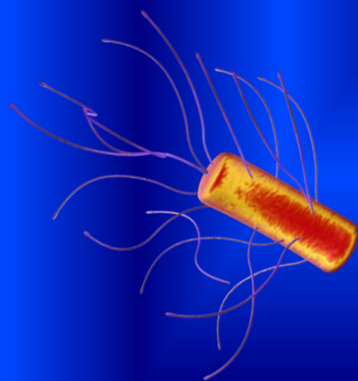


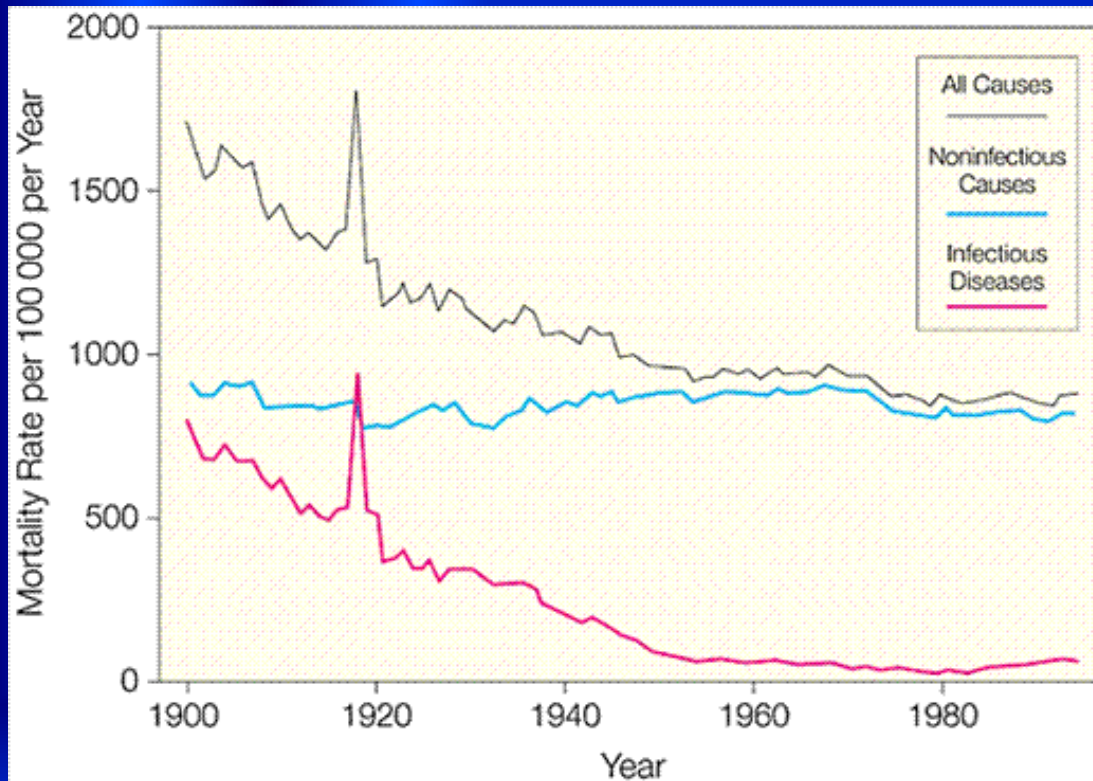
# Tackling Antibiotic Resistance for Global Health: Future Challenges



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**Professor and Principal**  
**Department of Pharmaceutics**  
**Sahasra Institute of Pharmaceutical Sciences**

# The “Miracle” of Antibiotics

- Discovery of penicillin by Sir Alexander Fleming and its subsequent development by Florey & Chain revolutionised treatment of infectious disease
- Life expectancy has ↑ due to ability to treat infection



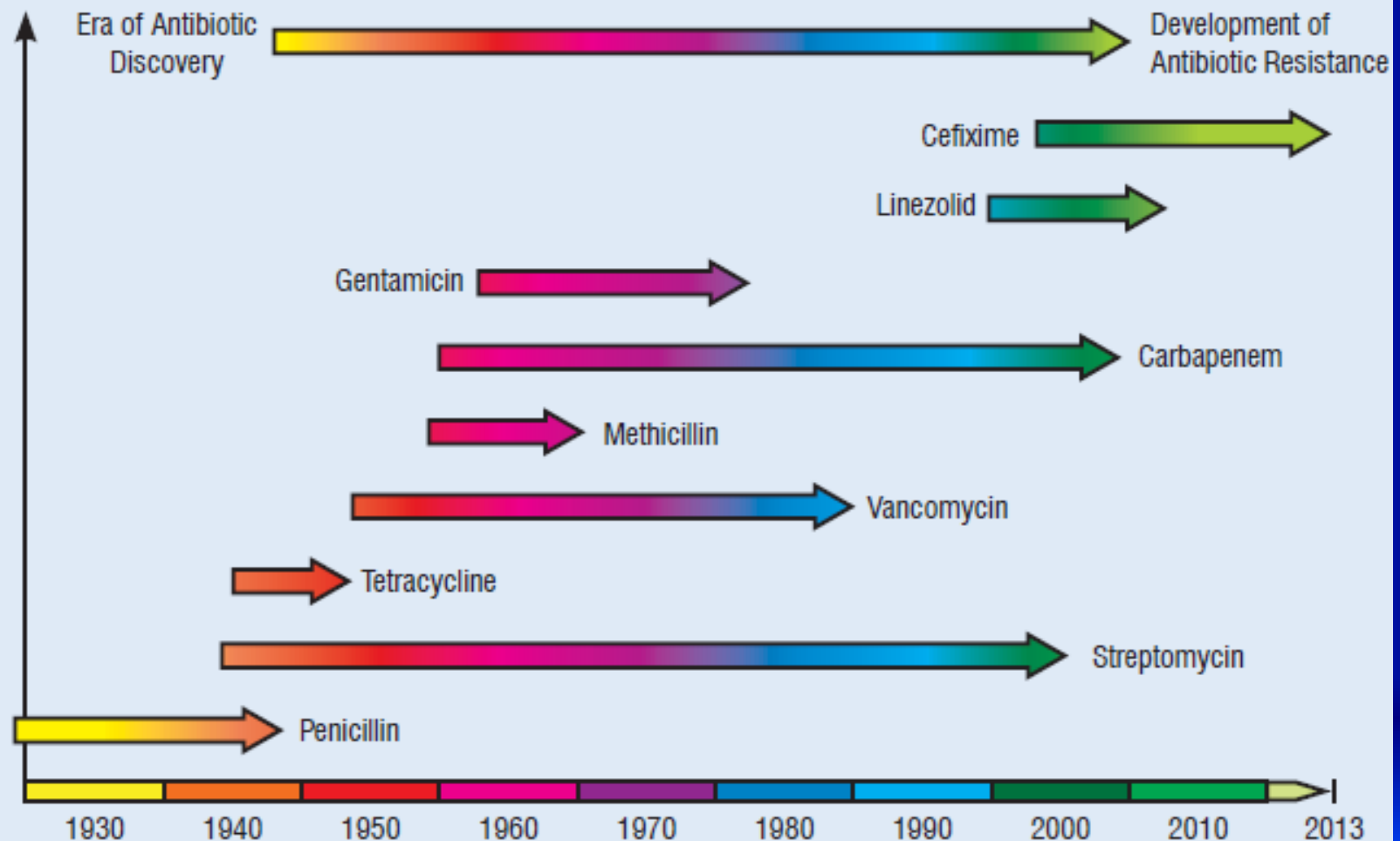
Crude mortality rates for all causes, noninfectious causes and infectious diseases over the period 1900-1996

# Antibiotic Resistance

- It took less than 20 years for, bacteria to show signs of resistance
- *Staphylococcus aureus*, which causes blood poisoning and pneumonia, started to show resistance in the 1950s
- Today there are different strains of *S. aureus* resistant to every form of antibiotic in use

