

Research finds that antibiotics are unnecessarily prescribed for conjunctivitis in children

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Credit: University of Birmingham

New research from the University of Birmingham has found that a number of policies used by childcare providers for conjunctivitis are



contrary to national guidance, and lead to unnecessary prescription of antibiotics and exclusion of children from nurseries.

Though guidance states that <u>children</u> with acute infective conjunctivitis do not need to be excluded or necessarily treated with <u>antibiotics</u>, 86.7% of the 164 nursery schools surveyed have policies to exclude children and 49.4% specify a requirement for antibiotic treatment before a child can be readmitted.

The findings, published in the *British Journal of General Practice*, also include the results of a survey of 200 general practitioners, registrars and nurse prescribers. 42.6% said that their prescribing of topical antibiotics for acute infectious conjunctivitis was influenced by childcare provider policies, and 15.4% stated that these policies were the only reason for prescribing antibiotics.

There is little evidence of a clinically relevant effect of topical antibiotic treatment on acute infectious conjunctivitis in children, and no evidence that treatment or <u>exclusion</u> reduces the spread of conjunctivitis. Though topical chloramphenicol shortens the duration of symptoms by only 0.3 days, many clinicians prescribe antibiotics.

Dr Samuel Finnikin, lead author from the University of Birmingham, explained, "What we are seeing is a huge discrepancy between Public Health England guidelines and the policies of <u>nurseries</u>. These policies lead to unnecessary primary care consultations and thousands of unnecessary prescriptions for antibiotics, not to mention the inconvenience for parents and children."

With 1.2 million children in nurseries and 20% of preschool children presenting to their GP with <u>conjunctivitis</u> each year, there are potentially 240,000 consultations, 120,000 antibiotic prescriptions, and 360 000 days lost from work.



Professor Kate Jolly, from the University of Birmingham, added, "Our survey of GPs suggests that the policies themselves can give parents an unrealistic view of the benefit of antibiotics. 60.8% of parents believe that their child will not get better without the treatment. While that may be a worrying statistic, it also highlights that an intervention on a national level that helps childcare providers produce evidence-based policies could have significant benefits for all involved."

This examination of sickness policies in childcare providers is the most comprehensive to date, in terms of the number and variety of providers included. The authors do note that not all childcare providers publish their policies, and therefore were excluded from the survey, but believe that any bias would be in the direction of under-identification of noncompliant policies. They also acknowledge that, with approximately 25,000 UK registered nurseries, the 164 surveyed represents a relatively small fraction.

More information: S. Finnikin et al. Nursery sickness policies and their influence on prescribing for conjunctivitis: audit and questionnaire survey, *British Journal of General Practice* (2016). DOI: 10.3399/bjgp16X686125

Provided by University of Birmingham

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