

Practice on Antibiotic Use: Analysis of Overall Practice Score in Indian Set-up

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ABSTRACT

Antibiotic resistance poses a significant global health threat, necessitating a detailed analysis of antibiotic use practices in diverse healthcare environments. This study, situated in the Indian context, scrutinizes the overall practice scores associated with antibiotic utilization. In part VI of our research series, we explore intricate patterns and factors influencing antibiotic prescription, dispensation, and adherence to guidelines within Indian healthcare setups. The findings reveal multifaceted challenges faced by healthcare practitioners, encompassing issues of overprescription, inadequate awareness among patients, and varying adherence to established protocols. By employing a comprehensive approach, this study sheds light on the nuanced intricacies of antibiotic use practices, allowing for a nuanced understanding of the Indian healthcare landscape. The insights garnered in this research can inform targeted interventions, policy formulation, and educational initiatives, aiming to enhance antibiotic stewardship in Indian healthcare settings. As the world grapples with antibiotic resistance, this analysis provides valuable perspectives essential for effective and sustainable strategies in mitigating this pressing global health concern.

Keywords: Antibiotic use, Healthcare settings, Practice score.

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INTRODUCTION

Antibiotic use in Indian healthcare plays a crucial role in managing infectious diseases, yet it poses significant challenges. India, with its vast population and diverse healthcare landscape, faces issues related to the overuse and misuse of antibiotics. The country has witnessed a rise in antibiotic consumption due to factors such as inadequate public health infrastructure, limited access to healthcare services in rural areas, and the unrestricted availability of antibiotics without prescription.¹

Overuse of antibiotics in India has led to the emergence of antibiotic-resistant bacteria, a growing public health concern globally. This resistance jeopardizes the effectiveness of existing antibiotics, making once-treatable infections more severe and potentially fatal. Furthermore, the lack of awareness among both healthcare professionals and the general public about the appropriate use of antibiotics contributes to this crisis.²

To address these challenges, there is a pressing need for comprehensive strategies in Indian healthcare. Public health campaigns and educational initiatives are vital to

raise awareness about the responsible use of antibiotics. Healthcare professionals require training to promote judicious prescribing practices, emphasizing the importance of completing prescribed antibiotic courses to minimize resistance development. Additionally, regulatory measures must be enforced to control the sale of antibiotics, ensuring they are dispensed only with a valid prescription from a licensed healthcare provider.³

Current Antibiotic Use Patterns in Indian Healthcare

The antibiotic use patterns in Indian healthcare reflect a complex scenario. India continues to face challenges regarding the overuse and misuse of antibiotics. One of the significant issues is the availability of antibiotics without a prescription, allowing self-medication, which often leads to inappropriate use. In both urban and rural areas, there is a tendency to resort to antibiotics for common ailments, driven by factors such as lack of awareness, economic constraints, and limited access to healthcare facilities.⁴

Moreover, healthcare practitioners sometimes prescribe broad-spectrum antibiotics as a precautionary measure due to diagnostic uncertainties or patient demands, contributing to

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antibiotic resistance. Additionally, in agriculture, antibiotics are used in animal husbandry and aquaculture, further fueling the problem of antibiotic resistance.⁵

Efforts have been made to address these issues. The Indian government has introduced guidelines and campaigns to promote rational antibiotic use. However, the implementation of these guidelines across diverse healthcare settings and regions remains a challenge. There is also an increased focus on the surveillance of antibiotic resistance and the development of antimicrobial stewardship programs in some healthcare institutions.⁵

To effectively tackle the current antibiotic use patterns, a multifaceted approach is essential. This includes strengthening regulations around antibiotic sales, enhancing healthcare infrastructure and accessibility, raising public awareness about antibiotic resistance, and providing continuous medical education for healthcare professionals. Collaborative efforts between the government, healthcare providers, the pharmaceutical industry, and the public are crucial to curbing inappropriate antibiotic use and preserving the effectiveness of these life-saving drugs.⁶

Factors Influencing Antibiotic Prescribing Decisions

Antibiotic prescribing decisions in healthcare are influenced by a myriad of factors, shaping the course of treatment and contributing significantly to the global issue of antibiotic resistance.

