

## **Prescribing tip for information**

## **Ensuring Appropriate Review of Oral Antibiotics for Acne Vulgaris, Rosacea and UTI Prophylaxis**

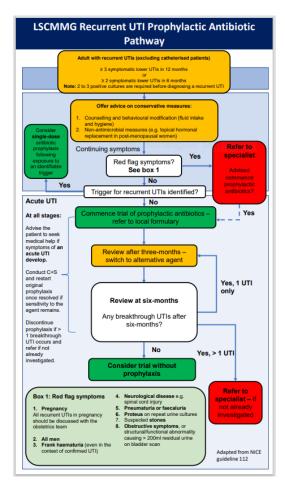
The link between antibiotic use and development of resistance has been well established. Misuse and overuse are the main drivers in the development of drug resistant pathogens. Prescribing the correct antibiotic and for the shortest duration of time avoids driving resistance. (1)

Follow <u>NICE and PHE antimicrobial prescribing guidelines</u> for the shortest effective course of most appropriate choice, dose and route of administration. (2)

## **General Principles and Good Practice for Treatment Durations of Oral Antibiotics:**

- Avoid issuing prescriptions on repeat unless a longer duration is needed for a particular indication. (2)
- > Avoid issuing for longer than 6 months without review (2)
- Ensure adequate monitoring for individual patients to reduce adverse drug reactions and check whether continuing an antibiotic is really needed. (2)
- A specific date for review is important and can be added in the 'dose directions' field.
- Add to 'Acute' section in preference to 'Repeat' wherever possible. A suggested entry is shown below.





A Lancashire and South Cumbria Medicines Management Group (LSCMMG) Recurrent UTI Prophylactic Antibiotic Pathway has been developed based on national guidance and local expertise (see left).

The pathway includes a flow chart which is intended as a decision aid for primary care management of **non-pregnant**, **non-catheterised adult females with recurrent UTIs** including who/when to refer.

Reviews at 3 and 6 months are recommended for patients commenced on an oral antibiotic either once daily or single dose following an identifiable trigger.

NICE guidance on standard oral antibiotic treatment durations:

<u>Acne vulgaris NICE guideline</u>: 3 months (can be extended to 6 months maximum). Only continue beyond 6 months in exceptional circumstances.

Rosacea NICE CKS: For management of papules and/or pustules: 8 – 12 weeks, up to 16 weeks depending on severity and clinical improvement, then reassess the need for ongoing oral antibiotic treatment.

Recurrent urinary tract infection: Non-pregnant females ≥ 16 years (lower UTI). Single dose following identifiable trigger or once daily - review within 6 months.

## References:

- World Health Organisation. Fact sheet: antimicrobial resistance. 13/10/2020
- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. NICE [NG 15] 15<sup>th</sup> August 2015

