

Unnecessary antibiotics frequently given for respiratory infections in outpatient settings

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A new study found 45 percent of patients with respiratory tract infections (RTIs) were inappropriately prescribed antibiotics in an outpatient practice of general internal medicine and family medicine. The study was published in the February issue of *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America (SHEA).

In the [ambulatory care](#) setting, antibiotics are often prescribed inappropriately for RTIs. Such infections, which include bronchitis, acute pharyngitis (i.e., sore throat) and upper RTI, often do not require antibiotic interventions. Excessive antimicrobial use has been linked to increased healthcare costs and the emergence of antibiotic-resistant bacteria.

"Physicians' inappropriate prescribing patterns appeared to differ by medical specialty and to be established early, likely during medical school or residency," said Tamar Barlam, MD, lead author of the study, Director of the Antimicrobial Stewardship Program for Boston Medical Center and Associate Professor of Medicine at Boston University School of Medicine. "Instituting aggressive interventions in training or practice at the right time and to the right physicians could improve antibiotic use and efficacy of antibiotic stewardship in outpatient settings."

Researchers conducted a retrospective analysis of outpatient visits for [patients](#) who sought care for [respiratory tract infections](#) within a general internal medicine and [family medicine](#) practice at Boston Medical

Center. During the two-year study period, 4,942 visits were recorded.

Bronchitis was associated with the highest amount of inappropriate antibiotic use (71 percent of patients received an antibiotics), followed by sore throat (50 percent) and nonspecific upper RTI (28 percent). Additionally, the researchers found that women were prescribed antibiotics more often than men, and black patients were less likely to be overprescribed [antibiotics](#) than white patients.

"It is concerning that there may be a different approach to patients depending on race or gender, which may suggest inequities in care," said Barlam.

Barlam and her colleagues suggest implementing comprehensive education about antimicrobials and stewardship into medical school curricula to prevent establishment of poor prescribing practices. Other suggestions include enlisting low prescribers as physician leaders alongside high prescribers to influence efficient use of resources.

More information: Tamar Barlam, Jake Morgan, Lee Wetzler, Cindy Christiansen, Mari-Lynn Drainoni. "Antibiotics for Respiratory Tract Infections: A Comparison of Prescribing in an Outpatient Setting." *Infection Control & Hospital Epidemiology* [0:2] (February 2015).

Provided by Society for Healthcare Epidemiology of America

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