

PS2.143

Whose decision? Antibiotic use in primary care

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Background and Aim: Antibiotic overuse and resulting antibiotic resistant bacteria are a growing problem both nationally and globally (ECDC 2014). Primary care physicians prescribe 90% of the antibiotics used for humans in Denmark, and 2/3 of these are prescribed for upper respiratory tract infection. However, many of these prescriptions are unnecessary and excessive (Bjerrum et al 2014:1; Jørgensen et al 2013; Llor & Bjerrum 2014; Hansen et al 2015). The reasons for overprescription of antibiotics are many, but here, the aim is to describe one: the importance of language for the treatment recommendation and its acceptance or rejection.

Method: The study uses Conversation Analysis and draws on a collection of 80 video-recordings of consultations in primary care in Denmark, collected during 2014-2015.

Results: This presentation will give participants knowledge of how treatment decisions are made in-situ, especially the subtle ways in which the communication between the patient and the doctor influence the decision to use antibiotics. It illustrates ways in which doctors can share or not share decision making with patients (e.g. by offering them a choice, or by treating the treatment decision as belonging to the doctor unilaterally) and it discusses implications of this on the problem of overuse of antibiotics. The benefits of actively including patients in decision about their health care improves patient health, satisfaction and agency, is cost-efficient, and efficient in lowering the use of antibiotics: When patient participation in treatment decision increases, and when physicians better elicit the expectations and concerns of patients, antibiotic use is lowered (Butler et al 2012; Cabral et al 2014; Coxeter et al 2014; Legare et al 2012).

Conclusions: Designing the treatment recommendation as an option which the patient is given agency to choose is suggested as a possible way to avoid (or reverse) antibiotic prescription in cases where it is medically safe.