

FM ACP RESEARCH GRAND ROUND

6 October 2022

Antibiotic Stewardship in Primary Care

Programme

17 00 - Opening Address

17 05 Clinical Associate Professor TAN Ngiap Chuan

Vice Chair, Research

SingHealth Duke-NUS Family Medicine Academic

Clinical Programme (FM ACP)

17 05 - Anti-Microbial Stewardship (AMS) for Patients with URTI in
17 15 SHP

Dr MOEY Kirm Seng Peter

*Senior Consultant & Clinic Director, SingHealth Polyclinics (SHP) -
Eunos*

Head, Pharmacy & Therapeutics (P&T) Committee, SHP

17 25 - Should Children With Chest Infections Get Antibiotics?:

17 40 The ARTIC PC Trial and Observational Study

Professor Paul LITTLE

Professor of Primary Care Research

Primary Care Research Centre

University of Southampton

17 40 - Consumers + Antibiotics: Decision-making and Prevalence
18 05 of Inappropriate Behaviours

Dr Elaine LUM

*Assistant Professor, Health Services & Systems Research, Duke-
NUS Medical School*

*Visiting Faculty, Centre for Population Health Research &
Implementation, SingHealth Regional Health System*

18 05 - Q&A Session

18 30 Moderator: Clinical Associate Professor TAN Ngiap Chuan, Vice
Chair, Research, FM ACP

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Presentation Synopsis

Title: Anti-Microbial Stewardship (AMS) for Patients with URTI in SHP

Presenter: Dr MOEY Kirm Seng Peter

SingHealth Polyclinics (SHP) adopts a multi-prong approach to reduce the usage of antibiotics among patients with URTI. This includes Doctor Education, Patient Education and a System of Tracking. This enables the identification of Physicians with high rates of prescription who can receive feedback from the respective Clinic Directors. The presenter will share on the measures implemented and the results since 2017, to keep the usage at the appropriate level in SHP.

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Antibiotic Stewardship in Primary Care

Presentation Synopsis

Title: Should Children With Chest Infections Get Antibiotics?: The ARTIC PC Trial and Observational Study

Presenter: Professor Paul LITTLE

Children commonly get antibiotics for chest infections, but prescribing antibiotics fuels antibiotic resistance, a major global public health threat. There is very little randomised evidence addressing the effectiveness of antibiotics.

Children presenting to UK general practices with acute LRTIs were randomised to Amoxicillin 50mg/kg/day/7days or placebo. Children not randomised participated in an observational study. The estimate of benefit of antibiotics for the primary outcome were similar for trial alone (trial Hazard Ratio (HR) 1.13, 95% CIs 0.90,1.43) and when including the observational data using propensity scores (HR 1.16 (0.95, 1.4). A 3 item model (respiratory rate ; oxygen saturation; sputum-rattly chest) performed well (AUROC 0.81) in predicting illness progression, and could classify 89% (600/674) of children at low risk (<5%) of illness progression.

Conclusion: Most children with chest infections don't benefit from antibiotics, and a simple clinical score could be used to identify children with low risk of illness progression.

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Presentation Synopsis

Title: Consumers + Antibiotics: Decision-making and Prevalence of Inappropriate Behaviours

Presenter: Dr Elaine LUM

Antimicrobial resistance is complex, intractable, and costly in terms of the significant health burden and costs to individuals and to society. In the primary healthcare sector, prudent use of antibiotics relies not just on self-regulation by individual General Practitioners and Family Physicians in their clinical practice, but also the behaviours of individual patients/consumers. What influences consumers to seek and use antibiotics for simple self-limiting infections? And what do consumers do with the antibiotics they obtained? These questions will be addressed using findings from several research studies conducted by the presenter in Australia and Singapore.