In November, experts and researchers from around the UK met in London for a summit organised by the British Dental Association (BDA) to discuss what dentistry can do to address the problem of antimicrobial resistance. Dental Tribune UK had the opportunity to speak with Dr Graham Stokes, Chair of the BDA Health and Science Committee and one of the initiators of the summit, about its outcomes and implications for the profession.

Dental Tribune UK: Dr Stokes, antimicrobial resistance has been identified as a serious threat to public health worldwide in a report issued by the World Health Organization this year. Deputy Chief Medical Officer for England Prof. John Watson recently said that the rise of multidrug-resistant bacteria is creating the perfect storm. Is the summit to be understood as a response to these warnings?

Dr Graham Stokes: The summit was actually held in conjunction with the upcoming European Antibiotic Awareness Day on 18th November. We at the BDA felt the need to convene experts and researchers working in the field of antimicrobial resistance to address this difficult problem, in particular working towards improving awareness in the profession and among the general public.

November. We at the BDA felt the need to convene experts and researchers working in the field of antimicrobial resistance in order to consider the role of dentistry in addressing this difficult problem, in particular working towards improving awareness in the profession and among the general public.

Dentists are responsible for approximately ten per cent of all antibiotic prescriptions in the UK. How much do you know about how many of these are prescribed inappropriately?

Evidence suggests that of all antibiotics prescribed through dentistry, some are indeed inappropriately given. In many of these cases, patients could be treated in alternative ways that may be better suited to their pain. What we need to do is to determine how we can improve that situation by looking at the factors that influence the reason that antibiotics are given in dentistry, both in primary and secondary care. It is also important to work together to ensure that the appropriate treatment is given at the appropriate time to patients. They must be at the top of our agenda.

In a letter published in the recent edition of the British Dental Journal, your colleague Dr Susie Sanderson wrote that the encouragement for antibiotic stewardship in dentistry in the UK is lacking. Would you agree with this statement, and who is to blame for the situation in your opinion?

What we learnt at the summit was that dentists overall feel that they prescribe antibiotics to a minimal extent compared with other fields. They also perceive that pressure from patients sometimes influences whether and how antibiotics are provided, even when other treatments seem to be more appropriate. That is why we need a co-ordinated approach to ensure that there is enough time for dentists to treat patients properly, particularly those who come in unscheduled with an emergency. Such care needs to be appropriately funded as well. There needs to be greater awareness among dentists in general of the problem of antimicrobial resistance, however.

One of the aims of the summit was to compile a consensus report to present at the BDA’s next annual congress in Manchester. How far have you come with this endeavour, and what were the main points agreed on by most participants?

Obviously, there was a wide-ranging discussion on all of the topics and information presented to us. One of the recommendations was that dentists should have properly funded protected emergency slots in their daily work. We also need systems in place to protect dentists when complaints arise after they have performed a treatment that they believed was the appropriate one. Furthermore, it would be beneficial for dentists to monitor their own prescribing patterns so they can ensure the best care for their patients.

It is also important that we inform the public and our patients about antimicrobial resistance and encourage dentists to discuss their antibiotic-prescribing policy with their patients as early as possible. In order to do this, we need to ensure that graduates receive good knowledge of antibiotic prescription through their training and that they know how to translate this knowledge into practice. Leadership from the Department of Health is needed in co-ordinating all of these efforts to avoid repetition in different areas.

What will be the next steps to translate these recommendations into practice?

The overriding approach should one of education for the profession, our patients and the public with regard to antimicrobial resistance and working together with the commissioning bodies to ensure that patient care is put first.

Thank you very much for the interview.