

Antibiotic resistance: are we running out of treatment options?

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Partnering with patients this flu season to preserve antibiotics through smart choices.

"Antibiotic resistance is growing, and we

are fast running out of treatment options.

If we leave it to market forces alone, the new antibiotics we most urgently need are not going to be developed in time."



Dr Marie-

Paule Kieny,

Assistant Director-General for Health Systems and Innovation, World Health Organization (WHO).¹

These words accompanied publication, in late February 2017, of the WHO's first-ever list of antibiotic-resistant 'priority pathogens', the 12 families of bacteria that currently pose the greatest threat to human health.

We are well aware of the imminent global health crisis presented by anti-microbial resistance. The solution to this problem is multifaceted and receiving priority on public health agendas throughout the world, including South Africa through the Department of Health's framework for antibiotic stewardship.

There remains one important key stakeholder not as yet meaningfully engaged in the medical profession's efforts to preserve the efficacy of antibiotics - our patients.

We often engage with patients who:

- ✚ Apply pressure in consultations to access antibiotics we deem unnecessary.
- ✚ Use antibiotics left over from previous prescriptions without consultation.
- ✚ Ignore our instructions for how to use an antibiotic.

Many of these patient behaviours are inadvertently driven by misperceptions of

the usefulness of antibiotics. The need for antimicrobial stewardship has not as yet mainstreamed into the public space. Patients lack information of the pressing nature of the issue at hand, and are not empowered with knowledge of the required solutions. It is essential that the medical profession take the message of antimicrobial stewardship to the bedside, informing and educating patients and families of the dilemma we jointly face, and what is needed to reverse the current trend.

These discussions can be difficult especially when engaging a patient seeking empathy from the doctor-patient relationship through a script for an antibiotic. Worse is a demanding patient insisting on the 'cure' of an antibiotic for whatever the presenting illness is.

These are universal dilemmas from which we cannot and should not step away. Finding an effective way to broker a meaningful discussion on the appropriate use of an antibiotic within a trusted doctor-patient partnership, can go a long way to preserving these vital medicines.

In initiating antibiotic-related conversations with patients and families, consider applying these four principles to the discussion to guide the right choice:

1

What does current evidence say about the use of antibiotics in general? Studies show that up to 50% of antibiotics prescribed are not really necessary. Inform patients of the societal implications of antibiotic resistance and the universal trend to use these medicines sparingly and only when appropriate.

2

Is antibiotic the best course of treatment for you? Patients may demand antibiotics for infections caused by viruses. Discuss alternative treatments and also treatments that can relieve symptoms.

3

You may need specific tests before an antibiotic is prescribed: Engage with patients meaningfully on required tests, remembering to tap into the patient's existing health records for tests that may have already been completed. Use the Discovery Health ID app for access to the patient's complete electronic health record.

4

Is your treatment free from harm? Empower patients with knowledge pertaining to unpleasant side effects and the potential of exposure to more serious antibiotics, if the first line medicine is used incorrectly or too early.

It is firmly the view of Discovery Health that a patient-centred healthcare system lowers healthcare costs, improves health outcomes, enhances patient sentiment and improves the experience and well-being of healthcare providers. Patients have to be our partners in antibiotic stewardship efforts. Flu season is rapidly approaching. This winter, we have a tangible opportunity to have our patients premeditatedly join our efforts to stem the tide of antibiotic resistance.

REFERENCE

1. <http://www.who.int/mediacentre/news/releases/2017/bacteria-antibiotics-needed/en/> **SF**