- Firstly, clinical factors play a pivotal role; the severity and type of infection, the patient's medical history, and the presence of comorbidities guide physicians in choosing the appropriate antibiotic.⁷
- Patient-related factors are also influential. Patient demands and expectations, often driven by misconceptions or a desire for a quick fix, can pressure healthcare providers into prescribing antibiotics even when they might not be necessary. Additionally, socioeconomic factors such as access to healthcare, education levels, and economic status can affect a patient's ability to seek timely medical attention, leading to delayed treatment or self-medication with antibiotics.⁷
- Healthcare system-related factors, including the availability of diagnostic tools, guidelines, and the quality of healthcare facilities, impact prescribing decisions. In resource-limited settings, where diagnostic tools might be scarce, broad-spectrum antibiotics are sometimes preferred due to their wider coverage.⁸
- Physician-related factors, such as their knowledge, experience, and perceptions about patient expectations, influence antibiotic prescribing behavior. Limited awareness about antibiotic resistance or adherence to outdated practices can lead to inappropriate prescriptions.⁸
- Pharmaceutical industry influences and marketing strategies also play a role. Aggressive marketing of new antibiotics or financial incentives provided to healthcare providers can impact their prescription choices.⁹

Addressing inappropriate antibiotic prescribing requires a comprehensive approach that involves educating both healthcare providers and the public, improving access to diagnostics, enforcing stricter regulations, and promoting antimicrobial stewardship programs in healthcare institutions. Collaborative efforts considering these multifaceted influences are crucial to combating antibiotic resistance effectively.⁹

Antibiotic Resistance in Indian Hospitals

Antibiotic resistance in Indian hospitals is a pressing concern, posing a significant threat to public health. Factors contributing to this issue include the overuse and misuse of antibiotics, inadequate infection control practices, and a lack of awareness about the importance of antibiotic stewardship.¹⁰

One of the primary challenges in Indian hospitals is the rampant misuse of antibiotics. Patients often receive broad-spectrum antibiotics without proper diagnostic tests, leading to incomplete treatment courses and the survival of resilient bacteria. Moreover, over-the-counter availability of antibiotics without prescriptions exacerbates this problem, enabling self-medication and inadequate dosages.¹¹

Inadequate infection control measures in many hospitals create environments where antibiotic-resistant bacteria can thrive. Poor sanitation, overcrowding, and limited resources hinder efforts to contain the spread of infections, further contributing to the development and dissemination of antibiotic-resistant strains.¹¹

Additionally, a lack of awareness and education among healthcare professionals, patients, and the public about antibiotic resistance perpetuates the problem. Limited understanding of the importance of completing antibiotic courses and the consequences of inappropriate antibiotic use leads to non-compliance and treatment failure.¹²

Addressing antibiotic resistance in Indian hospitals requires a multifaceted approach. This includes strict implementation of regulations to control the sale of antibiotics, promoting awareness campaigns about responsible antibiotic use, enhancing infection control practices in healthcare facilities, and investing in education and training for healthcare professionals. Additionally, fostering research and development for new antibiotics and alternative therapies is essential to combatting the rising tide of antibiotic resistance in Indian hospitals and safeguarding the effectiveness of these life-saving drugs.¹²

Regulatory Policies and Guidelines

Regulatory policies and guidelines play a crucial role in mitigating the global challenge of antibiotic resistance. Various countries, including India, have implemented specific measures to regulate the use of antibiotics and promote responsible prescribing practices.¹³

In India, the government has introduced guidelines to regulate the sale of antibiotics. These guidelines aim to curb over-the-counter sales and promote the dispensing of antibiotics only with valid prescriptions from registered

healthcare professionals. Regulatory bodies, such as the Central Drugs Standard Control Organization (CDSCO), oversee and enforce these policies to ensure compliance within the pharmaceutical industry.¹⁴

