

Study shows why doctors over-prescribe antibiotics

March 28 2014, by Kristen Bastian

(Medical Xpress)—New research from a University of Queensland sociologist shows many doctors over-prescribe antibiotics because they want the best outcomes for individual patients.

UQ Head of Sociology Associate Professor Alex Broom said although health authorities understood the community-wide risks of <u>antibiotic</u> <u>resistance</u>, many doctors were still not complying.

"On any given day in Australia, about 40 per cent of hospital in-patients will receive antibiotics, with between 20 and 50 per cent of those deemed unnecessary or sub-optimal in current best practice terms, depending on the individual hospital," Associate Professor Broom said.

"Many doctors continue to over-prescribe and mis-prescribe antibiotics, even though they are aware that this can contribute to the proliferation of drug-resistant bacteria.

"There is broad recognition among researchers that in the next few decades there will be no antibiotic options left to treat the rapidly increasing number of highly resistant superbugs, creating the possibility of a global antimicrobial perfect storm," Associate Professor Broom said..

Associate Professor Broom said attempts to change hospital doctors' use of antibiotics had seen little success.



In a collaborative study between Sunshine Coast Hospital and Health Service Infection Diseases Department and UQ's School of Social Science, 30 hospital-based doctors from a range of specialties were interviewed.

Findings showed that despite understanding the long-term risks of resistance, most doctors still promoted unnecessary use of antibiotics.

"We found that doctors are focused almost exclusively on treating the potential infection in front of them, in their individual patient," Associate Professor Broom said.

"Long-term risks are not prioritised and the judicious use of antibiotics is not valued,

"On night shifts, junior staff reported over-prescribing antibiotics to avoid having to wake a senior doctor and ask for help.

"They were also worried about the risk of not acting to prevent or treat the infection."

Associate Professor Broom said although such actions are rationalised, they were contributing to the global crisis of diminishing effects of many antibiotics and the proliferation of resistant bacteria.

"Overuse by doctors also exposes their patients to unnecessary and sometimes serious drug side-effects of potent <u>antibiotics</u>," he said.

Associate Professor Broom said strategies to improve antibiotic prescribing practices in hospitals had largely failed because they did not take into account the effects of doctors' abilities to balance immediate risks versus long-term population consequences.



"The immediate perceived professional risks of being seen as undertreating patients were consistently described as hugely outweighing the longer-term population risks of over-treating and thus contributing to resistance," he said.

"This results in doctors prescribing early rather than adopting a 'wait and see' approach."

The results of this research reveal a major challenge to Australian doctors in terms of whether they are able and willing to prioritise long-term antibiotic protection to ensure the health of Australia's future generations.

"This will likely need to be addressed on multiple levels including within medical training and addressing individual hospital hierarchies and practices that do not confirm with established national guidelines," Associate Professor Broom said.

Provided by University of Queensland

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