

Communiqué regarding Hypertension following the newly published American Guidelines

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The NDHCB received correspondence from different sources asking if there would be changes to questions on the National Dental Hygiene Certification Board Examination of Canada pertaining to hypertension with the NEW Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults published by the American College of Cardiology in September 2017.

The answer is NO. If there are guidelines to follow, they would be Canadian Guidelines. Firstly, remember that this NEW guideline is American and not Canadian, and as of January 2018, there has been no changes to the Canadian Hypertension Guidelines. These Canadian Guidelines on hypertension can be accessed on the Hypertension Canada website at: www.hypertension.ca.

Secondly, when writing questions for the NDHCB Examination, we take into consideration and follow Canadian Dental or Dental Hygiene Standards of practice if there are such Canadian standards, and if not, as it is in this case, we take into consideration all Provincial standards of practice published by every dental hygiene regulatory bodies and ensure we abide by each and everyone of them.

Thirdly, this NEW guideline is for American health professionals responsible for diagnosing and treating hypertension; not for the practice of dental hygiene. As a dental hygienist, our responsibility lies with the documentation of a comprehensive health history for all clients, that includes a health questionnaire, the use of prescribed and non-prescribed pharmaceutical, nutraceutical or supplement agents, and vital signs. We are responsible to take and document the blood pressure for all clients, and determine whether it is safe to provide dental hygiene care without further intervention or implement preventive or interventional measures based on the blood pressure reading (i.e. provide non-invasive treatment only, monitor vital signs throughout the appointment, stop care and refer to a physician, implement stress reduction protocols, use local anesthetic agent without epinephrine, etc.). We are not in the business of diagnosing hypertension and determining which categories of blood pressure our clients are in. Furthermore, the equipment we use to determine blood pressure levels in a dental or dental hygiene clinic is qualified as a non-automated office blood pressure equipment (i.e. electronic, at-home type device or manual), and the values obtained with this type of equipment may not be as accurate as an automated office blood pressure device that would be used in a health facility. Which means, we screen all clients to determine their blood pressure reading and when reviewing both guidelines (Canadian and American) it is clear as to what is considered a normal blood pressure reading, it is 120/80 mm Hg, and anything above is considered a form of hypertension. The different categories are irrelevant for a dental hygienist since we base our course of action on the actual blood pressure reading and whether the client is medicated for his condition and/or he/she presents with other health issues that may affect the blood pressure reading. Note that a while back, the Canadian guidelines dropped the word prehypertension and replaced it with Normal-High hypertension, so this is not a new fact in Canada.

In conclusion, we must remind ourselves that a dental hygienist is not responsible for the prevention, detection, evaluation and treatment of hypertension; the dental hygienist takes the vital signs, documents the readings/values, and provides recommendations or dental hygiene treatment modifications based on the reading obtained, and documents the outcome.

Until there are changes to the Canadian Dental Hygiene Standards of Practice on how to deal with clients with certain blood pressure readings, there won't be any changes to the direction the NDHCB takes with questions pertaining to clients that present with hypertension on the examination.

If you have any questions, do not hesitate to contact me directly.