



ANALYSIS OF ANTIBIOTIC PRESCRIPTION PRACTICES IN OUTPATIENT SETTINGS: DEVELOPING AN INNOVATIVE TOOL

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Drivers of emergence and spread of AMR

Exposure to antibiotics



Emergence of AMR



Consumption data:
aggregated antibiotic volumes
Granular data:
facility/patient level data

ATC/DDD methodology at import/
production and distribution



Aims and Objectives

- ❑ Interventions relating to antibiotic use typically focus on the prescriber, dispenser or end user
 - ⇒but there are few protocols that can assess use at this level
- ❑ The task was to COLLECT AND ANALYZE data using a tool assessing several metrics to facilitate use for more than one purpose
 - ⇒ Assessment/monitoring
 - ⇒ Problem identification and investigation
 - ⇒ Intervention design



Assessment of Prescribing patterns

- ❑ For outpatient settings, only “traditional” surveys methods like
 - ⇒ **WHO Drug Indicator Survey (DIS):** indicating the **volume of use** (% of prescriptions with one or more antibiotics)
 - ⇒ **Medicine Use Evaluation:** assessing the **(appropriate) use** of a particular antibiotic



Drug Indicator Survey

No.	Description					
	Average number of medicines/patient	3.5	2.8	3	2.6	2.3
	% of medicines prescribed by generic name	76%	98%	67%	78.4%	98%
	% of patients with one or more antibiotics	79%	86%	75%	62%	69%
	% of patients with one or more injections	12%	16%	6%	1%	40%
	% of medicines being antibiotics	44%	41%	31%	36.7%	38%
	% of prescribed medicines not in UCG/EMHSL	12%	0.2%	7%	2.3%	3%



OPD Antibiotic Survey: Methodology

Sample frame: the pts on antibiotics from a DIS (or another sample of OPD pts with Antibiotics)

⇒ 100/200 pts to make it simple

Raw data: serial No, age, gender, diagnosis (all), treatment (all)

Simple analysis on excel file:

⇒ Indication for antibiotic (bacterial infection diagnosis)? Yes or No

⇒ Class of antibiotics

⇒ Oral VS injectable

⇒ Correct antibiotic for diagnosis as per UCG

⇒ Distribution of diagnosis and of antibiotics



Does Dx require Abx?

