

GP burnout linked to higher opioid and antibiotic prescribing in England

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Burnout in GPs has been linked to higher antibiotic and strong opioid prescribing, especially in the more deprived areas of the North of England, finds research from The University of Manchester.

The study, published in the *British Journal of General Practice* links the prescribing behavior of GPs to signs of burnout such as emotional exhaustion, feeling detached from colleagues and patients, lower job dissatisfaction, working longer hours and intentions to leave your job.

The NIHR Greater Manchester Patient Safety Translational Research Center (GM PSTRC) is a partnership between Northern Care Alliance NHS Foundation Trust and The University of Manchester.

Researchers found that:

- Increased emotional exhaustion was associated with 1.2 times greater risk of higher strong [opioid](#) and 1.2 times greater risk of higher antibiotic prescribing.
- Feeling detached was associated with 1.1 times greater risk of higher strong opioid prescribing and 1.2 times greater risk of higher antibiotic prescribing.
- Low job satisfaction was associated with 1.3 times greater risk of higher strong opioid prescribing and 1.1 times greater risk of higher antibiotic prescribing.
- Intention to leave the job was associated with 1.3 times greater risk of higher strong opioid prescribing and 1.4 times greater risk of higher antibiotic prescribing.

The risk of increased strong opioid and antibiotic prescribing was also found in GPs:

- Working longer hours (4 times and 5 times greater risk respectively)
- Based in the north of England compared to the south (2 and 1.6 times greater risk respectively).

The team analyzed U.K. Oxford-Royal College of General Practitioners

(RCGP) Research Surveillance Center (RSC) data for 13,483 patients on strong opioids and 26,744 patients on antibiotics—a total of 40,227 patients—from December 2019 to April 2020.

The RSC is the oldest sentinel network in Europe and an internationally renowned source of information, analysis, and interpretation of primary care data in England.

The prescribing data from the RSC were linked to the burnout scores of 320 GPs across 57 practices surveyed over the same four-month period.

The study comes as non-medical use, prolonged use, and the misuse of opioids have risen significantly in recent years, leading to dependence, other serious health problems and death.

Similarly, [antibiotic resistance](#) is threatening [modern medicine](#), which depends on the effective control of communicable diseases, of which many are bacterial in their origin.

Dr. Alexander Hodkinson, NIHR senior fellow who works with the GM PSTRC at the University of Manchester said, "This is the first study to assess the association of prescribing of strong opioids and antibiotics with GP burnout as a practice-level problem.

"Over a four-month period we found higher prescribing of strong opioids and antibiotics among GPs experiencing more feelings of burnout.

"These included job dissatisfaction and intentions to leave their job, working longer hours and working in practices in the north of England that serve more deprived populations.

"That is why policies are urgently needed to help mitigate burnout in

general practice."

Dr. Maria Panagioti, the principal investigator of the study, and theme lead at the GM PSTRC, said, "More and more research studies in other countries find that GPs who feel burnt out often decide to overprescribe drugs, which in the long term could harm instead of cure patients.

"However, thanks to our study, we now have such evidence in the U.K. on antibiotics and strong opioid prescribing."

Dr. Hodkinson added, "Strong opioids and antibiotic overuse can harm patients in the long-term which is why it is important to prevent their overprescribing.

"Our findings suggest that one possible way to prevent overprescribing maybe to encourage practices to take care of the well-being of their GPs.

"Perhaps more regular monitoring of the well-being of GPs through health-related surveys, wellness programs and other measures to improve the working climate might be a helpful way to promote safe and appropriate prescribing strategies."

Professor Tony Avery theme lead for Improving Medication Safety at the GM PSRC said, "As a practicing GP, the priority here must be to do everything we can to minimize the risk of burnout in GPs. However, the association between workload, burnout and the use of medicines that may be overprescribed suggests that preventing [burnout](#) may help to improve prescribing quality."

More information: Alexander Hodkinson et al, The association of strong opioids and antibiotics prescribing with general practitioner burnout, *British Journal of General Practice* (2023). [DOI: 10.3399/BJGP.2022.0394](#)

Provided by University of Manchester

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