

Researchers uncover motivations for the high level of prescribed antibiotics for children's coughs

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Researchers from the University of Bristol have investigated what leads to high use of antibiotics for children with coughs and found the motives for their use are complex but centre around children being vulnerable.

GPs are responsible for 80 per cent of all [antibiotic prescriptions](#) in the

UK and nearly half of these are for coughs, despite the fact that their effectiveness in treating coughs has been shown to be limited.

The study found that parents mainly take their children to visit the doctor when they are worried or uncertain about their child's illness; but sometimes they go because they want to be seen to be doing the right thing rather than because they believe their child has a definite health problem. The researchers found that parents rarely had definite expectation of antibiotics treatment but were seeking a medical evaluation.

GPs are aware that most children with a cough will usually get better without any medication, but they are also mindful of the clinical uncertainty surrounding the identification of high risk cases and described 'missing something in a child' as one of their biggest fears. This fear led GPs to encourage re-consulting and sometimes to prescribe antibiotics when they may not be needed.

Dr Christie Cabral, Research Associate in the University's Centre for Academic Primary Care in the School of Social and Community Medicine, said: "This research reveals the complex relationship between threat perception, social norms and competing social risks for both parents and GPs, and how these influence consulting and antibiotic prescribing. Both GPs and parents described how their perception of children as especially vulnerable influenced their decision making.

"This idea of vulnerability was used to explain quicker or more frequent consulting and sometimes a more liberal approach to [antibiotic prescribing](#). It's an unfortunate consequence of good intentions – both the parents and GPs want to do what's best for the child, but this is part of what leads to the serious problem of over-prescribing of antibiotics."

Dr Cabral and her colleagues believe that interventions to reduce

unnecessary prescribing for children with [respiratory tract infections](#) (RTIs) should increase GPs', and to a lesser extent parents', confidence in the safety of not prescribing. This will allow them to modify their behaviour while still conforming to the social norm of ensuring child safety.

Dr Cabral added: "We also need to increase parents' confidence in their ability to distinguish and care for self-limiting illness at home. An increasing number of children are attending [primary care](#) or A&E and health services are struggling to cope. Our research shows that simple messages such as telling parents to manage these illness at home are unlikely to work when there is such a social pressure on parents to consult. We need to engage more widely with the social beliefs that create that pressure on [parents](#)."

The work was carried out as part of the NIHR-funded TARGET Programme, a five-year research programme aimed at improving the quality of care given to children presenting to primary care with RTIs.

Alastair Hay, Professor of Primary Care, a GP and the chief investigator for the TARGET Programme, said: "We have developed an intervention within the TARGET Programme that is currently being feasibility tested. It provides GPs with a prognostic tool using symptoms and signs to improve the identification of children at risk of poor outcomes such as hospitalisation for [coughs](#) and RTIs. We hope it will reduce clinical uncertainty and will help GPs feel safer to not prescribe for [children](#) at low risk of hospitalisation."

More information: "'It's safer to ...' parent consulting and clinician antibiotic prescribing decisions for children with respiratory tract infections: An analysis across four qualitative studies," *Social Science & Medicine*, Volumes 136–137, July 2015, Pages 156-164, ISSN 0277-9536, [dx.doi.org/10.1016/j.socscimed.2015.05.027](https://doi.org/10.1016/j.socscimed.2015.05.027)

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