

## Antibiotic Stewardship in ARPAC European Hospitals



**I.M. Gould**

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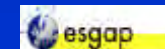
ARPAC Steering Group

## ESGAP

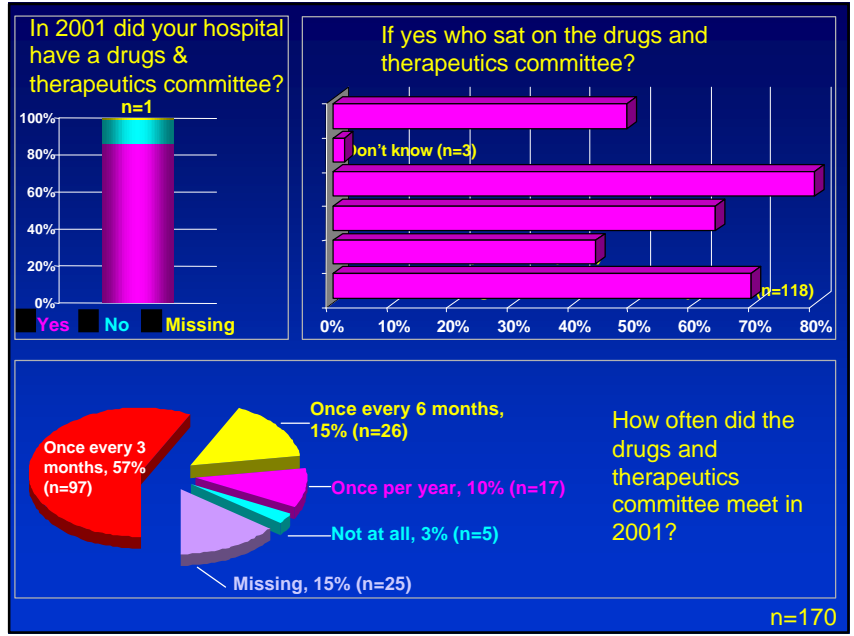


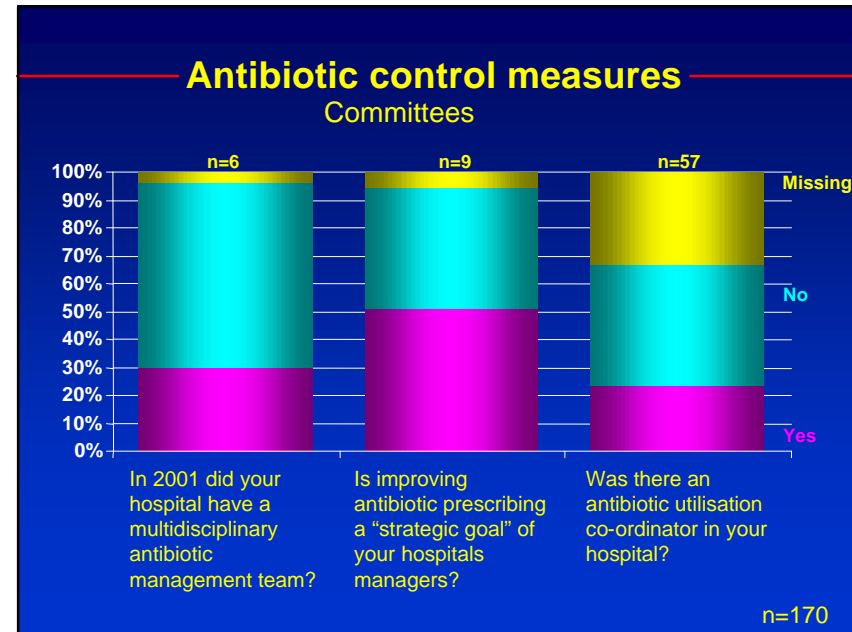
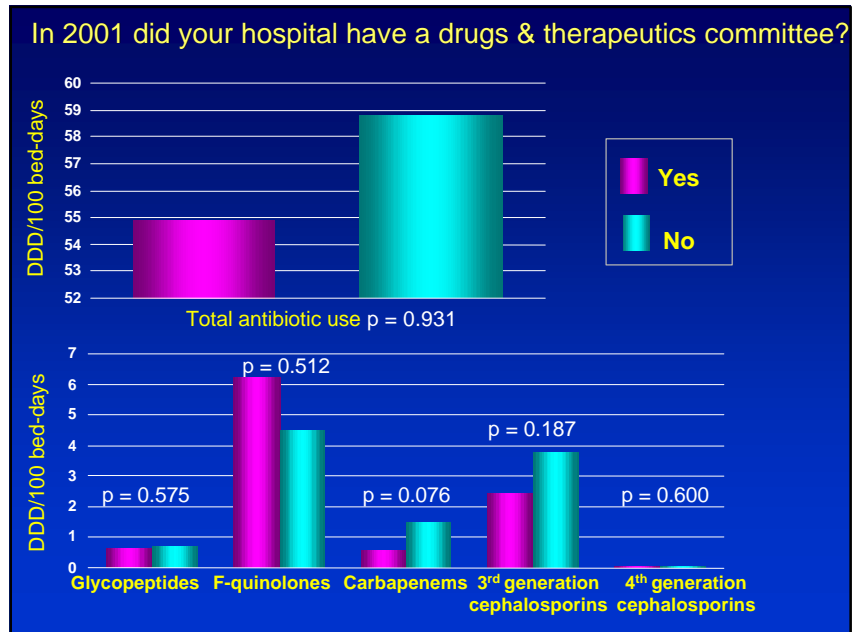
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# Committees



