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Reducing antibiotic prescriptions

James Maskalyk highlights the importance of the judicious use of antibiotics in limiting the spread of antibiotic resistance.¹ Family practitioners in England and Wales have responded to concerns about the overuse of antibiotics by reducing their prescribing rates.² The number of antibiotic prescriptions issued by family practitioners decreased by 25% between 1995 and 2000, from 49.4 to 36.9 million prescriptions, corresponding to a fall from 1.00 to 0.75 antibiotic prescriptions per person per year. A more detailed data analysis from 210 family practices between 1994 and 1998 showed that antibiotic prescribing rates fell the most for children.² A similar decline in antibiotic prescribing for children has also occurred in the US and elsewhere.³ Falling rates for children may reflect the fact that many guidelines on antibiotic prescribing are for upper respiratory tract infections and ear infections.^{4,5}

In 1998, the Department of Health for England launched an initiative to reduce rates of antibiotic prescribing in community settings, but the change in

prescribing practice predated the start of the program.⁶ This suggests that family practitioners were already aware of the need to reduce antibiotic prescriptions and the limited effectiveness of antibiotics for many common infections. However, the government's initiative has helped to maintain the downward pressure on prescribing rates. This experience shows that doctors can have a significant impact in reducing antibiotic prescribing rates, particularly when they are supported by the government in achieving this objective.

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Correction

In a recent *CMAJ* article,¹ the normal range provided for serum 1,25-dihydroxy vitamin D levels on Table 2 (page 1519) is incorrect. The normal range for the Diasorin calcitriol assay kit, as used in this study, is 55–190 pmol/L.

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