

Program cuts outpatient antibiotic RX for pediatric respiratory infections

August 4 2020



(HealthDay)—A distance learning program is effective for reducing

outpatient prescribing for pediatric acute respiratory tract infection (ARTI) visits, according to a study published online Aug. 3 in *Pediatrics*.

Matthew P. Kronman, M.D., from the University of Washington in Seattle, and colleagues examined a distance learning program's effectiveness for reducing outpatient antibiotic prescribing for ARTI visits. During 11 months, clinicians received the intervention as three program modules containing [online tutorials](#) and webinars on evidence-based [communication strategies](#) and antibiotic prescribing, booster video vignettes, and individualized antibiotic prescribing feedback reports.

The researchers observed a 7 percent decrease in the probability of antibiotic prescribing for ARTI overall between the baseline and postintervention periods (adjusted rate ratio [aRR], 0.93; 95 percent confidence interval [CI], 0.90 to 0.96) among 72,723 ARTI visits by 29,762 patients. There were decreases in second-line antibiotic prescribing for [streptococcal pharyngitis](#) and sinusitis (aRRs, 0.66 [95 percent CI, 0.50 to 0.87] and 0.59 [95 percent CI, 0.44 to 0.77], respectively), but not for acute otitis media (aRR, 0.93; 95 percent CI, 0.83 to 1.03). Decreases were seen in any antibiotic prescribing for viral ARTIs (aRR, 0.60; 95 percent CI, 0.51 to 0.70).

"Providing online communication training and evidence-based antibiotic prescribing education in combination with individualized antibiotic prescribing feedback reports may help achieve national goals of reducing unnecessary outpatient [antibiotic prescribing](#) for children," the authors write.

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