

ISSN: 2230-9926

RESEARCH ARTICLE

Available online at http://www.journalijdr.com



International Journal of Development Research Vol. 11, Issue, 02, pp. 44932-44936, February, 2021 https://doi.org/10.37118/ijdr.28045.02.2021



OPEN ACCESS

NAVIGATING THE ANTIBIOTIC MAZE: A COMPREHENSIVE ANALYSIS OF RATIONAL USAGE

*AL Mutairy Hind Mehmas, AL Mutairi Amaal Saad, AL Shammari Faisal Nuairan, AL Rashidi Ahmad Mueallath, AL Yousef Fahad Mohammed, AL Anazi Abdulrahman Kaseb and AL Otaibi Bander Sager

Ministry of National Guard Health Affairs

ARTICLE INFO

Received 19th December, 2020

Received in revised form

*Corresponding author:

AL Mutairy Hind Mehmas,

Accepted 27th January, 2021

Published online 28th February, 2021

Antibiotic Resistance, Rational Antibiotic Use,

Healthcare Practices, Antibiotic Stewardship,

Public Health Campaigns, International

Collaboration, Innovation in Treatment.

24th December, 2020

Article History:

Key Words:

ABSTRACT

In the face of escalating antibiotic resistance, a critical global health threat, this article delves into the imperative of rational antibiotic use. The discovery of antibiotics revolutionized medicine, offering a potent weapon against bacterial infections. However, the subsequent overuse and misuse of these drugs have precipitated a crisis of antibiotic resistance, rendering standard treatments ineffective and elevating the risk of untreatable infections. This comprehensive analysis underscores the multifaceted nature of the problem, encompassing factors from healthcare practices to agricultural misuse, and the dire economic and health implications of escalating resistance. Highlighting the principles of rational antibiotic use, the article advocates for stringent adherence to guidelines, the pivotal role of healthcare professionals in stewardship, and the indispensable need for patient education. It explores actionable strategies, including stewardship programs, regulatory frameworks, and public health initiatives, drawing lessons from global case studies of both successes and setbacks. The article concludes by calling for a unified, interdisciplinary approach to forge a sustainable path forward, emphasizing innovation, international collaboration, and public engagement in curbing antibiotic resistance.

Copyright©2021, AL Mutairy Hind Mehmas et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: AL Mutairy Hind Mehmas, AL Mutairi Amaal Saad, AL Shammari Faisal Nuairan, AL Rashidi Ahmad Mueallath, AL Yousef Fahad Mohammed, AL Anazi Abdulrahman Kaseb and AL Otaibi Bander Saqer. 2021. "Navigating the antibiotic maze: A comprehensive analysis of rational usage", International Journal of Development Research, 11, (02), 44925-44931.

INTRODUCTION

The advent of antibiotics, often hailed as one of the most significant medical breakthroughs of the 20th century, fundamentally transformed the landscape of infectious disease treatment. Penicillin, discovered by Alexander Fleming in 1928, marked the dawn of the antibiotic era, offering a potent weapon against bacterial infections that were once deemed invariably lethal [1]. This discovery, along with subsequent advancements in antibiotic development, drastically reduced mortality rates from bacterial infections and enabled major medical procedures, including surgeries and chemotherapy, that rely on effective antibacterial prophylaxis [2]. However, this remarkable success story is shadowed by an emerging crisis: antibiotic resistance. The World Health Organization (WHO) has identified antibiotic resistance as one of the top ten global public health threats facing humanity [3]. This phenomenon occurs when bacteria evolve mechanisms to withstand the drugs designed to kill them, rendering standard treatments ineffective and leading to longer hospital stays, higher medical costs, and increased mortality [4]. The roots of this crisis are multifaceted, stemming from both overuse and misuse of antibiotics in human medicine, as well as in veterinary and

