

EP02.03

Investigating cultural determinants for antibiotic prescribing and consumption in Europe

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Background and Aim: Antibiotic resistance is a growing problem worldwide. Research shows a clear connection between a high consumption of antibiotics and the development of resistance. There are great variations between the European countries when it comes to consumption and these variations seem to be constant. Cultural differences are often cited as an explanation for this. In Norway 60 % of all antibiotics prescribed in Primary Care are prescribed for Respiratory Tract Infections (RTI's). Many of these are unnecessary because most RTI's are due to viruses which cannot be treated with antibiotics. Several studies show that the labeling of illness is an important factor when it comes to seeing the GP and asking for antibiotics. In a study by Deschepper et al on Cross-cultural differences in lay attitudes and utilization of antibiotics in a Belgian and Dutch city, Dutch participants labelled most URTD episodes as 'common cold' or 'flu'. The Flemish participants labelled most of their URTD episodes as 'bronchitis' and used more antibiotics. Certain symptoms are also a contributing factor for seeing the GP, together with the length of the symptom. Having a cough is one of those symptoms. While patients in some countries see their doctor after three days of coughing, patients in other countries waits for twelve days. The aim of the study is to identify cultural determinants for patient preconceptions and expectations of respiratory tract infections and antibiotic treatment and health seeking behaviour.

Methods: Semi structured in-depth interviews with adult patients in Norway, France and Poland seeing their GP with a respiratory tract infection. The patients are interviewed before and after consultation.

Results: The inclusion of patients is finished by mid-February and the results will be presented at the conference.

Conclusion: The identification of certain cultural determinants for antibiotic prescribing and consumption could help tailor make interventions targeting antibiotic consumption and prescribing.