

# Study shows decision-making tools proved ineffective in reducing prescription rates for antibiotics

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from 27 practices, did not reduce acute respiratory infection-related antibiotic dispensing more than usual care. However, general practitioners' knowledge of relevant benefit-harm evidence increased significantly after the intervention.

**More information:** Tammy C. Hoffmann et al, A Brief Shared Decision-Making Intervention for Acute Respiratory Infections on Antibiotic Dispensing Rates in Primary Care: A Cluster Randomized Trial, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2755](https://doi.org/10.1370/afm.2755)

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Antibiotics are one of the great advances in modern medicine, but their over-prescription has led to resistant bacteria that are becoming more difficult to treat. The problem is particularly concerning in Australia, which has high rates of antibiotic prescribing, the majority of which are written in the primary care setting.

In a clustered, randomized trial, researchers from Bond University and the University of Sydney, New South Wales, in Australia, piloted and evaluated a series of work aids to allow doctors to more easily talk with their patients about the benefits and risks of different antibiotic prescriptions. The aids consisted of a double-sided document presenting the options of managing the condition with and without antibiotics, and the evidence-based benefits and harms of each option, as well as a 15-minute video-delivered training.

The researchers found that the shared decision-making tools, provided to 122 [general practitioners](#)

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