

# USE OF SEDATIVE GUMMY BEARS COMPARED TO ORAL SYRUPS IN PEDIATRIC DENTAL PATIENTS

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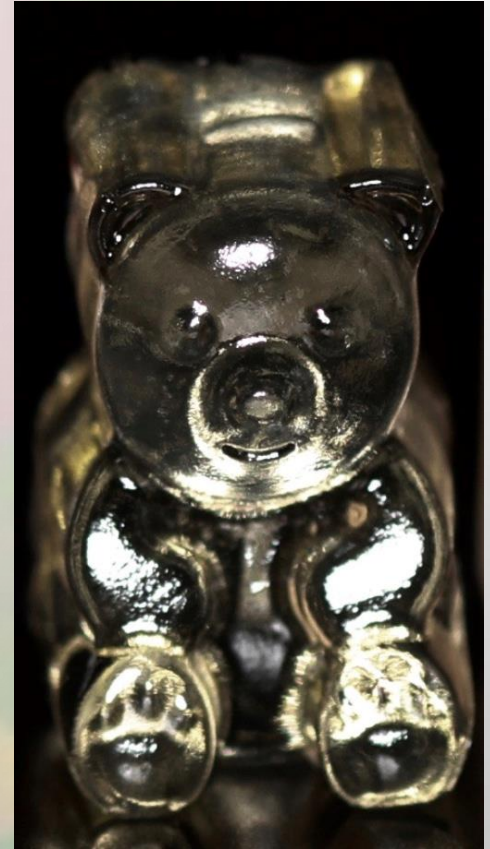
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2018-631, 2020-36

# DISCLOSURES/ CONFLICT OF INTEREST

- I have no potential conflicts of interest to report. I am not endorsing any specific product.
- This presentation is not a representation of the American Academy of Pediatric Dentistry.

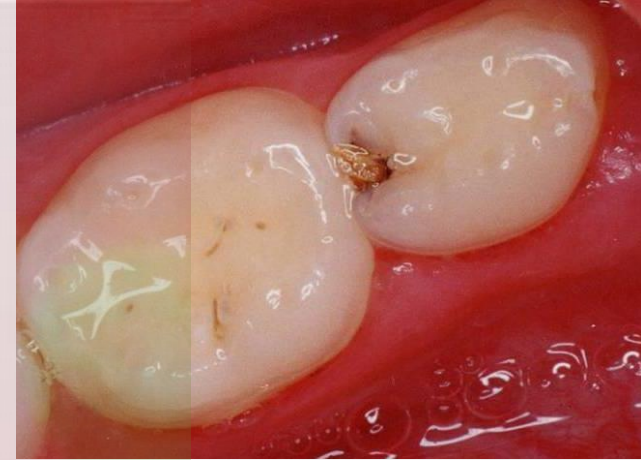
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Florida





## DENTAL CARRIES = CAVITIES



- In the United States prevalence of caries for children:
  - 23% of children age 2-5 have cavities in their baby teeth
  - >50% of children age 6-8 have a cavity in at least 1 baby tooth
  - >50% of children age 12-19 have a cavity in at least 1 adult tooth
- 1 in 36 children have autism
- As a pediatric dentist, we see children, teenagers & special needs adults



<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>  
<https://www.nidcr.nih.gov/research/data-statistics/dental-caries/children>  
<https://www.nimh.nih.gov/health/statistics/autism-spectrum-disorder-asd>

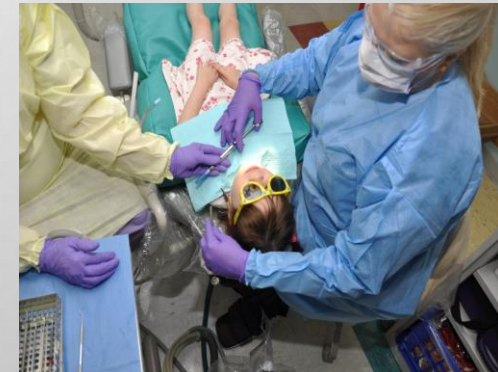
all accessed Oct. 15, 2023



# SAFETY & BEHAVIOR GUIDANCE



- **Safety is our #1 concern.**
- Treatment follows recommended national safety standards by the American Academy of Pediatric Dentistry, American Academy of Anesthesiologists & American Academy of Pediatrics.
- We evaluate the patient's attributes, parental influences, societal constructs & norms.
- We always start with non-pharmacologic options such as: positive reinforcement, distraction, tell-show-do, desensitization, etc.



