

Be Antibiotic Wise in your practice



BC Centre for Disease Control
Provincial Health Services Authority

antibiotic
wise.ca

Antibiotic resistance – Where we are today

Since the BC Centre for Disease Control started the Antibiotic Wise initiative in 2005, there has been a steady decrease in the prescription of antibiotics in our community. At the same time, antibiotic resistance has also continued to increase. Notably, **adults over 65 are prescribed 1.6 times more antibiotics** than adults under 65 in BC. Since superbugs such as methicillin-resistant *Staphylococcus aureus* (MRSA) are of increasing concern in both hospitals and the community today, we have to remain vigilant and continue to use antibiotics wisely.

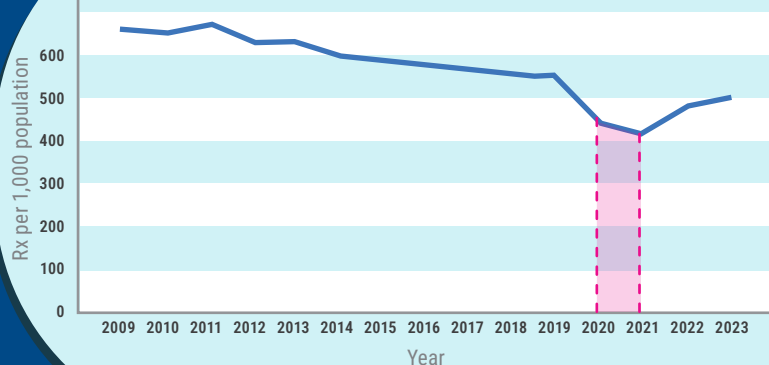
BC is stepping up to the challenge

In BC, prescription of antibiotics, especially for respiratory tract infections, declined significantly during the pandemic.

Enhanced hand hygiene and other public health measures might have contributed to this decline, since it was likely that there was less illness in general and therefore fewer antibiotics were needed/requested.

Since 2021, however, there has been a rebound in prescription rate.

The impact of the COVID-19 pandemic on antibiotic prescriptions in BC



(Adapted from BCCDC AMU dashboard)

Antibiotic prescribing trends among BC prescribers (2010-2024):

68% increase in short courses (1-5 days)

44% decrease in long courses (8-14 days)

(Adapted from BCCDC AMU dashboard)

More and more evidence is pointing to the fact that for many infections “shorter is better” when it comes to antibiotics. Longer courses of antibiotics can increase the risk of adverse outcomes for patients, and often have no added benefits.

Duration of therapy has been trending down in BC, but there is more room for improvement.

Facts about antibiotic resistance to share with your patient

30%-50%

of antibiotics prescribed for acute respiratory infections in primary care are **unnecessary**.

Inappropriate antimicrobial treatment

is the greatest contributor to bacteria developing antibiotic-resistance.

In Canada, antibiotic-resistant infections cause an estimated

1 in 19 deaths

1 in 4

infections are already resistant to standard treatments.

Patients with antimicrobial-resistant infections are at

twice the risk of dying.

In 2019, antibiotic resistance caused

1.27 million

deaths worldwide.

Common misconceptions about prescribing antibiotics

MYTH

FACT



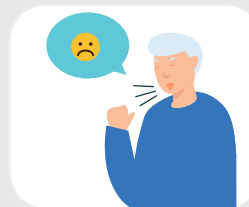
A just-in-case immediate antibiotic prescription is a prudent practice for many infections

Antibiotics will prevent complications for bronchitis

There is no decrease in pain and complications with an immediate prescription; but more vomiting, diarrhea and rash



Clinical improvement for bronchitis is no different with or without antibiotics

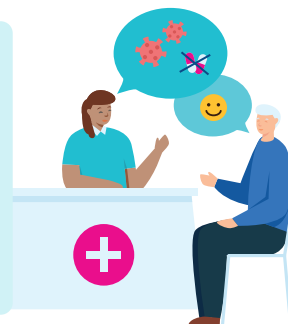


A delayed prescription satisfies the patient more than no prescription

When patients seek a consultation for URTI symptoms it is because they want antibiotics

Patients not receiving antibiotics will be disappointed and will seek care elsewhere

Satisfaction is not linked to antibiotic prescription, as many seek reassurance, information and pain relief. Information and clear instructions about symptom control will meet most patient's expectations



All patients given a delayed prescription end up just taking the antibiotic anyway

Only about 1 in 3 delayed prescriptions get filled



My patient is still coughing after 14 days, it must be bacterial

Greenish sputum is an indication of a bacterial infection

Even viral coughs can last up to 3 weeks in 50% of patients and sometimes more than a month for 25%

The appearance of the sputum cannot be used to distinguish between viral and bacterial bronchitis



Adapted from choosingwiselycanada.org/primary-care/antibiotics/

Find more tools and resources for health care professionals at
antibioticwise.ca/professionals/