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Antibiotic stewardship programs are gaining popularity.

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ABSTRACT

Inappropriate antibiotic usage is a major contributor to the emergence of drug-resistant microorganisms and other harmful consequences. Antibiotic stewardship programs are hospital-based initiatives aimed at reducing unnecessary antibiotic prescriptions. The purpose of this research is to examine the public's growing fascination in antibiotic stewardship initiatives by analyzing data from Google Trends and Twitter.

Google Trends, which displays how often a certain search phrase is put into Google's search engine, and Twitter were employed as research tools.

More severe illnesses caused by bacteria resistant to many antibiotics have resulted in high morbidity and death rates, which has piqued the attention of the public and health care professionals in the topic of antibiotic usage and antibiotic resistance.

As a consequence of rising concerns about the spread of diseases caused by MDR organisms, there has been a surge in online interest in antimicrobial stewardship initiatives. Educating doctors and nurses more thoroughly on how to use antibiotics properly and convincing them to alter inappropriate prescription habits are, therefore, crucial.

Keywords: Bacterial resistance; antibiotic stewardship programs; antibiotics; multi-drug resistantorganism.

1. BACKGROUND

Antibiotics have changed the medications practices, helping in treating severe and lethal infections and making many other advances in the medical field such as organ transplants and cancer chemotherapy possible. The rapid starting of antibiotics to treat infections has been proven to lessen the morbidity of different infections and save lives, such as in the cases of sepsis [1]. However, between 20-50% of all

antibiotics prescribed in the United States acute care hospitals are either excessive or unsuitable [2-7].

The Centers for Disease Control and Prevention estimates that more than two million people are infected with antibiotic-resistant organisms, resulting in high rate of mortality, approximately 23,000 deaths annually [8].

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The appropriate use of antibiotics was defined by the World Health Organization as the cost-effective usage of antibacterial agents which maximizes the therapeutic effect while diminishing both the development of antimicrobial resistance and drug-related toxicity [9].

These programs help clinicians improve the patient care quality [12] and improve patient safety by increasing the infection cure rates, decreased management failures, and raised the frequency of correct prescribing for both prophylaxis and therapy [13,14]. They also considerably reduce the rates of clostridium difficile [15-17] and the resistance to different antibiotics [18-20].

In order to diminish the undesirable consequences of antimicrobial usage, carrying out of the antimicrobial stewardship programs should be mandatory [21-22]. The committee of these programs should include physicians

A growing body of evidence proves that there are hospital-based programs, commonly referred to as antibiotic stewardship programs, used to improve the usage of antibiotic, can both optimize the management of infections and lessen the adverse events associated with the use of antibiotic [10,11].

specialized in infectious diseases, with clinical pharmacists. Both of them are considered the chief leaders of antimicrobial stewardship programs. Additionally, clinical microbiologists can play an important role in these programs [23].

Internet search data could provide valuable insight into population behaviors. Google trends site is one of the tools that allows users to interact with internet search data. It is a widely available online resource, provided by Google. It provides insights into the timing, frequency and geographic source of matching google searches [24]. Twitter is an interactive social media platform established in 2006 that allows users to send 140-character messages to one another. It is another tool that can effectively disseminate nonmedical information. Moreover, healthcare professionals have used twitter to share medical information [25-29].

This study aims to explore the interest of public in antibiotic stewardship programs by using internet search trends data such as Google Trends and Twitter.

2. METHODOLOGY

A search trends feature that shows how frequently a given search term is entered into Google's search engine (Google Trends) and a social network site (Twitter) were used to explore a public interest in antibiotic stewardship programs by using terms related to in antibiotic stewardship programs for the last 5 years. The data included the number of tweets in different years, the year of highest tweets and the years of highest search in google for antimicrobial stewardship, the highest countries that searched for the terms.

2.1 Statistical Analysis

Data were analyzed using Statistical Package for Social Sciences version 25 (SPSS 25). Data variables were presented as frequencies and percentages. Independent sample t test was conducted to detect difference in means of enquiry asked (Tweeted) between different year.

Pearson correlation was used to explore correlation between questions asked in different years. P value < 0.05 indicated significance.

3. RESULTS AND DISCUSSION

The first part included the number of tweets that were related to the term (antimicrobial stewardship programs) on Twitter. The number of tweets in the years between 2014 till 2018 was 479 tweets.

There was a significant difference has been found in the tweets in a different year, the p-value of .020 has been noted and the correlation was significant at the 0.05 level (2-tailed).

