

## HCAI AMR NEWSLETTER SEPTEMBER 2017

As we head in to the winter months it's important to remember what we as GPs can do to help keep antibiotics effective for future generations. Educating and empowering patients to avoid antibiotics for self-limiting viral infections has the potential to reduce consultation rates. Directing patient to self-help websites improves their knowledge of inappropriate unnecessary antibiotic use. Below is some of the data from market research that assessed the impact of the HSE Under The Weather patient education campaign – [www.undertheweather.ie](http://www.undertheweather.ie).

This is a patient self-help website advising patients on how to manage common self-limiting infections by themselves, what they can do, what to look out for and when they should seek help. It discourages inappropriate use of antibiotics and can support you in reinforcing the advice you have use in your patient consultations.



### Overall Attitude to Antibiotics - % Agree

(Base: All adults 18+ n=1,007)

Please indicate to what extent you agree or disagree with each of the following statements, using the scale provided below?



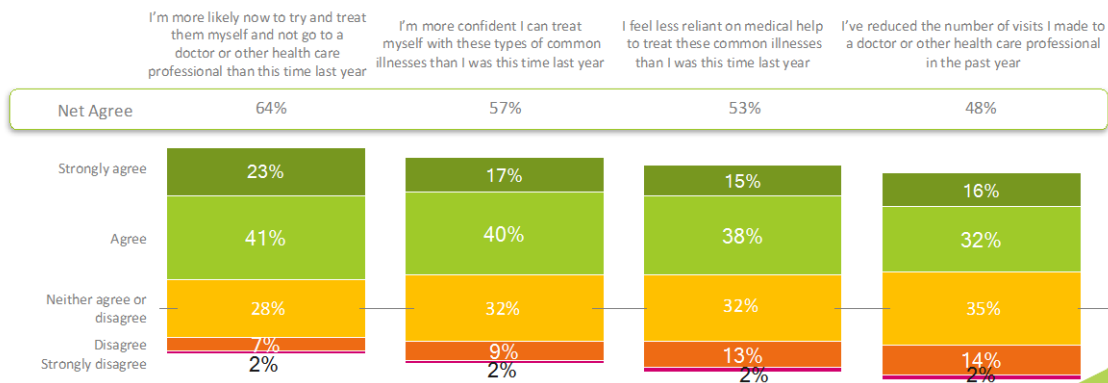
Almost 9 in 10 (89%) adults agree that there is no **need for antibiotics when you have a cold**, increasing significantly from agreement levels recorded in 2015. There are also significant increases recorded in relation to agreement that **colds get better without antibiotics** and that **there may be health dangers in taking antibiotics**.



## Overall Attitude to Treating Common Illnesses

(Base: All adults 18+ n=1,007)

Thinking about your behaviour in relation to how you treat colds, flu's and tummy bugs, how much would you agree or disagree with each of the following statements?