Antibiotic prescribed

Adherence to guidelines

Tallies of Antibiotics

Diagnosis

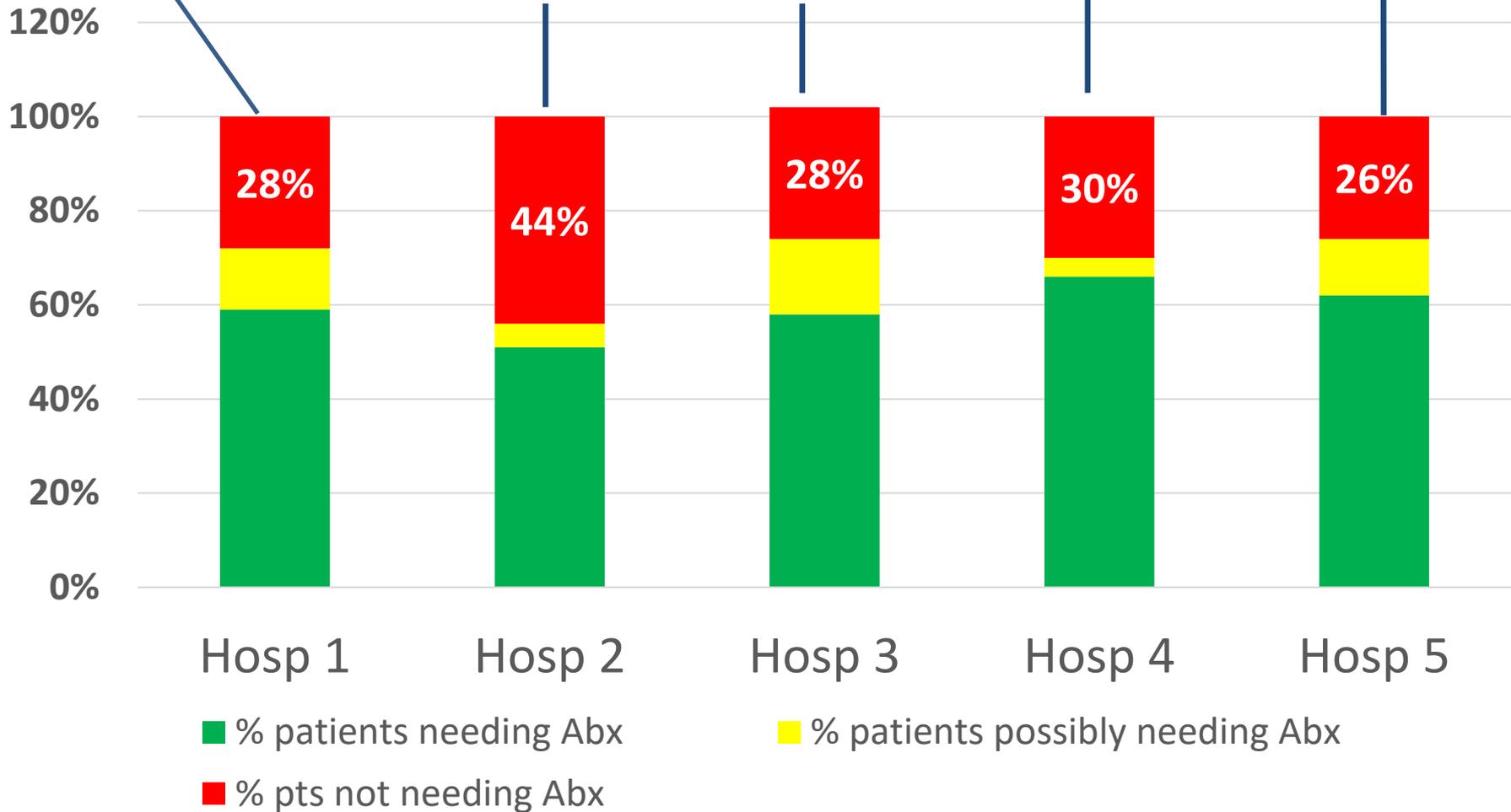
No	Client	OPD No	Month	Age	Sex	Diagnosis	Requiring Antibiotic YES or NO	Antibiotics Prescribed	Adherence to UCG 2016	Number of Abx prescribed	Other Medicines	Amoxyl	Metro	Levofloxacin	Ampiclox	Pen-v	Cotrimoxazole	Ciprofloxacin	Ampicillin	Secnidazole	Azithromycin	Erythromycin
1	AH	219	Oct	39	F	Abscess	Yes	Ampiclox	1	1	panadol	0	0	0	1	0	0	0	0	0	0	0
2	AJM	224		55	F	PID	Yes	Amoxyl	N	1	ibuprofen	1	0	0	0	0	0	0	0	0	0	0
3	AG	231		24	F	UTI	Yes	Cipro	N	1	panadol	0	0	0	0	0	0	1	0	0	0	0
4	AA	236		49	F	PUD/Brucellosis	Yes	Amoxyl, Gentamycin	N	2	omeprazole, panadol	1	0	0	0	0	0	0	0	0	0	0
5	AM	240		70	F	Mal/PUD	Not sure	Amoxyl, metro	N	2	omeprazole, panadol	1	1	0	0	0	0	0	0	0	0	0
6	AE	245		17	F	Malaria	No	Amoxyl	N	1	panadol	1	0	0	0	0	0	0	0	0	0	0
7	AP	250		73	F	UTI, Mal	Yes	Cipro	N	1	panadol, coartem	0	0	0	0	0	0	1	0	0	0	0
8	AR	255		41	F	UTI	Yes	Erythro	N	1	panadol	0	0	0	0	0	0	0	0	0	0	1
9	AN	260		40	F	PUD	Not sure	Taxime	N	1	panadol	0	0	0	0	0	0	0	0	0	0	0
10	AD	265		30	F	Arthritis	yes	Ampiclox	N	1	Vit B.C, Dexta, Panadol	0	0	0	1	0	0	0	0	0	0	0

