Tablet Press EXTRA

The prescribing newsletter for GPs, nurses and pharmacists
NHS Northamptonshire
May 2019

Antibiotic Update Part 2 Local Update

This Tablet Press Extra will focus on local initiatives aimed at improving antimicrobial prescribing. The previous edition (Part 1), which focused on national changes, can be accessed on the GP Portal link. The current key local initiatives are the 2019/20 Prescribing Achievement Framework, a project to reduce inappropriate prescribing for UTIs in Care Homes and a change in the preferred choice of macrolide.

Prescribing Achievement Framework
Due to the national and international importance of appropriate antimicrobial prescribing it was felt appropriate to continue to include three antibiotic markers in the Prescribing Achievement Framework (PAF) for 2019-20:

➢ **Antibiotic Volume**

- This marker is intended to reduce inappropriate antibiotic prescribing and is taken from the National Medicines Management Quality Premium markers.
- Neither Nene nor Corby CCGs are currently meeting the 2019-20 target. There is also considerable variation between practices. There are 19 'red' practices and 14 'amber' practices on the Prescribing Achievement Framework as of April 2019.
- The GP Portal contains lots of useful resources e.g. Antibiotic guidelines, patient leaflets and supporting information link
- The Department of Health website[i] has more information on antibiotic resistance, and resources to help reduce inappropriate antibiotic prescribing link . See also the TARGET antibiotics toolkit, which has been developed by the Antimicrobial Stewardship in Primary Care collaboration (from several organisations including the Royal College of General Practitioners and PHE) to help clinicians and commissioners use antibiotics responsibly. link

➢ **Cephalosporin, quinolone and co-amoxiclav volume**

- Broad-spectrum antibiotics are most strongly implicated in *C. difficile* acquired diarrhoea. This marker is intended to reduce inappropriate broad spectrum antibiotic prescribing (cephalosporin, quinolone and co-amoxiclav) and is taken from the National Medicines Management Quality Improvement markers.
- Co-amoxiclav prescribing has reduced significantly (>30% from baseline) within primary care in Northamptonshire since its first inclusion in the National Medicines Management QIPP markers in 2015-16. Despite this there is still considerable variation between practices and scope for many practices to reduce their prescribing further. As of April 2019 there are 16 'red' practices and 13 'amber' practices on the Prescribing Achievement Framework marker. This is largely driven by co-amoxiclav prescribing.
- The reduction in broad spectrum antibiotic prescribing is having an important effect as the incidence of community acquired *C. Diff* diarrhoea has fallen in Northamptonshire in tandem. It should be noted that most of the recent cases of community acquired *C. Diff* diarrhoea are associated with co-amoxiclav.
- Co-amoxiclav is a first line choice in PHE/NICEs guidance on antimicrobial prescribing in primary care link only for facial (but not dental) cellulitis, human and animal bites and second line for persistent sinusitis and otitis media or COPD exacerbations if there is a higher risk of treatment failure.
- Co-amoxiclav should only be used for UTI or pyelonephritis if sensitivities are available. Locally, approximately 10% of *E.Coli* isolates taken for UTIs show resistance to co-amoxiclav rising to approximately 18% with resistance in patients aged over 70.
- Cefalexin is a first line choice only for acute pyelonephritis or catheter associated UTI with upper UTI.
- Antibiotic guidelines, patient leaflets and supporting information can be found on the GP Portal link
- If prescribers are considering prescribing a quinolone antibiotic (e.g. ciprofloxacin, ofloxacin) they should bear in mind the recent restrictions link and the MHRA Safety alert link. Quinolones are only a first line choice in PHE/NICE guidance link for acute prostatitis or pelvic inflammatory disease (in combination with metronidazole).

This edition is also available on GP Portal via the following link
http://gp.neneccg.nhs.uk/ and http://gp.corbyccg.nhs.uk/

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➢ **Trimethoprim items in patients over 65 years**

- This marker is intended to reduce inappropriate trimethoprim prescribing and is taken from the National Medicines Management Quality Premium markers. Trimethoprim was added to the 2017-18 PAF scheme due to concerns about the increase in resistance to trimethoprim and the national focus to reduce its prescribing, particularly in the elderly.
- Although the national marker is for patients over 70, the local PAF marker is for patients over 65 years due to monitoring purposes. This is not an issue as trimethoprim should not be routinely prescribed in older patients as resistance rates rise gradually with age. The highest rates of resistance are seen in those over 85.
- Patients who have had long courses of prophylactic trimethoprim are particularly likely to harbour resistant strains.
- Locally, approximately 30% of isolates of *E. coli* are resistant to trimethoprim.
- Resistance is more likely in patients with a significant personal history of antibiotic use e.g. those on prophylactic antibiotics *for any indication,* and those who have had multiple courses of antibiotics. Older patients and care home residents are also more likely to harbour trimethoprim resistant *E. coli* strains.
- The PHE guidelines should be used for diagnosing UTI in Infants and Children under 16 years, Women under 65 years and Men and Women over 65.
- In the PHE guidance the first line empiric treatment of UTI in patients over 70 should be with nitrofurantoin. Trimethoprim should only be used in over 70s if sensitivity has been confirmed.
- Trimethoprim may still be a useful empiric option in younger patients without risk factors for resistance.
- Treatment course should be 3 days for non-pregnant women over 16 and most children and 7 days for pregnant women and all men.
- If first line options are not suitable refer to NICE guidelines link
- Pivmecillinam is an alternative to nitrofurantoin for UTI (if not allergic to penicillin).
- Locally *E. Coli* resistance rates to Co-amoxiclav in patients over 70 are approximately 18%.
- Fosfomycin 3g may be used if resistant to other options e.g. ESBL.
- The TARGET treating your infection (TYI) UTI leaflets for women under 65 and for older adults can be used to communicate key messages around prevention of UTI, typical signs or symptoms, management of UTI and safety netting for adults with suspected UTI.

Todipornottodip

A pilot project is taking place in some Northampton town and Corby care homes which encourages care home staff to use a symptom scoring sheet for patients who are suspected of having UTIs.

In line with up to date diagnostic advice from PHE, the use of urine dipsticks to diagnose UTI in patients over 70 is discouraged link . This is due to the high prevalence of asymptomatic bacteriuria in this patient population. Approximately 40% of men, 50% of women and 100% of patients who have a urinary catheter in care homes will have bacteriuria.

There is good evidence that treating asymptomatic bacteriuria does not prevent UTI or urinary sepsis and does not improve morbidity or mortality but does lead to unnecessary antibiotic use and increased resistance.

Clarithromycin is now the preferred macrolide antibiotic.

Clarithromycin is cheaper, twice daily and preferred to erythromycin by Public Health England (PHE) for almost all indications and should be regarded as the first line macrolide. Erythromycin remains an option for certain indications where preferred by PHE. These include sore throat, acute otitis media or sinusitis where there is penicillin allergy (and antibiotics are indicated) and the patient is pregnant, or mastitis in penicillin allergy.