# PHARMACOLOGIC TREATMENT OPTIONS

- Mild sedation= laughing gas/ nitrous oxide, pt. awake
- Moderate sedation= RX medications, pt. awake
- Deep sedation or general anesthesia= RX medications, pt. has significant altered consciousness or asleep.
  - Current wait list for hospital operating room nationally for dental cases range from 7 months - 24 months. Average is 12 months.
  - Very expensive & higher safety risk



Coté CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatr Dent* 2019;41(4):E26-E52.

Ashok M, Lumsden C, Myers A, Yoon R. Emergency dental treatment among patients waitlisted for the operating room. *J Clin Ped Dent*. 2023; 47(3): 54-58.

# CURRENT LIMITATIONS

There are 2 major limitations to using oral sedatives in children:

*Aversion to Taste:* bitter taste of midazolam is difficult to mask

*Aversion to Administration:*

- Children often have difficulty with tablets & capsules because they cannot swallow properly & lack experience.
- Medicine cup or oral syringes are anecdotally associated with anxiety and apprehension.
- Several studies have reported a positive correlation between the patient's willingness to take the medication, and the outcome of the sedation.

Lenahan M, Wells M, Scarbecz M. A Retrospective Study of 248 Pediatric Oral Sedations Utilizing the Combination of Meperidine and Hydroxyzine for Dental Treatment. *J Clin Pediatr Dent.* 2015;39(5):481-487.

Chen N, Tanbonliong T. Comparison of Two Morphine-Benzodiazepine-Hydroxyzine Combinations for the Oral Sedation of Pediatric Dental Patients: A Retrospective Study. *J Ped Dent.* 2018;40(1):43-48.

Hansen DL, Tulinius D, Hansen EH. Adolescents' struggles with swallowing tablets: barriers, strategies and learning. *Pharm World Sci.* 2008;30(1):65-69.

# MODERATE CONSCIOUS SEDATION

- Nationally there are a variety of safe sedation prescription medications that can be used.
- Oral sedation medications have challenges of large volume & bitter taste.
- **Midazolam** is ultimately the drug of choice for sedations at Nova Southeastern University (NSU). It very safe compared to other alternatives.
- **Hydroxyzine** is used if the desire is to increase the length of the sedation. Hydroxyzine however requires a much larger volume to be consumed making it harder for the patient to ingest.

Chen, N. and T. Tanbonliong, Comparison of Two Morphine-Benzodiazepine-Hydroxyzine Combinations for the Oral Sedation of Pediatric Dental Patients: A Retrospective Study. *Pediatr Dent*, 2018. 40(1): p. 43-48.

Lenahan, M., M. Wells, and M. Scarbecz, A Retrospective Study of 248 Pediatric Oral Sedations Utilizing the Combination of Meperidine and Hydroxyzine for Dental Treatment. *J Clin Pediatr Dent*, 2015. 39(5): p. 481-7

# MIDAZOLAM

## PROPERTIES

- Belongs to the Benzodiazepine family
- It is a selective CNS depressor
- Acts by opening GABA mediated chloride channels
- Rapid onset of action= 5-15 minutes
- Short-acting= 20-30 minutes
- Bitter taste
- Anxiolytic
- Amnesic properties
- Muscle relaxant
- Anticonvulsant
- Hypnotic
- Reversed via flumazenil





# HYDROXYZINE

## PROPERTIES

- Histamine H1 receptor antagonist
- Sedative
- Antihistamine: commonly prescribed for allergies
- Antiemetic
- Antispasmodic
- Anticholinergic effects xerostomia
- Medium onset of action= 15-25 minutes
- Long-acting= 30-60 minutes
- No reversal medication
- Tastes good but large volume needed



# 3 SPECIFIC AIMS FOR MIDAZOLAM & HYDROXYZINE GUMMY BEARS

- 1: formulate small sized gelatin gummies with optimized taste masking techniques
- 2: determine if children like the taste of sedation gummies
- 3: measure sedation parameters after administration

