tennessee Wellness Foundation at 615-628-3200.



**“IT IS NON-DISCRIMINATORY AND AFFECTS ALL GENDERS, AGES, SOCIOECONOMIC STATUS GROUPS, AND IS PRESENT IN ALL GEOGRAPHIC REGIONS, STATES, AND COUNTIES ACROSS THE US.”**

## INTRODUCTION

### a. Key Findings from the National Center for Drug Abuse

The “War on Drugs” and chemical dependency is a real and ever-present battle in the US. It is non-discriminatory and affects all genders, ages, socioeconomic status groups, and is present in all geographic regions, states, and counties across the US. According to the National Center for Drug Abuse Statistics “Key Findings” summary (1), there have been over 700K drug overdose deaths since 2000, with almost 20% of the population stating that they have used illicit drugs at least once (would be greater than 60% of the population if alcohol and tobacco were included) and in 2020, the Federal Government budgeted \$35B towards controlling and combating this problem. Of those substances being abused, marijuana, prescription stimulants, and opioids are at the top of the list with drug use ranging from 36-49% among users equating to 7-9% of all adults (1). By 8th grade, 5% of students are using illegal drugs increasing to 24% of high school seniors with almost 50% of students admitting to illegal drug use by the time they graduate from high school (1). Each year, 117K individuals are introduced to heroin use, 1.9M to pain medication, and 3.1M to 4.9M to marijuana and alcohol respectively

### b. Deaths from overdose

Drug overdose was the reported cause of death in over 700,000 fatalities between 1999 and 2017, and accidental drug overdose is the leading cause of death among those under the age of 45 in the US (1). The average life expectancy in the US decreased (between 2015-2017) due to opioid overdose deaths, with fentanyl, prescription opioid, and heroin associated with >28K, >17K, and >15K deaths in 2017 respectively.

<sup>1</sup> Associate Professor and Director, Advanced Education in Periodontics, Associate Professor, College of Dentistry, Department of Periodontology, Memphis, TN

### c. Substance abuse and pandemic

After the first reported case of Covid-19 occurred in the US in January 2020, it was reported that by May (2020) that almost 40% of Americans had lost their jobs or had work hours shorted due to the pandemic and associated quarantine that followed.<sup>1</sup> Negative emotions like uncertainty, fear, anxiety, and stress were common coupled with widespread unemployment and social isolation resulted in a substantial negative impact on mental health in many adults in the US.<sup>1</sup> These stressors, and the associated social isolation and unemployment brought on rapidly by the growing pandemic, contributed to a significant spike in substance abuse. During the first three months of the pandemic alone (Jan-Mar 2020), a 15% increase in fatalities due to drug overdoses had occurred as compared to the same quarter in 2019 and by the end of the year, the U. S. Centers for Disease Control and Prevention (CDC) had estimated a record number of drug-related deaths in the US (Avena et al 2021, frontiers in Psychiatry). Social isolation and social distancing may have created additional issues regarding drug use, especially among those with a substance use disorder. Studies suggest that social distancing regulations may have reduced drug trafficking on the streets, thereby forcing those seeking illicit drugs to pursue illegal markets on the internet or through messaging applications.<sup>2,3</sup> Furthermore, the pandemic may have also caused individuals to abuse readily available medications that were already at home like benzodiazepines<sup>2,4</sup> or lead to alteration, modification, or dilution of accessible drugs with a potentially harmful substance and/or obtaining synthetic opioids or designer drugs found online.<sup>2,4</sup>







**d. Self-medicating trends and remote workers**

The practice of “self-medicating” appears to be a global occurrence with a reported prevalence of 30-80% in both under-developed and developed countries.<sup>5</sup> It is defined as the utilization of medication, direct drug purchase, or reuse of previously prescribed medications and/or unused medication without medical consultation. Common drugs that are self-prescribed by individuals range from antibiotics and herbal/homeopathic remedies to sedatives and analgesics.<sup>5,6</sup> During the Covid-19 pandemic, trends for patient self-medication practices increased partly due to widespread medical and medication misinformation on social media prompting practices without established safety and efficacy protocols.<sup>5,7,8</sup>



According to a recent poll of over 1000 workers, the Sierra Tucson’s Self-Medication National Survey reported a disturbing trend regarding recreational drug and alcohol consumption during the workday. Twenty-five percent of remote workers admitted that they had participated in either zoom or Microsoft Teams while under the influence of recreational drugs, alcohol, or marijuana. Additionally, greater than 25% stated that an added benefit of working from home was the opportunity to use drugs and alcohol during the workday and over 70% of those using alcohol or drugs remotely would miss this opportunity to use drugs if their employer insisted upon a return to the office.