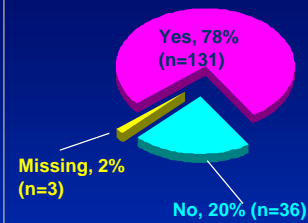


## Formularies

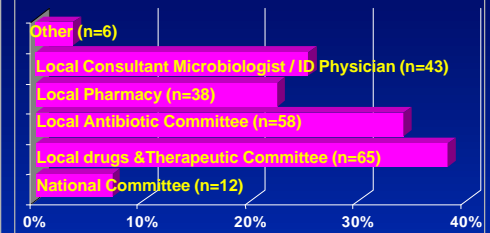
The juicy bits are on page 14.



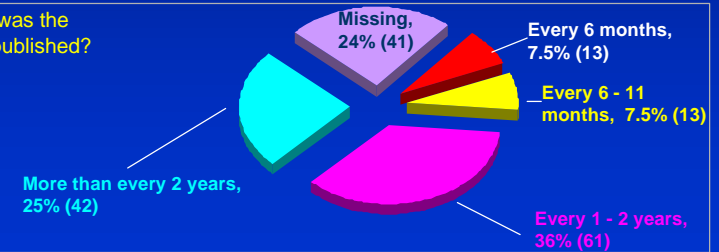
Did your hospital have a written antibiotic formulary in 2001?



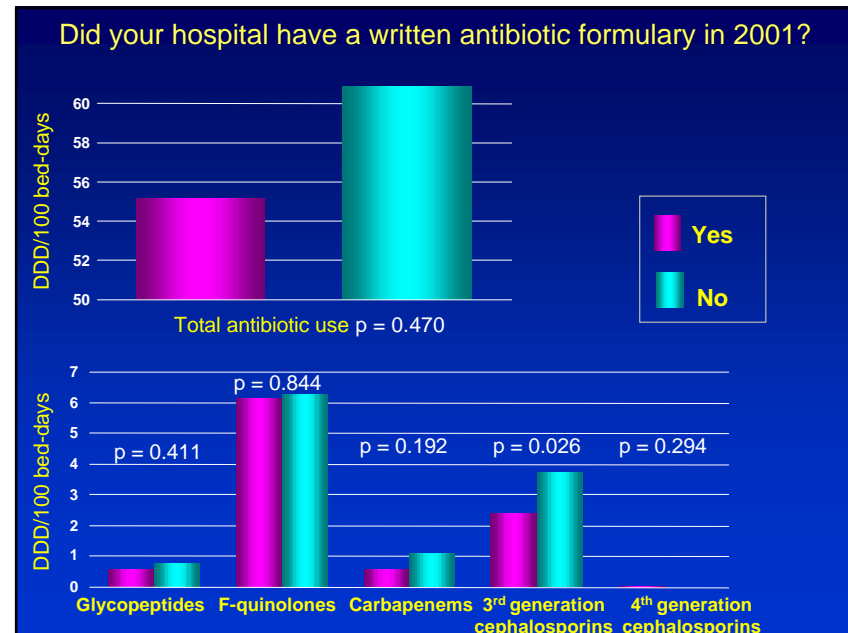
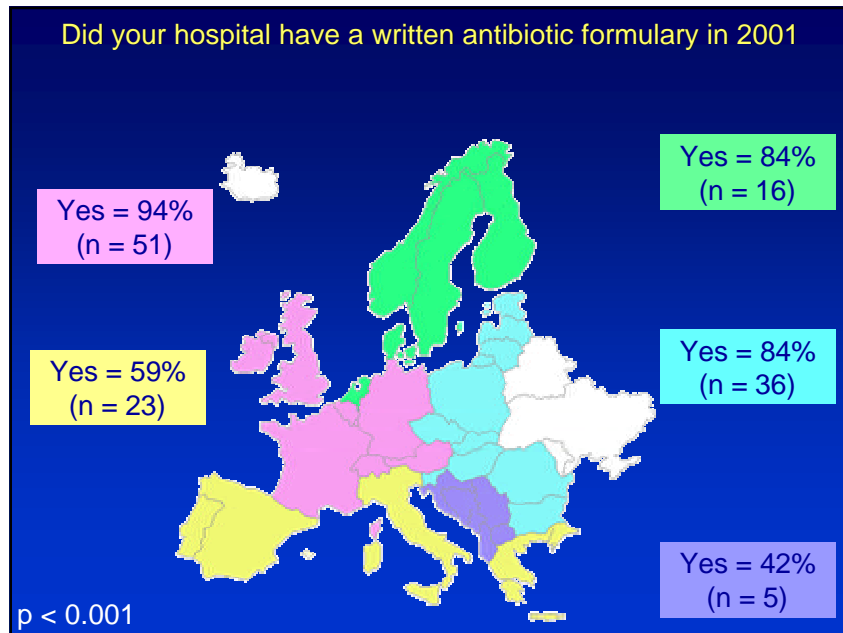
Who drew up and reviewed your antibiotic formulary?