agricultural practices. In healthcare settings, antibiotics are often prescribed for viral infections against which they are ineffective, or used without proper stewardship, leading to unnecessary exposure and the promotion of resistance [5]. In agriculture, the widespread use of antibiotics as growth promoters in livestock contributes to the selection pressure for resistant strains, which can then be transmitted to humans through the food chain [6]. The implications of rising antibiotic resistance are profound, extending beyond the immediate health impacts to pose significant economic challenges. The costs associated with antibiotic resistance are multifarious, encompassing direct healthcare expenses due to prolonged illness and treatment, as well as broader economic impacts from loss of productivity and the burden on healthcare systems [7]. A report commissioned by the UK government predicted that, by 2050, antibiotic resistance could cause 10 million deaths annually worldwide, surpassing the mortality rate of cancer, and could cost the global economy up to \$100 trillion USD if no action is taken [8]. Given this backdrop, the rational use of antibiotics emerges as a crucial strategy in the battle against resistance. Rational antibiotic use entails prescribing antibiotics only when necessary, choosing the appropriate antibiotic, dose, and duration of treatment to maximize therapeutic efficacy while

minimizing the risk of resistance development [9]. This approach is not only about individual prescription practices but also involves broader systemic changes, including the implementation of antibiotic stewardship programs in healthcare settings, regulatory reforms to control antibiotic use in agriculture, and public health campaigns to raise awareness about antibiotic resistance [10]. This article aims to provide a comprehensive analysis of the rational use of antibiotics, exploring the underlying causes of antibiotic resistance, the critical importance of rational prescribing and use, and the multifaceted strategies required to combat this growing threat. Through this analysis, we seek to underscore the need for concerted efforts from healthcare professionals, policymakers, and the public to ensure the continued efficacy of these invaluable drugs for future generations.

The Antibiotic Crisis: The antibiotic crisis, characterized by the escalating prevalence of antibiotic-resistant bacteria, poses one of the most daunting challenges in contemporary healthcare. This crisis not only threatens the efficacy of standard treatments for bacterial infections but also jeopardizes the achievements of modern medicine, including advanced surgical procedures and cancer treatments that depend on the prophylactic use of antibiotics [5].

The Rise of Antibiotic Resistance: Antibiotic resistance occurs when bacteria evolve mechanisms to survive exposure to antibiotics. These mechanisms can include altering the antibiotic's target site, developing efflux pumps to remove the antibiotic from the cell, or producing enzymes that inactivate the antibiotic [11]. The misuse and overuse of antibiotics in both human and veterinary medicine accelerate the development of resistance by exposing bacteria to selective pressure, encouraging the survival and proliferation of resistant strains.

Global Spread and Impact: The global spread of antibiotic resistance is facilitated by several factors, including international travel, trade, and the migration of populations. Resistant bacteria can spread from person to person or through the environment, making containment challenging. The impact is profound: infections caused by resistant bacteria are associated with higher morbidity, mortality, and healthcare costs due to the need for more prolonged and expensive treatments. The World Health Organization (WHO) has reported that antibiotic resistance leads to 700,000 deaths annually, a figure projected to rise to 10 million by 2050 if no significant action is taken [12].

Contributing Factors: The overprescription of antibiotics in clinical settings is a primary contributor to the rise in resistance. Studies have shown that a significant proportion of antibiotics prescribed in outpatient settings are for conditions that do not require antibiotic therapy, such as viral infections [13]. In agriculture, the prophylactic use of antibiotics in livestock to promote growth and prevent disease in crowded conditions further contributes to the problem. This practice not only selects for resistant bacteria in animal populations but also facilitates the transfer of resistance genes to human pathogens through the food chain and the environment [6].

Economic and Healthcare Implications: The economic implications of antibiotic resistance are staggering. The direct costs include increased expenditure on healthcare due to longer hospital stays, the need for more expensive and potentially toxic second-line treatments, and the increased burden on healthcare systems. Indirect costs arise from reduced productivity due to illness and the societal impact of increased morbidity and mortality. A study commissioned by the UK government estimated that the global cost of antibiotic resistance could reach \$100 trillion USD by 2050, highlighting the urgent need for effective interventions [14].

