



TARGET

Keep Antibiotics Working

Back-up/delayed antibiotic prescriptions

Why and how to use them in primary care settings

TARGET webinar series:
Effective antibiotic prescribing: shared decision-making & delayed prescriptions
part 2

Presented by: Dr Linda Strettle

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Aims

- Understand the evidence
- Recognise when back-up prescriptions are appropriate
- Quick and easy tips on how to explain back-up antibiotic prescriptions to patients
- Learn different ways to issue back-up antibiotic prescriptions



Terms

- Delayed prescriptions
- ‘Back-up’ prescriptions
- Deferred antibiotics
- Just-in-case antibiotic

Always explain your intention to the patient



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Why use back-up antibiotic prescriptions?

1. Reduce patient use of antibiotics
2. Useful if unsure whether immediate antibiotic is needed
3. Little difference in symptomatic benefit with immediate vs. back-up antibiotics
4. Increase patient's ability to self-manage infections
5. Prevent complications
6. Reduce re-consultations



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Back-up antibiotic prescriptions - Why?

1. Reduce patient use of antibiotics

2014 trial: Only **one third** of patients use antibiotics when given a back-up prescription

Delayed antibiotic prescribing strategies for respiratory tract infections in primary care: pragmatic, factorial, randomised controlled trial



OPEN ACCESS

Paul Little *National Institute for Health Research senior investigator and professor of primary care research*, Michael Moore *reader in primary care research*, Jo Kelly *trial manager*, Ian Williamson *senior lecturer in primary care research*, Geraldine Leydon *reader in health research*, Lisa McDermott *research fellow*, Mark Mullee *director of the National Institute for Health Research research design service South Central*, Beth Stuart *research fellow*, On behalf of the PIPS Investigators



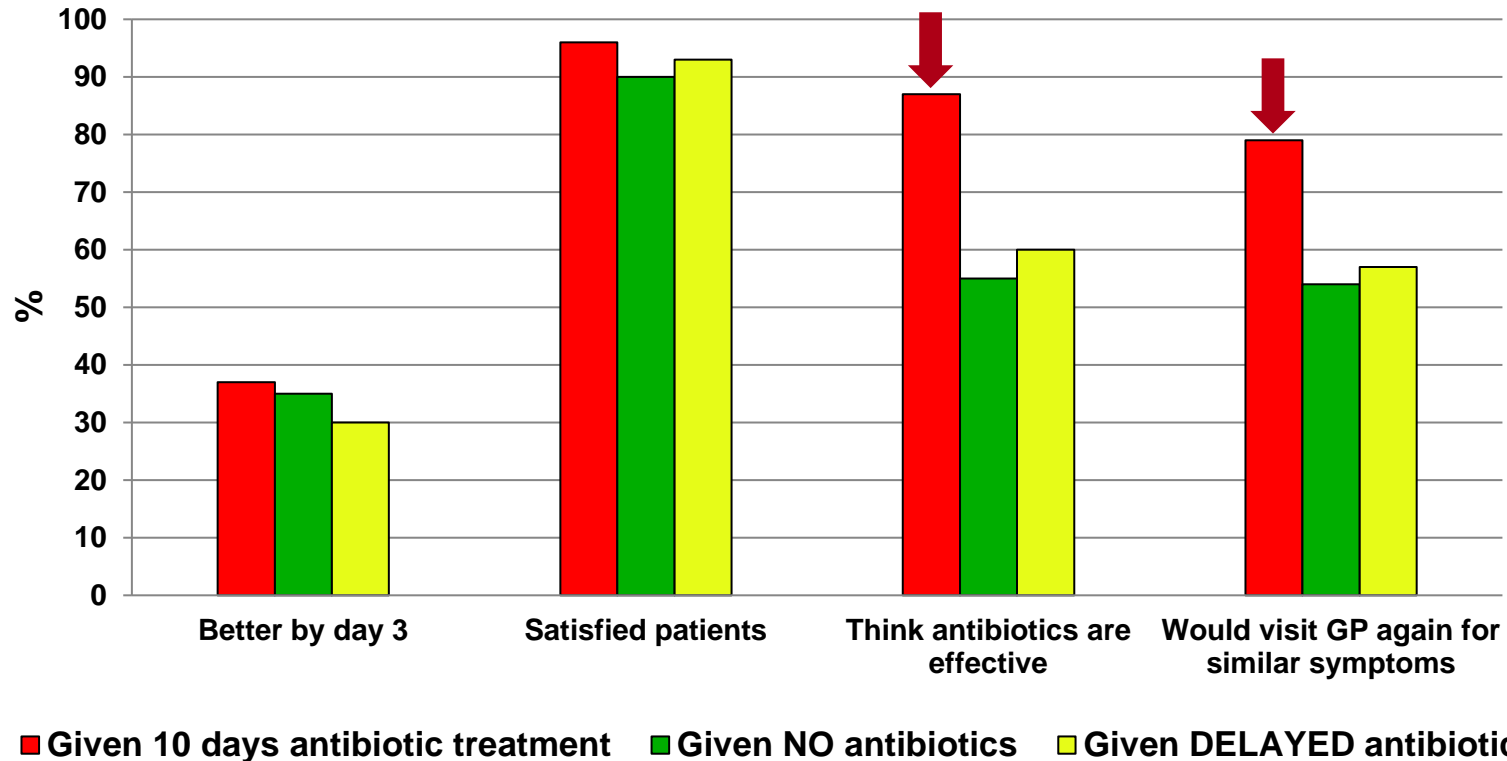
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Back-up antibiotic prescriptions – Why?