The result shows a continuous increase in the number of tweets, the number of tweets in 2017 and 2018 is more than 100 tweets. The years of highest tweets were 2018 followed by 2017, 2016, 2015 and 2014. Table 1 shows the number of tweets using the keyword antimicrobial stewardship from 2014-2018 tweets.

Table 1. Number of tweets from 2014-2018 tweets

Year	Frequency	Percentage
2018	128	26.72%
2017	113	23.59%
2016	96	20.04%
2015	95	19.83%
2014	47	9.81%

The second part included searching google trends for the keyword "antimicrobialstewardship", In the last 5 years increasingly trend appears for searching the keyword and 2017 is the year of the highest number of searching trials.

The countries that frequently searched for the terms were Australia followed by Canada, Philippine, Malaysia, and Saudi Arabia. The highest city that searched for the terms was Toronto city.

The public and the health care professionals are now more interested in antibiotic use and antibiotic resistance due to the development of more severe infections that were caused by bacteria resisted to many antibiotics that lead to high morbidity and mortality rates. Additionally, the interest is now increased for the interventions that lead to appropriate antibiotic use such as antimicrobial stewardship programs. The results

of these study showed more interest in antimicrobial stewardship programs especially for the health care providers because the public generally have a poor knowledge regarding the antimicrobial stewardship programs and commonly they may search for the terms antibiotic, infection but not for medical keywords such as antimicrobial stewardship.

4. CONCLUSION

There is a high prevalence of infections caused by multi-drug resistant organism that could lead to more mortality and morbidity rates, as a result the interest in antimicrobial stewardship programs in internet is increased. So it is important to increase the knowledge of health care professionals regarding the appropriate antibiotic use and to encourage them to change their unsuitable prescribing patterns by making lectures, seminars, and workshops about using antibiotics appropriately and to encourage the hospitals to start the implementation of interventions such as antimicrobial stewardship programs. Additionally, it is important to increase the awareness of the public regarding the correct use of antibiotics by brochures, posters, lectures and social media.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competinginterests exist.

REFERENCES

- 1. Dellinger RP, Levy MM, Rhodes A, et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock, 2012. Intensive Care Medicine. 2013;39(2):165-228.
- Camins BC, King MD, Wells JB, et al. Impact
 of an antimicrobial utilization program on
 antimicrobial use at a largeteaching hospital: A
 randomized controlled trial. Infection control
 and hospitalepidemiology: The official Journal
 of the Society of Hospital Epidemiologists of
 America. 2009;30(10):931-938.

- Ingram PR, Seet JM, Budgeon CA, Murray R. Point-prevalence study of inappropriate antibiotic use at a tertiary Australian hospital. Internal Medicine Journal. 2012; 42(6):719-721.
- 4. Levin PD, Idrees S, Sprung CL, et al. Antimicrobial use in the ICU: Indications and accuracy—an observational trial. Journal of Hospital Medicine: An Official Publication of the Society of Hospital Medicine. 2012;7(9):672-678.
- Patel SJ, Oshodi A, Prasad P, et al. Antibiotic use in neonatal intensive care units and adherence with Centers for Disease Control and Prevention 12 Step Campaign to Prevent Antimicrobial Resistance. The Pediatric Infectious Disease Journal. Dec 2009;28(12):1047-1051.
- 6. Dellit TH, Owens RC, McGowan JE, Jr., et al. Infectious diseases society of America and the society for healthcare epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. Clinical infectious diseases: An official publication of the Infectious Diseases Society of America. 2007;44(2):159-177.
- Fridkin SK, Baggs J, Fagan R, et al. Vital signs: Improving antibiotic use among hospitalized patients. MMWR. Morbidity and Mortality Weekly Report. 2014;63.
- 8. Centers for Disease Control and Prevention.
 Antibiotic resistance threats in the United
 States, Atlanta, GA: CDC; 2013.
- 9. World Health Organization. WHO Global Strategy for Containment of Antimicrobial Resistance. Geneva, Switzerland: World Health Organization; 2011.
 [Google Scholar]
- Davey P, Brown E, Charani E, et al. Interventions to improve antibiotic prescribing practices for hospital inpatients. The Cochrane Database of Systematic Reviews. 2013;4:CD003543.
- Malani AN, Richards PG, Kapila S, Otto MH, Czerwinski J, Singal B. Clinical and economic outcomes from a community hospital's antimicrobial stewardship program. American Journal of Infection Control. 2013;41(2):145-148.
- Stach LM, Hedican EB, Herigon JC, Jackson MA, Newland JG. Clinicians' attitudes towards an antimicrobial stewardship program at a children's

