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Adherence to pneumonia guidelines in Ghana

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Abstract

Background

Adherence to standard treatment guidelines (STGs) is seen as a pragmatic way to measure and improve the quality of future prescribing in ambulatory care to reduce morbidity, mortality and healthcare costs. The objectives of this study were to evaluate adherence to the Ghana STGs for the empiric antibiotic treatment of ambulatory community acquired pneumonia (CAP) in a region in Ghana and factors associated with it.

Method

A retrospective cross-sectional survey was conducted using a checklist to collect data from the hospital electronic database of all ambulatory patients managed for CAP from September 2018 to January 2019 who attended Keta Municipal Hospital, a primary healthcare facility. The data included socio-demographic details, payment type and clinical information. Prescriptions were assessed for adherence to the Ghana STG based on choice of antibiotics. A chi square test, Fisher exact test and multiple logistic regression were subsequently conducted.

Results

A total of 1929 CAP patients were identified. The overall rate of adherence to the Ghana STG was 32.50% (n=627). Among our study participants, 62.50% were female, 41.84% were children (0 – 12 years), and 97.15% had a valid national health insurance status. Adherence was associated with the duration of antibiotic, number of antibiotics prescribed, and some patients' clinical characteristics documented.

Conclusion

The rate of adherence to Ghana STG on ambulatory pneumonia management concerning the choice of antibiotics among the study population was sub-optimal. Efforts must be made to train and encourage prescribers to follow empiric guidelines to reduce inappropriate selection of antibiotics in resource-poor settings.