

ANTIBIOTICS PRESCRIBING PRACTICES IN PRIMARY HEALTH CARE FACILITIES IN GABORONE, BOTSWANA

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Introduction

- WHO defines rational use of medicines as:
- ***“Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, at the lowest cost to them and their community”***
- Irrational use of drugs is still a challenge more so in developing countries

Irrational use of medicines and effects

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□ **Irrational use:**

- Polypharmacy
- Inappropriate antibiotics prescriptions
- Incorrect dosage
- Injections vs oral
- Prescription contravening good clinical practices

□ **Consequences**

- Increased rate of antimicrobial resistance (AMR)
- Morbidity
- Mortality
- Costs

WHO & INRUD initiatives

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□ **Indicators for:**

- Prescribing practices
- Patient care indicators
- Facility specific indicators

□ **WHO Good practice:**

- < 2 drugs/encounter
- 100% prescription by INN

□ **Practice average:**

- Increasing trend from 2.4 to 3.5
- 2.6 in Africa

Antibiotics prescribing trends

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- Antibiotics prescribed for self-limiting conditions predominantly viral (URTI, diarrhoeas)
- About 50% antibiotics prescribed inappropriately
- High prescribing rates ranging between 22 and 58% reported in Africa
- **This is therefore concerning because AMR has been associated with antibiotics usage in communities**

Study objective

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- Assess current drug prescribing practices in PHC facilities in Gaborone, South East and Kweneng districts

Methods

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- **Design:**
 - ▣ Retrospective cross-sectional data collection from patient's records (January – December 2013)
- **Target site:**
 - ▣ Primary Health Care facilities
- **Sample size:**
 - ▣ All 20 clinics were included in the study
 - ▣ At least 30 prescriptions collected from each facility
 - ▣ Data from 19 clinics was collected and analysed using the WHO/DAP (1993) indicator guidelines

Data collection and analysis

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- Data was collected by trained RAs under supervision
- Crude prescribing rates were assessed against WHO/ INRUD criteria
- Quality of antibiotic prescribing were assessed against the Botswana Essential Drug List, Botswana Treatment Guidelines 2012 and EU recommendations

Quality against EU recommendations

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- Utilisation of penicillin (J01C) as % of total antibiotic use
- Utilisation of combination penicillin (e.g. co-amoxiclav) as % of total amoxicillin use
- Utilisation of 3rd and 4th generation cephalosporins versus 1st and 2nd generation cephalosporins
- Utilisation of fluoroquinolones (J01MA) as % of total antibiotic use

Ethical consideration

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- Ethical clearance: UB – IRB (Ref. URB/IRB/1506)
- Permit: Ministry of Health and Wellness (Ref. PME.13/18/87)
- Access to health facilities: DHMT Ref: GGDHMT/14/2/i dated 28th November 2014
- The identity of the clinics were protected by keeping them anonymous and assigned coded numbers.

Results

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- Data was collected from 19 clinics
- Total prescriptions were 570
- 550 prescriptions were analysed
- 20 were excluded
 - ▣ 7 were attending ANC
 - ▣ 6 visited for counselling
 - ▣ 7 visited for HIV testing

Prescribing practices against documented indicators

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| Prescription practices | N | % |
|--|----------|----------|
| Total number of prescriptions analysed | 550 | |
| Total number of drugs prescribed | 1551 | |
| Average drugs/prescription | 2.8 | |
| Prescriptions with generic (INN) names | 1219 | 78.6 |
| Total antibiotics encounters | 235 | 42.7 |
| Medicines from EDL | 1490 | 96.1 |

Prescriptions with antibiotics

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- 235 patient encounters
- 306 antibiotics prescribed
 - ▣ 17 were topical applications (13 Chloramphenicol ointments, 3 Tetracycline ointments and one gentamicin ointment prescription).
- Systemic antibiotics (J01) were the most commonly prescribed
- 45.4% were beta-lactam antibiotics (J01C)
- Amoxicillin was commonly prescribed (28.4%) followed by metronidazole (14.4%)

