

Note: The guidelines for use of antibiotic prophylaxis in patients at risk of experiencing infective endocarditis that are referred to here have since been updated by the American Heart Association. Please visit "<http://www.ada.org/3035.aspx?currentTab=1>" to view the current version of the guidelines.

# Antibiotics and your heart

## New guidelines from the American Heart Association

**F**or decades, the American Heart Association (AHA) recommended that patients with certain heart conditions take antibiotics shortly before dental treatment. This was done with the belief that antibiotics would prevent infective endocarditis (IE), previously referred to as "bacterial endocarditis." IE is an infection of the heart's inner lining or valves, which results when bacteria enter the bloodstream and travel to the heart. Bacteria normally are found in various sites of the body, including on the skin and in the mouth.

The AHA's latest guidelines were published online in its scientific journal, *Circulation*, in April 2007. And there is good news; the AHA recommends that most of these patients no longer need to take short-term antibiotics as a preventive measure before their dental treatments.

The guidelines are based on a growing body of scientific evidence that shows that the risks of taking preventive antibiotics outweigh the benefits for most patients. The risks include adverse reactions to antibiotics that range from mild to potentially severe cases. Inappropriate use of antibiotics also can lead to the development of drug-resistant bacteria.

Scientists also found no compelling evidence that taking antibiotics before a dental procedure prevents IE in patients who are at risk of developing a heart infection. Their hearts already often are exposed to bacteria from the mouth that can enter their bloodstreams during basic daily activities such as brushing or flossing. The new guidelines are based on a comprehensive review of published studies that suggests IE is more likely to occur as a result of these everyday activities than from a dental procedure.

The guidelines say patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with mitral valve prolapse, rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, or congenital (present from birth) heart conditions such as

ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

The new guidelines are aimed at patients who would have the greatest danger of a bad outcome if they developed a heart infection. Preventive antibiotics before a dental procedure are advised for patients with

- artificial heart valves;
- a history of infective endocarditis;
- certain specific, serious congenital heart conditions, including
  - unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits;
  - a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure;
  - any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device;
- a cardiac transplantation that develops a problem in a heart valve.

The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances. They should check with their cardiologist if there is any question at all as to the category that best fits their needs.

Patients and their families also should ask their health care providers careful questions anytime antibiotics are suggested before a medical or dental procedure.

The AHA guidelines emphasize that maintaining optimal oral health and practicing daily oral hygiene are more important in reducing the risk of IE than is taking preventive antibiotics before a dental visit. For more information, visit "[www.ada.org](http://www.ada.org)". ■

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