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## PHARMACISTS CHALLENGE OVER-PRESCRIBING OF ANTIBIOTICS FOR SURGERY PATIENTS

Patients often receive too much of the appropriate antibiotic treatment to prevent post-operative infections, research launched at the British Pharmaceutical Conference (BPC) in Manchester has shown.

Researchers at the University of Sunderland investigated the use of antibiotics in surgical patients at Sunderland Royal Hospital. Current guidelines<sup>1</sup> recommend set doses of antibiotics for surgical patients to reduce the risk of post-operative wound infections, but researchers found **75%** of patients received more antibiotic than the recommended dose.

A previous study of antibiotic prescribing at Sunderland Royal Hospital (2006) revealed **more than half** of the patients received more than the recommended doses of certain antibiotics. As a result, the hospital's Pharmacy Department adjusted the electronic prescribing system so that when medicines were being prescribed a mandatory stop date had to be included.

The recent research audited the effectiveness of the mandatory stop dates and found a **20%** increase in the over-prescribing – indicating the stop date may serve to prolong courses of antibiotics because there is no need for a review of patient's medications on an ongoing basis.

Dr Rachel Etherington who led the research said: "There is an urgent need for pharmacists to play a role in advising prescribers of appropriate length of antibiotic treatment and for the introduction of agreed local guidelines.

"The current national guidelines are inconsistent which may serve only to confuse prescribers as to the appropriate duration of antibiotic therapy. Pharmacists are experts in medicines and have a key advisory role to play. The over-prescribing of antibiotics can decrease their future effectiveness and lead to antibiotic resistance."

## Ends

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### **Notes to Editors**

Data was collected over a three month period from, November to January 2006, from patients admitted to vascular and gastrointestinal surgery wards. All the patients who were prescribed cefuroxime and metronidazole were identified from the Hospital Information System (HISS) and details of dose, frequency, start and stop dates were recorded. Medical notes were scrutinised for surgical procedure and additional information which would indicate the need for a prolonged course of therapy.

Data was collected from 50 patients who were prescribed cefuroxime and metronidazole during the period of the study. Antibiotic prophylaxis was recommended for all of the surgical procedures (19 in total) included in the study.

The British Pharmaceutical Conference - entitled "[The medicines maze: balancing risks and benefits](#)" - takes place from 10th to 12th September, 2007, at Manchester Central (formerly Manchester International Convention Centre). The theme of BPC 2007 is reflected throughout the programme, with keynote speeches and workshops addressing crucial technical and professional issues that are facing pharmacy today. The conference will showcase the latest developments in pharmaceutical science and practice research and include discussion and debate led by expert speakers.

### **References**

1. British National Formulary and Scottish Intercollegiate Guidelines Network

2. Mohammed F, Holden J, Etherington R. Audit of cefuroxime and metronidazole prophylaxis in general surgery at Sunderland Royal Hospital. *Int J Pharm Pract* 2006;14(2):B115-116.