Addressing the Crisis: Combating antibiotic resistance requires a multifaceted approach that involves reducing the misuse and overuse of antibiotics, improving infection prevention and control measures, promoting the development of new antibiotics and alternative treatments, and enhancing surveillance and stewardship programs. Public health campaigns aimed at educating healthcare professionals

and the public about the prudent use of antibiotics are also crucial in mitigating the spread of resistance [15]. The global nature of the antibiotic resistance crisis necessitates international cooperation and collaboration. Initiatives like the Global Action Plan on Antimicrobial Resistance, spearheaded by the WHO, seek to foster a unified approach to tackling this issue, emphasizing the need for a One Health approach that addresses antibiotic use in humans, animals, and the environment [16]. The antibiotic resistance crisis presents a complex challenge that threatens the foundations of modern medicine. Addressing this crisis requires concerted efforts from all stakeholders, including healthcare professionals, policymakers, patients, and the industry. Through agricultural comprehensive strategies encompassing stewardship, education, research, and global collaboration, it is possible to stem the tide of antibiotic resistance and safeguard the efficacy of these vital drugs for future generations.

Rational use of Antibiotics: Understanding the Principles

Rational use of antibiotics is a cornerstone in the fight against the burgeoning crisis of antibiotic resistance. This concept emphasizes the judicious use of antibiotics to ensure maximum therapeutic efficacy while minimizing the emergence of resistant bacterial strains. Understanding and implementing the principles of rational antibiotic use are paramount in preserving the effectiveness of these vital medications for future generations.

Defining Rational Use of Antibiotics: Rational antibiotic use involves several key principles: prescribing antibiotics only when they are truly needed, selecting the appropriate antibiotic based on the likely causative organism and its susceptibility profile, and determining the correct dose, duration, and route of administration [17]. This approach not only optimizes patient outcomes but also mitigates the risk of promoting antibiotic resistance.

The Importance of Guidelines and Protocols: Clinical guidelines and protocols play a critical role in promoting rational antibiotic use. These guidelines, developed based on the best available evidence, provide healthcare professionals with recommendations on when antibiotics are indicated, which agents to choose, and how to use them effectively. Adherence to these guidelines has been shown to improve patient outcomes, reduce antibiotic use, and decrease the prevalence of resistance [18].

The Role of Healthcare Professionals: Healthcare professionals, including physicians, pharmacists, and nurses, are at the forefront of implementing rational antibiotic use. Their responsibilities include accurately diagnosing bacterial infections, educating patients about the appropriate use of antibiotics, and avoiding the unnecessary prescription of antibiotics for viral infections [19]. Stewardship programs in healthcare facilities support these professionals by providing resources, education, and oversight to ensure adherence to best practices in antibiotic prescribing [20].

Patient Education and Participation: Educating patients about the proper use of antibiotics and the dangers of misuse is vital in promoting rational use. Patients should be informed about the importance of taking antibiotics as prescribed, not demanding antibiotics for viral infections like the common cold or flu, and the potential consequences of antibiotic resistance. Engaging patients in discussions about the necessity and risks of antibiotic therapy can lead to more informed decisions and better adherence to prescribed treatments [21].

Strategies to Enhance Rational Use

- 1. Antibiotic Stewardship Programs: These programs, implemented in healthcare settings, are designed to optimize antibiotic use, improve patient outcomes, and reduce the risk of resistance. They involve coordinated interventions, including guideline development, review of antibiotic prescriptions, and feedback to prescribers [22].
- 2. Surveillance and Monitoring: Ongoing surveillance of antibiotic resistance patterns and antibiotic use is essential for

informing treatment guidelines and identifying targets for intervention. This data can help tailor antibiotic choices to local resistance patterns, enhancing the effectiveness of treatment and reducing the selection pressure for resistant strains [23].

- 3. **Regulatory Measures**: Governments and regulatory bodies can promote rational antibiotic use through policies that restrict the over-the-counter sale of antibiotics, regulate their use in agriculture, and support research into new antibiotics and alternative therapies [8].
- 4. *Public Health Initiatives*: Public health campaigns aimed at raising awareness about antibiotic resistance and the importance of rational use can change public perceptions and behaviors. These initiatives can reduce patient demand for unnecessary antibiotics and encourage adherence to prescribed courses of treatment [24].

