



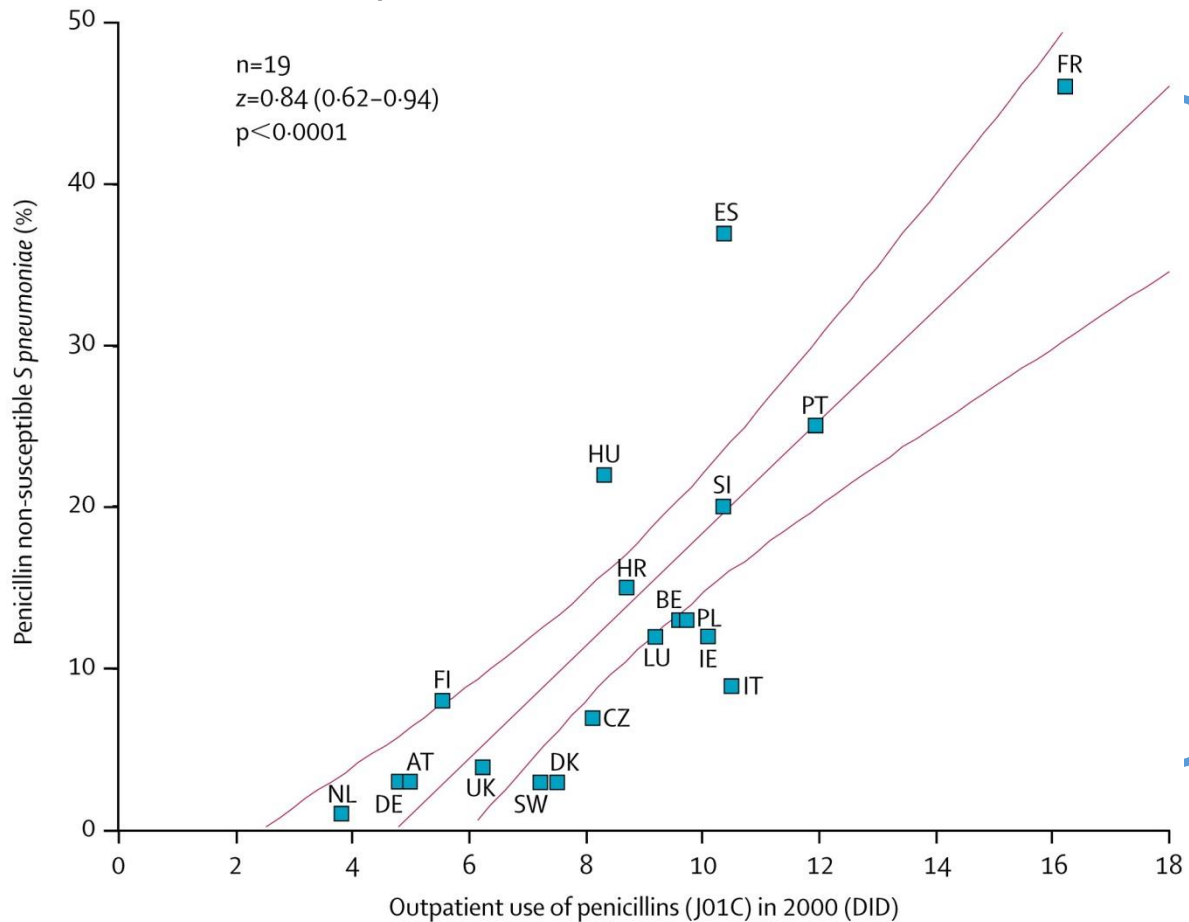
# Improving antibiotic prescribing in primary care

Paul Glasziou for the CREMARC research group

**\* The Centre for Research Excellence in Minimising Antibiotic  
Resistance from Acute Respiratory Infections (NHMRC 2018-2022)**

40 years of antibiotic guidelines anniversary seminar, 2018

# Could reducing antibiotics by 50% double the life span of our antibiotics?



Halving penicillin use at least halves resistance; Should double “life” of new antibiotics?

Outpatient antibiotic use in Europe and association with resistance: a cross-national database study

Prof Herman Goossens, MD, Matus Ferech, PharmD, Robert Vander Stichele, MD, Monique Elseviers, PhD, for the ESAC Project Group

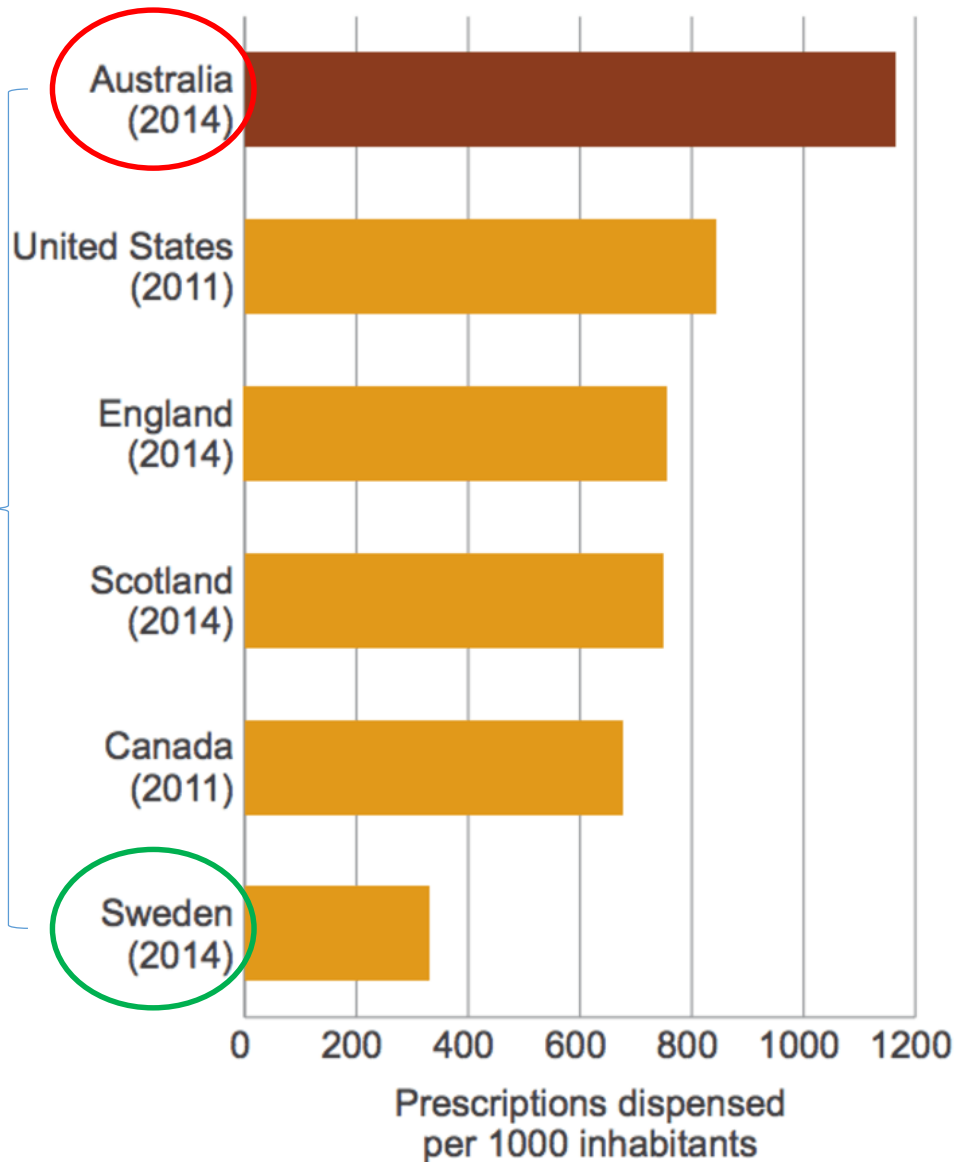
Published: 12 February 2005

Lancet 2005

# Overview

1. Trends in antibiotic use: Australia vs International
2. What works to improve antibiotic use?
3. What their potential population impact?
4. What should Australia do?

