

Botox in Dentistry

Alec S. Griffin, DDS



New and Scary

- We tend to fear things we don't understand.
- The more informed we are about a topic more appropriate and logical decisions can be made
- I recommend an in depth evidence based approach
 - Literature review
 - Continuing education
 - Study of political climate

DOPL & State Legislature

- **Larry Marx:** The current law does not address Botox or dermal fillers. The use of these products by dentist is neither prohibited or specifically permitted in the statute or rule. The Utah Dental Licensing Board does not make laws or recommend law changes to the Utah Legislature. To have Botox or dermal fillers specifically allowed for cosmetic use by dentist the Legislature would be the ones to add language in the Dental Practice Act... The key portions of the above statutory language are in (7)(a)(i). If a dentist feels the treatment they are providing is within the definition of dentistry and they are within their competency based on education, training and experience they may perform treatment.
- **Stuart Adams:** Larry Marx explains well the reasons why we cannot give this practitioner a perfect answer on Botox. The law doesn't always perfectly define what may or may not be done. When that is the case, we generally try to take a liberal reading of the statute to favor people trying to do business in Utah. I think you will see in Larry Marx's email that he responded much better than bureaucratically, even telling them "The current law does not address Botox or dermal fillers. The use of these products by dentist is neither prohibited or specifically permitted in the statute or rule." Larry further guided them by saying, "The key portions of the above statutory language are in (7)(a)(i). If a dentist feels the treatment they are providing is within the definition of dentistry and they are within their competency based on education, training and experience they may perform treatment." In other words, when the law is unclear, we try to advise them to read the law and decide how to proceed themselves.

Can Dentists Administer Botox?

- Dr. Engar - PIE covering Botox and dermal fillers for cosmetic purposes and therapeutic uses as long as provider can prove they are properly trained.

GENERAL DENTISTS AND BOTOX IN UTAH

Recently DDTA has determined, after review by the Attorney General's office, that the Practice Act and Rules governing Utah dentists having nothing that should or would preclude general dentists in Utah from being able to use Botox on some dental clients in the head and neck region for aesthetic purposes. Therefore, DDTA has clearly given general dentists the go-ahead to perform these procedures once they have received proper training.

Many of you may wonder what impact, if any, this development has on your PDL insurance coverage. We have determined that the use of dental Botox will be covered for any other dental procedure and there will be no additional premium charged to dentists who are using this procedure. However, we will require dentists who wish to experiment for use of dental fillers on their clients to furnish proof in the form of a letter or certificate, available to them, that they have taken at least a half-day course sponsored by an organization such as the American Academy of Dental Esthetics that pertains to a hands-on experience in the course.

Since we plan to develop and finalize an informed consent form for dentists to use before they perform these procedures, but in the meantime we suggest that you get forms that the course sponsors should be providing to each of their participants.

DDTA's dentists have informed me that regulation of dental use of dental fillers will likely be completed within a matter of weeks who perform these procedures should know what they are doing and serve the needs that generate happy and satisfied

In Gord We Trust

- Nebraska Dental Association - Recommended the use of Botox and Dermal fillers in dentistry.
- VA GPR: Teaches Botox administration
- Nebraska ADA meeting I attended in 2015
 - I remembered Dr. Christensen saying, 'Dentists are uniquely qualified to administer Botox. Who gives more injections in the face?'
 - I wanted to make sure I was remembering that correctly so he is not misrepresented.
 - I sent an E-mail to Dr. Christensen's assistant Toni Wengreen to make sure I remembered correctly.

Dr. Gordon Christensen

Toni Wengreen September 20, 2019 at 10:22 AM
 To: Alec Griffin All Mail - Toni Wengreen
 RE: Botox in Utah

New contact info found in this email: toni.wengreen... add...

Dear Dr. Griffin: Here is Gordon's response to your email.

Alec: Congratulations on your involvement with the UDA relative to the Botox challenge. I feel that the entire subject is only political and that dentists, properly educated, are THE MOST appropriate practitioner for many of the uses of Botox and derma fillers.

Go for it!

