

PRESCRIBING PATTERNS IN LONG-TERM CARE FACILITIES

Question

Do antibiotic prescription patterns in long-term care facilities depend on a physician's historical tendencies?

Background

In long-term care settings, antibiotics are often inappropriately prescribed, inappropriately selected or used for too long.

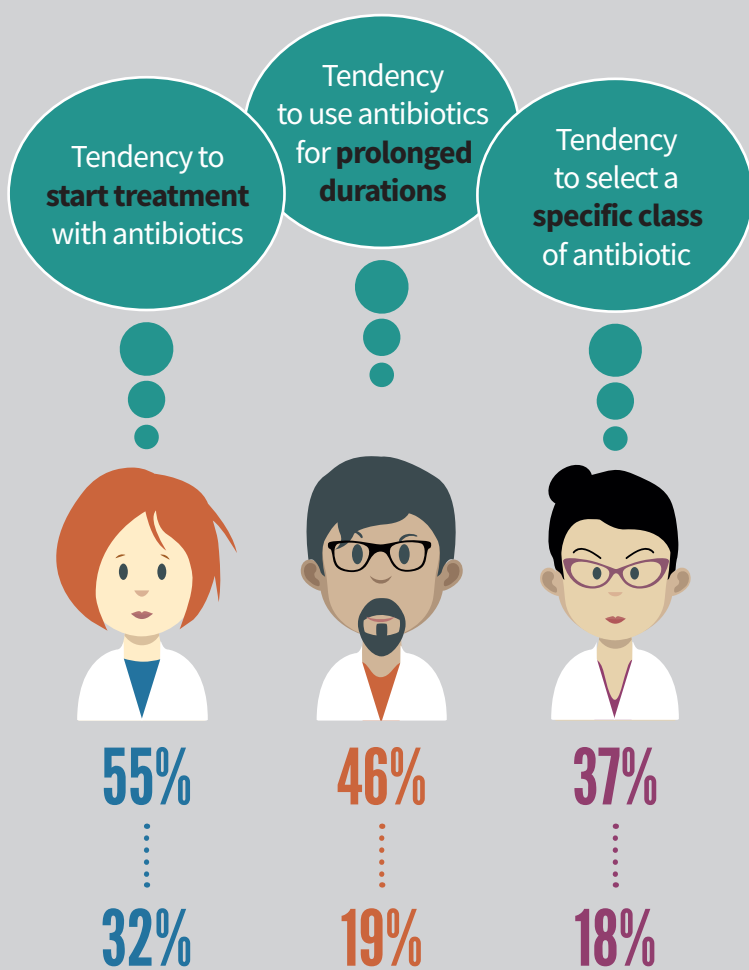
Study

- Retrospective cohort study of all physicians who prescribed to residents in long-term care facilities in Ontario between Jan. 1 and Dec. 31, 2014.
- 1695 physicians prescribed 219 157 antibiotic prescriptions to 93 132 residents.
- Three outcome measures: start of treatment, duration exceeding 7 days, selection of fluoroquinolones.*

*The authors chose fluoroquinolones as a representative class of antibiotics to test whether prescriber-specific tendencies govern the choice of a specific agent.

Results

Wide variability in:



Interquartile range (spread of middle values)

Interpretation

1. The likelihood of a resident in a long-term care facility being started on an antibiotic, and the likelihood that it will be prolonged in duration or include a fluoroquinolone agent, are all highly dependent on the historical tendencies of the prescribing clinician.
2. These tendencies were consistent over time.
3. The quality of prescribing in long-term care facilities could benefit from prescriber-level interventions such as audit and feedback.

Image credit: vshivkova/iStock

Source: Daneman N, Campitelli MA, Giannakeas V, Morris AM, Bell CM, Maxwell CJ, Jeffs L, Austin PC, Bronskill SE. Influences on the start, selection and duration of treatment with antibiotics in long-term care facilities. *CMAJ* 2017;189:E851-60.

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