Patient Bio data



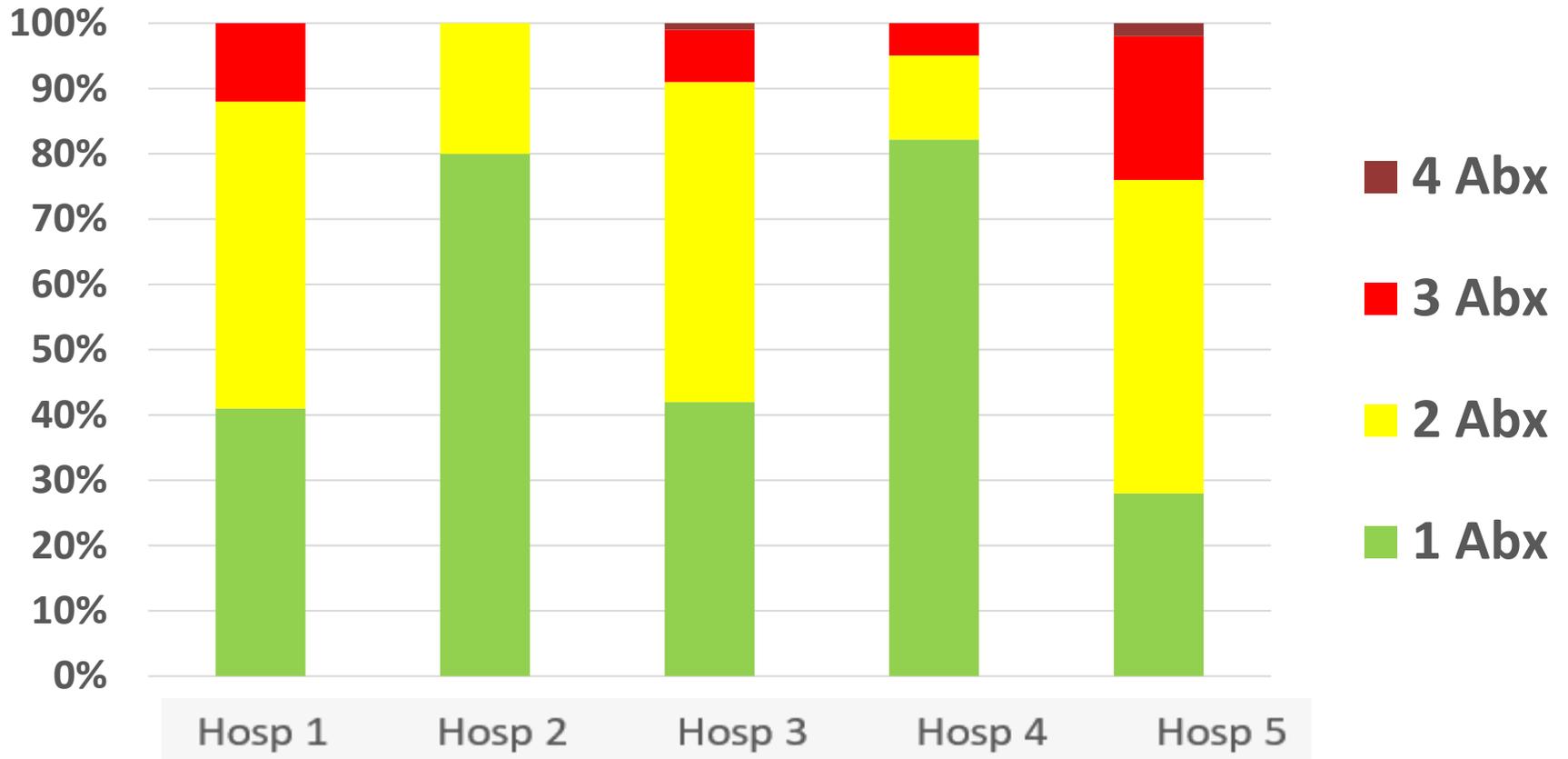
Dx justifying (or not) Abx use

Upper respiratory tract infections, malaria, diarrhoea, non infective diagnosis , fungal infections...





