

TOOTHFULLY. *speaking*



Dr. Preety Desai

DO I NEED AN ANTIBIOTIC?

This week is “world antibiotic awareness week”. We have a lot of misinformation about antibiotic usage: for example, research confirming the actual length of time that antibiotics should be used or finished once prescribed?

First, antibiotics can only treat bacterial infections not viral or fungal infections - which is the majority of the reason people go to walk in clinics to “get an antibiotic”. If you simply have bronchitis, you are totally wasting your time and money going to a walk in clinic for antibiotics. On the contrary, if you have pneumonia or a urinary tract infection leading to bladder or kidney issues then an antibiotic is indicated. In fact if you take any antibiotic, you are at risk for side effects such as diarrhea, allergic reactions and anaphylaxis - thus antibiotics are NOT harmless by any means. But more importantly you are one step closer to bacterial resistance and if you REALLY need an antibiotic for a serious infection, your choices of drugs and their efficacy are seriously reduced.

Recent European research showed the #1 predictor of being prescribed antibiotics was based on the patient WANTING an antibiotic as opposed the advice of the prescribing doctor. It is totally natural to want an antibiotic based on our past experience: if we got better on our own from the viral infection naturally but coincidentally happened to be taking an antibiotic, then we think that we got better because of the antibiotic. A better scenario is to be swabbed at the point of care like they are doing in Alberta to reign in the unnecessary prescribing. Most sore throats are viral but in case of streptococcus infection, antibiotics are indicated and this is where swabbing would deter unnecessary prescriptions

This new era of antibiotic resistance is being called the “apocalypse of resistance” and we are already seeing this with MRSA’s in hospitals. New research into new antibiotics is not being done as pharmaceutical companies make more profit from life time usage drugs such as cholesterol lowering agents and thus there is not much coming down the pipeline with new antibiotics.

As far as patients claiming “penicillin allergy” as a child - this must be investigated today to see if this is indeed true - because research shows that 90% of people who are “allergic” are truly NOT. If you are truly allergic to penicillin, another 15 other drugs are also off limits and so the second choice family of drugs which likely a poorer choice with less efficacy and more side effects.

As far as dental infections - by the time you get one, most likely you have been ignoring all the early nuanced signs and symptoms and full blow infection is painful and isolated. Because dental abscesses are harder to reach and take time to settle, relief may not be quick. Of course, penicillin is one of the best dental antibiotics because of the common oral bacteria causing dental infections. Definitive treatment as opposed to postponing things will reduce bone loss which is associated with dental infection 100% of the time!

So think twice before considering an antibiotic unless there is a definitive reason that you will benefit from it according to your health care professional and never delay dental treatment.



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a. 101-775 McGill Rd, Kamloops
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