

# A dose of 'wait-and-see' reduces unnecessary antibiotic use

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Credit: University of Queensland

Asking patients to take a 'wait-and-see' approach before having their antibiotic prescriptions filled significantly reduces unnecessary use, a University of Queensland study has shown.

The Faculty of Medicine's Primary Care Clinical Unit found less than a third of patients used antibiotics if they were advised to wait up to 48 hours to see if their symptoms resolved.

Australia is one of the highest consumers of antibiotics in the

industrialised world and there is a strong link between antibiotic consumption and rates of antimicrobial resistance.

Dr Geoffrey Spurling said 'delayed prescribing' would be an acceptable compromise if a doctor did not believe antibiotics were warranted at the time of consultation, but was not confident in taking a 'no antibiotics' approach.

"Our review found only minimal impacts on clinical outcomes or [patient satisfaction](#) from this approach for most respiratory complaints compared with prescribing antibiotics immediately,"

"There was a small increase in patient satisfaction for 'delayed prescribing' compared to not prescribing antibiotics.

"There was no difference found in the very low rates of serious complications or missed treatment of severe infections."

Dr Spurling said scripts in [primary care](#) for [respiratory tract infections](#) resulted in more unnecessary antibiotic use than any other area of medicine, also giving rise to concerns about adverse reactions in patients and costs.

"Doctors may have been uncertain about whether delayed prescribing would make much of a difference," he said.

"This review shows that the 'wait and see' strategy results in 31 per cent antibiotic use, compared to 93 per cent for immediate antibiotics.

"The evidence indicates that delayed prescribing is an effective strategy for reducing antibiotic use and now we need to get this message out to the medical community.

"Individual GPs can feel confident implementing this strategy as a way of treating patients with respiratory tract infections if they are uncomfortable with not prescribing [antibiotics](#)."

The researchers reviewed data from 11 studies involving more than 3500 participants with [acute respiratory infections](#), including otitis media ([ear infections](#)), sore throats, coughs and colds.

The review is published on the *Cochrane Database of Systematic Reviews*.

**More information:** Geoffrey KP Spurling et al. Delayed antibiotic prescriptions for respiratory infections, *Cochrane Database of Systematic Reviews* (2017). [DOI: 10.1002/14651858.CD004417.pub5](https://doi.org/10.1002/14651858.CD004417.pub5)

Provided by University of Queensland

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