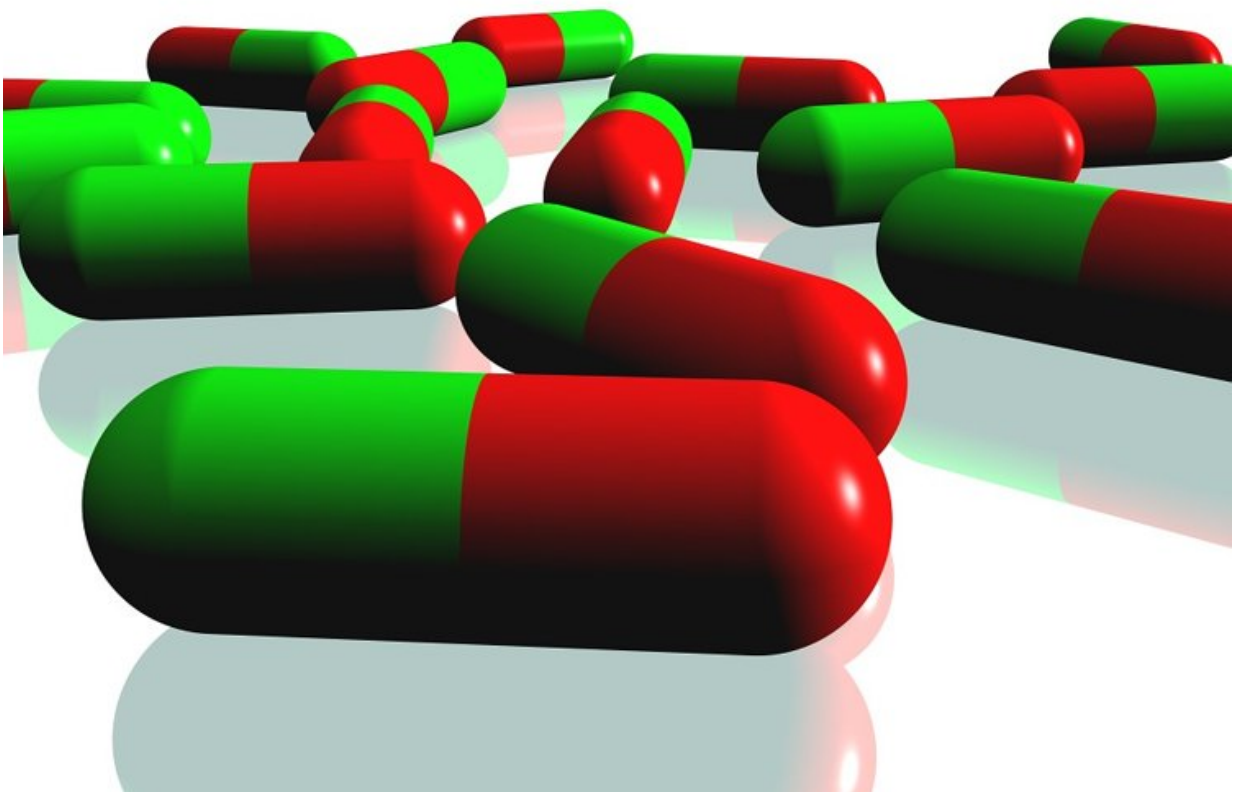


Don't say yes to antibiotics too quickly

December 6 2016, by Janneke Van Den Elshout



Credit: University of Twente

Please be aware of antibiotic resistance, stresses researcher Nienke Beerlage from the University of Twente. "Think along with your doctor and do not allow yourself to be fobbed off immediately with antibiotics."

In 2050, more people will die through a lack of resistance to infections than from all forms of cancer combined. Beerlage makes an appeal to everyone, "Don't say yes to antibiotics too quickly." Nienke Beerlage recently obtained a doctoral degree on this subject at the University of Twente and is now continuing her work in post-doctoral research. "We must be careful that an ear infection, for example, will not become life-threatening in the future."

The discovery of antibiotics midway through the last century was a breakthrough in combating bacterial infectious diseases. By now, the euphoria surrounding this wonder drug is over. The bacteria have become resistant to these medicines as a result of excessive and inappropriate use on humans and animals. The global spread of multi-resistant bacteria is making everyone face the facts anew. Antibiotic resistance is seen as one of the biggest problems for 21st century healthcare.

Consequences not immediately visible

Beerlage: "Many of the measures taken to combat this problem – such as Antibiotic Stewardship Programs (ASPs) - require changes in behaviour and attitude among care providers and patients. This is not easy, because the negative consequences of negligence or careless behaviour are not immediately visible, there are few incentives to change behaviour and individual healthcare providers are not always aware of how they themselves may be contributing to the problem."

Ask for a culture examination

Antibiotic resistance is becoming a deeply ingrained problem in our society. Antibiotics encompass a broad spectrum and it is an inexpensive medicine. "So do not immediately start demanding this medicine for a

cold or flu. If we have an infection in our body, a blood test should be performed first and then a culture examination (from blood, urine, stool or sputum). Medication can only be tailored and prescribed to meet the actual need after the real cause has been ascertained and known by doctor and patient alike. However, this approach takes time and is more expensive; insurance companies in particular aren't keen on the idea."

Behavioural change through eHealth deployment

eHealth technology is very promising for dealing with this problem. The CeHRes Roadmap provides a framework for the development of such technology. Attention should not only be focused on the technology itself, but also on its users (e.g. doctors) and the place (e.g. nursing homes). The eHealth technology stimulates and motivates users to change behaviour and attitudes.

Doctoral research

The research in this thesis was conducted by the Centre for eHealth and Wellbeing Research at the University of Twente within the INTERREG IVa EurSafety Health-net project. This cross-border project aims to improve patient safety by combating healthcare-related infections and through the prevention of [antibiotic resistance](#). The doctoral thesis shows how a participatory development process and the persuasive design of eHealth technology can contribute to the success of ASPs. A method is also described and evaluated to measure the perceived persuasiveness of eHealth technology: the Perceived Persuasiveness Questionnaire.

Provided by University of Twente

Citation: Don't say yes to antibiotics too quickly (2016, December 6) retrieved 25 April 2024

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