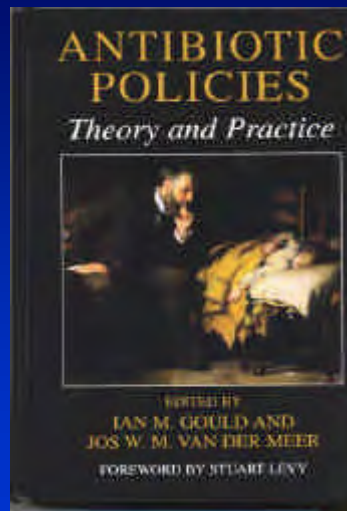
How often was the formulary published?



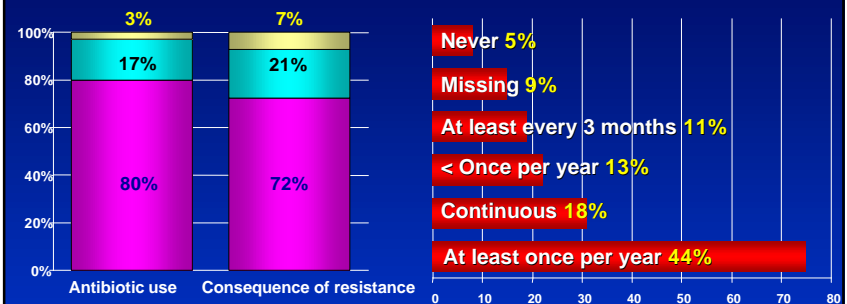
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## Education