2. Useful if unsure whether immediate antibiotic is needed at that time

English RCT comparing three treatment strategies for sore throat (n=582)





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Back-up antibiotic prescriptions - Why?

3. Little difference in symptomatic benefit with immediate vs. back-up

	Total Duration untreated	Beneficial effect from antibiotics	NNT for one additional patient to benefit	NNT for one additional adverse effect
Otitis media	4 -12 days	8-12 hours	18	9
Sore throat	8 days	12-18 hours	6-20	15
Sinusitis	12-15 days	24 hours	18	8
Bronchitis	20-22 days	11-24 hours	10-22	24



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NICE National Institute for Health and Care Excellence



Summary of antimicrobial prescribing guidance – managing common infections

- For all PHE guidance, follow [PHE's principles of treatment](#).
- See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Key: Click to access doses for children Click to access NICE's printable visual summary

Jump to section on:

[Upper RTI](#)
[Lower RTI](#)
[UTI](#)
[Meningitis](#)
[GI](#)
[Genital](#)
[Skin](#)
[Eye](#)
[Dental](#)

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
Upper respiratory tract infections						
Acute sore throat NICE Public Health England Last updated: Jan 2018	Advise paracetamol, or if preferred and suitable, ibuprofen for pain. Medicated lozenges may help pain in adults. Use FeverPAIN or Centor to assess symptoms: FeverPAIN 0-1 or Centor 0-2: no antibiotic; FeverPAIN 2-3: no or back-up antibiotic; FeverPAIN 4-5 or Centor 3-4: immediate or back-up antibiotic. Systemically very unwell or high risk of complications: immediate antibiotic. *5 days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day course may increase the chance of microbiological cure. <i>For detailed information click the visual summary icon.</i>	First choice: phenoxymethylpenicillin Penicillin allergy: clarithromycin OR erythromycin (preferred if pregnant)	500mg QDS or 1000mg BD		5 to 10 days*	
			250mg to 500mg BD		5 days	
			250mg to 500mg QDS or 500mg to 1000mg BD		5 days	

