

The Impact of Antimicrobial Prophylaxis on Reducing Antimicrobial Resistance

Roshan Yazir*

Department of Microbiology, California State University, Fresno, USA

DESCRIPTION

Antimicrobial Resistance (AMR) is one of the most significant global health threats of the 21st century. It occurs when microorganisms, including bacteria, viruses, fungi and parasites, evolve to resist the effects of drugs that once killed them or inhibited their growth. As resistance increases, infections become harder to treat, leading to longer hospital stays, more intensive care and higher mortality rates. In this context, antimicrobial prophylaxis, the use of antibiotics or other antimicrobial agents to prevent infections, plays an important role in both preventing infections and managing the spread of AMR. This article examines the impact of antimicrobial prophylaxis on reducing antimicrobial resistance, examines its proper use and discusses strategies to balance prevention with the risk of resistance [1].

Importance of antimicrobial prophylaxis

Antimicrobial prophylaxis is the preventive use of antibiotics or antimicrobials to prevent infections in individuals who are at high risk of developing them. It is commonly used in surgical settings, during invasive procedures and in immunocompromised patients who are at greater risk of infection [2]. The primary goal is to reduce the incidence of infections, especially those that could have severe consequences, such as Surgical Site Infections (SSIs), pneumonia, Urinary Tract Infections (UTIs) and other bacterial infections. Antimicrobial prophylaxis is particularly important in procedures such as major surgeries, organ transplantation, cancer treatment and in patients with conditions like HIV/AIDS or diabetes. However, while it provides significant benefits in preventing infections, there is concern that inappropriate or overuse of prophylactic antibiotics could contribute to the development and spread of antimicrobial resistance [3].

Role of antimicrobial prophylaxis in reducing AMR

The proper use of antimicrobial prophylaxis can reduce AMR in prevention of Infections and Avoidance of Therapeutic Antibiotics The primary purpose of antimicrobial prophylaxis is

to prevent infections before they occur. By reducing the incidence of infections in the first place, prophylaxis limits the need for therapeutic antibiotic use [4]. Therapeutic use of antibiotics is more likely to promote the development of resistance, as it involves prolonged or repeated exposure of bacteria to antimicrobial agents. By preventing infections, antimicrobial prophylaxis indirectly reduces the need for antibiotics and thereby helps in reducing the opportunity for bacteria to develop resistance [5]. Reduction in the need for postoperative antibiotic treatment one of the most common uses of antimicrobial prophylaxis is in surgical procedures to prevent SSIs. In the absence of prophylaxis, the risk of developing infections after surgery may require the use of multiple rounds of broad-spectrum antibiotics [6]. Overuse of such antibiotics in hospital settings can contribute to the emergence of resistant bacterial strains. Proper antimicrobial prophylaxis, administered at the right time and with the right agent, reduces the likelihood of SSIs and the subsequent need for prolonged antibiotic therapy, minimizing exposure to unnecessary antibiotics. Targeted antibiotic use and reduced spectrum of resistance when antimicrobial prophylaxis is used appropriately, it targets specific pathogens that are most likely to cause an infection, allowing for narrow-spectrum antibiotic use. Narrow-spectrum antibiotics are less likely to cause disruption to the normal microbiota, thus reducing the opportunity for resistance to develop in non-target bacteria [7]. Overuse of broad-spectrum antibiotics, which target a wide range of bacteria, can encourage the proliferation of resistant bacteria in the body and the environment. Prevention of Healthcare-Associated Infections (HAIs) In healthcare settings, infections acquired during hospitalization HAIs are a significant cause of morbidity and mortality [8]. Many of these infections are caused by multidrug-resistant organisms, which complicate treatment and require the use of more potent and often more toxic, antibiotics. Prophylactic antibiotics are often used in high-risk patients undergoing surgeries or invasive procedures to prevent HAIs. By preventing these infections, antimicrobial prophylaxis helps in reducing the selective pressure on bacterial populations that could otherwise lead to the development of resistance [9].

