Antibiotics in children: to use or not to use, that is the question

By: Jeff Ribordy, MD

We live in an age when bacteria are better at resisting antibiotics. Both doctors and patients need to take this into account. This is a big concern when thinking about using antibiotics in children. One of the most common antibiotics used in kids is azithromycin. It is better known by its brand name, Zithromax. It is often sold as what is called a “Z-pack.” It is the number one most used antibiotic in the U.S. Among children, it is number two.

The pill is easy to use. It is most often taken for just five days. And it is easy to prescribe. But in children it is often the wrong choice. For common childhood infections such as ear, sinus, and lung infections, it often does not work. The bugs which usually cause these infections can often resist this medicine. Also, many lung conditions (like pneumonia or bronchitis) are commonly caused by viruses or by asthma. Antibiotics have no role to play in these cases. In fact a 2011 study of children showed, “Broad-spectrum antibiotic [like azithromycin] prescribing… is very common and many times inappropriate.”

Infectious disease experts from the American Academy of Pediatrics (AAP) have also said, “Azithromycin is not a first line antibiotic for any pediatric upper respiratory infection and is the antibiotic most likely to be used inappropriately.” The Canadian Pediatric Society in 2013 said azithromycin is a “Do Not Use” medicine for lung, ear, and throat infections.

The AAP also recently changed its advice for treating ear infections. Their new plan says to treat just the ear pain and wait 2-3 days before using antibiotics. This advice is now considered standard treatment for older children.

The same feature of azithromycin that makes it so convenient to take also causes more problems. Because the drug stays in the body for a longer time than other antibiotics, bacteria can develop resistance to it much faster. Studies from China showed that, in some areas, 90% of two very common bugs which cause infections in people are now resistant to azithromycin. Another study from South Korea showed that for one of these common bugs, resistance increased from zero in 2000 to 63% in 2011.

So the next time you are in the pediatrician’s office don’t ask for the “Z-pack.” Don’t ask for another antibiotic either. Let your doctor decide if antibiotics are needed now, or if it is safe to wait. It is urgent that both patients and physicians be more careful using antibiotics. They often have no benefit and can be risky. There is usually no harm from holding off on using antibiotics when your child has an infection. If your child does not improve after a week or so, antibiotics can be started then. If we keep using antibiotics quickly for infections that do not need them, we run the risk of infections later on that will be very hard to treat.

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