

10th International Congress on

CLINICAL VIROLOGY, FUNGAL INFECTIONS & INFECTIOUS DISEASES

December 04-05, 2017 Dubai, UAE

Improving physicians' adherence to guidelines regarding antibiotics use in acute upper respiratory tract infections in adult patients attending Ministry of Health Hospitals in Alexandria, Egypt: An interventional study

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Antibiotic resistance, as a major public health problem, has its roots in the irrational use of antibiotics, consequently causing treatment failure. It is commonly seen in treating acute upper respiratory tract infections. AURTI include sinusitis, pharyngitis and bronchitis. Adherence to guidelines is not completely afforded due to poor knowledge of physicians in management of AURTI. They fail to perform a definite differentiation between the viral and the bacterial type of the infection. Also, the patients affect physicians' prescribing habits as the patients feel satisfied being prescribed antibiotics. This study aims to increase physicians' adherence to current clinical guidelines for AURTI regarding the use of antibiotics. A predesigned questionnaire was used for the assessment of the physicians' adherence to the guidelines before and after the intervention. Active and passive interventions are to improve physician's adherence to treatment guidelines as short-session for physicians, didactic teaching and antibiotic guideline posters in respiratory unit clinics. Throat swab using Rapid Strep-A and Test strip i.e. rapid antigen detection test (RADT) using active and passive interventions can change prescribing habits. Physician's adherence to guidelines will be perceptible, resulting in improvement of appropriate antibiotic use for AURTI, reduction of unnecessary healthcare costs and advance in quality of care provided by outpatient clinics. Physicians' qualifications and the use of RADT in pharyngeal infection play a significant role affecting the adherence to guidelines and prescribing of the proper antibiotic.

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