

New Guidelines on Antibiotics before Dental Treatment

The American Heart Association, in conjunction with the American Dental Association, released in April new guidelines on who should receive antibiotics prior to dental procedures. The good news is that many of the people who were required to have antibiotics, no longer will need to.

First let's state who is not affected. These changes are for heart conditions only. People who have artificial joints (usually knees or hips) are not affected and they still need to take premedication.

Now for the good news. The most common need for antibiotic premedications, mitral valve prolapse, is now excused from premedication. The other conditions for which premedication is no longer required are a history of rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, and some congenital conditions (including ventricular or atrial septal defect and hypertrophic cardiomyopathy).

There definitely still are some heart conditions which require premedication which are artificial heart valves, a history of infective endocarditis, and several other, more serious congenital heart defects.

So why were these changes made in the premedication recommendations? The condition the antibiotics were intended to prevent is infective endocarditis (IE). IE, when it occurs, is far more likely to result from normal daily exposure to germs than from dental procedures. The risk of taking big doses of antibiotics (even though the risk is small) has been determined to be of more risk than the chance of developing IE. Finally, due to the growing problem of antibiotic resistant bacteria, health care providers need to not be prescribing antibiotics when there is no clear benefit.

Now if you are one of the people who do still need to take antibiotic premedication, make sure you do it. The American Heart Association's recommendation for one big dose of antibiotics before certain appointments still applies. The appointment type where premedication is needed is for surgical visits, or those involving the gums (especially cleanings and periodontal maintenance), or the periapical tissues (root canals).

It may be a while before these new recommendations are fully into the consciousness of all health care providers. As they directly affect the heart conditions of dental patients, dentists and cardiologists will be aware of them first. Your medical primary care provider may not be immediately aware of the changes, but that will change over time.