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The Scottish Government

To All Dental Practitioners

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Dear Colleague

Antibiotic prophylaxis against infective endocarditis

The National Institute for Health and Clinical Excellence (NICE) has developed a guideline on 'Prophylaxis against Infective Endocarditis' which recommends that antibiotic prophylaxis to prevent infective endocarditis should not be given to adults and children with structural cardiac defects at risk of infective endocarditis undergoing dental interventional procedures. The full guideline can be found at www.nice.org.uk. This new guidance is also contained in the current edition of the BNF (BNF 55, March 2008).

This recommendation is based on the following reasons: there is no consistent association between having a dental interventional procedure and the development of infective endocarditis; regular toothbrushing almost certainly presents a greater risk of infective endocarditis than a single dental procedure because of repetitive exposure to bacteraemia with oral flora; the clinical effectiveness of antibiotic prophylaxis is not proven and antibiotic prophylaxis against infective endocarditis for dental procedures is not cost effective and may lead to a greater number of deaths through fatal anaphylaxis than a strategy of no antibiotic prophylaxis.

Similarly, patients should not be offered chlorhexidine mouthwash as prophylaxis against infective endocarditis as this has not been proven to be effective.

It is important that, as healthcare professionals, we should offer people at risk of infective endocarditis clear and consistent information about prevention, including the benefits and risks of antibiotic prophylaxis, an explanation of why antibiotic prophylaxis is no longer routinely recommended, the importance of maintaining good oral health and information about symptoms that may indicate infective endocarditis and when to seek expert advice.

The patients who are at risk of developing infective endocarditis are those with:

- acquired valvular heart disease with stenosis or regurgitation
- valve replacement
- structural congenital heart disease, including surgically corrected or palliated structural conditions, but excluding isolated atrial septal defect, fully repaired ventricular septal

defect or fully repaired patent ductus arteriosus, and closure devices that are judged to be endothelialised
- previous infective endocarditis
- hypertrophic cardiomyopathy.

In addition, any episodes of infection in people at risk of infective endocarditis should be investigated and treated promptly to reduce the risk of endocarditis developing.

Midazolam is now a controlled drug

BNF 55 continues to recommend buccal midazolam as an emergency drug for the management of status epilepticus in dental practice. From the 1st January 2008 the legal status of midazolam changed from a schedule 4 controlled drug (CD) to a schedule 3 CD. This means that:

- Prescriptions or requisitions for midazolam must comply with the full CD regulations.
- Records of midazolam usage do not need to be kept in a CD register.
- Invoices for midazolam need to be retained for 2 years.
- The Home Office has advised that schedule 3 drugs should be denatured before being placed in waste containers.
- Midazolam is exempt from the safe custody requirements and will not legally require storage in a CD cabinet.

BNF 55 includes the CD symbol against midazolam preparations. The change in legal status is also shown in the section on Controlled Drugs and Drug Dependence in General Guidance.

Yours sincerely

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