

## New Dental Guidelines

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Recently, the American Dental Association updated dentists on the new guidelines for the prevention of infective endocarditis, an infection of the heart's inner lining (endocardium) or the heart valves. These changes are in conjunction with the American Heart Association.

Though there are individuals who have had to take antibiotics prior to their dental appointments, it seems that fewer dental patients with heart disease need the antibiotic prophylaxis to prevent the heart infection called infective endocarditis.

Who's at risk?

Bacterial endocarditis can damage or destroy your heart valves. It occurs when bacteria in the bloodstream (bacteremia) lodges on abnormal heart valves or damaged heart tissue. Bacteremia is common after many invasive procedures such as dental procedures or surgeries, but only certain bacteria commonly cause endocarditis. Not all cases of endocarditis can be prevented because we don't always know when a bacteremia occurs.

Some early signs of endocarditis are nonspecific and include malaise, weakness, fatigue, weight loss, night sweats, chills, arthralgia (joint pain) and intermittent fever that may recur for weeks. Though these are symptoms known to us, endocarditis signs may include signs only noticeable by a doctor.

Individuals who have undergone recent prosthetic joint replacements by their orthopaedic surgeons are also at risk of bacteremias whereby pre-medication is necessary for two years. Further protocols thereafter may vary from one orthopaedic surgeon as some may recommend pre-medication as being beneficial for the rest of the patient's life. Should you have undergone any joint replacements recently, your dentist should be informed especially during the two-year critical period or postoperative period.

Who needs meds?

So who is to take antibiotic prophylaxis prior to dental procedures? The list and details are on the ADA Web site at [www.ada.org](http://www.ada.org). A summary from the ADA and AHA states that "prophylaxis should be reserved only for those patients at the highest risk who would have the worst outcomes if they contracted endocarditis."

The research and literature spanning more than 45 years concluded the following: "bacteremia resulting from daily activities is much more likely to cause IE (infective endocarditis) than bacteremia

associated with a dental procedure. In addition, only an extremely small number of IE cases might be prevented by antibiotic prophylaxis, even if prophylaxis is 100 percent effective. Based on these conclusions, antibiotic prophylaxis is now recommended before dental procedures only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE, such as patients with artificial heart valves, a history of endocarditis, certain serious congenital heart conditions and heart transplant patients who develop a problem with a heart valve."

The guidelines updated on the ADA Web site further mentions that "patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with mitral valve prolapse, rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy."

The medical words and terminology may be unfamiliar, but the idea is that your medical history is relevant to your overall health and as to the care needed prior to dental visits.

The new recommendations apply to many dental procedures, including teeth cleanings and extractions. Those with congenital heart diseases can have complicated circumstances and should check with their cardiologist if they have any questions. Should you have a dental appointment whether it is for restorative care or for a cleaning, be sure that your medical history is updated and complete.