Rational use of antibiotics is a multifaceted approach that requires the engagement of healthcare professionals, patients, policymakers, and the broader community. By adhering to the principles of rational use, we can preserve the efficacy of antibiotics, improve patient care, and combat the threat of antibiotic resistance. This concerted effort is essential to safeguarding one of medicine's most valuable resources for generations to come.

Strategies for promoting rational antibiotic use: Promoting rational antibiotic use is crucial in combating antibiotic resistance, a growing threat to global health. Strategies to encourage prudent use of antibiotics involve multiple stakeholders, including healthcare professionals, patients, policymakers, and the agricultural sector. Implementing these strategies can optimize patient outcomes, reduce healthcare costs, and slow the development of resistance.

Antibiotic Stewardship Programs: Antibiotic Stewardship Programs (ASPs) are comprehensive efforts within healthcare settings aimed at optimizing antibiotic use. These programs involve selecting the appropriate antibiotic, dosing, route, and duration of therapy to maximize clinical outcomes while minimizing unintended consequences, such as toxicity and the selection of resistant bacteria. ASPs have been shown to improve patient care, reduce antibiotic resistance, and save healthcare costs [25].

Educational Interventions: Educating healthcare professionals and the public about the risks of antibiotic misuse and the importance of adherence to prescribed treatments is a cornerstone of promoting rational antibiotic use. Educational programs can be tailored to target specific groups, such as medical practitioners, pharmacists, and patients, using various formats, including workshops, online courses, and informational campaigns. Studies have demonstrated that well-designed educational interventions can significantly alter prescribing behaviors and public attitudes towards antibiotic use [26].

Policy and Regulatory Measures: Governments and regulatory bodies play a crucial role in promoting rational antibiotic use through policy initiatives. These can include restrictions on the over-the-counter sale of antibiotics, regulations limiting the use of antibiotics in livestock and agriculture, and policies that promote research into new antimicrobial agents and alternatives to antibiotics. Legislation can also support ASPs in healthcare settings by mandating their implementation and providing the necessary resources [27].

Use of Diagnostics: Rapid diagnostic tests can help distinguish between bacterial and viral infections, guiding the appropriate use of antibiotics. The development and implementation of point-of-care tests can significantly reduce unnecessary antibiotic prescriptions for conditions such as upper respiratory tract infections, which are often viral. Investing in diagnostic research and making these tools widely available in clinical practice are essential strategies for promoting rational antibiotic use [28].

Public Health Campaigns: Public health campaigns aimed at raising awareness about antibiotic resistance and the importance of rational antibiotic use can be highly effective. These campaigns can use

various media, including social media, television, and print, to disseminate messages about the dangers of antibiotic misuse and the importance of following prescribed treatments. Successful campaigns often involve collaboration between governments, healthcare organizations, and community groups [12].

International Collaboration: Antibiotic resistance is a global issue that requires international cooperation. Global initiatives, such as the World Health Organization's Global Action Plan on Antimicrobial Resistance, encourage countries to develop and implement national action plans that promote the rational use of antibiotics. International collaboration can also facilitate the sharing of best practices, surveillance data, and resources to tackle antibiotic resistance collectively [16].

Incentivizing Research and Development: The development of new antibiotics and alternative therapies is essential in the fight against antibiotic resistance. However, the pipeline for new antibiotics has been dwindling due to economic and regulatory challenges. Incentives for pharmaceutical companies, such as extended patent exclusivity, grants, and public-private partnerships, can stimulate research and development in this critical area. Additionally, investing in the development of vaccines and immunotherapies can reduce the reliance on antibiotics for certain infections [29]. Promoting rational antibiotic use requires a multifaceted approach involving healthcare professionals, patients, policymakers, and the broader community. By implementing stewardship programs, enhancing education, enacting supportive policies, leveraging diagnostics, conducting public health campaigns, fostering international collaboration, and incentivizing research and development, we can preserve the effectiveness of antibiotics for future generations. These strategies, supported by evidence-based practices and global cooperation, offer a path forward in the fight against antibiotic resistance.