Regards, Gordon

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Dr. Louis Malcmacher

President, AAFE (American Academy of Facial Esthetics)

- Dr. Christiensen Recommended
- AAFE courses: "fulfill medical and dental state regulatory board requirements for adequate training and have been accepted as fulfilling proper training needed for injectables."
- "I have personally worked with many of the state medical boards and dental boards around the country in this area for the last 10 years. This includes Utah when I had a number of conversations with Noel Taxin from the DOPL at that time who oversaw the medical and dental boards in Utah..."
- Malpractice insurance: "TDIC, Medical Protective, at this time most dental liability insurances either cover it or have a rider available."

Dr. Malcmacher

- Me: "I have been working on clarifying state Botox regulations in Utah. The board has asked me to put a presentation together and I wondered if you could help me with some information about yourself and if there have been any issues with general dentists administering Botox in your state?"
- Dr Malcmacher: "I am not aware of any patient clinical issues or complaints that have ever come before a dental board regarding Botox and fillers, that by itself should tell you that it is as safe if not safer than any other areas of dentistry."
- "Everyone agrees this is now within the scope of dental practice. The AAFE has given and is giving its live patient training courses at the ADA annual meeting the last few years and this coming year. I have even done a video with Dr. Gordon Christensen on the use of Botox and fillers in dentistry. Also see some articles attached. There are now constant articles about Botox and fillers in dental journals, the attached are an example."
- "The best the board will tell you is what we already know other boards have said - if the dentist uses it within the scope of dental practice and they document is appropriately, it is fine. It is up to the dentist to make sure they are within the scope of dental practice. That is what the AAFE has been teaching in Utah for nearly 10 years already."

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Louis Malcmacher

President
American Academy of Facial Esthetics

Dr. Louis Malcmacher maintains an esthetic and general practice in Bay Village, Ohio. He is an internationally recognized lecturer and author, known for his entertaining and comprehensive teaching style. He has vast experience in total facial esthetics and has taught tens of thousands of healthcare professionals in the areas of smile design esthetics and facial injectable therapy. He has also lectured at many major medical and dental meetings throughout the U.S., Canada, Europe, and the Middle East. Dr. Malcmacher has also been extensively featured in the general media. His interviews have been seen on CNN, Fox, ABC, CBS, NBC, 20/20, Wall Street Journal, New York Times, Jane, Shape, Washington Post, Cleveland Plain Dealer, Detroit Free Press, GQ, Edge, Newsweek, Reader's Digest, and Men's Health. Dr. Malcmacher is a master and a Life Long Service Recipient of the Academy of General Dentistry, a fellow of the International Association of Dental Facial Esthetics, a fellow of the World Clinical Laser Institute, and a visiting lecturer at a number of universities. Dr. Malcmacher is President of the American Academy of Facial Esthetics, the AAFE, which is a multi-disciplinary healthcare educational organization with medical and dental professionals learning side by side the best techniques for esthetic and therapeutic facial esthetics and facial pain therapy for the best available patient treatment outcomes.

Conflict of Interest Disclosure: None reported

Presentation(s):

4206 - Botox Therapy for Every Dental Practice
Wednesday, October 17
7:00 a.m. - 8:00 a.m.



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BROCHURE / PPT / VIDEOS

Botox and Dermal Fillers in Dentistry



PROJECT DETAILS

Louis Malmacher, DDS & Gordon Christensen, DDE, MSD, PhD

You have seen many references to use of Botox and dermal fillers by dentists. Are you ready for some changes in your practice? Who knows more about facial esthetics, oral musculature and the psychology of facial appearance than dentists? Louis Malmacher is a well-recognized pioneer in this area, and this video presentation includes Gordon asking Louis all of the questions that are on your mind about this subject. A clinical demonstration on a patient shows the simplicity of the concept. Topics included are:

Current providers

- Physicians
 - Midlevel Providers
 - Nurse practitioners
 - Physician assistants
- Registered Nurses
 - Many providers delegate a bulk of injections to staff
- Oral and Maxillofacial Surgeons (most states)
- Dentists
 - (Vivalearning: Dr Malmacher stated that almost all states allow therapeutic botox use and over thirty now allow it for cosmetic use)

Pacific Training Institute

- The Pacific Training Institute for Facial Aesthetics (PTI) is a Canadian company that provides training for both Canadian and U.S. providers. According to PTI, "92% of physicians performing botulinum toxin [injections] *have no formal training* in the field of botulinum toxin, nor guidelines laid out by their regulatory body. Physicians are not required to take any additional training in order to provide botulinum toxin or dermal fillers." Dentists and registered nurses require postgraduate education to perform these procedures. A registered nurse may perform these services under the supervision of a physician or a dentist. These guidelines have been consistent with current legislation in the United States.