# Timeline of antibiotics discovery and the evolution of antibiotic resistance

## The Discovery and Consequent Development of Antibiotic Resistance

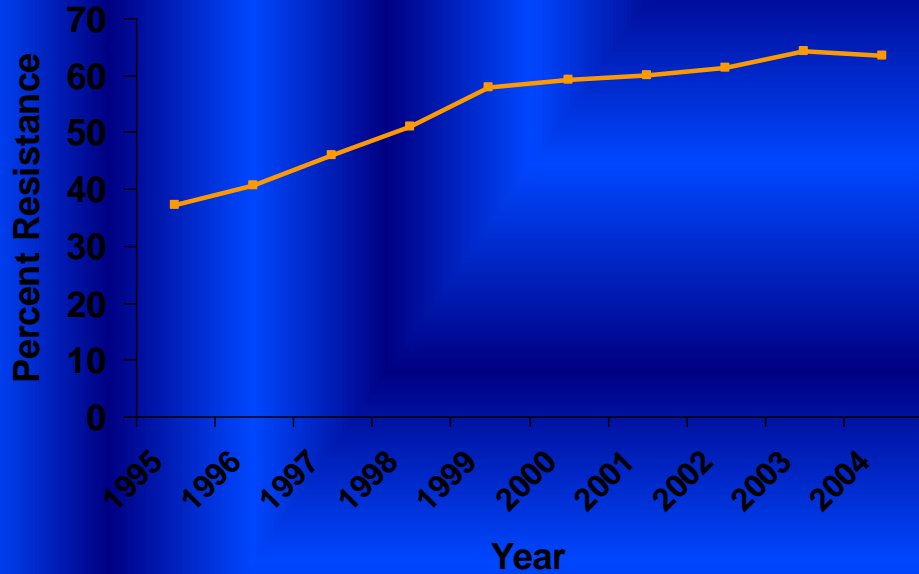


# EVOLUTION OF RESISTANCE TO ANTIBACTERIALS

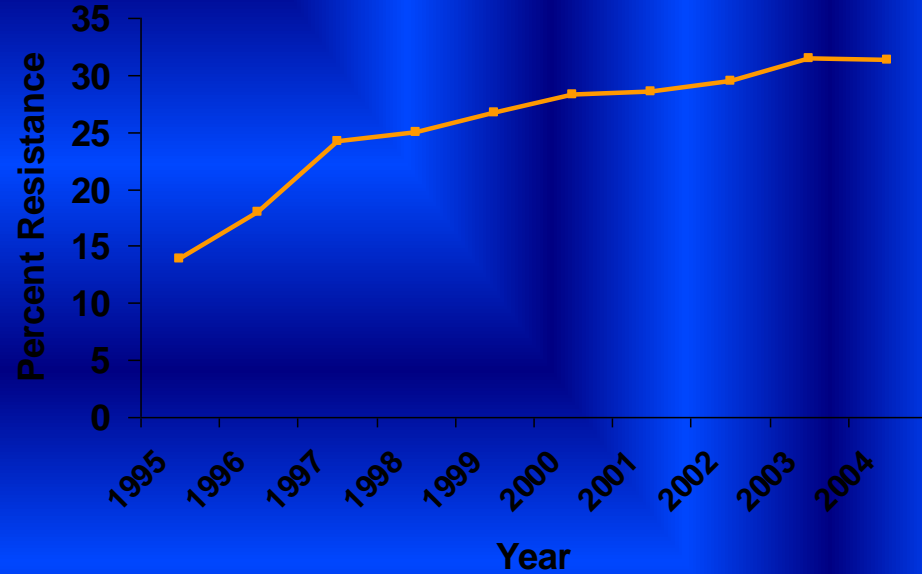
Antibiotic	Year Deployed	Resistance Observed
Sulfonamides	1930s	1940s
Penicillin	1943	1946
Streptomycin	1943	1959
Chloramphenicol	1947	1959
Tetracycline	1948	1953
Erythromycin	1952	1988
Vancomycin	1956	1988
Methicillin	1960	1961
Ampicillin	1961	1973
Cephalosporins	1960s	late 1960s

Table 20.2 Microbiology: A Clinical Approach (© Garland Science)

# Gram Positive Resistance



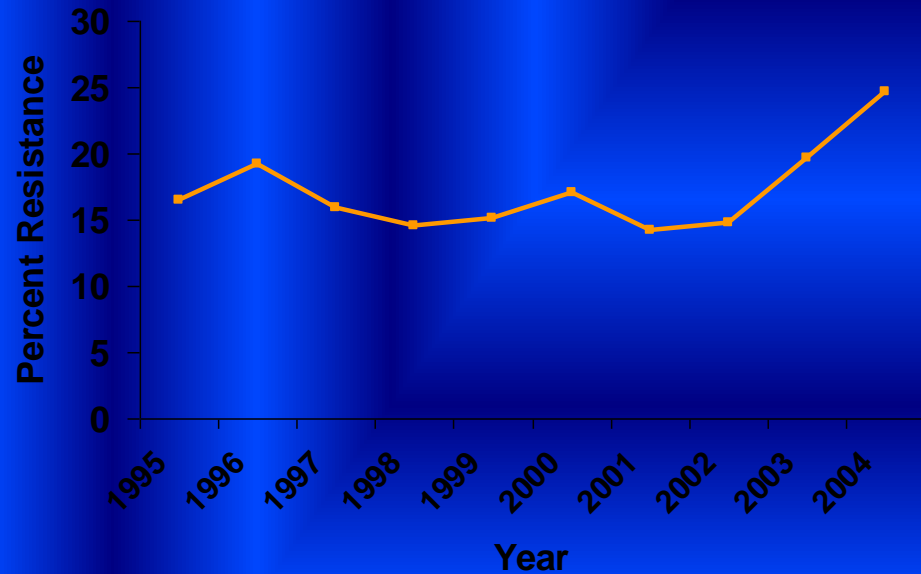
**Methicillin-Resistant  
*Staphylococcus aureus***



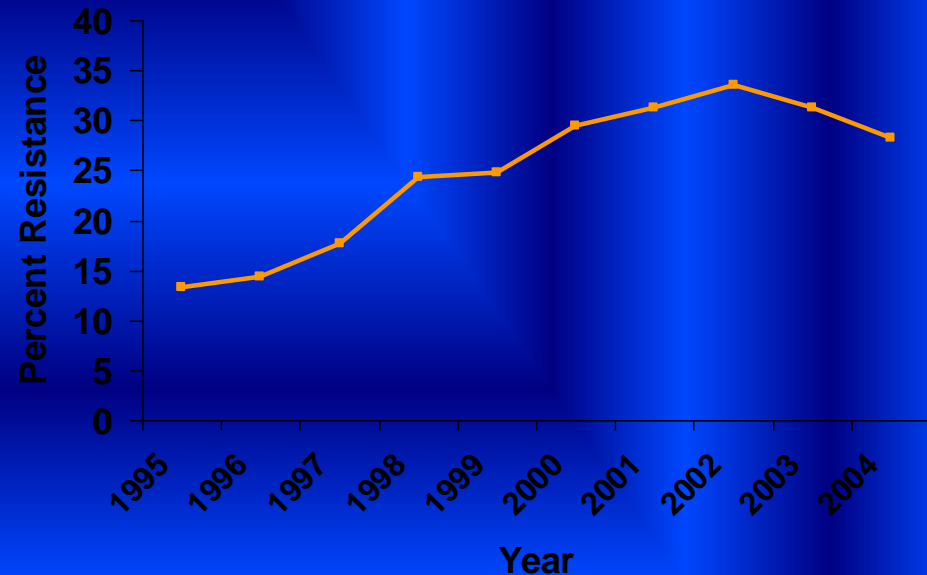
**Vancomycin-Resistant  
*Enterococcus***

**National Nosocomial Infections Surveillance (NNIS) System**

# Gram Negative Resistance



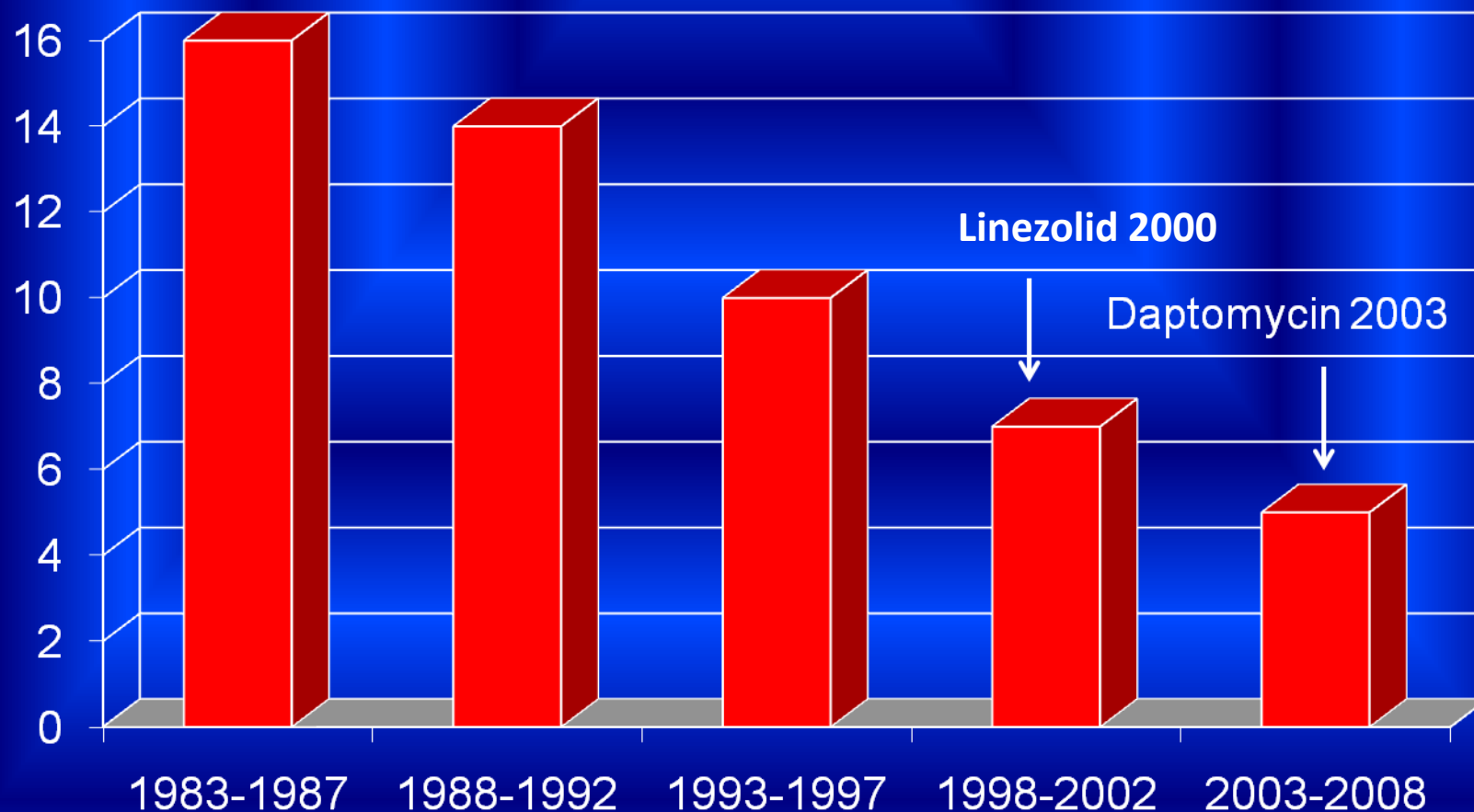
**3rd Generation Cephalosporin-Resistant *Klebsiella pneumoniae***



