ORAL HEALTH TOPICS

INFECTIVE ENDOCARDITIS—FREQUENTLY ASKED QUESTIONS

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Where can I find information to hand out to patients?

The ADA has information tailored to patients posted on ADA.org as well as a "For the Dental Patient" page that you may copy and give to your patients. In addition, the American Heart Association (AHA) has developed a downloadable wallet card, which summarizes this information for patients.

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Do I need to confer with the patient's physician before treating according to the guidelines?

The courts recognize that each independent professional is responsible for his or her own treatment decisions. Nevertheless, the professional goal should be consensus among the professionals involved. To reach consensus, communication is needed.

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What if a patient insists he/she wants the premedication even though they no longer need it?

Dentists are not obligated to render treatment that they deem not to be in the patient's best interest, simply because the patient requests it. In such circumstances, referral to another practitioner may be the only solution.

The ADA always recommends that a dentist exercise his or her professional judgment when applying any guideline as necessary in any clinical situation. Nevertheless, dentists should be aware, while the precise standard of care may vary from state to state, the American Heart Association (AHA) guidelines would likely be cited in any malpractice litigation as some evidence of the standard of care.

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Do patients with murmurs or mitral valve prolapse still require coverage?

Heart murmurs are caused by a large number of conditions. Some can be due to mitral valve prolapse(MVP).

The 2007 AHA Infective Endocarditis Guidelines specifically **no longer recommend** that patients with MVP be premedicated, whether or not they have regurgitation or thickened valve leaflets, nor does it recommend premedicating for heart murmurs.

The report says, “MVP is the most common underlying condition that predisposes to acquisition of [infective endocarditis] IE in the Western world; however the absolute incidence of IE is extremely low for the entire population with MVP, and is not usually associated with a grave outcome. Thus, IE prophylaxis is no longer recommended (AHA underlining) for this group.”

The report goes on to say, “Except for the conditions listed*, antibiotic prophylaxis is no longer recommended for congenital heart disease”:

* Conditions Listed:

- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
- completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure
- repaired congenital heart disease with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device

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Do patients with stents require coverage?

According to the American Heart Association Scientific Statement, antibiotic prophylaxis after stent placement is not recommended for patients who undergo dental, respiratory, gastrointestinal, or genitourologic procedures.

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Do all patients with heart valve replacements, whether prosthetic, human or porcine, require premedication?

Yes.

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Do patients who have had a mitral valve repaired with an annuloplasty ring require prophylaxis?

Yes. Patients with valvular annuloplasty rings should be classified with patients with prosthetic valves and receive dental prophylaxis based on the 2007 guidelines.

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My patient forgot to premedicate. What do I do?

According to the guidelines, the antibiotic should be given in a single dose 30 to 60 minutes before treatment. This time period is recommended so that there will be high blood levels of antibiotic at the time bacteremia occurs. The report adds that if the antibiotic *inadvertently* (AHA italicized) is not administered, the dosage may be given up to 2 hours after the procedure. However, it is important to note that the recommendation is to give the antibiotics 30-60 minutes before treatment.

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My patient is allergic to penicillin. What options do I have for premedication?

For individuals who are allergic to penicillins or amoxicillin, the guidelines recommend use of cephalexin or another first-generation oral cephalosporin*, clindamycin, azithromycin or clarithromycin.

* The guidelines note that cepahlosporins should not be used in individuals with a history of anaphylaxis, angioedema, or uticaria with penicillins or ampicillin.

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My patient just had heart surgery. Does he or she require coverage?

Patients who have had surgery for placement of prosthetic heart valves or prosthetic intravascular or intracardiac materials are at risk for the development of an infection and should be given premedication according to the 2007 AHA guidelines.

There is no evidence that patients who have had coronary artery by pass graft surgery are at increased risk of infective endocarditis (IE), and therefore, these patients do not require premedication.

There are insufficient data to support specific recommendations for patients who have undergone heart transplantation. The guidelines suggest that IE prophylaxis for transplant recipients who develop cardiac valvulopathy may be reasonable.

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Do patients who have taken phen-fen need antibiotic prophylaxis?

Individuals who have taken the appetite suppressant phen-fen (phentermine and fenfluramine) do not require antibiotic prophylaxis based solely on a history of using this drug combination. The 2007 American Heart Association (AHA) guidelines no longer recommend antibiotic prophylaxis in patients with a number of heart conditions, including mitral valve regurgitation. Patients with cardiac abnormalities should be premedicated according to the current AHA guidelines.

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I have a patient who is already taking antibiotics. How does that affect the prophylactic regimen?

If a patient is already receiving antibiotic therapy with a medication that is also recommended for infective endocarditis (IE) prophylaxis, the guidelines state that it is prudent to select an antibiotic from another class rather than to increase the dose of the currently administered antibiotic. For example, if a patient is already taking amoxicillin, the dentist should select clindamycin, azithromycin, or clarithromycin for IE prophylaxis.

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Do the AHA updates affect the recommendations for patients with total joint replacements?

No. For recommendations on antibiotic prophylaxis for patients with total joint replacements see A-Z Topics: Antibiotic Prophylaxis.