1



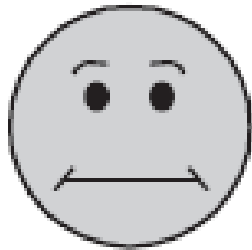
Dislike  
very  
much

2



Dislike  
a  
little

3



Not  
sure

4

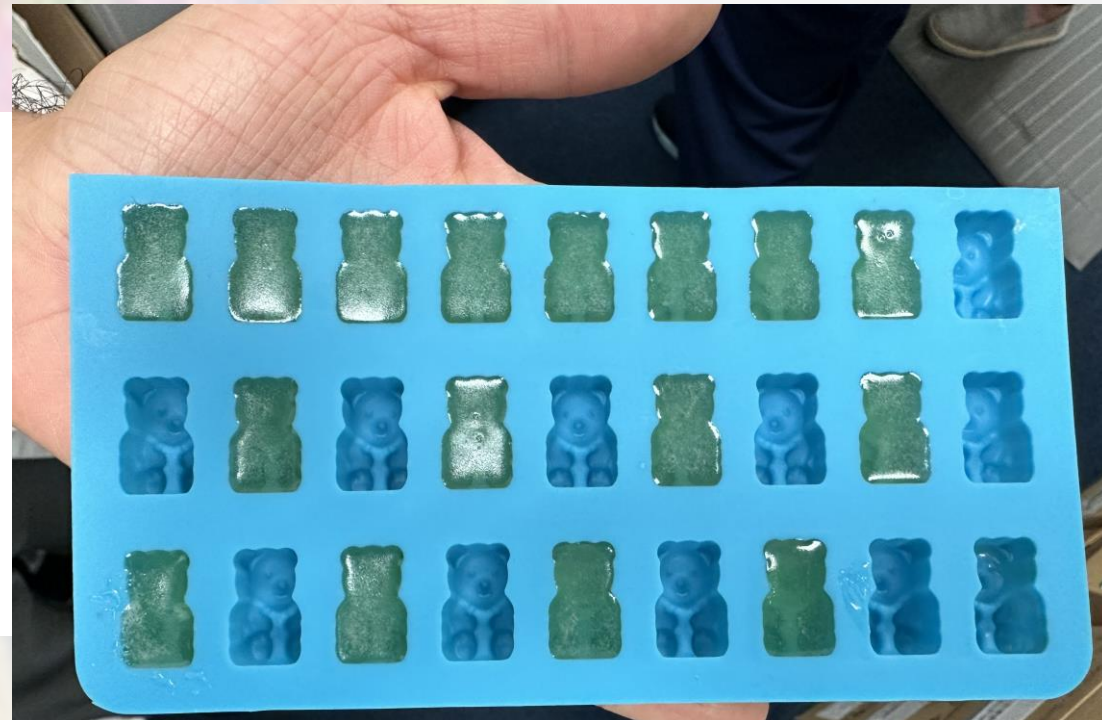


Like  
a  
little

5



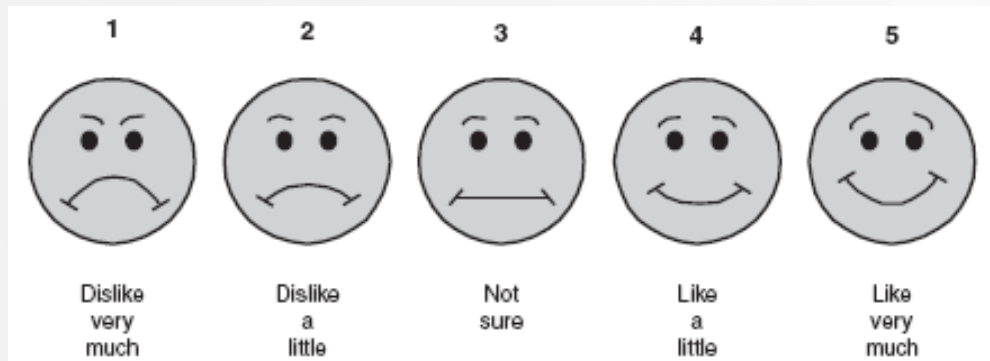
Like  
very  
much



# METHODS

## DEPENDENT VARIABLES:

- **Acceptance** of the midazolam and hydroxyzine liquid/ gummies using the 5-point hedonic scale
- **Effectiveness** of the sedation with liquid and gummies using onset time



## INDEPENDENT VARIABLES:

- # of previous sedations
- # of gummies taken
- gender
- age

**Intraoperative Management and Post-Operative Monitoring** EMS telephone number: 9-911

Monitors:  Pulse oximeter  Precordial/pretracheal stethoscope  Blood pressure cuff  Capnograph  Rubber dam/Isodry

Protective stabilization/devices:  Papoose  Neck/shoulder roll  Manual hold  Mouth prop

TIME	Baseline	8:30	9:00	9:05	9:10	9:15	9:20	9:25	9:30	9:35	9:40	9:45	9:50	9:55	10:00	10:05	10:10	10:15	10:20	
Sedatives*		Med																		
N <sub>2</sub> O/O <sub>2</sub> (%)						30%				50%										20% END
Local <sup>1</sup> (mg)						1ccarp														
SpO <sub>2</sub>		99	98	99	99	99	100	100	99	99	98	99	100	99	99	99	100	100	99	
Pulse		80	84	82	81	82	80	78	80	81	84	86	82	80	78	82	80	77	78	
BP		90/62	82/62	92/60	90/58	92/58	101/90	90/80	92/80	90/80	90/82	92/82	99/88	88/80	99/80	99/80	90/72	80/62	80/62	
CO <sub>2</sub>						25	32	30	25	23	18	21								
Papoose						START									END					
Procedure*						START									END					
Sedation level*		N	N	N	N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	N
Behavior*		E	G	G	E	E	E	E	E	E	E	E	E	E	E	G	E	E	E	E
Comments*															A					

