Correspondence

Trends in antibiotic prescribing

Sirs,

Frischer et al.,1 through analysis of the West Midlands General Practice Research Database, identify a reduction in antibiotic prescribing of 16 per cent between 1993 and 1997. They also demonstrate that this decline in antibiotic prescribing was concentrated in conditions such as respiratory tract infection. More recent data support a further fall in the overall prescribing of antibacterials by general practitioners (GPs) in England, with a 19 per cent reduction between the year ending September 1997 and the year ending September 1999.2 This national drop of 19 per cent is mirrored in Cornwall and Isles of Scilly Health Authority, although we report a drop of less than 1 per cent between the year ending September 1999 and the year ending September 2000. We have also seen a slight decline in the use of quinolone antibacterials, agents heavily promoted for the treatment of respiratory tract infections.

Like many other health authorities and primary care organizations, we have developed, with the help of the Public Health Laboratory Service, local guidelines for the prescribing of antibacterials by GPs.3 It may be that much inappropriate antibiotic prescribing has already ceased and the large reductions of previous years will not be repeated. Time will tell!

References


Yours faithfully,

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Audit of clinical nurse practitioner led thrombolysis

Sirs,

In the paper by Lloyd et al.,1 I wonder whether the final sentence of the result in the abstract may be misleading. If 11 of 78 episodes before implementation and eight of 85 episodes after implementation were deemed, with wisdom of hindsight, to have been given thrombolytic treatment inappropriately, the proportion did not fall significantly. The conclusion regarding safety may not be fully justified by this study; if only patients given a thrombolytic agent within 24 h were included in the analysis, there is no information here on ‘false negatives’.

Reference


Yours faithfully,

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