

Kudos for the New AHA Endocarditis Prevention Guidelines

The *Journal of the California Dental Association* should be commended for the excellent article by Dr. Thomas Pallasch regarding the new AHA endocarditis prevention guidelines. Dr. Pallasch's analysis of the situation was excellent. But his article begs some needed issues and questions ...

1. Knowing that the evidence for antibiotic prophylaxis was lacking, why did we as a profession bow to the medical profession's demands for something that was truly dangerous for our patients? The needless antibiotic prescribing has certainly bred resistant bacteria and generated allergic reactions. We've had the science to support the "no-antibiotics-necessary" position for a number of years. Had ADA come up with an official position, I think we could have not only defended our position in court, but saved needless antibiotic exposure for thousands, possibly millions of patients.

2. Dr. Pallasch brings up a long-standing problem that exists between medicine and dentistry — they simply don't respect our very existence. Is there anything we can do to improve that? (That is, shy of withholding anesthetic when they need dental procedures?) While the argument can be made they are simply jealous of us as a profession (we work fewer hours, control those hours we do work, and we make more money), the reality is the medical profession's arrogant attitude toward dentistry has some very real practical consequences. We just ended a needless prophylaxis procedure, thanks to the AHA's wisdom. We are currently battling a new issue regarding bisphosphonates, and, right now, the medical profession's attitude is "... it's your problem — it doesn't affect me — I'm still going to pre-

scribe them — go away ... " At some point in time, I think dentistry needs to make the point that we are every bit as much "doctors" as they are, and we need to tell our patients what to do based on research and not based on what individual medical practitioners tell us what to do.

It is my prediction that it will take years for MDs to stop telling their patients they need antibiotics prior to dental procedures, in spite of the new AHA recommendations.

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Aids for Implementing New AHA Antibiotic Prophylaxis Guidelines

As recently published by the American Heart Association in *Circulation* and the *Journal of the American Dental Association*, recommendations for antibiotic prophylaxis to prevent infective endocarditis have changed substantially.^{1,2} These recommendations are more clearly based in scientific research than any previously, and substantially reduce the indications for prophylaxis.

The outcome is that only a small number of patients who are at high risk are now to receive antibiotic prophylaxis in conjunction with dental treatment. The

number of dental procedures for which prophylaxis is indicated has also enlarged from previous recommendation in this select high-risk group.

The American Academy of Oral Medicine supports these recommendations and would like to assist dentists in making the transition to the new guidelines as smooth as possible. This article then is not intended as a substitute for an in-depth review of these important changes but an aid in the process of making the transition to the new regimen.

Included are two documents that should assist in this process. The first is a summary for posting in one's office or in a clinical area as a reminder of just what conditions are now covered, for what procedures, and with what medications. This one-page sheet is intended to cue providers in their daily practice.

The second document is intended as a patient information sheet. In our limited experience with these changes, there are a number of patients who, we for years told them they needed antibiotic prophylaxis, want an explanation as to why their care is now changing. The attached patient information sheet should make this task easier. There are several ways this sheet can be used:

- It could be sent to individuals affected by the change in advance of their appointments so they can read through it.
- It could be used as a reference during the patient visit as an explanation for the changes.
- It could be taken by the patient to take to their physician as information.

What we are finding is that dentistry is much more aware of the changed recommendations than are most physicians. The sheet not only provides a concise synopsis of the changes but also has Web

sites anyone can access for additional information. No doubt the word will eventually spread to everyone, but, for right now, we in dentistry are in the lead.

These documents are also posted on our Web site for easy availability of both dental care providers and patients. We encourage practitioners to refer patients to our site not only for these documents but also for other patient information sheets that we have produced and are developing. The Web site of the American Academy of Oral Medicine is www.aaom.com. We encourage your and your patients' feedback and questions.

**THE AMERICAN ACADEMY OF ORAL
MEDICINE WRITING GROUP**

REFERENCES:

1. Wilson W, Taubert KA, et al, Prevention of infective endocarditis. Guidelines from the American Heart Association, a guideline from the American Heart Association rheumatic fever, endocarditis, and Kawasaki Disease Committee, Council on Cardiology, Cardiovascular Disease in the Young, and the Council on Clinical Care and Council on Cardiovascular Surgery and Anesthesia, and the Quality of Outcomes Research Interdisciplinary Working Group. This American Heart Association article can be directly downloaded from: <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.106.183095>.
2. J Am Dent Assoc, 138(6):739-60, 2007 or download from <http://jada.ada.org>.