

Therapeutics Initiative

Better prescribing. Better health.

Portrait Code: SAMPLE

Which antibiotics do you prescribe for dental infections?

In partnership with:

antibiotic
wise.ca



BC Centre for Disease Control
Provincial Health Services Authority

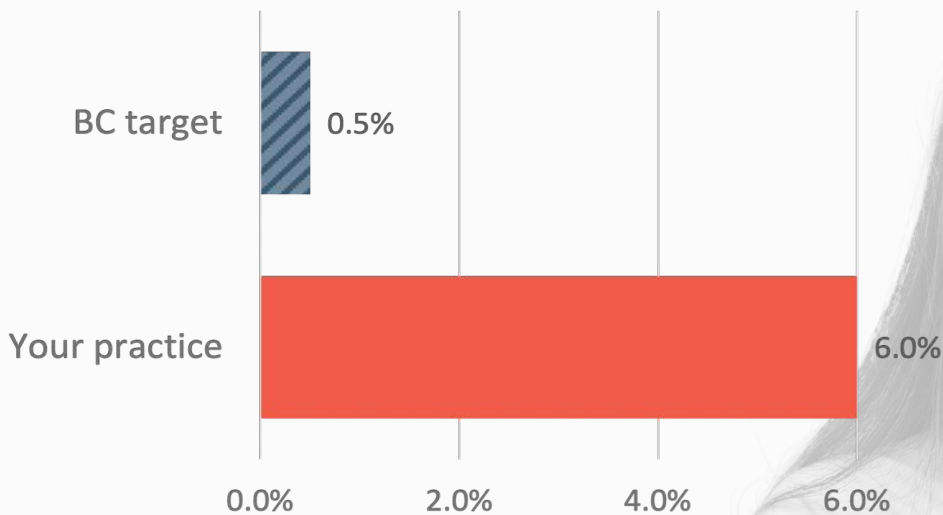
DO
BUGS
NEED
DRUGS?

This Portrait shows your 2022 prescribing patterns for outpatients who filled an antibiotic prescription of any duration.

The best available evidence indicates that **clindamycin** is more strongly associated with the development of *C. difficile* colitis than other antibiotics.

Do not use clindamycin routinely for prophylaxis or management of dental infections (See reverse for first-line options). Cefuroxime is a safe option for most patients who have a true penicillin allergy.†

Proportion of patients prescribed clindamycin vs other antibiotics in 2022.



Reflective Questions:

Think through these 4 questions to help improve your likelihood of making a change:

1. Do you want to reduce the number of clindamycin prescriptions you write?
2. What outcome of reducing clindamycin prescriptions is most important to you?
3. What obstacles, if any, do you anticipate?
4. What are one or two practical steps to help overcome these obstacles?



THE UNIVERSITY
OF BRITISH COLUMBIA

PORTRAIT@TI.UBC.CA | P 604.822.4887 | F 604.822.0701

Details for antibiotic selection for prophylaxis and treatment of dental infections

In the few patients for whom Bugs & Drugs* suggests prophylaxis, prescribe:

- A single 2g oral dose of amoxicillin given 30-60 minutes before dental surgery, OR
- A single 500mg oral dose of cefuroxime, if the patient has penicillin allergy

If a patient has a dentoalveolar or periapical abscess, first arrange drainage. For symptoms or signs of systemic infection or if adequate drainage cannot be achieved:

Prescribe

Either of:

- Penicillin VK 300-600mg PO QID x 7 days, OR
- Cefuroxime axetil 500mg PO BID x 7 days, if penicillin allergic

AND

- Metronidazole 500mg PO BID x 7 days

OR

If adherence to QID dosing is a significant concern, consider this broader spectrum option with slightly higher risk of *C. difficile* but less pill burden:

- Amoxicillin-clavulanate 875mg PO BID x 7 days

For patients who may require other options, see Bugs & Drugs.

* Bugs & Drugs is supported by Alberta Health Services, Alberta Health, the BC Ministry of Health, and the Do Bugs Need Drugs? program.

More information on the use and selection of antibiotics, how to approach patients with penicillin allergy, and details on the role of clindamycin can be found in the Therapeutics Letter cited below.

† Therapeutics Initiative. Rethink Clindamycin for Dental Patient Safety. *Therapeutics Letter*, 2024 (March-April); 148: 1-2.



Up-to-date antibiotic selection guidance is available at:
bugsanddrugs.org

More information is available at:
ti.ubc.ca



PLEASE NOTE: The accuracy of your prescribing Portrait is dependent on the completeness of PharmaNet data; we are unable to capture data on patients who received but did not fill prescriptions.

DATA & DEFINITIONS

Patients included: all adult patients (age >16) who received an outpatient prescription for antibiotics in 2022 from dentists registered with the BCCOHP.

Patients excluded: patients who received a course of antibiotics in the 2 weeks preceding prescription.

Drugs included: oral amoxicillin, penicillin, cefuroxime, clindamycin, doxycycline, azithromycin, clarithromycin, cephalexin, ciprofloxacin, levofloxacin, moxifloxacin, tetracycline.

Drugs excluded: any drug prescribed "for office use" was excluded.

Where two antibiotics were prescribed simultaneously (e.g., penicillin and metronidazole), this is reported as one prescription; where clindamycin was prescribed simultaneously as another antibiotic, the prescription is reported as clindamycin.

FOR DETAILED DEFINITIONS AND REFERENCES SEE: [WWW.TI.UBC.CA/PORTRAIT-DENTAL](https://www.ti.ubc.ca/portrait-dental)