**Figure 5.3** Comparison of community antimicrobial use in Australia and other countries

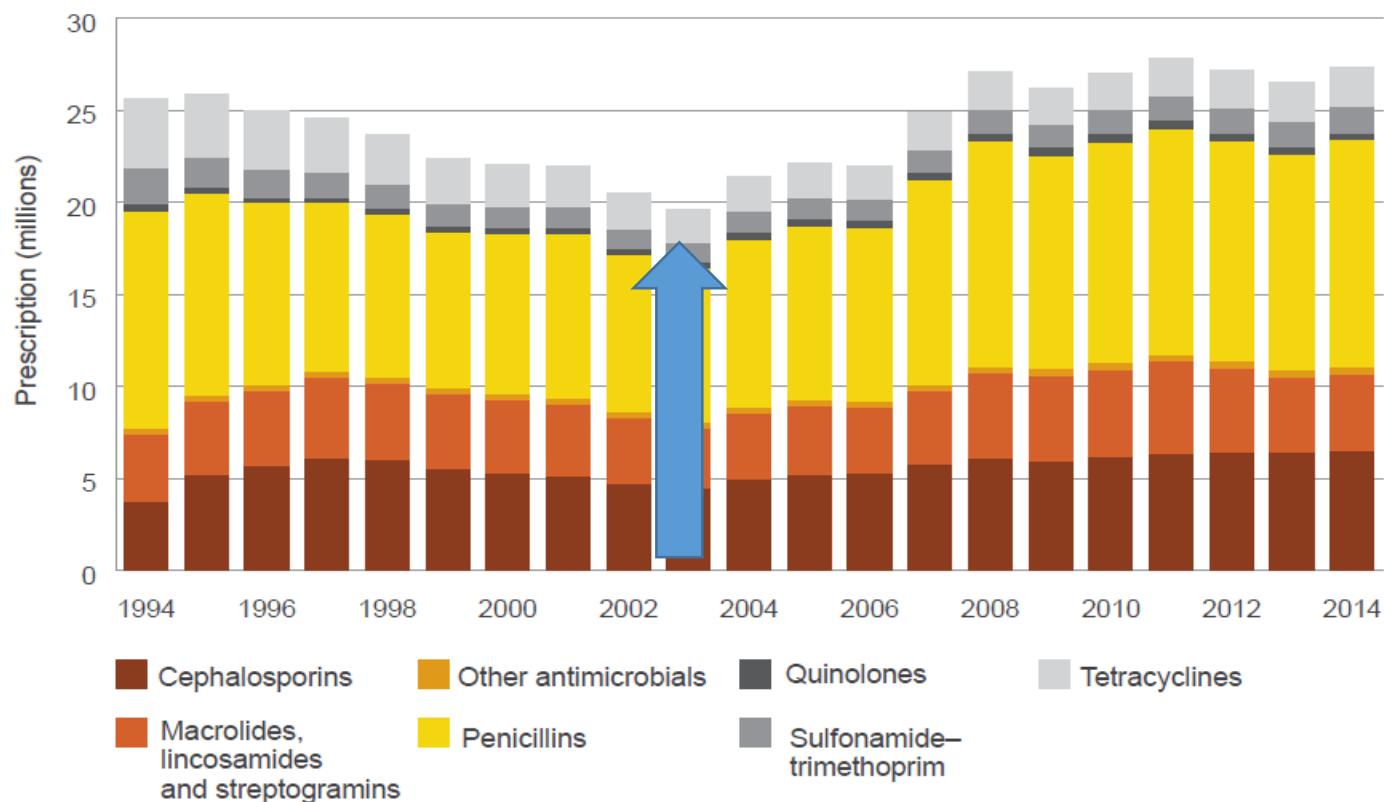


“In 2014, there were more than 30 million scripts dispensed for systemic and topical antibiotics in Australia. It was found that at least 45% of Australians took at least one course of antibiotics during that year.”

John Turnidge  
Medical Republic, Dec 2016

# The Fall and Rise of Antibiotics in Australia (PBS 1994-2014)

Figure 3.16 Systemic antimicrobial prescriptions dispensed, by therapeutic group, 1994-2014



Notes:

1. Other antimicrobials include amphenicols and aminoglycosides.
2. Before April 2012, includes estimates of under co-payment and private dispensing; after April 2012, includes actual under co-payment data, but no estimate from private dispensing

Source: Drug Utilisation Sub Committee database, October 2015



## Strama - The Swedish Strategic Programme against Antibiotic Resistance

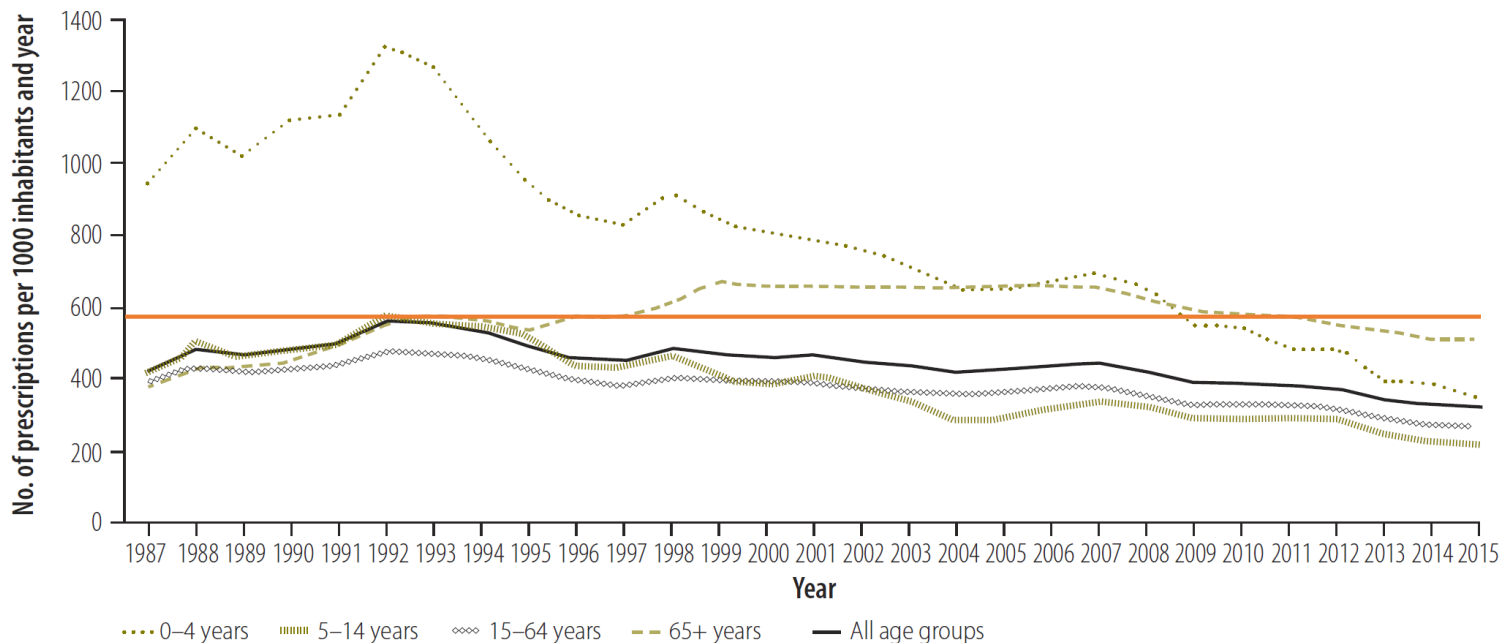
Like in many other countries, antibiotic use in Sweden increased steadily during the 1980's and early 1990's. This fact together with a rapid spread of multidrug-resistant pneumococci among children in southern Sweden, initiated a national program against antibiotic resistance, Strama.

### Data on antibiotic use is a key driver for change

Sigvard Mölsted et al.

Antibiotic resistance programme in Sweden

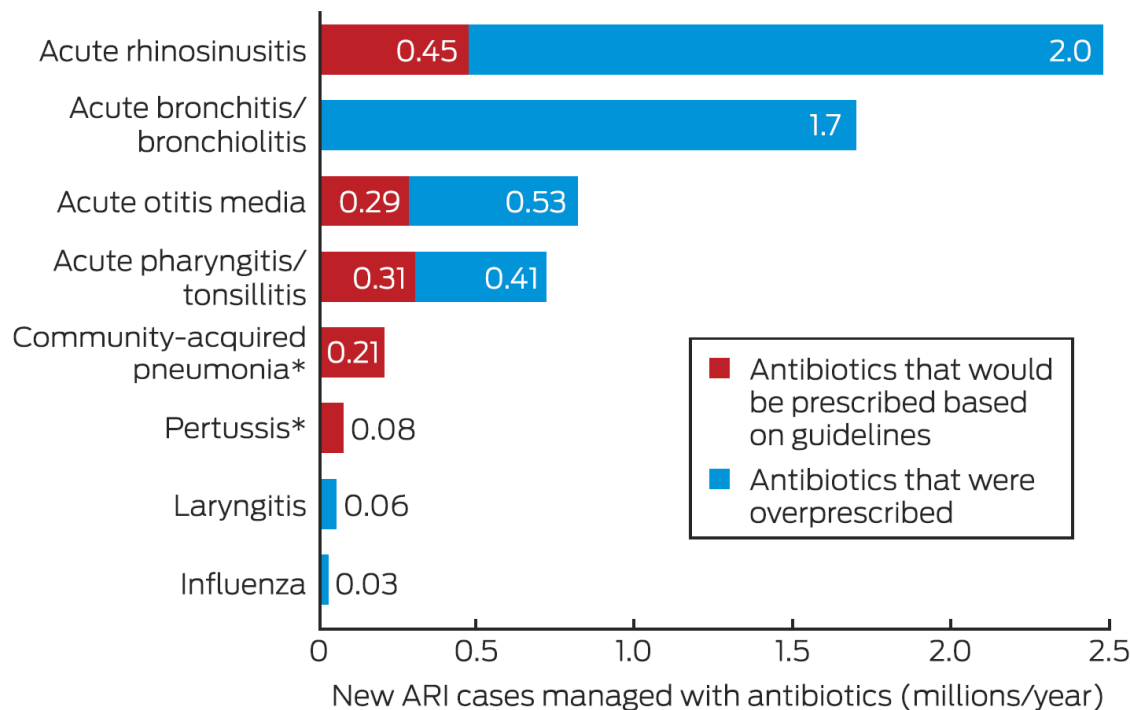
Fig. 1. Sales of antibiotics for systemic use in outpatient care, Sweden, 1987–2015



# 4.6 of 6M antibiotics not needed for acute respiratory infections

4 Numbers of new acute respiratory infection (ARI) cases managed with antibiotics each year in Australia: current practice and estimated maximum guideline-recommended rates. A. Numbers of new cases, nationally; B. New cases per full-time equivalent (FTE) general practitioner

