

Want to Help Curb Antibiotic Overprescribing? Here's a Good Place to Start

Urgent care took more than its fair share of lumps when *JAMA Internal Medicine* published a Research Letter with the findings of a retrospective cohort study that showed widespread prescribing of antibiotics even when none was warranted, across multiple settings. Since then, the industry has made a concentrated effort to lead the way in improving antibiotic stewardship. The Urgent Care Association, for one, launched a campaign to reward urgent care operators that undertook specific steps to promote responsible use of antibiotics with Antibiotic Stewardship Commendations.

Questions remain, however. How to curb inappropriate prescribing without overcorrecting and withholding necessary medications from patients who need them?

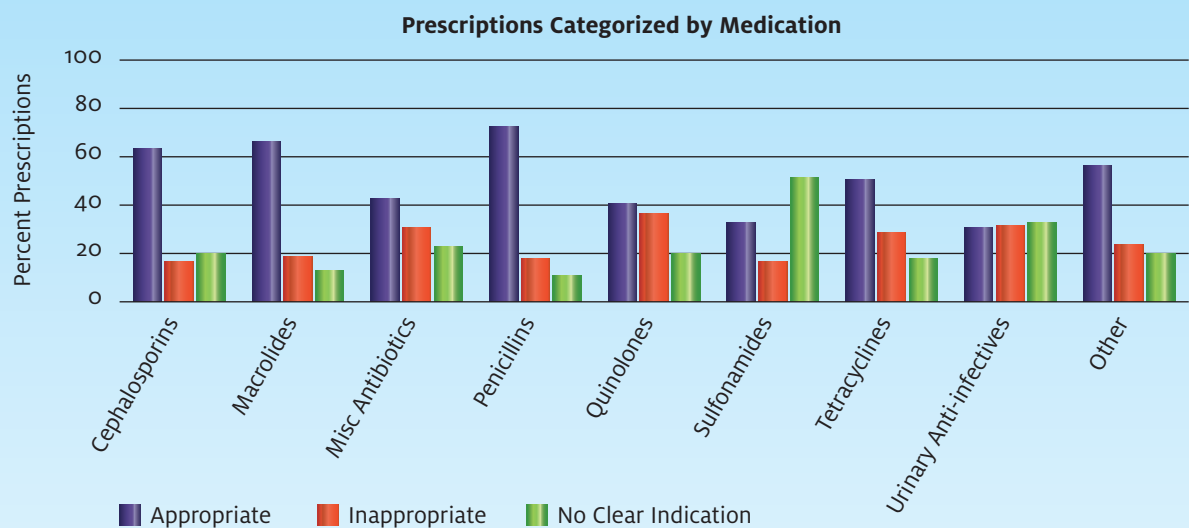
Data published recently in *BMJ* might offer some clues. Drawn from the 2015 National Ambulatory Medical Care Sur-

vey, the report identifies a few risk factors, for lack of a better term, for inappropriate antibiotic prescribing. For example, male patients who spent a higher-than-average period of time with a nonprimary care specialist were significantly more likely to receive an antibiotic prescription without a proper indication than others.

The article also exposed an expansive gray area, in that 18% of prescriptions for antibiotics had no documented indication.

One particular data grouping might be helpful to the urgent care clinician. The *BMJ* article broke down appropriate vs inappropriate antibiotic prescriptions (as well as those for which there was no indication) by medication. See the graph below for details—and consider whether your own habits support the industry-wide effort to ensure antibiotics remain a safe, effective option for patients who really need them. ■

DRUGS MOST LIKELY TO BE PRESCRIBED APPROPRIATELY VS INAPPROPRIATELY



Adapted from Ray MJ, Tallman GB, Bearden DT, et al. Antibiotic prescribing without documented indication in ambulatory care clinics: national cross sectional study. *BMJ*. 2019; 367:l6461.