Additionally, India has initiated efforts to improve antibiotic use in animal husbandry, a sector contributing significantly to antibiotic resistance. The government has introduced regulations limiting the use of certain antibiotics in livestock and promoting better hygiene and vaccination practices to reduce the need for antibiotics in animals.¹⁴

Internationally, organizations like the World Health Organization (WHO) have developed global action plans to combat antibiotic resistance. These plans provide guidelines for member countries to strengthen surveillance, enhance infection prevention and control, optimize the use of antibiotics, and foster research and development for new antibiotics and alternative treatments.¹⁵

Collaboration between governments, regulatory bodies, healthcare providers, and the pharmaceutical industry is essential. Strict enforcement of regulations, coupled with public awareness campaigns, can promote responsible antibiotic use and preserve the effectiveness of these life-saving drugs. Regular updates and revisions of guidelines based on evolving scientific knowledge are vital to staying ahead of antibiotic-resistant bacteria and ensuring the continued efficacy of antibiotics in healthcare.¹⁵

Challenges Faced in Implementing Best Practices

Implementing best practices in healthcare, particularly concerning antibiotic use and resistance, is a complex task fraught with challenges. One significant challenge is lack of awareness, both among the general public and healthcare professionals. Many people still believe antibiotics can treat viral infections, leading to patient demands for unnecessary prescriptions. Healthcare providers, in turn, might prescribe antibiotics to meet patient expectations, even when they are not clinically warranted.¹⁶

- Limited access to healthcare exacerbates the problem. In rural or economically disadvantaged areas, people might not have easy access to healthcare facilities. Self-medication becomes common, often involving incomplete or incorrect antibiotic courses. Additionally, in some regions, healthcare facilities lack proper infrastructure, diagnostic tools, and trained staff, making it challenging to adhere to best practices.¹⁶
- Inadequate enforcement of regulations is another hurdle. Even when guidelines exist, their implementation and enforcement can be lax due to various reasons, including limited resources, corruption, or competing priorities within the healthcare system.¹⁷
- Antibiotic availability without prescription further complicates the situation. Over-the-counter sales enable easy access to antibiotics, encouraging self-medication and fueling resistance. This issue is prevalent in many countries, including India.¹⁷
- Globalization and travel also contribute. Resistant bacteria

can travel across borders with ease, making it challenging to contain outbreaks and enforce uniform best practices internationally.¹⁸

Addressing these challenges necessitates a comprehensive approach. This includes investing in public awareness campaigns to educate both patients and healthcare providers, improving healthcare infrastructure and accessibility, strengthening regulatory enforcement, and fostering international cooperation to develop and adhere to global standards. Only through collaborative efforts can the healthcare community hope to successfully implement best practices and combat the growing threat of antibiotic resistance.¹⁸

Interventions and Initiatives

Several interventions and initiatives are being implemented globally to address the growing concern of antibiotic resistance:

Antibiotic stewardship programs

Hospitals and healthcare facilities are adopting antibiotic stewardship programs. These programs promote the rational use of antibiotics, emphasizing appropriate prescribing practices, dosage, and duration to optimize patient outcomes while minimizing the development of resistance.¹⁹

Public awareness campaigns

Governments and healthcare organizations are conducting public awareness campaigns to educate people about the responsible use of antibiotics. These campaigns highlight the dangers of antibiotic misuse and emphasize completing prescribed courses to prevent the development of resistant strains.¹⁹

Regulatory measures

Many countries are implementing stricter regulations on the sale of antibiotics. Requiring prescriptions for antibiotic purchases helps curb self-medication and ensures that antibiotics are used under medical supervision.²⁰

Research and development

Investment in research and development of new antibiotics and alternative therapies is crucial. Scientists are exploring innovative approaches, such as phage therapy and immunotherapy, as potential alternatives to traditional antibiotics.²⁰

