LETTER Knowledge, Attitudes, and Practices (KAP) About Antibiotic Use in Hemodialysis Patients with Chronic Kidney Disease and Their Household Contacts [Letter]

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Dear editor

We have read the paper by Daniela Montova-Urrego et al on Knowledge, Attitudes, and Practices (KAP) About Antibiotic Use in Hemodialysis Patients with Chronic Kidney Disease and Their Household Contacts.¹ This study is very interesting because the problem of antibiotic resistance is still a problem, complex that affects all levels of society, this resistance is caused by the irrational and excessive use of antibiotics due to a lack of public knowledge regarding the side effects of antibiotics.² We would like to share our views which focus on the knowledge, attitudes and practices of the community towards the use of antibiotics which can be purchased freely around us.

The study conducted by Daniela Montoya-Urrego et al aims to describe knowledge, attitudes and practices (KAP) regarding the use of antibiotics and bacterial resistance in hemodialysis patients, and found that there are still many knowledge gaps regarding bacterial resistance and the use of antibiotics, which results in increased consumption and resistance and lack of patient adherence to recommendations in treatment.¹ However, the increase in the number resistance of antibiotic does not only depend on patient knowledge but is also caused by inadequate prescription of antibiotics and their excessive use, especially in primary care for the limitation and control of prescribed antibiotics,² coupled with inappropriate prescribing, and inappropriate consumption can be the main factors contributing to the increase in antibiotic resistant cases.³

The study conducted by Daniela Montoya-Urrego et al used a cross-sectional descriptive study conducted on hemodialysis patients from the kidney unit in a hospital with the KAP instrument applied to the participants during home visits.¹ This method is quite effective in measuring the gap in patient knowledge of antibacterial resistance. However, we would like to suggest that the KAP instrument be continued with Latent class analysis (LCA) to group respondents based on their responses so that the results can be more accurate.⁴ Particularly for hemodialysis patients, an assessment of clinical records and previous laboratory tests should be carried out so that the results of the study can provide input for modifying antimicrobial resistance which is directly related to the development of the disease.⁵

In conclusion, we agree that there are still many knowledge gaps about bacterial resistance and the use of antibiotics, which can lead to increased consumption and antibiotic resistance.¹ However, we would like to share new information that antimicrobial resistance can affect the development and development of kidney disease and the presence of antibiotic resistance genes may change as long as the patient suffers from kidney disease, so further research is needed to advance understanding of this relationship.⁵ Another important thing to consider is that the administration of antibiotics must comply with standard recommendations of specialists, antimicrobial spectrum, route of administration, dosage, and duration of treatment.² A campaign is needed regarding limiting the accessibility of antibiotics and ensuring the rational use of antibiotics so that the problem of antibiotic resistance can be suppressed.³

Disclosure

All author reports no conflict of interest in this communication.

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