A



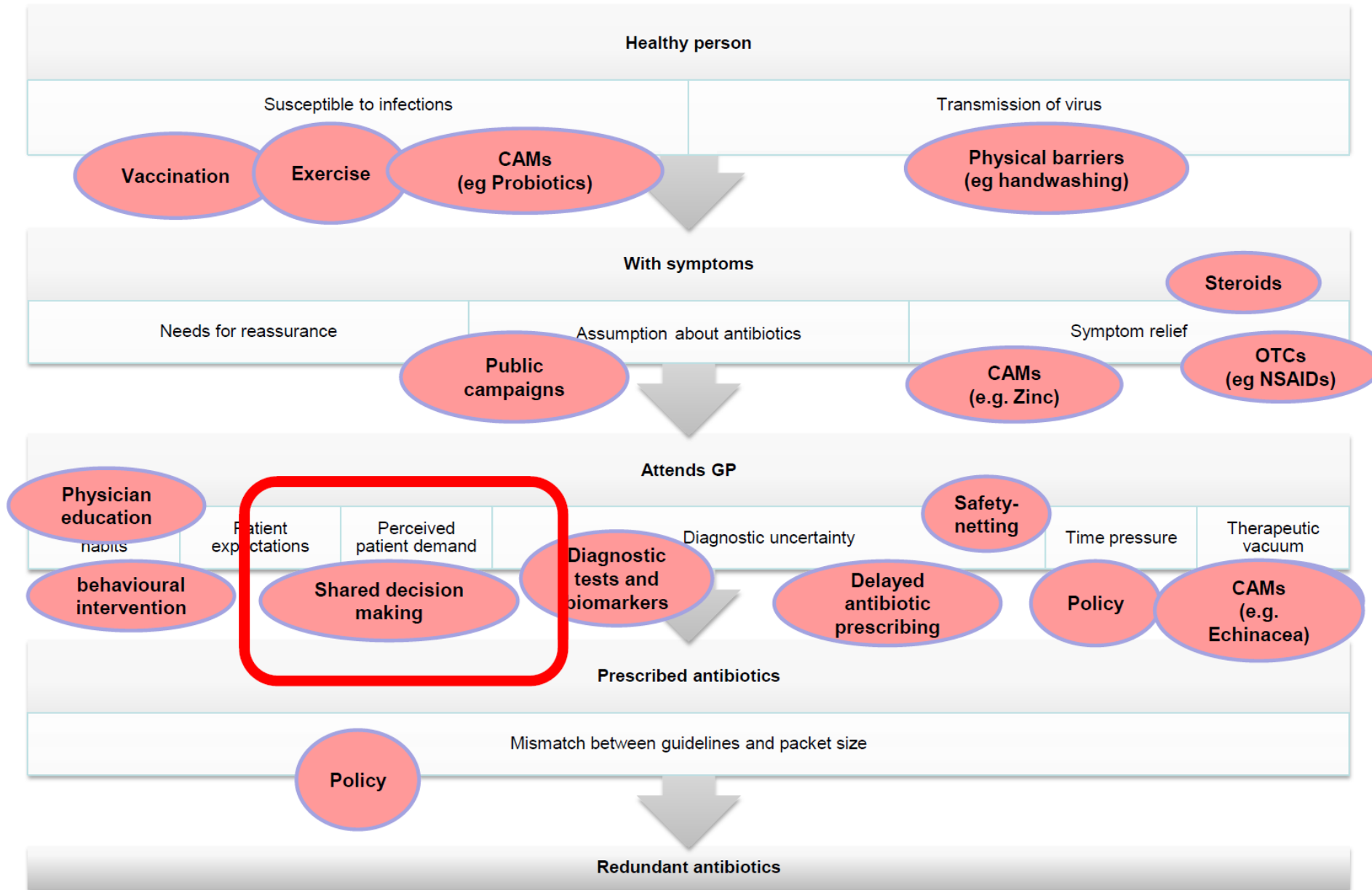
McCullough et al MJA 2016;

