

With A Common Voice



The American Heart Association (AHA) has issued new guidelines for the prevention of infective endocarditis (IE) that include substantial changes. In the Ontario health care landscape, these guidelines may be relied upon by dentists, physicians and nurses as they interact across disciplines to provide optimum patient care.

The new guidelines have prompted questions by patients and health care practitioners alike. In some cases, practitioners advise us that their colleagues are unaware of them. In other cases, we are hearing that there is inconsistency in their application. We are also hearing from patients that they are receiving conflicting advice about whether or not they should take antibiotics.

As the regulators, we view this situation as demonstrative of both the perils and opportunities presented by interdisciplinary health care delivery. In order to ensure that our members are in a position to work together effectively and efficiently for the benefit of their mutual patients, we must be certain that they have a common understanding.

In most cases, the College of Physicians & Surgeons of Ontario (CPSO) and the Royal College of Dental Surgeons of Ontario (RCDSO) believe that this is best achieved by sharing information directly between the professionals involved. We encourage our members to be open to receiving information from their colleagues practising in another discipline, and to discuss how to proceed in the best interests of the patient. We know that these conversations about the new guidelines are taking place, and that most of our members are working together smoothly. However, we are also aware that many solo practitioners are involved, who do not have the opportunity for day-to-day, face-to-face communication. To facilitate communication for these practitioners, the Colleges have agreed collectively to advise their members to be aware of the new guidelines.

Q Where can I get a copy of the new guidelines for the prevention of IE?

A: The AHA issued new guidelines in April 2007 and subsequently made some minor changes. The most recent version is available at <http://circ.ahajournals.org/cgi/reprint/116/15/1736>.

Q What changes have been made?

A: Prophylactic antibiotics are no longer recommended for many patients who routinely took them in the

past. In addition, the new guidelines have replaced the previous lengthy list of specific dental procedures with the general recommendation that antibiotic prophylaxis is reasonable for all dental procedures involving the manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

Q Do the new guidelines affect patients with total joint replacements?

A: No. There have been no changes to the recommendations for these patients. The current Advisory Statement from the American Dental Association and the American Academy of Orthopaedic Surgeons is available at <http://jada.ada.org/cgi/reprint/134/7/895>.

Q What is the role of the medical and dental professionals in determining whether antibiotic prophylaxis is necessary for a dental appointment?

A: The relative roles of the professionals involved are flexible. Usually, however, we anticipate that the medical professional will identify whether the patient has one of the four underlying cardiac conditions associated with the highest risk of adverse outcome from IE. This information should be clearly communicated to the patient, who should then share it with his or her dentist. If prophylactic antibiotics are warranted, often the dentist will prescribe them for a particular dental appointment, but this may be determined on a case-by-case basis in collaboration with the medical professional. The most important issue, of course, is that the patient understands his or her needs, as well as the process of communication between all health care providers.

Q What if the patient informs the dentist that his or her medical professional advises to continue taking prophylactic antibiotics, even though they are not recommended under the new guidelines?

A: In this case, we expect that the medical and dental professionals will speak to each other and come to a common understanding in the best interests of the patient.



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