Furthermore, the National Safety Council (NSC) commissioned a survey of employees regarding the impact of opioids on their respective organizations and their awareness of opioid-related issues. Over 525 online interviews were conducted with HR (Decision makers), Mid-level Safety personnel, and Middle to Senior Level Managers was polled. The survey revealed that: Up to 75% of employees in various occupations have been affected by opioid use; 38% of those polled have experience absenteeism or impaired work performance; and 31% reported a near-miss or injury, overdose, or arrest due to opioid use. Another startling finding was that only 17% of these company leaders felt prepared to deal with opioid use in the workplace. This is a shocking revelation when one considers that, for the first time in US history, the NSC has calculated that a person is now more likely to die from an accidental opioid overdose than from a motor vehicle accident.



## DEFINING DRUG SCHEDULE AND SUBSTANCE ABUSE TERMS

(TWO TABLES)

a. Drugs are “scheduled” into categories depending on their medical accepted usage and abuse potential. In the US, there are five (5) separate and distinct “schedules” or categories that drugs are grouped into. <sup>[TABLE 1]</sup> has the most common examples of each category. Drugs with the highest abuse potential, which is the main determinate for ranking, are given Schedule 1 classification and these drugs can create a severe psychological, physical, or combined dependency. As abuse potential decreases, the ranking changes with the drugs with the least potential given a Schedule 5 classification. Additional drugs, chemicals, or substances available for clinical practice or research are also given a rank-ordered classification based on abuse potential. <sup>(Drug Schedule)</sup>

### b. SUBSTANCE ABUSE TERMS AND VULNERABILITY

Discussion with your patients regarding the use or misuse of medication starts with a background understanding of some common terminology associated with substance use and misuse. According to the Glossary of Terms used in the Surgeon General’s Report on Alcohol, Drugs, and Health (cite book), a substance is defined as a “psychoactive compound with potential to cause health and social problems.” Substance misuse is defined as “the use of any substance in a manner, situation, amount or frequency that can cause harm to users or those around them.” A substance use disorder is defined as, “a medical illness caused by repeated misuse of a substance or substances...characterized by clinically significant impairments in health, social function, etc.” Disorders can range from mild forms which can be sporadic in nature or temporary to severe or chronic forms leading to significant illness, tragedy, and death. Additional terms associated with substance use and misuse can be found on available online web sources like [www.samhsa.gov/find-help/disorders](http://www.samhsa.gov/find-help/disorders) and [www.nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction](http://www.nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction).

c. Individual vulnerability to substance misuse or substance disorders may be predicted through an assessment of environmental risk factors and personal risk as well as protective factors. <sup>9</sup> Environmental risk factors include inexpensive alcohol or other substances, low parental monitoring, family conflict, and heavy advertisement of products to both adults and youths. <sup>9, 10</sup> Personal risk factors can include but are not limited to: a family history of substance use/misuse or mental disorders; history of abuse, neglect, or current mental health problem; family conflict or violence; low involvement in school or social groups. <sup>9, 10</sup> Although no single environmental or personal risk factor can predict future disorder potential, studies suggest that the highest risk for developing a substance use disorder may be during the adolescent years due to incomplete neurological development in the prefrontal cortex of the brain. Therefore, prevention and intervention attempts targeted at youths may be beneficial as individuals without early risk factors are likely to develop a substance use disorder later in life <sup>9, 11, 12</sup>.