**Fluoroquinolone-Resistant *Pseudomonas aeruginosa***

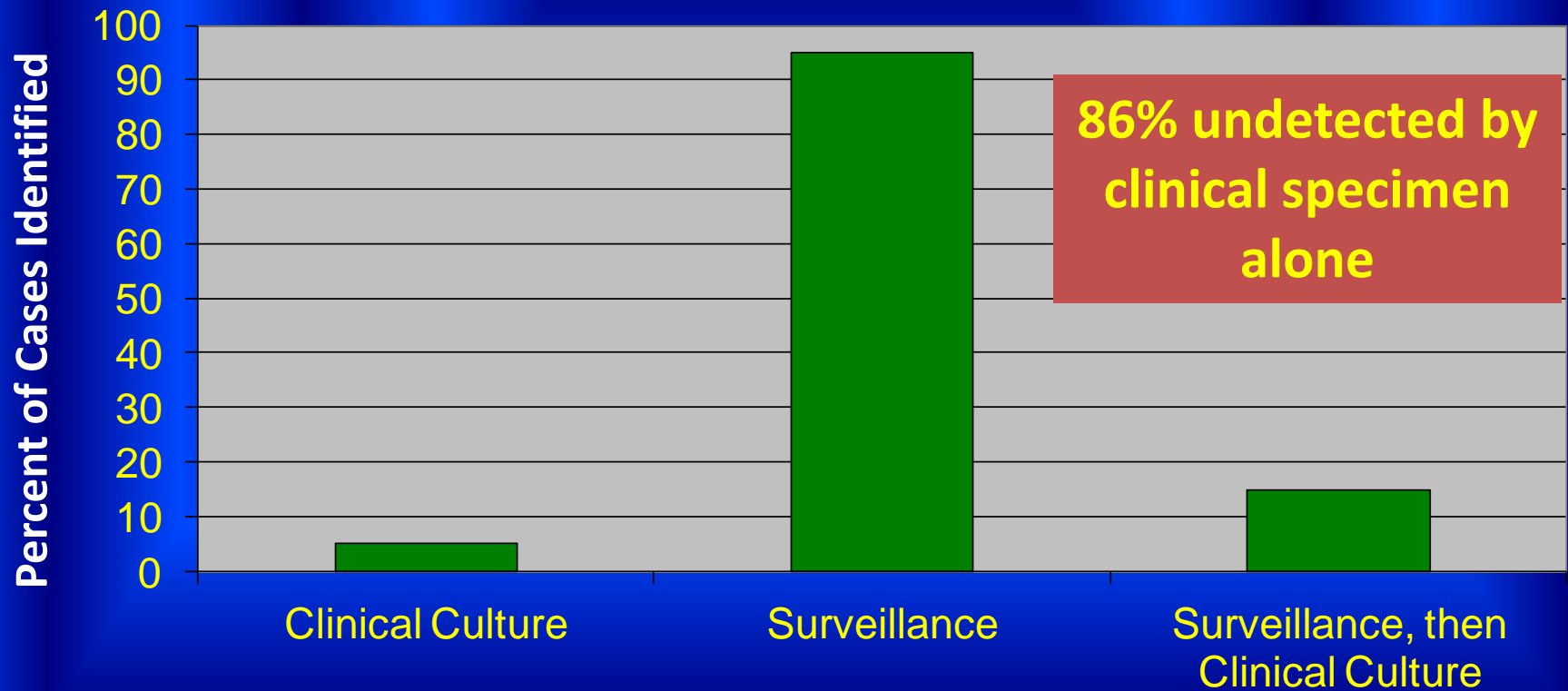
**National Nosocomial Infections Surveillance (NNIS) System**

# New Antibacterial Drugs Approved By FDA





# Tip of the Iceberg?



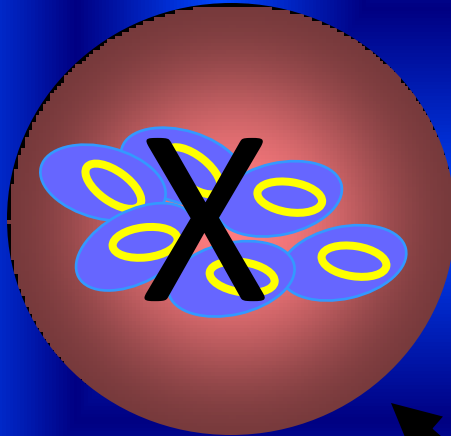
# Antibiotics continue to save lives every day...

- Ability to control infection is critical to other advances in medicine
  - Neonatal care
  - Transplantation
  - Chemotherapy for malignancy
  - Immunosuppression
  - Safe surgery
  - Safe obstetric care
  - Intensive care interventions

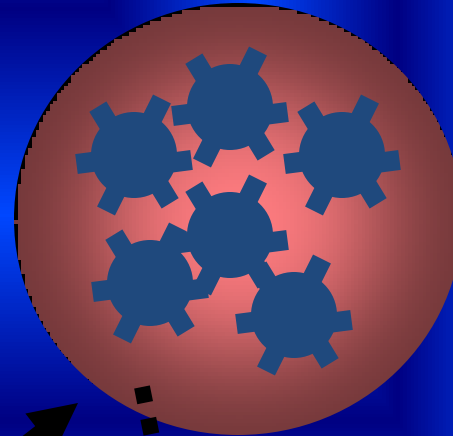


# Antibacterials Kill Bacteria

Bacteria



Viruses



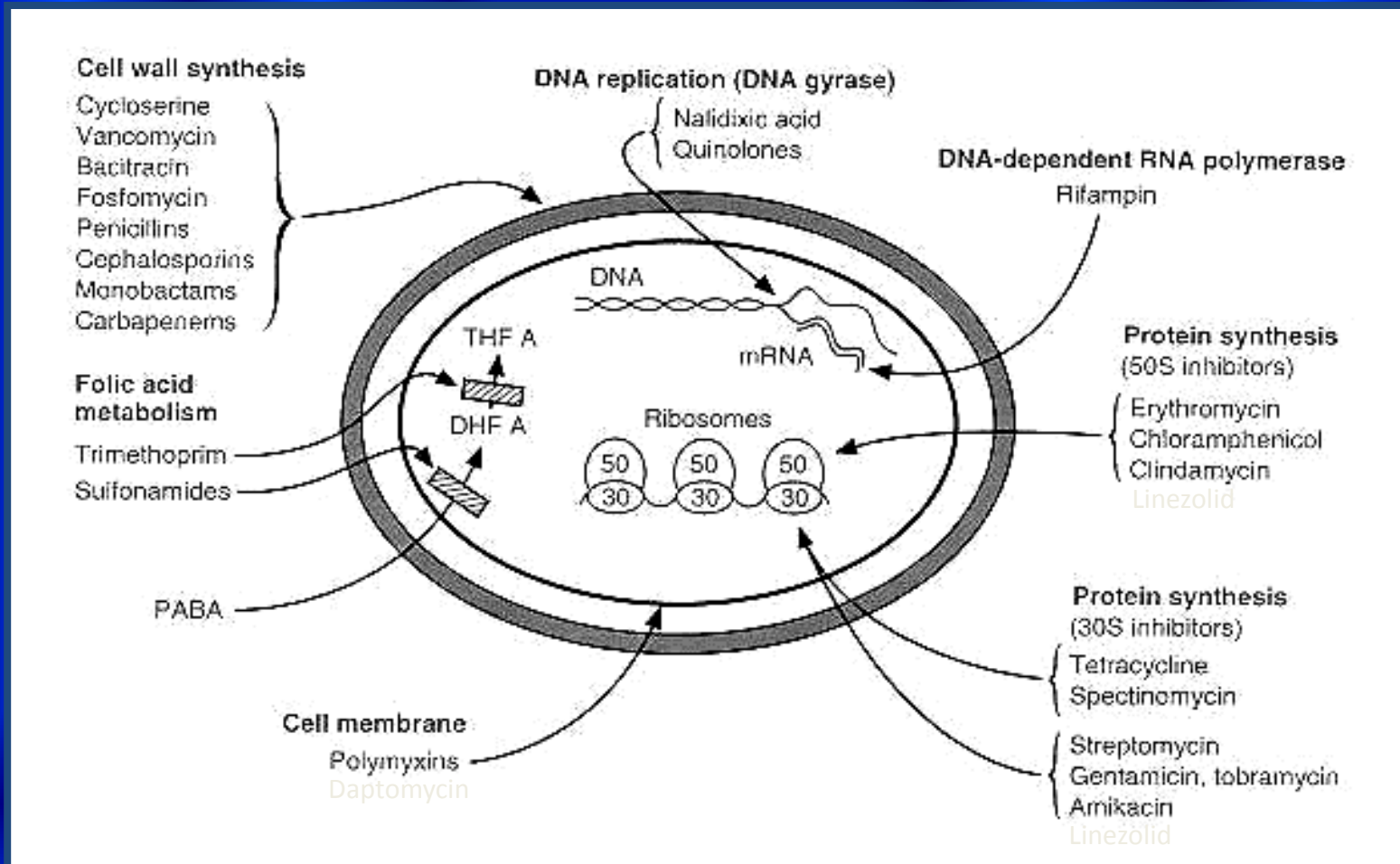
Break down cell walls  
Stop replication