# How can we change behaviour?

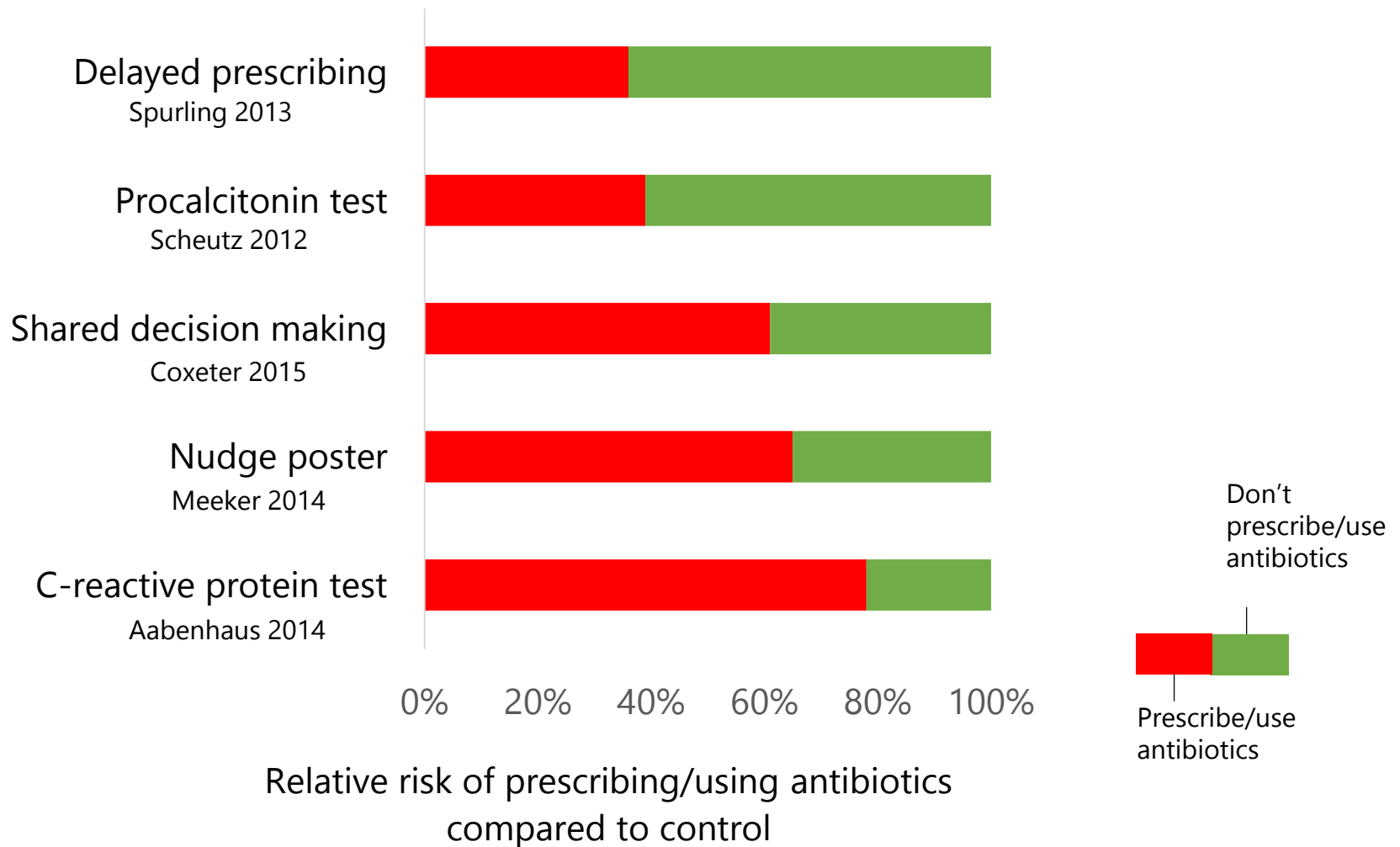




# Many possible points for intervention



# Effective strategies to reduce antibiotic use for acute respiratory infections



# But GPs don't use them ...

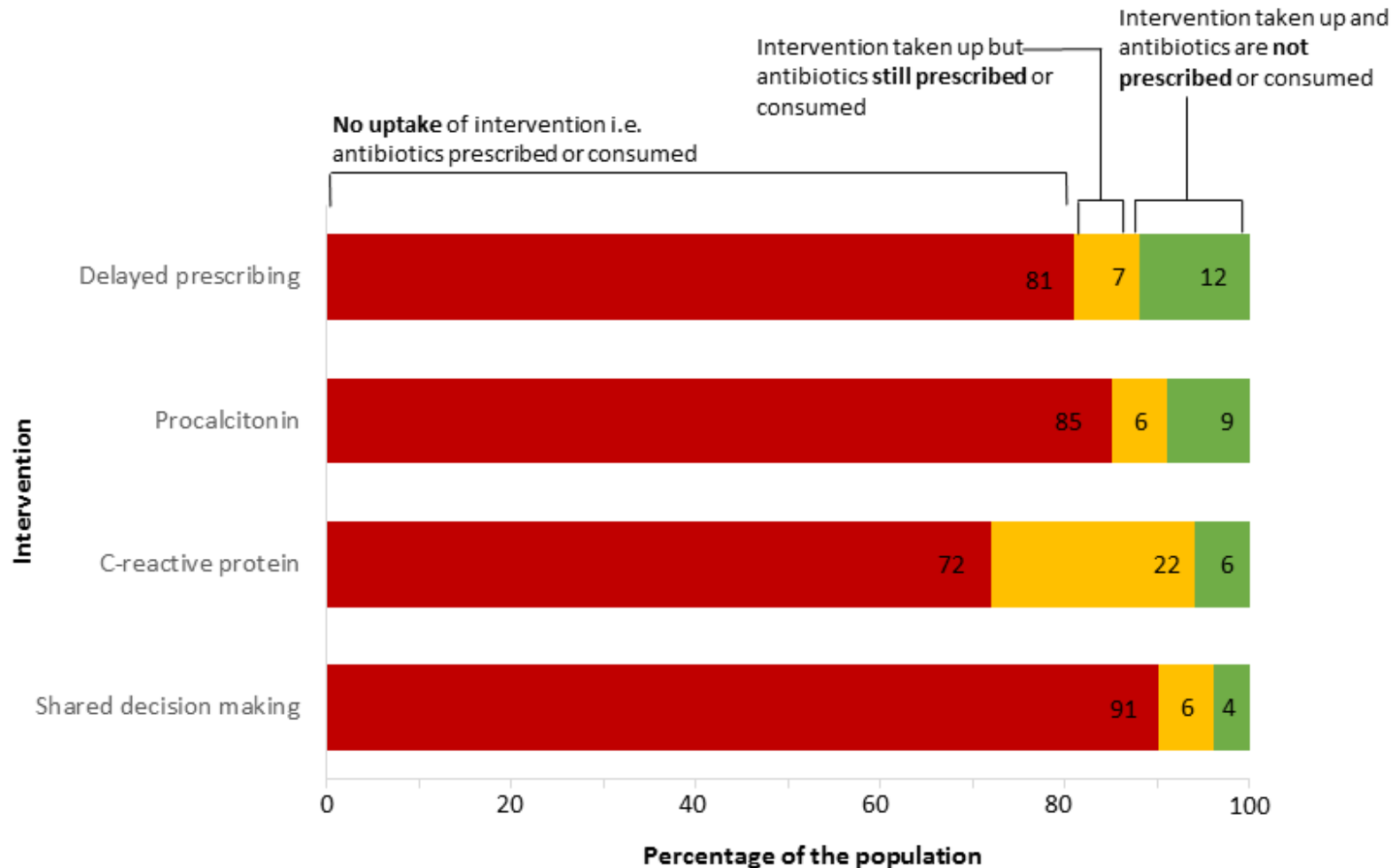


Figure 1. Estimated population level effectiveness of four interventions that aim to reduce antibiotic use for acute respiratory infections

# So what if we combine interventions to reduce unnecessary antibiotics?



**Antibiotics**  
Can do harm as well as good

We want to give you some important information about antibiotics:

- help fight infections that cause serious illness
- can cause side effects like skin rashes, diarrhea, or yeast infections
- Make for your bacteria resistant, which can make future infections harder to treat

It is important that you only use antibiotics when they are necessary to treat your illness.

How can you help?

- Carefully follow your doctor's instructions.
- Your doctor will discuss whether you need antibiotics or not.
- When you have a cough, sore throat, or other illness, your doctor will help you select the best possible treatment.

Your health is very important to us.

As your doctors, we promise to treat your illness in the best way possible. We are also dedicated to avoid prescribing antibiotics when they are likely to do more harm than good.

If you have any questions, please feel free to ask your doctor, nurse, or pharmacist.

Practice poster

**Do you really need antibiotics?**

**Do antibiotics help?**

If your symptoms such as a cough or sore throat are caused by a virus then antibiotics won't help you get better.

Most coughs and colds are caused by a virus which means antibiotics don't help.

**Taking antibiotics can be harmful**

Antibiotics can cause side effects like skin rashes, diarrhea or yeast infections (thrush).

**Antibiotic resistance is a growing problem**

If you have taken antibiotics you are more likely to carry resistant bacteria in your body. This means that future infections are more difficult to treat because antibiotics might not work when you really need them.

You can also spread these resistant bacteria to other people such as your family.

Antibiotics kill the natural 'good' bacteria in your body that keep the harmful bacteria under control.

**What can be done to make me better?**

If you have a cough or sore throat or other illness your doctor will help you select the best possible treatment.

If an antibiotic could do more harm than good, your doctor will explain this to you. Your doctor will give you advice about how to manage your symptoms.

**How can I help?**

Carefully follow your doctor's instructions.

If you have any questions, please feel free to ask your doctor, nurse or pharmacist.

patient pamphlet

Dr A Practitioner  
98 Station Street  
Central NSW 2001  
Phone: (06) 9999 9999  
Prescriber no.: 123456

Dr A Practitioner  
98 Station Street  
Central NSW 2001  
Phone: (06) 9999 9999  
Prescriber no.: 123456

Pharmaceutical benefits  
antibiotic  
antibiotic

Quantity: Qty: 50 0 repeat  
1 item

Dr A Practitioner  
MBBS  
A Practitioner

delayed prescribing

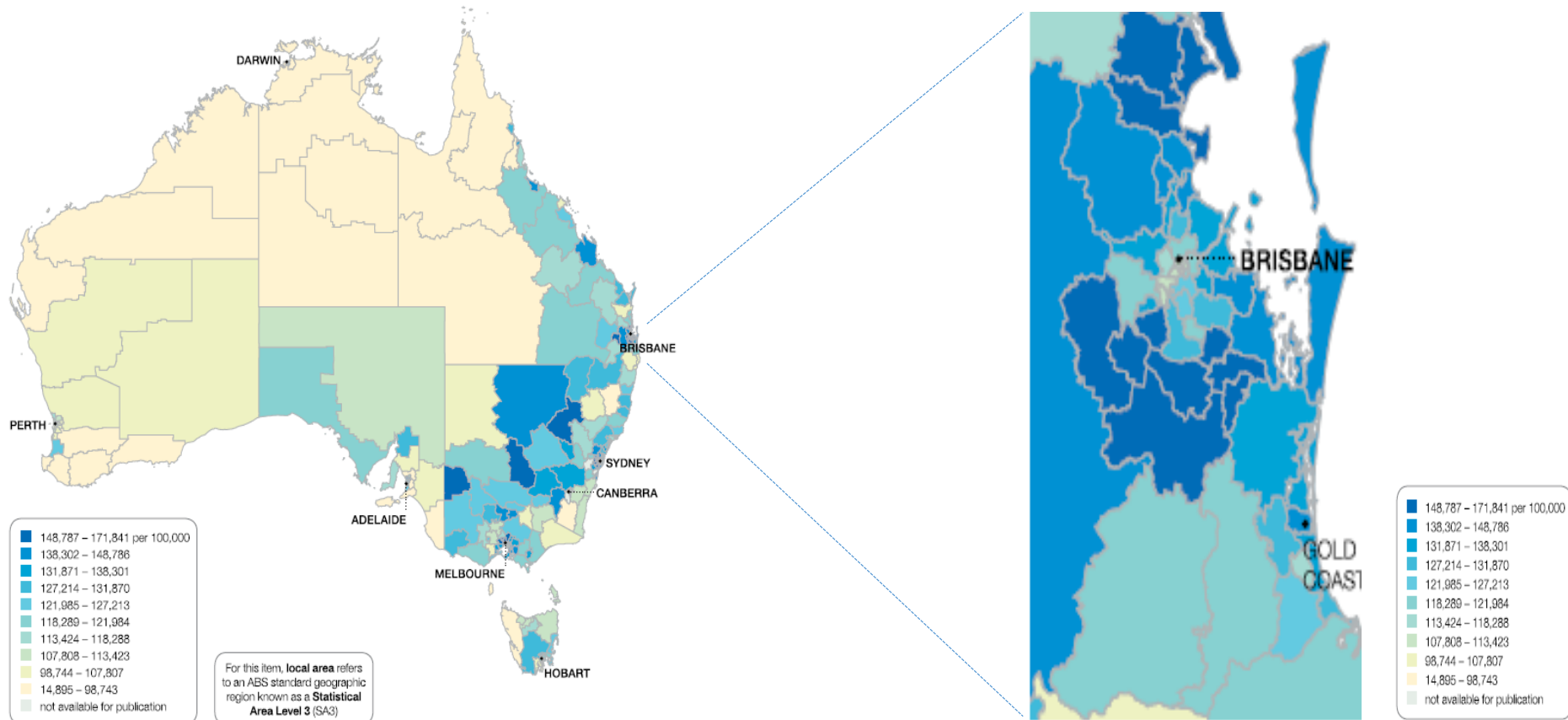


access to near patient testing with C-reactive protein (CRP)



