

A microscopic view of various bacteria, including chains of spherical cocci and larger, more complex structures, set against a dark, blurred background with some light spots.

Practice Feedback for Sample Practice

Amoxicillin clavulanate

Update Report 2015

Amoxicillin clavulanate is a broad spectrum antibiotic which is used frequently in New Zealand general practice. Although the total number of prescriptions has declined the proportion of people receiving amoxicillin clavulanate in comparison to other penicillins remains high.

Amoxicillin clavulanate is a broad spectrum antibiotic that should be reserved for specific indications. The only first-line indications for amoxicillin clavulanate are bites (mammalian—including human), diabetic foot ulcers and mastitis in males and non-lactating females.¹

This report uses data from the pharmaceutical collection to provide an update on the use of amoxicillin clavulanate between April, 2014 and March, 2015

Amoxicillin vs amoxicillin clavulanate

Clavulanate possesses little antibacterial activity, but significantly extends the spectrum of activity of amoxicillin when given with it, leading to increased antimicrobial resistance. Amoxicillin clavulanate can also cause diarrhoea and hepatotoxicity, which occur more frequently than with amoxicillin alone.² The national data shows that in 2014/15 amoxicillin clavulanate accounted for 37% of all penicillin prescribing.

Sample Practice

All antibiotics vs penicillins

701 patients registered to your practice were dispensed a **penicillin** between April 2014 and March 2015

This accounts for **64%** of the 1096 registered patients who were dispensed **any antibiotic**. Nationally, **72%** of all patients dispensed any antibiotic received a penicillin



Penicillins vs amoxicillin clavulanate



20% of the 701 registered patients who were dispensed a **penicillin** received **amoxicillin clavulanate** (141 patients)

High use of amoxicillin clavulanate by older patients

Table 1 below shows amoxicillin clavulanate dispensing as a proportion of total penicillin dispensing by age for your practice, ten practices with a patient population similar to yours and nationally.

Nationally the use of amoxicillin clavulanate is higher in those aged 50 years and older (43% of all penicillin prescribing) – with limited indications it is reasonable to suggest that this use is too high.

Table 1. Amoxicillin clavulanate dispensing by age

Sample Practice

% of registered patients (in each age band) who were dispensed a penicillin and received amoxicillin clavulanate	Your practice % (number of patients)	Similar Practices %* (a comparator)	National %
<5 years	9 (7)	27	29
5–9 years	18 (8)	29	30
10–49 years	24 (70)	36	36
50–74 years	20 (42)	44	43
75+ years	25 (14)	43	42

In the vast majority of cases a narrow spectrum antibiotic such as amoxicillin should be first-line. Undertaking an audit using your practice management software to identify why amoxicillin clavulanate has been prescribed (i.e. indications) may help determine the appropriateness of prescribing in your practice – www.bpac.org.nz/audits

*** Would you like to know more about your comparator practices?**

Please see the next page

1. bpac^{nz}. Antibiotics, choices for common infections, 2013. Available from: www.bpac.org.nz (Accessed Sep, 2015).

2. eTG complete. Melbourne: Therapeutic Guidelines Limited; 2015 (Accessed Sep, 2015).

Using **comparator practices** to make **your reports** more meaningful

The problem with national comparisons

We understand that no two practice populations are the same and therefore it can be difficult to compare your practice's prescribing to national prescribing levels.

The development of comparator practices

To help combat this problem and make these reports more relevant to you, we have developed comparator groups. In the new reports your prescribing will be compared to ten practices from across New Zealand whose patient populations are similar to yours in:

- Age
- Ethnicity
- Gender
- Deprivation

We will account for the size of your registered practice population by using proportions or standardised formats e.g. prescribing per 1000 practice population

Eliminating the demographic differences mean you will be able to more easily determine genuine differences in your prescribing practices compared with your comparator practices.

If the prescribing from your practice is different compared to other practices in your comparator group, this may be explained by reasons, such as:

- Your prescribing practice and decision making is different to your peers
- The region you live in e.g. medicines to treat sore throats and rheumatic fever in the far North of New Zealand will be higher than in the South
- Someone in your practice may specialise in a particular area of medicine that uses certain medicines more than others, e.g. dermatology and isotretinoin prescribing



Further investigation of your prescribing

Undertaking an audit or peer group discussion around these medicines may provide more detail to help identify similarities and differences in prescribing practice compared to other primary care practitioners. If any issues have been identified these types of resources can help instigate change and lead to more appropriate use of medicines

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