Anti-infective guidelines (1994-2005)

The impetus for the first edition of the “orange book,” Anti-infective Guidelines for Community-acquired Infections, originated with concern over increasing antimicrobial resistance and the need for independent, balanced medical information about this common front-line practice issue. With the introduction of many new antibiotics and with more aggressive marketing of the newer agents, it had become increasingly difficult for family physicians to determine the role of each anti-infective agent. In 1994, the Anti-infective Review Panel was brought together to undertake the task of developing a practical, evidence-based office reference that would assist in determining the appropriate therapy for common infections.

The Anti-infective Review Panel represents a mix of health professionals with expertise in various fields and practice settings. The guidelines are based on a thorough review of current evidence, as well as input from an extensive peer-review process that incorporates feedback from hundreds of practitioners across Canada. Initially, the guidelines were distributed to every physician in Ontario, British Columbia, and the Atlantic Provinces. In 2001, however, the respective governments chose not to renew funding for distribution of the anti-infective guidelines. The panel, encouraged by colleagues’ reports of the book’s usefulness, thought that the best way to preserve the independent nature of the guidelines and avoid reliance on inconsistent government grants was to introduce a cost-recovery or self-funded model, where proceeds from sale of the guidelines would go directly to developing and publishing future editions and other guidelines. The fact that the 10th-anniversary edition of the guidelines is now available and solely supported by individual purchases stands as a testament to the usefulness of the little orange book. Many front-line family physicians provide input on working drafts of each guideline, which contributes to ensuring that guidelines are practical and user-friendly.

The booklet specifically focuses on community-acquired infections, providing first-, second- and third-line recommendations. When antibiotics are suggested, usual dosages and cost comparisons are included. Since publication of the anti-infective guidelines, a number of other guidelines have been or are currently under development.

Partners for Appropriate Anti-infective Therapy

It is difficult to promote change in practice patterns by simply providing materials. Partners for Appropriate Anti-infective Therapy (PAACT) is a tested and proven strategy that successfully helped implement the anti-infective guidelines using a community-wide approach. Initially developed in Port Perry, Ont, in 1995, PAACT had positive results as well as an enthusiastic response from participants. The clinical component of the program involved a case-based, small-group Mainpro-C program and included interprofessional, community-based workshops. The patient- and community-based aspects were also important components of the program and were developed and led by family physicians in the community. Results of this early pilot program were published in the April 2000 edition of Canadian Family Physician. Evaluation has been ongoing over the past decade, and has been presented in a report submitted to Health Canada and in poster presentations at the 17th Annual Meeting of the
International Society of Technology Assessment in Health Care in 2001 and at Family Medicine Forum in 2002. Expansion of the program has led to partnerships with local public health units to facilitate the community education component of the program.\(^2\)

Since then, PAACT has grown in many aspects and has expanded to include many small and large communities across Canada, including a particularly impressive program in Saskatchewan that is coordinated through their RxFiles program. There have also been successful teaching initiatives in Michigan and an invitation to make a presentation on resistance education programs in Europe.

To date, the PAACT program has trained more than 2500 physicians, pharmacists, and nurse practitioners in Canada and the United States. Our goal is to reach as many people in as many communities as possible and thereby reduce the total exposure of the population to antibiotics and contribute to a decrease or stabilization in resistance rates. Partners for Appropriate Anti-infective Therapy presents an important opportunity for front-line health professionals to take a local leadership role in helping to address the global issue of increasing bacterial resistance. In addition, it allows us to demonstrate our ability as health professionals to help resolve other major health system problems using a positive, collaborative approach.

### Other guidelines and independent prescribing information

Due to the success of the anti-infective guideline development model and the pressing need for independent medical information, guidelines on other topics have been or are now under development, including guidelines for anemia, depression, anxiety, respiratory disorders (asthma and chronic obstructive pulmonary disease), and hypertension. The guidelines and PAACT are among several initiatives across Canada whose aim is to provide independent medical information. These include the Therapeutics Initiative (British Columbia), the RxFiles (Saskatchewan), Prism (Manitoba), PAACT (Ontario), and the Dalhousie Academic Detailing Program (Nova Scotia). Physicians are encouraged to support and use these independent sources of evidence-based information since they are developed exclusively by health care professionals.

### Check it out

If you are interested in being a guideline reviewer please let us know. Guideline order forms, information, and the 2005/2006 PAACT schedule can be accessed on-line at [www.mumhealth.com](http://www.mumhealth.com); by telephone at (416) 597-6867; or by fax at (416) 597-8574. The PAACT main office is located in the Women’s College Research Building at 790 Bay St, Suite 901, Toronto, ON M5G 1N8; feel free to drop by for a cup of coffee.

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### References