



Therapeutic Guidelines



Surviving Antibiotic expert group meetings

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Standard Treatment Guidelines

- Delegation of most management to non-medical staff
- Availability of therapy for the whole population
- Early institution of appropriate therapy
- Implementation of a rational essential drugs policy
- Minimisation of inappropriate therapy
- Correct dosing

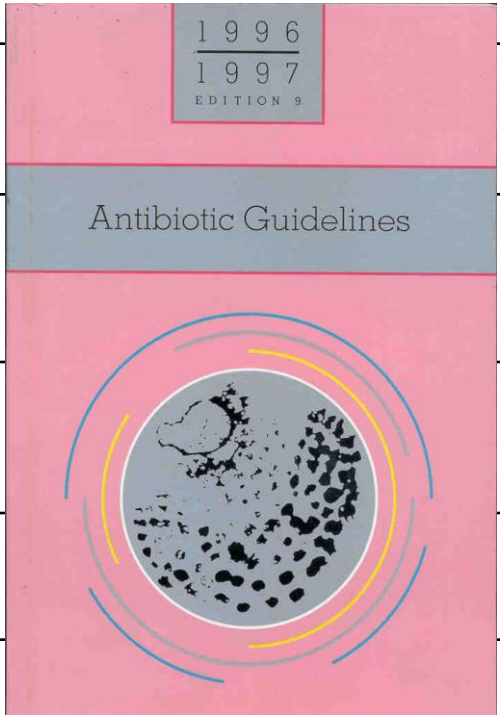


Standard Treatment Guidelines

Antibiotic Guidelines

Delay emergence of antimicrobial resistance

Year	PNG	NT	TG: Abiotic
1966	MO's Pocket Book	Diarrhoea "slide-rule"	
1974	1 st Ed Paediatric STM		
1977	1 st Ed Adult STM		
1978			1 st Ed
1980s		ARI & Syphilis Protocols	
1992		1 st Ed CARPA STM	7 th Ed Remote Section
1998			10 th Ed Remote Mainstreamed
2003		4 th Ed CARPA	12 th Ed
2014		6 th Ed CARPA	15 th Ed

Year	PNG	NT	TG: Abiotic
1966	MO's Pocket Book	Diarrhoea "slide-rule"	
1974	1 st Ed Paediatric STM		
1977	1 st Ed Adult STM		
1978			1 st Ed
1980s		<p style="text-align: center;">CENTRAL AND NORTHERN AUSTRALIA AND OTHER REMOTE AREAS</p>	
1992	Antibiotic Guidelines	<p>The following guidelines have been developed primarily for use by doctors, nurses and Aboriginal health workers in rural Aboriginal communities. High morbidity and mortality from bacterial infections justify early appropriate empirical antimicrobial therapy.</p> <p>Emphasis is placed on supervised regimens where possible, utilising intramuscular and single dose therapies and less frequent dosing. Storage requirements of antimicrobials must also be considered. Bicillin All-Purpose is a heat-stable powder for intramuscular injection which contains a mixture of benzyl, procaine and benzathine penicillin. If it is not available benzathine penicillin alone (Bicillin L-A) can be used, see Table 6, p. 201.</p>	7 th Ed Remote Section
1998		<p>Studies on organism prevalence and antimicrobial resistance patterns in the Northern Territory, northern Western Australia and northern Queensland are reflected in the guidelines. <i>Streptococcus pyogenes</i> remains important, with subsequent rheumatic heart disease and glomerulonephritis occurring. Erythromycin and roxithromycin resistance in <i>Staphylococcus aureus</i> is common, as is <i>Escherichia coli</i> resistance to (amoxy)ampicillin, sulphonamides and trimethoprim. Beta-lactamase production in <i>Haemophilus influenzae</i> has emerged. Penicillinase-producing <i>Neisseria gonorrhoeae</i> (PPNG) remains rare in communities, but ongoing surveillance is critical.</p>	10 th Ed Remote Mainstreamed
2003		<p>Reference is made to the main guidelines where regional circumstances do not apply.</p> <p><i>Doses are generally not specified in the text of this section. Refer to Table 6, p. 199, for weight-related drug doses unless detailed in the text.</i></p>	12 th Ed
2014		<p>Timing of doses in relation to food appear in the main guidelines, see Table 7, p. 203.</p>	15 th Ed