Massachusetts 2013 Decision

- Massachusetts approved the use of botox and dermal fillers in 2013. The group created to investigate the use of these products said, "The task force unanimously felt strongly that it's an area that dentists can definitely work in and deliver without a problem, given our background and training."
- The article from the ADA newsroom also states:
- Massachusetts dentists who want to administer Botox and fillers must be board certified in oral and maxillofacial surgery or have completed a minimum of eight hours of training in the administration of botulinum toxins and/or dermal fillers that includes instruction in the anatomy of head and neck, neurophysiology, patient selection, pharmacological effects and contraindications, management of complications, informed consent and hands-on training on the administration of the agents. The training must be offered by a continuing education provider approved by the ADA's Continuing Education Recognition Program, the Academy of General Dentistry's Program Approval for Continuing Education or another nationally recognized and accredited entity approved by the dental board.
- The ADA supports dentists performing any procedure for which they are qualified by education, training and experience and consistent with the laws of the state in which they are practicing. The Association is aware of at least 20 states that have addressed the issue of general dentists administering Botox. (Soderlund).

ADANews

Massachusetts approves Botox policy for dentists

April 01, 2013

By Kelly Schmitt, ADA News Staff

Boston—Massachusetts dentists can administer Botox and derma fillers to patients as part of their overall dental treatment plan, per a new state regulatory policy.

The Massachusetts Board of Registration in Dentistry approved the policy unanimously March 6, joining at least 20 other states that address the issue of general dentists administering botulinum toxins, the clinical name for wrinkles commonly known as Botox. Dr. Mina Paul, chair of the board, said she established a task force last year to study the pros and cons of implementing a Botox policy.

"The task force unanimously felt strongly that it's an area that dentists can definitely work in and deliver without a problem, given our backgrounds and training," Dr. Paul said.

One of the components affecting the decision was based on the focus of temporomandibular joint disorders in Boston's three dental schools—Boston, Harvard and Tufts universities—and how Botox can treat the condition, Dr. Paul said.

Massachusetts dentists who want to administer Botox and fillers must be board certified in oral and maxillofacial surgery or have completed a minimum of eight hours of training in the administration of botulinum toxins and/or derma fillers that includes instruction in the anatomy of head and neck, neurophysiology, patient selection, pharmacological effects and contraindications, management of complications, informed consent and hands-on training on the administration of the agents. The training must be offered by a continuing education provider approved by the ADA's Continuing Education Recognition Program, the Academy of General Dentistry's Program Approval for Continuing Education or another nationally recognized and accredited entity approved by the dental board.

Botox and Biosimilars

- Botox (the eponym)
- 1. Abobotulinumtoxin A (Dysport)
- 2. Incobotulinumtoxin A (Xeomin)
- 3. Onabotulinumtoxin A (Botox, Botox cosmetic)
- 4. Rimabotulinumtoxin B (Myobloc)

Botox Mechanism of Action

- Botox® is considered to be in the same class as any injectable; similar to a flu shot
- **Mechanism of action:**
- The botulinum toxin is a neurotoxin that acts at the neuromuscular junction. It blocks the release of acetylcholine thereby reducing neuromuscular contractility and function. The effects of the toxin wear off over time (roughly a three month period) as the docking proteins affected regenerate (Small).

