

Factors ID'd that predict antibiotic Rx in pediatric URI

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(HealthDay)—Factors that relate to appropriate management of upper respiratory tract infections (URIs) in children include clinician specialty and patient race/ethnicity and age, according to a study published in the November/December issue of the *Annals of Family Medicine*.

Jeffrey P. Yaeger, M.D., M.P.H., from the Drexel University College of Medicine in Philadelphia, and colleagues used a novel database exchange linking electronic health record data with community statistics to identify all patients aged 3 months to 18 years in whom URI was diagnosed from 2007 to 2012. The rate of appropriate management of URI was assessed.

The researchers found that the overall rate for appropriate management for URI was 93.5 percent among 20,581 patients. Factors that were

independently predictive of antibiotic prescription were family medicine [clinicians](#) (adjusted odds ratio [aOR], 1.5 versus pediatric clinicians); urgent care clinicians (aOR, 2.23 versus pediatric clinicians); patients aged 12 to 18 years (aOR, 1.44 versus age 3 months to 4 years); and patients of white race/ethnicity (aOR, 1.83 versus black non-Hispanic). No community factors predicted antibiotic prescription.

"Results correlate with prior studies in which non-pediatric clinicians and white race/ethnicity were predictive of antibiotic prescription, while association with older patient age has not been previously reported," the authors write. "Findings illustrate the promise of linking [electronic health records](#) with community data to evaluate [health care disparities](#)."

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