Minimalist Antibiotics in Alice in the early 1990s

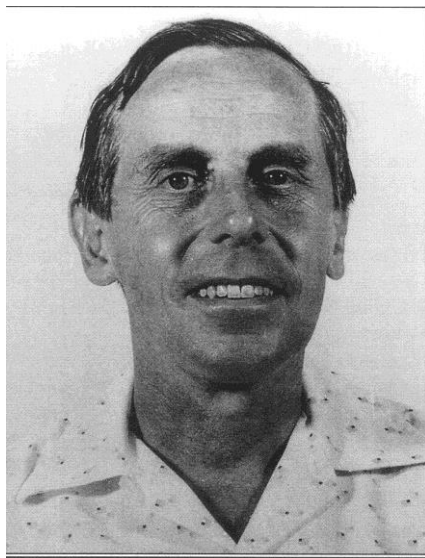
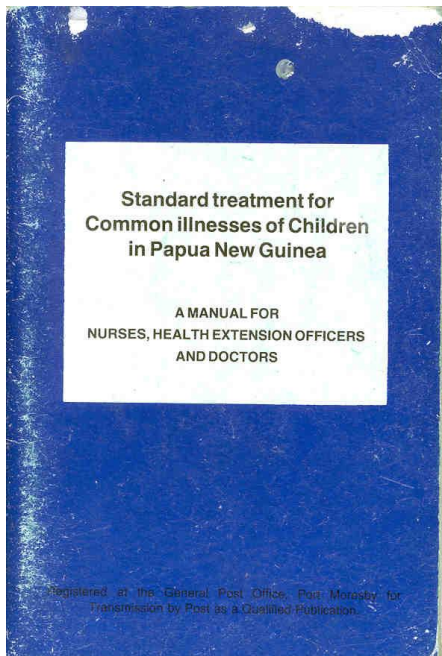
Penicillin

Gentamicin

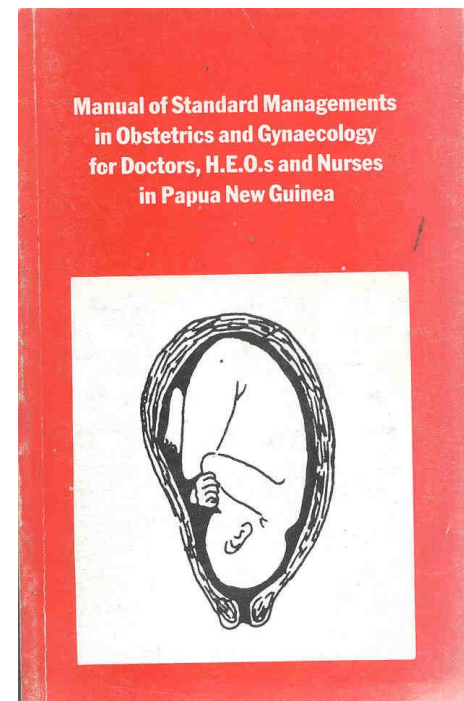
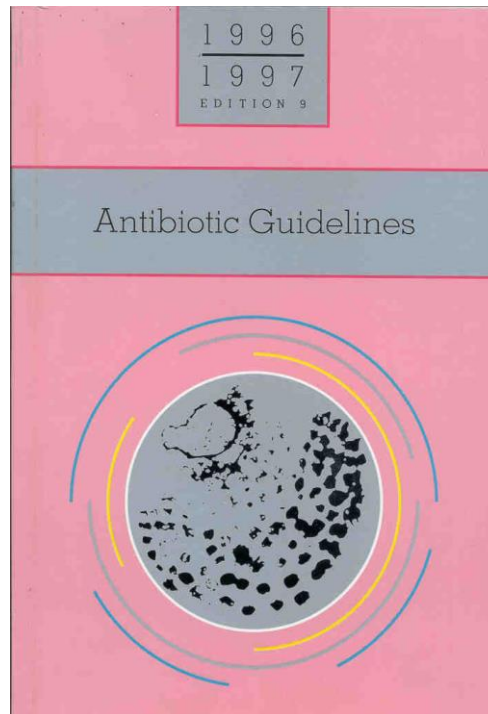
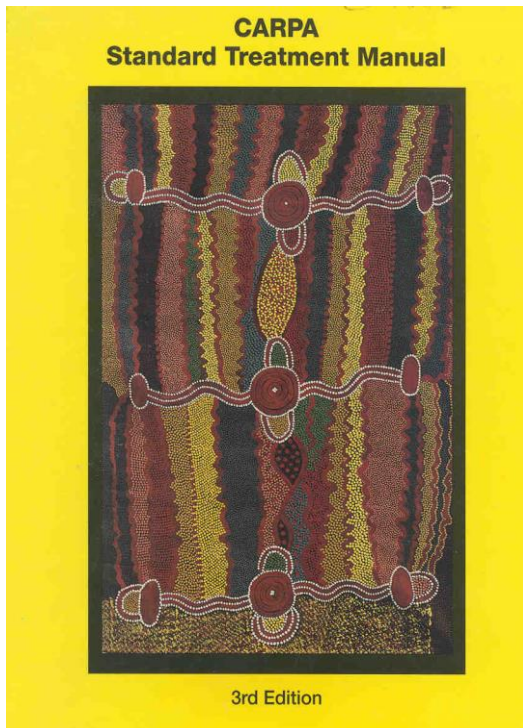
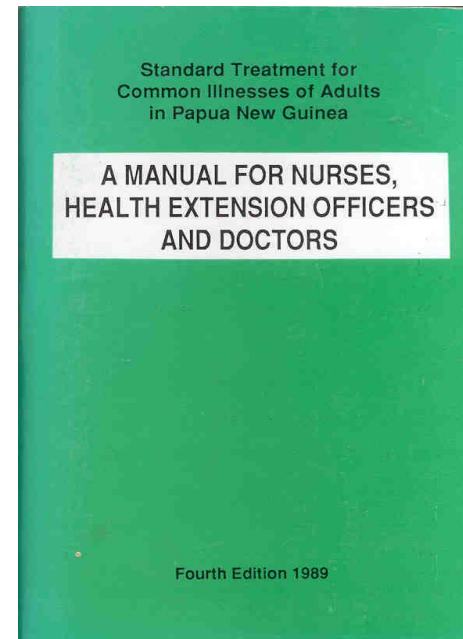
Chloramphenicol

