COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

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On 27 April 2013, the CPME Board adopted 'Antibiotic Resistance: a CPME position paper' (CPME 2013/020 FINAL)

Antibiotic Resistance: a CPME position paper

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

In the "Antibiotic resistance: CPME position paper" adopted in June 2009 it was CPME's conclusion that: "Tackling the global threat of "superbugs" through high-level research and development is half of the battle. More than ever, it is vital that existing antibiotics are used responsibly and correctly, so as to help prolong the effectiveness of these drugs. National governments have a vital role in getting this message across to patients".

The CPME recommendations in the paper were as follows:

1. CPME calls upon academics researchers, industry and national governments to renew and increase their efforts to tackle the threat of antibiotic resistant "superbugs".
2. CPME recognises that taking antibiotics for the wrong reasons or incorrectly causes bacteria to develop resistance against antibiotic treatments with a risk of rendering antibiotics ineffective in the future. It therefore calls on EU governments to disseminate information on how to use antibiotics responsibly as this will help maintain their effectiveness.
3. CPME calls upon doctors, nurses and other health professionals to play an active part in getting this message across to the public.
4. CPME calls upon EU governments and health professionals to support the annual European Antibiotic Awareness Day as a mean of focusing attention on this important issue.

In CPME's comments on the Staff Working Paper of the Services of the Commission on Antimicrobial Resistance SANCO/6876/2009r6 (March 2010) it is stated that: "[i]t is widely acknowledged that complacency, poor prescribing practice and the misuse of antimicrobials are major factors in the emergence of antimicrobial resistance. One key area of action in the prevention and control of antimicrobial resistance is the development of strategies that promote optimal antimicrobial prescribing. These must be implemented with local consultation as prescribing policies must be governed by information about local trends in

resistance and sensitivities. Optimal antimicrobial prescribing also requires close collaboration between clinical pharmacists, medical microbiologists and infectious disease physicians".

This CPME position paper therefore focuses on good practice in prescribing antibiotics.

The present situation

A survey among CPME members in 2013 shows – inter alia - the following results in primary care, the sector in which approximately 90% of all antibiotics are prescribed:

- In a significant number of European countries there are neither national nor regional guidelines/instructions/recommendations for antibiotic treatment.
- In a significant number of European countries it is standard procedure to base the decision about antibiotic prescribing for respiratory tract infections and urinary tracts infections only on a clinical examination – without use of diagnostic tests.
- There is a great variety of different types of antibiotics used for the treatment of respiratory tract infections and urinary tracts infections, including both the use of narrow-spectrum and broad-spectrum antibiotics. For example, pneumonia is treated with the following antibiotics: penicillin V (phenoxymethylpenicillin) amoxicillin, amoxicillin/clavulanic acid, cephalosporins, macrolides, macrolides/cefuroxime, quinolones, clarithromycin, ciprofloxacin, cefpodoxime.

Furthermore, data from the European Centre for Disease Prevention and Control (ECDC)[1] show that in 2010 – as in previous years – there was a 3.5 fold difference between the country with the lowest antibiotic consumption and the country with the highest antibiotic consumption in the community – a variation from 11.06 to 39.37 DDD per 1.000 inhabitants per day.

In light of the wide range of antibiotics prescribed across Europe for the same diagnosis and the variation in the overall volume of antibiotic consumption, CPME sees a need to consolidate guidelines which better define and encourage the appropriate use of antibiotics.

Prescribing antibiotics

CPME has noted, that in all European countries only doctors and dentists are allowed to prescribe antibiotics to humans. CPME encourages all countries to enforce these regulations very strictly as the only possible way to control antibiotic consumption. With regard to animals, the rule should be that veterinarians, only after a personal examination, may prescribe antibiotics for animal treatment. Doctors, dentists and veterinarians should not be allowed to sell antibiotics apart from in pre-existing exceptional circumstances.

[1] The European Centre For Disease Prevention and Control, Stockholm – Summary of the latest data on antibiotic consumption in the European Union – Nov. 2012 (European Antibiotic Awareness Day)

CPME encourages all doctors to promote and implement the prudent use of antibiotics – which means to use antibiotics only when it is needed, to use them in correct dose intervals and correct duration.

Guidelines

A precondition for doctors to be able to carry out this task is access to precise guidelines for antibiotic treatment. Precise and updated guidelines provide doctors with a basis for giving the correct antibiotic in the necessary quantity. At the same time the guidelines must indicate in which infections/cases of illness the patient may/must await natural recovery – and perhaps state how many days the patient must wait before consulting the doctor again. The guidelines can also be used as a tool to inform the general public when antibiotics should be used and when it should not be used. Thus the guidelines could be used to decrease the public demand for antibiotics.

Since the situation in primary care and in hospitals differs quite a lot the following principles are primarily aimed towards primary care. The national guidelines on antibiotics should be followed to enshrine the following main principles:

The doctor must

- diagnose the patient in person before prescribing antibiotics. Only in a rare exception should antibiotics be prescribed by phone consultation
- ensure that a relevant clinical and diagnostic examination is performed before initiating therapy
- ensure that the patient most probably has a bacterial infection and a real effect can be expected by treatment with antibiotics
- choose a narrow-spectrum antibiotics as specific as possible as first choice.

A decisive factor is that doctors have access to better and faster diagnostics. If the doctor has early confirmation of the patient's diagnosis, it can be avoided that antibiotics are prescribed "to be on the safe side".

The national guidelines must state which laboratory tests can be carried out in practice in aid of a diagnosis and when a test should be submitted for further bacteriological diagnoses. The more tests that can be carried out quickly in practice the better the guarantee of a prompt and correct diagnosis.

Education and audit might reduce consumption. Therefore, education and audit concerning the use of antibiotics must have high priority. Regular antibiotic audits ought to be carried out both in the primary sector and in hospitals, and teaching must be implemented systematically and be integrated in tested and effective courses of education/education models. The preparation of guidelines must be followed up by information about and instruction in new guidelines.

Statistics should be made available regarding the prescription of antibiotics so each health care unit or doctor can compare how he/she is performing in comparison to

other doctors. To this end IT-systems should be developed and adapted to record the diagnoses and the prescriptions made by the doctor. It could then be used as a tool to provide feedback to each unit or doctor. This has proven to be a very efficient mean to decrease prescriptions.

CPME suggests that close ties are established between medical specialists at hospitals and general practitioners in the primary sector within relevant medical specialities with the objective of sharing knowledge with the primary sector concerning diagnostics and treatment of infections.
Especially in the case of outbreaks cooperation between all relevant stakeholders from the human and animal health sector is essential.

Policy recommendations
CPME is still deeply concerned about the continuous growth in microbial resistance to antibiotics and:

- Calls upon CPME member states to produce precise national clinical guidelines for antibiotic treatment or encourage the competent authority to do so

- Calls upon CPME member states to strengthen doctors' access to better and faster diagnostic and hereby develop a better guarantee of prompt and correct diagnosis

- Calls upon CPME member states to give priority to education on and audit of the use of antibiotics

- Calls upon CPME member organisations to work with their governments to educate patients that antibiotics when prescribed must be taken long enough, as their physician has prescribed and thus improve the compliance of the antibiotics treatment (media, campaigns)

- Calls upon CPME member organisations to work with their governments to monitor the consumption and present statistics on the use of antibiotics in humans and animals

- Calls upon CPME member organisations to present a policy on antibiotics and seek to influence their national governments to follow the CPME recommendations mentioned above.

- Calls upon doctors to follow the guidelines on the prudent use of antibiotics which means only prescribing antibiotics when necessary, and ensuring use in correct dose intervals and for the correct duration.