



November 2018 TOPIC # 10 – Practical tips for reducing unnecessary use of antibiotics.

Repeating from a year or two back and reproduced below is what I once saw in a community health clinic. I think it's one of the best I have seen to date. The clinic handed each new patient a clip board with the two statements to be signed on arrival. When the patient took the signed form to hand to the doctor this not only took pressure off the doctor to prescribe (a huge pressure) and allowed the doctor to open conversation about unwanted side effects of unnecessary antibiotics and issues about resistance. You are welcome to copy/adapt this for your own clinic.

Dear Doctor,

If you determine that I most likely have a viral infection I know not to ask for an antibiotic prescription because these are not used for treatment of viral infections

Signed.....

Further, if you do prescribe me with an antibiotic, I know how important it is to take it for the number of days specified. I understand it is for me and not to be given to another person.

Signed.....

A brief outline below is from Infection, Disease and Health, vol 23, issue 2, June 2018, you may ask for a scanned copy

A recent survey of staff antibiotic choices in one Australian Emergency Department is reported on. Of 273 antibiotic choices made, 54% were optimal and in compliance with the Therapeutic Guidelines Another 18% were adequate making 72% appropriate (optimal is compliant). Antibiotic choices were more likely to be appropriate when doctors reported basing antibiotic choice on the Therapeutic Guidelines.

A separate article that set out to establish dominant factors influencing General Practitioner (GP) decision making on antibiotic prescribing in Australian primary healthcare showed three main themes

1. Prescribing challenges
2. Delayed antibiotic prescriptions
3. Patient expectations

Duration of symptoms and patient expectations were shown to exert the most influence on antibiotic prescribing. There were some negative statements around delayed prescribing – the authors questioned delayed prescribing and indicated that if the patient does have a bacterial infection then antibiotics are best given now. There was found to be a dissonance between knowledge - practice in prescribing behaviours and some GPs knew they were breaching best practice but found that the path of least resistance was easier with some patients - the authors found that experienced GPs adequately address these requests with well-honed consultation processes. Some GPs did explain the unwanted gastrointestinal side effects of unnecessary use and others mentioned antibacterial resistance. The conclusion was that patient expectation was not an insurmountable barrier.

My comment - The challenge faced by GPs every day in this issue cannot be emphasised enough but it doesn't help when other members of the non GP team do not understand why antibiotics are not always necessary. Time to educate all your practice nurses, manager and reception staff. This is all of our responsibility

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