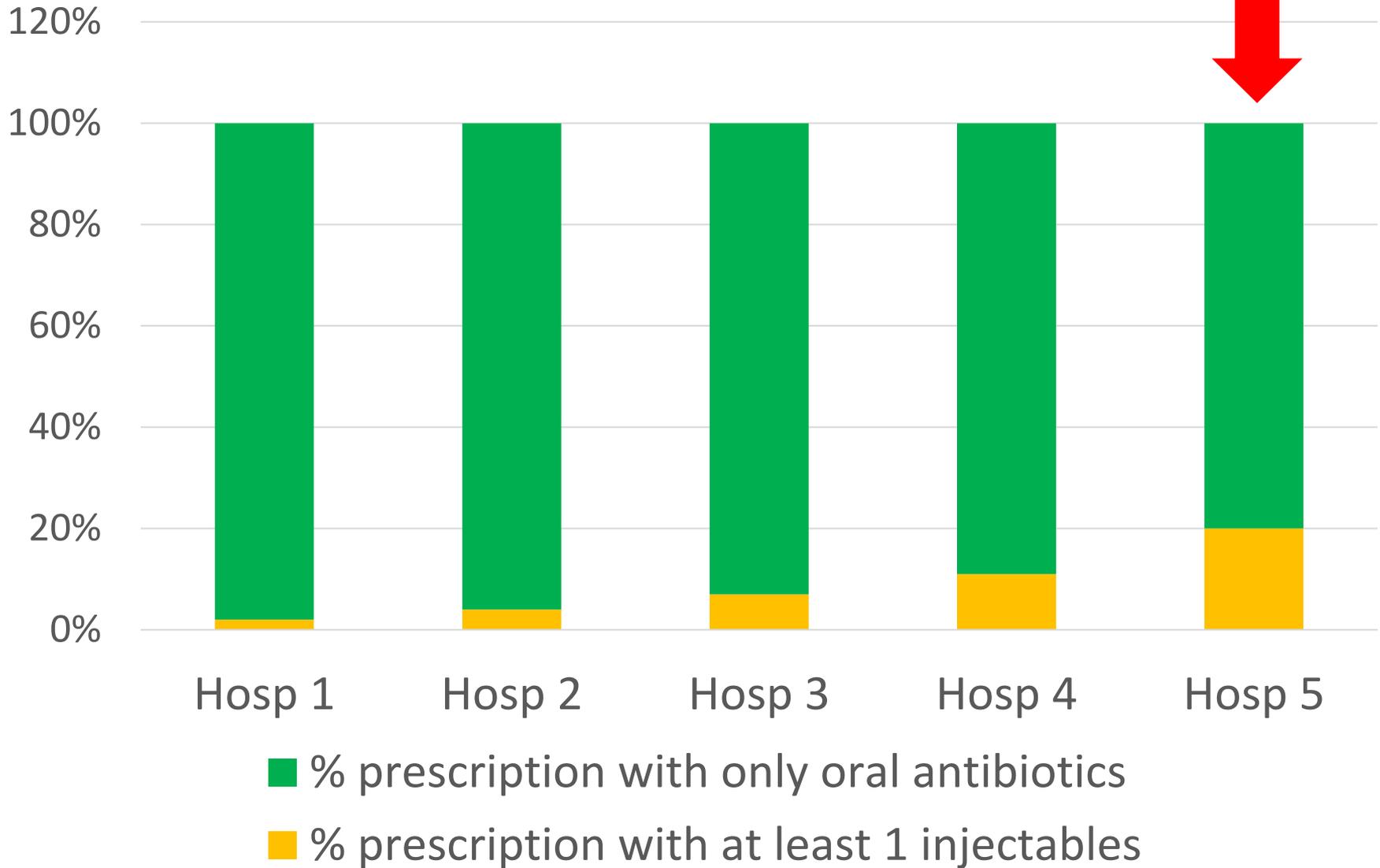
Number of Antibiotics per Prescription



To be interpreted according to common diagnosis

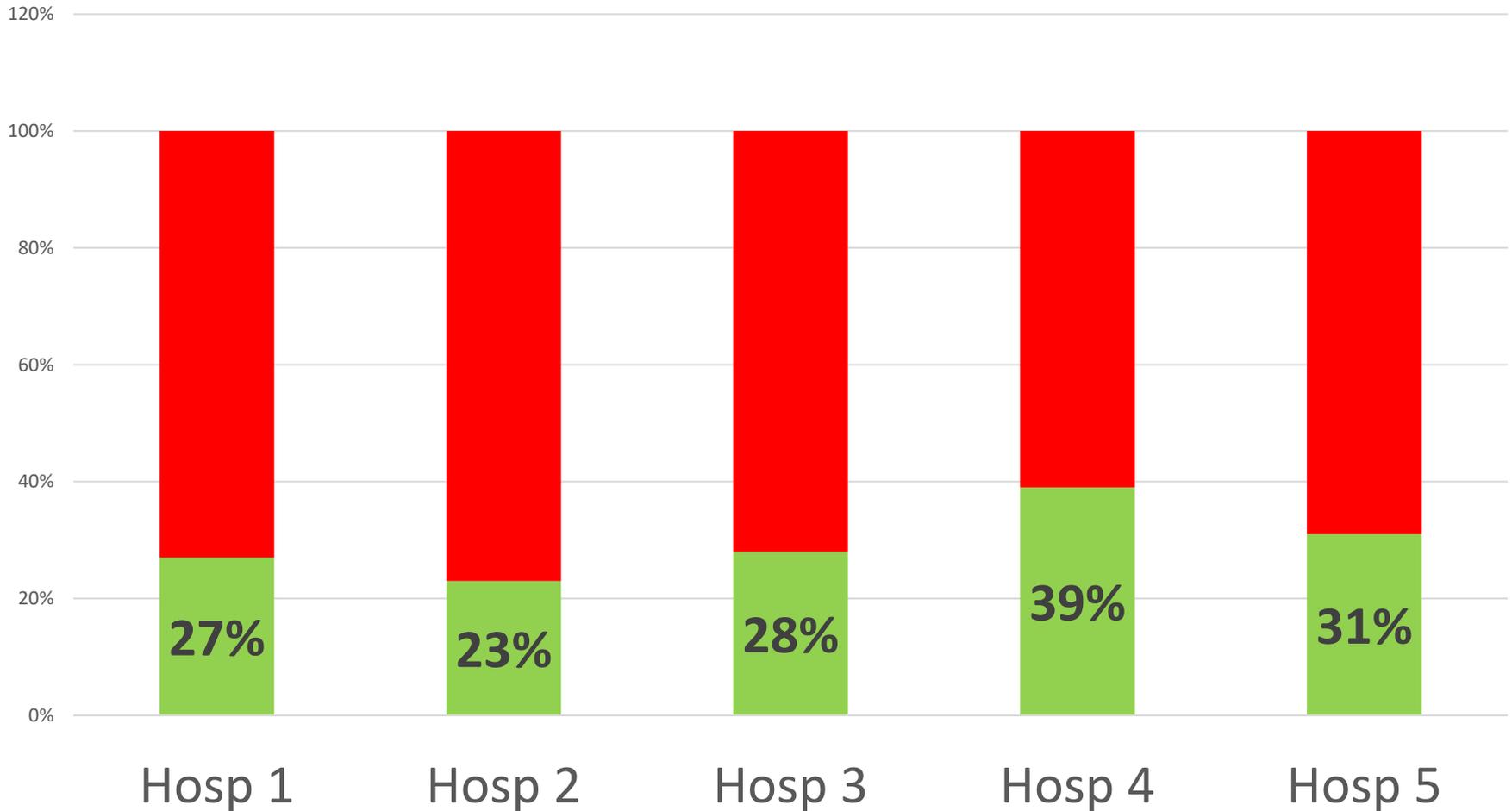