patient decision aids

# Variations in antibiotic prescribing



125,119 antibiotics  
dispensed/100,000 people

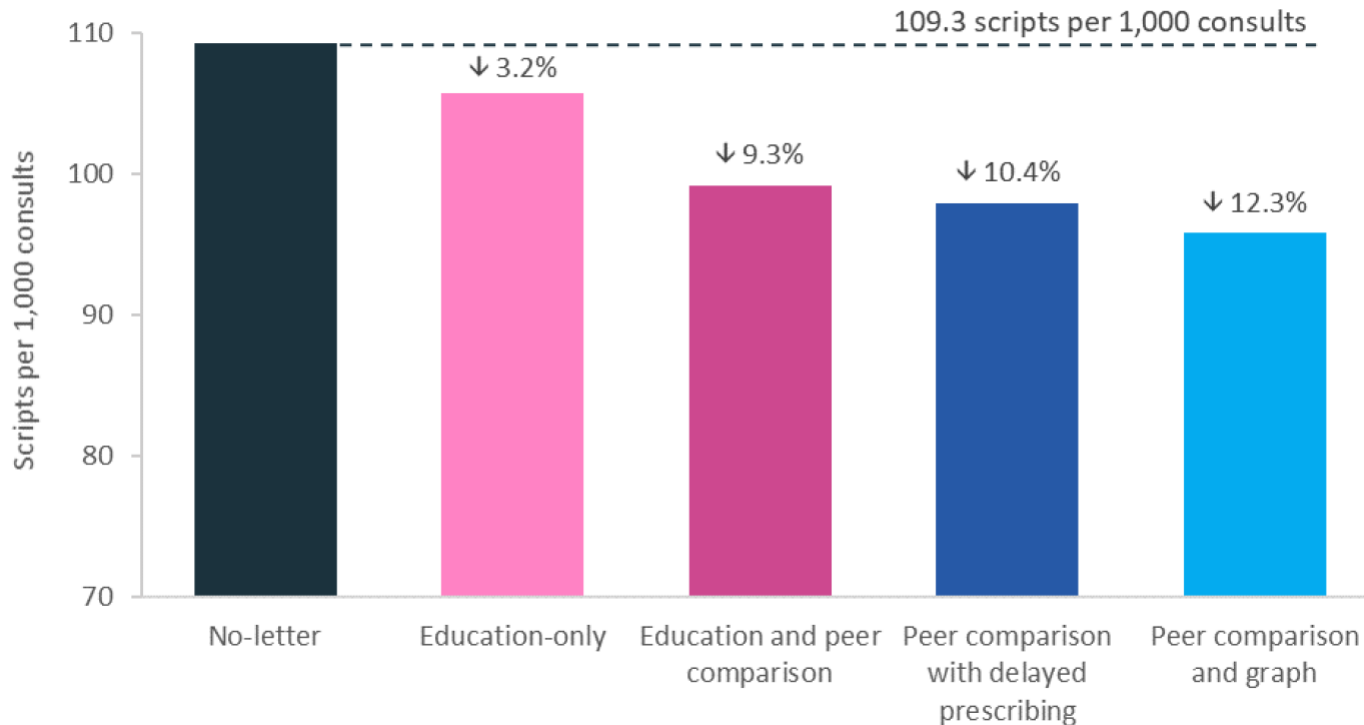
SE Qld is no different to the  
rest of Australia

# Nudge vs Superbugs

A behavioural economics trial  
to reduce the overprescribing of antibiotics

June 2018

Main findings for six months combined (prescription rates)

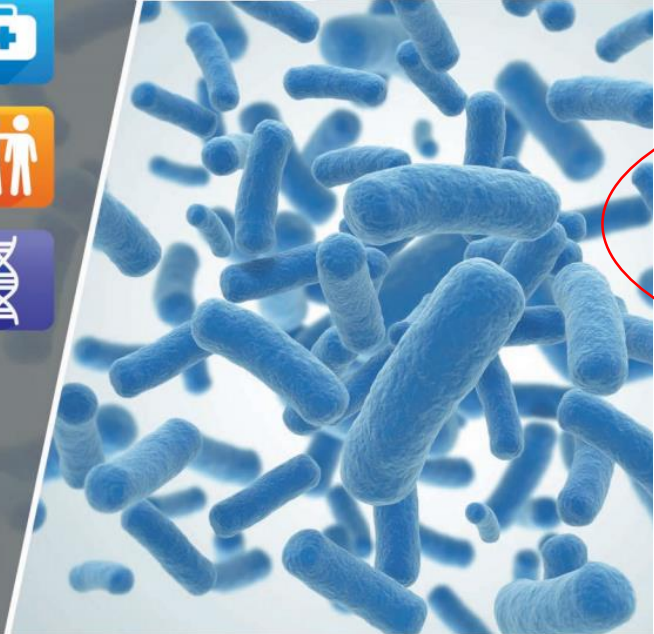




# Stemming the Superbug Tide

JUST A FEW DOLLARS MORE

A broad policy package combining stewardship programmes, enhanced environmental hygiene, mass media campaigns, and rapid diagnostic testing could avert 180 deaths and save 15 million dollars per year in Australia



**Improving hand hygiene** is one of the most effective strategies to prevent hospital-acquired infections

**Stewardship programmes** aim to increase awareness and to rationalise prescription practices among health care personnel

**Enhanced environmental hygiene** encompasses the decontamination, disinfection, cleaning and sterilisation of hospital environments and equipment

**Delayed antimicrobial prescribing** avoids unnecessary consumption of antimicrobials in outpatient and primary care settings

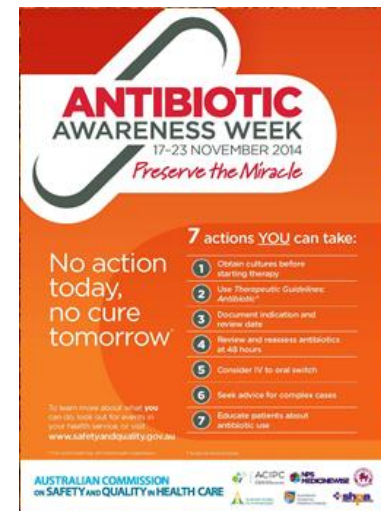
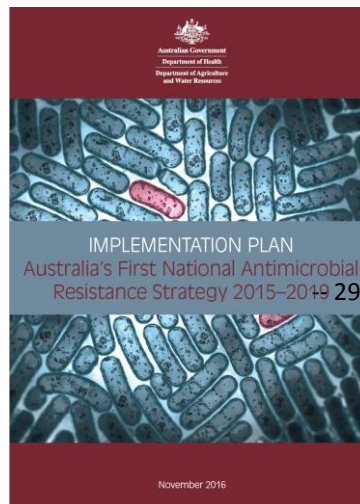
**Mass media campaigns** raise public awareness about the dangers associated with inappropriate antimicrobial prescription

**Rapid diagnostic tests** determine, within hours, whether an antimicrobial treatment should be initiated and which should be used

|                                   | Lives saved per year | Costs per year (million) | Return per dollar invested |
|-----------------------------------|----------------------|--------------------------|----------------------------|
| Improving hand hygiene            | 150                  | -\$7                     | 1.9                        |
| Stewardship programmes            | 140                  | -\$3.5                   | 1.5                        |
| Enhanced environmental hygiene    | 140                  | \$0.7                    | 0.9                        |
| Delayed antimicrobial prescribing | 35                   | \$0.1                    | 0.8                        |
| Mass media campaigns              | 16                   | \$0.04                   | 0.9                        |
| Rapid diagnostic tests            | 60                   | \$3.6                    | -0.6                       |

# Summary

- Australian antibiotic use greater than OECD average
- Dipped to low in 2003, but rising since
- Multiple interventions “work” but modest impact (need to improve both effects & uptake rates)
- Sustained stewardship program needed in primary care to slow/reverse resistance



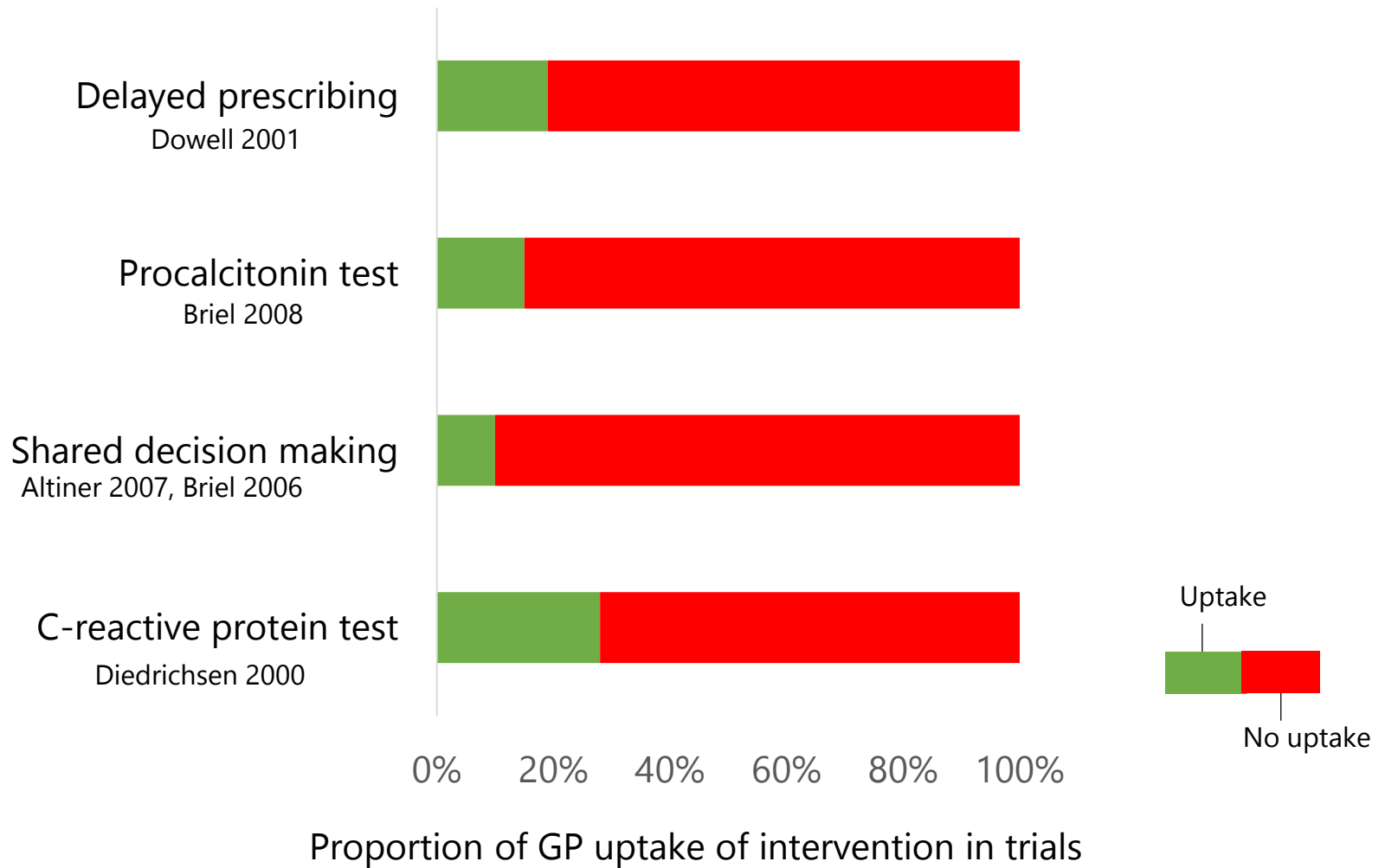




What should we do while waiting for the new antibiotics?



