

Long-term Use of Antibiotics

Antibiotic resistance is rare in Norway compared to in other countries in the world. One reason for this may be because doctors in Norway have a tradition of being restrictive in prescribing antibiotics. However, at the global level, antibiotic-resistant bacteria present a serious problem, and the situation is getting worse. The problem of antibiotic-resistant bacteria increases with increasing use of antibiotics, and leads to a higher prevalence of serious and fatal infectious diseases in the population. The problem of antibiotic resistance increases with, among other things, the length of the course of antibiotics and with the use of broad-spectrum antibiotics rather than narrow-spectrum antibiotics.

The Norwegian Board of Health Supervision has investigated several cases involving doctors' prescribing of antibiotics. These cases have received a lot of attention in the media. The culmination of this was that, in the autumn of 2013, the Norwegian Board of Health Supervision withdrew the authorization of the doctor who worked at the Norwegian Borreliosis Centre. This led to closure of the centre.

The media focus has mainly been on patients who felt that long-term treatment with broad-spectrum antibiotics has helped. Many of these patients had been seriously ill for a long time, and felt that they had received little help from the health services.

The course of many long-lasting infections varies over time, and can therefore be difficult to predict. Therefore, stringent clinical trials are needed to ascertain the effect of medication. Such scientific studies form the basis for accepted guidelines.

Sound diagnosis and investigation involves identifying the bacteria before beginning treatment with antibiotics. It is important to use the most appropriate medication. Examples of the cases that we have investigated include patients for whom an infection has not been identified in the first place, and who have been treated with broad-spectrum antibiotics. When the patients did not feel better at the end of the course of antibiotics, the doctor chose to start immediately with medication for malaria and tuberculosis, without the patient being diagnosed as having these or other infections. The Norwegian Board of Health Supervision regards this type of treatment as a serious breach of current guidelines.

The length of a course of antibiotics should be just right: neither too short nor too long. This is very important, both for the individual patient and for society as a whole. The cases that the Norwegian Board of Health Supervision has investigated are cases of antibiotic treatment in primary health services. A central factor has been that the treatment has lasted for a long time. We have also investigated the type of administration, and have pointed out that intravenous administration involves a risk of serious side-effects. In our view, as a general rule, health personnel should only give intravenous antibiotic treatment to people who have a so serious infection or condition that they need to be treated in hospital.