Delayed treatment of upper respiratory tract infections tied to hospitalization risk

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(HealthDay)—Delayed treatment of upper respiratory tract infections (URTI) with antibiotics is associated with an increased risk for hospital admissions, according to a study published online June 29 in *Clinical Infectious Diseases*.

Tjeerd Pieter van Staa, M.D., Ph.D., from the University of Manchester in the United Kingdom, and colleagues evaluated the clinical safety of delayed antibiotic prescribing for URTI using electronic health records linked between primary care and hospital admission records for two cohorts totaling 1.82 million patients with a URTI and antibiotic prescription.

The researchers found that 91.7 percent had an antibiotic at URTI diagnosis date (immediate) and 8.3 percent had URTI diagnosis one to 30 days before antibiotic prescribing (delayed). There was an increased risk for infection-related hospital admissions associated with delayed antibiotic prescribing (adjusted hazard ratio, 1.52). However, the probability of delayed antibiotic prescribing was not related to predicted risks for hospital admission. There was considerable variability across different patient groups (median number needed to harm with delayed antibiotic prescribing was 1,357).

"There is a need to better target delayed antibiotic prescribing to URTI patients with lower risks of complications," the authors write.

More information: Abstract/Full Text (subscription or payment may be required)