GRIP
GLOBAL RESPIRATORY INFECTION PARTNERSHIP

RESPONSIBILITY TREATS BEST
STOP ANTIBIOTIC OVERUSE

CPS-056

ADDRESSING CONSUMER MISCONCEPTIONS ON ANTIBIOTIC USE AND RESISTANCE IN THE CONTEXT OF SORE THROAT ON SOCIAL MEDIA: TEACHABLE MOMENTS FOR PHARMACISTS

Sabiha Essack,[1] John Bell,[2] Douglas Burgoyne,[3] Khalid Eljaaly,[4] Wirat Tongrod,[5] Thomas Markham,[6] Adrian Shephard,[7] Elsa López-Pintor[8,9]

[1]Antimicrobial Research Unit, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa; [2]Graduate School of Health, University of Technology, Sydney, New South Wales, Australia; [3]College of Pharmacy, University of Utah, Salt Lake City, Utah, USA; [4]Faculty of Pharmacy, King Abdulaziz University, Jeddah, Saudi Arabia; [5]Faculty of Pharmaceutical Sciences, Huachiew Chalermprakiet University, Thailand; [6]Lumanity, London, UK; [7]Reckitt Benckiser Healthcare International Ltd, Slough, Berkshire, UK; [8]Miguel Hernández University of Elche, Alicante, Spain; [9]CIBER in Epidemiology and Public Health, Madrid, Spain

Adrian Shephard – Presenting Author

INTRODUCTION

- Overuse and misuse of antibiotics are the main drivers of antimicrobial resistance (AMR)[1]
- Inappropriate use of antibiotics is likely to be influenced by users' misunderstanding the mechanisms of action[2-6]
- Despite widespread online media coverage of the coronavirus disease 2019 (COVID-19) pandemic, there are misconceptions on how bacterial and viral infections are treated and AMR[2,7]
  - A European study found that only half of respondents knew that antibiotics are ineffective against viruses, while ~20% of respondents were unaware that unnecessary antibiotic use renders them ineffective[7]
- The extensive use of social media provides an opportunity to explore online conversations on antibiotics and AMR to identify beliefs and misconceptions[2]
- Insights can then be used to inform strategies and resources for healthcare professionals (HCPs) that can be used to educate antibiotic users and help mitigate AMR

AIM

- To analyse social media conversations on antibiotic use and AMR in the context of sore throat, across a range of social media platforms with pharmacists using the Global Respiratory Infection Partnership (GRIP) **A**sk; **C**ustomise; **E**mpower (**ACE**) model

METHODS

Study design

- A multinational, observational, social media content analysis was undertaken between 1 January 2018 and 25 November 2021 across eight countries (Germany, Italy, Spain, Mexico, Brazil, Thailand, Romania and the Russian Federation) that captured conversations on AMR and sore throat[2]
- Five distinct groups of antibiotic users were identified and categorised based on their diverse opinions and beliefs on antibiotic use in sore throat. These profiles were shared with pharmacists attending a workshop convened by the GRIP, held at the 80th International Pharmaceutical Federation (FIP) World Congress of Pharmacy and Pharmaceutical Sciences 2022
- Pharmacists were then divided into groups to explore one of the five profiles in more detail. In addition, groups assessed whether the profiles and perceptions were recognised by pharmacists and explored their role as educators on social media
- The ACE framework developed by GRIP was used to identify questions that antibiotic users in each profile could be asked together with potential responses that could be provided to address misconceptions

RESULTS

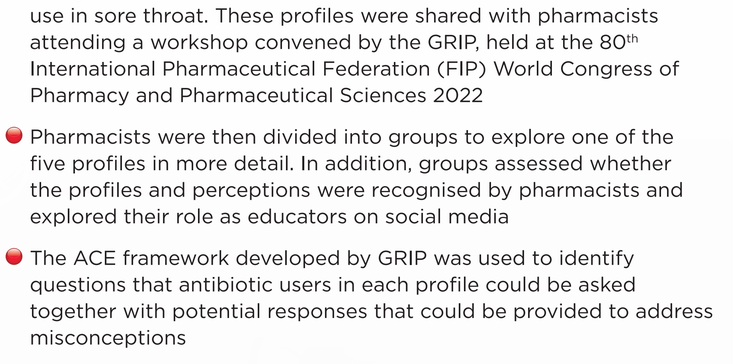
Overview of workshop participants

- In total, 150 pharmacists from different regions took part in the workshop, allowing knowledge and experiences to be shared across geographies

Exploration of the five profiles and associated misconceptions around antibiotic use in sore throat

- During the first part of the workshop, each group of pharmacists explored one of the five profiles identified from the multinational, observational, social media content analysis study[2] (**Figure 1**)

Figure 1. Five antibiotic user profiles identified



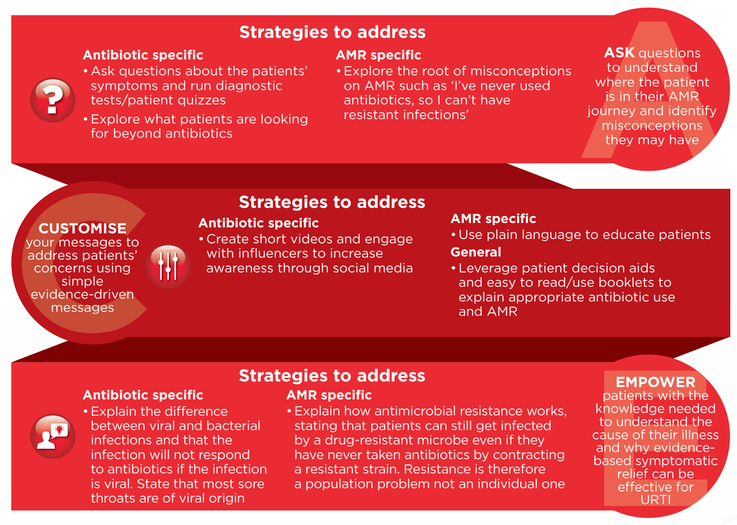
- Pharmacists recognised the five distinct profiles presented to them and provided examples of statements that antibiotic users were likely to make (**Figure 2**)

Figure 2. Examples of beliefs, statements and behaviours identified by pharmacists for each profile

Strategies to overcome challenges and misconceptions on AMR

- Strategies were identified by pharmacists to address challenges and misconceptions on antibiotics and AMR
- Pharmacists identified various stakeholders that could play a role in conveying the correct messaging on AMR at the community level
  - Online influencers (medical and non-medical)
  - HCPs
- Pharmacists applied the GRIP ACE model to the profiles and identified actions that pharmacists could take to identify and address misconceptions on antibiotics and AMR (**Figure 3**)
  - The GRIP ACE model highlights the importance of **asking** the right questions to identify patient needs/misconceptions. It encourages pharmacists to **customise** messaging to patients and **empowers** patients with the knowledge required to understand and manage their illnesses

Figure 3. ACE model for engagement and strategies to address misconceptions



AMR, antimicrobial resistance; URTI, upper respiratory tract infection

CONCLUSIONS

- The multinational, observational, social media content analysis study identified five profiles, which covered a spectrum of profiles ranging from being 'opposed to antibiotics' to 'in favour of antibiotics'
- Pharmacists recognised the five profiles and identified unique beliefs, statements and behaviours for patients belonging to each profile
- Social media content analysis allows pharmacists to address patient needs and misconceptions using the ACE model
- Pharmacists should engage with relevant social media platforms to address misconceptions and promote the mitigation of AMR

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WEBSITE
www.grip-initiative.org.

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