Case Studies: Successes and leassons learned: The fight against antibiotic resistance has seen both significant successes and notable challenges. By examining case studies from various contexts, we can glean valuable insights into effective strategies for promoting rational antibiotic use and the obstacles that may arise. These real-world examples underscore the importance of a multifaceted approach and the need for adaptability in addressing this complex issue.

Success: The Swedish Strategic Program Against Antibiotic Resistance (Strama): Sweden's Strama, established in the mid-1990s, stands as a paragon of successful national stewardship. Strama's multifaceted approach includes national and regional guidelines for antibiotic use, public education campaigns, and the involvement of various stakeholders, from healthcare professionals to the general public. One of Strama's key achievements has been the significant reduction in antibiotic prescriptions, particularly in outpatient care, without adversely affecting resistance levels or patient outcomes. Strama's success is attributed to its collaborative approach, continuous monitoring of antibiotic use and resistance patterns, and adaptability to changing conditions [30].

Challenge: Antibiotic Use in Agriculture: One of the more daunting challenges in antibiotic stewardship is the use of antibiotics in agriculture, particularly as growth promoters in livestock. This practice has contributed to the emergence of resistant bacterial strains that can be transmitted to humans. Efforts to regulate antibiotic use in agriculture have faced resistance from industry stakeholders and have been hampered by economic and logistical considerations. However, some countries have made progress; for example, the European Union banned the use of antibiotics as growth promoters in 2006, leading to changes in livestock management practices and a reduction in antibiotic-resistant strains, demonstrating that regulatory measures can be effective [31].

Success: The Implementation of Stewardship Programs in Hospitals

Hospital-based antibiotic stewardship programs have shown considerable success in optimizing antibiotic use, improving patient

outcomes, and reducing resistance rates. For instance, a stewardship program implemented in a large urban hospital in the United States led to a significant decrease in broad-spectrum antibiotic use and a reduction in Clostridioides difficile infections, showcasing the potential of targeted interventions within healthcare settings [32].

Challenge: Low- and Middle-Income Countries (LMICs): Implementing stewardship programs and promoting rational antibiotic use in LMICs presents unique challenges, including limited healthcare infrastructure, lack of access to diagnostics, and the widespread availability of antibiotics without prescription. Efforts to improve antibiotic use in these settings must contend with these constraints, necessitating innovative approaches and international support. Successful initiatives in LMICs often involve grassroots education campaigns, partnerships with local healthcare providers, and tailored stewardship programs that account for local resources and needs [33].

Success: Public Health Campaigns: Public health campaigns aimed at educating the public about the proper use of antibiotics have yielded positive results in several countries. For example, a national campaign in France, "Les antibiotiques, c'est pas automatique" (Antibiotics are not automatic), successfully reduced outpatient antibiotic use by over 26% between 2002 and 2007. The campaign utilized various media channels to disseminate its message, emphasizing that antibiotics are not effective against viral infections and highlighting the risks of resistance [34].

Lessons Learned

The diverse outcomes of these case studies highlight several key lessons in the fight against antibiotic resistance:

- 1. *Collaboration is Key:* Successful strategies involve multiple stakeholders, including healthcare providers, policymakers, the agricultural sector, and the public.
- 2. *Tailored Approaches:* Interventions must be adapted to local contexts, especially in LMICs, where resource limitations require innovative solutions.
- 3. *Regulation and Incentives*: Effective regulation, combined with incentives for compliance, can drive significant changes in both healthcare and agricultural practices.
- 4. *Education and Awareness:* Public and professional education campaigns are critical in changing prescribing behaviors and public expectations regarding antibiotic use.
- 5. *Continuous Monitoring*: Ongoing surveillance of antibiotic use and resistance patterns is essential for adapting strategies and measuring progress.

By learning from these successes and challenges, stakeholders can better navigate the complexities of antibiotic stewardship and contribute to global efforts to combat antibiotic resistance.

