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## Frame guidelines for hospitals, docs

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In India, TB kills around 40 children every hour and diarrhoea takes the lives of six lakhs children every year. Even as many TB strains have grown resistant to overused antibiotics, 50 per cent of diarrhoea patients in the country continue to be administered antibiotics even though only 10 per cent of them actually need them.

The inappropriate use of antibiotics not only leads to the emergence of drug resistant bacteria, it also leaves patients vulnerable to reinfection, increases the cost of medical care and makes many infections gradually untreatable. For instance, while new strains of cholera and typhoid have emerged in the country, the list of antimicrobial agents still effective against these diseases is shrinking.

"The overuse of antibiotics is a problem across the country and if the physicians, surgeons, patients and their families are not properly educated, it will lead to serious consequences in the long run," says Dr Sandeep Budhiraja, head of internal medicine, Max Institute of Allied Medical Services. The World Medical Association has also warned that the increase in resistance to antimicrobial drugs has created a "public health problem of potentially crisis proportions."

### Antibiotic policy

In the absence of a national policy, Indian hospitals are left to devise their own guidelines. But countrywide data on how many medical institutions have such guidelines is unavailable.

Some light emerges out of the study Patterns of Antimicrobial Use by Surgeons in India, published in the Indian Journal of Surgery last year. Of the 700 surgeons questioned across the country, only 260 said their hospitals have antimicrobial guidelines. The most disturbing finding was that only eight per cent of the surgeons said they stopped prophylaxis (preventative rather than therapeutic dosage) after 24 hours. In complete contrast to existing guidelines, most interviewees gave prophylactic antibiotics to their patients for up to two weeks.

The study highlighted that "there is an urgent need to promote rational anti-microbial prescribing among surgeons and to formulate national guidelines for appropriate use of antibiotics in surgical practice". But Dr Budhiraja of Max feels that regional policies based on local susceptibility profiles would be more effective.

There is a wide-ranging agreement that liberal prescribing of antibiotics and institutional reluctance to invest in infection control foster growth of drug-resistant bacteria in hospitals. According to the Hospital Infection Society of India, the rate of hospital-acquired infections in India is upto 30 per cent as against just 5 per cent in the West.

### Cost of neglect

Bacterial resistance caused by antibiotic abuse substantially increases the healthcare burden on both individuals and the society at large. For instance, the cost of curing multi-drug resistant TB can be upto 1400 times than the cost of regular treatment. While

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narrow-spectrum antibiotics can cost Rs 10 a day, broad-spectrum drugs can cost upto Rs 100. But physicians dole out broad-spectrum antibiotics even for initial treatments.

A ReAct study suggests that this is partly because pharmaceutical marketing itself is a multi-billion dollar global industry, and drug companies aggressively push the use of new formulations. Public health interest is often overshadowed in a marketplace cluttered with costly and needless treatments.

The problem is exacerbated when patients purchase antibiotics without a prescription. So the laws limiting over the counter sales of prescription drugs have to be enforced and the public has to be educated about how self-prescriptions contribute to the emergence of bacterial resistance, which demands more expensive treatments.

Finally, antimicrobial resistance spreads across national boundaries. Administrators and physicians need to redress its clinical and economic costs through a collective effort involving their international counterparts in governments and medical bodies.

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