Percentage OPD pts with injectable Abx





Adherence to Clinical Guidelines



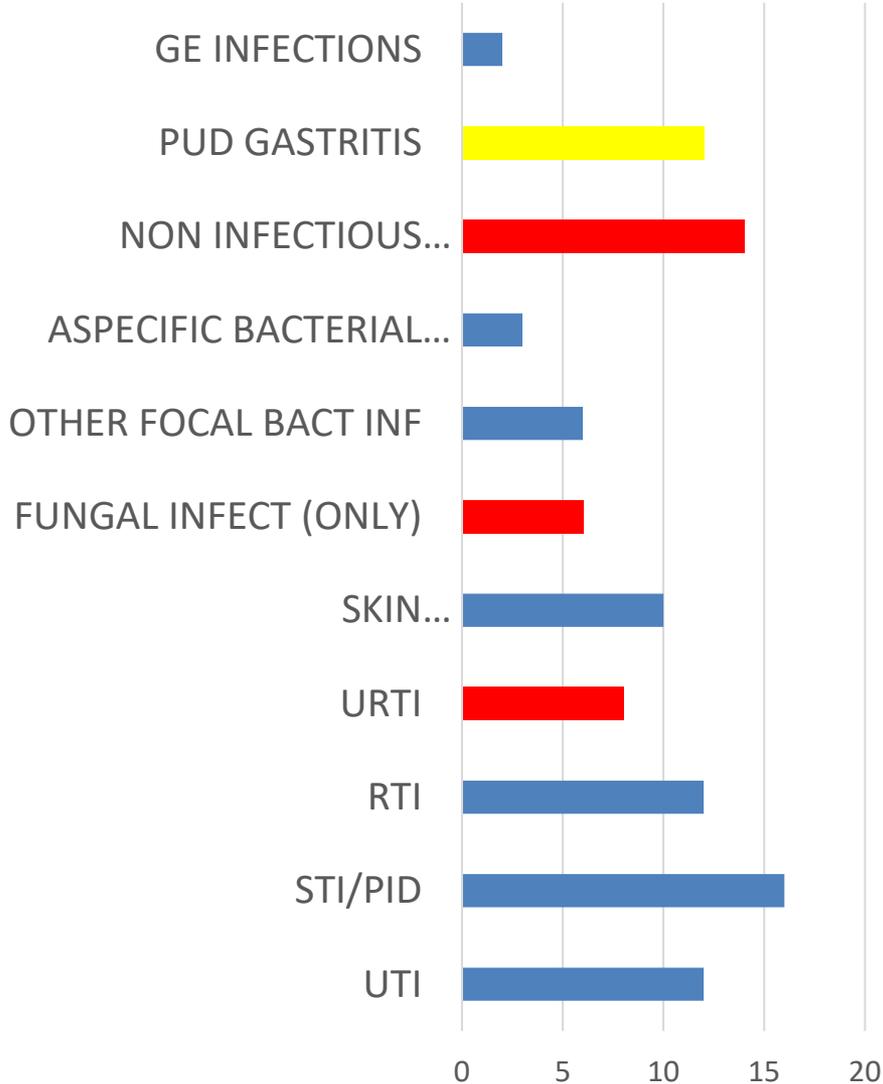
■ Pts not treated according to guidelines

