

Appropriate Antibiotic Use: Family Physicians Have the Power of the Pen

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In this issue of *American Family Physician*, Zoorob and colleagues summarize guidelines for the treatment of acute upper respiratory tract infections (URIs).¹ Visits for acute URIs account for more than one-half of all antibiotic prescriptions for outpatients, and these infections lead to more unnecessary and inappropriate antibiotic prescriptions than any other infectious syndrome.²⁻⁴ All antibiotic use, whether indicated or not, exerts selective pressure on bacteria that can lead to resistance. Studies have shown that geographic areas with high antibiotic prescribing rates also tend to have a higher prevalence of antibiotic-resistant infections.⁵⁻⁷ Every antibiotic prescription matters. Given their continuity of care, family physicians are well poised to minimize the spread of antibiotic resistance by practicing antibiotic stewardship and educating patients about the importance of using antibiotics appropriately.

Patients have a role in this growing problem. Too many patients and parents expect their physicians to prescribe antibiotics for viral URIs. Physicians are more likely to prescribe an antibiotic if they think a patient or parent expects one.⁸ Clearly, there is a need to facilitate communication between physicians and patients, but ultimately, physicians have the power to make the right decision.

The Centers for Disease Control and Prevention launched the National Campaign for Appropriate Antibiotic Use in the Community in 1995. In 2003, the program was renamed Get Smart: Know When Antibiotics Work (<http://www.cdc.gov/getsmart/>). The Get Smart program aims to minimize the burden of antibiotic-resistant infections by increasing adherence to prescribing guidelines, decreasing patient and parent demand for antibiotics for viral URIs, and increasing adherence to prescribed antibiotic regimens. The program offers physicians a wide array of clinical and informational resources that can be shared with patients during an office visit, placed in waiting rooms, or displayed in examination rooms. The program also includes Get Smart About Antibiotics Week, which was created to raise awareness among clinicians, the general public, policymakers, hospital administrators, and the news media about the critical issue of antibiotic resistance. This year, Get Smart About Antibiotics Week will be observed November 12 to 18.

Family physicians are essential, front-line partners in the fight against antibiotic resistance. The first step is using current clinical guidelines to support rational and appropriate antibiotic prescribing, especially for common viral URIs. Second, communicating with patients about when and why antibiotics may not be necessary, while recommending symptomatic relief and appropriate steps for follow-up if their symptoms do not resolve, will lead to a better-educated patient population. Although some physicians feel that “just one” unnecessary prescription does not matter, each prescription does make a difference and can affect resistance locally, regionally, and nationally. Third, if an antibiotic is needed, encouraging adherence and discussing potential adverse effects can help educate and empower patients.

The actions of each and every physician and patient can make a difference. We must all work together to get smarter about antibiotic prescribing and usage. For information on Get Smart materials or resources, or to find out how to become a Get Smart About Antibiotics Week partner, visit <http://www.cdc.gov/getsmart> or e-mail getsmart@cdc.gov.

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Author disclosure: No relevant financial affiliations to disclose.

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