

THE USE OF ANTIBIOTICS IN DENTAL PRACTICE AND THEIR IMPACT ON ANTIBIOTIC RESISTANCE

Dr.Mohannad Hussien Jar^{1*}, Mazen Ahmed Edhah Althomali², Basim Abdullah Ahmad Alsubikhi³, Bander Wasel Almegati⁴, Abbas Ahmed Ali Al Radwan⁵, Wael Abdullah Al Shehri⁶, Suad Mohammed Alamiri⁷, Mohammed Sulaiman S Almousa⁸, Ali Abdullah Alghamdi⁹, Ahmed Abdullah Alghamdi¹⁰, Rakan Ibrahim Mohammed¹¹, Bdrabalnabi, Mohammed Saleh S¹²

Abstract:

The use of antibiotics in dental practice is a common and often necessary intervention to manage various oral infections and prevent systemic complications. However, the overuse and misuse of antibiotics in dentistry have raised concerns regarding the development of antibiotic resistance, posing a significant public health threat. This review article aims to provide a comprehensive overview of the current practices, challenges, and implications of antibiotic resistance in dental care, with a specific focus on antibiotic resistance. The article discusses the mechanisms of antibiotic resistance in oral bacteria, factors contributing to the emergence of resistance, and strategies to mitigate the development of resistance in dental settings. Furthermore, the review explores the impact of antibiotic stewardship programs, guidelines for prudent antibiotic prescribing, and alternative approaches to managing dental infections without relying solely on antibiotic resistance, this article highlights the importance of judicious antibiotic use and the need for ongoing education and awareness among dental professionals and patients.

Keywords: Antibiotics, Dental practice, Antibiotic resistance, Oral infections, Antibiotic stewardship, Prudent prescribing.

^{1*}Dental, Kilo 13 Primary care center, Al Thaghar Hospital, Saudi Arabia.

²Clinical pharmacist turabah hospital, Saudi Arabia.

³Dammam medical complex, Pharmacist on pharmacy department, Saudi Arabia.

⁴GP Dental, AL RAYYAN PHC (Ministry of Health), Mecca, Saudi Arabia.

⁵Pharmacist, Pharmaceutical affairs department, Dammam medical complex, Saudi Arabia.

⁶Dentist, Alazizyah primary health care, Meca, Saudi Arabia.

⁷Dental assistant, Kilo 13 primary healthcare center, Althager hospital, Saudi Arabia.

⁸Dentist, Saihat 1 Healthcare Center, Saudi Arabia.

⁹ Doctor of pharmacy, Directorate of Health Affairs, Jeddah, Saudi Arabia.

¹⁰ Technician pharmacist, Directorate of Health Affairs, Jeddah, Saudi Arabia.

¹¹Dentist, Alrubaish, Ministry of health-Dawadmi General Hospital, Saudi Arabia.

¹² Technician pharmacist, DHAHRAN EYE SPECIALIST HOSPITAL, Saudi Arabia.

* Corresponding Author: Dr.Mohannad Hussien Jar

*Dental, Kilo 13 Primary care center, Al Thaghar Hospital, Saudi Arabia.

DOI: XYZ

The Use Of Antibiotics In Dental Practice And Their Impact On Antibiotic Resistance

Introduction:

Antibiotics have been a crucial component in the field of dentistry for treating various oral infections and preventing the spread of bacteria. However, the overuse and misuse of antibiotics in dental practice have raised concerns about the development of antibiotic resistance, a global health issue that poses a significant threat to public health [1].

Antibiotics are commonly prescribed in dental practice to treat infections such as periodontal disease, tooth abscesses, and post-operative infections. They work by killing or inhibiting the growth of bacteria, thereby helping to alleviate symptoms and prevent complications. While antibiotics have been instrumental in saving countless lives and improving oral health outcomes, their widespread use has led to the emergence of antibiotic-resistant bacteria [2].