# But GPs do not use them



## NEWS



7%

# GPs achieve dramatic cut in antibiotic prescriptions

Jacqui Wise

London

GPs in England have dramatically cut antibiotic prescribing, giving 2.6 million fewer prescriptions last year, figures from NHS Improvement have shown.

The total number of antibiotics prescribed by GPs fell by 7.3% in one year—down from 37 033 310 items in 2014-15 to 34 337 167 in 2015-16. This significantly exceeds the 1% reduction target that the national patient safety team set with Public Health England and NHS England.

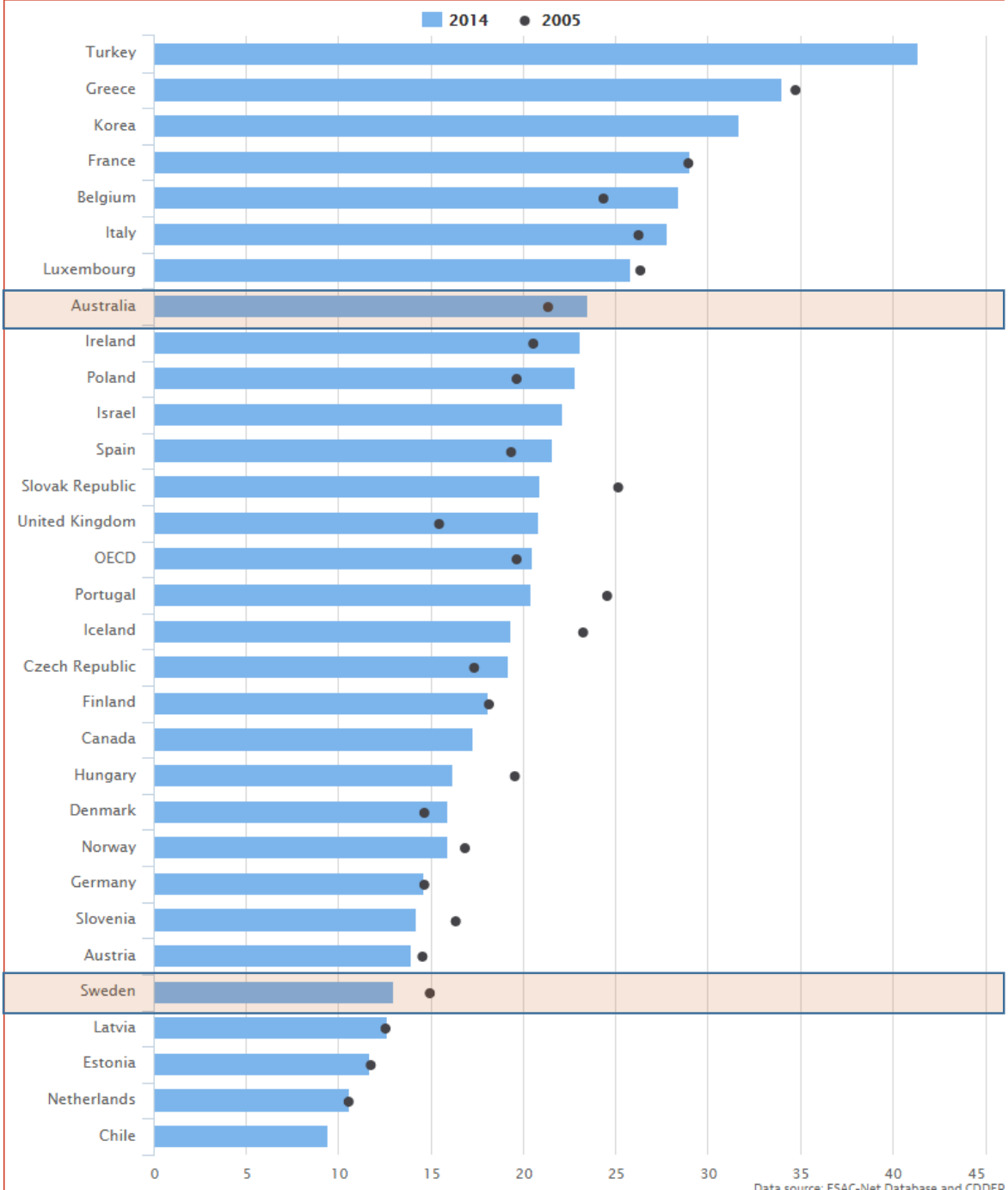
Mike Durkin, NHS national director of patient safety, said, “This fantastic result achieved in just one year is testament to the huge efforts of GPs, pharmacists and local commissioners. Every year, too many people suffer and lose their lives due to antibiotic resistant infections.

“At a time when the NHS has advanced in many areas of patient care, science and technology, we must work to prevent healthcare going backwards to a time where antibiotics are no

7% decrease/year for 7 years => 50% (near Swedish levels)

Long-term national stewardship programs needed

# Antibiotic consumption levels, 2014



# The GP's tightrope walk



Unnecessary  
Antibiotics

Missed  
Serious  
Infection

# SWEDEN Hospital admissions for acute mastoiditis, quinsy, and acute rhinosinusitis in children were stable or decreased 1987-2004

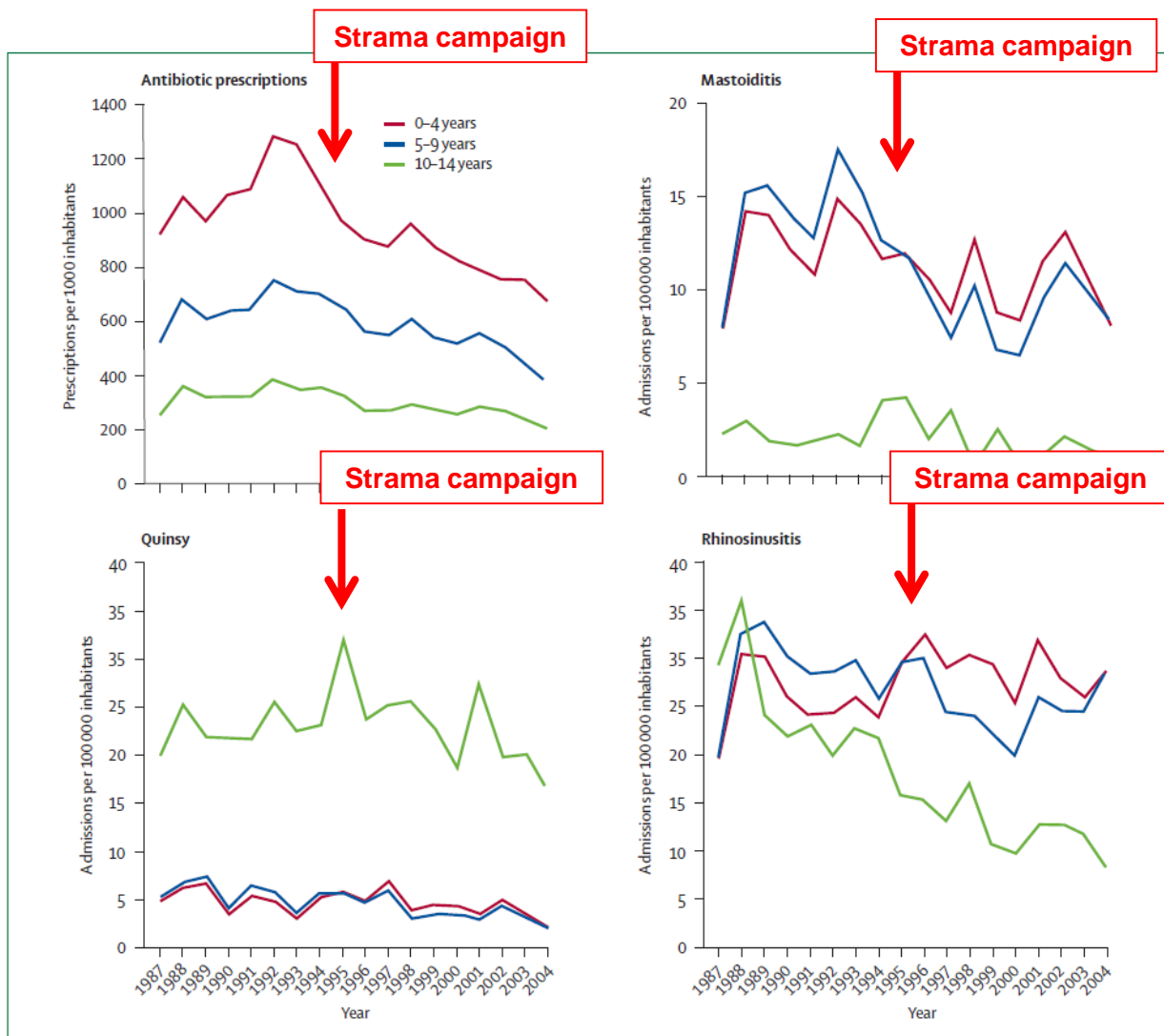
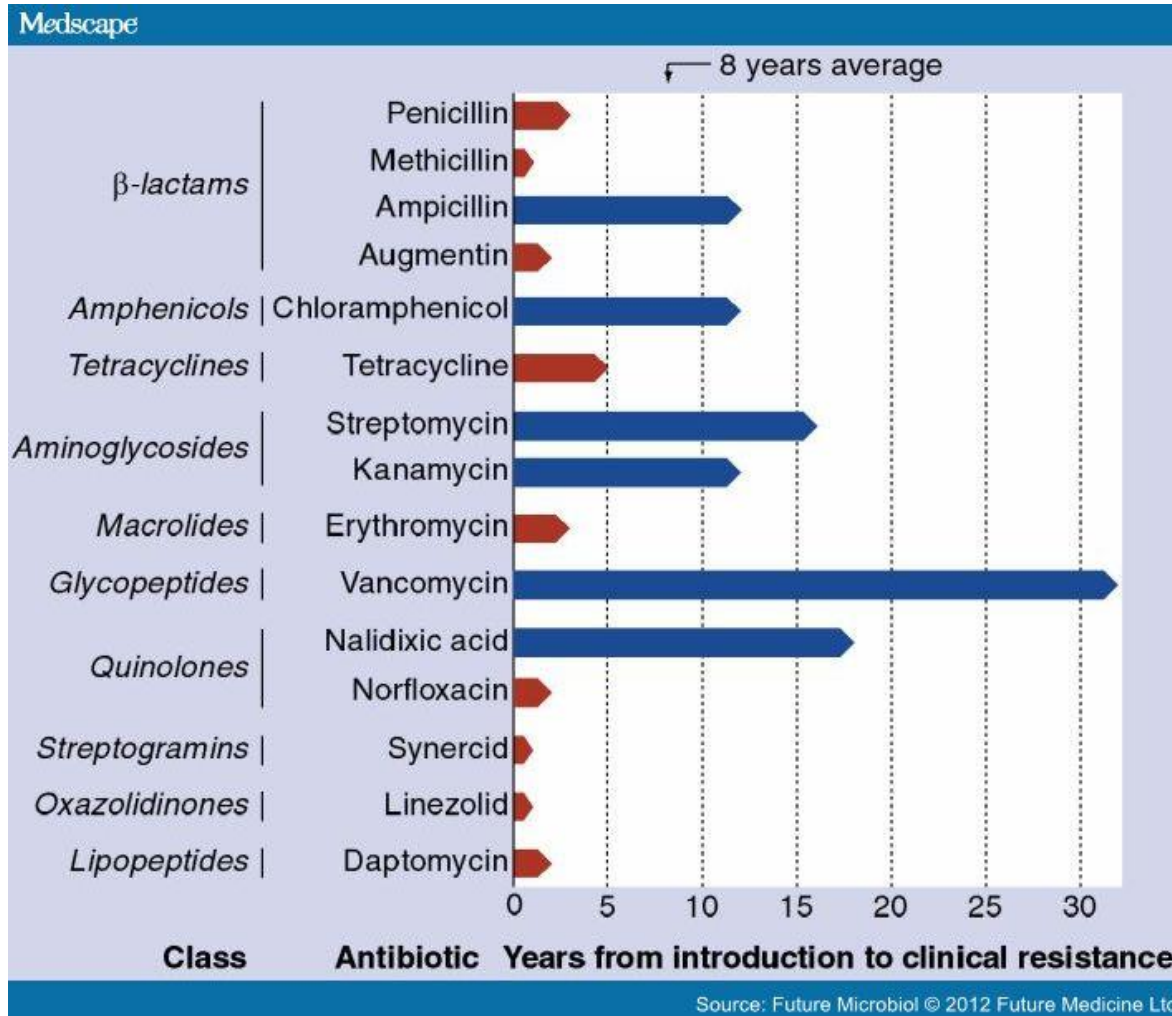