Metronidazole





John Biddulph 1935-1998



Papua New Guinea: our forgotten friends & colleagues?

PHONE: 1300 TORRES (1300 867 737) FAX: 1300 STRAIT (1300 787 248)



TORRES NEWS

News & events of the Kaurareg homeland of Kaiwalagal, the Torres Strait homeland, and Cape York homelands of the Anggamuthi, Atambaya, Wuthathi, Yadhaykenu and Gudang Peoples



26 Oct - 1 Nov 2011 • Thursday Island • www.torresnews.com.au • editor@torresnews.com.au • Edition No. 987 • \$2.00 inc. GST

NEWS

Mutant TB spreads to Torres Strait



The body of a PNG national who died of TB in Australia is repatriated across the border last Thursday, 20 October, from Saibai. Photo: STEFAN ARMBRUSTER, SBS.

home & health

Gout medicine may halve heart attack risk

NEW research suggests that taking low-dose aspirin may reduce the risk of heart attack in people with gout, according to a study published in the journal *Annals of the Rheumatic Diseases*.

The study, which followed 10,000 people with gout for 10 years, found that those who took low-dose aspirin had a 50% lower risk of heart attack compared to those who did not. The researchers believe this is because aspirin helps to reduce inflammation, which is a key factor in both gout and heart disease.

Dr. Robert White, lead author of the study, said: "Our findings suggest that low-dose aspirin may be a simple and effective way to reduce the risk of heart attack in people with gout. However, it is important to consult your doctor before starting any new medication, as aspirin can have side effects and may interact with other drugs."

The study also found that people with gout who took low-dose aspirin had a 25% lower risk of stroke and a 15% lower risk of cardiovascular death. The researchers believe this is because aspirin helps to reduce inflammation, which is a key factor in both gout and heart disease.

Dr. White said: "Our findings suggest that low-dose aspirin may be a simple and effective way to reduce the risk of heart attack in people with gout. However, it is important to consult your doctor before starting any new medication, as aspirin can have side effects and may interact with other drugs."

PNG looks to ban TB spread

PORT Moresby (AP) — Papua New Guinea's health minister has announced plans to ban the import of second-hand clothing and shoes from Australia, New Zealand and the United States to help curb the spread of tuberculosis (TB) in the country.