Adverse Reactions

- Generally Safe
- Allergic reactions
 - Rash, itching, headache, neck/back pain, muscle stiffness, difficulty swallowing, short of breath
 - Nausea, vomiting, sore throat
- Spread to distant site (Black box warning)
- Ptosis

Contraindications

- Pregnancy/lactation (Class C)
- Allergy to any of the Botox constituents
 - Egg protein allergy (Albumin in drug has crossreactivity)
- Drugs that can interact
 - Aminoglycosides
 - Anticholinergic drugs (& other drugs affecting neuromuscular transmission)
 - May potentiate the affect of Botox
- Neuromuscular diseases
 - Myasthenia gravis
 - Guillian-Barre Syndrome
 - Amyotrophic Lateral Sclerosis
- Psychologically unstable patients

TMD

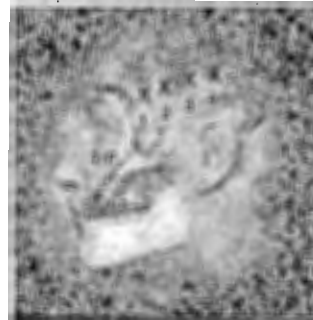
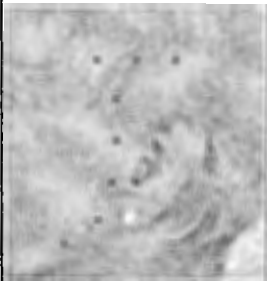


FIGURE 2. Injections sites for temporomandibular joint disorder.

Kratzenmaker. P 10

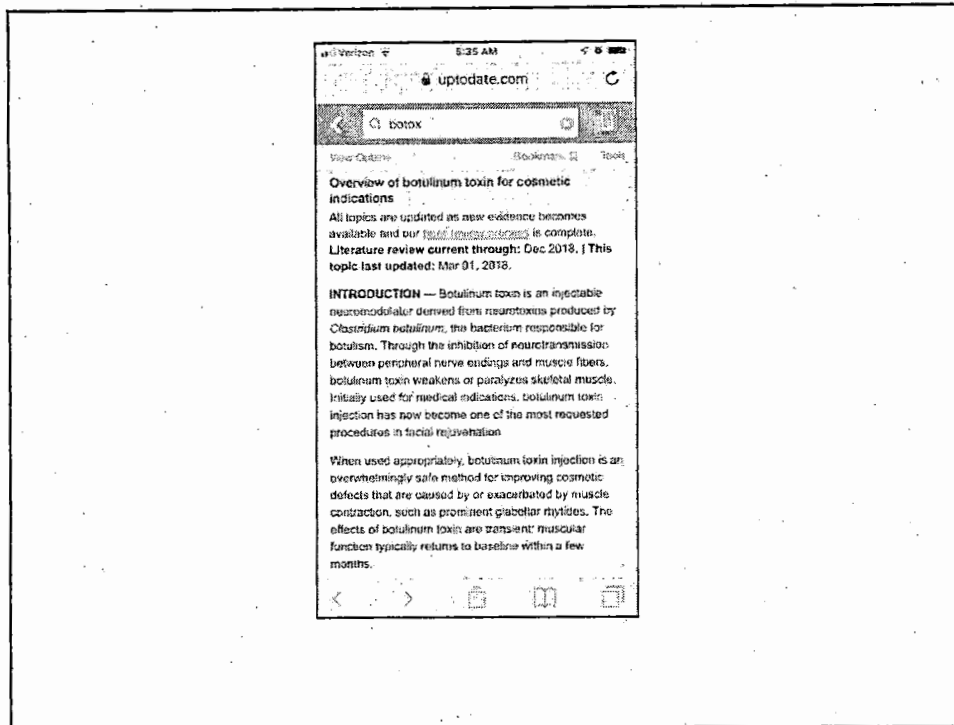
Germain. Pp 4,5.

Applications

- Botox injections have been recommended in dentistry to alleviate:
 - TMD (especially helpful for myofascial pain),
 - Bruxism,
 - Oromandibular dystonia,
 - Mandibular spasm,
 - Pathologic clenching,
 - Trismus prevention,
 - An adjunct for dental implant integration,
 - To correct gingival excess ("gummy smile")
 - Masseteric hypertrophy (Nayyar et al.).