Prescribed antibiotics

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- 235 patient encounters
- 306 antibiotics prescribed
 - ▣ 17 were topical applications (13 Chloramphenicol ointments, 3 Tetracycline ointments and one gentamicin ointment prescription).
- Systemic antibiotics (J01) were most prescribed
- Beta-lactam (J01C) accounted for 45.4%
- Amoxicillin accounted for 28.4%
- 14.4% were Metronidazole
- Cotrimoxazole (sulphamethoxazole + tromethopim) 9.2%
- 3rd generation cephalosporin (ceftriaxone) 9.8%
- Macrolides (erythromycin) 6.2%
- No fluoroquinolones (J01MA) were prescribed.

Antibiotics prescribed

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| Antibiotic | ATC classification | N | % |
|--|---------------------------|------------|------------|
| Amoxicillin | J01CA04 | 87 | 28.4 |
| Ampicillin | J01CA01 | 3 | 1.0 |
| Augmentin | J01CR02 | 1 | 0.3 |
| Bactrim (Cotrimoxazole) | J01EE01 | 28 | 9.2 |
| Benzathine Penicillin (Retarpen) | J01CE08 | 13 | 4.2 |
| Ceftriaxone | J01DD54 | 30 | 9.8 |
| Chloramphenicol caps | S01A01 | 3 | 1.0 |
| Chloramphenicol ointment | S01AA01 | 13 | 4.2 |
| Cloxacillin | J01CF02 | 21 | 6.9 |
| Doxycycline | J01AA02 | 23 | 7.5 |
| Erythromycin | J01FA01 | 19 | 6.2 |
| Gentamicin | J01GB03 | 2 | 0.7 |
| Metronidazole(Imidazole derivative) | J01XD01 | 44 | 14.4 |
| Nitrofurantoin (Nitrofuran derivative) | J01XE | 1 | 0.3 |
| Penicillin V | J01CE02 | 13 | 4.2 |
| Tetracycline ointment | S01AA | 3 | 1.0 |
| Crystalline Penicillin | J01CE01 | 1 | 0.3 |
| Gentamicin ointment | S01AA | 1 | 0.3 |
| Total | | 306 | 100 |

Indications for antibiotic prescriptions

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- Most diagnoses based on signs and symptoms
 - ▣ 69 diagnoses had antibiotic prescribed
- 60 prescriptions compliant with ICD (2017)
- Diarrhoea was commonest indication for antibiotic
- 9 prescriptions were non-specific
- Cough, vaginal discharge and sexually transmitted infections were most commonly indicated for antibiotic prescriptions in that order

