# Frithsheasmhacht in aghaidh antaibheathach

Fíricí agus figiúirí

EUROPEAN ANTIBIOTIC AWARENESS DAY
A European Health Initiative

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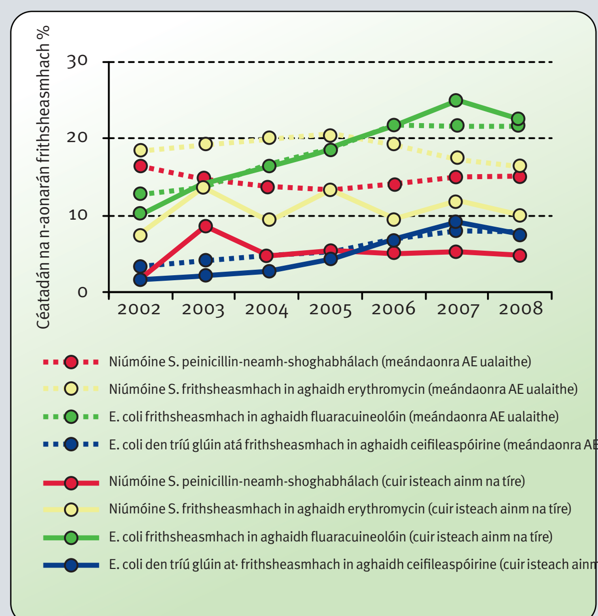
## Fíric 1. Fadhb sláinte poiblí atá ag éirí níos tromchúisí í frithsheasmhacht in aghaidh antaibheathach san Eoraip

Is baol do shábháilteacht othar in ospidéil forbairt, leathadh agus roghnú baictéar atá frithsheasmhach in aghaidh antaibheathach[1, 2] ar na cúiseanna seo a leanas:

- D'fhéadfadh go mbeadh ionfhabhtuithe le baictéir atá frithsheasmhach in aghaidh antaibheathach mar bhonn le méadú ar ghalracht agus ar bhásmhaireacht i measc othar, mar aon le tréimhse níos faide san ospidéal[4-5];
- Is minic go mbíonn frithsheasmhacht in aghaidh antaibheathach mar bhonn le moill ar theiripe chuí antaibheathach a fháil[6];
- Tá baint ag teiripe antaibheathach mhíchuí nó mhoillithe in othair a bhfuil ionfhabhtuithe tromchúiseacha acu le torthaí níos measa d'othair agus bás uaireanta[7-9].




**Figiúr 1.** Treochtaí na frithsheasmhachta in aghaidh antaibheathach i Niúmóine S. agus E. Coli mar mheándaonra AE ualaithe, 2002-2008. Foinse: EARSS, 2009.

[Tá treoracha maidir le conas sonraí náisiúnta a chur ar an ngraf le fáil sa nóta treorach]

## Fíric 2. Tá mí-úsáid antaibheathach in ospidéil ar cheann de na fachtóirí is cúis le frithsheasmhacht in aghaidh antaibheathach

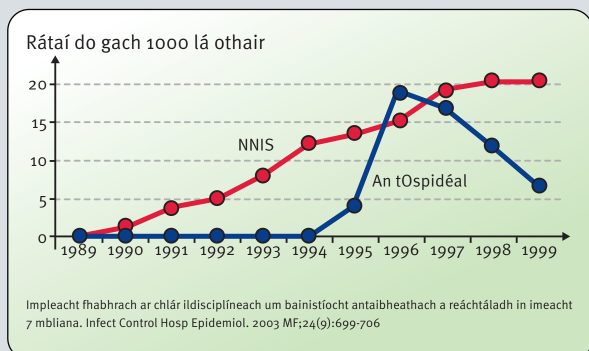
Tá seans maith ann go bhfaighidh othair atá san ospidéal antaibheathaigh10 agus d'fhéadfadh 50% d'úsáid iomlán na n-antaibheathach in ospidéil a bheith míchuí[2, 11]. Tá mí-úsáid antaibheathach in ospidéil ar cheann de na príomhfhachtóirí is cúis le forbairt na frithsheasmhachta antaibheathach[12-14].