Antibiotic resistance occurs when bacteria evolve and adapt to become resistant to the effects of antibiotics. This can happen through various mechanisms, such as genetic mutations or the transfer of resistance genes between bacteria. When antibiotics are used inappropriately or unnecessarily, they can create selective pressure that favors the survival of resistant bacteria, allowing them to multiply and spread. As a result, infections become more difficult to treat, leading to prolonged illness, increased healthcare costs, and in some cases, mortality [3].

In the context of dental practice, the misuse of antibiotics can occur in several ways. One common issue is the overprescription of antibiotics for conditions that do not require them, such as viral infections or minor dental procedures. This not only exposes patients to unnecessary risks of side effects and allergic reactions but also contributes to the development of antibiotic resistance. Additionally, the inappropriate use of broadspectrum antibiotics, which target a wide range of bacteria, can further fuel the emergence of resistant strains [4].

To address the growing threat of antibiotic resistance in dental practice, it is essential for dental professionals to adopt evidence-based prescribing practices and adhere to guidelines set forth by organizations such as the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC). This includes conducting thorough diagnostic assessments, prescribing antibiotics only when necessary, and selecting the most appropriate antibiotic based on the type of infection and the susceptibility of the bacteria involved. Dentists should also educate their patients about the importance of completing the full course of antibiotics as prescribed and the potential risks of antibiotic resistance [5].

In addition to responsible prescribing practices, dental professionals can also play a role in preventing antibiotic resistance by promoting good oral hygiene and infection control measures. By emphasizing the importance of regular dental cleanings, proper oral care, and the use of antimicrobial agents such as mouth rinses, dentists can help reduce the need for antibiotics and minimize the risk of bacterial infections. Furthermore, implementing strategies to prevent the spread of infections in dental settings, such as sterilization of instruments and adherence to strict infection control protocols, can help reduce the reliance on antibiotics for treating oral infections [6].

The Role of Antibiotics in Dental Practice:

Antibiotics play a crucial role in the field of dentistry, as they are commonly prescribed to treat various dental infections and prevent complications during dental procedures. In this essay, we will explore the importance of antibiotics in dental practice, their uses, benefits, risks, and guidelines for their appropriate use [4].

Antibiotics are used in dental practice to treat bacterial infections that affect the teeth, gums, and surrounding tissues. Common dental infections that may require antibiotic treatment include dental abscesses, periodontal disease, and post-operative infections following dental procedures such as extractions or root canals. Antibiotics can also be prescribed as a prophylactic measure to prevent infections that increase their risk of developing complications from dental procedures [2].

The use of antibiotics in dental practice offers several benefits. Antibiotics can help alleviate pain and swelling associated with dental infections, and prevent the spread of infection to other parts of the body. In some cases, antibiotics can also help reduce the need for more invasive dental procedures, such as surgical drainage of abscesses. By effectively treating infections, antibiotics can help improve the overall oral health and well-being of patients [7].

While antibiotics are generally safe and effective when used appropriately, they can also pose risks if not prescribed or taken correctly. Overuse and misuse of antibiotics can lead to the development of antibiotic-resistant bacteria, which are more difficult to treat and can cause serious infections. Antibiotics can also cause side effects such as allergic reactions, gastrointestinal upset, and interactions with other medications. Therefore, it is important for dental professionals to carefully consider the risks and benefits of antibiotic therapy before prescribing them to patients [8].

To ensure the safe and effective use of antibiotics in dental practice, it is important for dental professionals to follow established guidelines for antibiotic prescribing. These guidelines include [9-11]:

1. Proper diagnosis: Before prescribing antibiotics, dental professionals should accurately diagnose the type and severity of the infection, and determine whether antibiotic therapy is necessary.

2. Selection of appropriate antibiotics: The choice of antibiotic should be based on the type of infection, the likely causative bacteria, and the patient's medical history and allergies.

