



Antibiotic Resistance: A Real Menace

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Dear Editor,

I read with interest the Editorial titled: 'Antibiotics Resistance: When the Armamentarium Gets to the Verge of Being Empty' published in the July 2017 issue of the *Oman Medical Journal*.¹ The author indeed hit the nail on the head when pointing out that antibiotics can be our best friend, but also our greatest enemy.

Antibiotic resistance remains a modern worldwide problem. In Malaysia, for instance, the phenomenon of antibiotic resistance was noted as early as 1991.² At that time, even common antibiotics like penicillin and cephalosporins were included in the antibiotic resistance bandwagon, much to the worry of healthcare providers and policymakers.

There have been more cases and deaths reported resulting from antibiotic resistance. In the USA alone, two million patients are infected with multi-drug resistant bacteria, resulting in more than one percent of preventable deaths.³

As a general practitioner in a developing country, I have come across a wide variety of cases, the main cause is obvious. Non-evidence-based prescription of antibiotics, even for upper respiratory tract infection, has unwittingly led to this real-world menace that seems relentless in targeting mainly immunosuppressed patients (e.g., those admitted in the intensive care units, at extremes of age or inflicted with cancer).

As pointed out by the author, antibiotic resistance is indeed worrying as even the so-called broad-spectrum antibiotics, such as carbapenem, have powerful microorganisms resistant to them.¹

Therefore, there is a need to look back at the often forgotten Centor criteria to define the need for antibiotics in the common modern illnesses of pharyngitis and tonsillitis.⁴ By answering just five questions, the requirement for antibiotics can be determined; however, there may be the need for a confirmatory throat swab in certain cases.

Other than the recommendations given by the author, it would be wise to incorporate this subject matter in medical school curriculum, or even in secondary school science textbooks as life-long health behaviors are mostly learned during this period. As the cost of developing new antibiotics often run into billions of dollars with yet uncertain effectiveness or possible side effects, everyone from the lay public to the policymakers must join hand-in-hand to combat this modern day killer.

After all isn't '*prevention better than cure.*'

REFERENCES

1. Balkhair A. Antibiotics resistance: When the armamentarium gets to the verge of being empty. *Oman Med J* 2017 Jul;32(4): 267-268.
2. Cheong YM, Lim VK, Jegathesan M, Suleiman AB. Antimicrobial resistance in 6 Malaysian general hospitals. *Med J Malaysia* 1994 Dec;49(4):317-326.
3. Antibiotic/ antimicrobial resistance. Centers for Disease Control and Prevention [cited 2017 August 2]. Available from: <https://www.cdc.gov/drugresistance/index.html>.
4. Diagnosis and treatment of streptococcal pharyngitis. American Academy of Family Physicians [cited 2017 August 2]. Available from: <http://www.aafp.org/afp/2009/0301/p383.html>.