## SUBSTANCES: WHAT ARE ABUSED AND HOW DOES IT AFFECT THE BODY?

### a. OPIOIDS

Opioids and Opiates are used medically and treat various conditions and are prescribed for ailments like cough suppression, moderate to severe pain relief, and diarrhea. The difference between the two is that opiates are created from natural chemical compounds found in plant matter and examples include morphine, opium, codeine, and heroin. In contrast, opioids are formed by creating chemical compounds synthetically. Examples of opioids are fentanyl, methadone, tramadol, and dextropropoxyphene. An exception to this is the partially synthetic opioids which contain some partial components of opium-like hydrocodone, oxycodone, and hydromorphone. The method of action of these drugs affects the brain through the opiate receptors and induces the release of endorphin neurotransmitters which then subdue pain sensations and increase feelings of euphoria and well-being.

Opioids are misused and/or abused when an individual takes prescription medication for non-medical reasons, or in an alternate way other than what was prescribed (e.g., taking someone else’s medication or consuming the drug for its euphoric effects). These drugs are usually ingested but can be snorted, smoked, or injected directly into the bloodstream. According to a report in the National Academies Press in 2017, the age group with the greatest nonmedical use of opioids is young adults (aged 18-25yrs), however, the greatest use and/or exposure of prescription opioids is among adults aged 26 and older.

According to the 2019 National Survey on Drug use and health, almost 10 million people misused prescription pain killers with almost 1 million individuals using heroin in 2019 alone.



**b. ALCOHOL**

Once ingested, alcohol is absorbed into the blood through the stomach and intestine, crosses the blood-brain barrier, and affects the brain by increasing GABA, a major inhibitory neurotransmitter in the brain.<sup>13</sup> With increasing amounts, alcohol act like a central nervous system depressant and has a high potential for abuse and tolerance. Chronic alcohol consumption can lead to liver disease creating liver function impairment, which alters the metabolism of certain drugs, disruption of bleeding and clotting functions as well as diminished immune system functionality.<sup>14</sup>

According to the National Institute on Alcohol Abuse and Alcoholism (NIH), consumption of alcohol can be defined by the volume/concentration of an alcoholic substance. For example, a “drink” of alcohol is approximately 14 grams of alcohol and can be equated to either a 12-ounce of beer or wine cooler, 5 ounces of wine, or 1.5 ounces of distilled liquor. Moderate alcohol consumption is considered to be no more than 2 drinks per day for males and 1 drink for females. The Centers for Disease Control (CDC) defines “excessive” drinking as: “binge drinking” when women drink 4 or more drinks on one occasion (2-3 hours) and consume 5 or more drinks over the same period; “heavy drinking” 8 drinks/week for females and 15 drinks/week for males; Drinking under the age of 21 or when pregnant is also considered excessive alcohol consumption by the CDC

Assessed 5 JUNE 2022). It is estimated by the CDC that 38 million adults binge drink in the US and over 90% of heavy drinkers also binge drink resulting in almost 90,000 annual deaths in the US each year.

**c. OTHER**

Many other substances are used, misused, and/or abused by individuals that have a significant impact on not just the individual level, but the family and societal levels as well. Substances like methamphetamines, marijuana, and hallucinogens like LSD or MDMA are also widely used and abused by our patients. Easily obtained substances in over-the-counter-medications (OTCs) like dextromethorphan (used in medications as a cough suppressant) can be taken in large quantities and alcohol can be mixed or used in conjunction with any of these other substances leading to potentially dangerous and dire outcomes. There are many excellent reviews of each of these substances, and their effects, for clinical providers and auxiliary staff members to be made aware of through national and governmental sites as well as the American Dental Academy websites.

**SUBSTANCE ABUSE SCREENING TOOLS AND DENTIST INVOLVEMENT**

For patient care providers, tools to identify the potential or risk of substance abuse of our patients can be obtained through various online and governmental substance abuse websites. If a suspected use-or-abuse disorder is identified, dentists are then able to make a referral to a local treatment center as appropriate.<sup>15</sup>

One such screening tool that has been applied mostly in clinical research settings is the (DAST-10), a structured, self-reported interview with a reported sensitivity (range 41% to 100%) and specificity (range 42% to 99%) both US and international patient populations.<sup>16-20</sup>

The NIDA Quick Screen questionnaire allows the patient to relate their experiences with alcohol, cigarettes, and other drugs to health care providers.

