

**437: ANTIBIOTIC USE IN THE FRENCH HEALTH CARE CENTRES :  
EXISTENCE OF GUIDELINES AND DELIVERY CONDITIONS IN 1999-2000**

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**Objective :**

Analyse the use of guidelines dealing with antibiotic use and conditions of delivery of these drugs in health care centres in France.

**Methods :**

We performed a transversal descriptive survey by postal questionnaire in 2307 public and private health care centres in France. The questionnaire had three chapters : the first part contained general characteristics on the centres, the second part dealt with data on existing guidelines and the third part described delivery conditions for antibiotics. We used the SAS 6.12 software for the statistical analysis (t-test to compare quantitative variables, and Chi2 test for qualitative variables, with a level of significance of 5%).

**Results :**

1375 centres fulfilled the form (60% response rate).

66% of the centres reported the existence of guidelines on antibiotics use and less than 20% organised training sessions about their good use for the nursing staff. These guidelines were often based on consensus conferences and were set up recently. The main objective was to control antibiotic spending. In half of the cases, all antibiotic families were concerned by these recommendations. Otherwise, quinolones of second generation, aminosides and cephalosporines of the third generation were pointed out in more of 70% of the cases. The guidelines were more frequent when centres had a drug committee (75% versus 50%,  $p=0.001$ ) or a referent physician in antibiotherapy (89% versus 60%,  $p=0.001$ ). Their availability in the different care units was assessed in 27% of the centres and the follow-up of their application in 24% of the cases. Furthermore, 39% of the centres made the assessment of their economic impact, 20% of their microbiological impact and 11% of their clinical impact.

36% of the centres have a global delivery of the antibiotic drugs, 21% a nominative delivery and 43% mixed the two type of delivery according to antibiotic drugs or units. In the case of global delivery, the most frequently mentioned reason was that the dispensary was short-staffed. In the case of nominative delivery, managing the antibiotic budget was the main objective; concern regards bacterial resistance was seldom mentioned. In 10% of these centres, a referent physician validated the nominative prescriptions 72 hours later. The economical impact assessment of this nominative delivery was assessed in 29% of the centres and the clinical impact in only 13%.

The computerised monitoring of prescriptions was complete in 14% of the centres. In such cases, the nominative delivery concerned 32% of the centres versus less than 20% when this computerisation didn't exist or was incomplete ( $p=0.006$ ).

**Conclusions :**

Most of the health care centres in France were concerned by the setting-up of antibiotic use guidelines. However, nominative delivery was yet not often applied. The computerisation of delivery, control of prescriptions, training sessions on antibiotic use and their impact assessment should be developed.