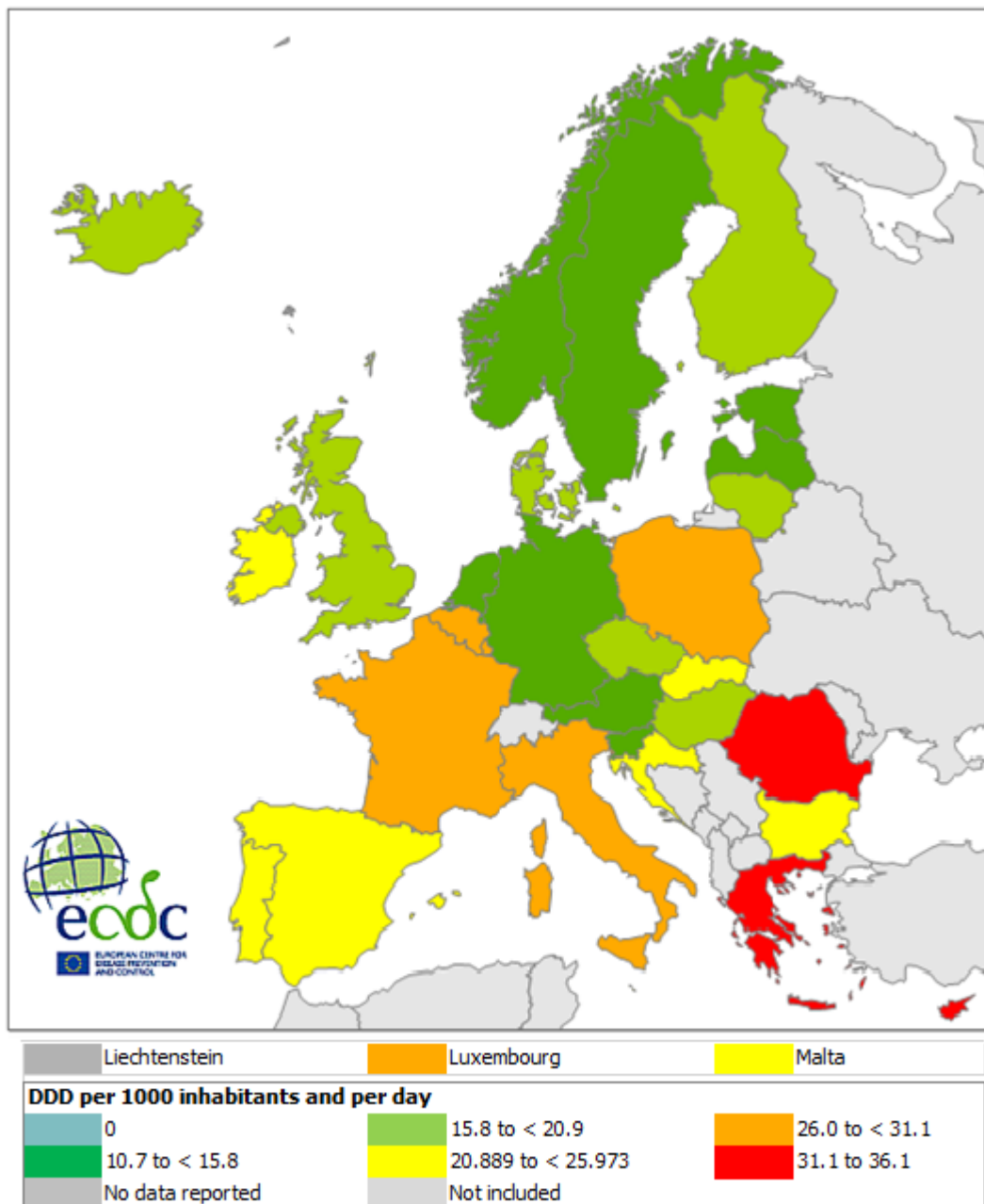


Almost two thirds of adults claim they are now more likely to *treat themselves and not go to a doctor or other health care professional than this time last year*, with over half (53%) claiming they *feel less reliant on medical help to treat these common illnesses than they were this time last year*.



Remember, many patients just want to be examined and reassured they can get better without antibiotics.

The level Of Primary Care Antibiotic Consumption in Ireland is mid-range compared to other European countries and has improved – we used to be in in the orange range.



**Note:** this data is based on Irish antibiotic sales data from IMS Health, a pharmaceutical market research company. This dataset contains regional, monthly wholesaler to retail pharmacy sales data from over 95% of the wholesalers and manufacturers in Ireland.

Consumption is measured in Defined Daily Dose (DDD), which is the assumed average maintenance dose per day for a drug used for its main indication in adults. The current WHO Anatomical Therapeutic Chemical index was used to classify the antibiotics.

Rates were calculated in DDD per 1000 inhabitants per day for the outpatient antibiotic consumption data. Updated population size estimates were obtained from the Central Statistics Office and used to calculate monthly and quarterly rates. Similar data is available for many European countries and collated by the ECDC European centre for Disease Control allowing country comparisons

<http://www.ecdc.europa.eu/en/activities/surveillance/esac-net/pages/index.aspx>

Data from analysing **antibiotic prescriptions** prescribed by pharmacy for GMS prescriptions for 2015 shows alarming differences in prescribing rates even allowing for the fact that \*GMS population may over-represent young and elderly and covers 40 % of the population.