Indications for more than one antibiotic per prescription

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| Amoxicillin | | | | Metronidazole | | | Cough | Chest pain |
|-----------------------|-----------------|---------------|----------------|--------------------|-----------------------|-----------|-------|------------|
| Amoxicillin | Gentamicin | | | Ear sores | | Ear drops | | |
| Amoxicillin | Metronidazole | | | Agonist | Headache | | | |
| Amoxicillin | Metronidazole | Retarpan | | Pharyngitis | Swollen jaw | | | |
| Amoxicillin | Clarithromycin | | | Post SMC wound | | | | |
| Amoxicillin | Clarithromycin | | | Cough | Eye watering | | | |
| Amoxicillin | Metronidazole | | | Abcess | | | | |
| Amoxicillin | Ceftriaxone | | | VDS | | | | |
| Amoxicillin | Metronidazole | | | Dental caries | | | | |
| Augmentin | Doxycycline | | | Pelvic pain | Pleural thickening | | | |
| Benzathine Penicillin | Doxycycline | Metronidazole | Ceftriaxone | VDS contact | | | | |
| Benzathine Penicillin | Ceftriaxone | | | GOD | | | | |
| Benzathine Penicillin | Penicillin V | | | Tonsillitis | | | | |
| Benzathine Penicillin | Amoxicillin | | | Sputum | | | | |
| Benzathine Penicillin | Amoxicillin | | | NIL | | | | |
| Benzathine Penicillin | Amoxicillin | | | Bacterial exudate | | | | |
| Ceftriaxone | Metronidazole | Doxycycline | | VDS | | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | PV discharge | | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | VDS | | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | Penile rash | | | | |
| Ceftriaxone | Metronidazole | | | Abdominal pain | | | | |
| Ceftriaxone | Doxycycline | | | Urethral discharge | | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | Pelvic pain | Vaginal discharge | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | PV discharge | | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | STI discharge | | | | |
| Ceftriaxone | Erythromycin | | | VDS | Gynaecological pelvis | | | |
| Ceftriaxone | Doxycycline | Metronidazole | | VDS | VRT | | | |
| Ceftriaxone | Clarithromycin | Metronidazole | Doxycycline | PV discharge | | | | |
| Ceftriaxone | Metronidazole | Erythromycin | | Pregnant masses | | | | |
| Ceftriaxone | Erythromycin | Metronidazole | Clarithromycin | PV discharge | Dysuria | | | |
| Ceftriaxone | Doxycycline | | | Urethral discharge | | | | |
| Cloxacillin | Bacitracin | | | Abcess | | | | |
| Clarithromycin | Ceftriaxone | Doxycycline | Metronidazole | PID | | | | |
| Doxycycline | Ceftriaxone | | | Otitis | | | | |
| Doxycycline | Metronidazole | | | STI contact | | | | |
| Doxycycline | Metronidazole | | | STI contact | | | | |
| Doxycycline | Ceftriaxone | Metronidazole | | Vaginal discharge | | | | |
| Gentamicin | Chloramphenicol | | | Dyspareunia | Chest pain | | | |
| Metronidazole | Ceftriaxone | Erythromycin | | Vaginal discharge | | | | |
| Metronidazole | Ceftriaxone | Doxycycline | | PVD | | | | |
| Metronidazole | Clarithromycin | | | Abcess | Scapular wound | Cold | | |
| Metronidazole | Doxycycline | Ceftriaxone | | Pelvic pain | Ovarian cyst | | | |
| Metronidazole | Doxycycline | | | MD | PV discharge | | | |
| Metronidazole | Erythromycin | | | Otitis | | | | |
| Penicillin V | Clarithromycin | | | Tonsillitis | | | | |
| 45 | 18 | 4 | | | | | | |

Antibiotics prescribing in PHCs in Gaborone, Botswana

06/11/2017

Indications for more than one antibiotic per prescription

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- Out of the 235 antibiotic encounters:
 - ▣ 45 prescriptions (19.1%) had two antibiotics
 - ▣ 18 (7.7%) had three antibiotics
 - ▣ 4 (1.7%) had four antibiotics per prescription
- Doxycycline was most antibiotic combined followed by metronidazole and ceftriaxone respectively
- Combination was common in STIs (vaginal and urethral discharge, pelvic inflammatory diseases)

Discussion: Key findings

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- **Good practices in Botswana:**
 - 96.1% of medicines prescribed compliant with Botswana EDL
 - 78.6% of prescriptions in INN name suggests good practice
 - Most indications for antibiotic (87%) were based on signs and symptoms, compliant with ICD (2017) codes

Discussion: Key findings

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□ Concerns:

- Average medicines/prescription 2.8 > 2.0 WHO recommendation
- 42.7% of encounters contained an antibiotic prescription, higher than < 30% recommended by WHO
- Prescription of antibiotics where no diagnosis is shown
- Antibiotics prescribed on non-indicated conditions

Over prescription of antibiotics

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- **Factors:**
 - Inadequate human resources
 - Inadequate training (basic and In-service)
 - Patient demand

- Availability of medicines

Recommendations: Prescribers

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- In-service training on:
 - Use of treatment guidelines
 - Classification of diseases (ICD) and adopt at PHCs
 - INN prescribing
 - History taking
 - Diagnosis recording
- Pharmacists should promote ration drugs use

Recommendations: Government

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- Design harmonised tool that will contain quality indicators for monitoring antibiotic prescribing
- Multi-sectoral antibiotics campaign programmes be introduced and implemented

Recommendation: Training & research institutions

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- Further research to include rural and urban areas
- Adopt findings

Limitations

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- Small study in Gaborone (urban)

