



This is a repository copy of *Authors' reply to Baker and Alderson*.

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/123246/>

Version: Accepted Version

Article:

Cahill, T.J., Dayer, M., Prendergast, B. et al. (1 more author) (2017) Authors' reply to Baker and Alderson. *BMJ*, 359. j4734. ISSN 0959-8138

<https://doi.org/10.1136/bmj.j4734>

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Authors reply to Baker & Alderson rapid response

Baker and Alderson emphasise elements of the available data to support the decision made by NICE to withdraw antibiotic prophylaxis for patients at risk of infective endocarditis in the UK. Differing interpretations of best practice in the context of limited data are the essence of the ‘uncertainty’ which underlies the BMJ’s series and are to be welcomed. As outlined explicitly in our Uncertainties article,(1) Baker and Alderson reiterate that dental procedures account for a minority of cases, that the absolute risk of infective endocarditis after a given procedure is low, and that there are potential risks associated with antibiotic prophylaxis (although contemporary UK data suggest that there has never been a death associated with amoxicillin antibiotic prophylaxis).(2) We acknowledge these caveats.

However, given the evidence of possible benefit and very low risk of harm, we believe that decisions concerning the use of antibiotic prophylaxis should be devolved to individual patients and not taken at national level. This approach, that is supported by European and American guidelines, allows those at highest risk to make decisions regarding their care with support from general practitioners, cardiologists and dentists.

We are in complete agreement that the rising incidence of infective endocarditis observed in multiple countries is a cause for concern, and that research funding is required to understand this. Furthermore, research needs to not only clarify the role of antibiotic prophylaxis for invasive dentistry, but also investigate other novel preventative strategies.

References

1. Cahill TJ, Dayer M, Prendergast B, Thornhill M. Do patients at risk of infective endocarditis need antibiotics before dental procedures? *BMJ* 2017;358.
2. Thornhill MH, Dayer MJ, Prendergast B, Baddour LM, Jones S, Lockhart PB. Incidence and nature of adverse reactions to antibiotics used as endocarditis prophylaxis. *Journal of Antimicrobial Chemotherapy* 2015;70:2382-8.

Competing interests: See original article