Management of dental patients who are HIV-positive
Agency for Healthcare Research and Quality

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
With an estimated 900,000 persons with HIV/AIDS in the United States living longer, many are seeking to obtain routine dental care, as well as relief from the discomfort and disability associated with concomitant oral lesions. The questions addressed in this report on the management of HIV-positive dental patients include whether (1) invasive but common dental procedures present added risk of complications for patients with HIV/AIDS, (2) selected oral conditions are useful (A) markers of recent change in HIV serostatus or (B) indicators of immunosuppression, and (3) specific available antifungal drugs can (A) efficaciously prevent or (B) effectively treat oral candidiasis in HIV/AIDS patients.

Authors' conclusions
The literature available to address the questions asked in this report about the management of HIV-positive dental patients is uneven. We cannot conclude, based on the literature found, that there is no greater risk of infection, delayed healing, or excessive bleeding for persons with HIV/AIDS having any of several invasive dental procedures. In fact, there were only multiple studies of extractions, and while they were suggestive that there is no difference, limitations in designs and analyses prevent drawing conclusive results even for extractions.

The evidence is insufficient to say whether any of a variety of oral conditions can be taken as markers of seroconversion; however, there is fair evidence that two conditions (oral candidiasis and Kaposi's sarcoma) may be reasonable clinical indicators of severe immunosuppression based on their positive predictive values, and that another (oral ulcers) is not. The evidence is good that hairy leukoplakia is not a reasonable indicator of severe immunosuppression, even in a clinical setting.

The evidence of effectiveness was best for questions involved with prevention or treatment of oral candidiasis in HIV-positive persons. The evidence of effectiveness as a preventive treatment was good for fluconazole and nystatin, but insufficient for other antifungals. There was also good evidence of treatment effectiveness against oral candidiasis for fluconazole, itraconazole, nystatin, ketoconazole, and clotrimazole.

Project page URL
http://www.ahrq.gov/clinic/epcsums/denthivsum.htm

URL for DARE abstract
http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12003008732 antifungal drugs
http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12003008731 complications

Indexing Status
Subject indexing assigned by CRD

MeSH