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Antibiotic Prescribing Patterns for Endodontic Therapies Among Indian Dentists - A Cross Sectional Study

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ABSTRACT:

Aim- To evaluate the views of interns (G1), general dental practitioners (GDPs; G2), postgraduate endodontic students (G3) and endodontists (G4) in India on antibiotic prescribing for endodontic conditions, and investigate the potential differences between these groups.

Methods- A cross-sectional online questionnaire based survey of qualitative and quantitative questions was distributed to 517 participants. Seven questions recorded general information, and the remaining questions (Q.8-18) included a series of hypothetical clinical scenarios, where the participants were asked to state whether they would or would not prescribe antibiotics. The data was analysed using SPSS version 20 to produce descriptive statistics, contingency tables and to run chi-square tests.

Results- The response rate was 62.08% (n = 321). All G4 participants were aware of the consequences of antibiotic overuse. Approximately 55.5% of responders were aware of guidelines for antibiotic use in endodontic therapies, and 68% would only use antibiotics for a limited selection of patients (e.g. patients with systemic complications). G1 and G2 responses to clinical scenarios indicated overall that they were non-comparable to the ideal answers. The majority of G3 and G4 were aware of the consequences of antibiotic overuse. Overall responses revealed that antibiotics would be prescribed for: systemic complications (84%) and symptomatic apical periodontitis (41%). The clinical scenarios revealed G1 and G2 were more likely to prescribe antibiotics compared to G3 and G4 for cases of necrotic pulp with symptomatic apical periodontitis without systemic complications (incorrect answer) and less likely to other clinical scenarios such as acute apical abscess with cellulitis, symptomatic irreversible pulpitis, chronic apical abscess for patients with diabetes. The recognition of antibiotic prescription for cases with signs of spreading infection was more evident in G4.

Conclusion-Interns (G1) and general dental practitioners (GDPs) (G2) were aware of the antibiotic resistance crisis and were not aware of guidelines for use of antibiotics in endodontic conditions; their responses to clinical scenarios were not compatible with the guidelines. However, PG endodontic students (G3) and Endodontists (G4) were less aware of the implications of overuse of antibiotics and the existence of guidelines, and their responses were occasionally compatible with antibiotic guidelines for endodontic therapies.

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