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Antibiotics: Resistance and Prescribing

On September 18, 2014, Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention (CDC) spoke to Dr. Hansa Bhargava of Medscape about antibiotic resistance.

Dr. Bhargava: In a Medscape survey about antibiotic resistance, clinicians indicated that almost one fourth of their antibiotic prescriptions are written when they are not absolutely sure that antibiotics are necessary. How does this figure compare with other sources, and is it consistent with your own experience?

Tom Frieden, MD, MPH: We have seen that about one third, and maybe as much as one half, of all antibiotic prescriptions in this country are either unnecessary or are inappropriately broad-spectrum. It's very important that we all keep in mind that every medication, including antibiotics, has risks and benefits. The risks include resistant infections, *Clostridium difficile*, adverse events and

allergic reactions. These are significant risks. There is, quite frankly, far too much antibiotic use in this country today. At the same time, if patients have bacterial infections, it's important to treat them quickly and completely.

Dr. Bhargava: Delayed antibiotic prescribing is one of the few strategies that has been proven to reduce antibiotic overuse. Yet, only 49% of the clinicians in our survey reported that they use this method. Why do you think this hasn't caught on?

Dr. Frieden: "Tincture of time" often works, but doctors are busy and patients sometimes demand treatment. It is important to step back, and if a patient says, "I want an antibiotic," to understand that more fully. What patients want is to get better. We can work with them on the best way to do this and to say "Let's give it a day or two and see how you feel," because most illnesses do get better. Clinicians may not

realize that there has been a big change in the cause of infection. Vaccines have been so effective that the rates of *Haemophilus influenza* and pneumococcal disease have plummeted. They are so much less common that such illnesses as ear infections and bronchitis, which before might have been somewhat more likely to be caused by bacteria, are now much *less likely* to be caused by bacteria.

Dr. Bhargava: The clinical impression — what doctors see in their offices— also makes a difference in whether a patient is likely to

have bacterial vs. a viral infection.

Dr. Frieden: It's also important that doctors be engaged with their local health departments. The health department may know what is going around in the community, and that information can help clinicians provide tailored treatment for their patients.

Dr. Bhargava: Only half of all patients in our survey said they have talked with their healthcare providers about antibiotic resistance.

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NEWS YOU CAN USE

You and your staff are invited to
**SIMPSON ORAL &
MAXILLOFACIAL SURGERY'S**
5th annual
Wine & Beer Tasting



Friday, October 17th
4-7 pm

113 North Middletown Road
Nanuet, NY 10954
RSVP to Marissa
845-623-3497

DENTAL FUN FACT

DID YOU KNOW...

MOST AMERICANS DID NOT BRUSH THEIR TEETH EVERY DAY UNTIL AFTER WORLD WAR II. IN WORLD WAR II, THE MILITARY REQUIRED THAT SOLDIERS BRUSH THEIR TEETH TWICE A DAY TO KEEP THEIR TEETH HEALTHY. THE SOLDIERS BROUGHT THAT HABIT HOME AFTER THE WAR.
FROM-DELTA DENTAL

Clinicians told us they wanted more and better educational materials for their patients. Do you think that patient education can make the difference in changing behavior?

Dr. Frieden: We all have a role to play - clinicians, patients, health services, and public health. We have to emphasize that drug resistance is an enormous problem. We talk about the "pre-antibiotic era" and the "antibiotic era" and if we are not careful, we will be in a "post-antibiotic era." We have to understand that these medicines have risks as well as benefits, and that part of what we have to do is be

good stewards of antibiotics so that they will be there when we need them later on, and when our children and grandchildren need them.

Dr. Bhargava: Methicillin-resistant *Staphylococcus aureus* (MRSA) and other resistant organisms are increasingly prevalent, and therefore the appropriate choice of therapy for many common infections must change frequently. Are there resources available for our colleagues to have the most current prevalence and antibiotic resistance patterns based on geography?

Dr. Frieden: CDC, along with our state health departments and many health sys-

tems, is working to improve the amount of information that is available. We just launched an antimicrobial use and resistance module of the National Healthcare Safety Network that is used virtually in every hospital in the county. It is an automated way of providing information and getting information out so that you know the antibiotic use and the antibiotic resistance patterns. We encourage hospitals to participate.

Dr. Bhargava: Is that new program interfaced with electronically health records? Is that how hospitals use it?

Dr. Frieden: Yes. That program is entirely electronically

driven. It requires no manual upload once you have the system working. It's an automated data transfer to provide information to clinicians at the time of prescribing.

Dr. Bhargava: That's wonderful. Dr. Frieden, thank you very much for your time today. It's been a pleasure having you here.

Dr. Frieden: Thanks very much.

From Medscape <http://www.medscape.com/ewarticle/830511>

Dr. Brian Simpson announces the twenty first meeting of the NANUET IMPLANT STUDY GROUP

**Speaker: Joseph Pinto R. Ph, M.S., MHA
Director of Pharmacy
Mount Sinai Beth Israel Medical Center**

"Dental Health Professional Consideration for the Top 20 Prescribed Medications"

Thursday, November 13, 2014

**Dinner: 6:30 Presentation: 7:00 — 9:00 pm
Restaurant X 117 North Rte. 303 Congers, NY**

**2 CE credits awarded by the Ninth District Dental Association
Cost: \$50.00**

**To register, contact Marissa: 845-623-3497
or email her at soms@drbriansimpson.com**

*"The only person you should try to be better than
is who you were yesterday." - anonymous*