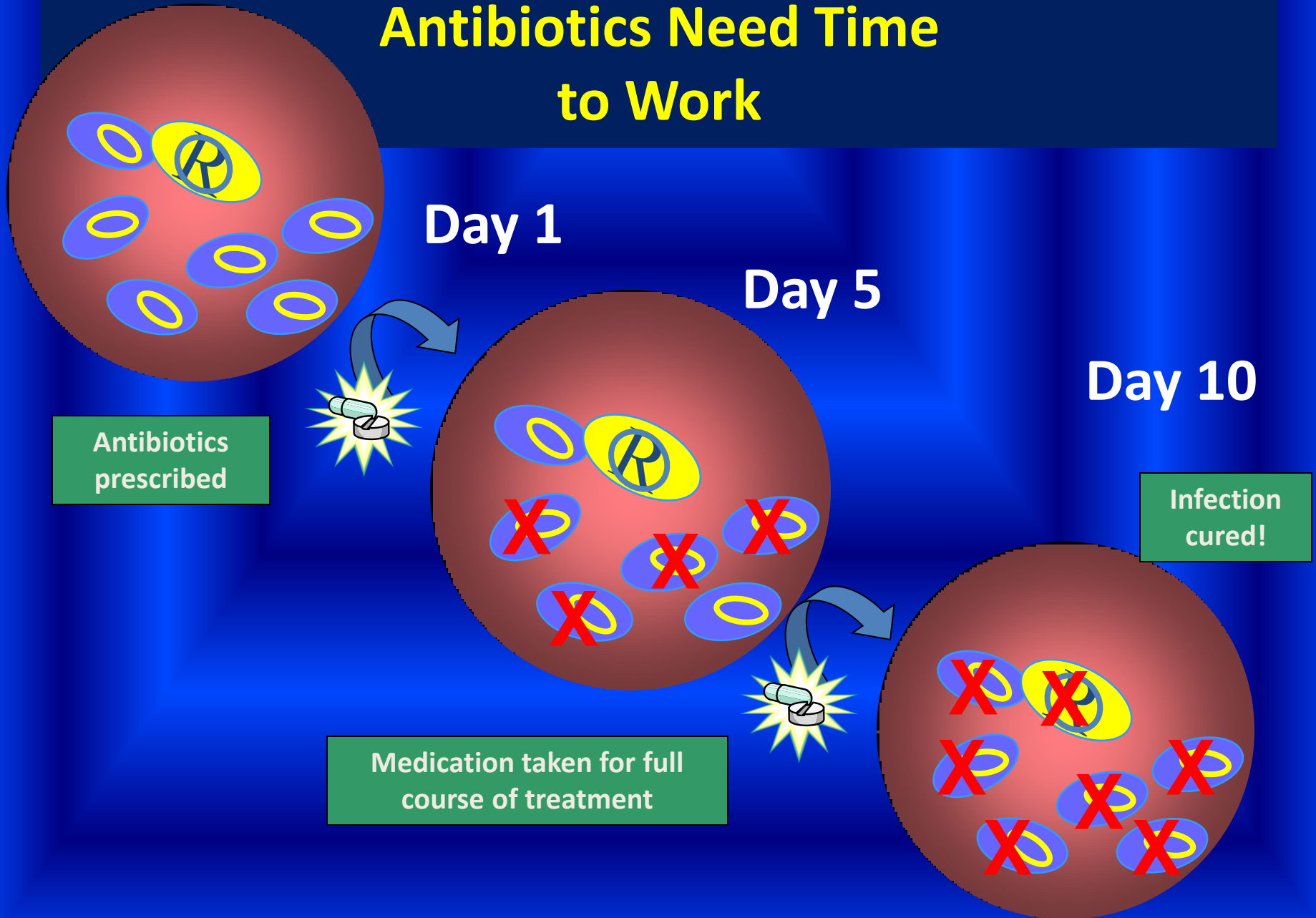
Antibiotics

No effect

# Antibiotic Mechanism of Action



# Antibiotics Need Time to Work



Day 1

Day 5

Day 10

Antibiotics  
prescribed

Infection  
cured!

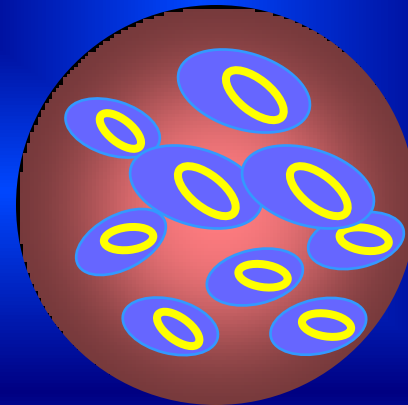
Medication taken for full  
course of treatment

## Case I

Jane has a sore throat. Without testing, her health care provider prescribes penicillin “just in case” it’s strep.



Jane’s symptoms are caused by a virus, but she also has bacteria in her sinuses.



## Case II

Ashley comes home from school with a sore throat and fever.

After a positive strep test, her pediatrician prescribes penicillin.



## Cont'd



Ashley takes her medicine for three days.

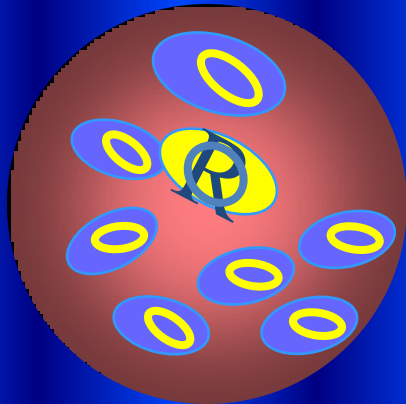
Ashley feels fine.

Her parents decide it's OK to stop.

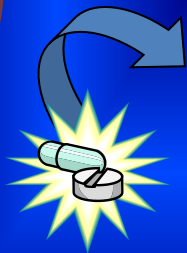


# Incomplete Treatment Causes Resistance

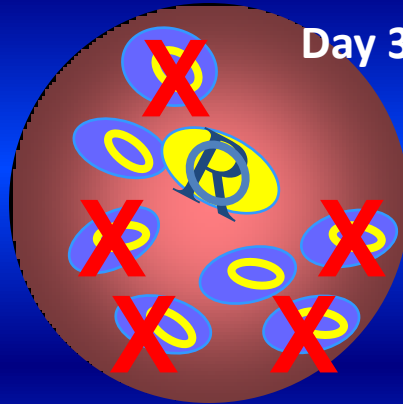
Day 0



Antibiotics prescribed



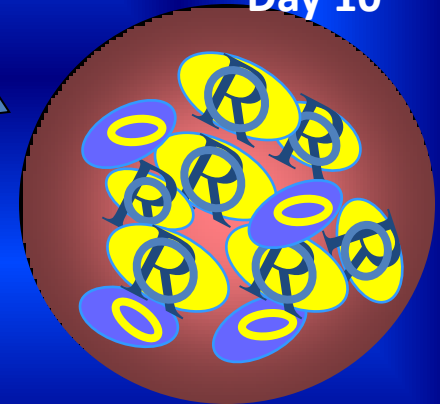
Day 3



Symptoms improved,  
treatment stopped

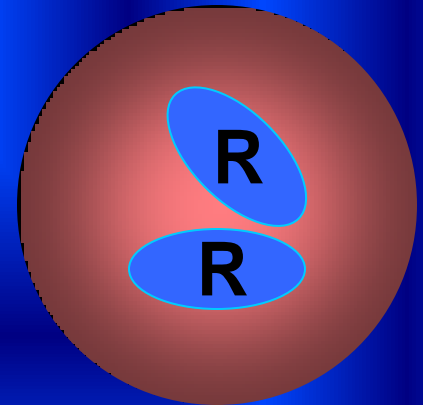
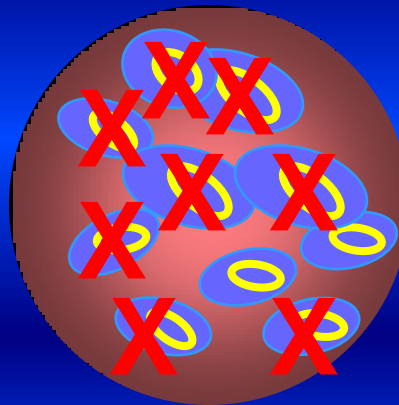
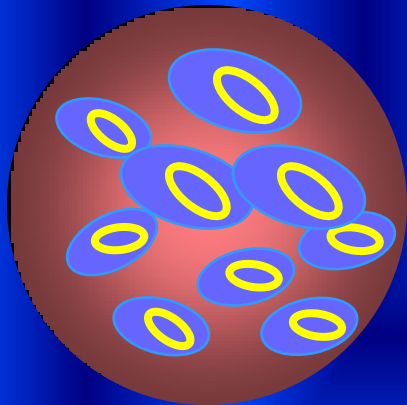
Meanwhile, the survivors  
multiply.

Day 10



Resistant  
infection

# Unnecessary Antibiotics Cause Resistance



Jane takes penicillin.

Susceptible bacteria are killed off.

A few hardy survivors are left behind.

The survivors can withstand penicillin.

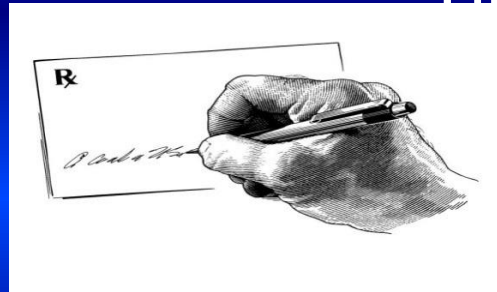
# Antibiotic Overuse

## Patient Concerns

- Want clear explanation
- Green nasal discharge
- Need to return to work

## Physician Concerns

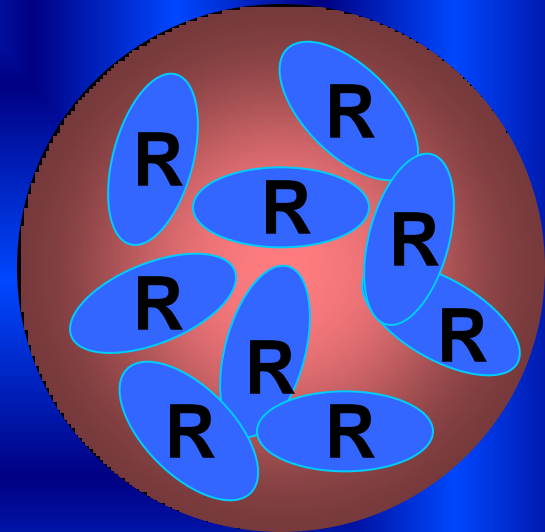
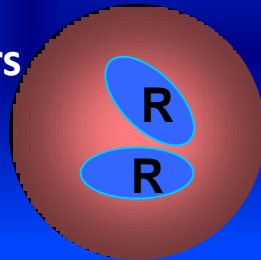
- Patient expects antibiotic
- Diagnostic uncertainty
- Time pressure



**Antibiotic Prescription**

# Resistant Bacteria Can Multiply and Spread

The resistant survivors multiply.