- hospital. Journal of the Pediatric Infectious Diseases Society. 2012;1(3):190-197.
- 13. Kaki R, Elligsen M, Walker S, Simor A, Palmay L, Daneman N. Impact of antimicrobial stewardship in critical care: a systematic review. The Journal of Antimicrobial Chemotherapy. 2011;66(6): 1223-1230.
- 14. Nowak MA, Nelson RE, Breidenbach JL, Thompson PA, Carson PJ. Clinical and economic outcomes of a prospective antimicrobial stewardship program. American Journal of Health-system Pharmacy: AJHP: Official Journal of the American Society of Health-System Pharmacists. 2012;69(17):1500-1508.
- 15. Bishop J, Parry MF, Hall T. Decreasing Clostridium difficile infections in surgery: impact of a practice bundle incorporating a resident rounding protocol. Connecticut Medicine. 2013;77(2):69-75.
- 16. Leung V, Gill S, Sauve J, Walker K, Stumpo C, Powis J. Growing a "positive culture" of antimicrobial stewardship in a community hospital. The Canadian Journal of Hospital Pharmacy. 2011;64(5):314-320.
- 17. Valiquette L, Cossette B, Garant MP, Diab H, Pepin J. Impact of a reduction in the use of high-risk antibiotics on the course of an epidemic of Clostridium difficile-associated disease caused by the hypervirulent NAP1/027 strain. Clinical infectious diseases: An official publication of the Infectious Diseases Society of America. 2007;45(Suppl 2):S112-121.
- 18. DiazGranados CA. Prospective audit for antimicrobial stewardship in intensive care: Impact on resistance and clinical outcomes. American Journal of Infection Control. 2012;40(6):526-529.
- 19. Elligsen M, Walker SA, Pinto R, et al. Audit and feedback to reduce broad-spectrum antibiotic use among intensive care unit patients: A controlled interrupted time series analysis. Infection control and hospital epidemiology: The official journal of the Society of Hospital Epidemiologists of America. 2012;33(4):354-361.
- Stewardship A, America A, Resistance A, et al. Antimicrobial stewardship - Society for healthcare epidemiology of America; 2019. [Internet].

[Cited 26 November 2019] Available:Shea-online.org Available:https://www.sheaonline.org/index.php/antimicrobialstewardship

- 21. Cisneros JM, Neth O, Gil-Navarro MV, Lepe JA, Jimenez-Parrilla F, Cordero E, et al. Global impact of an educational antimicrobial stewardship programme on prescribing practice in a tertiary hospital centre. Clinical microbiology and infection: The official publication of the European Society of Clinical Microbiology and Infectious Diseases. 2014;20(1):82-8.
- 22. Gyssens IC, Kern WV, Livermore DM, Ecil ajvo EEI, Escmid Eo. The role of antibiotic stewardship in limiting antibacterial resistance among hematology patients. Haematologica. 2013;98(12):1821-5.
- 23. Morency-Potvin P, Schwartz DN, Weinstein RA. Antimicrobial Stewardship: How the microbiology laboratory can right the ship. Clinical Microbiology reviews. 2017;30(1):381-407.
- 24. Google Trends; 2017. Available:https://trends.google.co.uk/trends (Accessed 3rd October 2017) Available:http://www.webcitation.org/6u7Ci 2LMr (10th October 2017)
- 25. Lotan G, Graeff E, Ananny M, Gaffney D, Pearce I, Boyd D. The Arab spring The revolutions were tweeted: Information Flows during the 2011 Tunisian and

- Egyptian Revolutions. International Journal of Communication. 2011;5:1375–1405. [Google Scholar]
- Scanfeld D, Scanfeld V, Larson EL.
 Dissemination of health information through social networks: Twitter and antibiotics.

 American Journal of Infection Control. 2010;38(3):182–188.
- [PMC free article] [PubMed] [Google Scholar] 27. Chew C, Eysenbach G. Pandemics in the age of Twitter: Content analysis of tweets during the 2009 H1N1 Outbreak. PLoS One.
 - 2010;5(11):e14118.
 [PMC free article] [PubMed] [Google Scholar]
- 28. Chou S, Hunt YM, Beckjord EB, Moser RP, Hesse BW. Social media use in the United States: Implications for health communication. J Med Internet Res. 2009;11(4):e48.
- [PMC free article] [PubMed] [GoogleScholar]
 29. Sinnenberg L, Buttenheim AM, Padrez K,
 Mancheno C, Ungar L, Merchant RM. Twitter
 as a tool for health research: A systematic
 review. American Journal of Public Health.
 2017;107(1):e1-e8.