

## GMMMG Dental Antimicrobial Guidelines

This guidance is not designed to be a definitive guide to oral conditions, as GPs should not be involved in dental treatment. Patients presenting to non-dental primary care services with dental problems should be directed to their regular dentist, or if this is not possible, to the NHS 111 service (in England), who will be able to provide details of how to access emergency dental care.

**Any recommendation for self-care should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.**

DENTAL INFECTIONS TREATED			
Referral to a dentist is always the preferred option			
ILLNESS	GOOD PRACTICE POINTS	PREFERRED CHOICE	ALTERNATIVE
Mucosal ulceration and inflammation	Any unexplained, ulcer or lesion in the mouth for more than 3 weeks refer via the 2-week cancer pathway		
	Temporary pain and swelling relief can be attained with saline mouthwash. Use antiseptic mouthwash if more severe, and if pain limits oral hygiene to treat or prevent secondary infection. The primary cause for mucosal ulceration or inflammation (aphthous ulcers; oral lichen planus; herpes simplex infection; oral cancer) needs to be evaluated and treated.	<p><b>Recommendations should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.</b></p> <p>Simple saline mouthwash Half a teaspoon of salt dissolved in glass warm water.</p> <p>Duration: Use until lesions resolve or less pain allows oral hygiene</p> <p><i>If more severe and pain limits oral hygiene:</i> Chlorhexidine mouthwash 0.12 to 0.2% Rinse for one minute twice a day with 10ml (Do not use within 30 mins of toothpaste) Always spit out after use. Duration: Use until lesions resolve or less pain allows oral hygiene Benzylamine Oromucosal Spray, 0.15% 4 sprays onto affected area every one and a half hours</p>	
Simple gingivitis/ (bleeding gums)	Refer to regular dentist for scaling and hygiene advice.		
	<p><i>In someone with good oral hygiene bleeding may be a sign of undiagnosed diabetes</i></p> <p>Visit <a href="http://www.nhs.uk">www.nhs.uk</a>&gt;&gt; Find a dentist, if no regular dentist</p>	<p><b>Recommendations should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.</b></p> <p>Simple saline mouthwash Half a teaspoon of salt dissolved in glass warm water.</p> <p><i>If more severe and pain limits oral hygiene:</i> Chlorhexidine mouthwash 0.12 to 0.2% Rinse for one minute twice a day with 10ml (Do not use within 30 mins of toothpaste)</p>	

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<b>Acute necrotising ulcerative gingivitis</b>	<b>Refer to regular dentist for oral hygiene instruction, scaling and debridement.</b>		
	Antiseptic mouthwash if pain limits oral hygiene. <b>Visit <a href="http://www.nhs.uk">www.nhs.uk</a>&gt;&gt; Find a dentist, if no regular dentist</b> <b>Recommendation should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.</b>	Chlorhexidine mouthwash 0.12 to 0.2% Rinse for one minute twice a day with 10ml <i>(Do not use within 30 mins of toothpaste)</i> Duration: Until pain allows for oral hygiene	
<b>Pericoronitis inflammation around wisdom tooth</b>	<b>Refer to regular dentist for irrigation and debridement.</b>		
	Use antiseptic mouthwash if pain and trismus limit oral hygiene. <b>Call 111 (urgent), if no regular dentist or visit <a href="http://www.nhs.uk">www.nhs.uk</a>&gt;&gt; Find a dentist</b> <b>Recommendations should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.</b>	<i>If pain limits oral hygiene:</i> Chlorhexidine mouthwash 0.12 to 0.2% Rinse for one minute twice a day with 10ml <i>(Do not use within 30 mins of toothpaste)</i> Duration: Until pain allows for oral hygiene	
<b>Dental abscess</b>	<b>In all cases, refer to dentist for drainage of abscess and follow-up treatment. Instruct patient to call 111 for urgent access to a dentist if not already attending or visit <a href="http://www.nhs.uk">www.nhs.uk</a>&gt;&gt; Find a dentist</b>		
	Regular analgesia should be the first option (follow <b>GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care</b> ) until a dentist can be seen for urgent drainage, as repeated courses of antibiotics for abscesses are not appropriate. Repeated antibiotics alone, without drainage, are ineffective in preventing the spread of infection. Antibiotics are only recommended if there are signs of severe infection, systemic symptoms, or a high risk of complications. <b>Patients with severe dental infections (cellulitis, plus signs of sepsis; difficulty in swallowing; impending airway obstruction) should be referred urgently for hospital admission to protect airway, for surgical drainage and for IV antibiotics.</b> The empirical use of cephalosporins, co-amoxiclav, clarithromycin, and clindamycin do not offer any advantage for most dental patients, and should only be used if there is no response to first-line drugs or they are contraindicated.	Amoxicillin 500mg three times a day  Duration: up to 5 days - review at day 3  If spreading infection (lymph node involvement or systemic signs, that is, fever or malaise) ADD metronidazole.	<i>Penicillin allergy:</i> Metronidazole 400mg three times a day Duration: up to 5 days - review at day 3 Or Clarithromycin 500mg twice a day Duration: up to 5 days - review at day 3

