

Docs decide on duration of antibiotics in long-term care

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Prescriber preference rather than patient characteristics influences the duration of antibiotic courses in long-term care residents, according to research published online March 18 in *JAMA Internal Medicine*.

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Nick Daneman, M.D., of the University of Toronto, and colleagues conducted a [retrospective analysis](#) of data obtained from 66,901 adults aged 66 years or older in 630 facilities who received an incident [treatment](#) course with a systemic antibiotic while residing in a long-term care facility.

According to the researchers, seven days was the most commonly selected [antibiotic treatment](#) course (in 21,136 courses [41.0 percent]); however, 23,124 courses (44.9 percent) exceeded seven days. The median (interquartile range) proportion of treatment courses over seven days was 43.5 percent among the 699 physicians who were responsible for 20 or more antibiotic courses, while the proportion of prescriptions beyond the seven-day threshold was higher than expected for 21 percent of physicians. Among the patients of prescribers of short-, average-, and long-duration antibiotic courses, characteristics were found to be similar. Using a mixed logistic model, the researchers confirmed that prescribers were an important determinant of treatment duration (P

"Antibiotic treatment courses in long-term care facilities were prescribed for long durations and appeared to be influenced by prescriber preference more so than resident characteristics," the authors write. "Future trials should evaluate interventions to systematically reduce average treatment durations and thereby reduce the costs, complications, and resistance associated with [antibiotic overuse](#) in these facilities."

One of the authors disclosed that she was employed by Bayer Inc. Canada in 2003 and 2004.

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