Letters

Letters, which may not necessarily be published in full, should be restricted to not more than 250 words. When relevant, comment on the letter is sought from the author. Due to production schedules, it is normally not possible to publish letters received in response to material appearing in a particular issue earlier than the second or third subsequent issue.

Echocardiography

Editor, – It was with great interest that I read the ‘Diagnostic tests: Echocardiography’ article (Aust Prescr 2006;29:134–8), particularly in relation to the ability of this test to differentiate between valvular disease and benign flow murmurs.1 However, I was surprised that there was no ‘Dental note’ highlighting the importance of echocardiography in the assessment of patients requiring antibiotic prophylaxis for dental treatment.

A study found that 370 patients out of 20 000 indicated in their medical history that they had a heart murmur or had had rheumatic fever and that they usually received antibiotic prophylaxis for dental treatment.1 After evaluation of their murmur by electrocardiography and Doppler flow ultrasonography, only 50 had a defect that met current indications for antibiotic prophylaxis for infective endocarditis.2 Furthermore, the risk of an adverse reaction to the antibiotics and the selection of antibiotic resistant bacterial strains in these patients needs to be considered.

Dental patients reporting an indefinite history of rheumatic fever or cardiac murmur should be referred to their general practitioner, or directly to a cardiologist for diagnosis by echocardiography. This should determine whether or not they require antibiotic prophylaxis for infective endocarditis, in accordance with current guidelines.

Ray Heffer
Endodontic Registrar
Oral Health Centre of Western Australia
School of Dentistry, The University of Western Australia
Perth

References

Xerostomia

Editor, – I found the article on xerostomia (Aust Prescr 2006;29:97–8) to be both timely and informative. As a dentist I have experience in the UK, South Africa and the USA helping patients deal with the problems they experience post-radiotherapy for head and neck cancers.

When I attempt to discuss these issues with my Australian medical colleagues, they commonly reply that no patients experience any problems. This is in contrast to my own records which agree with the figure that 90% of patients suffer problems after radiotherapy.

There are as Professor Olver suggested a number of options being investigated to treat xerostomia. Amifostine is of benefit, but there are problems with the high incidence of nausea associated with its use (50%). The use of antioxidants is currently being investigated by the National Cancer Institute in the USA. Two forms of nitroxide are currently being examined. These are not approved by the US Food and Drug Administration for clinical use, other than for topical use to prevent hair loss and for a number of ophthalmic conditions.

I have had some success in prevention of xerostomia by employing intra-oral screens and other available antioxidants which are currently approved as dietary supplements. This is of course anecdotal and not scientifically proven but better to accept that a problem exists than to be in denial.

JF Walsh
Kojonup, WA

Professor Ian Olver, author of the article, comments:

I am pleased that Dr Walsh highlights the importance of recognising the symptomatic distress caused by xerostomia. The symptoms are difficult to manage so prevention is clearly important to investigate. Amifostine as a radioprotector has not been widely used because of its other adverse effects. Nitroxide, an antioxidant and chemoprotective drug acting partly via the p53 suppressor, is a radioprotector which has been shown to reduce radiation-induced xerostomia in mice when used topically in the mouth.1 It is an excellent candidate for further trials in patients receiving radiotherapy, where it will be important to ascertain that the tumour is not also protected from the radiation. Anecdotal accounts of the efficacy of other drugs are useful in stimulating further clinical research in this field.

Reference