

Eochair-theachtaireachtaí d'ordaitheoirí cúraim phríomhúil

Tá frithsheasmhacht mhéadaitheach in aghaidh antaibheathach ina bagairt d'éifeachtúlacht antaibheathach i láthair na huaire agus amach anseo

Is fadhb sláinte poiblí mhéadaitheach thromchúiseach í frithsheasmhacht in aghaidh antaibheathach san Eoraip [1, 2].

Tá méadú ag teacht ar líon na n-ionfhabhtuithe is baictéir le frithsheasmhacht in aghaidh antaibheathach is cúis leo, agus níl an phíblíne d'antaibheathaigh nua dóchasach, rud is cúis le dearcadh dorbh faoi infhaighteacht cóireála antaibheathaí éifeachtúla amach anseo [3, 4].

D'fhéadfaí srian a chur le leibhéil mhéadaitheacha de bhaictéir le frithsheasmhacht in aghaidh antaibheathach trí úsáid theoranta, chúí antaibheathach a spreagadh i measc othar cúraim phríomhúil

Tá nasc idir nochtadh d'antaibheathach agus teacht chun cinn frithsheasmhachta in aghaidh antaibheathach [5-8]. Bíonn tionchar ag leibhéal tríd is tríd na n-antaibheathach a úsáidtear i ndaonra, agus ag an mbealach a úsáidtear iad, ar fhrithsheasmhacht in aghaidh antaibheathach [9, 10].

Léiríonn eispéiris ó roinnt tíortha san Eoraip gur tháinig laghdú comhfhreagrach ar fhrithsheasmhacht in aghaidh antaibheathach nuair a laghdaíodh méid na n antaibheathach a ordáíodh d'othair sheachtracha [10-12].

Baineann thart ar 80% go 90% de na horduithe antaibheathacha uile le cúram príomhúil, den chuid is mó d'ionfhabhtuithe sa chonair riospráide [9, 14, 15].

Tá fianaise ann a léiríonn nach bhfuil gá le hantaibheathaigh in an chuid cásanna d'ionfhabhtú sa chonair riospráide [16-18] agus go bhfuil córas imdhíonachta an othair in ann ionfhabhtuithe simplí a chomhrac.

Baineann fachtóirí riosca áirithe le roinnt othar, mar shampla, géar dhianú galair scamhóige thoirmiscigh ainsealaigh (COPD) le táirgeadh méadaithe seile, agus ní mór antaibheathaigh a ordú sna cásanna sin [19, 20].

Is feiniméan casta é ordú neamhriachtanach antaibheathach i gcúram príomhúil, ach baineann sé go príomhúil le fachtóirí cosúil le míchiall a bhaint as siomptóim, neamhchinnteacht faoi dhiagnóis agus ionchais bhraite othar [14, 21].

Is í cumarsáid le hothair an rud is tábhachtaí

Léiríonn staidéir go mbíonn sásamh othar i suíomhanna cúraim phríomhúil ag brath níos mó ar chumarsáid éifeachtúil ná mar a bhíonn sé ag brath ar ordú antaibheathach [22-24] agus nach laghdaítear ráta na n athchuirteanna má ordáítear antaibheathach le haghaidh ionfhabhtaithe sa chonair riospráide uachtair [25].

Bíonn tionchar ag comhairle ghairmiúil leighis ar léargais agus ar dhearcaí othar ar a mbreiteacht agus ar a ngá braite le hantaibheathaigh, go háirithe nuair a insítear dóibh céard ba chóir dóibh a bheith ag tnúth leis le linn na breoiteachta, lena n-áirítear an tréimhse téarnaimh réalaíoch agus nuair a chuirtear ar an eolas iad faoi straitéisí chun an bhreiteacht a bhainistiú iad féin [26].

Ní gá d'ordaitheoirí cúraim phríomhúil níos mó ama a chur i leataobh do chomhairlí ina dtairgtear roghanna seachas antaibheathaigh a ordú. Léiríonn staidéir gur féidir sin a dhéanamh laistigh den mheántréimhse comhairle chéanna agus gur féidir leibhéal ard sásaimh a choinneáil i measc othar ag an am céanna [14, 27, 28].

Tagairtí

[1] - [European Antimicrobial Resistance Surveillance System. EARSS Annual Report 2007. Bilthoven, Netherlands: National Institute for Public Health and the Environment, 2008.](#)

[2] - Cars O, Högberg LD, Murray M, Nordberg O, Sivaraman S, Lundborg CS, So AD, Tomson G. Meeting the challenge of antibiotic resistance. *BMJ* 2008;337:a1438. doi: 10.1136/bmj.a1438.

[3] - Finch R. Innovation - drugs and diagnostics. *J Antimicrob Chemother* 2007;60(Suppl 1):i79-82.

