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Conservation of antibiotics is the ONLY way forward

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Heterogeneity: a little bit of everything will work wonders - cycling antibiotics is the future !

Nick Brown

Cambridge University Hospitals NHS Foundation Trust

‘It is not difficult to make microbes resistant to penicillin in the Laboratory...and the same thing has occasionally happened in the body.

The time may come when penicillin can be bought by anyone in the shops. Then there is the danger that the ignorant man may easily underdose himself and by exposing his microbes to non-lethal quantities of the drug make them resistant.’

Alexander Fleming
Nobel Lecture, 11 December 1945



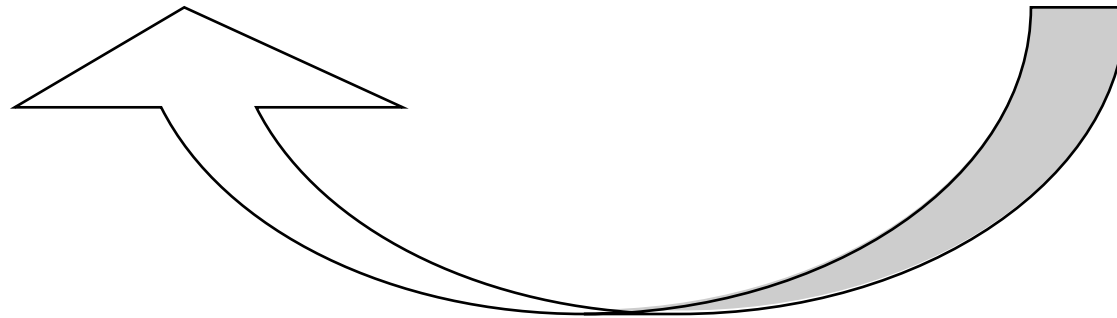
The more you use antibiotics, the less effective they become!

70 Years of Antibiotics and Resistance



Development of new antibiotic

Emergence of resistance

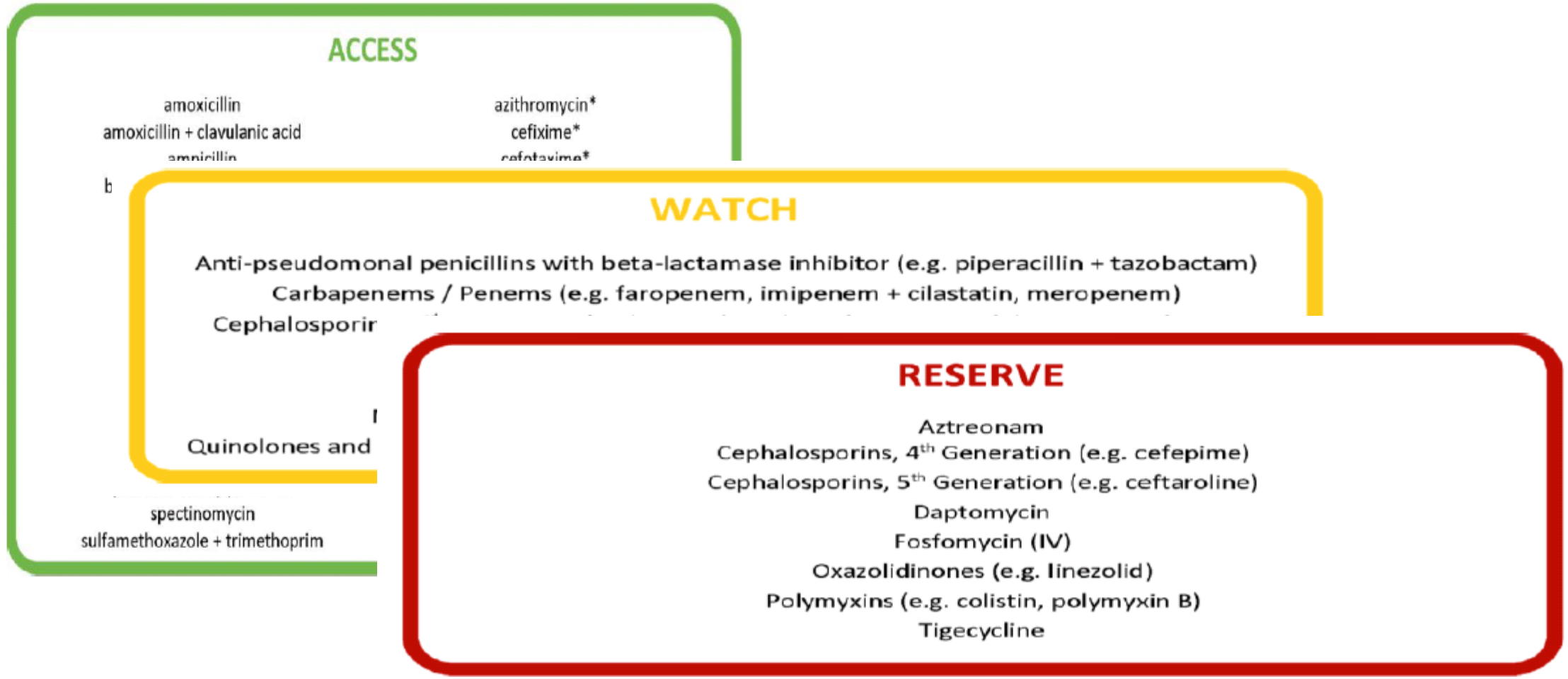


What impact has resistance had on prescribing practice ?

<u>Infection/pathogen</u>	<u>Changing regimens</u>
urinary	sulphonamide → trimethoprim → quinolone
meningitis	chloramphenicol → ceftriaxone → ceftriaxone/vancomycin
gall bladder	ampicillin → cephalosporins → Tazocin
typhoid fever	chloramphenicol → ampicillin → quinolone → ceph + azithro
gonorrhoea	penicillin → quinolone → ceftriaxone/cefixime
staphylococci	penicillin → flucloxacillin → vancomycin

And this was 13 years ago...

WHO Essential Medicines List



On the shelf doesn't mean no use

Need to identify which patients would benefit

Lack of RCT evidence of optimal use for new agents

- Regulatory issues
- Logistic issues
- Constantly evolving field

Finance issues cannot be ignored

- NHS/Healthcare system
- Industry



Summary

Prudent – ‘acting with or showing care and thought for the future’

Using antibiotics to optimise patient outcomes

These are best served by conserving the valuable antibiotic resource that we have in order to prolong their useful life

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