

eTable. Numbers and percentage for all figures.

Response	No. (%)
Figure 1. Approximately how often do you see the following patient populations in your practice?	
a. Patients at risk for infective endocarditis (as per the 2007 American Heart Association guidelines*)	
Never	26 (1.2)
Less than once per year	158 (7.3)
Once per year	407 (18.8)
Once per month	811 (37.4)
Once per week	405 (18.7)
Multiple times per week	362 (16.7)
b. Patients with a prosthetic knee or hip joint	
	1 (0.0)
Never	69 (3.2)
Less than once per year	101 (4.7)
Once per year	131 (6.0)
Once per month	461 (21.3)
Once per week	511 (23.6)
Multiple times per week	895 (41.3)
Figure 2A. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?	
a. The 2007 American Heart Association guidelines on the use of antibiotic prophylaxis are well defined and clear.	
	3 (0.1)
Strongly disagree	35 (1.6)
Somewhat disagree	267 (12.3)
Neither disagree nor agree	183 (8.4)
Somewhat agree	971 (44.8)
Strongly agree	710 (32.7)
b. Guidelines concerning the use of antibiotic prophylaxis for patients with prosthetic joints are well defined and clear.	
	2 (0.1)
Strongly disagree	332 (15.3)
Somewhat disagree	559 (25.8)
Neither disagree or agree	219 (10.1)
Somewhat agree	703 (32.4)
Strongly agree	354 (16.3)
Figure 2B. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?	
a. The patient groups who should receive antibiotic prophylaxis are well defined and clear. (IE [†])	
	3 (0.1)
Strongly disagree	55 (2.5)
Somewhat disagree	307 (14.2)
Neither disagree nor agree	189 (8.7)
Somewhat agree	963 (44.4)
Strongly agree	652 (30.1)

* Wilson and colleagues.¹³ † IE: Infective endocarditis. ‡ PJI: Prosthetic joint infection.

eTable. Continued

Response	No. (%)
b. The patient groups (for example, knee replacement, hip replacement) who should receive antibiotic prophylaxis are well defined and clear. (PJI*)	
	2 (0.1)
Strongly disagree	308 (14.2)
Somewhat disagree	573 (26.4)
Neither disagree or agree	261 (12.0)
Somewhat agree	655 (30.2)
Strongly agree	370 (17.1)
Figure 2C. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?	
a. The dental procedures that require antibiotic prophylaxis are well defined and clear. (IE)	
	1 (0.0)
Strongly disagree	65 (3.0)
Somewhat disagree	322 (14.8)
Neither disagree nor agree	221 (10.2)
Somewhat agree	913 (42.1)
Strongly agree	647 (29.8)
b. The dental procedures that require antibiotic prophylaxis are well defined and clear. (PJI)	
	2 (0.1)
Strongly disagree	203 (9.4)
Somewhat disagree	452 (20.8)
Neither disagree or agree	291 (13.4)
Somewhat agree	758 (34.9)
Strongly agree	463 (21.3)
Figure 2D. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?	
a. The antibiotic prophylaxis regimens (drugs and dosages) are well defined and clear. (IE)	
	1 (0.0)
Strongly disagree	30 (1.4)
Somewhat disagree	107 (4.9)
Neither disagree nor agree	119 (5.5)
Somewhat agree	692 (31.9)
Strongly agree	1,220 (56.2)
b. The antibiotic prophylaxis regimens (drugs and dosages) are well defined and clear. (PJI)	
	2 (0.1)
Strongly disagree	129 (5.9)
Somewhat disagree	240 (11.1)
Neither disagree or agree	192 (8.9)
Somewhat agree	730 (33.7)
Strongly agree	876 (40.4)
Figure 3A. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?	
a. I feel the need to consult with the patient's cardiologist or physician about whether or not antibiotic prophylaxis is needed. (IE)	
	1 (0.0)
Strongly disagree	234 (10.8)
Somewhat disagree	513 (23.7)
Neither disagree nor agree	367 (16.9)
Somewhat agree	653 (30.1)
Strongly agree	401 (18.5)

eTable. Continued

Response	No. (%)
b. I feel the need to consult with the patient's orthopedist or physician about whether or not anti-biotic prophylaxis is needed. (PJI)	
	2 (0.1)
Strongly disagree	210 (9.7)
Somewhat disagree	367 (16.9)
Neither disagree or agree	322 (14.8)
Somewhat agree	661 (30.5)
Strongly agree	607 (28.0)

Figure 3B. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?

a. I think the patient's cardiologist or physician should decide if a patient needs antibiotic prophylaxis when undergoing invasive dental procedures. (IE)	
	3 (0.1)
Strongly disagree	165 (7.6)
Somewhat disagree	308 (14.2)
Neither disagree nor agree	320 (14.8)
Somewhat agree	612 (28.2)
Strongly agree	761 (35.1)
b. I feel the patient's orthopedist or physician should decide if a patient should receive antibiotic prophylaxis when undergoing invasive dental procedures. (PJI)	
	3 (0.1)
Strongly disagree	158 (7.3)
Somewhat disagree	242 (11.2)
Neither disagree or agree	230 (10.6)
Somewhat agree	611 (28.2)
Strongly agree	925 (42.6)

Figure 4. I prescribe alternative antibiotics (for example, metronidazole) rather than those recommended by the American Heart Association or American Dental Association for my patients who require antibiotic prophylaxis prior to dental procedures.