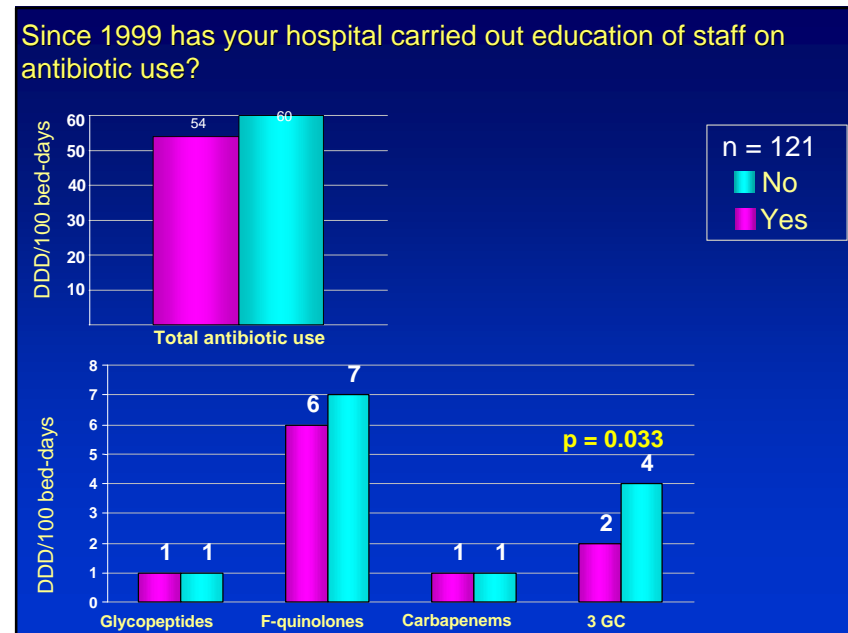
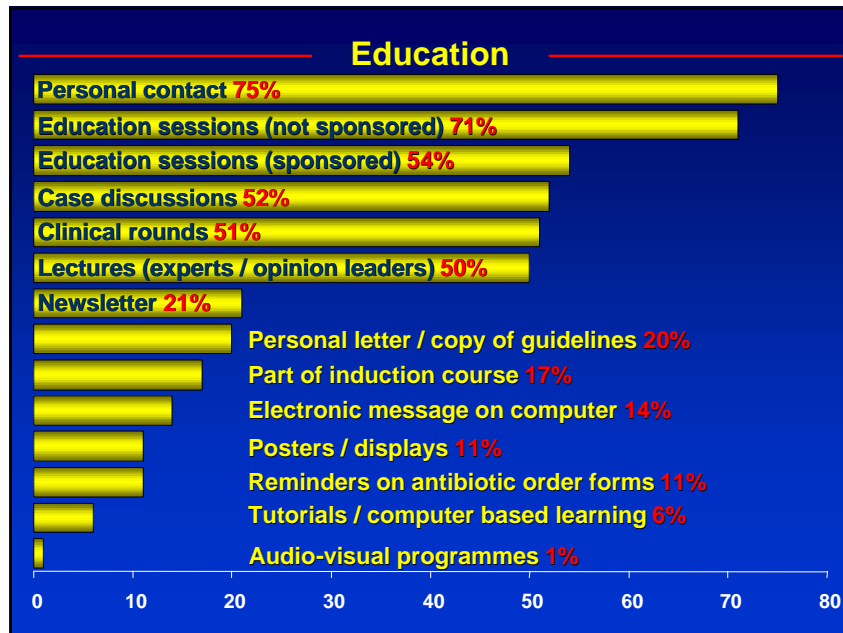


## Education



- Implemented by microbiologists / ID / IC personnel in 86% of hospitals
- Initiated by pharmacists in 20% of hospitals

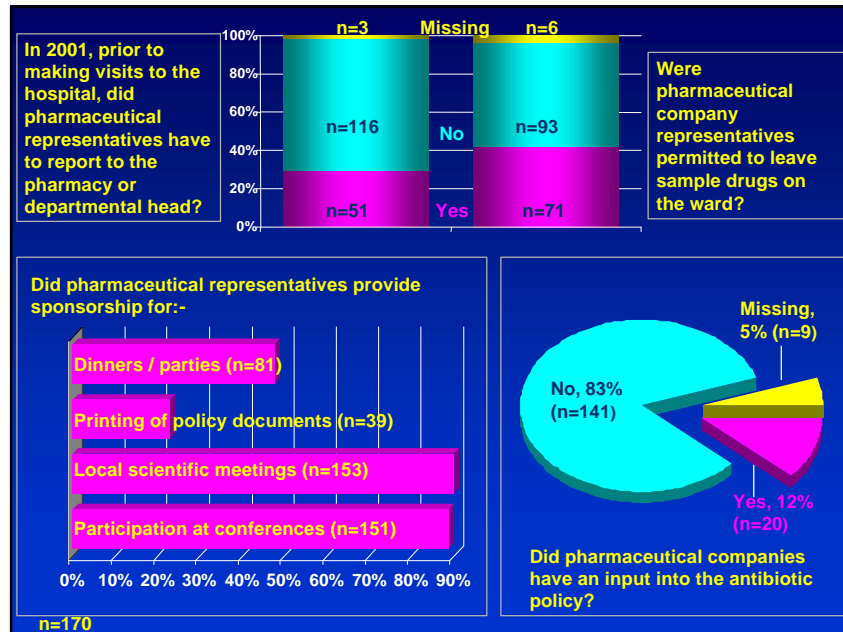
Since 1999 many education campaigns have been carried out?