If the patient says “yes” to the use of illegal or prescription drugs for non-medical reasons, the provider is prompted to proceed into the next, NIDA-Modified ASSIST questionnaire found within the same online document. At the end of the assessment, a patient’s risk level for substance involvement is rated at low, medium, and high risk based on the questionnaire score values.



Another drug abuse assessment tool is the Opioid Risk tool (ORT-ODD) which is also online and accessible through the National Institute on Drug Abuse. This assessment could be administered to patients before, during, or at the initiation of opioid therapy when the patient is being treated for pain management. It uses a simple “yes/no” format related to nine (9) questions divided into three individual topic areas. A patient’s answers are converted into numeric scoring and patients with a total score of 3 indicates a high risk for an opioid use disorder.<sup>21</sup>

### THE CONTROLLED SUBSTANCE MONITORING DATABASE PROGRAM (CSMD)

Approximately 20 years ago, a database was established to help monitor the dispensing of Schedule II-IV as well as Schedule V substances by the Controlled Substance Monitoring Act (2002). In 2012 and again in 2016, the prescription Safety Acts improved the monitoring capabilities of the database, and subsequent changes to laws affecting the database were made by TN Together legislation.

The purpose of this prescription drug monitoring program is to collect and maintain controlled substance prescription data dispensed in the State of Tennessee as well as maintaining addition records from other participating States. In Tennessee, it is recommended that before prescribing medications like opioids, benzodiazepines, or any other Schedule II-IV drug that has a potential for abuse, prescribers should query the CSMD systematic the beginning of new treatment or when issuing a new prescription within the first 90 days of treatment. In addition, it is also recommended that one should also check that individual patient’s database at least every 6 months when controlled (prescribed) medication remains part of therapy. Running patient reports require specific patient information to be entered into the database system as well as a date range. Additional frequently asked questions/answers regarding the use of the TN CSMD can be found online at [tncsmd.com](http://tncsmd.com).

### CONCLUSION:

In conclusion, as the prevalence and the untoward effects of substance use and abuse increases, we as health care providers are required to help combat this problem for not only our patients but communities as a whole.

It is essential to understand that our patients are struggling with multiple life stressors and sometimes choosing either unhealthy or potentially dangerous coping mechanisms and habits. In a recent study, over 1800 general practitioners were surveyed regarding their practice of screening patients for drug misuse. (Parrish) Although approximately 75% of respondents reported that they did ask patients about substance misuse, approximately 66% did not feel that such screening was compatible with their professional role. Using the assumption that the average dentist will encounter patients with use/abuse disorders during their practice career, we all must obtain the proper information and training to make informed assessments of our patients and make appropriate referrals to treatment centers for the benefit and welfare of our patients.