## Other common dental presenting conditions

ILLNESS	GOOD PRACTICE POINTS	PREFERRED CHOICE	ALTERNATIVE
Recommendations should follow GMMMG's Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.			
<b>Teething (6-30 months)</b>	Reminder to brush teeth with smear of family toothpaste 1450ppm. Exclude other infections e.g. meningitis	Adequate hydration, Cooled teething ring	Liquid sugar-free paracetamol or ibuprofen if needed
<b>Dry mouth</b>	Common side effect of medication. Can increase risk of dental decay	Regular sips of water, Salivary substitute- avoid glandosane if patient has own teeth Duraphat 5,000ppm toothpaste to prevent dental disease	
<b>Temporo-mandibular Joint pain (TMJ)</b>	May be history of stress, clenching/grinding teeth	Rest, soft diet. If it persists signpost to dentist	
<b>Toothache</b>	Sharp pain- may be exposed tooth Dull ache- may be sign of infection	Recommend short term analgesia Signpost to dentist	
<b>Diabetes, heart disease, dementia</b>	Ensure receiving regular dental checks particularly post diagnosis		
<b>Fungal infections</b>	Candidosis	<a href="#">See GM Antimicrobial Guidelines</a>	
	Denture stomatitis – <i>advise dental check-up</i> and excellent oral hygiene	Fluconazole Capsules, 50 mg, 7 capsules, 1 daily <u>or</u> Sugar free Miconazole Oromucosal Gel, 20 mg/g to be used four times a day	
	Angular Cheilitis	Miconazole Cream, 2%, 20g cream apply to angles of mouth twice a day.	

Adapted from NICE/PHE – Summary of antimicrobial prescribing guidance – managing common infections (October 2019 2019)

May 2019 Revisions from SDCEP *Drug Prescribing for Dentistry* (June 2017) and FDGP: *Antimicrobial Prescribing for GDPs* (June 2016)

To discuss treatment options or any concerns, please discuss with local microbiologist.

### DENTAL DRUG INTERACTIONS TO BE AWARE OF

CLASS OF DRUG	COMMENTS
Bisphosphonates	Risk of medication-related osteonecrosis of the jaw. Aim for dental fitness prior to commencement.
Anticoagulants	All <b>Warfarin</b> Increased risk of bleeding when undergoing operative treatment. <b>DO NOT prescribe with miconazole oral gel due to dangerous interaction.</b>
RANKL inhibitor	Risk of medication-related osteonecrosis of the jaw. Aim for dental fitness prior to commencement.
Anti-angiogenic	Risk of medication-related osteonecrosis of the jaw. Aim for dental fitness prior to commencement.
Contraceptive pill	Possible reduced efficacy if combined with metronidazole for dental infections.

### Changes to version 0.2

Section	Change made	Detail
All	Complete review of guidance. Updated in line with NICE/PHE guidance October 2019 plus advice from dental colleagues.	See main document.