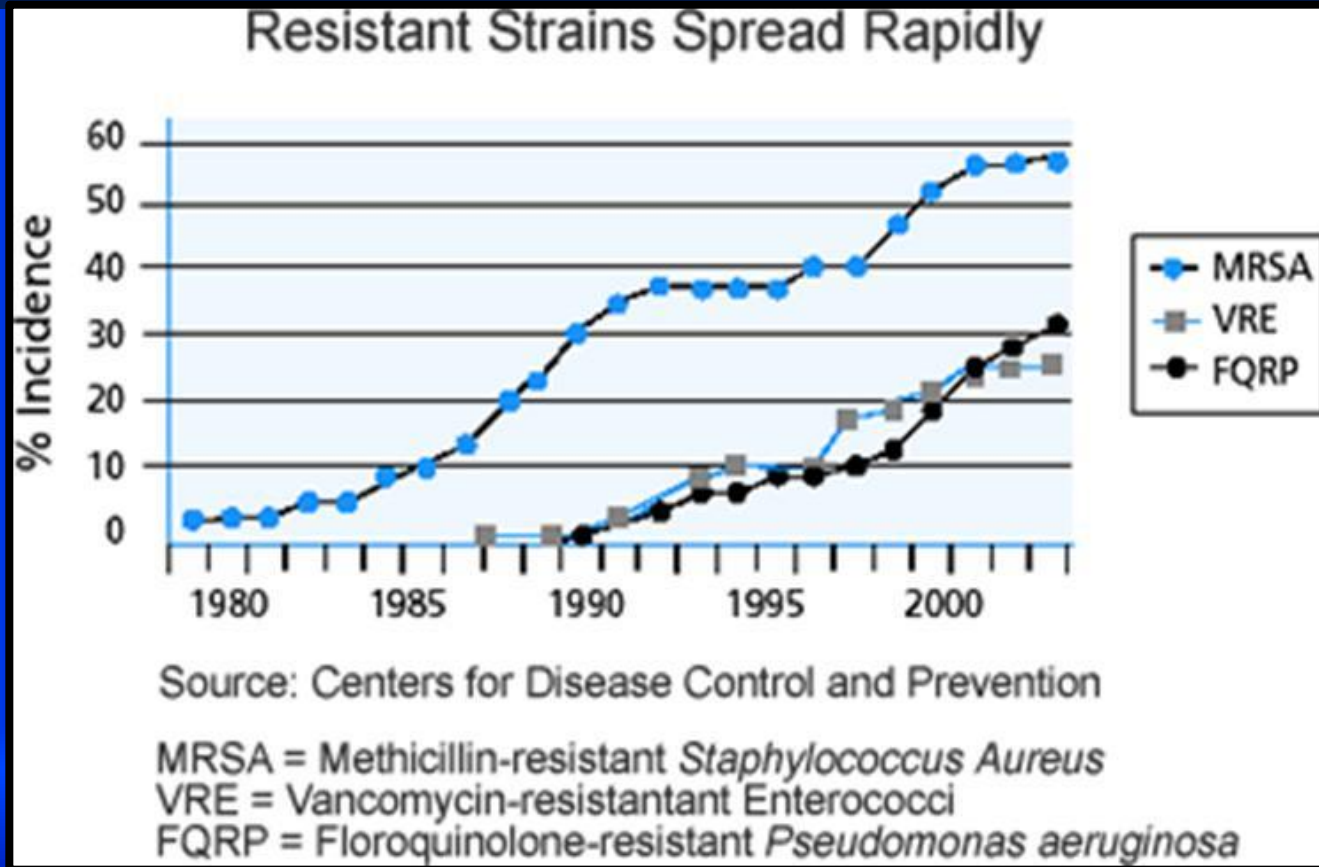


Treatment with penicillin has no effect.

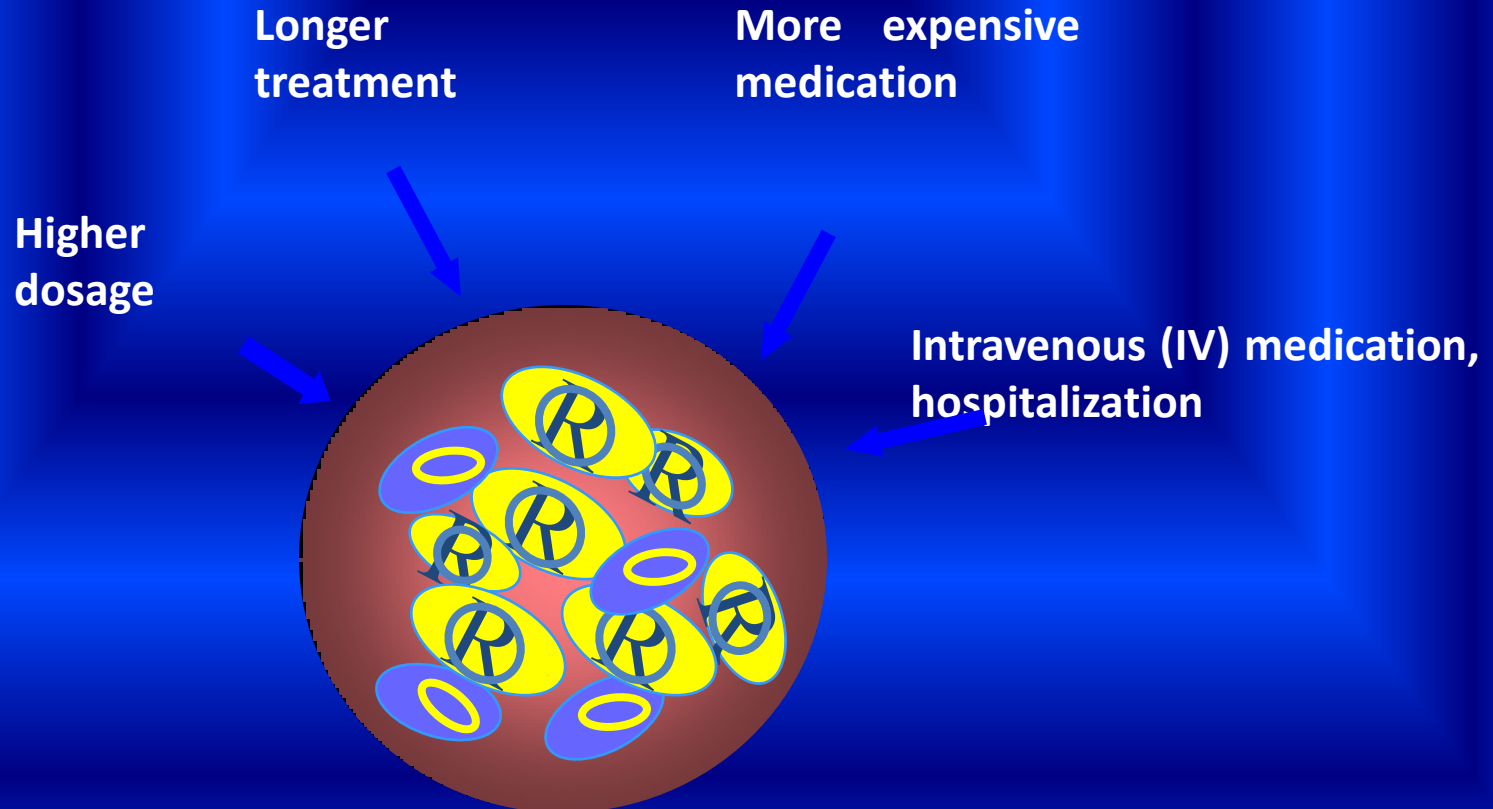


Jane is now a carrier of penicillin-resistant bacteria.

# Resistance spreads rapidly



# Resistant Infections Require Special Treatment



# Mechanisms of Resistance

- **Inactivation of drug**
  - Beta-lactamases
- **Alteration of the target**
  - Penicillin binding proteins
  - Ribosomes
- **Decreased permeability**
- **Drug efflux**

# INACTIVATION OF ANTIBIOTIC

- **Inactivation involves enzymatic breakdown of antibiotic molecules.**
- **A good example is  $\beta$ -lactamase:**
  - **Secreted into the bacterial periplasmic space**
  - **Attacks the antibiotic as it approaches its target**



# **EFFLUX PUMPING OF ANTIBIOTIC**

- ◎ **Efflux pumping is an active transport mechanism.**
  - > **It requires ATP.**
- ◎ **Efflux pumps are found in:**
  - > **The bacterial plasma membrane**
  - > **The outer layer of gram-negative organisms**
- ◎ **Pumping keeps the concentration of antibiotic below levels that would destroy the cell**
- ◎ **Genes that code for efflux pumps are located on plasmids and transposons.**