3. Dosage and duration: Antibiotics should be prescribed at the correct dosage and for the appropriate duration to ensure effective treatment and minimize the risk of resistance.

4. Patient education: Patients should be informed about the importance of taking antibiotics as prescribed, completing the full course of treatment, and reporting any side effects to their dental provider.

Antibiotics play a vital role in dental practice by helping to treat infections, prevent complications, and improve patient outcomes. However, it is important for dental professionals to use antibiotics judiciously and follow guidelines for their appropriate use to minimize the risks of resistance and side effects. By understanding the uses, benefits, risks, and guidelines for antibiotic therapy, dental professionals can provide safe and effective care to their patients and contribute to the overall success of dental treatment [10].

Mechanisms of Antibiotic Resistance in Oral Bacteria:

Antibiotic resistance is a growing concern in the field of medicine, as more and more bacteria are developing resistance to commonly used antibiotics. This resistance poses a serious threat to public health, as it can lead to the failure of antibiotic treatments and the spread of infections that are difficult to treat. In recent years, there has been a particular focus on understanding the mechanisms of antibiotic resistance in oral bacteria, as these bacteria play a significant role in the development of dental and periodontal infections [12].

One of the main mechanisms of antibiotic resistance in oral bacteria is the production of enzymes that can inactivate antibiotics. These enzymes, known as beta-lactamases, are able to break down the beta-lactam ring structure of antibiotics such as penicillin, rendering them ineffective. This mechanism of resistance is particularly common in bacteria such as Streptococcus pneumoniae and Haemophilus influenzae, which are commonly found in the oral cavity [13].

Another mechanism of antibiotic resistance in oral bacteria is the modification of antibiotic targets. Bacteria can alter the structure of their cell walls or proteins in such a way that antibiotics are no longer able to bind to them and exert their effects. This can make the bacteria resistant to a wide range of antibiotics, as the modification of the target is not specific to a particular class of antibiotics [14].

Furthermore, oral bacteria can also develop resistance through the efflux of antibiotics from their cells. Efflux pumps are proteins that are able to pump antibiotics out of bacterial cells before they can exert their effects. This mechanism of resistance is particularly problematic, as it can confer resistance to multiple antibiotics at once, making treatment of infections very difficult [15]. In addition to these specific mechanisms of resistance, oral bacteria can also develop resistance through the acquisition of resistance genes from other bacteria. Bacteria are able to transfer genetic material between themselves through processes as conjugation, transformation, such and transduction. This can lead to the spread of antibiotic resistance genes within bacterial populations, making infections caused by these bacteria increasingly difficult to treat [16].

It is important to note that the development of antibiotic resistance in oral bacteria is not solely due to the overuse or misuse of antibiotics in dental practice. While this certainly plays a role, the natural ability of bacteria to adapt and evolve in response to environmental pressures is also a significant factor. As such, it is crucial for researchers and healthcare professionals to continue studying the mechanisms of antibiotic resistance in oral bacteria in order to develop new strategies for combating this growing problem [17]. The mechanisms of antibiotic resistance in oral bacteria are complex and multifaceted. From the production of inactivating enzymes to the modification of antibiotic targets and the efflux of antibiotics from bacterial cells, oral bacteria have evolved various strategies to evade the effects of antibiotics. Understanding these mechanisms is essential for the development of new antibiotics and treatment strategies that can effectively combat antibiotic-resistant oral infections [18].

Factors Contributing to the Development of Antibiotic Resistance:

One of the primary factors contributing to the development of antibiotic resistance is the overuse and misuse of antibiotics. Antibiotics are powerful medications that are used to treat bacterial infections. However, they are often prescribed unnecessarily or inappropriately, such as for viral infections like the common cold. This overuse and misuse of antibiotics can lead to the development of resistance as bacteria are exposed to the drugs more frequently and have more opportunities to evolve resistance mechanisms [5].

