



Beyond Valium[®]: An Introduction to Oral Sedation Dentistry

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“Doctor, I would love to have a beautiful smile, but I’m afraid. Can you promise that you can make me absolutely comfortable if I agree to these cosmetic procedures?”

In a nutshell, the answer can be “yes” 99.5% of the time once you move beyond Valium[®] and learn the safe, highly effective and predictable protocols of oral sedation dentistry.

The fear of dental visits that grips tens of millions of Americans is typically more pronounced for prospective cosmetic dentistry patients because they often view restorative procedures as elective.

These prospects already fear going to the dentist. Now they must try and muster the courage to submit to one or more extensive dental visits – not because their oral health demands it – but because they want a beautiful smile. For such patients, the decision to seek treatment lies at the end of a tortuous path.

But it needn’t be so.

While Valium[®] offers unpredictable results – failing to sufficiently sedate some patients while over-sedating others – oral sedation dentistry protocols allow appropriately trained cosmetic dentists to be as certain and confident in their abilities to make patients wholly comfortable as they are in their ability to provide them a radiant smile.

In fact, even patients who don’t suffer from dental anxiety accrue comfort and safety benefits when their cosmetic dentists adopt the proven and predictable protocols of modern sedation dentistry. This is especially true for patients who are resistant to local anesthesia, have severe gag responses or are especially sensitive to post-operative pain.

Sedation dentistry – both minimal (Anxiolysis) and moderate (Conscious Sedation) – provides all the positive attributes of Valium[®] and more, while eliminating some of the undesirable characteristics.

With anxiolytic dentistry, patients are awake and their ventilatory and cardiovascular functions are unaffected. They are able to interact, yet they experience decreased anxiety. In the spectrum of sedation, anxiolysis is the mildest level.

With moderate oral sedation, also known as oral conscious sedation (OCS), patients experience a minimally depressed level of consciousness, yet maintain their own airway and reflexes and respond to physical and verbal stimuli.

No permit is required by state regulators to provide anxiolysis, although West Virginia requires a 6-hour certificate of training. To provide OCS, many states require a permit, which can typically be obtained upon completion a three-day course. While Valium[®] is frequently prescribed by cosmetic dentists who administer it in a bolus dose at the start of treatment, over its 40-year lifespan Valium[®] has not provided dentists the kind of predictable results they can depend on, build a practice upon, and use to assure patients they will be completely comfortable, even during extended procedures.



Oral sedation dentistry relies on the benzodiazepine class of drugs, which include diazepam (Valium®), but utilize other drugs which demonstrate improved suitability for dental uses. Benzodiazepines, which affect the gamma amino butyric acid (GABA) receptors in the brain that control the level of alertness, were first introduced in the early 1960s and are among the most widely prescribed drugs in the world.

Like diazepam, triazolam and lorazepam calm the nerves of jittery patients, have long and well-tested safety records and can be readily reversed, should the need ever arise. But for cosmetic dentists, triazolam in particular offers a level of predictability and control that just can't be coaxed out of diazepam.

Diazepam, for example, contains active metabolites which may linger in a patient well beyond the dental appointment – causing drowsiness and presenting risks associated with the effects of ongoing sedation well after dental supervision has ceased.

Triazolam, which is free of active metabolites, also benefits from having a significantly shorter plasma half-life than diazepam. The shorter half-life of triazolam is good because it allows dentists to better regulate the degree of sedation and means that patients recover more quickly – allowing them to return home sooner and safer and return to work the next day feeling alert.

During the office visit, triazolam provides for a higher degree of somnolence compared to diazepam. The anterograde amnesiac effect of triazolam is also greater than Valium®, meaning that most patients who receive an oral conscious sedation protocol happily remember little, if any, of their treatment.

It is interesting to note that we continue to teach the dental benefits of diazepam for OCS patients. Only, rather than administer it to them on the day of their dental procedure, we train sedation dentists to prescribe Valium® in a measured dose to patients the night before their appointment to help provide patients a restful night and smooth out the procedure the following day.

The proving ground for all of this has been in general dentistry, where dental-phobic patients often avoid even the most basic of procedures – such as prophylaxis – for years, even decades. Even the thought of a dental visit makes many of these folks queasy

From the patients' viewpoint, oral sedation is virtually always welcome. It involves no needles or syringes, is comparatively less expensive than IV sedation and doesn't require a referral to a dental specialist.

More than one million adult patients, most of whom previously avoided regular dental visits, have been safely and effectively treated by their general dentists using oral conscious sedation. Indeed, as word about OCS has spread, more and more patients are requesting oral sedation and roughly 2,000 new dentists a year are providing it. (To date, nearly 8,000 dentists have taken one or more of the Dental Organization for Conscious Sedation courses.) It is vital that cosmetic dentists understand that safe, effective oral conscious sedation is not simply a matter of substituting triazolam for diazepam. Existing guidelines from the American Dental Association and the vast majority of state dental boards require specialized training – typically 18 to 25 hours – to ensure that dentists who wish to provide their patients OCS are adequately versed on the techniques, pharmacology, required equipment and appropriate methods of analyzing medical histories prior to treatment.



Indeed, perhaps the most important lessons to be learned at the three-day courses in OCS involve who not to treat and how to ask the right questions to ascertain medical eligibility. While the vast number of adults in this country can safely be treated with OCS, special consideration needs to be made for those patients on other medications – both over-the-counter and prescription — and those patients with certain medical conditions, such as heart and lung disease and diabetes. Smokers, likewise, may require a modified OCS protocol.

Ultimately, OCS is easy to learn, easy to implement, and life-changing in its impact – both for the patient and the dentist.

For patients, OCS promises a wholly comfortable and predictable cosmetic dentistry experience. Because they are comfortable, patients are able to have more dental work completed in a single visit and – free from anxiety — will often commit to bigger restorative cases.

Along with their newfound smile, these patients enjoy sharing their success stories with family members, friends and colleagues and thus become referral evangelists for your practice.

As for the dentists who offer their patients OCS, they revel in seeing their patients comfortable and willing to sit for much-needed procedures. Rather than needing to take their own Valium® after a particularly trying patient, dentists find they enjoy their work more when their patients are relaxed and, surprise, surprise, downright gleeful at the conclusion of treatment.

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As this article demonstrates, it is really quite easy to reply, “Yes!”