

OP14.1

Inappropriateness of antibiotic prescription in respiratory tract infections in Spain

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Background & Aim: Antibiotic overprescribing for respiratory tract infections (RTI) has been widely reported in Europe, without really authenticating inappropriate prescription, since information on specific diagnoses, patient characteristics and disease severity is not usually available in the studies performed. This study was aimed at evaluating the inappropriate antibiotic prescribing for RTIs.

Method: Observational study carried out in eight Autonomous Communities. GPs were asked to register all patients with RTIs during 15 working days from January to March 2015. Registration was performed according to the Audit Project Odense method by means of a 47-item chart including age, gender, duration of symptoms, signs and symptoms, infection severity, use of rapid tests (StrepA, C-reactive protein, pulse oxymetry, X-ray), diagnosis, treatment, associated comorbidities, demand for antibiotic, and referral to hospital. All this information was compared to the updated Spanish prescribing guidelines (2015) for cold/influenza, acute otitis media, sinusitis, pharyngitis (including tonsillitis), acute bronchitis, exacerbations of chronic bronchitis or COPD, and pneumonia. These guidelines consider three categories of patients depending on whether patients should be always treated, might be treated or should not be treated with antibiotics. Levels of overprescribing and underprescribing were determined.

Results: A total of 248 GPs collected 11,451 RTIs. Antibiotics were prescribed in 3,098 cases (26.9%). Of these prescriptions, 1,665 infections (53.7%) were not indicated by the guidelines. Out of the 8,428 patients in whom antibiotics were not given, 84 should have been treated with these drugs (1%). Patients should have been always treated, might have been treated and should have not been treated in 7.2%, 9% and 83.9% respectively. Relative overprescribing was highest for acute bronchitis and pharyngitis, with 587 and 481 cases respectively (64.2%).

Conclusions: Awareness of indications and patient groups spurring on antibiotic overprescribing can help in the development of targeted strategies to improve GPs' prescribing routines for RTIs.