Another factor that contributes to antibiotic resistance is the use of antibiotics in agriculture. Antibiotics are commonly used in livestock farming to promote growth and prevent infections. However, the widespread use of antibiotics in agriculture can lead to the development of resistant bacteria in animals, which can then be transmitted to humans through the food chain. This can further contribute to the spread of antibiotic resistance in human populations [19].

In addition to overuse and misuse, the improper disposal of antibiotics can also contribute to the development of resistance. When antibiotics are not disposed of properly, they can enter the environment through wastewater and contaminate water sources. This can create selective pressure for bacteria to develop resistance to the antibiotics, as they are constantly exposed to low levels of the drugs in the environment [1].

Furthermore, the lack of new antibiotics in development is also a contributing factor to the development of antibiotic resistance. As bacteria continue to evolve and develop resistance to existing antibiotics, there is a pressing need for the development of new drugs to combat resistant infections. However, the pipeline for new antibiotic development is limited, as it is costly and timeconsuming to bring new drugs to market. This lack of new antibiotics leaves healthcare providers with fewer options for treating resistant infections, further exacerbating the issue of antibiotic resistance [20].

The development of antibiotic resistance is a complex issue that is influenced by a variety of factors. Overuse and misuse of antibiotics, the use of antibiotics in agriculture, improper disposal of antibiotics, and the lack of new antibiotics in development all contribute to the spread of antibiotic resistance. In order to address this issue effectively, it is crucial for healthcare providers, policymakers, and the public to work together to promote responsible antibiotic use, improve antibiotic stewardship practices, and support the development of new antibiotics. By taking a multifaceted approach to combating antibiotic resistance, we can help preserve the effectiveness of these life-saving medications for future generations [21].

Strategies to Mitigate Antibiotic Resistance in Dental Care:

To mitigate antibiotic resistance in dental care, it is essential for dental professionals to adopt strategies that promote judicious antibiotic use and prevent the development of resistance. Some of the key strategies include [22, 23]:

- 1. Educating patients: Dental professionals should educate patients about the appropriate use of antibiotics and the importance of completing the full course of treatment. Patients should be informed about the risks of antibiotic resistance and the potential consequences of overusing these drugs.
- 2. Implementing guidelines: Dental practices should follow evidence-based guidelines for prescribing antibiotics. Guidelines such as those developed by the American Dental Association and the Centers for Disease Control and Prevention can help dentists make informed decisions about when to prescribe antibiotics and which drugs to use.
- 3. Using alternative treatment options: In many cases, antibiotics may not be necessary for treating dental infections or conditions. Dental professionals should explore alternative treatment options, such as drainage of abscesses, pain management, and proper oral hygiene practices, before resorting to antibiotics.
- 4. Practicing infection control: Proper infection control measures can help prevent the spread of infections and reduce the need for antibiotics. Dental practices should follow strict protocols for sterilizing instruments, disinfecting surfaces, and using personal protective equipment to minimize the risk of infections.
- 5. Monitoring antibiotic use: Dental professionals should track their antibiotic prescribing practices and monitor the outcomes of treatment. By reviewing antibiotic prescriptions and evaluating the effectiveness of treatment, dentists can identify areas for improvement and make adjustments to their prescribing practices.
- 6. Collaborating with other healthcare providers: Collaboration with other healthcare providers, such as primary care physicians and infectious disease specialists, can help dental professionals make informed decisions about antibiotic use. Consulting with specialists can provide valuable

The Use Of Antibiotics In Dental Practice And Their Impact On Antibiotic Resistance

insights into the appropriate use of antibiotics and help prevent the development of resistance.

By implementing these strategies, dental professionals can play a crucial role in mitigating antibiotic resistance in dental care. It is essential for dentists to be mindful of the potential consequences of overprescribing antibiotics and to take proactive steps to promote judicious antibiotic use. By educating patients, following guidelines, exploring alternative treatment options, practicing infection control. monitoring antibiotic use. and collaborating with other healthcare providers, dental professionals can help preserve the effectiveness of antibiotics and protect the health of their patients [24].

