

Antimicrobial Stewardship: The Crying Need of the Time

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Overwhelming abuse of antimicrobials over the past some decades has contributed to such issues as increasing antimicrobial resistance, thereby diluting our endeavours in fighting against the infectious diseases [1]. According to the World Health Organisation, antimicrobial resistance is a “serious threat” to global public health [2]. Additionally, it increases the cost of health care due to a longer duration of the illness, additional tests that may be required and the use of more expensive drugs [2,3].

This is a cause of concern not just to the medical fraternity but also to the overall wellbeing of the humanity. Obviously, there is a felt need for strengthening collaboration among healthcare professionals to minimise the unfavourable consequences of unintended use of antimicrobial agents while optimising clinical outcomes.

In order to combat this challenge, antimicrobial stewardship has emerged as an effective means [3-6]. The term, antimicrobial stewardship, denotes monitoring of the antimicrobial therapy in health facilities to ensure its rational use. By definition, the term implies coordinated interventions for improving and measuring the rational use of antimicrobial drugs by promoting the selection of the optimal antibiotic regimen (with particular reference to dose, duration of administration, and route of administration). In this behalf, antimicrobial stewardship programme, initially conceptualised in 2006, was in actuality initiated in 2014 in letter and spirit [6]. It has proved its worth in decreasing the irrational use of antimicrobials and other favourable outcomes in the hospitals that have implemented it. However, its application in the resource-limited countries is yet to get off the ground at a meaningful level.

Though the programme has established its usefulness, its applicability in the resource-limited countries such as India needs to go beyond the teething troubles, paving way for establishment of the programme in large hospitals, especially those associated with teaching institutions, followed by small hospitals, other health facilities and medical practitioners in office practice.

The road-blocks in developing countries include lack of funding, human resources, information technology, and awareness amongst administration, other higher priorities, and prescriber’s opposition. Without any shadow of doubt, these bottlenecks have got to be overcome.

In short, in order to contain the problem of increasing antimicrobial resistance and other issues associated with overuse, misuse and abuse of antimicrobials, propagation of the antimicrobial stewardship program in health facilities, including child population, should be considered mandatory globally. The sooner we wake up, the better. How else can the battle against the wretched antimicrobial resistance be won?

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