Applications Continued

- Other applications (to include both on and off label use):
 - Wrinkle prevention
 - Overactive bladder
 - Urinary incontinence
 - Upper limb spasticity
 - Cervical dystonia
 - Severe axillary hyperhidrosis (excess sweating)
 - Blepharospasm (eyelid spasm)
 - Strabismus (squinting)
 - Sialorrhea and other secretory disorders
 - Facial nerve palsy
 - Headaches (important to note treating migraines should be discussed with neurology in order to rule out any headache attributed to brain pathology ie masses etc.)
 - Trigeminal neuralgia
 - Facial trauma
 - Adjunct to orthodontic treatment
 - Adjunct in denture patients (Srivastava et. Al)



Conclusion

- We have a responsibility to be excellent for our patients
- Dentists have an excellent foundation
 - With appropriate training can provide excellent service
 - Understand pharmacology, anatomy, administration, and complications
- I recommend requiring training as other states have done and as PIE requires
 - 8-10 hours of hands on CE for Botox and Dermal fillers
 - Supportive statement from the board as that from the Massachusetts state board to reduce liability and make it easier to acquire the medications.

Works Cited

- 1. PCC Dental CE Video: <https://www.pccdental.com/products/ce-dvd-library/botox-and-dermal-fillers-in-dentistry-2.php>
- 2. <https://www.pccdental.com/uploads/files/1034/V1570-Complete-Packet.pdf>
- 3. Cameo Collage. Esthetic Training. <http://cameocollege.com/about/>
- 4. Cameo Collage Flier. <http://cameocollege.com/docs/AestheticsFlyerRev.10-26.pdf>
- 5. Monheit, Gary D. et. Al. AboborulinumtoxinA: A 25-Year History. *Aesthetic Surgery Journal*. 2017 May; 37(Suppl 1): S4-S11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC544488/>
- 6. Nayyar, Pranav. BOTOX: Broadening the Horizon of Dentistry. *Journal of Clinical and Diagnostic Research*. Vol 8 (12). 2014 Dec 5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316364/>
- 7. Pacific Training Institute for Facial Aesthetics. *What Training is Required in Order to Provide Botox® Injections?* <https://prifa.com/blog/botulinum-toxin-training/what-training-requirements-are-necessary-in-order-to-provide-botox-injections/>
- 8. Polo, Mario. An Interview with Mario Polo. *Dental Press Journal of Orthodontics*. 2017 Nov-Dec; 22(6): 14-24. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5784812/>
- 9. Royal College of Dental Surgeons of Ontario. New position on the use of botulinum toxin and dermal fillers by Ontario dentists. Dispatch. September/August 2013. <http://www.rcdso.org/KnowledgeCentre/DispatchMagazine/OnlineDispatchArchive/NewpositionontheuseofbotulinumtoxinanddermalfillersbyOntariodentists>

Works Cited

- 1. Additional information from Canada: <http://www.macleans.ca/economy/business/brush-floss-and-botox/>
- 2. Even more Canadian info: [https://www.cdshc.org/practice-resources/professional-practice/information-sheets/botox-and-dermal-fillers\(schedule-1-drugs\)](https://www.cdshc.org/practice-resources/professional-practice/information-sheets/botox-and-dermal-fillers(schedule-1-drugs))
- 3. Small, Rebecca, M.D. *Botulinum Toxin Injection for Facial Wrinkles* American Family Physician. 2014 Aug 1;90(3):168-175. <https://www.aafp.org/afp/2014/0801/p168.html#abstract>
- 4. Soderlund, Kelly. Massachusetts Approves Botox Policy for Dentists. *American Dental Association News*. April 1, 2013. <https://www.ada.org/en/publications/ada-news/2013-archive/april/massachusetts-approves-botox-policy-for-dentists>
- 5. Srivastava, Sanjeev et al. Applications of botulinum toxin in dentistry: A comprehensive review. *National Journal of Maxillofacial Surgery*. 2015 Jul-Dec; 6(2): 152-159. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4922224/>
- 6. Stewart, Kirsten. How should Utah regulate the pursuit of beauty? *Salt Lake Tribune*. Feb. 28, 2011. <http://archive.sltrib.com/article.php?id=51305125&stype=CMSID>
- 7. The American Association of Dental Boards (AADB). Licencing Requirements: Chart 35 - "Regulation of Hyaluronic Acid and Dermal Fillers and Botulism type "A" for Dentists." <https://dentalboards.org/product/the-composite-28th-edition/>
- 8. Additional state by state resource guide: <https://www.empiremedicaltraining.com/website/docs/dental-regulations.pdf>

