



POSITION STATEMENT ON STOPPING AN ANTIBIOTIC COURSE WHEN THE PATIENT FEELS BETTER.

SAASP welcomes the commentary by Llewelyn and colleagues published in the British Medical Journal in re-igniting the debate on whether patients should stop antibiotics when they feel better rather than following instructions to finish the course. The primary importance of this question lies in whether stopping antibiotics early is safe, based on current evidence.

While SAASP supports all evidence-based means of reducing unnecessary antibiotic use, we cannot support the call to stop antibiotics early based on patients' subjective feelings of improvement, at the current time.

Antibiotics are medicines that treat bacteria. Common bacterial infections include those affecting the lungs such as pneumonia, the urinary tract (e.g., cystitis), and the skin (cellulitis). Bacteria can also cause infections in less common places like the brain, the heart, the bones. The number of days that a particular bacterial infection needs treatment will depend on which part of the body is affected and the type of antibiotic that is being used (there are many different types of antibiotics with different mechanisms of action).

Although many experts believe that stopping antibiotics early i.e., when the patient feels better may be safe, the evidence for this is largely anecdotal. Furthermore, current evidence tells us that some types of infections, such as those of the blood, brain, heart, skin and bones in humans and animals need long courses of antibiotics of weeks to months whether or not the patient feels better or the animal appears better, on treatment. A major change in advice in the absence of firm evidence is also likely to cause confusion for the public.

An increasing number of clinical trials are being performed to provide evidence so that the duration of treatment can be safely reduced for specific infections. Where this evidence exists, guidelines should be followed. SAASP joins the international call for more trials of this type to better inform guidelines on a broader range of bacterial infections.

Hence, SAASP believes that higher-quality evidence is required before prescribing policy changes are implemented and advises members of the public to follow the advice and instruction of the healthcare professional prescribing antibiotics.

Finally, and most importantly, we urge healthcare professionals to ensure that antibiotics are only prescribed to patients who have bacterial infections that require treatment. Members of the public are reminded that antibiotics have no action on viral infections such as the common cold and acute bronchitis, which are major causes of inappropriate antibiotic use that is driving increasing antibiotic resistance.

Reference

Llewelyn et al. The antibiotic course has had its day BMJ 2017;358 doi: <https://doi.org/10.1136.bmj.j3418> (Published 26 July 2017) Cite this as BMJ 2017;358;j3418

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