

Infective endocarditis prophylaxis and the current AHA, BSAC, NICE and Australian guidelines

Abstract

The latest guidelines from the American Heart Association (AHA) 2007, the *Journal of the American Dental Association* (JADA) 2008, the Australian Prevention of Endocarditis Guidelines 2008, the British Society for Antimicrobial Chemotherapy (BSAC) 2006, and the National Institute for Clinical Excellence (NICE) 2008 were reviewed for this article.¹⁻⁵

As a result of recent literature reviews by the AHA and NICE committees, both groups made recommendations regarding antibiotic prophylaxis for dental treatment. While both agree that the benefit of prophylaxis for dental treatment is unproven, the NICE committee has recommended no antibiotic cover for any patients previously classified as 'at risk' of infective endocarditis (IE), while the AHA has recommended cover only for patients deemed to be at high risk of developing IE and with the poorest outcome in the event of IE development. The BSAC guidelines and the recently published Australian Therapeutic Guidelines on Prevention of Endocarditis 2008 fall broadly into line with the AHA guidelines. This paper will review all the separate guidelines and advocate a regimen for treating at-risk patients.

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Dentists in the DTSS between July 2007 and July 2008

Précis

The numbers of contracting dentists in the DTSS are categorised by level of activity from July 2007 to July 2008.

Abstract

Recent attention in the media concerning the Dental Treatment Services Scheme (DTSS) centres on the number of contracting dentists as a surrogate measure of the availability of services to adult medical card holders in the Republic of Ireland.

Aim: To determine the trend in the number of contracting dentists on the DTSS panel during the year 07/07 to 07/08.

Methods and data: Data were extracted from the database of monthly claims for remuneration, submitted by providers, which is held by the HSE.

Results: The average number of contractors was 1,258. The trend over the year was a reduction of 1.6% in contractor numbers. The average number of 'active' contractors was 833. The trend over the year was a reduction in 'active' contractor numbers of 6.2%. In any month, approximately 34% of contracting dentists were not active.

Conclusions: The trend in the number of contracting dentists was a poor indicator of the trend in availability of services to medical card holders. A better approach would be to count the number of 'active' contractors, in conjunction with their geographic spread and medical card holder density.

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Quality assurance in dental radiography: intra-oral image quality analysis

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Précis

This article looks at the basics of image quality analysis and the quality standards for intra-oral radiographs.

Abstract

With the introduction of criteria for clinical audit by the Irish Dental Council, and the statutory requirement on dentists to introduce this into their practice, this article will introduce the basic concepts of quality standards in intra-oral radiography and the subsequent application of these standards in an image quality audit cycle. Subjective image quality analysis is not a new concept, but its application can prove beneficial to both patient and dental practitioner. The ALARA (as low as reasonably achievable) principle is fundamental in radiation protection, and therefore the prevention of repeat exposures demonstrates one facet of this that the dental practitioner can employ within daily practice.

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