Your mouth is full of good and bad bacteria. The good bacteria keep your mouth healthy. Sometimes the bad bacteria take over and can cause an infection. In the mouth, draining the infection is often all that you need. If the dentist cannot drain infection completely, antibiotics are given to help fight the infection. Some people are also at more risk of an infection and your dentist might prescribe one dose of an antibiotic before a dental procedure to prevent an infection.

What is the harm in overusing antibiotics?

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Are antibiotics needed for dental care?

The use of antibiotics will depend on a number of factors including your dental condition, the procedure, as well as your personal medical health history. More recent studies show that antibiotics are not needed for many dental conditions.

Early detection and daily mouth care can prevent dental pain and infection. Brush twice daily, floss at least once a day, eat a well-balanced diet and visit your dentist regularly for an exam to detect the early signs of disease.

antibioticwise.ca
Penicillin allergies seem to be surprisingly common – or are they?
One in 10 Canadians reports having had a penicillin allergy reaction. In fact many of these reactions are not an allergy, but rather a side effect of the antibiotic, such as diarrhea, dizziness or nausea. Sometimes a rash due to a virus infection can be mistaken for an allergy if a patient is also on antibiotics (of course, antibiotics do not work for viruses).

TRUTH IS:
Penicillin is a very important and useful drug.

What is penicillin?
Penicillin belongs to an important group of antibiotics called beta (β)-lactam antibiotics, which are very effective at dealing with common bacterial infections. Penicillin is relatively inexpensive and widely used to treat skin, ear, sinus and upper respiratory tract infections (e.g. bronchitis or laryngitis).

Why is penicillin so important?
Relative to other antibiotics, penicillin can be more effective, less likely to result in superbug bacteria (such as MRSA and VRE)\(^1\), and has a lower risk of *C. difficile* infection (a sometimes severe and difficult to treat cause of diarrhea). Of course, all antibiotics must be used with care and only for bacterial infections.

\(^1\) MRSA – methicillin-resistant Staphylococcus aureus
VRE – vancomycin-resistant Enterococcus

**DID YOU KNOW?**
True penicillin allergy is rare with an estimated frequency of anaphylaxis (i.e. an extreme allergic reaction) at 1 to 5 per 10,000 cases of penicillin therapy. As well, allergies to penicillin tend to disappear within 10 years.

- **10% of people** report a penicillin allergy
- **Less than 1%** are truly allergic