



Quinolone Prescribing

SAMPLE

This report looks at your prescribing of quinolone antibiotics. In New Zealand general practice there has been a 40% increase in the use of ciprofloxacin in the last three years along with continuing high levels of norfloxacin prescribing. This is of concern as bacterial resistance to quinolones is increasing in line with use. For example *N. gonorrhoea* resistance to ciprofloxacin increased from 6% in 2002 to 25% in 2008¹.

Your prescribing at a glance

Your total number of quinolone prescriptions

The average number of quinolones prescriptions per GP is 45.

Norfloxacin as a % of your antibiotics for UTIs*

 %

This rate of prescribing is xxx our suggested target of <20%.

Ciprofloxacin as a % of your total antibiotic use

 %

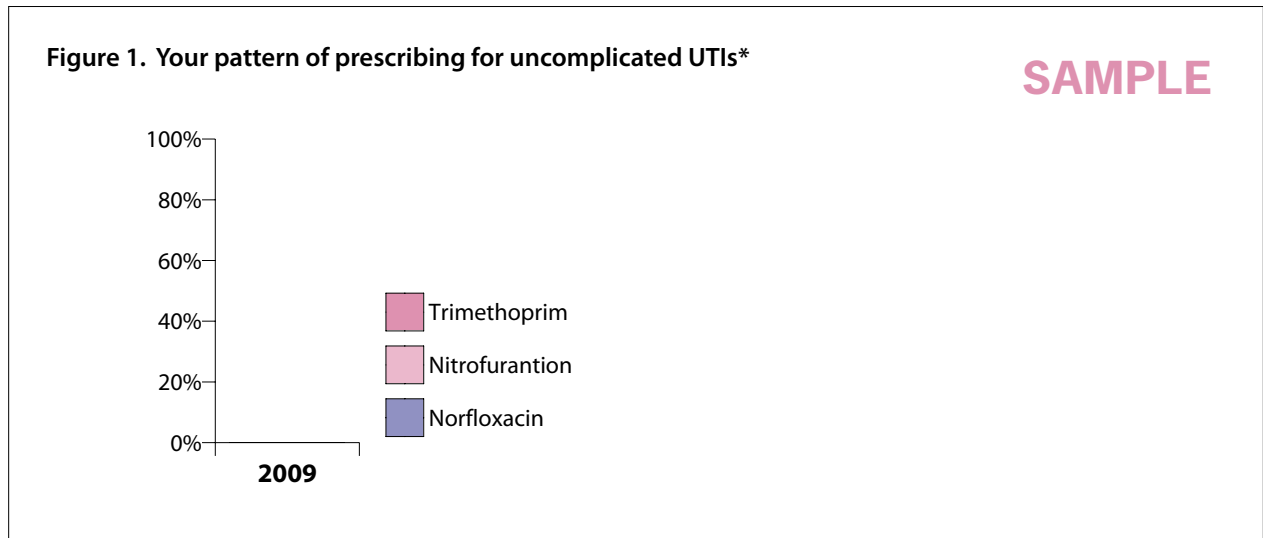
You are prescribing ciprofloxacin at rates xxx the majority of your peers and xxx the target of 2%.

All data for the calendar year 2009.

* Includes trimethoprim, nitrofurantoin and norfloxacin prescriptions for adult females only. May include prescriptions written for conditions other than UTIs. Ciprofloxacin is excluded as it is not routinely indicated for the treatment of uncomplicated UTIs.

