



DEPARTEMENT OF HEALTH SCIENCES  
MEDICAL SCHOOL  
UNIVERSITY OF CATANZARO "MAGNA GRÆCIA"

**Appropriateness of antibiotic prescription for prophylactic purposes among Italian dental practitioners**

The phenomenon of antibiotic resistance is constantly increasing and among the most effective measures to reduce this problem is the conscious and appropriate use of antibiotics, both for prophylactic and therapeutic purposes. The aim of this study is to evaluate the prescriptive pattern of antibiotics in dentistry. The questionnaire is intended for Oral/Dental Surgeons, Orthodontists and Periodontists, Dental (Maxillofacial) and Cosmetic Surgeons, Dentists and Paediatric dentists and is divided into three sections: the participant's characteristics, practices regarding antibiotic prescription, and finally, sources of information. It should only take about 10 minutes. According to European Legislative Decree 679/2016 General Data Protection Regulation (GDPR) and Legislative Decree n.101/18, data will be analyzed only in an aggregate way and there will be no nominal data spreading. Precautions have been taken in order to guarantee confidentiality of gathered data and anonymity of respondents, so one can feel completely free to respond. Filling in the questionnaire implicitly entails the approval for the use of data for the purposes of this survey. Thank you for considering taking part in this research. We hope that you will help us with your participation in order to ensure a successful project.

**A. DEMOGRAPHIC AND PRACTICE CHARACTERISTICS**

A1. YEAR OF BIRTH \_\_\_\_\_ A2. GENDER M ☐ F ☐

A3. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

Medical degree with ☐ or without ☐ specialty in dentistry

Degree in dentistry with ☐ or without ☐ specialty in (please specify) \_\_\_\_\_

A4. WHERE DO YOU CURRENTLY LIVE? (please indicate the town) \_\_\_\_\_

A5. HOW LONG HAVE YOU WORKED IN A DENTAL PRACTICE? (please specify the number of years) \_\_\_\_\_

**B. PATTERN OF ANTIBIOTIC PRESCRIPTION FOR PROPHYLACTIC PURPOSES**

B1. PLEASE, INDICATE IN THE CASE OF REPLANTATION OF AVULSED PERMANENT TEETH IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves ☐ patients with prosthetic joint replacement in the previous 6 months

☐ none (*skip to B4*)

**B2.** PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B3.** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN (more than one answer allowed):

- ☐ Single dose 30 minutes prior to the procedure      ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure      ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days)    1 ☐    2 ☐    3 ☐    4 ☐    5 ☐    6 ☐    7 ☐  
 ≥ 8 ☐

**B4.** PLEASE, INDICATE IN THE CASE OF **DENTAL IMPLANT** IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients      ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves      ☐ patients with prosthetic joint replacement in the previous 6 months  
☐ none (*skip to B7*)

**B5.** PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B6.** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN:

- ☐ Single dose 30 minutes prior to the procedure      ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure      ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days)    1 ☐    2 ☐    3 ☐    4 ☐    5 ☐    6 ☐    7 ☐  
 ≥ 8 ☐

**B7.** PLEASE, INDICATE IN THE CASE OF **LUXATION INJURIES WITH SOFT TISSUE TRAUMA** IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients      ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves      ☐ patients with prosthetic joint replacement in the previous 6 months  
☐ none (*skip to B10*)

**B8.** . PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B9.** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN:

- ☐ Single dose 30 minutes prior to the procedure      ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure      ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days)    1 ☐    2 ☐    3 ☐    4 ☐    5 ☐    6 ☐    7 ☐  
 ≥ 8 ☐

**B10.** PLEASE, INDICATE IN THE CASE OF **BONE GRAFTING** IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves ☐ patients with prosthetic joint replacement in the previous 6 months  
☐ none (*skip to B13*)

**B11.** PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B12.** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN:

- ☐ Single dose 30 minutes prior to the procedure ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐  
≥ 8 ☐

**B13.** PLEASE, INDICATE IN THE CASE OF **THIRD MOLAR EXTRACTION** IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves ☐ patients with prosthetic joint replacement in the previous 6 months  
☐ none (*skip to B16*)

**B14.** PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B15** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN:

- ☐ Single dose 30 minutes prior to the procedure ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐  
≥ 8 ☐

**B16.** PLEASE, INDICATE IN THE CASE OF **LUXATION INJURIES OF THE PERMANENT DENTITION** IN WHICH OF THE FOLLOWING PATIENTS DO YOU USUALLY PRESCRIBE AN ANTIBIOTIC

- ☐ healthy patients ☐ patients with infective endocarditis  
☐ patients with prosthetic cardiac valves ☐ patients with prosthetic joint replacement in the previous 6 months  
☐ none (*skip to B19*)

**B17.** PLEASE, SPECIFY THE TYPE (MOLECULE) AND THE DOSAGE OF ANTIBIOTIC THAT YOU PRESCRIBE TO A PATIENT NOT ALLERGIC TO PENICILLIN/AMOXICILLIN: \_\_\_\_\_

**B18.** PLEASE, INDICATE THE ANTIBIOTIC REGIMEN:

- ☐ Single dose 30 minutes prior to the procedure      ☐ Single dose 1 hour prior to the procedure  
☐ Single dose in 24 hours prior to the procedure      ☐ Single dose daily for 2 days prior to the procedure  
☐ After procedures (indicate for how many days)      1 ☐      2 ☐      3 ☐      4 ☐      5 ☐      6 ☐      7

**B19.** IN CASES WHEN A PATIENT IS ALLERGIC TO PENICILLIN, WHICH TYPE (MOLECULE) AND DOSAGE OF ANTIBIOTIC DO YOU PRESCRIBE?

- Clindamycin    600mg ☐    300mg ☐      • Metronidazole 1g ☐    500mg ☐  
 • Other (specify type of antibiotic/molecule and dosage) \_\_\_\_\_

**B20.** DURING CLINICAL PRACTICE, DO YOU ADVISE YOUR PATIENT ABOUT:

<i>ways of taking an antibiotic prescription?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>antibiotic dosage?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>antibiotic duration?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>possible consequences of non-adherence to antibiotic prescription?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**B21.** DO YOU ASK YOUR PATIENT IF HE/SHE HAS:

<i>a history of infective endocarditis?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>prosthetic cardiac valves?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>taken a course of antibiotics in the last week before prescribing antibiotics for dental procedures?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>had a prosthetic joint replacement in the previous 6 months?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### C. SOURCES OF INFORMATION

**C1.** ARE YOU AWARE OF ANY AVAILABLE GUIDELINES/RECOMMENDATIONS ON THE USE OF SYSTEMIC ANTIBIOTICS FOR PROPHYLACTIC PURPOSES IN DENTISTRY? ☐ No (skip to C3) ☐ Yes

*(Please indicate the guidelines that you are aware of)*

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C2. DO YOU FOLLOW THESE GUIDELINES? Yes ☐ No ☐

C3. WHICH OF THE FOLLOWING ARE YOUR SOURCES OF INFORMATION?

None ☐ Internet ☐ Mass Media ☐ Scientific Journals ☐ Senior colleagues ☐ Corporate training courses ☐

Scientific societies ☐ Other (Please specify) \_\_\_\_\_

C4. DO YOU THINK YOU NEED FURTHER INFORMATION ABOUT THE USE OF SYSTEMIC ANTIBIOTICS FOR PROPHYLACTIC PURPOSES IN DENTISTRY? Yes ☐ No ☐

*If you would like to add something more, please write it down in the space below*

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*Thank you for answering our questionnaire.*