

Guidelines for prevention of infective endocarditis

An explanation of the changes

The full 2007 American Heart Association (AHA) guidelines for prevention of infective endocarditis were published online ahead of print in the AHA journal *Circulation* on April 19, 2007. The portions of the guidelines pertinent to dentistry were adopted by the American Dental Association (ADA) and were published both on ADA.org in April 2007 and in JADA in June 2007. However, the decision was made to reprint this dental version because of corrections made by the AHA to the full guidelines before their publication in the print version of *Circulation* in October 2007.¹

These AHA recommendations were developed by the AHA guidelines writing group over a three-year period. The document then went through a lengthy and thorough review process whereby adult and pediatric cardiologists, infectious diseases specialists, dentists, epidemiologists, surgeons and others carefully reviewed the document and made suggestions for improvement. After this process was completed, the manuscript was approved for publication by the AHA and was submitted to *Circulation* for electronic publication. After the April 2007 publication, the AHA writing group learned that there was confusion among the readership regarding the use of the language “Recommended” in the title of Tables 3 and 4 (in this supplement, Boxes 3 and 4) and “may be reasonable” or “may be considered” in the text when referring to the Class IIb recommendations. The writing group has clarified this by revising the wording in the tables and changing the language in the text to “is reasonable.” According to AHA policy for wording of classes of recommendations, this change in language is accompanied by a shift in the class of recommendation from IIb to IIa (see Box 1 on page 5S of this supplement).

These adjustments in wording have little impact on dental practice, since they do not change either the cardiac patients or the dental procedures indicated for antibiotic prophylaxis. These changes

have been made in the current print¹ and online² versions of the article, and in this JADA supplement, which replaces the version published in the June issue of JADA. Furthermore, the errata have been made available separately online.³

As announced in April 2007, these 2007 AHA recommendations update the previous 1997 AHA recommendations, and there are significant differences in the nature of the patients now considered for prophylaxis. By eliminating the moderate risk group of people who were considered for prophylaxis in the 1997 AHA recommendations, about 90 percent of people no longer are thought to be at risk of developing infective endocarditis as a result of dental procedures to the extent that antibiotic prophylaxis should be considered. In addition, the description of dental procedures to be covered has changed from one of listing procedures that should or should not be covered to a simple sentence that describes the nature of procedures of concern. This is a change that will have little, if any, impact on the nature of dental procedures that are covered with antibiotics. ■

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1. Wilson W, Taubert KA, Gewitz M, et al. Prevention of infective endocarditis: guidelines from the American Heart Association—a guideline from the American Heart Association Rheumatic Fever, Endocarditis and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. *Circulation* 2007;116:1736-1754.

2. Wilson W, Taubert KA, Gewitz M, et al. Prevention of infective endocarditis: guidelines from the American Heart Association—a guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. *Circulation* 2007;116:1736-1754. Available at: “<http://circ.ahajournals.org/cgi/content/full/116/15/1736>”. Accessed Oct. 20, 2007.

3. Correction for Wilson et al., *Circulation* 2007;116(15):1736-54. Available at: “<http://circ.ahajournals.org/cgi/content/full/circulationaha;116/15/e376>”. Accessed Oct. 20, 2007.