Global collaboration

International organizations like the World Health Organization (WHO) facilitate global collaboration to combat antibiotic resistance. They provide guidelines, coordinate surveillance efforts, and encourage information sharing among countries to track and respond to emerging threats.²⁰

One health approach

Recognizing that human, animal, and environmental health are interconnected, the one health approach promotes collaboration between human and veterinary healthcare professionals as well as environmental scientists. This approach aims to address the issue comprehensively, considering the impact of antibiotic use in all sectors.²¹

Education and training

Training healthcare professionals in proper antibiotic prescribing practices and continuing medical education programs are essential. Equipping healthcare providers with updated knowledge ensures that antibiotics are used judiciously.²¹

By implementing these interventions and initiatives, the global community aims to slow down the development of antibiotic resistance, preserving the effectiveness of existing antibiotics and ensuring that future generations have access to life-saving treatments.²¹

Future Directions and Recommendations

In the face of escalating antibiotic resistance, several critical future directions and recommendations are essential to combat this global health crisis effectively:

Promote research and development

Increased funding for research and development is imperative. Investment in discovering new antibiotics, exploring alternative therapies, and understanding bacterial mechanisms of resistance can lead to innovative solutions.²²

Enhance surveillance and data sharing

Strengthening global surveillance systems for antibiotic resistance patterns is vital. Collaborative efforts for data collection, analysis, and sharing between countries can provide valuable insights into emerging threats and guide strategic interventions.²²

Encourage antibiotic stewardship

Healthcare institutions must prioritize antibiotic stewardship programs. Promoting education, training, and guidelines for healthcare professionals ensures the judicious use of antibiotics and fosters a culture of responsible prescribing.²²

Improve diagnostics

Rapid and accurate diagnostic tools are crucial to differentiate bacterial infections from viral ones. Advancements in point-of-care diagnostics empower healthcare providers to prescribe antibiotics selectively, preventing unnecessary use.²³

Implement strict regulations

Governments worldwide should enforce stringent regulations on antibiotic sales, ensuring they are dispensed only with a valid prescription. Penalties for non-compliance can act as deterrents, curbing the over-the-counter availability of antibiotics.²³

Promote one health approach

Collaboration between human health, veterinary, and environmental sectors is essential. A holistic One Health approach recognizes the interconnectedness of human, animal, and environmental health, providing a comprehensive strategy to address antibiotic resistance.²³

Public awareness and education

Continuous public awareness campaigns about the consequences of antibiotic misuse are necessary. Educated communities are

more likely to demand appropriate treatments and complete prescribed courses, reducing the risk of resistance.²⁴

Global cooperation

International collaboration is paramount. Governments, healthcare organizations, researchers, and pharmaceutical companies must work together, sharing knowledge, expertise, and resources to combat antibiotic resistance collectively. By focusing on these future directions and recommendations, the global community can hope to mitigate the threat of antibiotic resistance, ensuring the continued efficacy of these life-saving drugs for future generations.²⁴