# MODIFICATION OF ANTIBIOTIC TARGET

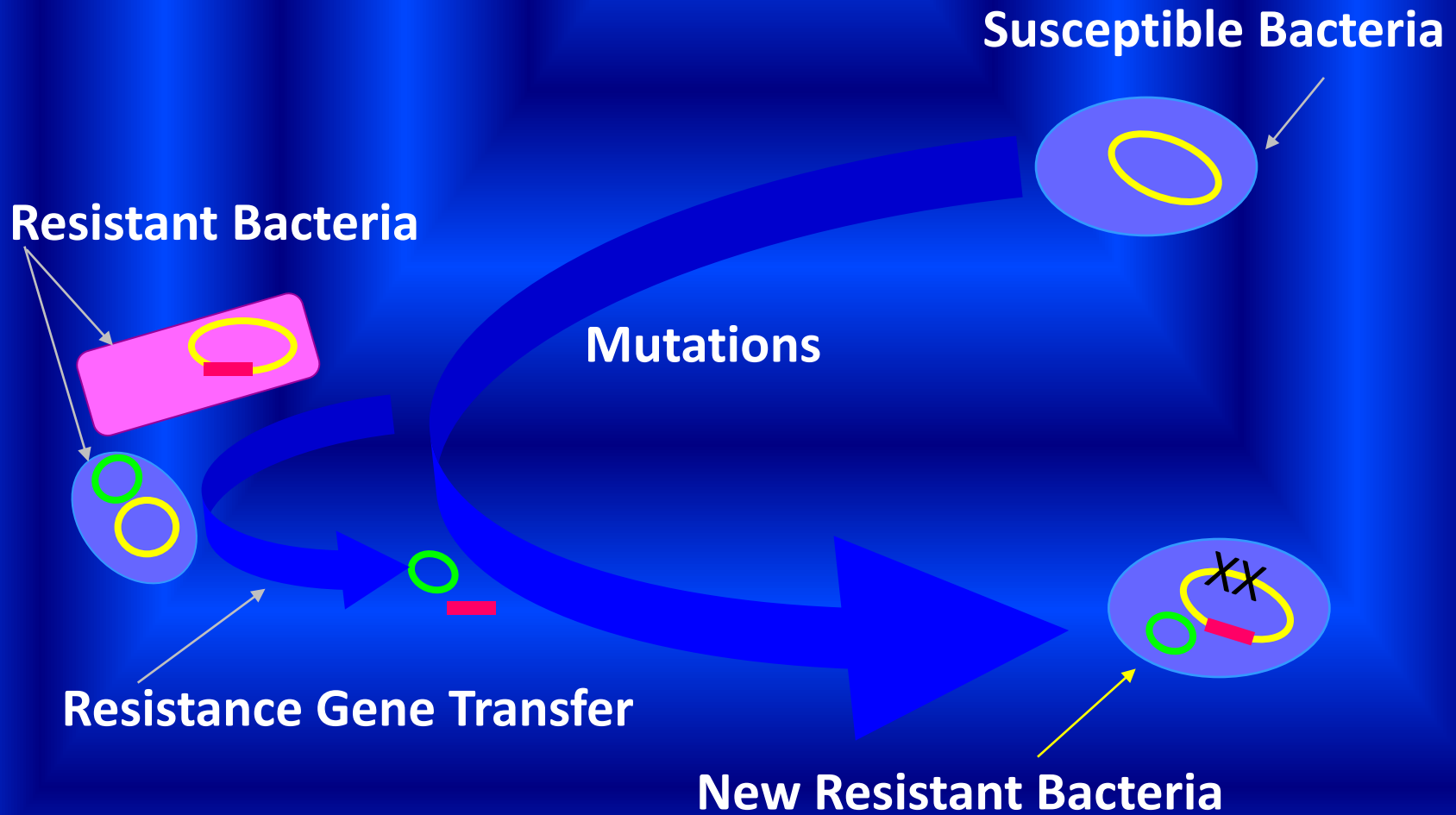
- **Bacteria can modify the antibiotic's target to escape its activity**
- **Bacteria must change structure of the target but the modified target must still be able to function. This can be achieved in two ways:**
  - **Mutation of the gene coding for the target protein**
  - **Importing a gene that codes for a modified target**

# Impact of resistance

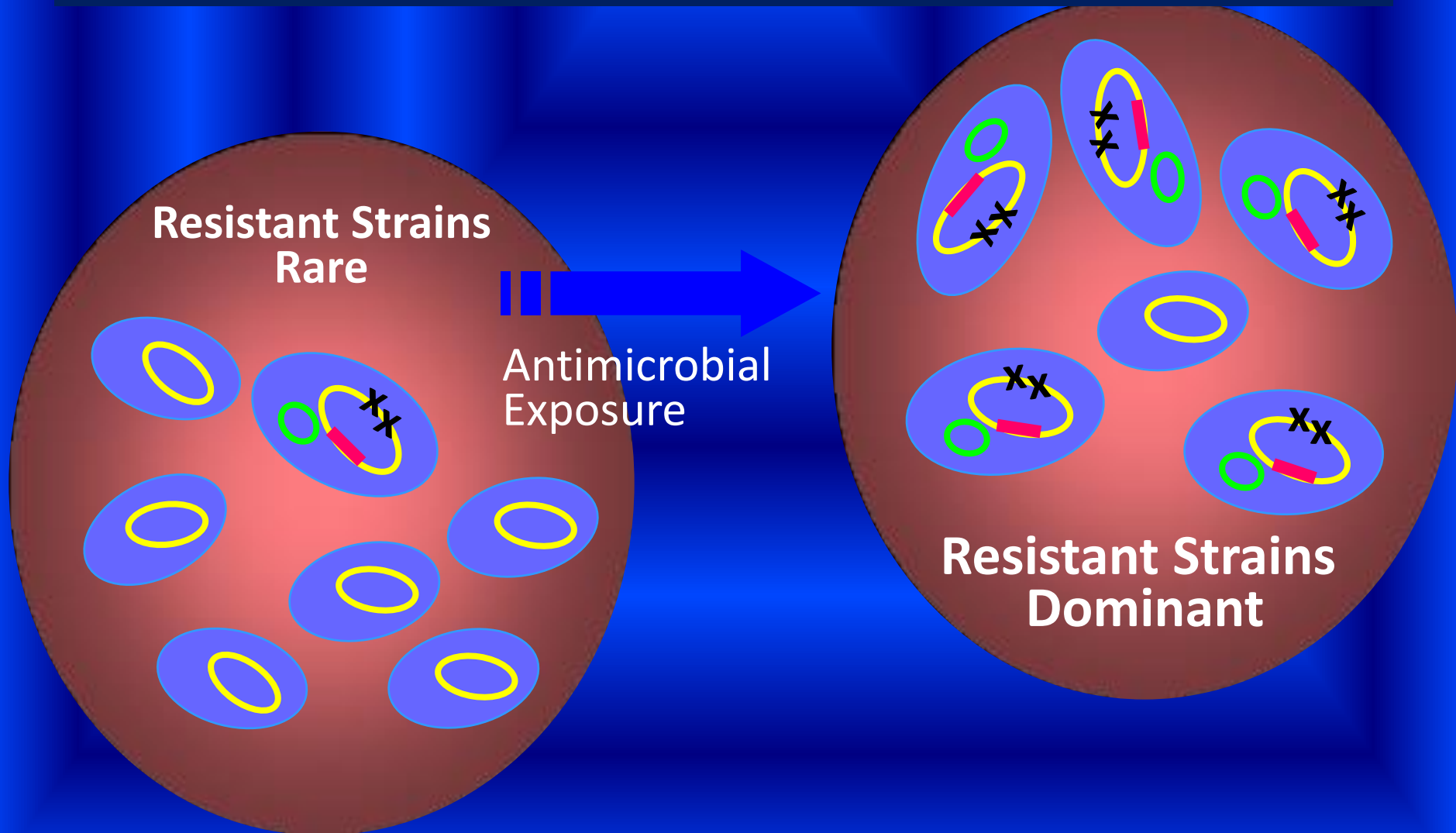
- **Increased morbidity/ mortality**
  - Evidence across many pathogens
- **Untreatable infections**
  - Now being encountered
- **Increased costs**
  - \$18-29,000 US/patient
  - Excess length of stay 6.4 – 12.7 days/patient



# Emergence of Antimicrobial Resistance

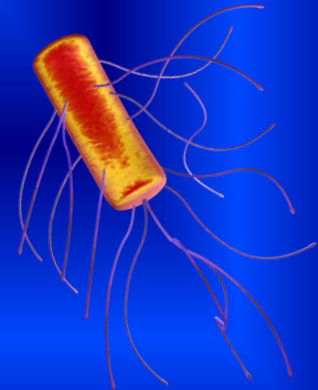


# Selection for Antimicrobial-Resistant Strains



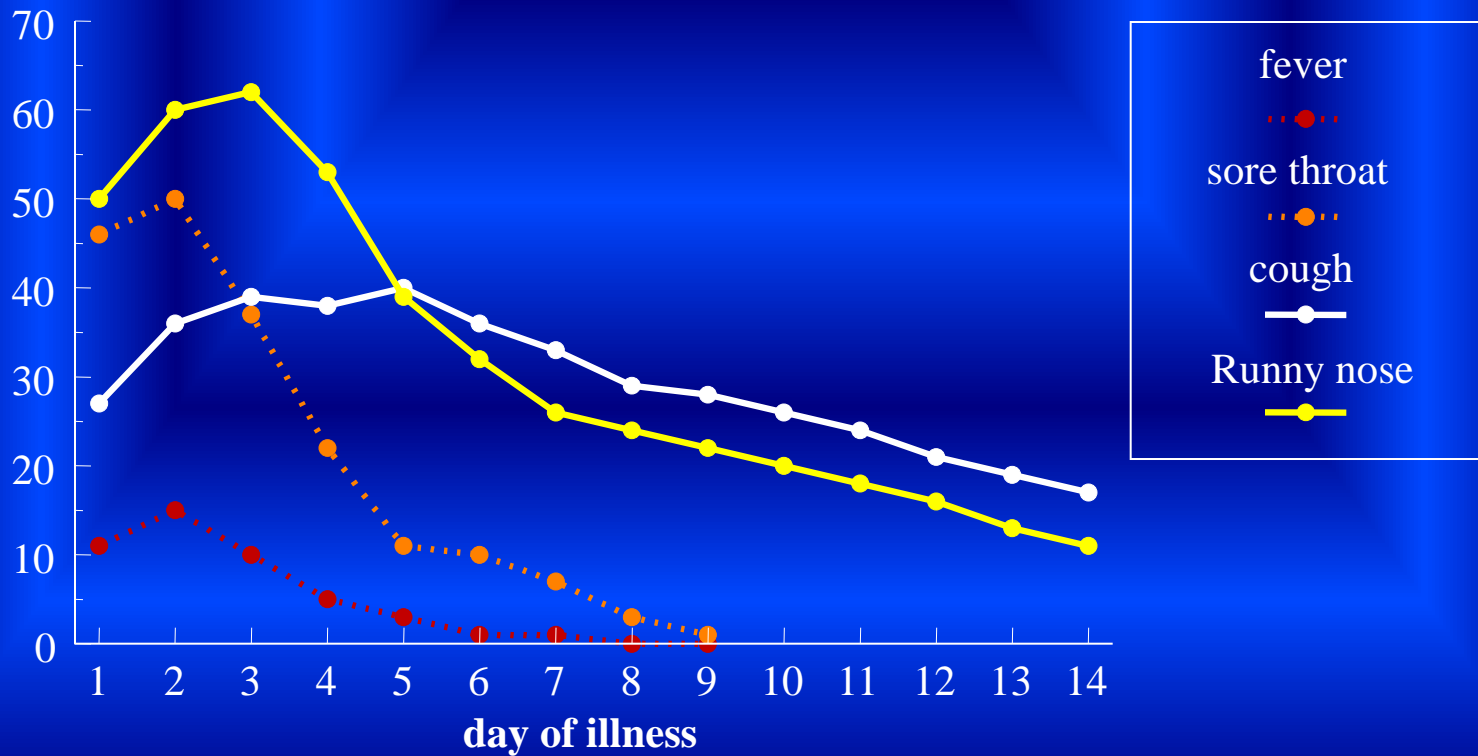
# How antibiotic resistance can be prevented

