

RESEARCH BASED TEMPLATE

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Changing from syndromic to aetiologic management of proctitis reduced unnecessary antibiotics and did not lead to increased re-attendances at a sexual health clinic

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Background:

Guidelines for the management of proctitis advise the empirical use of multiple antibiotics before test results are available. Evidence from our centre has shown that this practice leads to unnecessary antibiotics prescribed for pathogens that are not present – including the overuse of ceftriaxone (broad-spectrum cephalosporin) which accelerates the emergence of antimicrobial resistance (AMR). In response to this, from June 2025, our centre has updated guidance to allow for aetiologic management (testing first and treating only STIs found to be present) in proctitis cases. We performed a follow-up audit to examine whether this reduced unnecessary antibiotic use and whether it led to increased re-attendances.

Methods:

We performed a retrospective file audit of consecutive consultations with a diagnosis of proctitis at two timepoints – 3 months before implementing the change to aetiologic management (the “before” period) and 3 months after (the “after” period). The following variables were extracted: STI tests performed, antibiotics given presumptively, STIs diagnosed and re-attendance. Chi-squared test was used to compare categorical variables.

Results:

We audited 94 clinic consultations with a diagnosis of proctitis. 48 (51.1%) were from the before & 46 (48.9%) were from the after period. Empirical ceftriaxone was given to 40/48 proctitis cases (83.3%) in the before period and 27/46 (58.7%) in the after period – a relative reduction in empirical ceftriaxone of 25.5% (p=0.008). 24 (50.0%) patients before, and 16 (34.8%) patients after received unnecessary ceftriaxone (p=0.136). Three patients (6.3%) in the before and two patients (4.4%) in the after period had to re-attend clinic for ceftriaxone treatment for diagnosed *Neisseria gonorrhoeae*.

Conclusion:

Treatment guidelines which allow for aetiological management of proctitis have reduced the use of ceftriaxone (the last-line treatment for *N. gonorrhoeae*) without increasing the need for clinic re-attendance. Our findings demonstrated a simple, low-resource intervention to improve antimicrobial stewardship in sexual health clinics.

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Disclosure of Interest Statement:

None