	1 (0.0)
Strongly disagree	1,834 (84.6)
Somewhat disagree	209 (9.6)
Neither disagree nor agree	85 (3.9)
Somewhat agree	21 (1.0)
Strongly agree	19 (0.9)

Figure 5. Thinking about the antibiotic prophylaxis regimens (drugs and dosages), if a patient's physician or surgeon advises prescribing antibiotic prophylaxis that is not consistent with the standard guidelines, would you most likely (select 1 response):

	12 (0.6)
Follow the physician or surgeon's instructions and write the prescription.	540 (24.9)
Ask the physician or surgeon to provide the prescription to the patient.	973 (44.9)
Call the patient's physician or surgeon to discuss the issue.	449 (20.7)
Follow the guideline, even though the guideline recommendation is contrary to that of the physician or surgeon.	87 (4.0)
This situation never happens in my practice.	108 (5.0)

eTable. Continued

Response	No. (%)
Figure 6. The American Heart Association guidelines recommend a specific dose of antibiotic given 30-60 minutes before the procedure. How often do you give prophylactic antibiotics for longer than the one recommended dose?	
	4 (0.2)
Never	1,180 (54.4)
Rarely	695 (32.0)
Sometimes	191 (8.8)
Often	67 (3.1)
Always	32 (1.5)
Figure 7. To what extent do you agree that antibiotic prophylaxis prevents infection in the following patient populations?	
a. Patients with a prosthetic hip or knee joint	
	4 (0.2)
Strongly disagree	318 (14.7)
Somewhat disagree	489 (22.5)
Neither disagree nor agree	420 (19.4)
Somewhat agree	617 (28.4)
Strongly agree	321 (14.8)
b. Patients with coronary artery bypass grafts	
	4 (0.2)
Strongly disagree	382 (17.6)
Somewhat disagree	421 (19.4)
Neither disagree nor agree	448 (20.7)
Somewhat agree	587 (27.1)
Strongly agree	327 (15.1)
c. Patients with a prosthetic heart valve	
	4 (0.2)
Strongly disagree	51 (2.4)
Somewhat disagree	111 (5.1)
Neither disagree nor agree	265 (12.2)
Somewhat agree	837 (38.6)
Strongly agree	901 (41.5)
d. Patients with a heart murmur	
	5 (0.2)
Strongly disagree	713 (32.9)
Somewhat disagree	609 (28.1)
Neither disagree nor agree	475 (21.9)
Somewhat agree	256 (11.8)
Strongly agree	111 (5.1)
Figure 8. Do you ever prescribe, or request prescriptions, for antibiotic prophylaxis prior to invasive dental procedures in your office for patients with:	
a. Immunosuppression from systemic steroids	
	5 (0.2)
No	556 (25.6)
Yes	324 (14.9)
I defer to the patient's physician.	128 (59.2)
b. Immunosuppression from cancer chemotherapy drugs	
	4 (0.2)
No	357 (16.5)
Yes	393 (18.1)
I defer to the patient's physician.	141 (65.2)

eTable. Continued

Response	No. (%)
c. Immunosuppression from drugs following organ transplantation	
	4 (0.2)
No	253 (11.7)
Yes	486 (22.4)
I defer to the patient's physician.	1,426 (65.7)
d. Immunosuppression from disease (for example, HIV and AIDS)	
	4 (0.2)
No.	509 (23.5)
Yes	328 (15.1)
I defer to the patient's physician.	1,328 (61.2)
e. Insulin-dependent diabetes	
	4 (0.2)
No	1,086 (50.1)
Yes	335 (15.4)
I defer to the patient's physician.	744 (34.3)
Figure 9. To what extent do you agree that each of the following dental procedures put some patients at risk for infective endocarditis?	
a. Routine oral hygiene home care (for example, brushing and flossing)	
	4 (0.2)
Strongly disagree	679 (31.3)
Somewhat disagree	496 (22.9)
Neither disagree nor agree	315 (14.5)
Somewhat agree	525 (24.2)
Strongly agree	150 (6.9)
b. Single tooth extraction	
	5 (0.2)
Strongly disagree	79 (3.6)
Somewhat disagree	205 (9.5)
Neither disagree nor agree	202 (9.3)
Somewhat agree	1,030 (47.5)
Strongly agree	648 (29.9)
c. Routine dental scaling	
	5 (0.2)
Strongly disagree	140 (6.5)
Somewhat disagree	310 (14.3)
Neither disagree nor agree	247 (11.4)
Somewhat agree	943 (43.5)
Strongly agree	524 (24.2)
d. Restorations that involve the gingival margin (for example, crowns, multisurface restorations)	
	5 (0.2)
Strongly disagree	250 (11.5)
Somewhat disagree	529 (24.4)
Neither disagree nor agree	393 (18.1)
Somewhat agree	724 (33.4)
Strongly agree	268 (12.4)

eTable. Continued

Response	No. (%)
e. Dental local anesthetic injection	
	4 (0.2)
Strongly disagree	735 (33.9)
Somewhat disagree	633 (29.2)
Neither disagree nor agree	383 (17.7)
Somewhat agree	305 (14.1)
Strongly agree	109 (5.0)
Total	2,169 (100.0)