

Editorial

CORRUPTION IN DENTAL CLINIC

Every dentist gives medicines to patients everyday. It is important to keep in mind that all patients do not need a prescription but irrational prescribing is rampant now. One dental school survey revealed that most dentists are not aware of the rationale of prescribing.

According to WHO, every fourth person seen in a medical practitioner's reception room has been reported to be a medical representative. Prescribing habits of dental practitioners are being dictated by medical representatives in alarming proportions.

Antibiotics and analgesics are the most commonly prescribed medicines in dentistry. With antibiotic resistance becoming a global concern and the reports that paracetamol can cause severe liver and kidney damage or may even lead to death,¹ dentists have a huge social responsibility.

Irrational use of medicines is a major problem worldwide.² WHO estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly. The overuse, underuse or misuse of medicines results in wastage of scarce resources and widespread health hazards.

Examples of irrational use of medicines include use of too many medicines per patient ('poly-pharmacy'), inappropriate use of antimicrobials, often in inadequate dosage, for nonbacterial infections, failure to prescribe in accordance with clinical guidelines and nonadherence to dosing regimes.

An analysis of antibiotic prescriptions from general dental practitioners in England³ showed that many practitioners prescribed antibiotics inappropriately with inconsistent frequency and dose for prolonged periods. Antibiotics are not effective in providing pain relief in people who have irreversible pulpitis. But, it is seen that there is widespread inappropriate use of antibiotics: up to 74% of people who have pulpitis are given a prescription for antibiotics.⁴

According to updated recommendations from the American Heart Association,⁵ antibiotic prophylaxis is not necessary for most people and, in fact, it might create more harm than good. Only people who are at the greatest risk of bad outcomes from infective endocarditis should receive short-term preventive antibiotics. This includes people with artificial heart valves, a history of previous endocarditis, certain serious congenital heart conditions and heart transplant patients who develop a problem with a heart valve.

Studies that investigate the pattern of antibiotic use by dentists worldwide show that the prescribing practices of dentists are inadequate and this is manifested by overprescribing. This can be improved by increasing awareness among dental practitioners of the recommended guidelines.

Appropriate use of medicines that will give optimum results and least side effects will ensure that antibiotic resistance will not bring a preantibiotic era in the future. At a time when eradication of corruption is happening in our society, let us, dentists, decide to eliminate the corruption in the area of medicine prescription.

REFERENCES

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