

# Surgeries employing GPs with additional training in complementary medicine appear less likely to pre

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Use of complementary/alternative medicine may help reduce over prescribing of antibiotics

GP surgeries with doctors who also have training in complementary and alternative medicines appear to be less likely to prescribe [antibiotics](#) to patients and may hold the key to reducing over-prescribing of these drugs, suggests a study published in the journal *BMJ Open*.

Inappropriate and over-use of antibiotics leading to antimicrobial resistance are growing problems for international public health, but reductions in antibiotic use have been shown to be associated with a reduction in some resistance.

In the UK, 74% of antibiotics are prescribed in primary care making it one of the most important contributors to this development.

GPs vary in their prescribing behaviour due to various factors including different views on medicalisation, different guidelines between countries, and use of complementary and alternative [medicine](#) (CAM) integrated in their daily practice, also known as [integrative medicine](#) (IM).

So far, any association between the knowledge and use of IM by GPs and antibiotic prescribing has not been widely scrutinised.

UK, German and Dutch researchers led by the University of Bristol, therefore, set out to examine what differences there may be in antibiotic prescription rates between conventional GP surgeries and those with GPs who had also been trained in integrative medicine using NHS Digital monthly prescribing data for 2016.

Data from 7,274 GP surgeries was studied and compared with nine practices that had GPs who had training in integrative medicine, looking at overall prescribing of antibiotics, as well as prescribing of these drugs for [respiratory tract infections](#) and for [urinary tract infections](#).

Analysis showed that practices that employed GPs with additional training in IM had significantly lower antibiotic prescribing rates than those with conventional GPs.

Prescribing of antibiotics for patients with respiratory tract infections was also noticeably less in practices with IM-knowledgeable GPs.

However, there was no difference between the two types of practice when it came to levels of antibiotic prescribing to patients with urinary tract infections.

The authors acknowledged that their results were limited by the lack of data on number of consultations, individual GP characteristics, individual deprivation scores and continuum of care.

In addition, the pool of practices with GPs trained in IM was small because accessibility of IM/CAM within the NHS in general practice in England is very limited and IM/CAM provision is currently almost exclusively private in the UK.

Nevertheless, the authors said that the difference seen in antibiotic prescribing rates at practices with GPs trained in IM warranted further

study.

The lower antibiotic prescription rates of practices with GPs trained in IM were in line with current national guidance aimed at reducing antibiotic usage and antimicrobial resistance, they said.

They argued, therefore, that these practices might be more compliant with this guidance, but the differences found might also be due to other possibilities such as:

- patients who consulted practices with GPs trained in IM were less keen on getting antibiotics
- practices with GPs trained in IM had other avenues to offer to patients than antibiotics.

The authors said: "For the majority of respiratory tract infections, it is recommended that antibiotics should be avoided or delayed, so that this is an area where the desired reduction in prescribing could take place."

They concluded: "Additional treatment strategies for common primary care infections used by practices with GPs trained in IM should be explored to see if they could be used to assist in the fight against [antimicrobial resistance](#)."

**More information:** Do NHS GP surgeries employing GPs additionally trained in integrative or complementary medicine have lower antibiotic prescribing rates? Retrospective cross-sectional analysis of national primary care prescribing data in England in 2016. *BMJ Open* (2018). [bmjopen.bmj.com/doi/10.1136/bmjopen-2017-020488](http://bmjopen.bmj.com/doi/10.1136/bmjopen-2017-020488)

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