The minister, Dr. Hilda Heine, said that the ban would apply to all items of clothing and shoes that have been worn by someone else. She said that the ban was necessary because TB is a major health problem in PNG, and second-hand clothing and shoes are a common way for the disease to spread.

Dr. Heine said that the ban would be implemented from next month. She said that the government would be working with the World Health Organization (WHO) to ensure that the ban was effective. She also said that the government would be providing free TB testing and treatment to people who are at risk of the disease.

The WHO has estimated that there are 10 million people in PNG who are at risk of TB. The disease is caused by a bacterium called *Mycobacterium tuberculosis*, which is spread through the air. It can affect any part of the body, but most commonly affects the lungs. TB can be fatal if it is not treated.

Dr. Heine said that the government was committed to eradicating TB from PNG. She said that the ban on second-hand clothing and shoes was just one of the measures that the government was taking to do this. She also said that the government would be providing free TB testing and treatment to people who are at risk of the disease.



WHEN THE GOING GETS TOUGH... YOU NEED TOUGHER MACHINES



PORT MORESBY 0 300 8570 LAE 0 475 8554 KOKORO 0 983 8748
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Disruptive Technology

Using Therapeutic Guidelines: Antibiotic



Disruptive Technology

Using Therapeutic Guidelines: Antibiotic

Used as the Ken Harvey “Vaccine”

“Immunise practitioners against irrational marketing forces”

Disruptive Technology Using Therapeutic Guidelines: Antibiotic

Used as the Ken Harvey “Vaccine”

“Immunise practitioners against irrational marketing forces”

- “Irrational” from an antimicrobial stewardship perspective
- BUT**
- Not irrational from a company/shareholder perspective

Disruptive Technology

Using Therapeutic Guidelines: Antibiotic

Used as the Ken Harvey “Vaccine”

“Immunise practitioners against irrational marketing forces”

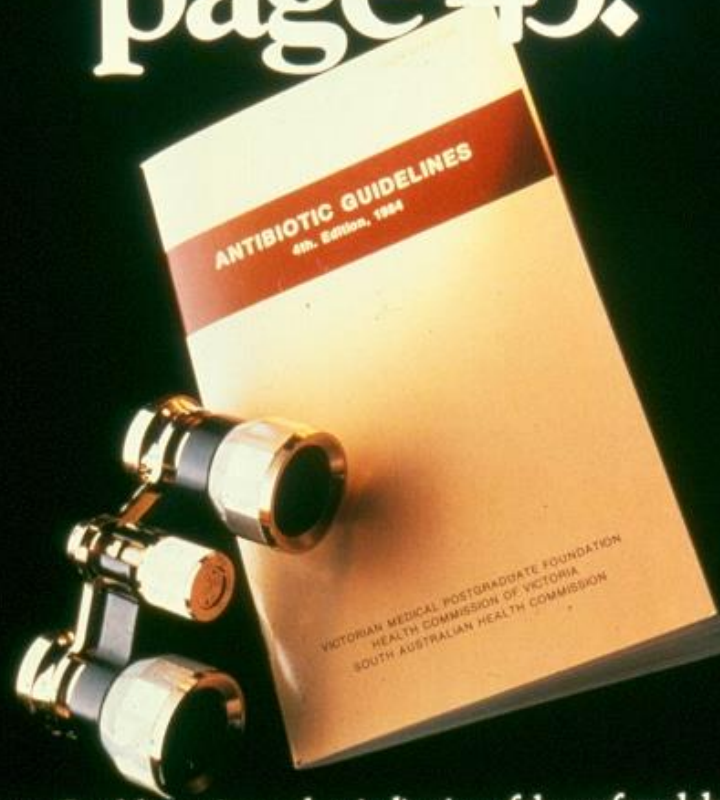
- “Irrational” from an antimicrobial stewardship perspective
- BUT**
- Not irrational from a company/shareholder perspective

“That stuff doesn’t influence me at all. I don’t even know what drug is on my pen. I just go for the food.”