- [4] - Boucher HW, Talbot GH, Bradley JS, Edwards JE, Gilbert D, Rice LB, Scheld M, Spellberg B, Bartlett J. Bad bugs, no drugs: no ESKAPE! An update from the Infectious Diseases Society of America. *Clin Infect Dis* 2009;48(1):1-12.
- [5] - Malhotra-Kumar S, Lammens C, Coenen S, Van Herck K, Goossens H. Effect of azithromycin and clarithromycin therapy on pharyngeal carriage of macrolide-resistant streptococci in healthy volunteers: a randomised, double-blind, placebo-controlled study. *Lancet* 2007;369(9560):482-90.
- [6] - Donnan PT, Wei L, Steinke DT, Phillips G, Clarke R, Noone A, Sullivan FM, MacDonald TM, Davey PG. Presence of bacteriuria caused by trimethoprim resistant bacteria in patients prescribed antibiotics: multilevel model with practice and individual patient data. *BMJ* 2004;328(7451):1297-301.
- [7] - Hillier S, Roberts Z, Dunstan F, Butler C, Howard A, Palmer S. Prior antibiotics and risk of antibiotic-resistant community-acquired urinary tract infection: a case-control study. *J Antimicrob Chemother* 2007;60(1):92-9.
- [8] - London N, Nijsten R, Mertens P, v d Bogaard A, Stobberingh E. Effect of antibiotic therapy on the antibiotic resistance of faecal *Escherichia coli* in patients attending general practitioners. *J Antimicrob Chemother* 1994;34(2):239-46.
- [9] - Goossens H, Ferech M, Vander Stichele R, Elseviers M; ESAC Project Group. Outpatient antibiotic use in Europe and association with resistance: a cross-national database study. *Lancet* 2005;365(9459):579-87.
- [10] - Guillemot D, Carbon C, Balkau B, Geslin P, Lecoœur H, Vauzelle-Kervroëdan F, Bouvenot G, Eschwège E. Low dosage and long treatment duration of beta-lactam: risk factors for carriage of penicillin-resistant *Streptococcus pneumoniae*. *JAMA* 1998;279(5):365-70.
- [11] - Butler CC, Dunstan F, Heginbotham M, Mason B, Roberts Z, Hillier S, Howe R, Palmer S, Howard A. Containing antibiotic resistance: decreased antibiotic-resistant coliform urinary tract infections with reduction in antibiotic prescribing by general practices. *Br J Gen Pract* 2007;57(543):785-92.
- [12] - Goossens H, Coenen S, Costers M, De Corte S, De Sutter A, Gordts B, Laurier L, Struelens MJ. Achievements of the Belgian Antibiotic Policy Coordination Committee (BAPCOC). *Euro Surveill* 2008;13(46):pii=19036.
- [13] - Sabuncu E, David J, Bernède-Bauduin C, Pépin S, Leroy M, Boëlle PY, Watier L, Guillemot D. Significant reduction of antibiotic use in the community after a nationwide campaign in France, 2002-2007. *PLoS Med* 2009;6(6):e1000084.
- [14] - Cals JW, Butler CC, Hopstaken RM, Hood K, Dinant GJ. Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. *BMJ* 2009 May 5;338:b1374. doi: 10.1136/bmj.b1374.
- [15] - Wise R, Hart T, Cars O, Streulens M, Helmuth R, Huovinen P, Sprenger M., Antimicrobial resistance. Is a major threat to public health. *BMJ* 1998;317(7159):609-10.
- [16] - Butler CC, Hood K, Verheij T, Little P, Melbye H, Nuttall J, Kelly MJ, Mölsted S, Godycki-Cwirko M, Almirall J, Torres A, Gillespie D, Rautakorpi U, Coenen S, Goossens H. Variation in antibiotic prescribing and its impact on recovery in patients with acute cough in primary care: prospective study in 13 countries. *BMJ* 2009;338:b2242.
- [17] - Smucny J, Fahey T, Becker L, Glazier R. Antibiotics for acute bronchitis. *Cochrane Database Syst Rev* 2004;(4):CD000245.
- [18] - Spurling GK, Del Mar CB, Dooley L, Foxlee R. Delayed antibiotics for respiratory infections. *Cochrane Database Syst Rev* 2007;(3):CD004417.

- [19] - Puhan MA, Vollenweider D, Latshang T, Steurer J, Steurer-Stey C. Exacerbations of chronic obstructive pulmonary disease: when are antibiotics indicated? A systematic review. *Respir Res* 2007 Apr 4;8:30.
- [20] - Puhan MA, Vollenweider D, Steurer J, Bossuyt PM, Ter Riet G. Where is the supporting evidence for treating mild to moderate chronic obstructive pulmonary disease exacerbations with antibiotics? A systematic review. *BMC Med*. 2008 Oct 10;6:28.
- [21] - Akkerman AE, Kuyvenhoven MM, Wouden JC van der, Verheij TJM. Determinants of antibiotic overprescribing in respiratory tract infections in general practice. *J Antimicrob Chemother* 2005;56(5):930-6.
- [22] - Butler CC, Rollnick S, Pill R, Maggs-Rapport F, Stott N. Understanding the culture of prescribing: qualitative study of general practitioners' and patients' perceptions of antibiotics for sore throats. *BMJ* 1998;317(7159):637-42.
- [23] - Kallestrup P, Bro F. Parents' beliefs and expectations when presenting with a febrile child at an out-of-hours general practice clinic. *Br J Gen Pract* 2003;53(486):43-4.
- [24] - Macfarlane J, Holmes W, Macfarlane R, Britten N. Influence of patients' expectations on antibiotic management of acute lower respiratory tract illness in general practice: questionnaire study. *BMJ* 1997;315(7117):1211-4.
- [25] - Li J, De A, Ketchum K, Fagnan LJ, Haxby DG, Thomas A. Antimicrobial prescribing for upper respiratory infections and its effect on return visits. *Fam Med* 2009;41(3):182-7.
- [26] - Rutten G, Van Eijk J, Beek M, Van der Velden H. Patient education about cough: effect on the consulting behaviour of general practice patients. *Br J Gen Pract* 1991; 41(348):289-92.
- [27] - Cals JW, Scheppers NAM, Hopstaken RM, Hood K, Dinant GJ, Goettsch H, Butler CC. Evidence based management of acute bronchitis; sustained competence of enhanced communication skills acquisition in general practice. *Patient Educ Couns* 2007;68(3):270-8.
- [28] - Welschen I, Kuyvenhoven MM, Hoes AW, Verheij TJM. Effectiveness of a multiple intervention to reduce antibiotic prescribing for respiratory tract symptoms in primary care: randomised controlled trial. *BMJ* 2004; 329(7463):431-3.