

Dentists and primary care physicians: opportunities for closer collaboration

As a medical student, I took an elective class in dental and oral health. I felt I had not received enough training in this area, and I was glad I chose the course. I came away with an aphorism about the physical examination: It doesn't stop at the teeth. I bought and read a book about common oral conditions, learning about ranulas, geographic tongue, tori, erythroplakia, leukoplakia, and many others. I have maintained an interest in oral health over the years and, as a family physician, had many a happy patient who was pleased that I could address oral health conditions as well as other medical problems.

Later in my career, when I became editor of the primary care journal, *American Family Physician*, I made sure that the content we provided to our more than 180,000 readers included topics on dental and oral health. The journal has published articles on common dental infections, dental emergencies, oral manifestations of systemic disease, common oral lesions and malignancies, and oral health in infants, older persons, and pregnant women.¹⁻¹⁰

This issue presents a series of articles based on a collaboration between the *General Dentistry* and *American Family Physician*, an official publication of the American Academy of Family Physicians. These articles highlight some of the medical aspects of oral health, including Dr Kane's examination of the impact of oral health on systemic health, Dr Pflipsen & Dr Zenchenko's discussion of the

interplay of nutrition and oral health, and Dr Gaddey's review of oral manifestations of systemic diseases.

We hope readers will find this information useful and applicable to their daily practice.

In addition, I'd like to encourage my dentist colleagues to look for opportunities to expand their care of patients beyond oral health. Many already do so, but, for those who don't, here are some ways to "think beyond the teeth." The following is just a partial list of abnormal signs and symptoms that should prompt further evaluation.

Causes for concern *Hypertension*

Do you routinely measure your patients' blood pressure? No dentist I've ever visited has done that, but why not? If you find a high reading, that's an opportunity to advise your patient to check with his or her physician. There are programs involving dentists that have been successful with this approach.^{11,12} And if you think that everyone who has hypertension already knows about it, think again: About 13 million Americans have undiagnosed hypertension.¹³

Skin cancer

Have you ever seen a patient who had a skin lesion that concerned you? Such an observation is another opportunity for referral—one that could be life-saving. The "ABCDEs" of melanoma are well-known: asymmetry, border irregularity, color variation, diameter greater than 6 mm, and evolution in size, shape, or color.^{14,15}

Other skin conditions

Untreated acne can be distressing, and not only to teenagers. Advising treatment to a patient who is not already addressing this problem might be the encouragement he or she needs to seek help for this treatable and potentially scarring condition.

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Head and neck cancer

If you see or feel a suspicious lump, the patient's primary care physician or an otolaryngologist—head and neck surgeon awaits your call. Similarly, you should suggest a visit to the physician if you find a patient who has swelling in the parotid gland.

Thyroid conditions

Although some manifestations of hypothyroidism and hyperthyroidism are subtle, an obvious goiter or prominent exophthalmos warrants a question along these lines: "I notice a swelling in the front of your neck. Have you asked your primary care physician about it?"

Hearing loss

Easy to dismiss as a part of aging, hearing loss can have serious consequences, including depression and diminished quality of life.¹⁶ If you notice that your patient has trouble hearing you, you can always suggest a hearing test. If you're adventuresome, it's easy to use a handheld audiometer to test for hearing loss.

Hoarseness

If you recognize that your patient is hoarse, ask how long that has been the case. Hoarseness with a duration of more than 2 weeks suggests the possibility of laryngeal cancer and other disorders of the larynx.

Visual symptoms

If your patient mentions having trouble seeing, eye pain, distorted vision, or other visual symptoms, referral to an eye professional is indicated.

Dysphagia

If your patient mentions difficulty in swallowing or painful swallowing, prompt evaluation for esophageal cancer is indicated.