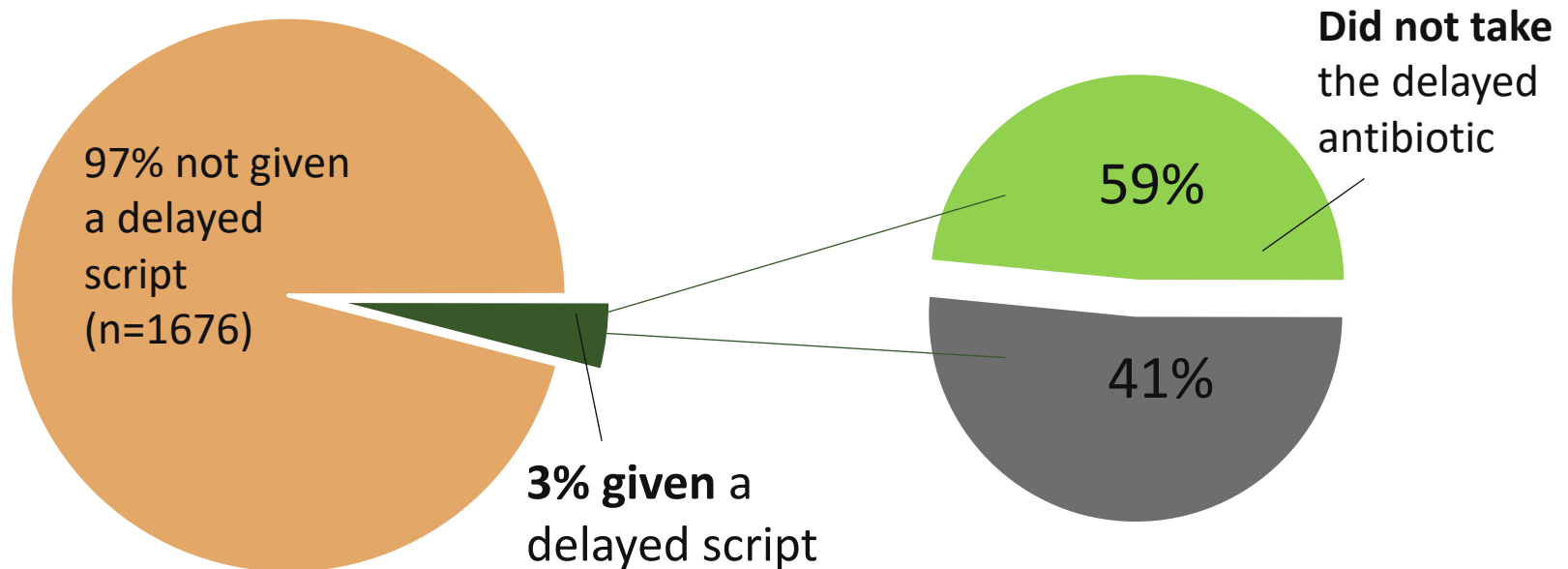


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Back-up antibiotic prescriptions - Why?

4. Increase patient's ability to self-manage infections



75% of all respondents felt that it was acceptable to be offered a delayed script by their GP

