

## “Super Bug” Scares—Straight Facts About Antibiotic Resistance Ⓢ

(NAPSA)—With recent news about “super bugs,” you may wonder if antibiotics are still effective, and whether they will work for you when you need them. You’re not alone—there is a lot of confusion about antibiotics—what they do and don’t treat, and why they sometimes stop working. It is important to know that antibiotics are effective only if they are prescribed and taken correctly.

Two main types of germs cause most infections—viruses and bacteria. Antibiotics are a type of medicine that can kill or stop the growth of bacteria and help cure the infections they cause. Some people think that antibiotics can be used to treat viral infections, such as a cold or the flu. However, it is very important that you not take an antibiotic for a cold or the flu—doing so can contribute to what experts call “antibiotic resistance.” To help you understand when you need to take antibiotics and how you should use them, here are answers to some of the most commonly asked questions about antibiotics and resistance.

### **Q. What is antibiotic resistance?**

A. Antibiotic resistance is the ability of bacteria to resist the effects of an antibiotic. When this occurs, medications used to treat infections caused by bacteria become less effective or not effective at all. When antibiotics are used incorrectly, such as when

they are taken when not needed, bacteria can develop new ways to fight the medicine, and they become resistant to antibiotic medications. This can lead to more visits to the doctor, more medication, higher medical bills or even a visit to the hospital.

### **Q. Do currently available antibiotics still work?**

A. Yes. There are still many effective antibiotics available. The best antibiotic is the one that kills the bacteria and stops the infection the first time. Antibiotics are most effective when taken as prescribed by your doctor.

### **Q. Can an antibiotic be used to treat the cold or the flu?**

A. No. Antibiotics only treat illnesses caused by bacteria. Colds and the flu are caused by viruses. Taking antibiotics when you have a virus may cause more harm than good. Your doctor can determine whether your infection is caused by a virus or bacteria.

### **Q. I was prescribed an antibiotic the last time I was sick, so is it safe to assume that I should probably take an antibiotic again?**

A. No. Often, people become confused about whether they should treat the sniffles, a cough and aches with just rest and fluids, or with an antibiotic. Doctors report that many patients see them to request antibiotics even though antibiotics might not be appropriate. Your doctor will

decide if an antibiotic is appropriate for you. DO NOT take leftover antibiotics or an antibiotic that was prescribed for someone else. Taking antibiotics when not needed may increase your risk of getting an infection that resists antibiotic treatment.

### **Q. If I feel better, can I stop taking my antibiotic?**

A. No. Take your antibiotic exactly as prescribed—and that means finishing the entire course, even if you feel better. Stopping treatment too soon, even if you feel better, also contributes to resistance because the bacteria may be left to grow and multiply. Taking the complete course helps to make the medication effective, allowing it to kill the bacteria causing the infection and reduce the risk of resistance. If you feel worse or experience a side effect while taking an antibiotic, please consult your doctor.

Remember, antibiotics are strong medications that can stop infections and save lives. Talk to your doctor about whether or not you need an antibiotic and how to use it correctly.

Please visit [www.levaquin.com](http://www.levaquin.com) for more information.

LEVAQUIN® (levofloxacin) is indicated for adults with **acute bacterial sinusitis** due to *Streptococcus pneumoniae*, *Haemophilus influenzae*, or *Moraxella catarrhalis*.

### **Important Safety Information**

The most common drug-related adverse events in US clinical trials were nausea (1.5%) and diarrhea (1.2%).

The safety and efficacy of levofloxacin in pediatric patients, adolescents (under 18), pregnant women, and nursing mothers have not been established. Levofloxacin is contraindicated in persons with a history of hypersensitivity to levofloxacin, quinolone antimicrobial agents, or any other components of this product. Serious and occasionally fatal events, such as hypersensitivity and/or anaphylactic reactions, as well as some of unknown etiology have been reported in patients receiving therapy with quinolones, including levofloxacin. These reactions may occur following the first dose or multiple doses. The drug should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity.

As with other quinolones, levofloxacin should be used with caution in patients with known or suspected central nervous system disorders, peripheral neuropathy, or in patients who have a predisposition to seizures.

Tendon ruptures that required surgical repair or resulted in prolonged disability have been reported in patients receiving quinolones, including levofloxacin, during and after therapy. This risk may be increased in patients receiving concomitant corticosteroids, especially the elderly. The quinolone should be discontinued in patients experiencing pain, inflammation, or rupture of a tendon.

Some quinolones, including levofloxacin, have been associated with prolongation of the QT interval, infrequent cases of arrhythmia, and rare cases of torsades de pointes. Levofloxacin should be avoided in patients with known risk factors such as prolongation of the QT interval, patients with uncorrected hypokalemia, and patients receiving class IA (quinidine, procainamide), or class III (amiodarone, sotalol) antiarrhythmic agents.

Antacids containing magnesium or aluminum, as well as sucralfate, metal cations such as iron, and multivitamin preparations with zinc, or Videx®\* (didanosine) chewable/buffered tablets or the pediatric powder for oral solution, should be taken at least 2 hours before or 2 hours after levofloxacin administration.

For information on Warnings, Precautions, and additional Adverse Reactions that may occur, regardless of drug relationship, please see full Prescribing Information.

\*Videx is a registered trademark of Bristol-Myers Squibb Company.