### References:

1. Avena NM, Simkus J, Lewandowski A, Gold MS, Potenza MN. Substance Use Disorders and Behavioral Addictions During the COVID-19 Pandemic and COVID-19-Related Restrictions. *Front Psychiatry* 2021;12:653674.
2. Zaami S, Marinelli E, Vari MR. New Trends of Substance Abuse During COVID-19 Pandemic: An International Perspective. *Front Psychiatry* 2020;11:700.
3. Schifano F, Chiappini S, Corkery JM, Guirguis A. Abuse of Prescription Drugs in the Context of Novel Psychoactive Substances (NPS): A Systematic Review. *Brain Sci* 2018;8.
4. Rinaldi R, Bersani G, Marinelli E, Zaami S. The rise of new psychoactive substances and psychiatric implications: A wide-ranging, multifaceted challenge that needs far-reaching common legislative strategies. *Hum Psychopharmacol* 2020;35:e2727.
5. Malik M, Tahir MJ, Jabbar R, Ahmed A, Hussain R. Self-medication during Covid-19 pandemic: challenges and opportunities. *Drugs Ther Perspect* 2020;36:565-567.
6. Afridi MI, Rasool G, Tabassum R, Shaheen M, Siddiquiullah, Shujaiddin M. Prevalence and pattern of self-medication in Karachi: A community survey. *Pak J Med Sci* 2015;31:1241-1245.
7. Yang Y. Use of herbal drugs to treat COVID-19 should be with caution. *Lancet* 2020;395:1689-1690.
8. Erku DA, Belachew SA, Abreha S, et al. When fear and misinformation go viral: Pharmacists' role in deterring medication misinformation during the 'infodemic' surrounding COVID-19. *Res Social Adm Pharm* 2021;17:1954-1963.
9. McLellan AT. Substance Misuse and Substance use Disorders: Why do they Matter in Healthcare? *Trans Am Clin Climatol Assoc* 2017;128:112-130.
10. Goldman D, Oroszi G, Ducci F. The genetics of addictions: uncovering the genes. *Nat Rev Genet* 2005;6:521-532.
11. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005;62:593-602.
12. Hanson KL, Medina KL, Padula CB, Tapert SF, Brown SA. Impact of Adolescent Alcohol and Drug Use on Neuropsychological Functioning in Young Adulthood: 10-Year Outcomes. *J Child Adolesc Subst Abuse* 2011;20:135-154.
13. Most D, Ferguson L, Harris RA. Molecular basis of alcoholism. *Handb Clin Neurol* 2014;125:89-111.
14. Williams N, McElinney W, . Substance Abuse and Chemical Dependency. In: Wright M, ed. *Academy of Dental Learning and OSHA Training*, 2020.
15. Parish CL, Pereyra MR, Pollack HA, et al. Screening for substance misuse in the dental care setting: findings from a nationally representative survey of dentists. *Addiction* 2015;110:1516-1523.
16. Lam LP, Leung WC, Ip P, et al. Validation of the Drug Abuse Screening Test (DAST-10): A study on illicit drug use among Chinese pregnant women. *Sci Rep* 2015;5:11420.
17. Carey KB, Carey MP, Chandra PS. Psychometric evaluation of the alcohol use disorders identification test and short drug abuse screening test with psychiatric patients in India. *J Clin Psychiatry* 2003;64:767-774.
18. Ghitza UE, Gore-Langton RE, Lindblad R, Shide D, Subramaniam G, Tai B. Common data elements for substance use disorders in electronic health records: the NIDA Clinical Trials Network experience. *Addiction* 2013;108:3-8.
19. Maisto SA, Carey MP, Carey KB, Gordon CM, Gleason JR. Use of the AUDIT and the DAST-10 to identify alcohol and drug use disorders among adults with a severe and persistent mental illness. *Psychol Assess* 2000;12:186-192.
20. Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med* 2010;170:1155-1160.
21. Cheatle MD, Compton PA, Dhingra L, Wasser TE, O'Brien CP. Development of the Revised Opioid Risk Tool to Predict Opioid Use Disorder in Patients with Chronic Nonmalignant Pain. *J Pain* 2019;20:842-851.

# TABLE 1

## DRUG SCHEDULE AND EXAMPLES

DEA DRUG SCHEDULE	ABUSE POTENTIAL	MEDICAL USE	EXAMPLES
(I)	HIGH	NONE	PEYOTE, METHAQUALONE, METHYLENEDIOXYMETHAMPHETAMINE (ECSTASY), LYSERGIC ACID (LSD), HEROIN, 1-(1-PHENYLCYCLOHEXYL)PIPERIDINE, PHENCYCLIDINE
(II)	HIGH	YES	<15MG DOSE OF VICODIN, HYDROMORPHONE (DILAUDID), MEPERIDINE (DEMEROL), OXYCODONE (OXYCONTIN), FENTANYL, COCAINE, DEXTROAMPHETAMINE SULFATE (DEXEDRINE) METHAMPHETAMINE, ADDERALL, RITALIN, PENTOBARBITAL, METHADONE
(III)	MODERATE/LOW	YES	<90MG OF CODEINE (IN COMBINATION WITH TYLENOL), BUPRENORPHINE (SUBOXONE), KETAMINE, ANABOLIC STERIODS, TESTOSTERONE
(IV)	LOWER	YES	ALPRAZOLAM (XANAX), CARISOPRODOL (SOMA), CLONAZEPAM (KLONOPIN), DIAZEPAM (VALIUM), MIDAZOLAM (VERSED), LORAZEPAM (ATIVAN), PENTAZOCINE (TALWIN), ZOLPIDEM (AMBIEN), ULTRAM (TRAMADOL)
(V)	LOWEST	YES	<200MG CODINE OR IN <100MLS OF ROBITUSSIN AC, LOMOTIL, MOTOFEN, LYRICA, PAREPECTOLIN