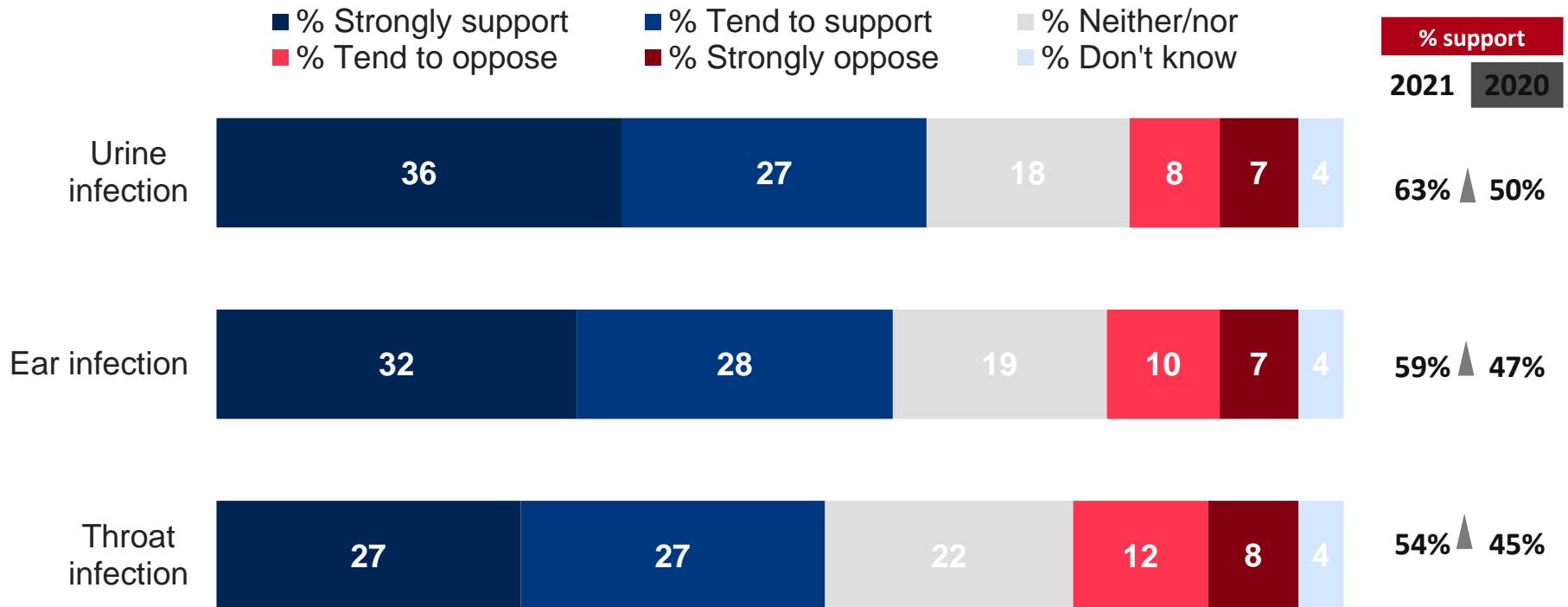


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Back-up antibiotic prescriptions - Why?

In general, do you support or oppose GPs, nurses or dentists or other healthcare professional prescribing 'delayed / back-up' antibiotic prescriptions for the following infections?



Base: All adults aged 18+ in England: 2021 (1676); 2020 (2052) :
Fieldwork dates: 26 February to 2 March 2021

▲▼ = significantly higher/lower than 2020

Back-up antibiotic prescriptions - Why?

5/6. Prevent complications (as effectively as immediate antibiotic) & **reduce re-consultations** ('doctor shopping'/visits to OOH, A&E)

Little/no difference in:

- Re-consultation
- Adverse effect
- Complications

Back-up antibiotic prescriptions – How to explain/discuss

Reasons

Reassure patient

Acknowledge

- not possible to predict exactly how the illness will progress;
- would like the patient to have access to antibiotics if no improvement

T: Be specific about illness timeline/usual course

'A typical cough can take 3-4 weeks to clear completely.'

S: Explain shortcomings of antibiotics

Antibiotics *don't help with pain* but *side effects*, such as diarrhoea, nausea and rash, can be *experienced by up to 1 in 10 people'*

S: Self-care advice

'Pain in the chest or throat is normal due to inflammation, you can take paracetamol, and/or ibuprofen, which will help the pain and soothe the inflammation.'

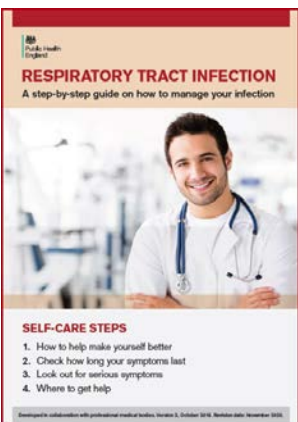
S: Safety-netting advice

Provide patients with specific *information on red-flag symptoms* and when they should seek further help

Back-up antibiotic prescriptions - How to explain/discuss?

Number of days to wait

Tailor advice to experience; history, co-morbidities, & their ability to access antibiotics

RESPIRATORY TRACT INFECTION
A step-by-step guide on how to manage your infection

SELF-CARE STEPS

- How to help make yourself better
- Check how long your symptoms last
- Look out for serious symptoms
- Where to get help




How can I manage my common infection?
A leaflet for adults aged 16 years and over

1. What are the symptoms of a common infection?

- Eyes:** Sticky eyes
- Chest:** Cough, Shortness of breath, Wheezing, Sore throat
- Skin:** Infected blisters, Redness or swelling around a wound, Athlete's foot (an itchy rash between the toes)
- Ears, nose and throat:** Pain or soreness, Runny nose, Swollen tonsils
- Gut:** Nausea, Diarrhoea
- Genital and urinary:** Pain on passing urine, Passing urine more often at night, Cloudy urine, Discharge, Pain in lower tummy

2. What if I think I have coronavirus (Covid-19)?

If you think you may have COVID-19 then please visit <http://www.gov.uk/coronavirus> or <http://www.nhs.uk> for the latest guidance and information.



URINARY TRACT INFECTIONS
A leaflet for older adults and carers

WHAT IS A URINE INFECTION?
A urine infection occurs when bacteria in any part of the urine system cause symptoms.