- Antibiotics should be the last line of defence NOT the first
  - Most common infections will get better by themselves through time, bed rest, liquid intake and healthy living.
- Only take antibiotics prescribed by a doctor
- If prescribed antibiotics, finish the course.
- Do not use other peoples or leftover antibiotics
  - they be specific for some other infection

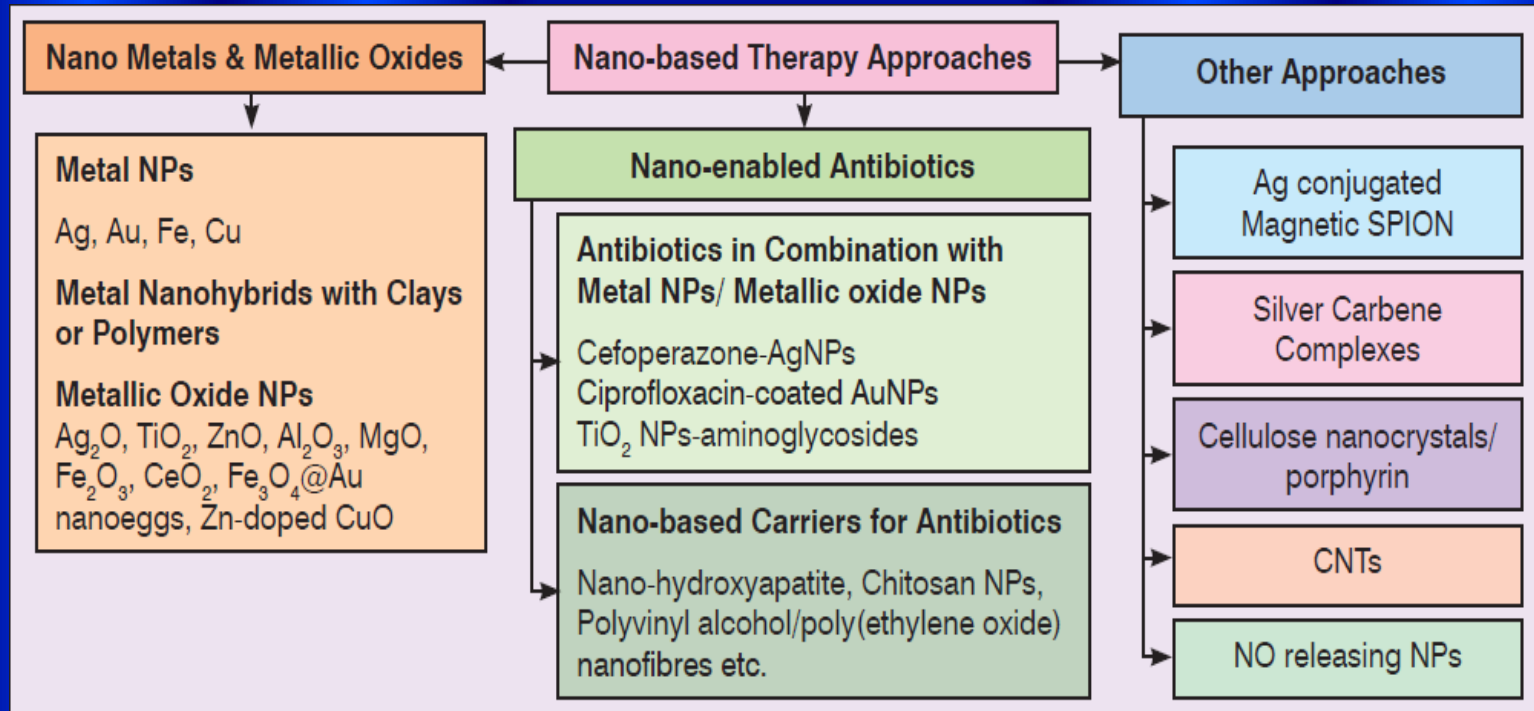


# Be Realistic: It Takes Time to Get Over a Virus!

% of patients with symptom

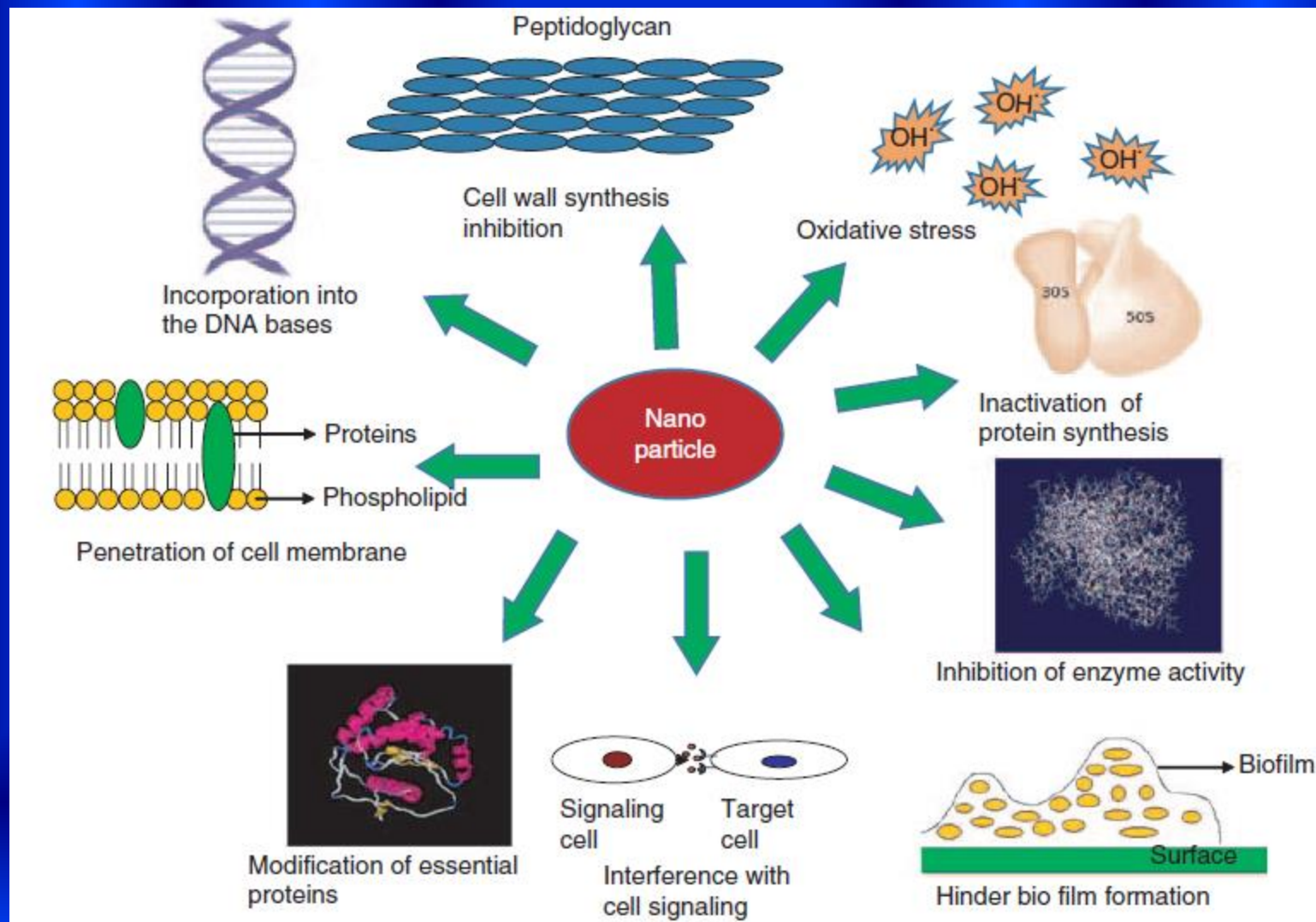


# Nano-based Therapy to Combat Superbugs

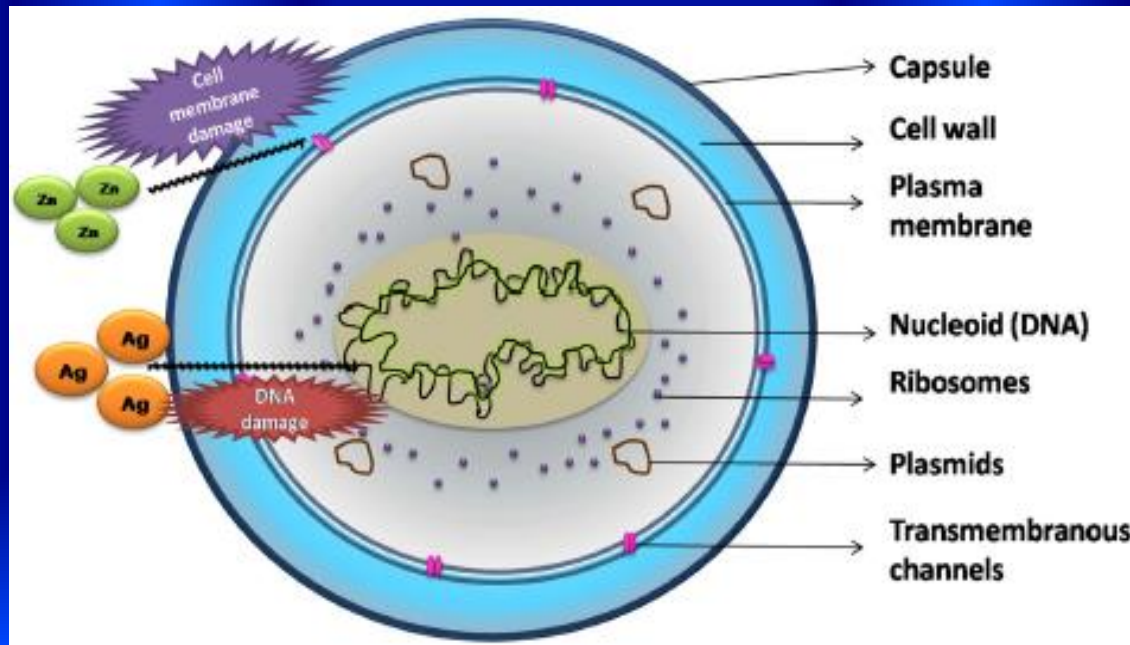




