**New guidelines on antibiotics for ‘heart’ patients**

Ever since most of us qualified, we have asked standard medical history questions to try to identify those who might be at risk of infective endocarditis as a result of invasive dental procedures. Most of such patients are now accustomed to receiving prophylactic doses of antibiotics such as amoxicillin before treatment.

Now it is time for change. The National Institute for Health and Clinical Excellence (NICE) has issued a new clinical guideline on this issue. This recommends that antibiotics to prevent infective endocarditis should not be given to adults and children with structural cardiac defects, who are undergoing dental and a number of non-dental interventional procedures.

The 2008 NICE guideline is based on the best available published evidence and a consensus of multidisciplinary, expert opinion within the Guidelines Development Group (GDG). The guideline concludes that there is no consistent association between having an interventional procedure, dental or non-dental, and the development of IE and that the clinical effectiveness of antibiotic prophylaxis is not proven.

The evidence also suggests that antibiotic prophylaxis against IE for dental procedures is not cost effective and may lead to a greater number of deaths through fatal anaphylactic reactions than not using preventive antibiotics. NICE has also issued the guidance in a patient-friendly form for the general public; this may be useful when explaining the new protocol to patients. The new guidelines are also summarised in the new edition (No 55, March 2008) of the British National Formulary.

In a revised position statement, Dental Protection advises its members that dentists working within an NHS contract are required under the terms of their contract to observe the guidance of NICE when writing prescriptions. Dentists working privately may not have a contractual obligation to follow this guidance, but they would need a very strong justification for choosing not to do so. Dental Protection has also issued a most useful set of answers to frequently asked questions for its members.

The chief dental officer for England has stated, ‘I am delighted that NICE have produced definitive guidance on this complex issue. This will ensure that dentists can give consistent and evidence-based advice to their patients. We will work with NICE and other professional bodies to ensure that this advice is disseminated to the profession so that dentists will be in a position to start applying this guidance immediately.’

The British Dental Association’s (BDA) scientific adviser, Professor Damien Walmsley, told Dental Tribune that the association welcomed the new guidance that clarified best practice and places the UK as a leader in this area. BDA members (including Professor David Wray and Martin Fullford) had been on the reference group and they were able to brief the Health and Science Committee and in turn the Executive Board on this issue.

Some disquiet had been expressed by dentists about how to deal with a situation where the patient’s cardiologist recommends that antibiotics should continue to be prescribed despite what the guideline says. Professor Walmsley said that the new guidelines applied to everyone working in the NHS and they were now the definitive guidance. He also pointed out that there were several well-respected and eminent cardiologists on the reference group.

NICE’s summary of the guidance is reproduced on page 2 of this issue, but readers may find it useful to look at the full report (CG64 Prophylaxis against infective endocarditis: NICE guidance) which can be found at: [www.nice.org.uk](http://www.nice.org.uk)