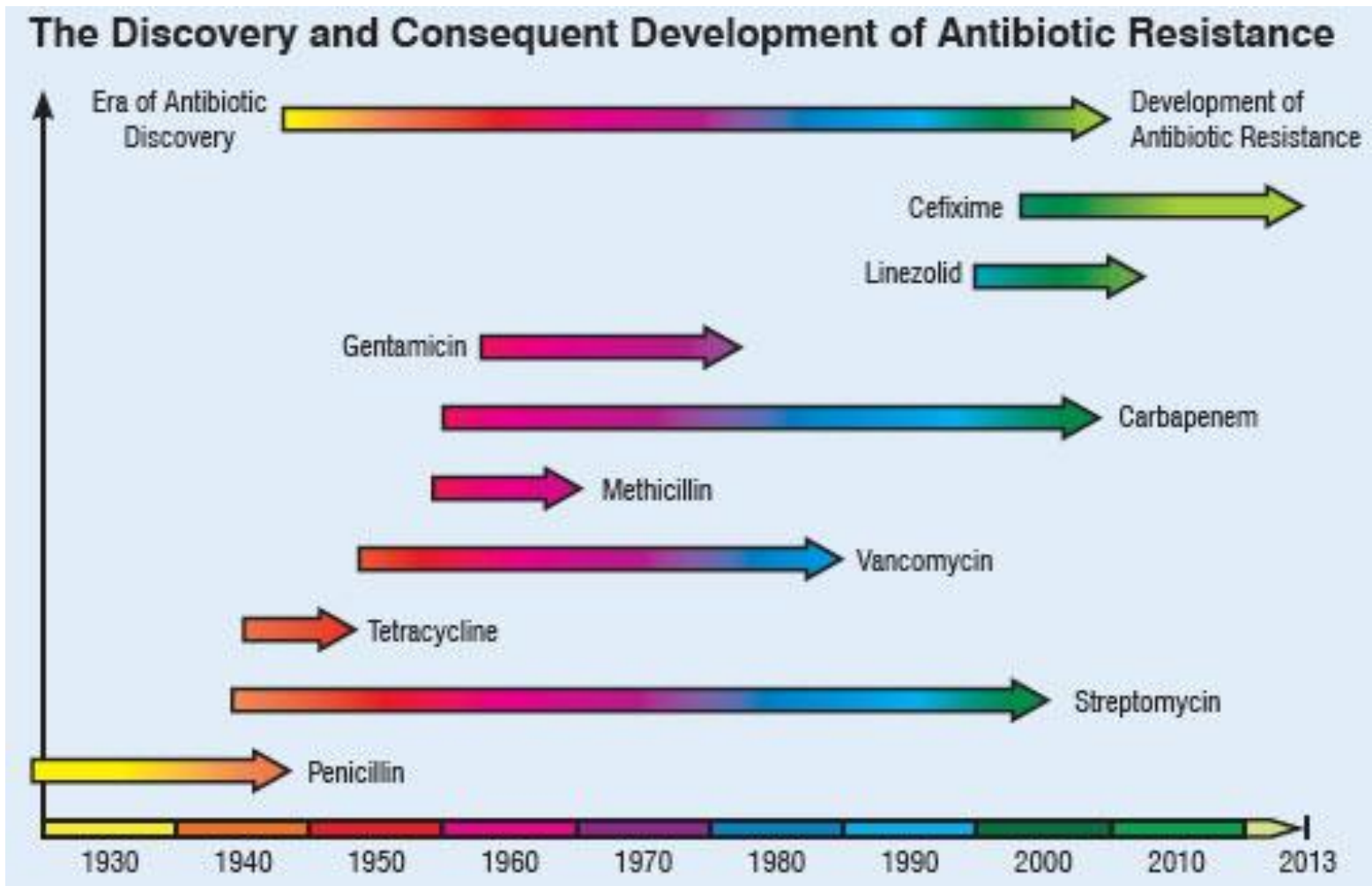
Figure 4: Antibiotic prescriptions and hospital admissions for acute mastoiditis, quinsy, and rhinosinusitis for children, by age (1987-2004)  
From Cars et al.<sup>6</sup>