■ Pts treated according to guidelines

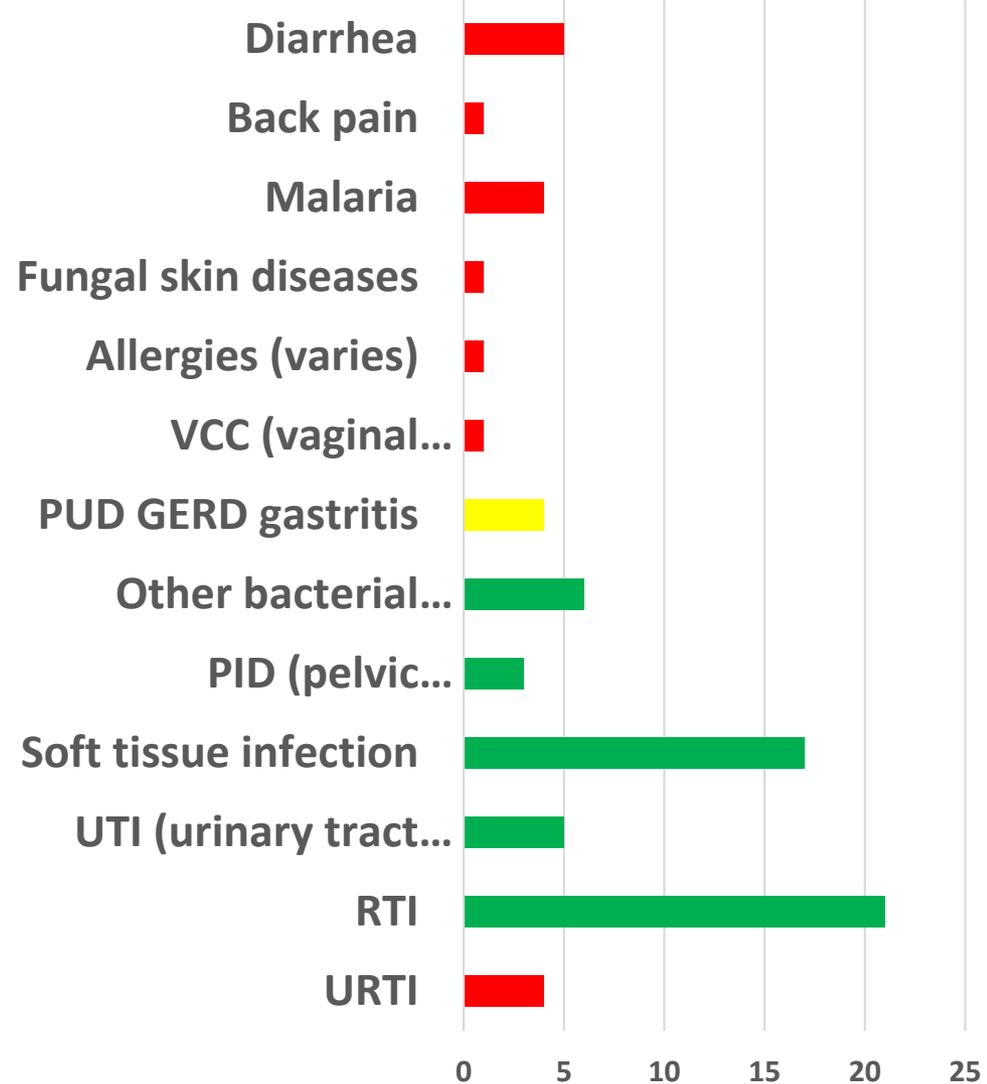


Most Common Diagnoses at OPD

Hospital 1



Hospital 4

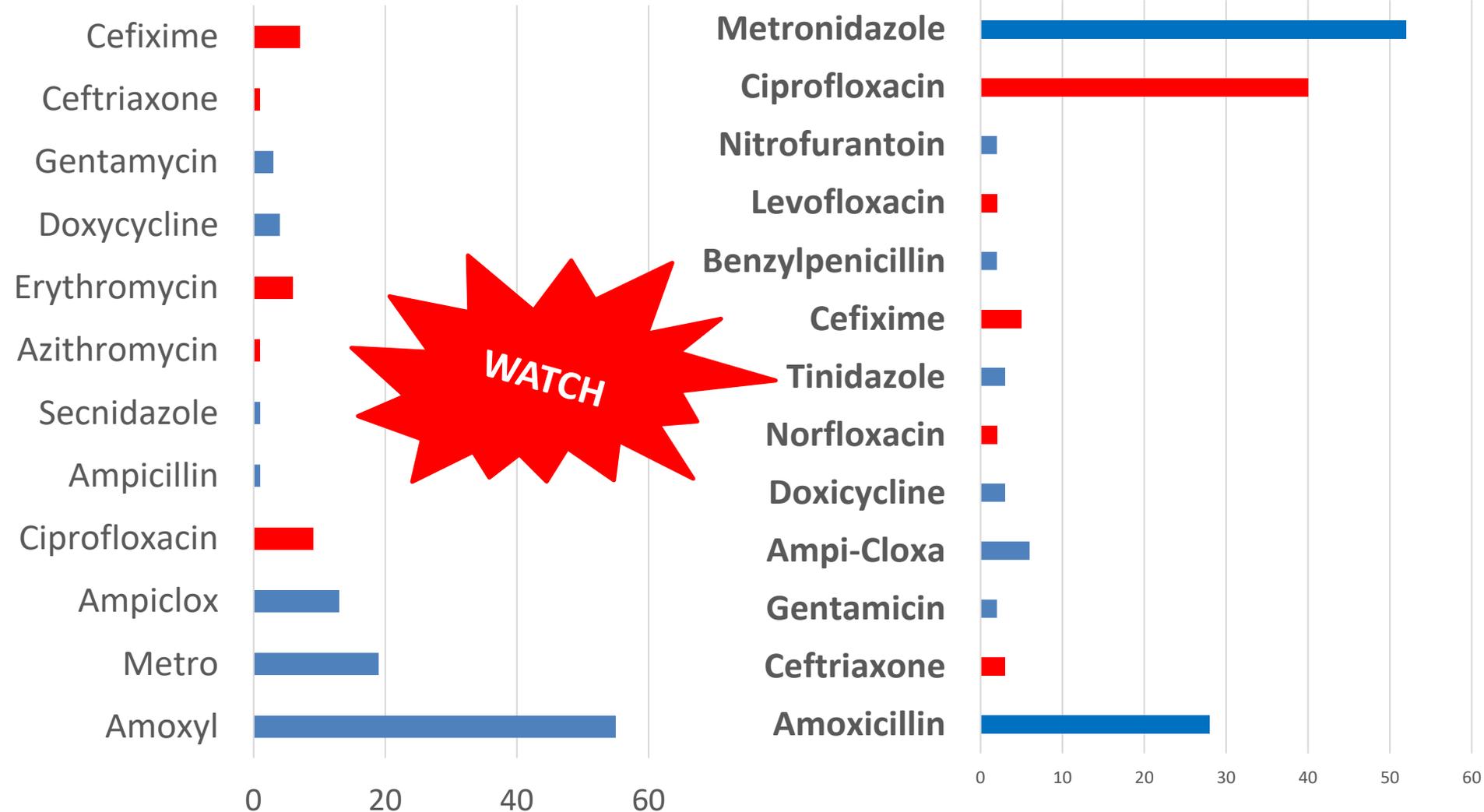




Most commonly prescribed Abx

