

5 FACTS

About Unnecessary Antibiotics



As the use of antibiotics has increased over the years, antibiotic resistance has emerged. As long-term care facilities seek to improve antibiotic use and prevent inappropriate or unnecessary prescribing of these medications, here are 5 things you need to know.

1 Unnecessary antibiotic use involves the prescribing of these drugs for conditions such as colds or the flu that are not resolved or improved by these treatments. In fact, antibiotics only treat bacterial illnesses – not viruses – such as strep throat, whooping cough or urinary tract infections. Even some common infections, such as some ear or sinus infections, may not require antibiotic treatment.

2 At least 30% of antibiotic prescriptions are unnecessary, according to the Centers for Disease Control and Prevention. At the same time, studies have indicated that up to 75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate.

3 Antibiotics have side effects that include rash, nausea, diarrhea, and yeast infections. More serious effects may include *C. difficile* infections that can cause diarrhea and even severe colon damage or death.

4 Any time antibiotics are used, they can contribute to antimicrobial resistance. When these medications are prescribed unnecessarily, it increases this risk. At the same time, it is important to prevent misuse of antibiotics that can happen when antibiotic treatment is appropriate but the wrong antibiotic drug is prescribed, the wrong dose is used, or the medication is used for the wrong length of time. Antibiotic resistance is a serious problem as few (if any) treatment options are available for people who are infected with antimicrobial-resistant bacteria.

5 Nursing homes must take action to reduce unnecessary/inappropriate use of these drugs. Key to these efforts is a strong antibiotic stewardship program. According to the CDC, core elements of an effective antibiotic stewardship program include leadership commitment, accountability, drug expertise, action, tracking, reporting, and education. The pharmacist is an important partner in these efforts.



“The pharmacist should be considered the drug expert when it comes to appropriate use of antibiotics. They can provide feedback on antibiotic selection and dose adjustments, help analyze current therapy as part of an antibiotic ‘time-out’ review, or provide a retrospective audit of completed treatment courses to provide feedback to prescribers.”

– Stephen Creasy, PharmD, Director of Clinical Services at PharMerica