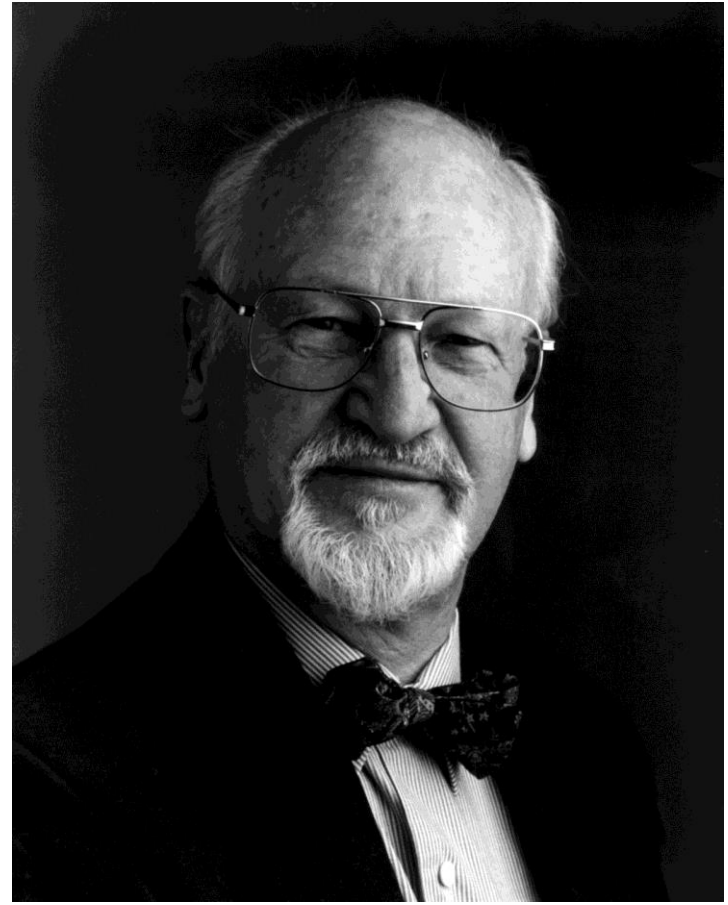
Your theatre guide is on page 43.



Antibiotic Guidelines gives a clear indication of the preferred duration or surgical prophylaxis. As a second opinion it can help to cure one disease wonder drugs can't; the inappropriate use of antibiotics.



Laurie Mashford
Chair AB3-AB9
1982 - 1996



W John Spicer
Writing Group 1978 - 1996
Chair AB11-AB12



AB8 1994



AB13 2006



AB13 2006



AB13 2006



AB13 2006



AB13 2006



AB13 2006



Rob Moulds Chair AB14-15; 2010-2014
Developing Countries Program since 2007



Meeting for the preparation of the 4th Edition of the Fiji Antibiotic Guidelines

Observations

Therapeutic Guidelines: Antibiotic



Therapeutic
Guidelines

Why do experts participate?

- Many medical professionals have a strong commitment to pass on their experience to junior practitioners
- Experts find the unconstrained debate with their peers regarding best practice and the interpretation of evidence to be an extremely valuable learning experience
- Experts regard participation in an expert group to be an 'honour'
- Experts enjoy working with TGL ... it is functional and efficient ... their time is not wasted
- Only expenses and a modest sitting fee is provided by TGL ... most experts do not claim the sitting fee!

Observations

Therapeutic Guidelines: Antibiotic



Therapeutic
Guidelines

Expert group issues

- Experts are selected on the basis of: their clinical & scientific expertise, scholarship, their willingness to challenge orthodox beliefs and their independence
- Avoid inviting a content expert in a narrow field who the other members will be wary of questioning
- Ability to work cooperatively, and to a schedule, is critical
- Ensure most of the experts can (and will) attend meetings

Observations

Therapeutic Guidelines: Antibiotic

When you do all the work on a group assignment and someone else takes the credit



Observations

Therapeutic Guidelines: Antibiotic

What about the books?

Only 12% of revenue

Therapeutic
Guidelines



Infectious diseases topics in other Therapeutic Guidelines titles

Related topics in other books in the Therapeutic Guidelines series or in *eTG complete* or *miniTG* include:

In *Therapeutic Guidelines: Dermatology*

- some skin infections (eg boils and carbuncles, impetigo, recurrent staphylococcal skin infections, herpes simplex skin infections [including genital herpes], human papillomavirus [including genital warts], vulvovaginal candidiasis, tinea)
- some infestations and bites (eg lice, scabies).

In *Therapeutic Guidelines: Gastrointestinal*

- gastrointestinal tract infections (eg infectious diarrhoea, diverticulitis, *Helicobacter pylori* infection)
- viral hepatitis.

