General practitioners' opinions and perceptions about antibiotic use for respiratory tract infections in primary care
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General practitioners’ opinions and perceptions about antibiotic use for respiratory tract infections in primary care

Opiniones y percepciones de los médicos de familia en torno al uso de antibióticos en infecciones respiratorias en atención primaria

**Dear Editor,**

The HAPPY AUDIT study was aimed at demonstrating if a strategy based on multiple actions could reduce antibiotic prescriptions for respiratory tract infections (RTI) in primary care. This multifaceted strategy consisted of the discussion of the results of a first registration carried out in 2008, use of clinical guidelines on RTIs, information leaflets available to patients, and the provision of two rapid diagnostics tests and a workshop on how to perform and interpret these tests. The registration was repeated in 2009, and also in 2015 (HAPPY AUDIT 3), in which a total of 121 GPs out of 210 who participated in 2008 and 2009 agreed to participate again. A qualitative research was planned among the professionals who took part in the third audit-based study in order to find out the GP perception on the utilisation of antibiotics for RTIs and the usefulness of different strategies aimed at reducing unnecessary prescribing. The interviews took place from April to May of 2015.

A purposive sample of GPs from these areas was used to identify GPs who were likely to have differing views and perceptions of antibiotic prescribing. A target of ten GPs was estimated, or until saturation was indicated through data analysis. Sixteen GPs (two from each area) were sent an electronic participation information leaflet by the same investigator and signed by AM, LB and CL. In the end, we carried out eight interviews and since we realised that in the last interviews no new themes emerged, we considered that we had arrived at a saturation point so we did not select more professionals. An interview topic guide defined the main topics while allowing flexibility to search issues in more depth as they emerged from the interviews. Three broad subject areas were explored: antibiotic prescribing...

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<th>Table 1 Quotations told by the family physicians interviewed.</th>
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<td>Antibiotic overprescribing for RTIs in primary care</td>
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for RTIs in primary care, use of rapid tests, and perceptions about their participation in the HAPPY AUDIT study. The interviews were carried out always by the same investigator (AM). Interviews were recorded, anonymised and transcribed verbatim, which was performed by the same investigator as the interviews 24–48 h after.

The mean age of clinicians was 54 years, with half participants of each gender. A clear perception of antibiotic overprescribing for RTIs was expressed. Different reasons for overprescribing emerged from the analysis: fear of poor outcomes or complications, lack of time in the consultation, low support from policy makers, antibiotic patient demand, and doctor workload (Table 1).

In this first study aimed at evaluating the opinions of Spanish GPs on antibiotic prescribing for specifically RTIs it is documented that there is a perception of excessive prescription and that rapid tests, as well as the delayed antibiotic prescription, may be good tools to decrease it. Spanish GPs blame the administration for not taking the problem of antimicrobial resistance seriously enough. They particularly express concerns about the patient burden and the short time per patient in our surgeries. This is even more important considering that using point-of-care tests in the consultation or implementing the delayed antibiotic prescribing takes time as also mentioned in other qualitative research-based studies.2–5 The findings obtained in our paper offer a novel insight into GP’s prescribing practice for RTIs in primary care in Spain. Strategies to make prescriptions of antibiotics more accurate with the aim of reducing antibiotic overprescribing should be encouraged. This should be accompanied with a greater involvement of the administration in order to have less stressful consultations, fewer number of patients and increase consequently the length of GPs’ consultations.

Ethics aspects

The study has satisfied the ethical requirements of the CEIC Jordi Gol i Gurina (ref. number P14/132).

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Conflict of interest

AM and CL report receiving research grants from Abbott Diagnostics. JMM has received financial support for two studies from GSK and Gilead respectively. LB has nothing to declare.

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Bibliography


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