1. Agent Hydroxyzine Route PO Dose 10mL Time 9:00 Given by DR-CHIN Administration 1 2 3 4 5  
 Agent Midazolam Route PO Dose 5mg Time 9:00 Given by DR-CHIN Administration 1 2 3 4 5

2. Local anesthetic agent/s  Topical  Local  carpules of  2% lidoc with 1:100K epi  4% septo  other \_\_\_\_\_  
 1=didn't take at all  
 2=partially took it  
 3= took it

3. Record dental procedure start and completion times, transfer to recovery area, etc.

4. Enter letter on chart and corresponding comments (eg. complications/side effects, airway intervention, reversal agent, analgesic) below:

A. Pt. missing  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_  
 E. \_\_\_\_\_  
 F. \_\_\_\_\_

Sedation level\*  
 None (typical response/ cooperation for this patient)  
 Mild (anxiolysis)  
 Moderate (purposeful response to verbal commands; light tactile sensation)  
 Deep (purposeful response after repeated verbal or painful stimulation)  
 General Anesthesia (not arousable)

Behavior/ responsiveness to treatment\*  
 Excellent: quiet and cooperative  
 Good: mild objections/or whimpering but treatment not interrupted  
 Fair: crying with minimal disruption to treatment  
 Poor: struggling that interfered with operative procedures  
 Prohibitive: active resistance and crying; treatment cannot be rendered

Overall effectiveness:  Ineffective  Effective  Very effective  Overly sedated

Additional comments/treatment accomplished:  
Gummies given - 2 hydroxyzine @ 5.0 mg per gummy  
2 midazolam @ 2.5 mg per gummy

Mistry P, et. al. Evaluation of patient-reported outcome measurements as a reliable tool to measure acceptability of the taste of paediatric medicines in an inpatient paediatric population BMJ Open. 2018; 8(7): e021961

# METHODS

- IRB approvals obtained & all study subjects chosen met all sedation safety standards
- Total 80 subjects: grouped into 40 with autism & 40 neurotypical

## CONTROL SAMPLE USING LIQUID

### Autism

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine

### Neurotypical

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine

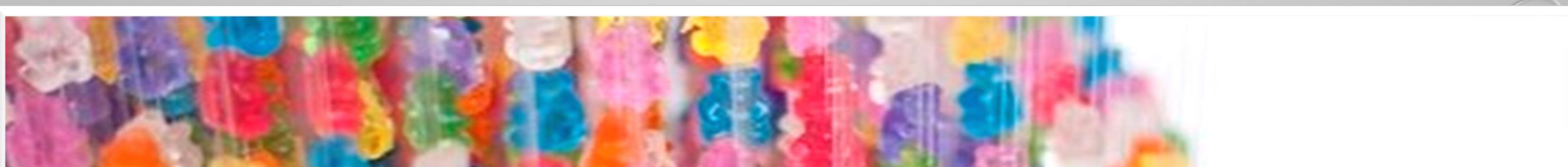
## STUDY SAMPLE USING GUMMIES

### Autism

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine

### Neurotypical

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine



# RESULTS

- Total 80 subjects: grouped into 40 subjects with autism & 40 neurotypical
- **Currently completed 67 study subjects**

