

Risk of antibiotic overuse in aged care settings

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Antibiotics are being overused in residential aged care facilities (RACFs), and more integrated efforts to improve antibiotic prescribing practices need to be introduced, researchers say.

The study, published in the *Medical Journal of Australia*, by Monash University researchers found important workflow and culture-related issues that could contribute to [overuse of antibiotics](#) in these facilities. Therefore, special attention and guidelines beyond those used in acute-care settings are warranted.

Dr David Kong, Centre for Medicine Use and Safety, said that the widespread and inappropriate antibiotic use in RACFs had been reported, and was especially concerning given emerging evidence of [antibiotic resistance](#) in these settings.

"Older people are particularly susceptible to the adverse consequences of antibiotic use, and it is important we look at ways to optimise the use of antibiotics," Dr Kong said.

The study found a number of workflow-related issues in antibiotic prescribing in RACFs, such as a lack of onsite medical doctors and pharmacy supports, nurse-led antibiotic prescribing, and no institutional policy for antibiotic use.

"We found that antibiotics were commonly prescribed over the phone, which wasn't always followed up with an on-site review, and most visiting GPs tended to prescribe antibiotics early rather than 'waiting and observing'," Dr Kong said.

"We also found there were mixed opinions on nurse-driven infection management, ranging from GPs with confidence in the nursing assessment to perceiving pressure from nurses to prescribe antibiotics. Nurses themselves reporting lack of knowledge on antibiotic prescribing and quite a number of nurses felt their responsibility in infection management overwhelming.

"Decisions for [antibiotic prescribing](#) are often difficult considering the frailty of elderly patients and many of those with behavioural problems or cognitive deficits. Further, there were often unrealistic expectations from family members to prescribe [antibiotics](#) for minor symptoms or to avert hospitalisation."

Dr Kong said the findings reflected the need for initiatives to optimise

antibiotic use in residential aged [care facilities](#), and the next phase was to look at how to collectively improve antibiotic use.

"This could include further education and training, and introduction of evidence-based guidelines specific to the RACF setting."

More information: "Antibiotic prescribing practice in residential aged care facilities—health care providers' perspectives." Ching Jou Lim, Megan W-L Kwong, Rhonda L Stuart, Kirsty L Busing, N Deborah Friedman, Noleen J Bennett, Allen C Cheng, Anton Peleg, Caroline Marshall and David C M Kong, *Med J Aust* 2014; 201 (2): 101-105. [DOI: 10.5694/mja13.00102](https://doi.org/10.5694/mja13.00102)

Provided by Monash University

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