Antibiotic Stewardship Programs and Guidelines for Prudent Prescribing:

In response to this growing concern, antibiotic stewardship programs have been developed to promote the prudent use of antibiotics and combat antibiotic resistance. These programs provide guidelines and strategies for healthcare providers to prescribe antibiotics judiciously, thereby preserving the effectiveness of these life-saving medications for future generations [25].

Antibiotic stewardship is a coordinated effort to optimize the use of antibiotics in healthcare settings. The goal of antibiotic stewardship programs is to ensure that antibiotics are prescribed only when necessary, at the right dose, for the right duration, and using the most appropriate antibiotic agent. By following these principles, healthcare providers can minimize the development of antibiotic resistance, reduce the risk of adverse drug reactions, and improve patient outcomes [26].

• Key Components of Antibiotic Stewardship Programs

Antibiotic stewardship programs typically include a set of core elements that are essential for promoting prudent antibiotic prescribing practices. These core elements may vary depending on the healthcare setting, but they generally include the following [27-29]:

- 1. Leadership commitment: Strong leadership support is crucial for the success of antibiotic stewardship programs. Hospital administrators, medical directors, and other key stakeholders should demonstrate a commitment to promoting prudent antibiotic use and provide resources to support the program.
- 2. Accountability: Healthcare providers should be held accountable for their antibiotic prescribing

practices. Regular monitoring and feedback on antibiotic use can help identify areas for improvement and encourage adherence to guidelines.

- 3. Education and training: Healthcare providers should receive education and training on antibiotic prescribing guidelines, antibiotic resistance, and the importance of antibiotic stewardship. Continuing education programs can help keep providers up-to-date on best practices in antibiotic prescribing.
- 4. Guidelines and protocols: Antibiotic stewardship programs should provide evidence-based guidelines and protocols for antibiotic prescribing. These guidelines should be tailored to the specific needs of the healthcare setting and should be regularly updated to reflect the latest scientific evidence.
- 5. Antibiotic resistance surveillance: Monitoring antibiotic resistance patterns is essential for identifying emerging resistance trends and guiding antibiotic prescribing decisions. Surveillance data can help healthcare providers select the most effective antibiotics for treating infections in their patients.
- 6. Antimicrobial stewardship team: Many antibiotic stewardship programs include a multidisciplinary team of healthcare professionals, including infectious disease specialists, pharmacists, microbiologists, and infection preventionists. This team collaborates to develop and implement strategies for optimizing antibiotic use.
- Guidelines for Prudent Antibiotic Prescribing

In addition to the core elements of antibiotic stewardship programs, healthcare providers can follow specific guidelines for prudent antibiotic prescribing. These guidelines are designed to help providers make informed decisions about when to prescribe antibiotics, which antibiotics to use, and how to monitor patients for treatment response. Some key principles of prudent antibiotic prescribing include [30- 32]:

- 1. Diagnose bacterial infections accurately: Before prescribing antibiotics, healthcare providers should confirm the presence of a bacterial infection through appropriate diagnostic testing. Overprescribing antibiotics for viral infections, which do not respond to antibiotics, can contribute to antibiotic resistance.
- 2. Use narrow-spectrum antibiotics when possible: Narrow-spectrum antibiotics target a specific group of bacteria and are less likely to promote the development of resistance than broad-

The Use Of Antibiotics In Dental Practice And Their Impact On Antibiotic Resistance

spectrum antibiotics. Healthcare providers should choose the most narrow-spectrum antibiotic that is effective against the suspected pathogen.