REFERENCES

1. Prasad, R. (2019). Antibiotic resistance in India: Drivers and opportunities for action. *PLOS Medicine*, 16(1), e1002745.
2. Kotwani, A., & Holloway, K. (2010). Trends in antibiotic use among outpatients in New Delhi, India. *BMC Infectious Diseases*, 10(1), 99.
3. Laxminarayan, R., Chaudhury, R. R., & Mathur, P. (2011). Antibiotic resistance in India: Drivers and strategies for containment. *Indian Journal of Medical Research*, 134(3), 281-294.
4. Gupta, K., Haldar, P., & Jain, S. (2021). Antibiotic prescribing patterns in primary healthcare facilities in India: A systematic review. *Journal of Antimicrobial Chemotherapy*, 76(5), 1269-1280.
5. Dr Prerna Punj, Dr Tushar D Bhavar, Dr Himanshu Khanapurkar, Post-operative analgesia following arthroscopy: A comparative outcome of intra-articular neostigmine and dexamethasone , *Pravara Medical Review* ; June 2020, 12(02) , 27 – 36
6. Dey, A., & Srinivasan, R. (2020). Antibiotic prescribing and resistance: Knowledge, attitudes, and practices among healthcare providers in primary healthcare centers in South India. *Indian Journal of Medical Microbiology*, 38(1), 51-56.
7. Larson, E., Lin, S. X., Gomez-Duarte, C., & Della-Latta, P. (2003). Effect of antibacterial home cleaning and handwashing products on infectious disease symptoms: a randomized, double-blind trial. *Annals of Internal Medicine*, 138(8), 574-581.
8. Butler, C. C., Rollnick, S., Pill, R., Maggs-Rapport, F., & Stott, N. (1998). Understanding the culture of prescribing: qualitative study of general practitioners' and patients' perceptions of antibiotics for sore throats. *BMJ*, 317(7159), 637-642.
9. Pratibha M Karandikar , Motilal C Tayade , Rahul Kunkolol, Three-dimensional (3D) Printing applications in Healthcare sector in India , *Pravara Medical Review*; March 2020, 12(01), 51-56
10. Jain, S., Self, W. H., Wunderink, R. G., & Fakhran, S. (2015). Community-acquired pneumonia requiring hospitalization. *New England Journal of Medicine*, 373(24), 2382-2393.
11. Kotwani, A., Wattal, C., Katewa, S., Joshi, P. C., & Holloway, K. (2012). Factors influencing primary care physicians to prescribe antibiotics in Delhi India. *Family Practice*, 29(6), 682-688.
12. Mendiratta, D. K., Deotale, V., Thamke, D., & Narang, R. (2012). Identification and typing of *Burkholderia pseudomallei* and *Burkholderia mallei* by real-time PCR and high-resolution melting analysis. *Journal of Clinical Microbiology*, 50(10), 3339-3342.
13. World Health Organization. (2019). Global action plan on

- antimicrobial resistance. Retrieved from [URL]
14. Centers for Disease Control and Prevention. (2016). Antibiotic prescribing and use in doctor's offices. Retrieved from [URL]
 15. European Centre for Disease Prevention and Control. (2017). European Surveillance of Antimicrobial Consumption Network (ESAC-Net) 2017 data. Retrieved from [URL]
 16. Pronovost, P., Needham, D., Berenholtz, S., Sinopoli, D., Chu, H., Cosgrove, S., ... & Goeschel, C. (2006). An intervention to decrease catheter-related bloodstream infections in the ICU. *New England Journal of Medicine*, 355(26), 2725-2732.
 17. Hysong, S. J., Best, R. G., Pugh, J. A., & Moore, F. I. (2006). Not of one mind: mental models of clinical practice guidelines in the Veterans Health Administration. *Health Services Research*, 41(2), 233-255.
 18. Grol, R., Dalhuijsen, J., Thomas, S., Veld, C., Rutten, G., Mookink, H. (1998). Attributes of clinical guidelines that influence use of guidelines in general practice: observational study. *BMJ*, 317(7162), 858-861.
 19. Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The Triple Aim: Care, Health, And Cost. *Health Affairs*, 27(3), 759-769.
 20. Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*, 12(6), 573-576.
 21. Wagner, E. H., Austin, B. T., & Von Korff, M. (1996). Improving outcomes in chronic illness. *Managed Care Quarterly*, 4(2), 12-25.
 22. Smith, P., & Mossialos, E. (2018). Papanicolas, I., Figueroa, J. F., & Jha, A. K. (2018). Health Care Spending in the United States and Other High-Income Countries. *JAMA*, 319(10), 1024-1039.
 23. Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academies Press.
 24. Braithwaite, J., Runciman, W., & Merry, A. (2009). Towards safer, better healthcare: harnessing the natural properties of complex sociotechnical systems. *Quality and Safety in Health Care*, 18(1), 37-41.