## Antibiotic control measures

### Antibiotic availability

### Antibiotic policies and pharmaceutical companies

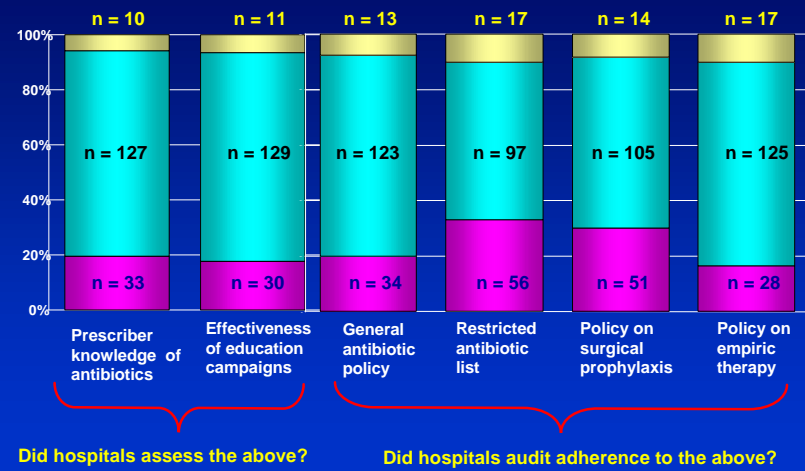


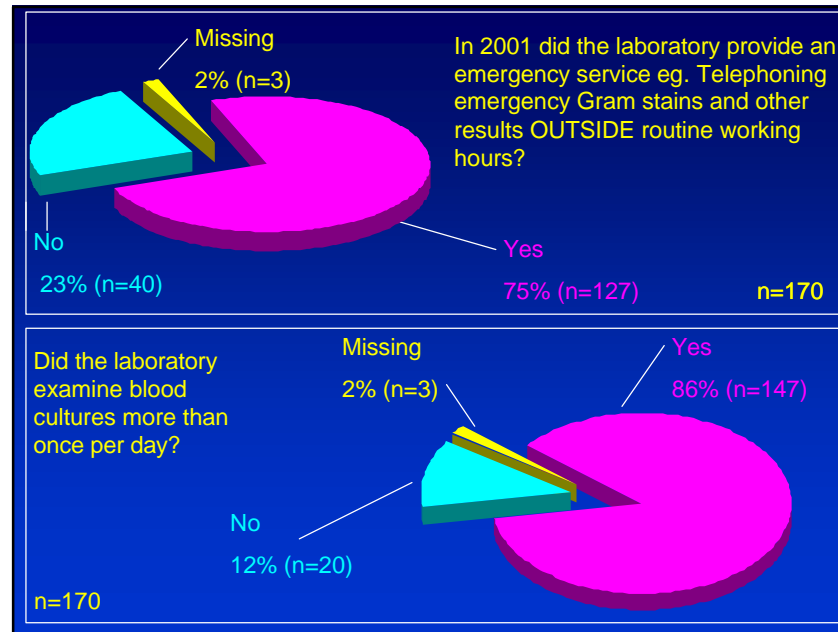
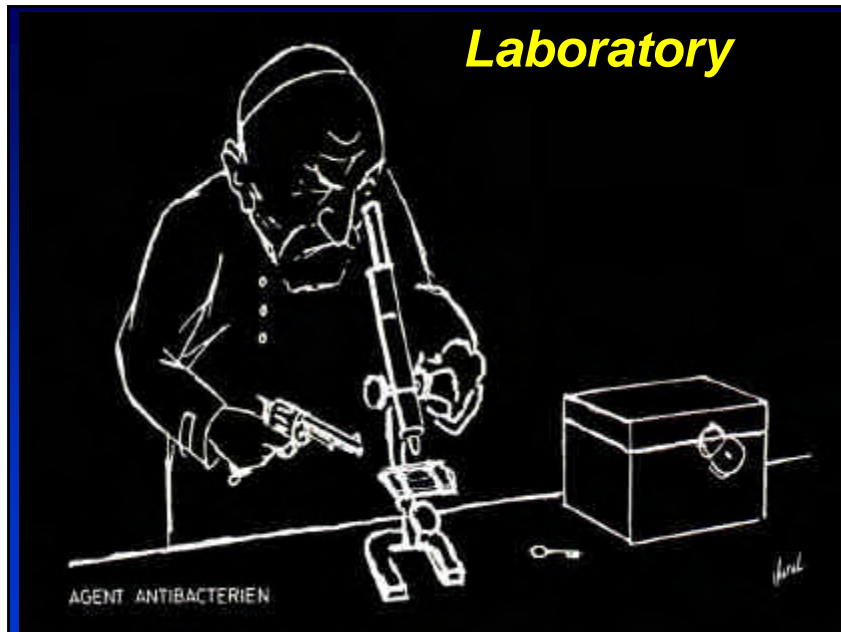


