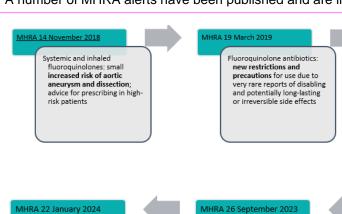
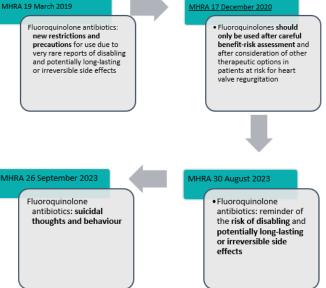


Medicines Optimisation
Update Issue November 2024Special Edition (AMR)

Fluroquinolone Stewardship

Antimicrobial resistance (AMR) has been identified as a global public health threat by the World Health Organization (WHO). Inappropriate use of antimicrobials is one of the main driving forces for AMR, fluoroquinolone antibiotics have historically been prescribed for a wide variety of infections, including mild, uncomplicated infections for which alternatives may be preferred. Consequently, increasing antimicrobial resistance has been reported, particularly among Enterobacterales and *Pseudomonas* spp. In addition to driving resistance, fluoroquinolones have been associated with serious adverse effects. A number of MHRA alerts have been published and are illustrated as follows:







Fluoroquinolone

recommended

antibiotics are

inappropriate

antibiotics: must now

only be prescribed when other commonly



Non-severe or self-limiting infections, or non-bacterial conditions



Some mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease; please refer to revised indications in the Summary of Product Characteristics) unless other antibiotics that are commonly recommended for these infections are considered inappropriate



Ciprofloxacin or levofloxacin should **no longer be prescribed for uncomplicated cystitis** unless other antibiotics that are commonly recommended are considered inappropriate

Avoid fluoroquinolone use in



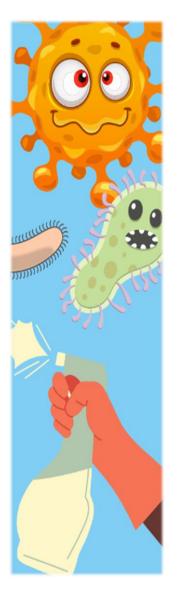
Avoid use of a corticosteroid with a fluoroquinolone since coadministration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture



Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury.



Only be used after careful benefitrisk assessment and after consideration of other therapeutic options in patients at risk for aortic aneurysm and dissection





18-24 NOVEMBER

Optimise Effective Course Lengths for Antibiotics – Data Update

Unnecessarily long courses of antimicrobials are one of the factors driving antimicrobial resistance and an increased risk of clostridium difficile infections in at-risk populations. Research increasingly demonstrates that short courses of antibiotics are as effective as longer courses in treating patients with uncomplicated infection (Lee et al, 2023), (Garwan et al, 2023).

Reflecting this evidence, NICE guidance for common infections, routinely recommends the shortest effective course of treatment, to reduce selection pressure for antimicrobial resistance and inadvertent patient harm from antibiotic treatment. Fiveday courses are recommended when antibiotics are indicated for sinusitis, sore throat, COPD infective exacerbation, cough (acute), pneumonia (community-acquired) and otitis media.

In November 2023, we highlighted in another special edition MOP-UP, the recent local and national updates regarding antibiotics treatment course lengths and illustrated examples of common infection conditions, their emperical NICE treatment guidance and supporting clinical evidence.Last years Special Edition MOP UP can be reviewed : here

This year, we want to celebrate the dedication and outstanding work each of you has contributed to. Your commitment has driven our success. Our latest quarter prescribing data shows an over 30% increase in optimised 5 days amoxicillin treatment course length when compared to the same guarter in 2023, which keep us in line with and continues working towards the UK AMR National Action Plan goal to reduce human exposure to antibiotics in primary care.



Data Reference: BSW ICB data, PrescQipp - Optmising antimicrobial duration dashboard

!! Alert: Rifampicin Prescribing Safety !!

Rifampicin is an antibiotic commonly used to treat bacterial infections such as tuberculosis (Red TLS) and bone & joint infection (Amber SCA) based on cultures and sensitivities. It often prescribed in combination with other antibiotics to prevent the development of drug resistance. It works by inhibiting bacterial RNA synthesis, effectively stopping the bacteria from reproducing. When prescribing rifampicin, it is essential to exercise caution due to its potential for significant drug interactions and adverse effects. Rifampicin is a potent enzyme inducer, which can decrease the effectiveness of other medications by accelerating their metabolism, particularly oral contraceptives, anticoagulants, and antiretrovirals. Monitoring liver function is crucial in patients with pre-existing liver conditions or those taking other hepatotoxic drugs. Additionally, patients should be informed about possible side effects, such as orange discoloration of bodily fluids, and instructed to complete the full course to prevent resistance.

See BNF and Stockley's Drug Interactions monographs for interaction mechanism, clinical importance and management advise.

Upcoming NHS England Webinars for Healthcare Professionals

- Antibiotic-sparing strategies for recurrent UTI -18th Nov 2024, 16:00-17:00, register your interest: here
- Blood Culture Pathway Optimisations 19th Nov 2024, 13:30 – 14:15, register your interest: here
- **English Surveillance Programme for Antimicrobial** Utilisation and Resistance (ESPAUR) Report 2023-2024 20thNov 2024, 14:00-16:30, register you interest: here
- Recognising infection and improving antibiotics use in people with learning disability or autism – 21st Nov 2024,

12:30 - 13:30, register your interest: here

AMR Training Resources Library

- **British Society of Antimicrobial Chemotherapy** Training Resources –The program compiles and provides links to easily accessible, evidence-based antimicrobial stewardship educational materials for medical, dentistry, nursing and pharmacy students and educators here
- NHS England e-Learning- Helping to improve understanding of antimicrobial resistance: here
- **eBug** UKHSA lead training resources to support education and childcare setting: here