The path forward: A Multifaceted approach: The escalating challenge of antibiotic resistance demands a multifaceted and collaborative approach, recognizing the complexity of the issue and the interconnectedness of human, animal, and environmental health. The path forward requires an interdisciplinary effort, uniting healthcare providers, researchers, policymakers, and the public in a concerted strategy to promote rational antibiotic use and combat the emergence and spread of resistance.

Interdisciplinary Collaboration: A key strategy in addressing antibiotic resistance is fostering interdisciplinary collaboration among healthcare professionals, including physicians, pharmacists, nurses, and infection control experts. These professionals need to work in concert to ensure that antibiotics are prescribed only when necessary and that the choice of antibiotic, dose, and duration of treatment are optimized for each individual case. Additionally, collaboration with veterinarians is crucial, as the use of antibiotics in animal health significantly impacts resistance patterns in human medicine. The "One Health" approach, endorsed by global health organizations,

emphasizes the interconnectedness of human, animal, and environmental health and calls for a coordinated effort to tackle antibiotic resistance across all sectors [35].

Global Cooperation: Antibiotic resistance knows no borders, making global cooperation essential. International partnerships can facilitate the sharing of surveillance data, research findings, and best practices. Organizations like the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organisation for Animal Health (OIE) play pivotal roles in coordinating global responses and supporting countries in developing and implementing national action plans against antibiotic resistance [36].

Innovative Solutions: Innovation in medical research is critical for staying ahead in the fight against antibiotic resistance. This includes not only the development of new antibiotics but also alternative therapies such as bacteriophages, vaccines, and novel antimicrobial agents. Encouraging research and development through funding, incentives, and streamlined regulatory processes is vital for bringing new solutions to market. Additionally, leveraging technology in diagnostics can play a significant role in ensuring antibiotics are used appropriately, minimizing unnecessary use [37].

Public Engagement and Education: Engaging the public through education and awareness campaigns is crucial for changing behaviors related to antibiotic use. People should be informed about the proper use of antibiotics, the risks associated with their misuse, and the global challenge of antibiotic resistance. Empowering patients to engage in conversations with their healthcare providers about the necessity of antibiotics can lead to more judicious use [38].

Strengthening Policies and Infrastructure: Governments and policymakers must strengthen policies and infrastructure to support rational antibiotic use. This includes implementing robust antibiotic stewardship programs in healthcare settings, regulating antibiotic use in agriculture, and improving access to clean water, sanitation, and vaccines to reduce the burden of infectious diseases and the need for antibiotics [39]. The path forward in combating antibiotic resistance is complex and requires a coordinated, multifaceted approach. By fostering interdisciplinary collaboration, encouraging global cooperation, driving innovation, engaging the public, and strengthening policies and infrastructure, we can make significant strides in preserving the efficacy of antibiotics. This concerted effort is not only about protecting our current arsenal of antibiotics but also ensuring the sustainability of these critical drugs for future generations.

CONCLUSION

The escalating challenge of antibiotic resistance necessitates a global, multifaceted response, recognizing that the actions of today will shape the health landscape of tomorrow. The principles of rational antibiotic use, coupled with innovative strategies in healthcare, policy, and public engagement, form the bedrock of a sustainable approach to preserving the efficacy of these invaluable drugs. Success hinges on the collective effort of healthcare professionals, policymakers, researchers, and the public to embrace stewardship, advance scientific knowledge, and foster a culture of responsibility and awareness surrounding antibiotic use. As we move forward, the lessons learned from both successes and setbacks in combating antibiotic resistance must inform future actions. The integration of technology, such as rapid diagnostics, alongside the development of novel therapeutics and vaccines, offers a beacon of hope in this ongoing battle. Moreover, the adoption of the One Health approach underscores the interconnected nature of human, animal, and environmental health, reinforcing the need for a unified strategy that transcends borders and disciplines. In conclusion, the fight against antibiotic resistance is not confined to the realm of healthcare alone but is a societal challenge that demands a concerted, global response. Through collaboration, innovation, and steadfast commitment to rational antibiotic use, we can safeguard the miracles of modern

medicine for future generations, ensuring that antibiotics remain a pillar of healthcare and not a relic of the past. The journey is complex and fraught with challenges, but with collective will and action, a future where antibiotics retain their healing power is within reach.