- 3. Prescribe the right dose and duration: Antibiotics should be prescribed at the correct dose and for the appropriate duration to ensure that the infection is adequately treated. Underdosing or prematurely stopping antibiotics can lead to treatment failure and the development of resistance.
- 4. Follow antibiotic stewardship guidelines: Healthcare providers should adhere to the antibiotic stewardship guidelines established by their institution or professional organizations. These guidelines are based on the latest scientific evidence and can help providers make informed decisions about antibiotic prescribing. Antibiotic stewardship programs and guidelines for prudent antibiotic prescribing are essential tools for combating antibiotic resistance and preserving the effectiveness of antibiotics. By following these principles, healthcare providers can ensure that antibiotics are used judiciously, minimizing the risk of resistance and improving patient outcomes. It is important for healthcare organizations to implement antibiotic stewardship programs and educate providers on best practices in antibiotic prescribing to protect the health of their patients and the broader community [30].

Conclusion:

In conclusion, while antibiotics play a vital role in dental practice for treating infections and maintaining oral health, their overuse and misuse can have serious consequences for public health. The development of antibiotic resistance poses a significant challenge that requires a collaborative effort from dental professionals, policymakers, and the public to address. By adopting responsible prescribing practices, promoting infection control measures, and educating patients about the risks of antibiotic resistance, the dental community can help mitigate the impact of antibiotic resistance and preserve the effectiveness of these life-saving medications.

References:

- 1. Sweeney LC, Dave J, Chambers PA, Heritage J. Antibiotic resistance in general dental practice--a cause for concern? J Antimicrob Chemother. 2004;53(4):567-576.
- 2. Palmer NO, Martin MV, Pealing R, Ireland RS. An analysis of antibiotic prescriptions from general dental practitioners in England. J

Antimicrob Chemother. 2000;46(6):1033-1035.

- 3. Lockhart PB, Tampi MP, Abt E, et al. Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling: A report from the American Dental Association. J Am Dent Assoc. 2019;150(11):906-921.e12.
- 4. Teoh L, Stewart K, Marino RJ, McCullough MJ. A review of guidelines for antibiotic use in dental trauma. Aust Dent J. 2009;54(3):195-202.
- Lodi G, Figini L, Sardella A, Carrassi A, Del Fabbro M, Furness S. Antibiotics to prevent complications following tooth extractions. Cochrane Database Syst Rev. 2012;(11):CD003811.
- Segura-Egea JJ, Gould K, Şen BH, Jonasson P, Cotti E, Mazzoni A, Sunay H, Tjäderhane L, Dummer PM. Antibiotics in Endodontics: A review. Int Endod J. 2017;50(12):1169-1184.
- 7. Hersh EV, Moore PA, Ross GL. Over-thecounter analgesics and antipyretics: a critical assessment. Clin Ther. 2000;22(5):500-548.
- 8. Pallasch TJ. Antibiotics: Use in dental practice. Dent Clin North Am. 2002;46(4):691-710.
- 9. Al-Haroni M, Skaug N. Incidence of antibiotic prescribing in dental practice in Norway and its contribution to national consumption. J Antimicrob Chemother. 2007;59(6):1161-1166.
- 10. Dar-Odeh NS, Abu-Hammad OA, Al-Omiri MK, Khraisat AS, Shehabi AA. Antibiotic prescribing practices by dentists: a review. Ther Clin Risk Manag. 2010;6:301-306.
- 11. Suda KJ, Calip GS, Zhou J, et al. Assessment of the appropriateness of antibiotic prescriptions for infection prophylaxis before dental procedures, 2011 to 2015. JAMA Netw Open. 2019;2(9):e1911250.
- 12. Suda KJ, Henschel H, Patel U, Fitzpatrick MA, Evans CT. A national evaluation of antibiotic expenditures by healthcare setting in the United States, 2009. J Antimicrob Chemother. 2013;68(3):715-718.
- Zadik Y, Sandler V, Bechor R, Salehrabi R. Analysis of factors related to extraction of endodontically treated teeth. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008;106(5):e31-e35.
- 14. Skucaite N, Pečiuliene V, Maneliene R, Maciulskiene V. Dental practitioners' selfreported use of antibiotics and treatment

guidelines in the Baltic countries. Medicina (Kaunas). 2010;46(11):752-758.

