Rising Antimicrobial Resistance: Not Only Attention Situation Demand Immediate Action

Sir,

Each year, thousands of people succumb to resistant bacteria, and many researchers fear the day may be coming when diseases that were once treatable will become fatal. The causes of antimicrobial resistance (AMR) are complex and multifaceted, including inappropriate prescriptions, overuse, and/or misuse of broad-spectrum antibiotics. However, one of the major causes of AMR in the population is the overuse of antibiotics without proper indications. AMR is a global issue that does not respect borders. It is present in almost every country. About 2.8 million people encounter an antibiotic-resistant infection, and more than 18,000 hospitalised patients acquire infections that are resistant to antimicrobial drugs every year. Almost 90% of antibiotics are prescribed by primary health care physicians. The broad range of disparities in prescribing antibiotics is principally due to the lack of clarity about AMR among healthcare professionals. It is critical to raise AMR awareness among healthcare professionals to ensure that antibiotics are prescribed, distributed, and administered appropriately. It is apparent from the literature that interventions, grounded in the approaches to restrict or regulate access to resources, can help to manage issues adequately. The importance and need for “institutional empiric treatment guidelines” with ongoing training for healthcare professionals to improve prescribing traditions can not be overemphasized. Presently, there are no concrete institutional or national guidelines implemented across the country’s health facilities that can support optimal prescribing practices and reduce the misuse of antimicrobials. Hence, formulating standard treatment guidelines for antibiotics is a possible intervention that can encourage the rational use of antibiotics and help conserve antibiotic efficacy. The issue of AMR requires the world to take steps to preserve a safe, secure, and healthy future for generations to come.

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REFERENCES


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