## CONTROL SAMPLE USING LIQUID COMPLETED

Autism

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine

Neurotypical

- ❖ 10 midazolam suspension
- ❖ 10 midazolam + hydroxyzine

## STUDY SAMPLE USING GUMMIES ONGOING

Autism

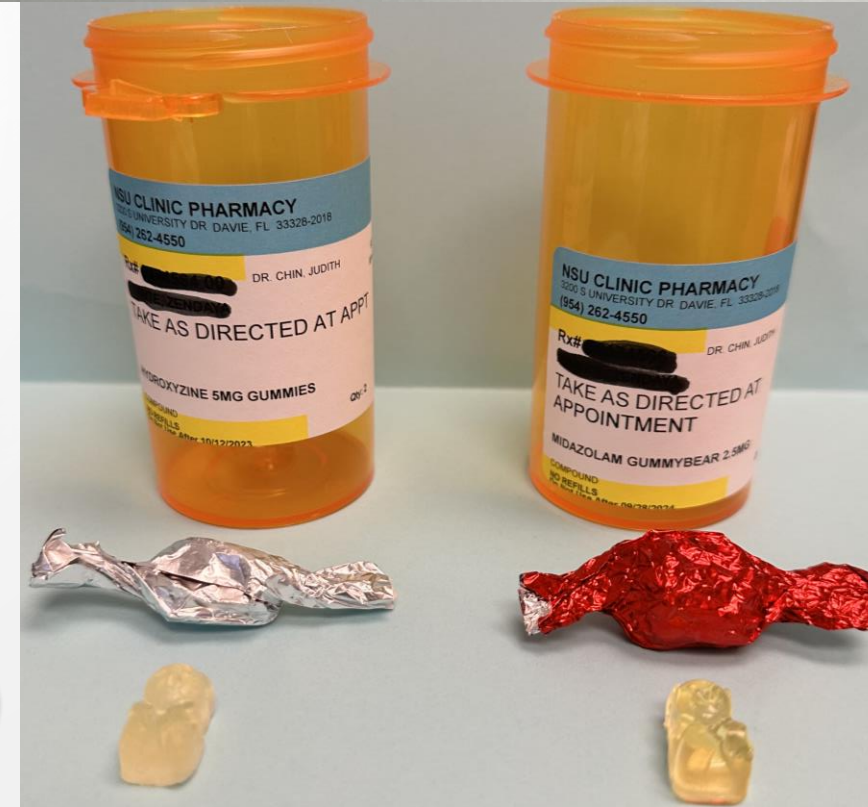
- ❖ 10 midazolam suspension
- ❖ **10 midazolam + hydroxyzine = 3 remain**

