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## **Inappropriate prescribing of antibiotics for pulpitis must stop**

The prospect of tighter restrictions on the prescribing of antibiotics has been welcomed by Julian Webber, principal of the Harley Street Centre for Endodontics, who believes that the dental profession can play its part in reducing the risks posed by antimicrobial resistance.

Dr Webber estimates that for a significant number of dental patients with endodontic disease, antibiotics are prescribed inappropriately. If a correct diagnosis is made when a patient experiences their first symptoms, he says, the need for antibiotics should be minimal.

His comments are made in the wake of the annual report by Chief Medical Officer Sally Davies in which she warned of the dangers posed by drug-resistant bacteria, strains of organisms which cannot be killed off by the antibiotics available today. Dr Davies says that Britain's health system could slip back by 200 years unless the "catastrophic threat" of antibiotic resistance is successfully tackled.

As a specialist referral practice which works daily to save teeth through root canal treatment, Dr Webber and his team already operate to clear guidelines which are underpinned by evidence that antibiotics are not effective for pain relief in cases of irreversible pulpitis. (1,2)

Says Dr Webber: “Symptoms of an irreversible pulpitis such as hot and cold sensitivity that lingers and continuous throbbing pain but where the pulp still tests vital will not be ameliorated in any way by antibiotic prescribing. Extirpation of the inflamed dental pulp and root treatment is the only real solution.”

He continued: “Even where a necrotic dental pulp is diagnosed, indicating a non vital tooth, antibiotics would still not be necessary unless there is facial swelling and systemic effects of infection.”

“Everything comes down to the diagnosis and the tests that can be carried out to identify whether a tooth is vital or non-vital. Whilst the remedy for both a vital tooth with irreversible pulpitis or a necrotic tooth non vital tooth is endodontic treatment, the requirements for antibiotics are really minimal.”

He continued: All dentists should have the diagnostic skills to differentiate a reversible pulpitis from an irreversible pulpitis, and diagnose whether a tooth is vital or non-vital. With these diagnostic skills appropriate treatment can be undertaken and the administration of antibiotics kept to a minimum”.

Dr Webber concluded: “Unnecessary prescribing must be curtailed, both in the dental and the medical sectors. Research (3) shows that unless there is a reduction in appropriate prescribing, we may not have effective antibiotics for use in the management of true orofacial infections in the future.”

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References

1. Keenan JV, Farman AG, Fedorowicz Z, Newton JT A Cochrane systematic review finds no evidence to support the use of antibiotics for pain relief in irreversible pulpitis. J Endod. 2006 Feb;32(2):87-92.
2. Nagle D, Reader A, Beck M, Weaver J. Effect of systemic penicillin on pain in untreated irreversible pulpitis. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2000 Nov; 90(5):636-40.
3. Yingling NM, Byrne BE, Hartwell GR. Antibiotic use by members of the American Association of Endodontists in the year 2000: report of a national survey. J Endod. 2002 May;28(5):396-404.