# A troubling triad: how stress, isolation, and anxiety affect substance abuse disorders.

**Publication date:** Fall 2022. **Expiration date:** Fall 2024

## Objectives:

1. To understand the factors contributing to the spike in substance abuse in the US.
2. To understand the effects of substance abuse on individuals.
3. To understand the requisites of the TN Controlled Substance Monitoring Database Program.

**1. According to the National Center for Drug Abuse Statistics, how many high school students admit to using illegal drugs by the time they graduate high school?**

- a. Almost 10%
- b. Almost 25%
- c. Almost 50%
- d. Almost 75%

**2. Each year in the US, approximately 117,000 individuals are introduced into the use of what illegal drug?**

- a. Marijuana
- b. Underage alcohol consumption
- c. Heroin

**3. Studies from the Centers for Disease Control and Prevention report that during the pandemic, a spike in fatalities of up to 15% was seen in the first 3 months of 2020 as compared to the same 3-month span in 2019.**

- a. True
- b. False

**4. Which of the following were listed as “factors that may have contributed” to the significant spike in substance abuse in the US during the pandemic?**

- a. Stress
- b. Anxiety
- c. Social isolation
- d. Fear
- e. Widespread unemployment
- f. None of the above
- g. All of the above

**5. The practice of “self-medicating”, where an individual uses or re-uses medication without proper medical consultation is a problem only seen in the US.**

- a. True
- b. False

**6. Of those individuals using recreational drugs or alcohol remotely during the workday, what was the percentage of these individuals polled that stated they would miss the opportunity to use drugs if they were forced to go back to the office?**

- a. 10%
- b. 20%
- c. 40%
- d. 50%
- e. 70%

**7. According to the US National Safety Council, it is more likely to die from an accidental opioid overdose than from a motor vehicle accident.**

- a. True
- b. False

**8. According to the available research regarding individual susceptibility for substance use disorders, which of the following was suggested to one that may have the highest predictive risk for developing a disorder?**

- a. An environmental risk factor like easy access to illegal drugs
- b. A personal risk factor like a family history of drug abuse
- c. Incomplete prefrontal cortex development in the brain during the adolescent years
- d. Low involvement in school activities
- e. Current mental health issues
- f. Heavy advertisement for products to both youths and adults

**9. In Tennessee, what is the recommended query timeframe that providers should follow when using the TN Controlled Substance Monitoring Database Program (CSMD) when requesting information regarding patients' prescription history for Schedule II-IV type drugs?**

- a. During a new patient procedure that would require pain management drugs
- b. When issuing a new prescription within the first 90 days of treatment
- c. Every 6 months if controlled medication is being prescribed during therapy
- d. None of the above
- e. All of the above



## CONTINUING EDUCATION

1. Circle the correct answer on the exam and complete the form below;
2. Mail, along with your check or credit card payment, to: Tennessee Dental Association, 660 Bakers Bridge Ave., Suite 300, Franklin, TN 37067 or fax to (615) 628-0214.

Date: \_\_\_\_\_ (Credit is granted, upon successful completion of the exam, in the year materials are read and the exam submitted.)

TDA Member Dentist: \$25.00     Hygienist: \$25.00     Registered Assistant: \$25.00     Non-Member Dentist: \$55.00

Name: \_\_\_\_\_

If dentist, ADA ID Number: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_ ( \_\_\_\_\_ )

Enclosed is my fee of \$ \_\_\_\_\_ payable to TDA, via check # \_\_\_\_\_ -or- Process:  Mastercard     Visa

Name as it appears on the card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2: \_\_\_\_\_  
(3 digit code on back of card following the card number)

Signature of Cardholder: \_\_\_\_\_

You will be notified by mail of your result and credit award. That certificate should be retained in your continuing education file. For TDA member dentists, ACE program credits will automatically be recorded.