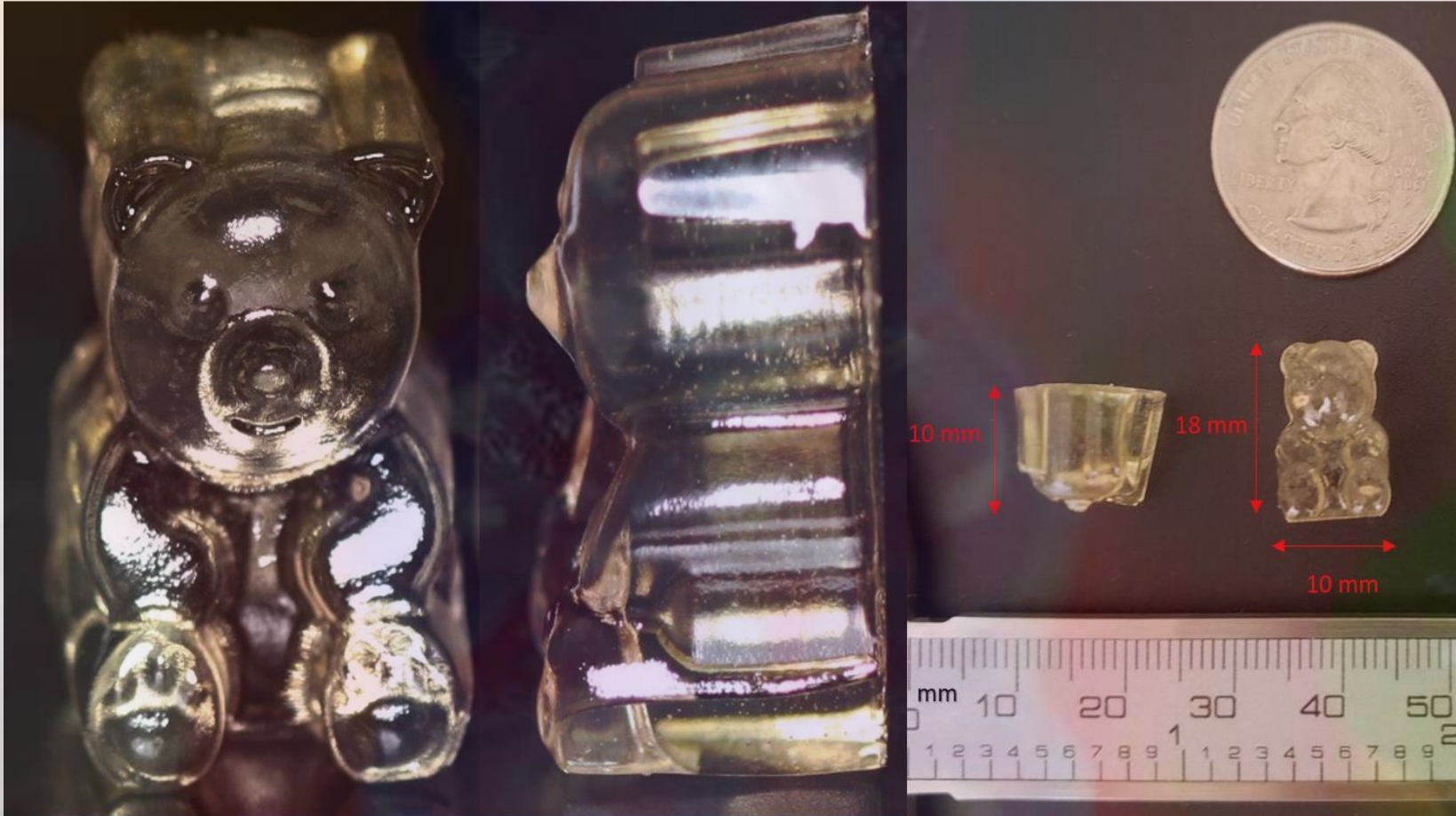
Neurotypical

- ❖ 10 midazolam suspension
- ❖ **10 midazolam + hydroxyzine = 10 remain**

# AIM 1 RESULTS: PREPARATION OF SEDATION GUMMIES

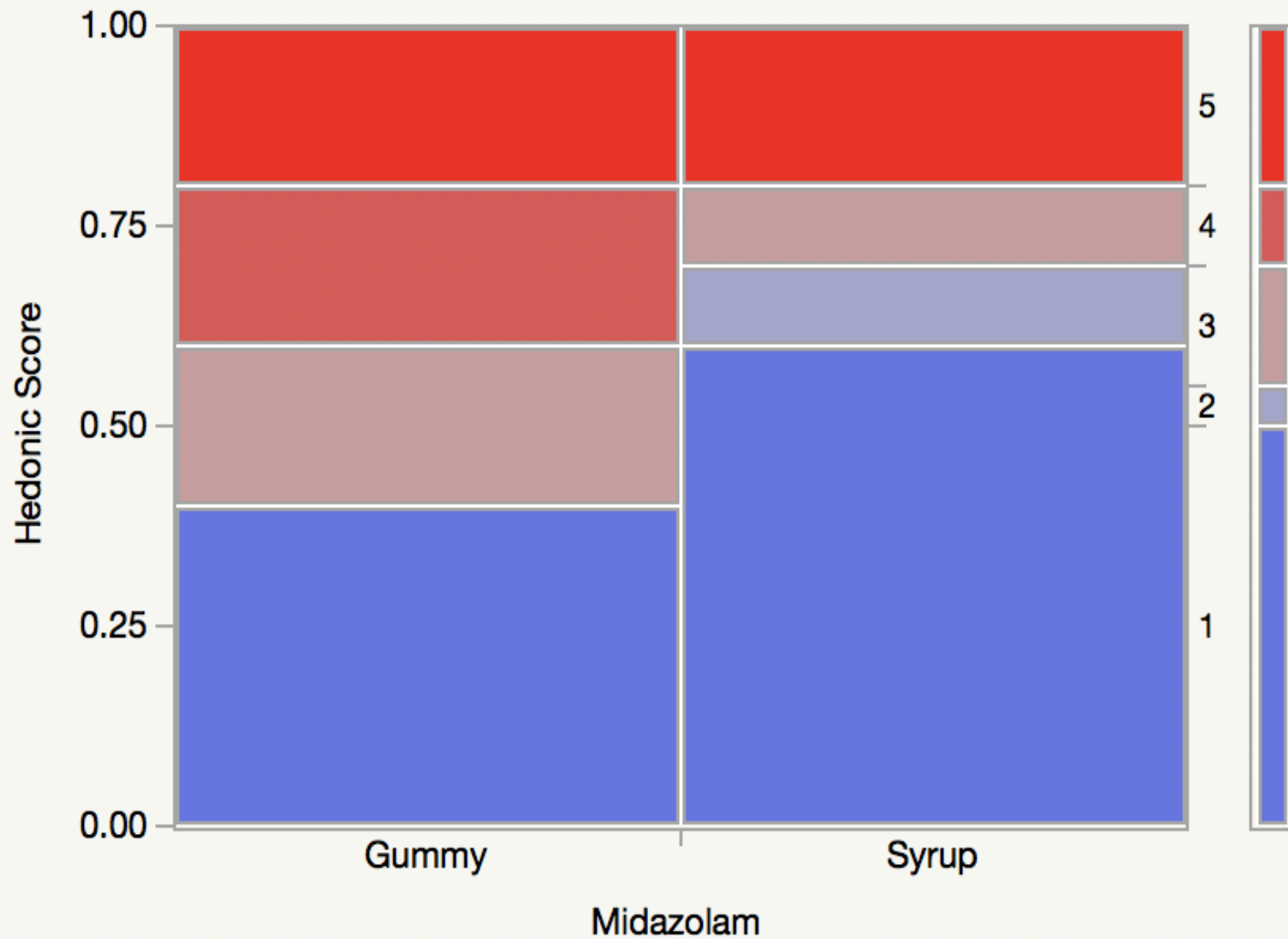
- Cultural and Society influences considered- no artificial colors or preservatives, gelatin used is bovine derivative
- Compounded at the NSU Pharmacy: lasts 14 days
- Chewable gummy base consisted of gelatin, simple syrup, flavoring, & sucralose
- Bitter masking optimized using bitter suppressing agents, organic acids, sodium salt
- Flavors used: fruit punch, tangerine marshmallow, tutti fruity
- Doses standardized in each gummy
  - 2.5 mg for midazolam
  - 5.0mg for hydroxyzine