Works Cited

- 1. Uptodate.com. Hyaluronic acid injections, Evidence based, physician authored clinical decision support resource. Subscription available through most hospitals.
- 2. Wallace,Brice. Risks of Cosmetic Work Without Doctor are Noted. *Deseret News*. June 26, 2006. <https://www.deseretnews.com/article/640188874/Risks-of-cosmetics-work-without-doctor-are-noted.com>
- 3. Winn, Washington, Jr. et.al. *Koneman's Color Atlas and Textbook of Diagnostic Microbiology*. 6th ed. Pp 937-938.
- 4. Additional Articles Not Referenced
- 5. Abdel Aly, Lobna et al. Botox as an adjunct to lip repositioning for the management of excessive gingival display in the presence of hypermobility of upper lip and vertical maxillary excess. *Dental Research Journal*. 2016 Nov-Dec; 13(6): 478-483. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5256010/>
- 6. American Academy of Facial Aesthetics. DENTISTS DOING BOTOX? IT'S ABOUT TIME! July 10, 2014 <https://www.facialesthetics.org/blog/dentists-botox-time/>
- 7. Asutay, Fatih et al. The Evaluation of the Clinical Effects of Botulinum Toxin on Nocturnal Bruxism. *Pain Research and Management*. 2017; 2017: 6264146. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516743/>
- 8. Baker, Jason S. Effectiveness of botulinum toxin type A for the treatment of chronic masticatory myofascial pain. *Journal of the American Dental Association*. January 2017. Volume 148. Issue 1. Pp 33-39. [https://jada.ada.org/issue/S0002-8177\(16\)X0002-5](https://jada.ada.org/issue/S0002-8177(16)X0002-5)

Works Cited

- 1. Burger, David. Live-patient treatment courses in Botox and TMJ/facial pain lead off ADA 2015. *ADA News*. September 29, 2015. <https://www.ada.org/en/publications/ada-news/2015-archive/september/livepatient-treatment-courses-in-botox-and-tmj-facial-pain-lead-off-ada-2015>
- 2. Khalifeh, Mohammad et al. Botulinum toxin type A for the treatment of head and neck chronic myofascial pain syndrome. *Journal of the American Dental Society*. December 2016. Volume 147, Issue 12, Pages 959-973.e1. [https://jada.ada.org/article/S0002-8177\(16\)30702-4/fulltext](https://jada.ada.org/article/S0002-8177(16)30702-4/fulltext)
- 3. Malcmacher, Louis. Botulinum Toxin (Botox and Dysport) Use for Dental & Facial Pain Treatment. *DentalTown.com*. pp102-107. April 2011. <http://www.dentaltown.com/images/DentalTown/magimages/0411/DTApr11pg102.pdf>
- 4. Mock, David. Botulinum Toxin and Dentistry. *Dispatch*. November/December 2009. Pp1-4. <http://www.endoexperience.com/documents/Botulinumindentistry.pdf>
- 5. Roberts, Janet. Is There a Place for Botox in Dentistry? *Oral Health*. March 1, 2010. <https://www.oralhealthgroup.com/features/is-there-a-place-for-botox-in-dentistry/>
- 6. Layton, Thomas B. An unusual complication of Botox treatment for sialorrhoea. *J Surg Case Rep*. 2014;5(12): 107273. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4275974/>
- 7. Sinha, Aditya et al. Botox and dermal fillers: The twin-face of cosmetic
- 8. Dentistry. *International Journal of Contemporary Dental and Medical Reviews* (2015), Article ID 131214, 4 Pages. <http://www.ijcdmr.com/index.php/ijcdmr/article/viewfile/117797>

Works Cited

- 1. Krattenmaker, Kathrine. *Journal of Professional Excellence: Dimensions of Dental Hygiene. The Therapeutic Use of Botox.* 11/30/17.
- 2. Germain, Lisa. Et al. *Compendium. Frontline Temporomandibular Joint/Orofacial Pain Therapy for Every Dental Practice.* Volume 38: No 5. May 2017. pp 2-8.