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Study: 38 Percent Of VA Outpatient Antibiotics Inappropriately Prescribed

Science & Tech *by Krista Johnson - April 5, 2017* 0

Expressing alarming concern over increased antibiotic resistance in microorganisms, including deadly bacteria, the Centers for Disease Control and Prevention has recently been vocal about the dangers of antibiotic overprescription in private medical practices, and now a VA Hospital in Providence, Rhode Island, has data to support inappropriate prescribing in government-held veteran's hospitals as well.

Investigators within Providence Veterans Affairs Medical Center conducted an internal study and found that the hospital's outpatient primary care department had a 38.4 percent rate of prescribing unneeded antibiotics for acute respiratory infections such as bronchitis, pharyngitis, pneumonia, and sinusitis. The findings are not much different from the CDC's study of non-governmental health settings, which found an approximate rate of one-third, but there are some striking numbers when the data are analyzed.

When comparing prescriptions from teaching clinics and non-teaching clinics, investigators found that inappropriate prescriptions skyrocketed without attending physician oversight. In fact, teaching clinics, which have physician supervision of medical residents, had a 17.6 percent rate of inappropriate prescription, whereas non-teaching clinics had a 44 percent rate. The same difference showed with antibiotic prescriptions in general, with only 37 percent of acute respiratory conditions receiving antibiotic prescriptions in teaching clinics compared to 65.9 percent in non-teaching clinics.

The data, when narrowed down by condition, shows the same trend. Va teaching clinics had a 3.8 percent rate of inappropriate prescribing for patients with pharyngitis compared with 40.3 percent in non-teaching. Sinusitis saw 0 cases of inappropriate prescribing in teaching clinics but a 69.1 percent rate in non-teaching clinics. While both clinic types were spot-on and had no inappropriate cases regarding pneumonia, both had high rates of inappropriate prescriptions for bronchitis, with 32.7 percent of teaching and 71.2 percent of non-teaching clinics providing prescriptions when they were not needed.

It's possible that patients themselves are part of the problem. Research shows that if patients request antibiotics for an illness, physicians are pressured to prescribe them even when they are not likely needed. The good thing is that physicians aren't more likely to see an infection as bacterial or viral; the bad news is that they are prescribing antibiotics to patients with high expectations rather than standing their ground.

The CDC and World Health Organization are trying to educate the public on, as well as reaffirm to medical workers, the dangers posed by antibiotic resistance. According to WHO, infections such as gonorrhea, pneumonia, and tuberculosis are becoming harder to treat because organisms are

developing and spreading resistance to antibiotics. Antibiotic resistance in certain bacteria are contributing to this problem:

- *Acinetobacter* species of bacteria are of great danger in medical settings, causing hospital-acquired pneumonia, infective endocarditis (inflammation of the inner tissues of the heart), meningitis, skin and wound infections, and urinary tract infections. It is now multi-drug resistant.
- *Klebsiella* is a bacteria that can cause bloodstream infections, meningitis, pneumonia, and surgical site or wound infections. It is easily spread in healthcare settings and is now multi-drug resistant.
- *E. coli* strains can cause the well-associated conditions of bowel upset and foodborne illness, but it also can cause other illnesses, some serious, including gastroenteritis, gram-negative pneumonia, sepsis, and urinary tract infections. It is multi-drug resistant.

Unlike other drugs, new antibiotics aren't released every time you turn on the television. The last new class of antibiotics to hit consumer markets was discovered in 1984. Yes, Teixobactin, a new antibiotic, was discovered recently, but it's still years away from availability, and there's no guarantee it will survive clinical trials. For citizens around the globe, this could become a time-sensitive life-or-death situation, so it's important we don't put all our eggs in one basket.

Luckily, countries are looking ahead and taking the threat seriously. In 2016, the United States and Britain teamed up to form CARB-X, a public-private partnership dedicated to funding and promoting biomedical research that leads to antibiotic drug development. With $44 million earmarked for the first year, the governments, along with their academic, industry and other private partners, hope to get more antibiotics into clinical development, and eventually through government approval.

But despite former President Barack Obama's commitment to the partnership, President Donald Trump's proposed budget is planning cuts to almost everything, including medical funding. It's not clear whether he will keep the commitment the United States made to CARB-X.

No matter the government's decision, both doctors and patients, in the private sector and in government healthcare settings, should take the threat more seriously and carefully consider the need before requesting or prescribing antibiotics.

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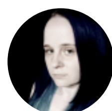

Krista Johnson

Krista's a freelance proofreader and writer with a focus on medical editing and teen story-based games. She also makes a few bucks with photography. When she's not working with words, she's spoiling her English bulldog and trying new things in the kitchen.

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