

Factors of Antibiotic Resistance in Vietnam: Prescribing in Primary Healthcare

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Introduction

- Antimicrobial resistance (AMR) is a pressing global issue
- Low- and middle-income countries (LMIC) at particularly high risk
- Vietnam has one of the highest AMR rates in the world



Objective of the Study

This purpose of this study is to investigate the patterns and determinants of antibiotic prescribing in primary healthcare in Vietnam to inform the development of appropriate interventions.

Methods

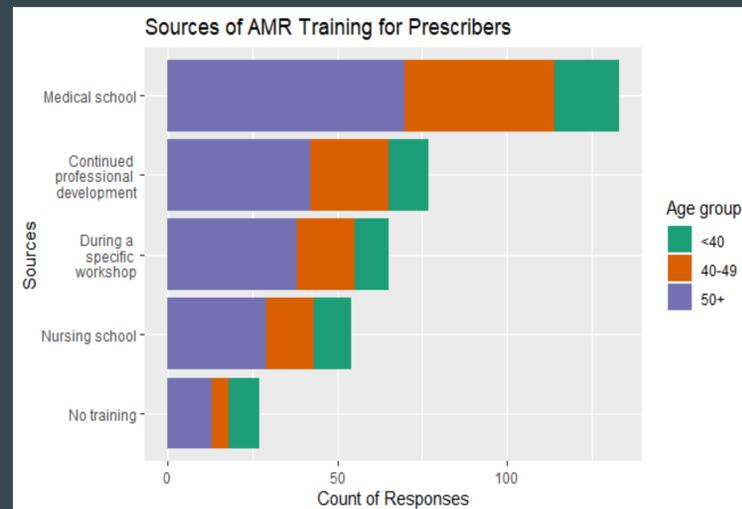
- Research the existing factors affecting antibiotic prescribing globally and in Vietnam
- Collect survey responses and condense into appropriate categories
- Visualize data and conduct statistical analyses of survey responses to see general trends and correlations

Results

Qualification	n	%
Primary healthcare doctor	121	57.6%
Assistant primary healthcare doctor	89	42.3%
Other (non-prescribers)	95	N/A

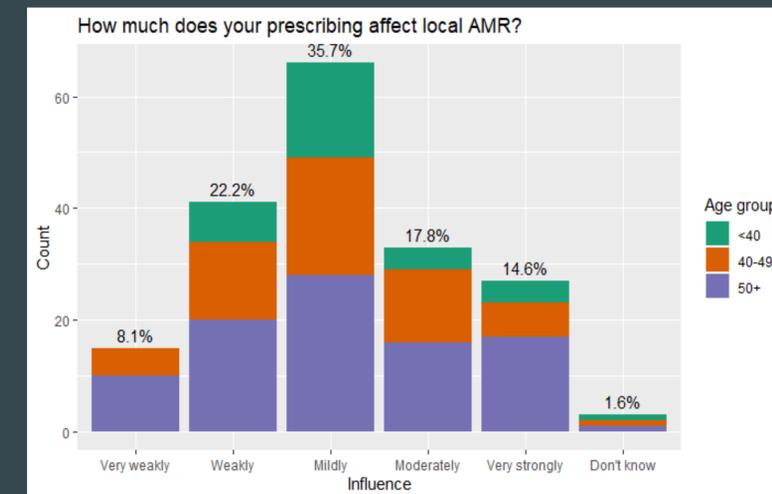
Knowledge:

- Insufficient knowledge of antibiotic drugs and AMR among prescribers
- Most common AMR training is from medical school
- 41% have had specific, recent training from the Ministry of Health
- 96.7% seek better clinical practice guidelines



Attitudes:

- Doctors don't think they see many patients with resistant infections
- Doctors have varying perceptions of how their prescribing affects local AMR patterns
- On average, doctors have high self-efficacy with antibiotic prescribing



Practices:

- Doctors prescribe antibiotics frequently each week and for most ARI patients
- Clinical uncertainty and lack of diagnostics are the most common reasons for prescribing without bacterial infection
- Few doctors talk about AMR with patients
- 93.3% had experienced shortages of antibiotics

Discussion

- Doctors in Vietnam show a lack of understanding about AMR and a shortage of training
- Clinical uncertainty and lack of diagnostics encourage empiric antibiotic treatment
- Lack of communication on AMR between doctors and patients

Conclusion

The factors known to drive AMR are seen among primary healthcare prescribers in Vietnam commune health centers and should be addressed with the proper interventions, such as AMS training and better clinical guidelines.

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