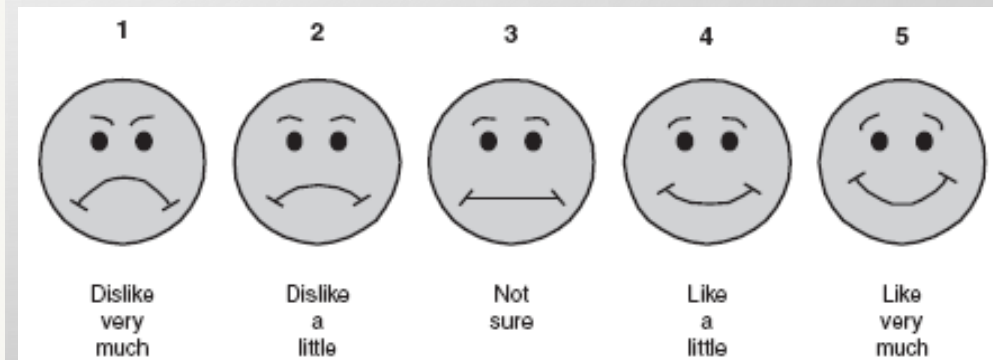


The final product was gummy bear approximately 18mm in length, 10mm in width, and 10mm in thickness

# AIM 2 RESULTS : TASTE/LIKEABILITY



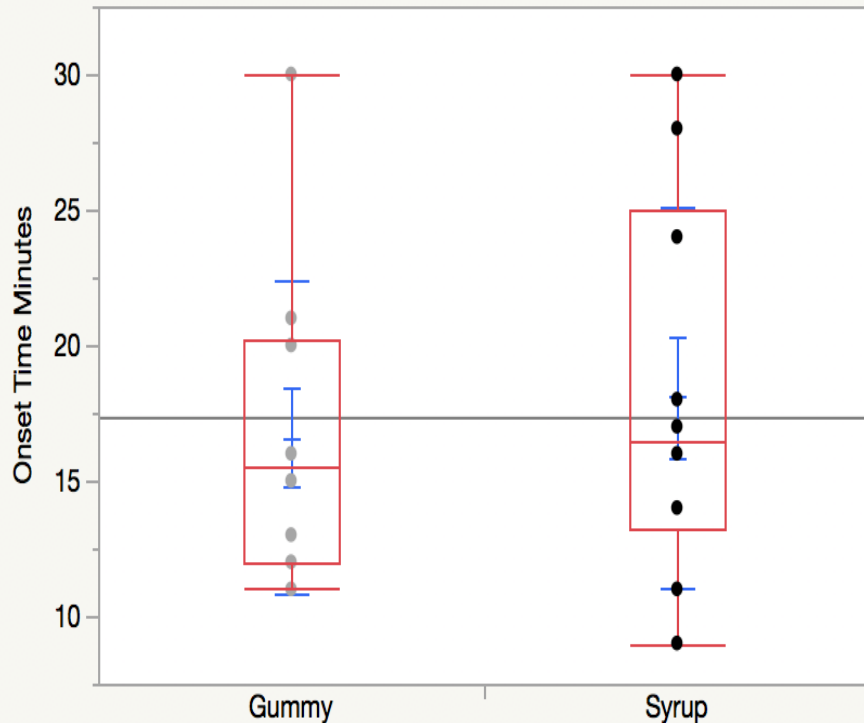
- Independent samples t-test
- Overall gummy groups had high ratings of taste versus syrup/s
- One 1 subject spit gummy out.