# From introduction to resistance

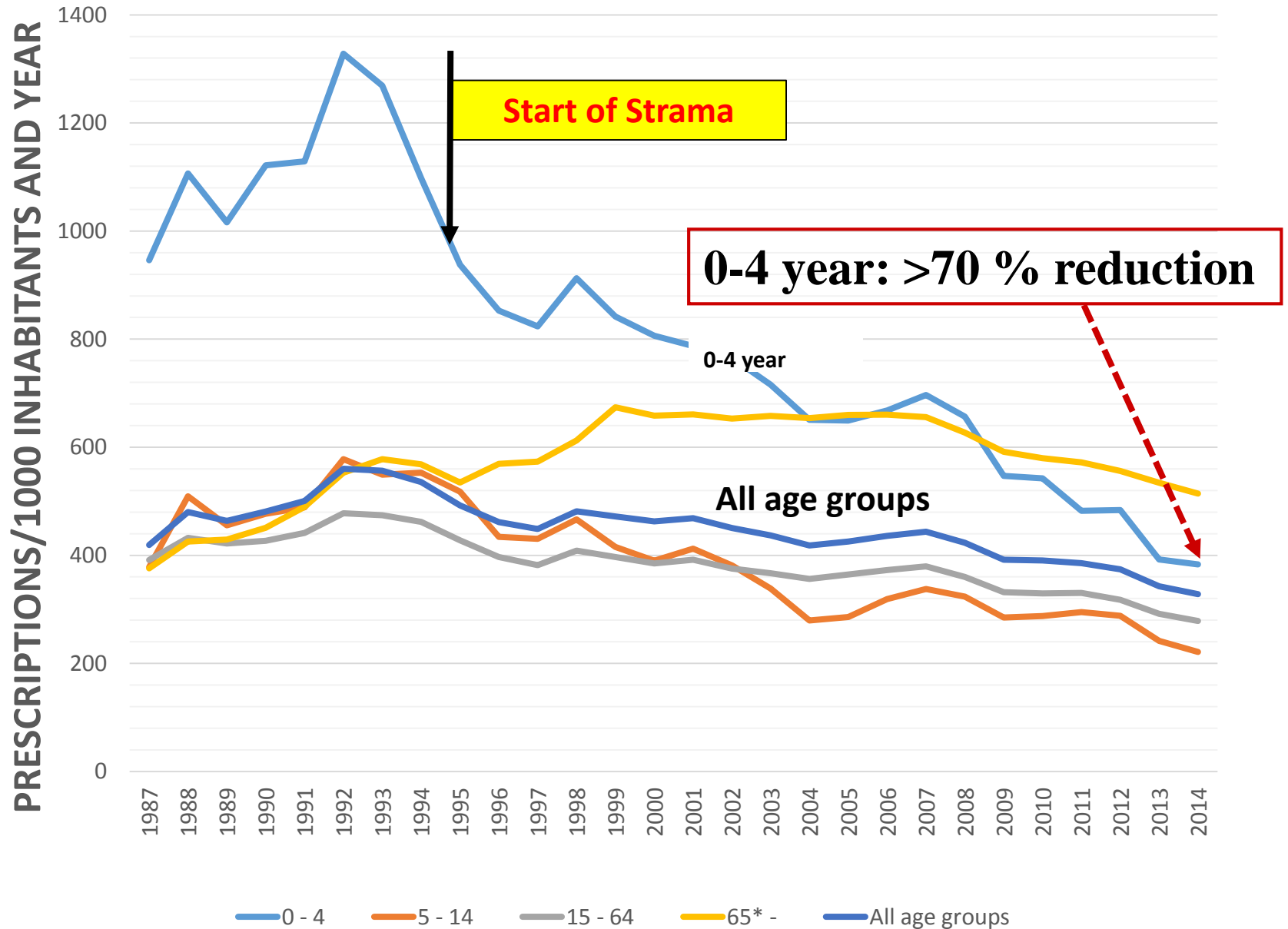


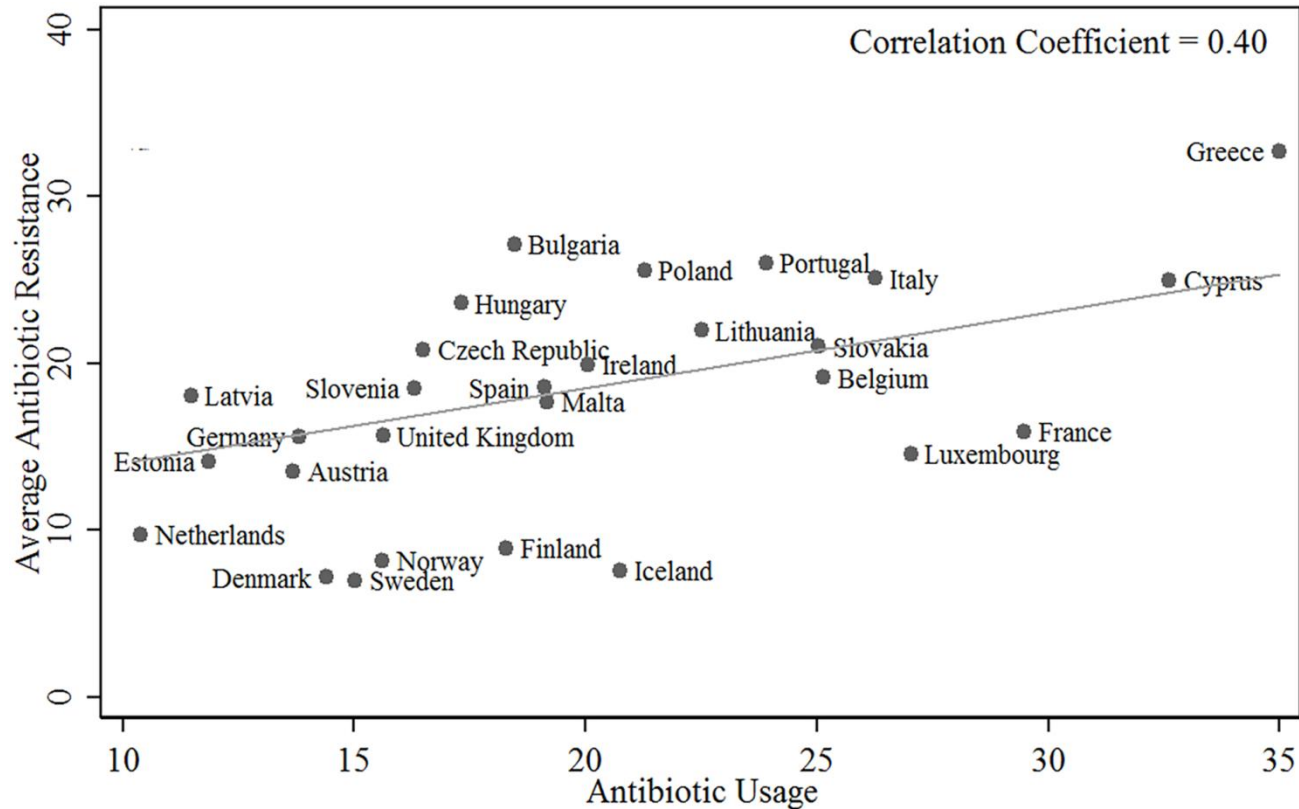


# Will new antibiotics help?

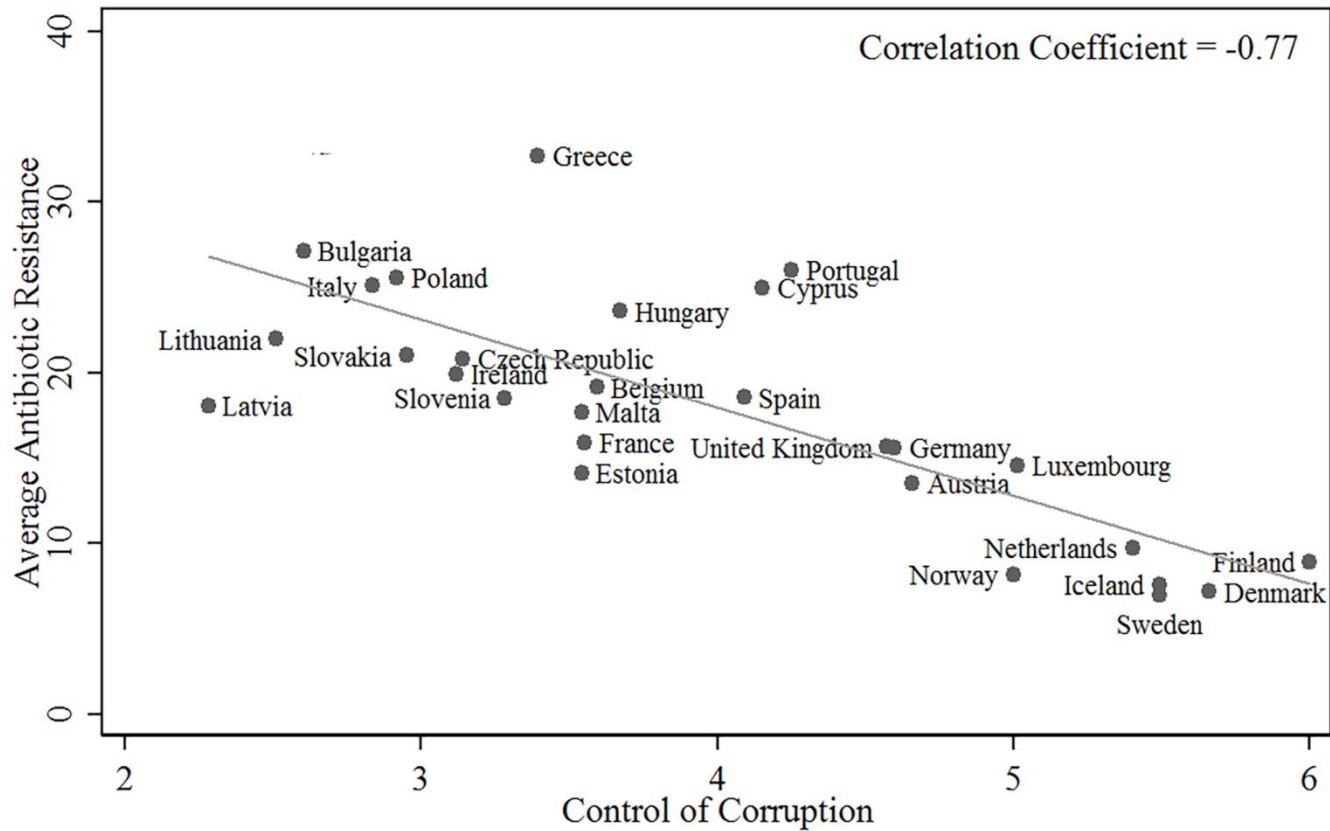


# The fall and fall of antibiotics in SWEDEN





Note: Average antibiotic resistance is from EARS-Net database of the European Centre for Disease Prevention  
 Antibiotic usage is from the European Surveillance of Antimicrobial Consumption (ESAC) Yearbook 2009



Note: Average antibiotic resistance is from EARS-Net database of the European Centre for Disease Prevention  
 The control of corruption indicator is from International Country Risk Guide