

Antibiotics continue to be prescribed at high rate for bronchitis, contrary to guidelines

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Despite clear evidence of ineffectiveness, guidelines and more than 15 years of educational efforts stating that the antibiotic prescribing rate for acute bronchitis should be zero, the rate was about 70 percent from 1996-2010 and increased during this time period, according to a study in the May 21 issue of *JAMA*.

Acute bronchitis is a cough-predominant respiratory illness of less than 3 weeks' duration. For more than 40 years, trials have shown that antibiotics are not effective for this condition. Despite this, between 1980 and 1999, the rate of antibiotic prescribing for acute bronchitis was between 60 percent and 80 percent in the United States. During the past 15 years, the Centers for Disease Control and Prevention has led efforts to decrease prescribing of antibiotics for acute bronchitis. Since 2005, a Healthcare Effectiveness Data and Information Set (HEDIS) measure has stated that the antibiotic prescribing rate for acute bronchitis should be zero, according to background information in the article.

Michael L. Barnett, M.D., and Jeffrey A. Linder, M.D., M.P.H., of Brigham and Women's Hospital, Boston, evaluated the change in antibiotic prescribing rates for acute bronchitis in the United States between 1996 and 2010. For the study, the researchers used data from the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, which are annual, nationally representative surveys that collect information about physicians, outpatient practices, and emergency departments (EDs), as well as patient-level data including demographics, reasons for visits, diagnoses,

and medications.

The researchers found that of 3,153 sampled acute bronchitis visits between 1996 and 2010 that met study inclusion criteria, the overall antibiotic prescription rate was 71 percent and increased during this time period. There was a significant increase in [antibiotic prescribing](#) in EDs. Physicians prescribed extended macrolides (a type of antibiotics) at 36 percent of acute bronchitis visits, and extended macrolide prescribing increased from 25 percent of visits in 1996-1998 to 41 percent in 2008-2010. Other antibiotics were prescribed at 35 percent of visits.

"Avoidance of [antibiotic overuse](#) for acute bronchitis should be a cornerstone of quality health care. Antibiotic overuse for acute bronchitis is straightforward to measure. Physicians, health systems, payers, and patients should collaborate to create more accountability and decrease antibiotic overuse," the authors conclude.

More information: [DOI: 10.1001/jama.2013.286141](https://doi.org/10.1001/jama.2013.286141)

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