Tobacco

Tobacco use, not heart disease, is actually the No. 1 killer in the United States.¹⁷

Just because every smoker knows that tobacco is harmful does not mean we should be complacent about counseling against tobacco use in all forms (smoking, chewing, and snuffing). Counseling works, especially when combined with nicotine replacement therapy.¹⁸ Even a single admonition to a patient against smoking can help. It has been estimated that simple advice alone by a health professional would get hundreds of thousands of people to quit who otherwise would not.¹⁹

Steps to take

I commend my many dentist colleagues who already incorporate some of these evaluations in their practice. For those of you who do not, but are intrigued by the prospect of doing so, here is my advice:

- Keep it simple and start with what you feel comfortable doing.
- Get a medical reference on the physical examination and learn what aspects you would like to incorporate into your practice, especially those involving the head and neck.^{20,21} These texts not only show you how to do the examination but also tell you the differential diagnoses and clinical significance of the various signs and symptoms that you might encounter. Their online versions include videos on how to perform various examinations as well as photographs of pathologic findings.
- Do not feel that you need to assume responsibility for any "medical" conditions you encounter. Instead, see it as an opportunity to help your patients by referring them to their primary care physician for further evaluation. Doing so will strengthen collaborative ties with your medical colleagues and improve the care of your patients.

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References

1. Nguyen DH, Martin JT. Common dental infections in the primary care setting. *Am Fam Physician*. 2008;77(6):797-802.
2. Douglass AB, Douglass JM. Common dental emergencies. *Am Fam Physician*. 2003;67(3):511-517.
3. Chi AC, Neville BW, Krayner JW, Gonsalves WC. Oral manifestations of systemic disease. *Am Fam Physician*. 2010;82(11):1381-1388.
4. Gonsalves WC, Chi AC, Neville BW. Common oral lesions, I: superficial mucosal lesions. *Am Fam Physician*. 2007;75(4):501-507.
5. Gonsalves WC, Chi AC, Neville BW. Common oral lesions, II: masses and neoplasia. *Am Fam Physician*. 2007;75(4):509-512.
6. Weinberg MA, Estefan DJ. Assessing oral malignancies. *Am Fam Physician*. 2002;65(7):1379-1384.
7. Douglass JM, Douglass AB, Silk H. A practical guide to infant oral health. *Am Fam Physician*. 2004;70(11):2113-2120.
8. Sanchez OM, Childers NK. Anticipatory guidance in infant oral health: rationale and recommendations. *Am Fam Physician*. 2000;61(1):115-120, 123-124.
9. Gonsalves WC, Wrightston AS, Henry RG. Common oral conditions in older persons. *Am Fam Physician*. 2008;78(7):845-852.
10. Silk H, Douglass AB, Douglass JM, Silk L. Oral health during pregnancy. *Am Fam Physician*. 2008;77(8):1139-1144.
11. Engström S, Berne C, Gahnberg L, Svärdsudd K. Efficacy of screening for high blood pressure in dental health care. *BMC Public Health*. 2011;11:194.
12. Blair T, Lawson S, Porter H. Blood pressure screening in the dental office. *Ann Fam Med*. 2017;15(3):278.
13. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics—2016 update: a report from the American Heart Association. *Circulation*. 2016;133(4):e38-e360.
14. American Cancer Society. *Signs and Symptoms of Melanoma Skin Cancer*. Revised May 20, 2016. <https://www.cancer.org/cancer/melanoma-skin-cancer/detection-diagnosis-staging/signs-and-symptoms.html>. Accessed August 17, 2017.
15. Shenemberger DW. Cutaneous malignant melanoma: a primary care perspective. *Am Fam Physician*. 2012;85(2):161-168.
16. Walling AD, Dickson GM. Hearing loss in older adults. *Am Fam Physician*. 2012;85(12):1150-1156.
17. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA*. 2004;291(10):1238-1245 [erratum: 2005;293(3):298].
18. Larzelere MM, Williams DE. Promoting smoking cessation. *Am Fam Physician*. 2012;85(6):591-598.
19. Center for the Advancement of Health. When doctors tell patients to quit smoking, they listen. *ScienceDaily*. May 1, 2008. <https://www.sciencedaily.com/releases/2008/04/080430205039.htm>. Accessed August 17, 2017.
20. Bickley LS. *Bates' Guide to Physical Examination and History Taking*. 12th ed. Philadelphia: Wolters Kluwer; 2017.
21. LeBlond RF, Brown DD, Suneja M, Szot JF. *DeGowin's Diagnostic Examination*. 10th ed. New York: McGraw Hill; 2015.