

# Antibiotics myths still common among parents

July 20 2015, by Tara Haelle, Healthday Reporter

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Those with Medicaid insurance tend to know less about the drugs, study finds.

(HealthDay)—Many American parents still have misconceptions about when their children should receive antibiotics and what the medications do, a new study finds.

Looking at data results spanning more than a decade, researchers saw that parents with Medicaid insurance were more likely to misunderstand appropriate antibiotic use than parents with private commercial insurance.

Medicaid is the government-run insurance program for lower-income Americans.

"While not confirmed, it is possible that the combination of health literacy and underlying socioeconomic factors could contribute to both the misconceptions and expectations for [antibiotics](#)," said Dr. Louise

Vaz. She is assistant professor of pediatric infectious diseases and medical director of the Outpatient Antibiotic Therapy Program at Oregon Health and Science University in Portland.

"We do need to better tailor our messages to the specific misconceptions out there, particularly for colds, flu and bronchitis," Vaz said.

The findings were published online July 20 and in the August print issue of the journal *Pediatrics*.

The researchers surveyed slightly more than 700 parents in Massachusetts about their beliefs regarding antibiotics. The parents all had a child under 6 years old. About half had private commercial insurance. The other half had Medicaid.

On the whole, parents of children insured by Medicaid answered fewer questions about antibiotics correctly. Additionally, parents in the Medicaid group were younger. They also tended to have less education than those with private insurance, the findings showed.

Almost 80 percent of parents with private insurance correctly answered that antibiotics are not needed for colds or the flu. Among Medicaid parents, 44 percent answered correctly. Similarly, 53 percent of parents with [private insurance](#) correctly answered that green nasal discharge doesn't mean a child needs antibiotics. That compared to 38 percent of parents with Medicaid.

"There have been active efforts to educate the public regarding the overuse of antibiotics, so this is a surprise that there is still a big difference between one group of patients and another," said Dr. Pam Shaw, a pediatrician at the University of Kansas Hospital. "This study should make us think of how we can change strategies to make sure we are reaching all our parents."

Just over one-third of parents with Medicaid had heard of antibiotic-resistant bacterial infections. More than half of parents with private commercial insurance had heard of these infections, the investigators found.

Only 6 percent of parents with private commercial insurance would rather give their child an antibiotic that the child probably doesn't need instead of waiting to see whether the condition goes away on its own. Meanwhile, 21 percent of parents with Medicaid would do so, according to the report.

"These findings are important as parental attitudes may influence pediatricians to prescribe antibiotics when they may not be necessary, contributing to overuse of antibiotics," Vaz said. "We found that relatively little progress has been made in correcting key misconceptions."

Few parents in either group, for example, knew that antibiotics aren't usually needed to treat bronchitis. Only 16 percent of commercially insured parents and 15 percent of Medicaid parents answered that question correctly.

"I think a big part of this is just that people don't realize for the most part that viruses don't respond to antibiotic treatment and that the vast majority of infections people—especially kids—have are viral," said Dr. Steven Wexberg, a pediatrician at the Cleveland Clinic Children's. "Your body just fights it off. For the overwhelming majority of infections for children, a 'tincture of time' is what they need."

Parents in both groups, however, reported that they trust their doctors a great deal for getting advice on preventing coughs, colds and the flu, which offers an opportunity, Wexberg said.

"The primary issue here has to do with education, and related to that are the underlying issues of communication, trust and relationship," he said. "When there's better communication and the patient's parents have more of a relationship with the doctor, that helps patient satisfaction, and patients are more likely to follow recommendations."

Wexberg said it's possible the higher rate of misconceptions among Medicaid families might be due to receiving care in different places, such as emergency rooms or urgent care clinics.

"If they're getting care in different centers from different practitioners, there's no continuity of communication, and having trust and a relationship with the provider is key," Wexberg said. "If they have an ongoing relationship with a primary care provider, they would get more education and the consistent message that, for viral infections, antibiotics are not indicated."

**More information:** For more about antibiotic use, especially for children, visit the [U.S. Centers for Disease Control and Prevention](https://www.cdc.gov/).

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