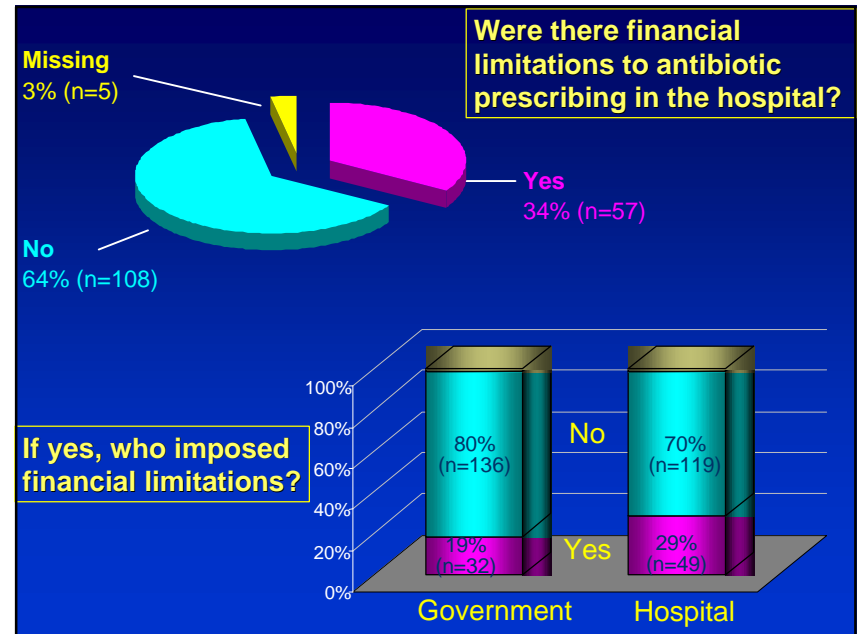
# Audit

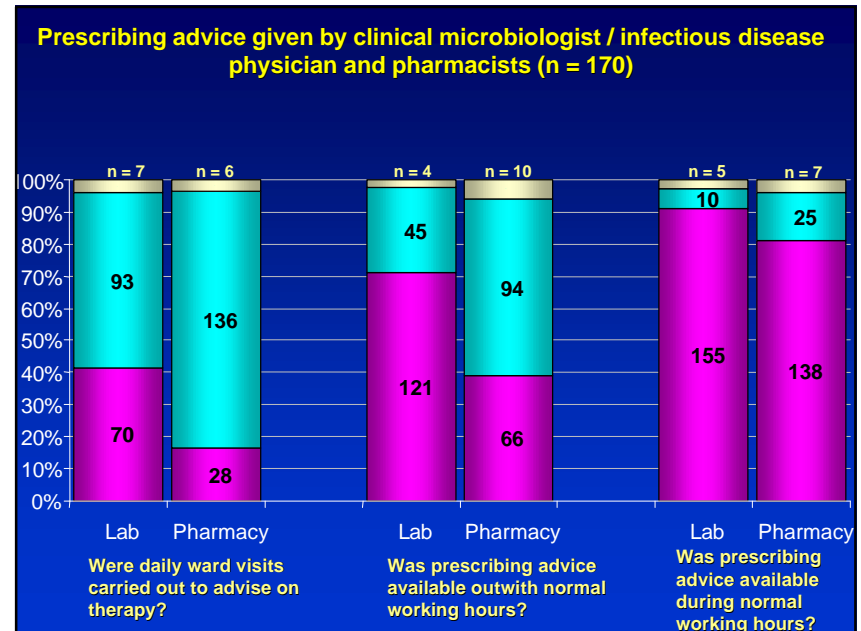
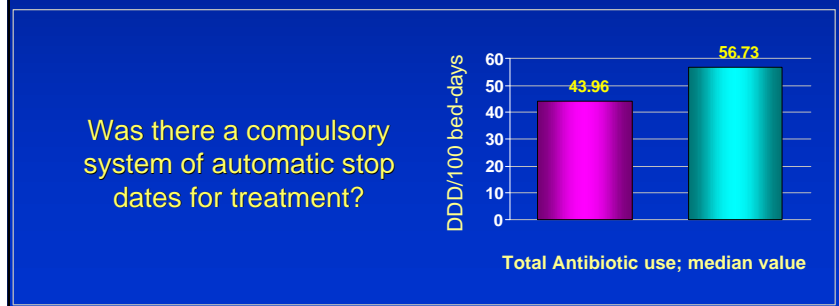
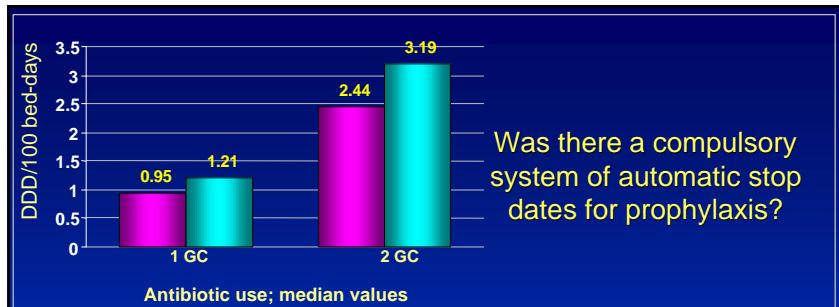