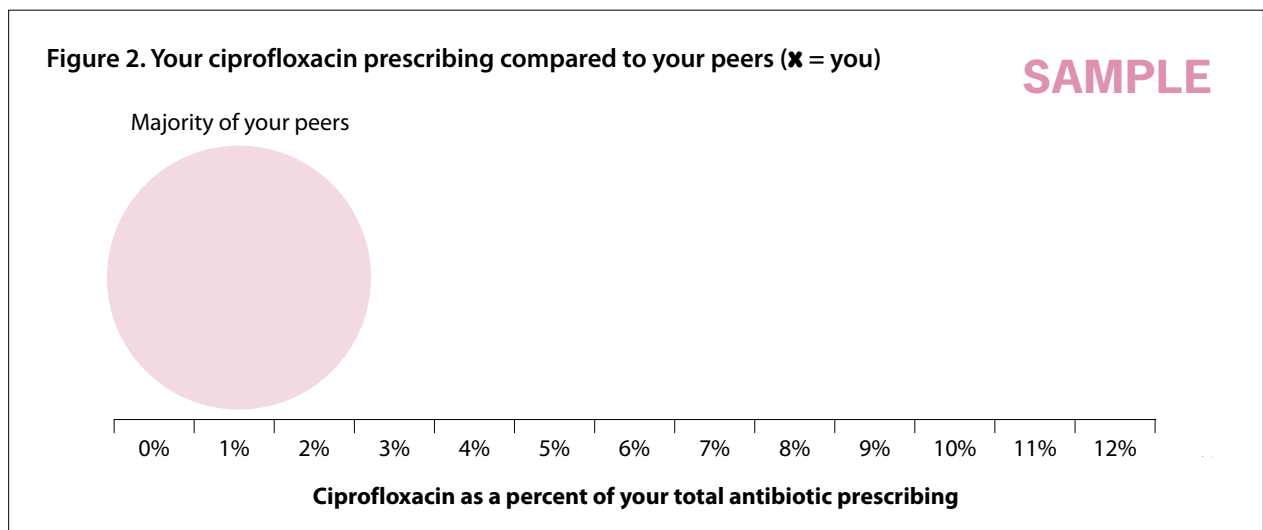
Trimethoprim or nitrofurantoin first line for treating uncomplicated UTIs

The recommended first line antibiotics for uncomplicated UTIs are trimethoprim or nitrofurantoin^{2,3}. Your pattern of prescribing for UTIs is shown in figure 1. Norfloxacin should be reserved for use in patients with trimethoprim or nitrofurantoin resistant UTIs. Given current resistance patterns, norfloxacin should account for <20% of your prescriptions for uncomplicated UTIs.



Is your ciprofloxacin prescribing on target?

Figure 2 shows your ciprofloxacin use relative to your peers. For the majority of GPs (75th percentile) ciprofloxacin accounts for 2% or less of their total antibiotic use. We have suggested this level of prescribing as a target for ciprofloxacin use in the community, although higher rates may be accounted for by more specialised practices such as travel or STI clinics. Consider how your use compares to the majority of your peers.



First line indications for quinolones in general practice

The following situations are the **only** indications for **first line** use.

Gonorrhoea	Ciprofloxacin, only if isolate is known to be sensitive. Resistance rates vary by location*
Travellers diarrhoea	Ciprofloxacin, in moderate to severe cases
Salmonella	Norfloxacin, in severe disease or immunocompromised patients

* Are you aware of resistance rates in your area? Contact your local community laboratory for more details

Prescribing for uncomplicated UTIs^{2,3}

Urine culture is unnecessary in women with uncomplicated UTI, as it is estimated that 80-85% of women can be successfully treated empirically with trimethoprim or nitrofurantoin.

Norfloxacin is not recommended as a first line treatment for uncomplicated UTI. Norfloxacin may be considered for the treatment of patients with complicated UTI e.g. non-pregnant women with recurrent UTI, failed treatment with a first line antibiotic or in men.

N.B. Trimethoprim and norfloxacin are contraindicated in pregnancy.

References:

1. Antimicrobial resistance data from hospital and community laboratories 2002-8. Institute of Environmental Science and Research Limited. Available at < http://www.surv.esr.cri.nz/antimicrobial/general_antimicrobial_susceptibility.php>.
2. Best Practice Advocacy Centre. Antibiotic choices for common infections. BPJ 2009;21:20-8.
3. Scottish Intercollegiate Guidelines Network (SIGN) 2006. Management of suspected urinary tract infection in adults. Guideline No. 88. July 2006. Available from www.sign.ac.uk Accessed May 2010.

Notes:

What time period is the data for in the report?

Data displayed in this report is for the 2009 calendar year.

What data is included in the UTI section of the report?

UTI data only includes adult females as it is estimated in this group of patients that 80-85% of prescriptions will be for uncomplicated UTIs.

Where does the data come from?

Data presented in this report are sourced from the NZHIS Pharmaceutical Claims database. There is a potential for data entry errors at the pharmacy, HealthPAC or NZHIS. All prescriptions associated with a NZMC number will be presented regardless of where they were generated e.g. an after-hours clinic or rest home. Data are assigned to you based on the recorded NZMC number associated with the prescription.

What is an average GP?

It is estimated the 'average GP' sees between 100 and 110 patients per week.

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