Hospital 2

Hospital 3

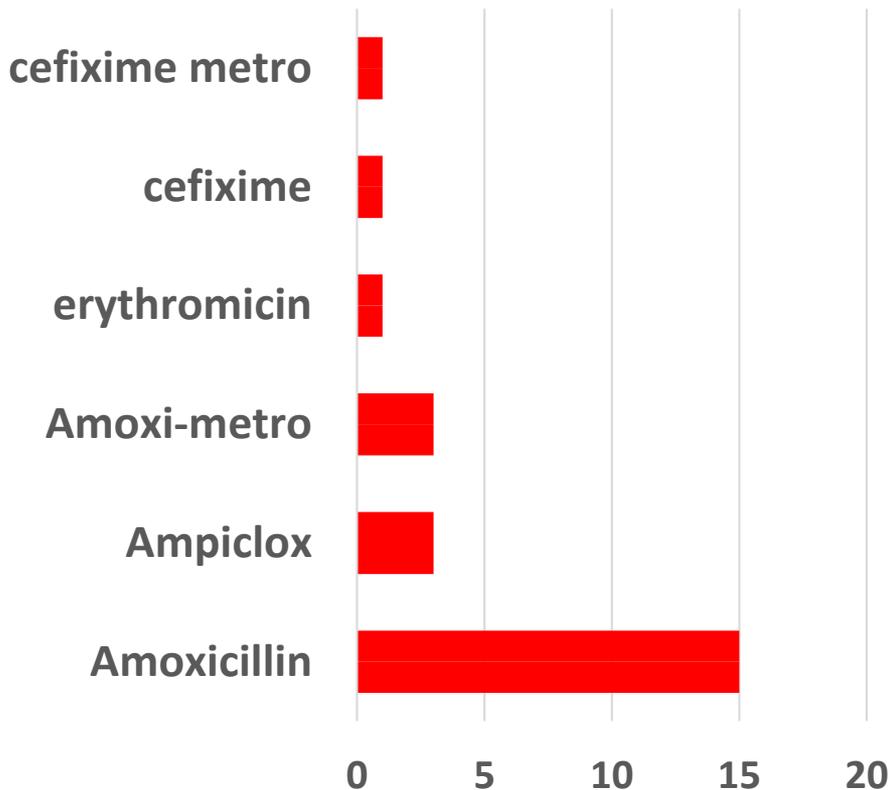




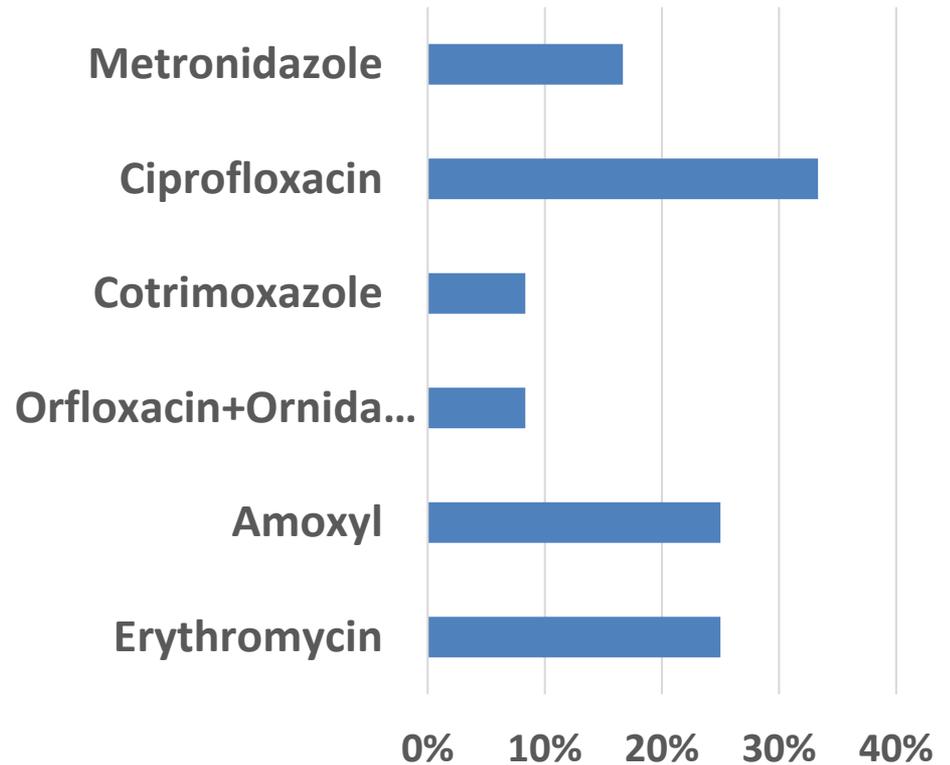
Prescription Audits

- ❑ What Antibiotics are prescribed for a particular diagnosis?

