Correspondence

Drug use evaluation of antibiotics prescribed in a Jordanian Hospital outpatient and emergency clinics using WHO prescribing indicators

To the editor

I thoroughly read the article by Al-Niemat et al[1] on the drug use evaluation of antibiotics prescribed in a Jordanian hospital outpatient and emergency clinics using WHO prescribing indicators. The study could be made more informative if the authors considered listing the percentages of antibiotics prescription in various specialties clinics, and addressed the diagnoses of the health problems encountered in these clinics. In addition, the authors could not surely ascertain that the studied antibiotics prescriptions were irrationally or scientifically-based. It is noteworthy that antibiotics misuse still represents a major concern for health authorities in both developing and developed countries. In particular, antibiotics prescriptions in pediatrics constitute a significant health challenge since the most prevailing infections in children are of viral origin. In an Iraqi study,[2] antibiotics prescriptions were reported in 89% of children attended the Public Health Out-patient Clinics in Baghdad, Iraq. The most frequent diagnoses in the studied children were common cold (21%), bronchitis (11%), tonsillitis (9%), and gastroenteritis (7%). The most prevalent age groups were 1-5 years (50%), less than one year (21%), and more than 6 years (29%). The most common prescribed antibiotics were amoxicillin (34%), amoxicillin-cloxacillin (18%), and erythromycin (7%). Factors such as postgraduate qualification, experience of pediatricians, source and method of updating knowledge, inpatient practice setting, and presence of fever together with the pediatricians perception of parental expectations are strong determinants of antibiotics prescription.[3,4] Increasing awareness of physicians, in particularly juniors, on judicious prescription of antibiotics is pertinent. This will promote their wise clinical judgments, substantially reduces the emergence of resistant strains of microorganisms, and ultimately save unnecessary financial loss.

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Reply from the Author

First of all, I would like to thank Prof. Al-Mendalawi for his valuable comments on my paper. I would like to point out that we conducted a preliminary study investigating the degree of irrational prescribing of antibiotics in general in our facility King Hussein Medical City. It is worth to mention that not all prescriptions included in the surveyed sample indicate the name of speciality clinic from where they originate. Therefore, we could not be able to list the percentages of prescriptions in each clinic individually and we just listed the average of all prescriptions surveyed from these clinics over the 3 months surveyed period. It is a good idea to deal with the diagnosis of health problems encountered in the specialized clinics, and we might address them in our future studies and correlate them to the degree of adherence of military prescribers to standard treatment guidelines. Due to the study retrospective nature, we can not assume that every antibiotic prescription included in the surveyed sample was unnecessary or scientifically based, and we considered this a limitation to our study as mentioned in the discussion section in our article.

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The Jordan Armed Forces,
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