Foreword

Make Antibiotics Great Again

In 1909, German physician, Paul Ehrlich, discovered a chemical called arsphenamine that was found to be an effective treatment for syphilis.1 This became the first modern antibiotic, with penicillin being discovered about two decades later. Today, there are well over 100 different antibiotics on the market that are being prescribed for a multitude of different symptoms/infections. According to the Centers for Disease Control and Prevention, there were approximately 269 million outpatient antibiotic prescriptions filled in 2015. An estimated 30% of these prescriptions are thought to be unnecessary.2

But why do physicians prescribe antibiotics so freely? There are likely numerous reasons. First, patient pressure and expectations certainly influence prescriptions. Providers want patients to be satisfied, and prescribing an antibiotic may foster that and enhance the doctor-patient relationship. Second, time constraints limit providers’ ability and desire to engage in explanations about the individual and societal risks of inappropriate antibiotic use. The path of least resistance is the easiest route to be able to get to the end of the day. Third, there is an assumption by both patients and physicians that there is little downside to prescribing and taking antibiotics and that the benefit (even if just a placebo) outweighs the risk. Yet, it is this last point that needs to be challenged. Excess antibiotic prescriptions put patients at needless risk for adverse drug reactions, including Clostridium difficile infections. Furthermore, the development of antibiotic resistance has made previously powerful antimicrobials virtually worthless.

It is this last point that is the subject of this issue of Medical Clinics of North America. Dr Cunha has enlisted infectious disease and antibiotic resistance experts from around the country to help providers become more effective stewards of antimicrobial use. If we do not, we are harming our patients as well as patients of physicians of the next generation. There are a few new antibiotic classes in the drug pipeline. If we are able to learn, incorporate, and teach judicious use of
antimicrobials, we can prolong and enhance these drugs’ life-saving potential and make antibiotics great again!

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REFERENCES