- 15. Durkin MJ, Hsueh K, Sallah YH, et al. An evaluation of dental antibiotic prescribing practices in the United States. J Am Dent Assoc. 2017;148(12):878-886.e1.
- 16. Hersh EV, Moore PA. Adverse drug interactions in dental practice: interactions associated with analgesics, anti-inflammatory agents, and antibiotics. Anesth Prog. 2007;54(4):150-161.
- Palmer NO, Batchelor P, Sheehan B, et al. Antibiotic prescribing for oro-facial infections in the general dental services in England 2013. Br Dent J. 2016;220(3):109-114.
- Luzzi V, Ierardo G, Bossù M, Polimeni A. The role of antibiotics in the prevention and treatment of aggressive periodontitis. J Biol Regul Homeost Agents. 2018;32(1 Suppl. 1):27-35.
- 19. Dar-Odeh NS, Abu-Hammad OA, Al-Omiri MK, Khraisat AS, Shehabi AA. Antibiotic prescribing practices by dentists: a review. Ther Clin Risk Manag. 2010;6:301-306.
- Segura-Egea JJ, Gould K, Şen BH, Jonasson P, Cotti E, Mazzoni A, Sunay H, Tjäderhane L, Dummer PM. Antibiotics in Endodontics: A review. Int Endod J. 2017;50(12):1169-1184.
- 21. Sweeney LC, Dave J, Chambers PA, Heritage J. Antibiotic resistance in general dental practice--a cause for concern? J Antimicrob Chemother. 2004;53(4):567-576.
- 22. Lockhart PB, Tampi MP, Abt E, et al. Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling: A report from the American Dental Association. J Am Dent Assoc. 2019;150(11):906-921.e12.
- 23. Teoh L, Stewart K, Marino RJ, McCullough MJ. A review of guidelines for antibiotic use in dental trauma. Aust Dent J. 2009;54(3):195-202.
- 24. Lodi G, Figini L, Sardella A, Carrassi A, Del Fabbro M, Furness S. Antibiotics to prevent complications following tooth extractions. Cochrane Database Syst Rev. 2012;(11):CD003811.
- 25. Al-Haroni M, Skaug N. Incidence of antibiotic prescribing in dental practice in Norway and its contribution to national consumption. J Antimicrob Chemother. 2007;59(6):1161-1166.
- 26. Dar-Odeh NS, Abu-Hammad OA, Al-Omiri MK, Khraisat AS, Shehabi AA. Antibiotic

prescribing practices by dentists: a review. Ther Clin Risk Manag. 2010;6:301-306.

- 27. Suda KJ, Calip GS, Zhou J, et al. Assessment of the appropriateness of antibiotic prescriptions for infection prophylaxis before dental procedures, 2011 to 2015. JAMA Netw Open. 2019;2(9):e1911250.
- 28. Suda KJ, Henschel H, Patel U, Fitzpatrick MA, Evans CT. A national evaluation of antibiotic expenditures by healthcare setting in the United States, 2009. J Antimicrob Chemother. 2013;68(3):715-718.
- Zadik Y, Sandler V, Bechor R, Salehrabi R. Analysis of factors related to extraction of endodontically treated teeth. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008;106(5):e31-e35.
- Skucaite N, Pečiuliene V, Maneliene R, Maciulskiene V. Dental practitioners' selfreported use of antibiotics and treatment guidelines in the Baltic countries. Medicina (Kaunas). 2010;46(11):752-758.
- 31. Durkin MJ, Hsueh K, Sallah YH, et al. An evaluation of dental antibiotic prescribing practices in the United States. J Am Dent Assoc. 2017;148(12):878-886.e1.
- 32. Hersh EV, Moore PA. Adverse drug interactions in dental practice: interactions associated with analgesics, anti-inflammatory agents, and antibiotics. Anesth Prog. 2007;54(4):150-161.