URTI prescription audit



LRTI/RTI Prescription Audit

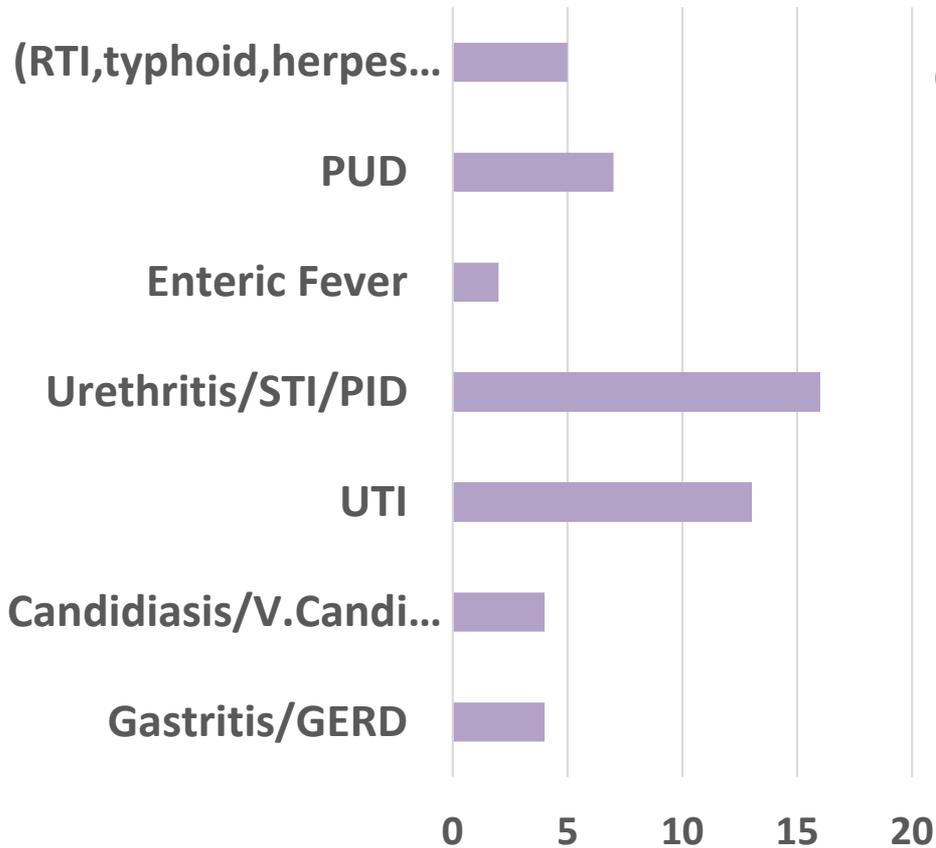




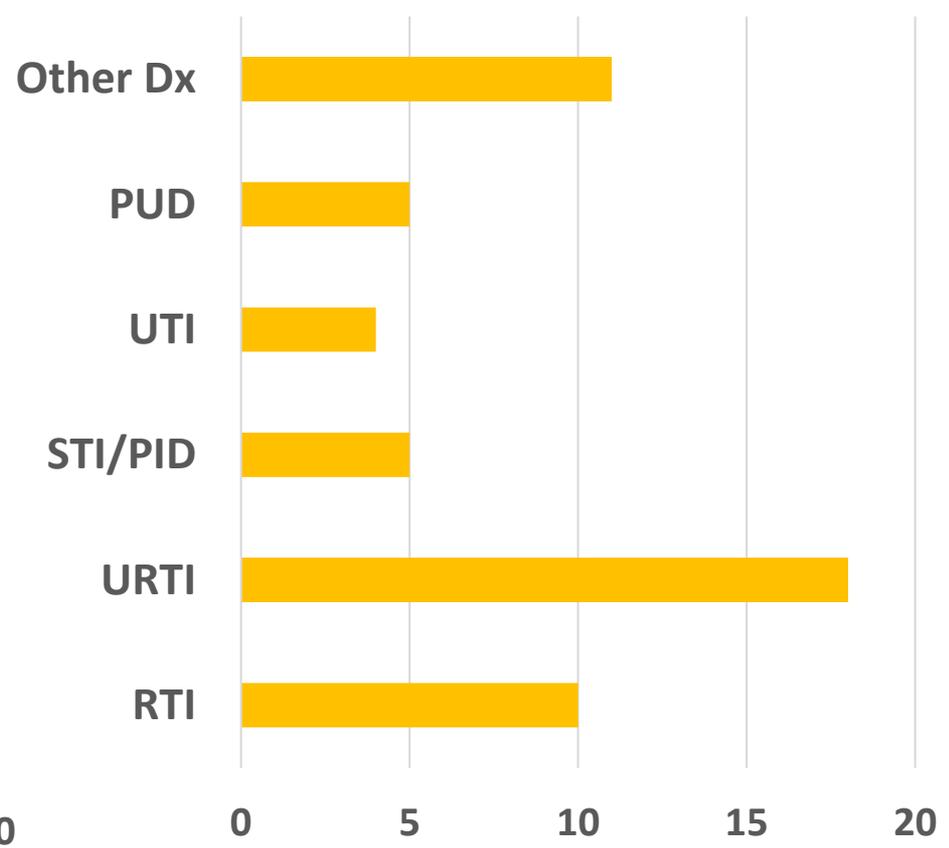
Medicine Use Evaluation

❑ For what diagnosis is a particular Antibiotic prescribed

METRONIDAZOLE MUE



AMOXICILLIN MUE





Benefits

- Allows for rapid assessment of multiple quality indicators (**volume and use**) at one time and on one sample.
- Allows for analysis of prescribing practices and giving feedback to policy makers, managers and prescribers
- Provides evidence of prescribing issues and thus guiding interventions
- Allows for monitoring and assessment of the impact of corrective interventions
- Antibiotics of importance can be identified and collated with resistance data
- A simple tool requiring basic skills in excel



Limitations

- ❑ The survey relies on retrospective data...
- ❑ The data source, OPD Registers, are bulky. Extracting the data may limit its use to cross sectional surveys rather than routine surveillance
- ❑ The tool does not take into account differences in supply chain; prescriptions may be limited to what is available as opposed to what is appropriate
- ❑ Does not produce DDD metrics
- ❑ Analysis not yet standardized



Lessons and recommendations

- ❑ Recognized that the data sources are available at facility level:
 - ⇒ Stock cards for volume metrics
 - ⇒ OPD Patient Registers for both volume and prescribing patterns (use)

- ❑ Need to provide practical and simple tools for data collection, analysis and interpretation
 - ⇒ Further work to standardize tool



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