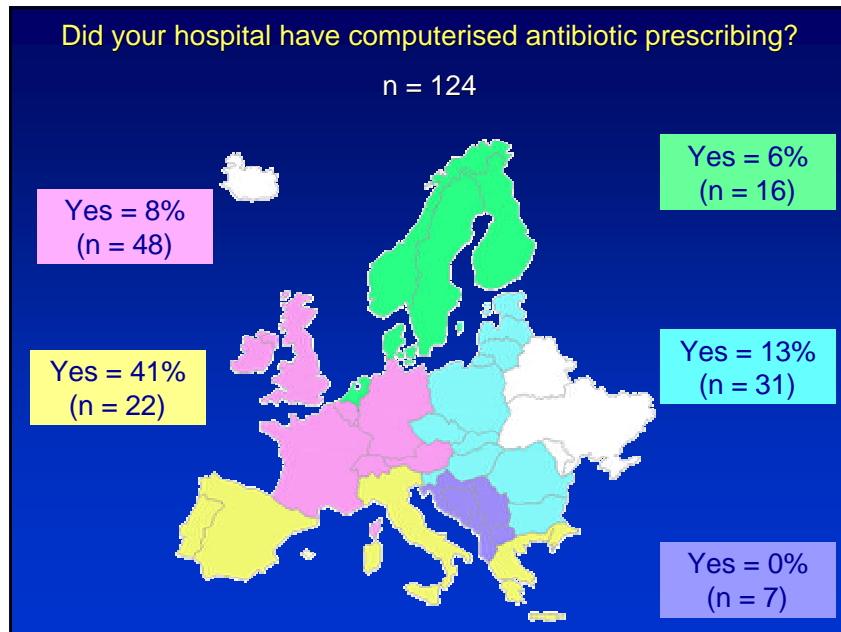
# Audit











## Antibiotic Control Conclusions

- There are few significant geographic variations in the practice of restrictive antibiotic control measures in ARPAC hospitals.
- There are weak but consistent associations between lower hospital antibiotic consumption and the presence of written formularies and drugs and therapeutics committees.
- There is significant scope for the expansion of restrictive control measures.

## Education Conclusions

- Education activities were traditional; lectures, case discussions, commonly carried out showing a weak association with lower antibiotic use.
- Only a minority of hospitals carry out audit and no evidence is available from ARPAC that it influences antibiotic use.

## Role of the Laboratory Conclusions

- Antibiotic stewardship is a priority of laboratories in ARPAC hospitals.
- There is significant geographic differences in the provision of Emergency Services and Clinical liaison.
- There is no evidence that these activities reduce antibiotic consumption.

## Role of the Pharmacy Conclusions

- There is no evidence that a clinical pharmacy service lowers antibiotic use.
- There seems to be great potential for expansion of all services offered by pharmacy especially in improving the quality of prescribing.

## Acknowledgements



ARPAC participating hospitals

ARPAC Steering Group

[www.abdn.ac.uk/arpac](http://www.abdn.ac.uk/arpac)