**Graph 1.** Mosaic plot of the hedonic score of gummy versus syrup groups



# AIM 3 RESULTS : SEDATION ONSET TIME

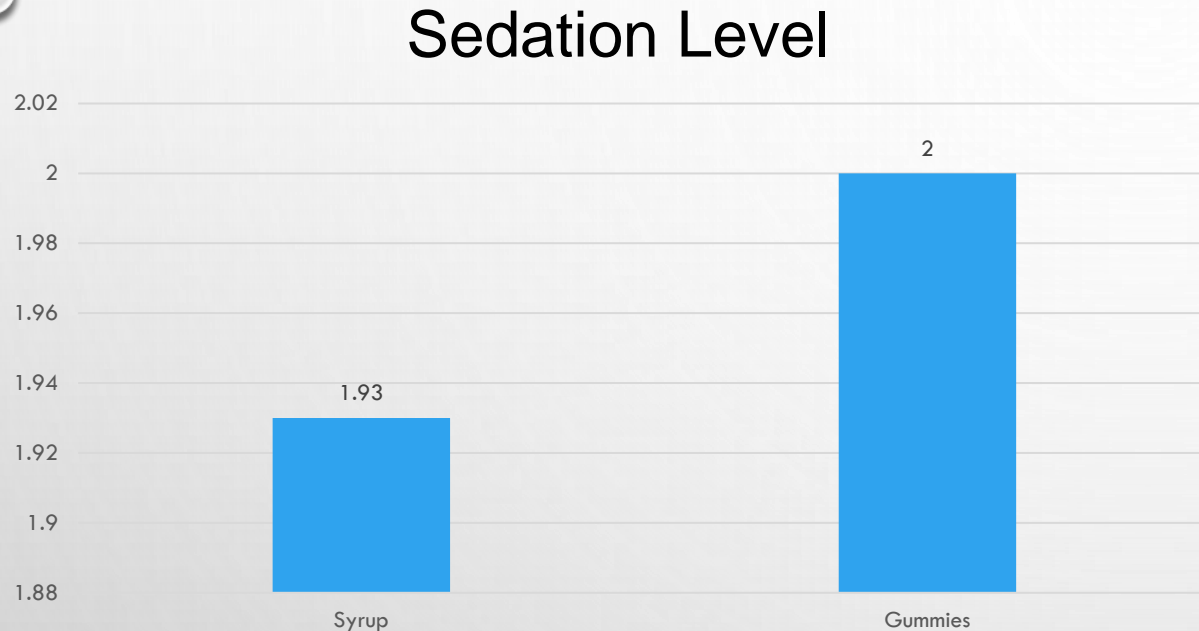


	<b>Syrup</b>	<b>Gummy</b>	<b><i>p</i> value</b>
ONSET TIME MEAN	18.10	16.60	0.6639
MINUTES	SD	7.05	5.78

- Gummies had quicker onset of sedation although current *p* value not statistically significant.

Onset time versus form of sedation medication

# AIM 3 RESULTS : SEDATION LEVEL



- There were no significant differences found in sedation level ( $P=0.33$ ).
- A sedation score of 2 meant the moderate sedation was effective and not too deep or too light.
- Syrups had a mean sedation score of 1.93 (SD=0.26) versus medications administered in gummy form (2.00, SD=0.00).
- All Gummy sedations considered effective
- No adverse events reported

# DISCUSSION

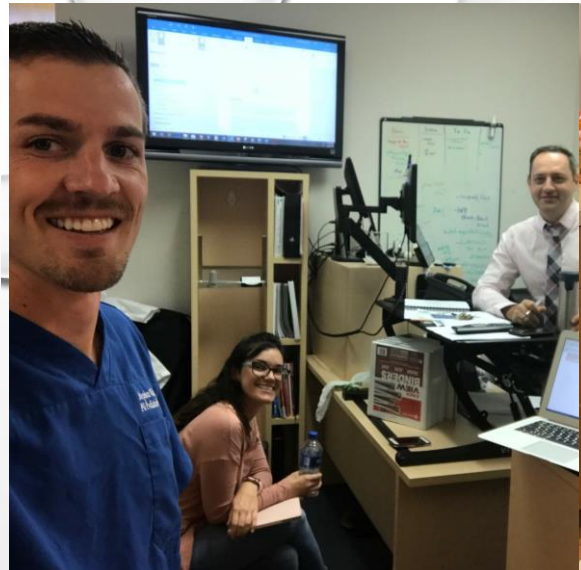


## Observations:

- Trend of patients liking the gummy bears more than the syrup
- Participants also showed more enthusiasm and compliance PRIOR to ingesting the gummy bears in comparison with the syrup
- Easier to salvage and re-administer if the patient spits it out
- Clinical trial continuing to complete double drug combination of midazolam and hydroxyzine. 13 study subjects remain. Expected completion date Feb. 2024.
- Future clinical trials and development could streamline the process of ordering, making, and transporting the gummies.

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