Summary of: Antibiotic prophylaxis in dentistry: part II. A qualitative study of patient perspectives and understanding of the NICE guideline

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Background The National Institute for Health and Clinical Excellence (NICE) recommendations in 2008 for antibiotic prophylaxis before dental treatment contradict previous practice. There is a potential difficulty in explaining the new guidance to patients who have long believed that they must receive antibiotics before their dental treatment. **Aim** This study investigated the patient-related barriers and facilitating factors in implementation of the NICE guidance. **Methods** In-depth interviews were conducted with nine patients concerning their views about barriers and factors that could influence the implementation of the NICE guidance on antibiotic prophylaxis before dental treatment. Data were analysed using framework analysis. **Results** For patients the rationale for the NICE guidance was unclear. They understood that at the population level the risk of infective endocarditis was less than the risk of adverse reaction to antibiotics. However, on an individual level they felt that the latter risk was negligible given their previous experience of antibiotics. They were aware that standards of care change over time but were concerned that this may be an example where a mistake had been made. Patients felt that the characteristics of the person advising them about the new guidance were important in whether or not they would accept them – they wished to be advised by a clinician that they knew and trusted, and who was perceived as having appropriate expertise. **Conclusions** Patients generally felt that they would be most reassured by information provided by a clinician who they felt they could trust and who was qualified to comment on the issue by respecting their autonomy. The implications of the findings for the development of patient information are discussed.

EDITOR'S SUMMARY

Is it best that patients dictate to us or that we dictate to patients? Well, probably neither situation is ideal and the meeting of minds somewhere in the middle comes closer to the current philosophy of patient care through consensus.

Formerly, the relationship was often characterised as the patient deferring to the superior knowledge and experience of the clinical practitioner by expressing the sentiment 'whatever you think is best, doctor'. With the advent not only of the internet to provide a wealth of near-instantly available information but of the acceptance that patients should also

have a much greater influence in their own destiny, the roles have necessarily shifted. Other considerations aside, this entails a far greater element of discussion and debate in patient care, nowhere more so or perhaps more pertinently than in relation to antibiotic prophylaxis (AP) (or not) and infective endocarditis.

The National Institute for Health and Clinical Excellence (NICE) recommendations issued in 2008 on AP, which are tantamount to a contradiction of previous practice, are as stark a challenge to the trusting bond between dentist and patient as it is possible to imagine. This study into patients' views on

the changed guidelines reveal that the subjects were unclear about the reasoning, the evidence and the way in which it applied to them personally as distinct from the population as a whole. While they understood the rationale, they still preferred to have their own case seen as special or separate; as indeed we might all do for ourselves or our loved ones.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 211 issue 1.

Stephen Hancocks

Editor-in-Chief

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IN BRIEF

- Patients' beliefs concerning scientific progress and the need to change standards of care can facilitate the acceptance of the NICE guideline.
- Patients felt that the characteristics of the person advising them about the new guidance were an important determinant of whether or not they would accept them.
- Patients preferred to have confirmation from their cardiologist before accepting the change.

COMMENTARY

This is the second paper in a companion series on antibiotic prophylaxis in dentistry. As with the previous paper on dentist-related factors, this paper explores patient perspectives on the guidelines. This paper is important because there is some debate about whether or not evidence-based dentistry can function to democratise medicine by making evidence more widely available to patients. An important aspect of the implementation process must also include patients' perspectives.

The qualitative study also follows similar procedures to the previous study by taking a policy-based focus that involved a framework analysis. This analysis was well executed and the findings are presented in an accessible format.

The potential for the internet to act as a source of information for patients was highlighted and it seems that practitioners need to consider the fact that some patients will have accessed the recommendations of NICE before attending their practice. The findings of the study therefore provide some evidence that the recommendations can indeed make technical information more widely available to patients and this was a good thing from the perspective of patients. In addition, what becomes clear in the findings is that the problems of trust, risk and individualised decision making are important, although it is only really the latter issue that is followed through in any detail. The discussion focuses

on the provision of information and decision making that is tailored to the individual patient. The solution to the perceived lack of trust seemed to be to provide more information from a trusted source (ie the expert clinician) despite the fact that patients worried about the fact that other advice globally seemed to contradict the NICE evidence. There was an understandable desire on the part of patients to have treatment in a safe and secure fashion.

In some ways these findings should challenge the views of dentists who see evidence-based dentistry as a way to undermine their authority. The study clearly indicates that some form of shared decision making tailored to the individual patient's needs is required. The role of the dentist in the process is of course central. The paper raises a number of broader theoretical issues relating to risk and trust that warrant further exploration in relation to evidence-based dentistry.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The National Institute for Health and Clinical Excellence guideline on antibiotic prophylaxis (NICE 2008) no longer advocates antibiotic prophylaxis for high risk patients having dental procedures. This is in clear conflict with long-established clinical practise and it may be difficult to communicate this change to patients for practitioners who have previously prescribed antibiotic prophylaxis, but now need to convince their patients that there is no longer a need. We wanted to find out whether patients and clinicians felt there was a possibility for confusion and concern about the new recommendations and any techniques to address potential barriers that may affect clinicians' ability to apply the NICE guideline. We hoped this information would be of value to practising clinicians and researchers in helping to reassure patients about the new guidance.

2. What would you like to do next in this area to follow on from this work?

The results of these two studies raise valuable insights into possible barriers and facilitator factors that impact upon the implementation of the NICE guideline. We would like to expand this work by using social cognition models to identify variables to target in order to enhance uptake of and compliance with guidelines amongst healthcare practitioners. Ultimately, we would like to devise and test a targeted intervention and/or educational programme to reduce barriers and facilitate applying the NICE guideline in practice.