

Resisting the urge to prescribe antibiotics. Antibiotic resistance and dentistry

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Global healthcare is facing increased challenges that result from antibiotic resistance. There are several factors that contribute to this global concern that range from frequent, inappropriate antibiotic prescription to incorrect self-medication and non-compliance to antibiotic scheduling by the patient. Infections in the mouth are a major public health concern, and it raises questions on how we as oral healthcare professionals approach and manage these pathologies.

Although antibiotics are revolutionary and responsible for saving countless lives, up to 50% of all antibiotic prescriptions are unwarranted.¹ Depending on the country's data, dentists issue around 10% of all antibiotic prescriptions.² According to Patrick and Kandiah³, up to two thirds of antibiotic prescriptions originating from the dental practice are not clinically indicated. This is true when looking at data for both adult and child populations. Dentists continue to prescribe antibiotics when there is no systemic involvement, and the condition can be resolved through clinical/surgical intervention. We need to exercise restraint when reaching for a prescription pad if the intention is to prescribe pro-actively, and not to deal with the cause. Even then, the correct antibiotic should be used, and not some blanket approach to buy time to treat the cause later when it is more convenient to the practitioner.

In order to mitigate the rise in antibiotic resistance and to ensure best practice is followed, some guidelines to follow will include^{4,5}:

- Diagnosing accurately
- Using narrow-spectrum antibiotics as far as possible when indicated

- Selecting the correct antibiotic for the condition
- Implementation of the correct dose and schedule, including patient compliance monitoring
- Immediate intervention in cases where such treatment will avoid any antibiotic prescription.

It is time that dentistry and its organized structures align themselves with recognized antibiotic-stewardship programs as part of an overall strategy to limit further antibiotic resistance development. Your individual effort will make a great difference in this fight.

We herewith present the April issue of the SADJ and trust that you will enjoy the content.

References

1. Carlet J. The world alliance against antibiotic resistance: consensus for a declaration. *Clin Infect Dis* 2015; 60:1837-1841.
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3. Patrick A, Kandiah T. Resistance to change: how much longer will our antibiotics work? *Fac Dent J* 2018; 9:103-111.
4. Group OaDE. Therapeutic guidelines: oral and dental. Melbourne: Therapeutic guidelines Ltd, 2012.
5. Sukumar S, Martin FE, Hughes TE, Adler CJ. Think before you prescribe: how dentistry contributes to antibiotic resistance. *Australian Dental Journal* 2020; 65:21-29.

Your participation into our cover pages

SADA wishes to extend its heartfelt gratitude to you for your continued contributions to the journal and to research in the oral health space. Your contributions have helped the journal to be competitive with other scientific journals globally.

In the spirit of broader inclusivity we would like to invite authors to provide us with suggestions for the cover page content of the SADJ. This should be all encompassing and not limited in appeal to a single grouping. We hope that these contributions will better our journal in line with our main objectives.

We look forward to receiving meaningful contributions from our membership, and thank you for your continued support and participation.

Warm regards,
 Prof NH Wood – Managing Editor
 Dr N Metsing – Head: Professional Development SADA