Ireland -1,486 community antibiotic prescriptions / 1,000 GMS \*patients per year.

Scotland – 781 community antibiotic prescriptions / 1,000 all patients per year.

Sweden 320 community antibiotic prescriptions / 1,000 all patient per year.

**WE CAN DO BETTER THAN THIS!**

### **Antibiotic Fast Facts – Did you know?**

- 1 in 5 patients get side effects from antibiotics.
- Antibiotics can cause both serious adverse reactions and drug interactions, which can be sometimes fatal. You need to be sure that you can justify your prescription choice.
- In Europe 25,000 patients die every year from resistant infections and if current trends continue 10 million deaths will be attributable to Antimicrobial Resistance worldwide by 2050.
- In 2015, a patient died in Europe every 10 minutes because antibiotics were no longer effective against the responsible bacteria.
- Ireland has one of the highest antibiotic prescribing rates in Europe.
- Antibiotic consumption is falling in most European countries and in Ireland in last 2 years most improvement in hospitals and in some age groups.
- In Ireland, antibiotics prescribed to those aged over 65 is increasing while figures for children and younger adults are decreasing.
- Ireland is showing a reduction in our use of broad spectrum antibiotics especially ciprofloxacin, co-amoxiclav and clarithromycin but we still prescribe more macrolides than our European counterparts even though there is no evidence to show that the Irish population is more penicillin allergic.
- Co-amoxiclav is the most frequently prescribed antibiotic even though it is not the first line recommended treatment for most common infections in the community.
- 80 % of antibiotics are prescribed in the community setting.
- Residents in Irish nursing home are more than twice as likely to be on an antibiotic than those in any other European country

### **What can you as a GP do this autumn / winter season to help?**

We need to improve the quality of antibiotic prescribing. You need to prescribe the right drug for the bacterial condition you are treating using the correct dose and duration for the patient in front of you.

We need to reduce the quantity of antibiotic prescribing. Do not prescribe for obvious viral infections and take the time to explain why to patients.

GPs know that antibiotics are very specific medicines designed to kill bacteria. We know they can have toxic side-effects and serious drug interactions. However, many patients think they will help them get better faster from coughs, colds, flu, sore throats, earaches, vomiting and diarrhoea. They do not realise the harm caused by inappropriate antibiotic use.

Winter antibiotic public awareness campaigns and promoting self-care for self-limiting viral infections (see [www.undertheweather.ie](http://www.undertheweather.ie)) are helping to address this problem but we must support

this by stopping to prescribe antibiotics unless there is a reasonable clinical certainty that the patient has a bacterial infection.

We want to reduce prescriptions for co-amoxiclav, clarithromycin, azithromycin and ciprofloxacin which are NOT first line recommended treatments for most conditions we treat in the community. So, check out the primary care antibiotic prescribing guidelines on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) to inform recommended prescribing.

Don't forget the importance of immunisation influenza and pneumococcal vaccine this October for recommended population. <http://hse.ie/eng/health/immunisation/pubinfo/flu vaccine/>

### **Other useful links**

You will find other useful patient materials and information at <http://www.hse.ie/eng/health/hl/hcaiamr/antibiotics/hcwa/>

Antibiotics in pregnancy

<http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/Conditions-and-Treatments/Prescribing-Antimicrobial-In-Pregnancy-and-Lactation/Prescribing-Antimicrobial-In-Pregnancy-and-Lactation.html>

Prescribing for children with helpful dosing tables for weight and age bands

<http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/Prescribing-for-Children/>

Important drug interactions with antibiotics

<http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/Drug-Interactions/>

Identifying Penicillin allergy

<http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/Drug-Interactions/Tips-on-verifying-Penicillin-Allergy.html>

What to avoid in renal impairment and what's safe to use

<http://www.hse.ie/eng/services/list/2/gp/Antibiotic-Prescribing/Drug-Interactions/Renal-Impairment-Summary.html>

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