

It's false to believe that antibiotic resistance is only a problem in hospitals – GP surgeries are seeing it too

19 April 2017, by Oliver Van Hecke And Christopher Butler



Number of antibiotics prescribed by GPs in England fell from 37.3m in 2014-15 to 34.3m in 2015-16. Credit: Shutterstock/Yada

There are almost weekly alerts of the global threat of antibiotic resistance. They are often abstract and difficult for patients and GPs to relate to. More importantly, they don't help GPs realise the consequences of needlessly prescribing antibiotics.

Almost [80% of all antibiotics](#) used in human medicine are prescribed by GPs or community nurses for common infections, such as chest, ear, throat, sinus, skin and [urinary tract infections](#). The biggest culprit contributing to antibiotic resistance is that far too many [antibiotics](#) are being used for infections that would otherwise have improved on their own.

Deciding which patients will benefit from antibiotics is not always easy, though. When GPs are uncertain, they tend to prescribe antibiotics – just in case. And some patients tend to demand antibiotics for infections where they are not

needed.

Although the number of antibiotics prescribed by GPs in England fell from 37.3m in 2014-15 to 34.3m in 2015-16, antibiotic awareness campaigns can do better to reduce antibiotic use. Some people consider the risk of antibiotic resistance to apply to society at large and in the distant future, rather than affecting their own health. And GPs report that they rarely encounter treatment failure because of [antibiotic resistance](#), which suggests that they see antibiotic resistance as being remote from their prescribing decisions.

Our latest study, published in [Clinical Infectious Diseases](#), shows that antibiotic resistance has important consequences for patients with common infections managed by GPs. Based on over 5,000 patients from 26 studies, we found patients faring worse because of antibiotic-resistant urinary and respiratory-tract infections that were being treated at GP surgeries, not hospitals. For example, women suffering from the commonest *E.coli* urinary tract [infection](#), which was resistant to the prescribed antibiotic, had up to four times greater odds of having symptoms for longer than those where the *E. coli* bacteria responded to the antibiotic. Besides having symptoms for longer, they also had more severe symptoms.

This applies to you ... yes, you!

We already know that antibiotic resistance is bad news, but the significance of our finding is new because it challenges the perception by some patients and GPs that antibiotic resistance poses little risk outside of hospitals. Some people think that antibiotic resistance only occurs in people who use [antibiotics too often](#), for too long, or in people with more than one medical conditions. These beliefs are false. Our research looked at common,

uncomplicated infections using simple antibiotics and short antibiotic regimes – the sort of infections you might see a GP for – and found that even for these simple infections antibiotic resistance affects your recovery.

Our findings show that the risk of antibiotic resistance has relevance to your own health, here and now. This new evidence has the potential to further improve antibiotic awareness campaigns by influencing our expectations for antibiotics and challenging GPs' antibiotic prescribing decisions. This may partly explain why awareness campaigns haven't gone far enough to curb inappropriate antibiotic use.

A better understanding of how antibiotic resistance works should allow more meaningful discussions between [patients](#) and their GPs about the risks and benefits of [antibiotic treatment](#) for common infections. Putting the effects of [antibiotic resistance](#) into context will help change people's behaviour and preserve the many lifesaving medical procedures where antibiotic use is essential.

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