In *Therapeutic Guidelines: Oral and Dental*

- acute odontogenic infections.

In *Therapeutic Guidelines: Respiratory*

- some respiratory tract infections (eg bronchiolitis, bronchitis, acute exacerbations of chronic obstructive pulmonary disease, croup, rhinosinusitis).

See the index for a full listing of related topics.

Observations

Therapeutic Guidelines: Antibiotic

What about open access?



Therapeutic
Guidelines

Trust: key factors for guidelines

- Independent
- Authoritative and credible: expert and independent interpretation of evidence, endorsed by peak professional bodies

Therapeutic Guidelines
PHN Pathways
UpToDate
NPS Information
Australian Medicines Handbook
MIMS

Observations

Therapeutic Guidelines: Antibiotic Some consensus issues

Therapeutic
Guidelines



- Gentamicin – contracting role?
- Penicillin/gentamicin for moderate/severe CAP?
- Role of pneumonia severity scores
- Dosing of vancomycin
 - ❖ loading dose
 - ❖ children
- Prophylaxis for bacterial endocarditis (with dentists)
- Cefaclor and roxithromycin – contracting role

Observations

Therapeutic Guidelines: Antibiotic Impact on AMR?



Therapeutic
Guidelines

MJA 207 (2) • 17 July 2017

Research

Antibiotics for acute respiratory infections in general practice: comparison of prescribing rates with guideline recommendations

Amanda R McCullough¹, Allan J Pollack², Malene Plejdrup Hansen³, Paul P Glasziou¹, David FM Looke⁴, Helena C Britt⁵,
Christopher B Del Mar⁶

Conclusions: Antibiotics are prescribed for ARIs at rates 4–9 times as high as those recommended by *Therapeutic Guidelines*. Our data provide the basis for setting absolute targets for reducing antibiotic prescribing in Australian general practice.

Annals of Internal Medicine

EDITORIAL

Antibiotic Overuse: Clinicians Are the Solution

Barbara E. Jones, MD, MSc

Matthew H. Samore, MD

Salt Lake City VA Health System and University of Utah
Salt Lake City, Utah

• Vol. 166 No. 11 • 6 June 2017

Antibiotics

Opinion

Trust me on antibiotics, doctor - I'm a patient

Anne Perkins



Evidence that finishing the course may fuel bacterial resistance will test our relationship with experts - and perhaps begin the healing process

● Anne Perkins is a Guardian columnist



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Friday 28 July 2017 05.03 AEST



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Anthropological and socioeconomic factors contributing to global antimicrobial resistance: a univariate and multivariable analysis



Peter Collignon, John J Beggs, Timothy R Walsh, Sumanth Gandra, Ramanan Laxminarayan

*Lancet Planet Health 2018;
2: e398–405*

See [Comment](#) page e376

Multivariate analysis showed that better infrastructure and governance were significantly associated with lower measures of antimicrobial resistance, but that antibiotic consumption was not significantly associated with higher antimicrobial resistance.

Reducing antibiotic consumption will not be sufficient to control antimicrobial resistance because **contagion—the spread of resistant strains—seems to be the dominant factor.**

Improving sanitation, increasing access to clean water, ensuring good governance, plus increasing public health-care expenditure all need to be addressed to reduce global antimicrobial resistance.

Primordial prevention of trachoma

- Housing
- Education
- Employment
- Communications
- Transport & access to services



McDonald E et al. BMC Public Health 2008; 8:153

McDonald M et al. Clin Infect Dis 2006;43:683-9

Bailie R et al. BMC Public Health 2010; 10:147

Primordial prevention of scabies

- Housing
- Education
- Employment
- Communications
- Transport & access to services



McDonald E et al. BMC Public Health 2008; 8:153

McDonald M et al. Clin Infect Dis 2006;43:683-9

Bailie R et al. BMC Public Health 2010; 10:147

Primordial prevention of pyoderma

- Housing
- Education
- Employment
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McDonald M et al. Clin Infect Dis 2006;43:683-9

Bailie R et al. BMC Public Health 2010; 10:147

Primordial prevention of ARF/RHD

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McDonald M et al. Clin Infect Dis 2006;43:683-9

Bailie R et al. BMC Public Health 2010; 10:147

Primordial prevention of antimicrobial resistance

- Housing
- Education
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Therapeutic Guidelines

