

of concern are that some practitioners appear to use a broad-spectrum antibiotic as a first choice and/or prescribe an antibiotic for a shorter time than that usually recommended.

INTRODUCTION

A survey was conducted to ascertain the attitudes of medical practitioners to the usage of antibiotics in Zimbabwe; their actual usage of antibiotics was not investigated. This study was prompted by previous reports which found that antibiotic usage in Zimbabwe was considerably higher than in both the United Kingdom and the United States of America.^{1,2}

METHODS

Questionnaires were posted to 100 randomly selected medical practitioners throughout the country and 43 replies were received. Randomisation was achieved by using random number tables and then selecting the practitioners from numbered alphabetical lists taken from telephone directories.

RESULTS AND DISCUSSION

The survey response was average for a postal survey. In choosing a suitable antibiotic on initial consultation by a patient, 20 per cent of the respondents use a single criterion, predominantly that the product is usually indicated for the condition being treated. The remaining 80 per cent based their choice on a number of criteria – the product is usually indicated for the condition being treated, on the basis of bacterial sensitivity tests, use a broad spectrum antibiotic as the first choice to cover all possibilities and/or because the product has recently been shown to be effective in similar conditions.

The normal dose and duration of therapy recommended by the manufacturers are adhered to by 80 per cent respondents. Some medical practitioners use a higher or lower dose depending on the patient and also some treat for a longer or shorter period of time than that recommended by the manufacturers. Those respondents who treated their patients for a shorter time did so either to increase compliance or because they felt that common acute infections seldom require more than three days of treatment. A longer treatment period was chosen by those respondents who considered that the duration of therapy recommended by the manufacturers was inadequate.

The prescriber's choice of antibiotic dose and duration of therapy appears to be largely successful

Attitude of Medical Practitioners to Antibiotic Prescribing in Zimbabwe.

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SUMMARY

The findings indicate that a majority (91%) of medical practitioners are aware of the dangers of antibiotic abuse and consider patient variables in the choice of drug, the dose, and duration of therapy. Combinations of antimicrobial agents are reserved for severe and refractory infections. The major problem area appears to be patient pressure on medical practitioners to prescribe antibiotics unnecessarily. Other potential areas

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as 60 per cent stated that the first prescribed antibiotic seldom failed to cure an infection.

Their reasons for such statements seem to be based on the level of reconstruction by patients and may not, therefore, give a true indication of the success rate as a number of patients may not reconsult even if the initial prescribed therapy failed. Only 5 per cent of the respondents stated that reconsultation by patients was often necessary owing to failure of the first prescribed antibiotic to cure an infection.

It was encouraging to note that most of the participants were worried about excessive antibiotics usage of leading to increased resistance (91%) indicating widespread awareness of the possible problems caused by antibiotic abuse. There appears to be a problem, however, in that patients frequently try to persuade their medical practitioners into prescribing an antibiotic when it is not appropriate (72% of respondents).

Two-thirds of the survey population were in favour of antibiotic sensitivity testing as an aid to rational prescribing if the service was readily available. Those opposed to the use of sensitivity tests were either too expensive, too time-consuming or not helpful.

Almost half the respondents (49%) use more than one antimicrobial agent together on rare occasions in situations which they defined as 'accepted', usually in cases of severe infections or for refractory cases and mostly in hospitalised patients.

On the basis of this survey it can be concluded that, if the attitudes of the respondents are an accurate indication of their actual usage of antibiotics then, by and large, medical practitioners in Zimbabwe are sensible in their use of antibiotics, the major problem areas being patient pressure to prescribe unnecessarily; the attitude of some practitioners to use a broad-spectrum antibiotic as a first choice which may be considered unnecessarily harsh therapy for ailments that may well respond to a less deleterious agent; and the tendency of some of the respondents to use an antibiotic for a shorter period of time than that recommended, a choice that appears to be empirically based. If these problem areas are controlled, the hazards associated with antibiotic usage will be minimised.

REFERENCES

1. Morton DJ Survey of prescribing habits in Zimbabwe. *Cent Afr J Med* (in press).
2. Morton DJ, Langton SA. Antibiotic prescribing in Zimbabwe. *Cent Afr J Med* (in press).
3. Bennet AK, Ritchie K. *Questionnaires in Medicines - a Guide to Their Design and Use*. 1st ed. London: Oxford University Press, 1975:24.