



Quick test minimises unnecessary antibiotic prescribing in primary care

New real world data shows the positive impact of C-reactive protein point of care testing in primary care for patients with respiratory tract infections (RTIs)¹

STOCKPORT, 1ST OCTOBER 2015: New data presented at the Royal College of General Practitioners (RCGP) Annual Conference today¹ reveals that in real world general practice, C-reactive protein point of care testing (CRP POCT) successfully helped to identify patients who did not require antibiotics, when presenting with symptoms of respiratory tract infections (RTIs)¹. This is the first time that real life clinical data on the use of CRP POCT in general practice in England has been presented at a UK meeting.

The study included 99 patients, aged 5-75 years who visited their GP with a chesty cough. After undergoing a clinical scoring system, each patient's CRP levels were measured at the point of care using the Alere* Afinion™ CRP test¹. Only 13% of these patients needed antibiotic treatment as the CRP POCT had concluded higher CRP levels. Within one month, 17% of the 99 patients returned to the surgery and only 5% were prescribed antibiotics¹.

Almost 80% of antibiotics are prescribed in primary care and RTIs are the reason for 60% of these antibiotic prescriptions². The vast majority of these infections are self-limiting or caused by viruses in which case antibiotics have little or no clinical benefit for patients. Previous studies have shown that CRP POCT can reduce antibiotic prescribing for RTIs in primary care by up to 41.5%³ and could save the NHS £56 million a year in prescription and dispensing costs alone⁴.

Dr Rob Cook, who was involved in the study and a GP from London says, "This study was conducted to see how feasible and useful CRP POCT is in real world general practice. We found that the test could be easily incorporated into routine care and provided very useful information for GPs and patients presenting with a cough. The vast majority of patients were reassured by a low CRP level and did not receive antibiotics."

He continued, "NICE has recommended point of care testing in primary care for lower respiratory tract infections and advises it is considered after clinical assessment as it can reduce use of antibiotics. But it is acknowledged that real life experience in the UK is limited and so was uncertain what the impact might be for work flow in the GP setting. Reducing antimicrobial resistance is becoming a national priority for all healthcare systems. By using CRP POCT GPs can play their part in this and further promote rational prescribing of antibiotics."

The study also provides insights on patients' expectations of receiving antibiotics. All participants had to complete a questionnaire in which they were asked whether they expected to receive antibiotics for their symptoms. Of the 26 patients expecting to receive antibiotics, only 7 (27%) patients received them¹. Additionally, patients with lower CRP levels (who therefore would not have been suitable for antibiotics), were more likely to expect an antibiotic when asked¹.

CRP POCT takes under five minutes from a finger stick blood sample to provide a quantitative result and helps to facilitate an effective conversation between patients and GPs around the rational use of antibiotics¹. It is already used in routine management in several European countries to aid diagnosis in suspected RTI and guide decision making regarding antibiotic prescribing. Despite this, the UK continues to lag behind with CRP POCT still less widely used in the UK than in other European countries, many of which have lower rates of antibiotic usage⁵.

*Alere Afinion™ analyser and the CRP tests were provided by Alere Ltd (Stockport, UK)

For media enquiries, please contact:

Munro & Forster

Rita Martins

T: 020 7089 6104

Email: rita.martins@munroforster.com

Alere

Debra Moore

T: 0161 483 5884

Email: debra.moore@alere.com

NOTE TO EDITORS:

About CRP POCT

C-reactive protein (CRP) is a biomarker in blood which indicates the presence of inflammation, and the amount of CRP in the body gives an indication of the severity of an infection. Low levels of CRP are indicative of viral or self-limiting bacterial infections, and high levels indicate serious infection.

CRP POCT helps GPs quickly determine whether a patient needs antibiotics for a respiratory tract infection, help doctors to target the use antibiotics, reducing both the number of antibiotics that are used and also the potential for misdiagnosis.

UK antibiotic prescribing

UK antibiotic prescribing rates are considerably higher than the rates of prescribing in other northern European countries². Around 79% of UK antibiotic prescribing is in primary care⁶, yet rapid POC tests are rarely (if ever) used to make decisions about antibiotic prescribing in this setting. Nationally, 41.6 million antibacterial prescriptions were issued in 2013 -14 at a cost to the NHS of £192 million⁷. Despite considerable guidance that prescribing rates of antibiotics should be reduced, 9 out of 10 GPs feel pressured to prescribe antibiotics⁸, and 97% of patients who ask for antibiotics are prescribed them⁹.

About Alere

Alere believes that when diagnosing and monitoring health conditions, **Knowing now matters™**. Alere delivers reliable and actionable information through rapid diagnostic tests, resulting in better clinical and economic healthcare outcomes globally. Headquartered in Waltham, Mass., Alere focuses on rapid diagnostics for infectious disease, cardiometabolic disease and toxicology. For more information on Alere, please visit www.alere.co.uk.

REFERENCES:

1. Penney O et al. C-reactive protein point-of-care testing reduces diagnostic uncertainty and unnecessary antibiotic prescribing for respiratory tract infections in general practice. Poster No 003 presented at the RCGP Annual Meeting, Glasgow, 1-3 October 2015
2. NICE. Respiratory tract infections – antibiotic prescribing. Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. NICE clinical guideline 69 www.nice.org.uk/guidance/cg69/evidence/cg69-respiratory-tract-infections-full-guideline3 2008: Accessed September 2015
3. Cals JWL, Butler CC, Hopstaken RM, Hood K, Dinant G-J. Effect of point of care testing for C Reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. *BMJ*. 2009;338:b1374
4. Straight to the Point - Ensuring the Rational Use of Antibiotics in Primary Care. A Consensus Report, June 2015. <http://www.patients-association.org.uk/reports/report-straight-to-the-point/> 2015: Accessed September 2015
5. Streit S, Frey P, Singer S, Bollag U, Meli D. Clinical and haematological predictors of antibiotic prescribing for acute cough in adults in Swiss practices – an observational study. *BMC Family Practice*. 2015;16:doi:10.1186/s12875-12015-10226-12879
6. PHE (Public Health England). English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) 2014. www.gov.uk/government/uploads/system/uploads/attachment_data/file/362374/ESPAUR_Report_2014_3_.pdf 2014: Accessed September 2015
7. Health and Social Care Information Centre (HSCIC). Prescriptions dispensed in the Community, England 2003-2013. <http://www.hscic.gov.uk/catalogue/PUB14414/pres-disp-com-eng-2003-13-rep.pdf> 2014: Accessed September 2015
8. MedeConnect omnibus survey of 1004 GPs across the UK on behalf of Longitude Prize 2014
9. McNulty C et al. Expectations for consultations and antibiotics for respiratory tract infection in primary care: the RTI clinical iceberg. *Br J Gen Pract* 2013; DOI: 10.3399/bjgp13X669149