REFERENCES

- Fleming, A. (1929). "On the antibacterial action of cultures of a Penicillium, with special reference to their use in the isolation of B. influenzae." *British Journal of Experimental Pathology*, 10(3), 226–236.
- 2. Ventola, C. L. (2015). "The antibiotic resistance crisis: part 1: causes and threats." Pharmacy and Therapeutics, 40(4), 277–283.
- 3. World Health Organization. (2019). "Ten threats to global health in 2019." WHO.https://www.who.int/news-room/spotlight/tenthreats-to-global-health-in-2019
- 4. Centers for Disease Control and Prevention. (2019). "Antibiotic/Antimicrobial Resistance (AR/AMR)." CDC. https://wwwnc.cdc.gov/eid/article/25/7/ac-2507_article
- Laxminarayan, R., Duse, A., Wattal, C., Zaidi, A. K., Wertheim, H. F., Sumpradit, N., ... & Carlet, J. (2013). Antibiotic resistance—the need for global solutions. The Lancet Infectious Diseases, 13(12), 1057-1098.
- Marshall, B. M., & Levy, S. B. (2011). "Food animals and antimicrobials: impacts on human health." Clinical Microbiology Reviews, 24(4), 718–733.
- 7. Smith, R., & Coast, J. (2013). "The true cost of antimicrobial resistance." BMJ, 346, f1493.
- 8. O'Neill, J. (2016). "Tackling drug-resistant infections globally: final report and recommendations." Review on Antimicrobial Resistance.
- 9. Dyar, O. J., et al. (2017). "Strategies to promote prudent antibiotic use: exploring the views of professionals who develop and implement guidelines and policies." Clinical Microbiology and Infection, 23(11), 868–875.
- Spellberg, B., & Gilbert, D. N. (2014). "The future of antibiotics and resistance: a tribute to a career of leadership by John Bartlett." Clinical Infectious Diseases, 59(Suppl 2), S71–S75.
- 11. Ventola, C. L. (2015). The antibiotic resistance crisis: Part 1: Causes and threats. Pharmacy and Therapeutics, 40(4), 277–283.
- 12. World Health Organization. (2019). No time to wait: Securing the future from drug-resistant infections. Report to the Secretary-General of the United Nations.
- Shapiro, D. J., Hicks, L. A., Pavia, A. T., & Hersh, A. L. (2014). Antibiotic prescribing for adults in ambulatory care in the USA, 2007-09. Journal of Antimicrobial Chemotherapy, 69(1), 234-240.
- Dadgostar, Porooshat. (2019). Antimicrobial Resistance: Implications and Costs. Infection and drug resistance vol. 12 3903-3910. 20 Dec. 2019, doi:10.2147/IDR.S234610.
- 15. Lee, Chang-Ro et al. (2015). Educational effectiveness, target, and content for prudent antibiotic use. BioMed research international vol. 2015: 214021. doi:10.1155/2015/214021
- 16. World Health Organization. (2015). "Global action plan on antimicrobial resistance". https://www.who.int/publications/i/item/9789241509763
- 17. World Health Organization. (2019). "Rational use of medicines." WHO.
- Davey, P., Marwick, C. A., Scott, C. L., Charani, E., McNeil, K., Brown, E., ... & Gould, I. M. (2017). "Interventions to improve antibiotic prescribing practices for hospital inpatients." Cochrane Database of Systematic Reviews, (2).
- Hersh, A. L., Jackson, M. A., & Hicks, L. A. (2013). "Principles of judicious antibiotic prescribing for upper respiratory tract infections in pediatrics." Pediatrics, 132(6), 1146-1154.
- 20. Dyar, O. J., Huttner, B., Schouten, J., & Pulcini, C. (2017). "What is antimicrobial stewardship?" Clinical Microbiology and Infection, 23(11), 793-798.
- McNulty, C. A., Boyle, P., Nichols, T., Clappison, P., & Davey, P. (2007). "The public's attitudes to and compliance with

antibiotics." *Journal of Antimicrobial Chemotherapy*, 60 (suppl_1), i63-i68.