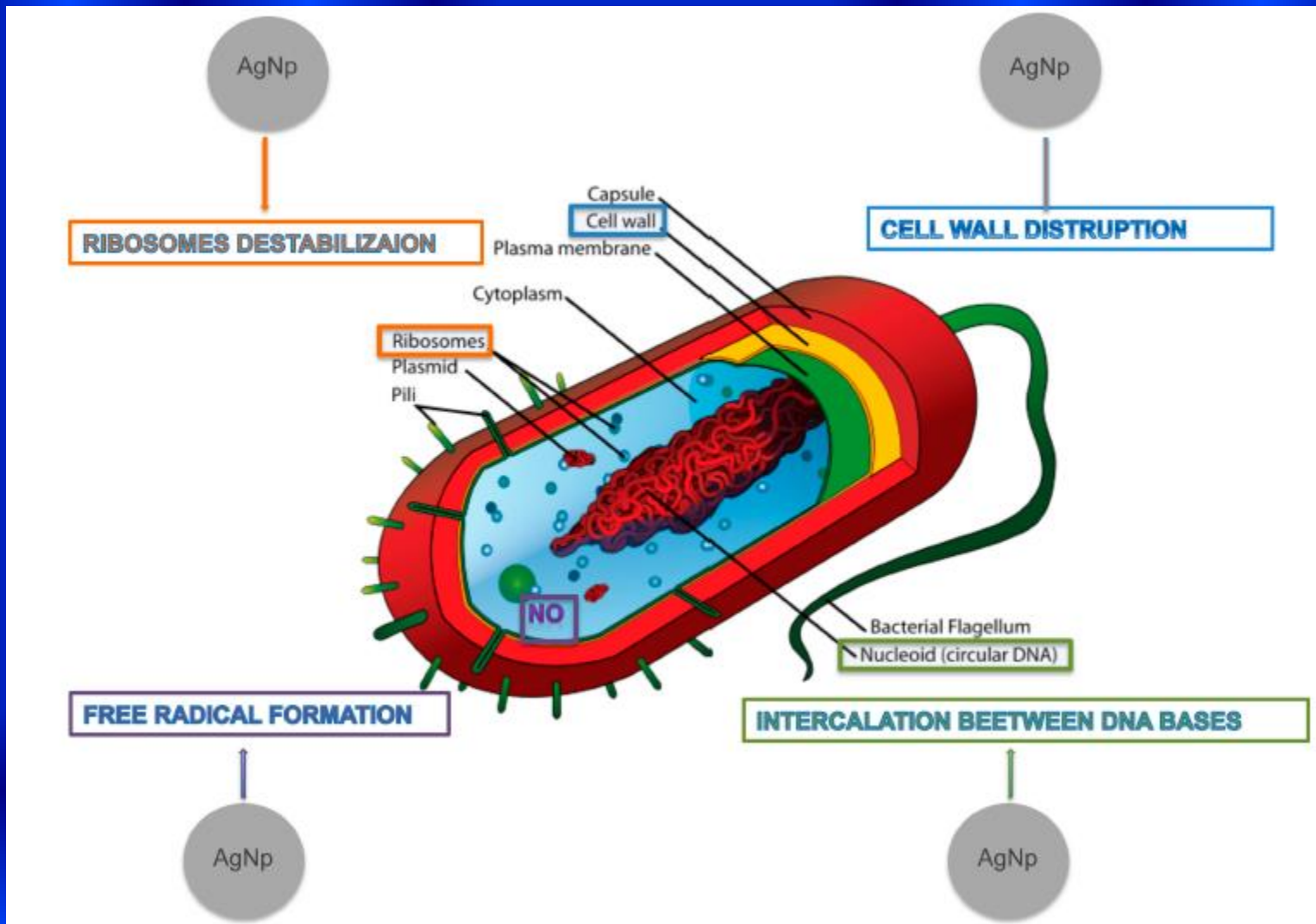
# Nanoparticles in Antibiotic Resistance



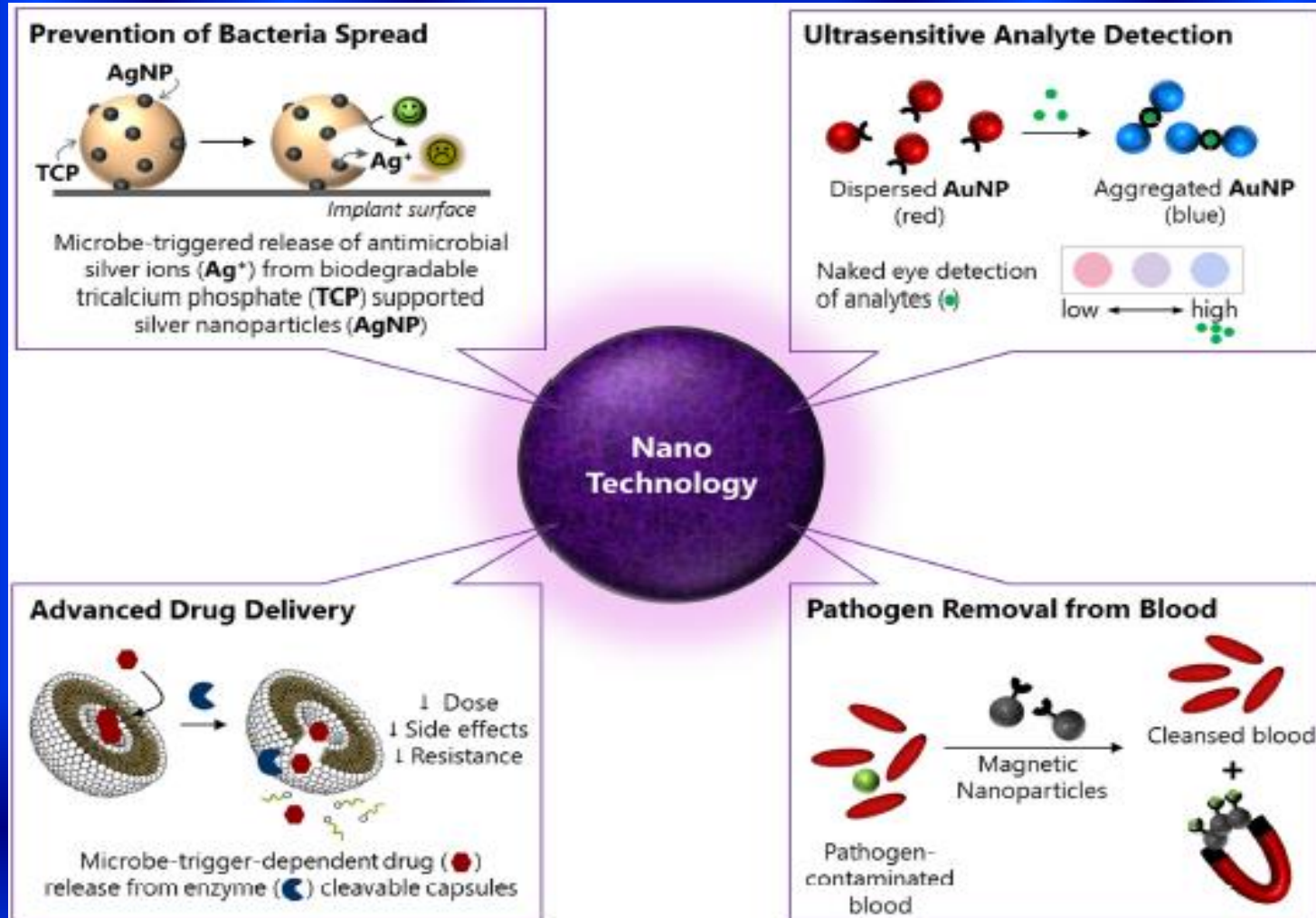
# Major mechanism of action of ions



# Mechanisms of AgNPs' toxic action



# Nanotechnology in Antibiotic Resistance



# Conclusion

- **Development of antimicrobial resistance is directly related to antimicrobial usage, especially inappropriate usage**
- **Understanding antimicrobial kinetics & dynamics and resistance mechanisms can help guide appropriate usage**
- **Knowledge of local susceptibility patterns is essential**
- **Paucity of new antimicrobial agents in pipeline**

**Thank You**