Antibiotic Stewardship
By Susan Cusson, NP

Since the development of penicillin over 60 years ago, antibiotics have transformed healthcare by reducing illness and saving lives. The use of antibiotics has increased the average life expectancy by about two decades. In the years since the development of penicillin, many more antibiotics have been introduced. Each time a new antibiotic comes into use, drug resistance begins to develop. This is not a new phenomena. Within a decade of the first penicillin trials, resistance to certain organisms was evident. Antibiotic resistance has become one of the most serious and growing threats to public health. Improving the use of antibiotics is an important patient safety and public health issue as well as a national priority.

The Centers for Disease Control and Prevention (CDC) estimates 20–50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. CDC recommends that all acute care hospitals implement an antibiotic stewardship program. CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use. Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of antibiotics when followed over a year. Similar to the findings in hospitals, studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate.

The majority of antibiotics used in humans (approximately 80%) are prescribed in primary care outpatient settings. Almost half of those are written to treat acute respiratory tract infections such as colds, sore throats, coughs, sinus and ear infections. An estimated half of these outpatient prescriptions are unnecessary.

Hospitals, long term care facilities, outpatient practices and individual patients should all participate in the effort to improve antibiotic use. Outpatient prescribers can implement antibiotic stewardship activities, such as watchful waiting or delayed prescribing, when appropriate. Individuals should be part of the decision making and talk with their health care providers about when antibiotics are needed and when they are not. These conversations should include information on risk for infections by antibiotic-resistant bacteria. Resistance is not the only concern related to antibiotics. One should also consider the risk of a potential allergic reaction, drug interaction or serious diarrheal infection (clostridium difficile).

Treatment of urinary tract infections (UTIs) is another area that sometimes sees inappropriate use of antibiotics. Some classic UTI symptoms such as burning with urination, urinary frequency and a sense of urgency to urinate are similar to the symptoms of other conditions common in older people. Sometimes older adults with a UTI also develop confusion. Older women can also carry bacteria in their bladders without any symptoms. This is called asymptomatic bacteruria and is not an actual bladder infection. Antibiotics should not be used to treat bacteria in the bladder when there are no symptoms.
Sensible prescribing is the responsibility of all healthcare providers. But as they say, “it takes a village”. We should all engage in this effort to reduce inappropriate antibiotic use. Carleton-Willard Village is committed to a quality improvement project on antibiotic stewardship. An interdisciplinary team meets regularly to review antibiotic use and track infections. Monthly quality improvement meetings are held with the goal of improving care throughout all levels of the continuum.

Here are some helpful suggestions from the CDC for how to use antibiotics wisely:

- Keep up with vaccinations to help prevent infections
- Practice good handwashing to prevent the spread of germs that cause infections
- Ask about recommendations for symptom relief
- Only take antibiotics for illnesses caused by bacteria, viruses will not get better with antibiotics
- Ask if watchful waiting is right for you. Even some bacterial infections, like mild sinus and ear infections, can get better without antibiotics
- Talk to your healthcare professional or pharmacist about potential side effects of antibiotics
- Take antibiotics exactly as prescribed. Even if you feel better, do not skip doses or stop taking an antibiotic early without approval from your healthcare professional
- Throw leftover antibiotics away. Never save antibiotics for future illnesses, take antibiotics prescribed for others, or share antibiotics with others

More information can be found at cdc.gov/getsmart.

**Health Education Lecture**

Jenn Quinn, Owner/President of ComForCare Home Care will give a talk on “Maintaining Friendship When a Friend Has Dementia”.

Join us to learn a few tips for how to maintain friendships and support people you care about through their diagnosis and journey with dementia.

**Wednesday, May 10, 2017**

in Auditorium Center & Left

10:30 am — 11:30 am

**BEDFORD DRUG PICK-UP**

The Bedford Police will pick-up expired and unused medications on:

**Friday, May 12, 2017**

You can drop off any unused/expired

**PRESCRIPTION MEDICATION ONLY**

at the Clinic between

8:30 am and 12:00 pm

*The Clinic can only accept medications during these times and on the date of pick-up.*

**Clinic News**

New Podiatrist

The Clinic welcomes a new podiatrist, Dr. Pasquale Cancelliere. Dr. Cancelliere comes to us from HealthDrive Podiatry Group and has been seeing Residents in the Nursing and Rehab Center for the past few months. He will be seeing residents in the Clinic on the first Friday of each month. Please call the Clinic to schedule an appointment.