- World Health Organization. (2021). "Antimicrobial stewardship interventions: a practical guide" WHO. https://iris.who.int/ bitstream/handle/10665/340709/9789289054980-eng.pdf
- Pollack, L. A., & Srinivasan, A. (2014). Core elements of hospital antibiotic stewardship programs from the Centers for Disease Control and Prevention. Clin Infect Dis. 2014 Oct 15;59 Suppl 3(Suppl 3):S97-100. doi: 10.1093/cid/ciu542. PMID: 25261548; PMCID: PMC6521960.
- 24. Mathew, Philip et al. (2019). Communication strategies for improving public awareness on appropriate antibiotic use: Bridging a vital gap for action on antibiotic resistance. Journal of family medicine and primary care vol. 8,6: 1867-1871. doi:10.4103/jfmpc.jfmpc 263 19.
- 25. Dellit, T. H., Owens, R. C., McGowan, J. E., et al. (2007). "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, 44(2), 159-177.
- 26. Huttner, B., Goossens, H., Verheij, T., &Harbarth, S. (2010). "Characteristics and outcomes of public campaigns aimed at improving the use of antibiotics in outpatients in high-income countries." The Lancet Infectious Diseases, 10(1), 17-31.
- 27. Van Boeckel, T. P., Gandra, S., Ashok, A., et al. (2014). "Global antibiotic consumption 2000 to 2010: an analysis of national pharmaceutical sales data." The Lancet Infectious Diseases, 14(8), 742-750.
- Cals, J. W., Butler, C. C., Hopstaken, R. M., Hood, K., & Dinant, G. J. (2009)."Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. BMJ. 2009 May 5;338:b1374. doi: 10.1136/bmj.b1374. PMID: 19416992; PMCID: PMC2677640.
- 29. Mueller-Langer, Frank. (2013). Neglected infectious diseases: are push and pull incentive mechanisms suitable for promoting drug development research?. Health economics, policy, and law vol. 8,2: 185-208. doi:10.1017/S1744133112000321
- 30. Mölstad, S., Löfmark, S., Carlin, K., Erntell, M., Aspevall, O., Blad, L., ... & Norman, C. (2017). Lessons learnt during 20 years of the Swedish strategic programme against antibiotic resistance. Bulletin of the World Health Organization, 95(11), 764.
- 31. European Commission. (2006). Ban on antibiotics as growth promoters in animal feed enters into effect. [Press Release].
- Fishman, N. (2006). Antimicrobial stewardship. American Journal of Infection Control, 34(5), S55-S63.
- 33. Okeke, I. N., Laxminarayan, R., Bhutta, Z. A., Duse, A. G., Jenkins, P., O'Brien, T. F., ... & Klugman, K. P. (2005). Antimicrobial resistance in developing countries. Part I: recent trends and current status. The Lancet Infectious Diseases, 5(8), 481-493.
- 34. Sabuncu, E., David, J., Bernède-Bauduin, C., Pépin, S., Leroy, M., Boëlle, P. Y., ... & Guillemot, D. (2009). Significant reduction of antibiotic use in the community after a nationwide campaign in France, 2002-2007. PLoS Medicine, 6(6), e1000084.
- 35. One Health Commission. "What is One Health?" https://www.onehealthcommission.org/en/why_one_health/what_ is_one_health/.
- World Health Organization. "Global action plan on antimicrobial resistance." https://www.who.int/antimicrobial-resistance/globalaction-plan/en/.
- Ventola, C. L. (2015). "The antibiotic resistance crisis: Part 2: Management strategies and new agents." Pharmacy and Therapeutics, 40(5), 344–352.
- McNulty, C. A., Nichols, T., French, D. P., Joshi, P., & Butler, C. C. (2013). "Expectations for consultations and antibiotics for respiratory tract infection in primary care: the RTI clinical iceberg." British Journal of General Practice, 63(612), e429–e436.
- 39. Centers for Disease Control and Prevention. "Antibiotic Resistance Threats in the United States, 2019." https://www.cdc. gov/drugresistance/biggest-threats.html.