

Why Not Give Me an Antibiotic, Doctor?

By Dr. Joseph Mosqura, MD DABIM

Medical advice about infections has changed. Years ago, parents were told that children with ear infections or sore throats needed to take antibiotics “just in case.” Then we discovered that most children (and adults) recovered just as quickly from these infections without antibiotics. That’s because the drugs only work for bacterial infections, and most sore throats and some ear infections are caused by viruses, which the drugs do not affect. And even ear infections caused by bacteria often go away on their own. So today, unless the infection tests positive for strep throat (which can be reliably diagnosed in 24 hours or less with a throat swab), there’s no reason to expose yourself or your child to the possibly harmful side effects of antibiotics, such as debilitating diarrhea.

Another key reason for avoiding unnecessary antibiotics, is that the overuse of these drugs has caused many common bacteria to change so that they are able to resist being killed by antibiotics. When I first began practicing almost 30 years ago, penicillin and Erythromycin were commonly used to treat respiratory and ear infections. Unfortunately, the result was the evolution of “super-bugs” who could resist these drugs, which are now much less useful. Today, similar patterns are emerging from the excessive use of antibiotics known as Quinolones (such as Levaquin, Cipro), Azithromycin (such as the popular Z-PAK), and Cephalosporins (such as Ceftin and Suprax). Patients with serious infections from drug-resistant bacteria often require hospitalization and intravenous last-line drugs, which are not always effective. Indeed, thousands of children and adults die every year from drug resistant infections.

The responsibility for changing attitudes, behavior, and prescribing practices lies with both patients and doctors. Patients should be open to talking about what to do (and not do) for infections, and doctors must not acquiesce to demands for antibiotic merely to satisfy uninformed or misinformed patients. In the Latino and other minority communities poor health literacy may result in parents, families, and communities making wrong requests and choices about when to use antibiotics.

I urge everyone to learn what you can do to stop wrongful use of antibiotics and prevent resistant deadly bacterial infections. Below are some essential recommended steps and resources.

- Always discuss with your doctor the risks, benefits, and choices you have when receiving an antibiotic prescription
- Ask your doctor if your infection could be a virus? Most coughs, colds, flu, sore throats, and bronchitis, and some ear infections, are viruses and do not require antibiotics
- Visit the CDC’s Get Smart Campaign www.cdc.gov/getsmart/ to learn what you can do to help prevent superbugs – and look for Spanish language information on specific infections at CDC.gov
- If you do need an antibiotic, finish the full course of antibiotic and do not share it with anyone