

Key messages for primary care prescribers

Growing antibiotic resistance threatens the effectiveness of antibiotics now and in the future

Antibiotic resistance is an increasingly serious public health problem in Europe [1, 2].

While the number of infections due to antibiotic-resistant bacteria is growing, the pipeline of new antibiotics is unpromising, thus presenting a bleak outlook on availability of effective antibiotic treatment in the future [3, 4].

Rising levels of antibiotic-resistant bacteria could be curbed by encouraging limited and appropriate antibiotic use in primary care patients

Antibiotic exposure is linked to the emergence of antibiotic resistance [5–8]. The overall uptake of antibiotics in a population, as well as how antibiotics are consumed, has an impact on antibiotic resistance [9, 10].

Experience from some countries in Europe shows that reduction in antibiotic prescribing for outpatients have resulted in concomitant decrease in antibiotic resistance [10–12].

Primary care accounts for about 80% to 90% of all antibiotic prescriptions, mainly for respiratory tract infections [9, 14, 15].

There is evidence showing that, in many cases of respiratory tract infection, antibiotics are not necessary [16–18] and that the patient's immune system is competent enough to fight simple infections.

There are patients with certain risk factors such as, for example, severe exacerbations of chronic obstructive pulmonary disease (COPD) with increased sputum production, for which prescribing antibiotics is needed [19, 20].

Unnecessary antibiotic prescribing in primary care is a complex phenomenon, but it is mainly related to factors such as misinterpretation of symptoms, diagnostic uncertainty and perceived patient's expectations [14, 21].

Communicating with patients is key

Studies show that patient satisfaction in primary care settings depends more on effective communication than on receiving an antibiotic prescription [22–24] and that prescribing an antibiotic for an upper respiratory tract infection does not decrease the rate of subsequent return visits [25].

Professional medical advice impacts patients' perceptions and attitude towards their illness and perceived need for antibiotics, in particular when they are advised on what to expect in the course of the illness, including the realistic recovery time and self-management strategies [26].

Primary care prescribers do not need to allocate more time for consultations that involve offering alternatives to antibiotic prescribing. Studies show that this can be done within the same average consultation time while maintaining a high degree of patient satisfaction [14, 27, 28].

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