Correspondence to: Roshan Yazir, Department of Microbiology, California State University, Fresno, USA, E-mail: roshanazir@csu.org

Received: 22-Nov-2024, Manuscript No. JCMA-24-36612; **Editor assigned:** 25-Nov-2024, PreQC No. JCMA-24-36612 (PQ); **Reviewed:** 09-Dec-2024, QC No. JCMA-24-36612; **Revised:** 16-Dec-2024, Manuscript No. JCMA-24-36612 (R); **Published:** 23-Dec-2024, DOI: 10.35248/JCMA.24.8.209

Citation: Yazir R (2024). The Impact of Antimicrobial Prophylaxis on Reducing Antimicrobial Resistance. J Clin Microbiol Antimicrob. 8:209.

Copyright: © 2024 Yazir R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Challenges and risks of antimicrobial prophylaxis

While antimicrobial prophylaxis has clear benefits in preventing infections, its use comes with risks that need to be carefully managed to avoid contributing to AMR. The most significant risk associated with antimicrobial prophylaxis is the inappropriate or excessive use of antibiotics. This includes using antibiotics for infections that are unlikely to occur, using broad-spectrum agents unnecessarily, or administering them for longer than needed [10]. The inappropriate use of prophylaxis can lead to unnecessary exposure of bacteria to antimicrobial agents, increasing the risk of developing resistance. For example, antibiotics should be administered at specific times before surgery to achieve optimal tissue concentrations at the time of incision. Prolonging prophylactic antibiotic use beyond the necessary period or using broad-spectrum antibiotics increases the chances of resistance development. Increased risk of colonization with resistant pathogens overuse or prolonged use of antimicrobial prophylaxis can alter the microbiota of the patient, potentially allowing resistant organisms to colonize. Antimicrobial prophylaxis plays an important role in preventing infections, particularly in high-risk populations and surgical settings. When used appropriately, it can reduce the need for therapeutic antibiotics, lower the incidence of infections and minimize the development of antimicrobial resistance. However, improper use such as overuse, prolonged therapy, or use of broad-spectrum antibiotics can contribute to the spread of resistant bacteria. Optimizing antimicrobial prophylaxis through guidelines, stewardship programs and careful monitoring is essential to balance infection prevention with the long-term goal of controlling antimicrobial resistance. Through responsible practices, antimicrobial prophylaxis can continue to be a strong

tool in reducing infection and preserving the efficacy of antimicrobial agents for future generations.

REFERENCES

1. Cangussu LB, Fronza P, Cavalcanti WM. Fiber-rich powders of tropical fruits by-products: A bibliographic review on their bioactive compounds. *Res Soc Dev.* 2020; 9(9):e80996803.
2. Embil JM, Chan KL. The American heart association 2007 endocarditis prophylaxis guidelines: A compromise between science and common sense. *Can J Cardiol.* 2008;24(9):673-675.
3. Theuretzbacher U. Antibiotic innovation for future public health needs. *Clin Microbiol Infect.* 2017;23(10):713-717.
4. West EE, Kolev M, Kemper C. Complement and the regulation of T cell responses. *Annu Rev Immunol.* 2018;36:309-338.
5. Paterson S, Vogwill T, Buckling A, Benmayor R, Spiers AJ, Thomson NR, et al. Antagonistic coevolution accelerates molecular evolution. *Nature.* 2010;464(7286):275-278.
6. Foster TJ, Geoghegan JA, Ganesh VK, Höök M. Adhesion, invasion and evasion: The many functions of the surface proteins of *Staphylococcus aureus*. *Nat Rev Microbiol.* 2014;12(1):49-62.
7. Theuretzbacher U. Antibiotic innovation for future public health needs. *Clin Microbiol Infect.* 2017;23(10):713-717.
8. Theuretzbacher U, Bush K, Harbarth S, Paul M, Rex HJ, Tacconelli E, et al. Critical analysis of antibacterial agents in clinical development. *Nat Rev Microbiol.* 2020;18(5):286-298.
9. Wong D, Rubinshtein R, Keynan Y. Alternative cardiac imaging modalities to echocardiography for the diagnosis of infective endocarditis. *Am J Cardiol.* 2016;118(9):1410-1418.
10. Cahill TJ, Harrison JL, Jewell P, Onakpoya I, Chambers JB, Dayer M, et al. Antibiotic prophylaxis for infective endocarditis: A systematic review and meta-analysis. *Heart.* 2017;103(12):937-944.