

Global Health

Antibiotic Use in UK's COVID-19 Patients Often Unnecessary

Although few patients hospitalized with COVID-19 have a co-occurring bacterial infection, a recent [study](#) showed that a large proportion treated in UK hospitals receive antibiotics that often aren't necessary.

Previously, a [meta-analysis](#) had found that roughly 75% of patients hospitalized with COVID-19 received antibiotics even though only 8% actually had a bacterial coinfection. In the more recent study, investigators analyzed data from nearly 49 000 patients admitted with confirmed or suspected COVID-19 to any of 260 UK hospitals between February and June 2020.

Among a subset of 36 145 patients, 37% had been prescribed an antibiotic before they were admitted and 85% of 46 061 patients included in the analysis received 1 or more antibiotics during their hospital stay. Yet only 1107 of the patients had a confirmed COVID-19-related bacterial infection, and most occurred more than 48 hours after admission. Antibiotic prescribing was highest in the chaotic early days of the pandemic before physicians had much information about the disease, according to the authors.

"While some COVID-19 patients will require antibiotics, mostly for secondary infections which develop after admission to hospital, our data shows [sic] that not all COVID-19 patients should be prescribed antibiotics," according to a [statement](#) from senior author Antonia Ho, PhD, a clinical senior lecturer and consultant in infectious diseases at the UK's Medical Research Council–University of Glasgow Centre for Virus Research.

Ho and her coauthors advised that physicians observe guidelines for more judicious prescribing to avoid contributing to emerging antibiotic resistance.

Urgent Need to Reduce Heart Disease Among Women Worldwide

One-third of women globally die of cardiovascular disease, yet women too often go undiagnosed and untreated, according to a [report](#) by a commission of 17 women experts from 11 countries.

Although cardiovascular disease prevalence [has decreased](#) among women by about 4% since 1990, it remains the leading cause of death in women. However, disease rates are increasing in rapidly industrializing, populous countries like China, India, and Indonesia, according to the report. Even so, clinicians and the general public often underestimate women's heart disease risks.

Women are often excluded from cardiovascular disease clinical trials, and global health databases may not include information on sex-specific cardiovascular disease risks including early menopause, preterm delivery, and gestational hypertension. Socioeconomic and cultural factors may also increase women's cardiovascular risks by, for example, limiting access to health care or options for physical activity.

To eliminate these disparities, the commission recommended more education for clinicians and the public about women's heart health and more research focusing on sex-specific cardiovascular risk factors and interventions. Interventions that can be delivered at places where women routinely receive care, such as gynecologists' offices, are essential. Global efforts also should address socioeconomic factors contributing to women's heart risks, especially in lower-income or rapidly industrializing countries.

"Making permanent improvements to the worldwide care of women with [cardiovascular disease] requires coordinated efforts and partnerships involving policymakers, clinicians, researchers, and the wider community," Roxana Mehran, MD, director of Interventional Cardiovascular Research and Clinical Trials at the Zena and Michael A. Wiener Cardiovascular Research Institute of the Icahn School of Medicine at Mount Sinai in New York City, said in a [statement](#).

Patients in Afghanistan Face Growing Obstacles to Care

Ongoing violence and instability coupled with worsening economic conditions exacerbated by COVID-19 are jeopardizing access to health care in Afghanistan, according to a [survey](#) conducted in February by Doctors Without Borders, or Médecins Sans Frontières (MSF).



Some patients hospitalized with COVID-19 receive unnecessary antibiotics, a recent study reported.

Roughly half the patients and caretakers surveyed said they delayed seeking care and about one-third stopped ongoing treatment in the past year. As a result, many patients arrived in critical condition, too late for survival. Three-quarters of those surveyed said cost was a primary barrier—56% reported borrowing money and 38% sold household items or animals to pay for care. Nearly one-third said violence or security concerns led them to delay care. For example, some were unable to travel at night or they had to navigate landmines and improvised explosive devices on roads.

Patients also have faced fewer options for care because of violence targeting health care facilities. MSF was forced to close a busy maternity ward in Kabul after attackers shot and killed 24 people including 16 mothers, a midwife, and 2 children. Karsten Noko, MSF's project coordinator in Afghanistan, cautioned in a [statement](#) that politically motivated reductions in assistance for health care could worsen conditions there.

"Rather than cutting resources, international donors and health care providers should urgently review the challenges facing Afghanistan's patients and health system, in order to reduce barriers to care," Noko said. — **Bridget M. Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.