

REACH Notes

Recent Developments to Promote Judicious Antibiotic Prescribing

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RECENT RESEARCH GIVES CLUES TO MANAGING PATIENT EXPECTATIONS

Parent expectations and pressures change our medical management more than we like to admit. In a recent study, pediatricians prescribed an antibiotic for 52% of viral illnesses when they thought parents wanted one, compared to 9% of cases in which they thought parents did not. The diagnoses of otitis media and sinusitis also increased dramatically when doctors believed parents wanted an antibiotic. However, the doctors were only slightly better than chance at knowing which parents really wanted an antibiotic! For example, physicians were likely to view “mention” of an antibiotic as a request by the parent. Contrary to popular opinion, parents who did not receive an antibiotic were not less satisfied. Only parents who were disappointed by the communication of the clinician were less satisfied with care. A second study showed that presenting a clear contingency plan for reconsideration of an antibiotic treatment improved satisfaction dramatically among patients who wanted, but did not receive an antibiotic.

So, what can we do?

- 1. Educate parents in your practice about the benefits of judicious antibiotic use before they come in for an acute illness. REACH Mass materials may be helpful.**
- 2. Don't presume to know if parents want an antibiotic. You'll be wrong more than you think!**
- 3. Make an active effort to communicate a contingency plan clearly. Parents want to know:**
 - **what is wrong**
 - **how they can help**
 - **when it will get better**
 - **under what circumstances you'd like to re-evaluate, and potentially treat with an antibiotic.**

Mangione-Smith R et al. The relationship between perceived expectations and pediatrician antimicrobial prescribing behavior. *Pediatrics* 1999; 103:711-718.

Mangione-Smith R et al. Parent expectations for antibiotics, physician-parent communication and satisfaction. *Archives of Ped and Adol. Med.* 2001; 155:800-806.