

20 April 2017

Melanie Rosella
Senior Editor
Therapeutic Guidelines Limited
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Dear Ms Rosella,

RE: Revision of *Therapeutic Guidelines: Antibiotic*, Version 15

The Society of Hospital Pharmacists of Australia (SHPA) thanks Therapeutic Guidelines Limited for giving us the opportunity to provide comments regarding *Therapeutic Guidelines: Antibiotic, Version 15* ahead of its revision for the next edition. This guideline is an essential reference for our members every day in a variety of clinical settings, as they carry out their responsibilities in antimicrobial stewardship to reduce the emergence of antimicrobial resistance, as well as patient care through recommending the most clinically appropriate antimicrobials to treat a variety of infectious disease.

SHPA is the national professional organisation with more than 4,400 pharmacists, pharmacist interns, students, technicians and associates working across Australia's health system. SHPA members lead the Pharmacy Departments at 29 of the principal referral hospitals in Australia, as well as the vast majority of both Public Acute A and Public Acute B hospitals. SHPA convenes an Infectious Diseases Committee of Speciality Practice, networking our experts in antimicrobials and antimicrobial stewardship to advance and influence policy and practice.

SHPA members raised several areas in the current version of *Therapeutic Guidelines: Antibiotic* for the Editorial Board to review ahead of the next version.

Antibiotic prophylaxis for urinary tract infections in children

For the prophylactic dose in infants and children with severe or current urinary tract infections, *Therapeutic Guidelines: Antibiotic, Version 15* recommends a dose of trimethoprim of 4mg/kg up to 150mg at night, however this contrasts with the Australian Medicines Handbook Children's Dosing Companion, as well as the British National Formulary for Children who both recommend 2mg/kg up to 150mg and 100mg respectively.

Discrepancies between respected dosing guidelines can cause confusion for prescribers and pharmacists, and we kindly request for clarification and reasoning as to why the current *Therapeutic Guidelines: Antibiotic* recommends such a dose for this indication.

Cellulitis in the context of outpatient parenteral antimicrobial therapy (OPAT)

Our members advise us that they often observe inappropriate treatment of 'severe cellulitis' where the more appropriate, or primary diagnosis was actually cellulitis arising from venous ulcers or chronic vascular changes. Therefore SHPA believes the comments regarding differential diagnosis and predisposing factors for cellulitis that appear in the *Skin and soft tissue infections* chapter should be cross-referenced in the *Outpatient parenteral antimicrobial therapy* chapter, to improve the knowledge and awareness of clinicians treating cellulitis in the outpatient setting.

Our members advise us that *Therapeutic Guidelines: Antibiotic* should mention that where cellulitis is complicating another condition, or vice versa, that the guidelines should explicitly state that **both** conditions needs to be treated. For example, on top of intravenous antibiotics to treat cellulitis, compression bandaging is also required in the background of venous insufficiency, diuretic dose adjustment in ankle oedema, and silver dressings for a Pseudomonas wound. Furthermore, the guidelines should also state that extending the duration of treatment **does not** reverse chronic vascular changes, as our members often observe prescribers extending duration of intravenous antimicrobials inappropriately.

Fluconazole in oesophageal candidiasis

For the treatment of oesophageal candidiasis, *Therapeutic Guidelines* recommends fluconazole 200mg (child: 6mg/kg up to 200mg) for the first dose, then 100mg (child: 3mg/kg up to 100mg) daily for 14 to 21 days. However, the Clinical Practice Guideline for the Management of Candidiasis published by the Infectious Diseases Society of America (IDSA) recommends fluconazole 3-6mg/kg oral/IV daily (200-400mg) for 14-21 days based on “high-quality evidence”.

SHPA asks that the editorial board consider the IDSA’s guideline and the evidence cited in its publication when reviewing dosing guidelines for oesophageal candidiasis.

Availability of intravenous amoxicillin/clavulanic acid

It is anticipated that intravenous formulations of amoxicillin/clavulanic acid will be available on the market sometime in 2017, and SHPA recommends that it be considered for inclusion for treatment of: aspiration pneumonia, hospital acquired pneumonia, intra-abdominal infections, diabetic foot infections and dog bites.

General Practice-focused quick reference guides

SHPA believes that Therapeutic Guidelines Limited should consider producing a supplementary version in the format of a quick reference guide that is convenient and specifically tailored to the needs for General Practitioners, given that prescribing of antibiotics in the primary care setting accounts for 80% of all antibiotic prescribing. Researchers at the University of Tasmania assessed the uptake and effectiveness of a quick reference guide based on *Therapeutic Guidelines: Antibiotic, Version 15*. It found that it affected the prescribing practice of 74% of General Practitioners in the study, most often on the choice of antibiotic, as well as treatment duration, dose and dosing frequency.¹

If you would like to discuss any of the matters raised further, or would require any further advice in your revision of *Therapeutic Guidelines: Antibiotic*, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership. (jdewever@shpa.org.au)

Yours sincerely,



Professor Michael Dooley
Federal President

References

1. Thompson Angus, O’Sullivan Patrick, Banham Elisabeth, Peterson Greg (2016) Assessing the uptake and effectiveness of a quick reference guide to antibiotic prescribing in Australian general practice. *Australian Journal of Primary Health* 22, 565-568.