Ključne poruke za liječnike u primarnoj zdravstvenoj zaštiti

Sve veća rezistencija na antibiotike predstavlja sadašnju i buduću prijetnju za djelotvornost antibiotika

Rezistencija na antibiotike predstavlja sve veći problem u javnome zdravstvu u Europi [1, 2].

Iako se broj infekcija uslijed bakterija rezistentnih na antibiotike povećava, spektar novih raspoloživih antibiotika nije obećavajući, te stoga predstavlja slabe izglede za dostupnost djelotvornog liječenja antibioticima u budućnosti [3, 4].

Rastući trend bakterija rezistentnih na antibiotike mogao bi se promijeniti, ukoliko se potakne ograničena i odgovarajuća primjena antibiotika u bolesnika u primarnoj zdravstvenoj skrbi.

Izlaganje antibioticima povezano je s pojavom rezistencije na antibiotike [5–8]. Na rezistenciju utječu cjelokupna potrošnja antibiotika u populaciji, kao i način primjene antibiotika [9, 10].

Iskustva iz pojedinih europskih država pokazuju da je smanjenje u propisivanju antibiotika za bolesnike na izvanbolničkom liječenju rezultiralo istovremenim smanjenje u rezistenciji na antibiotike [10–12].

Otprilike 80% do 90% svih propisanih recepata za antibiotike je u primarnoj zdravstvenoj zaštiti, i to uglavnom za infekcije dišnih putova [9, 14, 15].

Postoje dokazi koji potvrđuju da antibiotici nisu potrebni u mnogim slučajevima infekcija dišnih putova [16–18], te da je imunosni sustav bolesnika sposoban boriti se protiv jednostavne infekcije.

U slučaju bolesnika s određenim faktorima rizika, poput primjerice, ozbiljnim eksacerbacijama kronične opstruktivne plućne bolesti (COPD) s povećanom proizvodnjom sputuma, potrebno je propisivanje antibiotika [19, 20].

Nepotrebno propisivanje antibiotika u primarnoj zdravstvenoj zaštiti složeni je fenomen, no uglavnom je povezan s faktorima, poput pogrešnog tumačenja simptoma, dijagnostičke nesigurnosti i opaženih očekivanja bolesnika [14, 21].

Ključ je komunikacija s bolesnicima

Ispitivanja su pokazala da zadovoljstvo bolesnika u okruženju primarne zdravstvene zaštite više ovisi o učinkovitijoj komunikaciji, nego o dobivanju recepta za antibiotik [22–24] te da propisivanje antibiotika za infekcije gornjih dišnih putova ne smanjuje stopu narednih posjeta bolesnika liječniku [25].

Profesionalan liječnički savjet utječe na percepciju i stav bolesnika prema njihovoj bolesti i prepoznatoj potrebi za primjenom antibiotika, posebice prilikom savjetovanja o tome što mogu očekivati tijekom bolesti, uključujući i realno vrijeme oporavka i strategije za samoupravljanje [26].

Nije potrebno da liječnici u primarnoj zdravstvenoj zaštiti izdvajaju više svog vremena za konzultacije koje uključuju savjetovanje o alternativama propisivanju antibiotika. Ispitivanja su pokazala da se takvo savjetovanje može pružiti unutar prosječnog vremena potrebnog za konzultacije, te da se pritom može zadržati visoki stupanj zadovoljstva bolesnika [14, 27, 28].

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