

# Outpatient antibiotic overprescribing rampant

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Clinicians prescribed antibiotics without an infection-related diagnosis nearly half of the time and one in five prescriptions were provided without an in-person visit, according to research being presented at

IDWeek 2018. The study, which is the first to look at overall outpatient antibiotic prescribing, analyzed more than half a million prescriptions from 514 outpatient clinics.

Previous research has found antibiotics often are prescribed for certain symptoms (such as a sore throat or cough) when they shouldn't be.

Most of these types of illnesses are caused by viruses and therefore don't benefit from antibiotics, which only treat bacterial infections.

"We looked at all outpatient antibiotic prescribing and results suggest misuse of these drugs is a huge problem, no matter the symptom," said Jeffrey A. Linder, MD, MPH, lead author of the study and chief of the Division of General Internal Medicine and Geriatrics at Northwestern University Feinberg School of Medicine, Chicago. "We found that nearly half the time, clinicians have either a bad reason for prescribing antibiotics, or don't provide a reason at all. When you consider about 80 percent of antibiotics are prescribed on an outpatient basis, that's a concern."

The research, which was funded by the Agency for Healthcare Research and Quality (AHRQ), analyzed 509,534 outpatient antibiotic prescriptions given to 279,169 patients from November 2015 through October 2017 by 2,413 clinicians at 514 clinics. The prescribers included physicians, attending physicians, nurse practitioners, and physician assistants in specialties including primary care [internal medicine](#), obstetrics/gynecology, family medicine, dermatology, cardiology, and gastroenterology. Researchers determined 46 percent of antibiotics were prescribed without an infection-related diagnosis: 29 percent noted something other than an infection diagnosis (such as high blood pressure or annual visit) and 17 percent were written without a diagnosis indicated. Researchers hypothesize that some of that is related to sloppy diagnosis coding, but much of it reflects antibiotic prescribing

for vague or inappropriate reasons, such infections that are caused by viruses, said Dr. Linder.

Of the 20 percent of antibiotics that were prescribed outside of an in-person visit, most were by phone (10 percent). Others were via an electronic health record system that allows prescription writing but there is no opportunity to gather information about symptoms or testing (4 percent), refill (4 percent) and online portal (1 percent). There are some cases where that may be appropriate, such as for women who suffer from recurrent [urinary tract infections](#) or teens taking antibiotics for acne. Researchers will analyze which of those [prescriptions](#) were appropriate in the next phase of research.

"Despite 40 years of randomized controlled trials showing antibiotics don't help for most coughs and sinus infections, many people are convinced they will not get better without an antibiotic and specifically call the doctor requesting one," said Dr. Linder. "At busy clinics, sadly the most efficient thing to do is just call in an antibiotic prescription. We need to dig into the data more, but we believe there is a lot of antibiotic prescribing for colds, the flu and non-specific symptoms such as just not feeling well, none of which are helped by [antibiotics](#)."

Provided by Infectious Diseases Society of America

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