

Newsletter Supplement: Appropriate use of co-amoxiclav



GlaxoSmithKline (GSK) is currently experiencing a production capacity issue affecting supply of Augmentin® tablets. From November 2013, GSK state they anticipate potential supply problems with Augmentin® tablets to community pharmacies which will continue until the third quarter of 2014.

It is not known if this shortage will cause a pressure on generic supplies. However, as always, prescribers are advised to reserve co-amoxiclav solely for when it is recommended as a first-line treatment. An alternative antibiotic should be used for all other confirmed indications.

It should be noted that the **only** indication for the use of co-amoxiclav contained in the recently launched [NI Management of Infection Guidelines for Primary Care 2013](#)¹ is antimicrobial prophylaxis following a human or animal bite. A second-line alternative treatment option for this indication is also included if, for whatever reason, co-amoxiclav is not available:

ALTERNATIVES TO CO-AMOXICLAV IN BITES

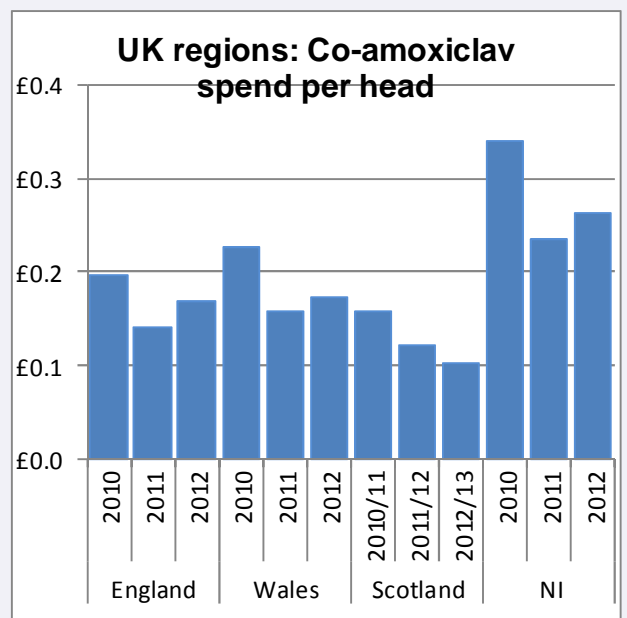
(Source: [NI Management of Infection Guidelines for Primary Care 2013](#))

ADULTS Human or animal bite	Metronidazole 400mg TDS x 7 days PLUS Doxycycline 100mg BD x 7 days
CHILD Human bite	Clarithromycin PLUS Metronidazole x 7 days (see page 30 NI guidelines for dosing info)
CHILD Animal bite	If co-amoxiclav is not available or child is allergic consult your local microbiologist / infectious disease specialist for advice. Clarithromycin does not work for animal bites.

¹ NI Management of Infection Guidelines for Primary Care 2013 and accompanying resources are available at: <http://www.publichealth.hscni.net/publications/antibiotic-prescribing-resources-health-professionals>

Over 33,000 primary care prescriptions were written in NI for co-amoxiclav in 2012/13. The prescribing rate for this particular antibiotic is much higher than any other region in the UK, with the chart adjacent reflecting this in terms of cost per head of population.

Co-amoxiclav is a broad-spectrum antimicrobial; the use of broad-spectrum antimicrobials should be avoided to help combat the development of bacterial resistance. Co-amoxiclav is also considered a high-risk antimicrobial due to its association with the development of health-care associated infections such as Clostridium difficile infection (CDI). Anecdotal evidence suggests a strong link between use of co-amoxiclav and occurrence of CDI incidents and outbreaks in the care home setting locally in Northern Ireland.



When clinically indicated, there is a range of safe alternative (and less expensive) antibiotics recommended which are more appropriate as the first line of defence in situations where co-amoxiclav is often prescribed – see below.

Recommended First-Line treatment of common infections in ADULTS

	Otitis Media	Sinusitis	Throat Infection/ Pharyngitis/ Tonsillitis	Acute Bronchitis	Acute Exacerbation COPD	Community Acquired Pneumonia	UTI
AMOXICILLIN	✓	✓ or doxycycline	-	✓	✓	✓	-
CLARITHROMYCIN	-	-	-	-	-	Add if CRB-65=1	-
DOXYCYCLINE	-	✓ or amoxicillin	-	-	-	-	-
NITROFURANTOIN	-	-	-	-	-	-	✓ or trimethoprim
PENICILLIN V	-	-	✓	-	-	-	-
TRIMETHOPRIM	-	-	-	-	-	-	✓ or nitrofurantoin
CO-AMOXICLAV	X	X	X	X	X	X	X

Source: NI Management of Infection Guidelines for Primary Care 2013.
For second-line treatment, penicillin allergy and full dosage information see the full guidance.

Prescribers may also contact their local Microbiology service for further advice on the management of individual patients for whom co-amoxiclav may be indicated.

This newsletter has been produced for GPs and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management pharmacists in your local HSCB office.

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