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LETTERS

IMPROVING OUTPATIENT ANTIBIOTIC PRESCRIBING

What is "normal" antibiotic prescribing?

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The United Kingdom has a culture of high antibiotic prescribing.[1] Although the National Institute for Health and Care Excellence recommends that most self limiting respiratory tract infections be managed without antibiotics, some 50% of primary care consultations for this condition are associated with an antibiotic prescription.[2] For some international comparators, including Sweden and the Netherlands, antibiotic prescribing is half this rate.[3] Antibiotic prescribing has also changed over time, being lower now than five years ago but still higher than 10 or 15 years ago.

Hicks and colleagues[1] give examples of how social norm feedback can increase the effectiveness of interventions to reduce antibiotic prescribing, but this approach also has difficulties. In qualitative interviews to support intervention development for the REDUCE trial,[4] general practitioners expressed scepticism that external norms could be applied easily to their patient populations. Antibiotic prescribing is driven by consultation rates, which are typically higher in deprived areas. Antibiotic prescribing is also highly dependent on the age distribution of patient populations and the prevalence of comorbidities, which vary between practices.[5] Estimates for individual general practices are often based on small numbers. Comparative metrics require rigorous development to avoid some of the negative connotations of targets and league tables.[6]

High antibiotic prescribing seems to be acceptable in the UK at present, with a "norm" of prescribing rather than withholding antibiotics. To reduce antibiotic prescribing across UK primary care, future interventions need to tackle this norm rather than simply using it as a reference point.[7]

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