

'Why not take a risk' attitude widespread among patients and providers, study finds

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"Antibiotics can't hurt. They might even make me feel better. Why not take a risk?" You may have had similar thoughts when sick with the flu or common cold. Your doctor may think so too.

A new study led by David Broniatowski, an assistant professor in the George Washington University's department of engineering management and systems engineering, finds the "Why not take a risk?" mentality is widespread among [patients](#) and [medical care providers](#). Many in both groups believe that [antibiotics](#) "can't hurt" patients with flu or cold symptoms. They held this belief even though they knew antibiotics have side effects. Education alone doesn't seem to help: many knew antibiotics don't work against viruses. However, providers still believed the antibiotics might help patients feel better.

Patients and providers who use antibiotics may not be behaving irrationally. "When you're feeling sick, you just want to feel better as soon as possible and the side effects from antibiotics look extremely mild in comparison," Dr. Broniatowski said. "There's always that extremely rare possibility that your disease actually is bacterial."

However, this "Why not take a risk?" belief may be leading to unnecessary prescribing and to the spread of superbugs, which have caused 23,000 deaths and 2 million illnesses nationwide. According to the Centers for Disease Control and Prevention, the total cost to treat superbugs exceeds \$20 billion annually.

"People may be acting strategically—trying to hedge their bets—when they expect or prescribe antibiotics," Dr. Broniatowski said.

"Unfortunately, this individually-rational action leads to negative consequences for society."

The team behind the study included researchers from GW; the Center For Disease Dynamics, Economics & Policy; Johns Hopkins University; University of California, Davis; and Cornell University. They surveyed 149 clinicians and 225 patients from two large urban academic hospitals, and 519 online nonpatient subjects to determine whether providers share patients' rationales for antibiotic use. The research, "Patients' and

Clinicians' Perceptions of Antibiotic Prescribing for Upper Respiratory Infections in the Acute Care Setting," appeared in May in the journal *Medical Decision Making*.

Dr. Broniatowski and his colleagues hope a better understanding of this issue will lead to the development of communication strategies directed to both patients and providers that can be used to reduce inappropriate prescribing, thus alleviating [antibiotic resistance](#).

Provided by George Washington University

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