

Physicians IDs barriers to 'no antibiotic' strategy for pediatric viral pneumonia

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There are considerable barriers relating to implementation of a "no antibiotic" strategy for mild community-acquired pneumonia (CAP) in children, according to a study published online Jan. 18 in *Pediatrics*.

Julia E. Szymczak, Ph.D., from the University of Utah School of Medicine in Salt Lake City, and colleagues conducted semistructured interviews to identify barriers to the implementation of a no antibiotic strategy for mild CAP in young [children](#). Respondents included 18 parents of young children diagnosed with mild CAP in the previous three years and 20 clinicians practicing in outpatient settings.

The researchers found that none of the parents had heard of the no antibiotic strategy, with varying support for the strategy. Their degree of support was related to the desire to avoid unnecessary medications, trust in clinicians, emotional difficulties relating to caring for a sick child, desire for relief from suffering, willingness to accept the risks associated with unnecessary antibiotics, and judgment relating to the severity of illness.

Overall, 55 percent of the clinicians were familiar with the no antibiotic strategy. Diagnostic uncertainty, consequences of undertreatment, parental expectations, follow-up concerns, and acceptance of the risks associated with unnecessary antibiotic treatment for many children in order to avoid adverse outcomes for some children were challenges in not using antibiotics.

"Although advances in [diagnostic testing](#) and increasing evidence for the safety of the no antibiotics strategy will likely improve clinicians' confidence in avoiding antibiotics in [young children](#) with mild CAP, it will not be sufficient to change [current practice](#) because of the social, emotional, and logistical challenges," the authors write.

More information: Julia E. Szymczak et al, Parent and Clinician Views on Not Using Antibiotics for Mild Community-Acquired Pneumonia, *Pediatrics* (2024). [DOI: 10.1542/peds.2023-063782](https://doi.org/10.1542/peds.2023-063782)

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