

A SURVEY OF AWARENESS AND PRACTICE OF ANTIBIOTIC PROPHYLAXIS FOR INFECTIVE ENDOCARDITIS AMONG SRI LANKAN DENTAL SURGEONS

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Introduction

Infective Endocarditis (IE) is an uncommon infection with high mortality and morbidity (Smith et al., 2007). Dental treatment was until recently universally considered as a possible causative factor for IE in patients with underlying cardiac risk factors. Both the American Heart Association (Wilson, et al., 2007) and the British Society for antimicrobial chemotherapy (Gould, et al., 2006) in recent times modified their recommendations for antibiotic prophylaxis against IE. In March 2008, UK National Health Services National Institute for Health and Clinical Excellence (NICE) issued new revolutionary guidelines for antibiotic prophylaxis (ABP) against IE which are still not widely adopted. The aim of this study was to assess the awareness and prescribing patterns of antibiotic prophylaxis for IE among dental surgeons practicing in Sri Lanka.

Materials and Methods

A postal questionnaire was used to collect data. The questionnaire was designed to obtain basic socio-demographic data (5 questions) and information regarding their knowledge and prescribing patterns of ABP against IE (9 questions). In addition the questionnaire aimed to assess their awareness about cardiac conditions,

the dental procedures that are at risk of causing IE and the available guidelines. The questionnaire was posted to a randomly selected sample of 1000 dental surgeons practicing in Sri Lanka with a prepaid reply envelope. A reminder was sent after 3 weeks. Chi square test was used for the statistical analysis.

Results

The response rate was 28.9%. The majority of dental surgeons were males (63.4%). Seventy four per cent were employed in the state sector. Eighty four respondents (30%) had postgraduate qualifications. Ninety two percent dental surgeons stated that they take a medical history from all patients. Four percent respondents believed that ABP must be given to every patient with a history of cardiac disease regardless of the type of disease. Even though patients with prosthetic heart valves and/or history of a previous episode of IE were considered as high risk individuals who needed prophylaxis, about 9% of respondents indicated that they did not use ABP for such patients.

The first line antibiotic, amoxicillin based on the UK/ US guidelines was chosen by 72.5% respondents either alone or in combination with other antibiotics. Surprisingly dental surgeons without postgraduate

