Response of the BCCA to the NICE Recommendations on Endocarditis Prophylaxis (CG64)

In March 2008, the National Institute for Clinical Excellence (NICE) produced guidelines for prophylaxis against Infective Endocarditis (IE) which recommend a major change in established practise. In summary, the NICE recommendations state that;

“antibiotic prophylaxis is no longer recommended routinely for defined interventional procedures including dental procedures and procedures involving the gastrointestinal, genitourinary and respiratory tracts.”

These recommendations are at variance with those produced by the American Heart Association (Circulation 2007; 116; 1736-1754) and by most other guideline documents in recent years. This reflects the lack of randomized control trial data on the use of antibiotic prophylaxis against IE. To date, all guideline documents – including the NICE recommendations - are based on consensus rather than robust scientific evidence. The BCCA regret that NICE did not recommend the institution of a prospective randomized trial of endocarditis prophylaxis but we understand that this was not within the remit of the NICE committee. Similarly, BCCA regret that NICE have not recommended the classification of IE as a notifiable disease. Consequently, it will be difficult to evaluate a change in the incidence of IE if the NICE Guidelines are followed. To some extent this has been mitigated by the development of a CCAD code for IE which will enable cases of IE in congenital heart disease to be notified to CCAD.

After much consideration, the BCCA recommend:

- BCCA members adopt the NICE Guidelines
- All cases of IE in patients with congenital heart disease are reported to CCAD
- BCCA Members continue to advise patients of preventative measures which are likely to reduce the risk of IE – in particular, maintenance of good dental and skin hygiene.

Finally, we note that guidelines do not take precedence over clinical responsibility or judgement. The Scottish Intercollegiate Guidelines Network remind us that “The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor in light of the clinical data presented by the patient and the diagnostic and treatment options available.” The BCCA endorse this approach to the NICE Guidelines. (1)

1. [http://www.sign.ac.uk/guidelines/published/notes.html](http://www.sign.ac.uk/guidelines/published/notes.html)