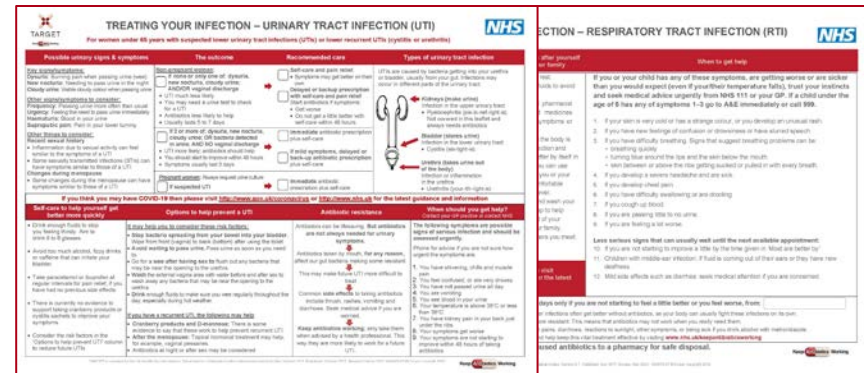
WHAT YOU CAN DO TO HELP PREVENT A URINE INFECTION?
Are you drinking enough? Look at the colour of your urine.

- Drink enough fluid (6-8 glasses) so that you pass pale coloured urine regularly during the day, and to avoid feeling thirsty, especially during hot weather
- Avoid drinking too many fizzy drinks or alcohol
- There is no proven benefit of cranberry products or cystitis sachets
- Prevent constipation; ask for advice if needed
- Maintain good control of diabetes

Stop bacteria spreading from your bowel into your bladder:

- Wipe genitals from front to back after using the toilet
- Change pads and clean genitals if soiled
- Keep the genital area clean and dry, avoid scented soaps
- Wash genital area with water before and after sex

Speak to your pharmacist about referral to a GP or other treatments.



TREATING YOUR INFECTION - URINARY TRACT INFECTION (UTI)
For women under 65 years with uncomplicated lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

PROVIDE URINARY SIGNS & SYMPTOMS

THE CAUSES

RECOMMENDED CARE

TYPES OF URINARY TRACT INFECTION

WHAT SHOULD YOU GET HELP?

WHEN SHOULD YOU GET HELP?

OTHER PRESENTATION

WHEN TO GET HELP

OTHER PRESENTATION

WHEN TO GET HELP

OTHER PRESENTATION

WHEN TO GET HELP



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Back-up antibiotic prescriptions - How?

1. Issue prescription but advise to get it dispensed only if needed
2. Post-dated prescription
3. Collect the prescription from an agreed location
4. Collect antibiotic now but only use if needed
5. Contact the practice again to get the prescription



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Back-up antibiotic prescriptions - How?

Don't forget to code your treatment choice

READ codes (Emis, Vision)	SNOMED code (System One)	Definition
8BP0	2549788011	Deferred antibiotic therapy
8CAk	406111000000113	Patient advised to delay filling of prescription
8OAN	2462831000000113	Provision of <u>TARGET Managing Your Common Infection (Self-Care) Leaflet</u> with back-up antibiotic prescription issued



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Back-up antibiotic prescriptions - When?

1. You are **uncertain about how an infection might progress**
2. The **patient remains concerned** about illness progression despite you discussing antibiotics
3. You are concerned that patient may need antibiotics when they will have **limited access to medical care**

Back-up antibiotic prescriptions Summary

Back-up antibiotics less effective c.f. no prescription of antibiotics in reducing antibiotic uptake?

- Yes - slightly higher rates of antibiotic use for back-up, but fine
- Back-up will reduce number of patients who come back to see you by 1/3

Back-up antibiotic prescriptions Summary

Medico-legal consequences?: complications

- Similar reduction in complications with back-up antibiotics & immediate antibiotics
- Less complications in back-up antibiotics & immediate compared to no antibiotics
- Two very large cohorts to show that this the case

Back-up antibiotic prescriptions Summary

It takes more time?

- Part of good practice anyway!
- The key difference is advice about **when** to consider cashing in



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Thank you for all you are doing!

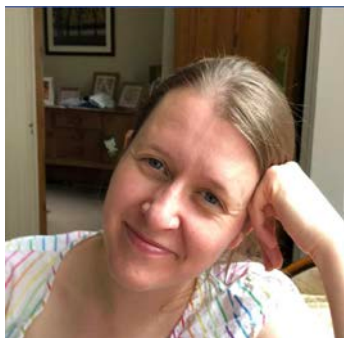
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Discussion

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