D'fhéadfadh aon cheann díobh seo a leanas a bheith i gceist le mí-úsáid antaibheathach[15]:

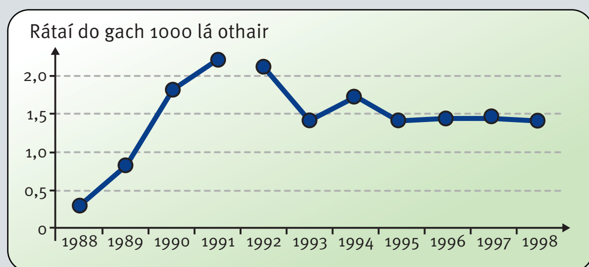
- Nuair a thugtar antaibheathaigh ar oideas go neamhriachtanach;
- Nuair a chuirtear moill ar dháileadh antaibheathach d'othair atá go dona tinn;
- Nuair a bhaintear an iomarca úsáide as antaibheathaigh speictrim leathan, nó nuair a bhaintear úsáid mhícheart as antaibheathaigh speictrim íseal;
- Nuair atá an dáileog antaibheathach níos ísle nó níos airde ná mar is cuí don othar;
- Nuair atá tréimhse na cóireála antaibheathach rógheарr nó rófhada;
- Nuair nach bhfuil cóireáil antaibheathach sruthlínithe de réir thorthaí shonraí na saothrán micribhitheolaíochta.

## Fíric 3. Na buntáistí a bhaineann le húsáid chiallmhar antaibheathach

D'fhéadfadh úsáid chiallmhar antaibheathach cosc a chur ar fhorbairt agus ar roghnú baictéar atá frithsheasmhach in aghaidh antaibheathach[2,14,16-18] agus is léir trí úsáid antaibheathach a laghdú gur féidir teagmhas ionfhabhtuithe Clostridium difficile[2, 16, 19] a laghdú.




**Figiúr 2.** Rátaí Enterococci le frithsheasmhacht in aghaidh vancaimícine in ospidéil roimh agus i ndiaidh forfheidhmiú an chláir bhainistíochta antaibheathach i gcomparáid le rataí in ospidéil an Chórais Náisiúnta Faireachais ar Ionfhabhtuithe Nosacómacha (NNIS)* ar cóimhéid. Foinse: Carling P, et al 2003[16].




**Figiúr 3.** Rátaí de Clostridium difficile nosacómach, léirithe in aghaidh gach 1000 lá othair, roimh agus i ndiaidh forfheidhmiú an chláir bhainistíochta antaibheathach. Foinse: Carling P, et al 2003[16].

## Fíric 4. D'fhéadfadh straitéisí ilghnéitheacha a bheith mar bhonn le húsáid chiallmhar antaibheathach

Mar chuid de straitéisí ilghnéitheacha d'fhéadfadh bearta áirithe a bheith mar bhonn le cleachtais feabhsaithe maidir le hordú antaibheathach agus frithsheasmhacht laghdaithe in aghaidh antaibheathach in ospidéil. Áiríonn straitéisí ilghnéitheacha úsáid a bhaint as oideachas leanúnach, treoirlínte agus beartais fianaisebhunaithe um antaibheathaigh in ospidéil, bearta sriantacha agus comhairliúcháin le lianna um ghalar tógálach, micribhitheolaithe agus cógaiseoirí[2, 16, 20]. Áirítear sna bearta a bhfuil sé mar aidhm leo úsáid chiallmhar a bhaint as antaibheathaigh[16, 20, 21, 22]:

- Oideachas leanúnach na n-ordaitheoirí agus na speisialtóirí a chuimsiú i straitéisí cuimsitheacha ospidéil[2];
- Treoirlínte agus beartais fianaise-bhunaithe um antaibheathaigh in ospidéil[2, 16, 20];
- Monatóireacht a dhéanamh ar fhrithsheasmhacht ospidéil in aghaidh antaibheathach agus sonraí ar úsáid antaibheathach d'fhonn teiripe antaibheathach eimpíreach a threorú in othair atá go dona tinn[21];
- Uainiú ceart agus tréimhse cheart próifiolacsais antaibheathach do mháinliacht a chinntiú[22];
- I ndáil le táscairí áirithe, úsáid a bhaint as trŽimhse cóireála níos giorra seachas níos faide[12, 23-24];
- Samplaí micribhitheolaíochta a thógáil roimh thús a chur le teiripe antaibheathach eimpíreach, torthaí saothrán a mhonatóiriú agus cóireáil antaibheathach a shruthlíniú bunaithe ar thorthaí saothrán[25].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*Tugtar an Líonra Náisiúnta um Shábháilteacht Cúraim Sláinte (NHSN) ar NNIS anois.


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