

Correspondence

Re: Impact of Geodemographic Factors on Antibiotic Prescribing for Acute, Uncomplicated Bronchitis or Upper Respiratory Tract Infection

To the Editor: I found the focus on the problem of inappropriate antibiotic prescribing of the article “Impact of Geodemographic Factors on Antibiotic Prescribing for Acute, Uncomplicated Bronchitis or Upper Respiratory Tract Infection”¹ of interest, especially as the issue of how to address the problem of antibiotics overuse has been in need of a solution for more than 20 years.^{2,3} Dilworth et al. discussed interventions underpinned by some of their findings, stating that “antibiotic prescribing interventions for adult acute bronchitis and upper respiratory tract infections could target patients living in areas with higher socioeconomic status.” However, interventions focusing on where patients live may be missing a key element of physician prescribing behavior and the patient–physician relationship. The interventions discussed in this article focus on changing physician prescribing behavior; however, patients in this study were most likely to receive antibiotics at urgent care treatment centers (whose standard operating procedure is getting patients in and out fast with little continuity of care and no development of patient–physician relationships), leading to more questions about where and how the intervention might actually work.^{4,5} Interventions that consider physician behavior, patient expectations, and the patient–physician relationship would be more likely to yield a positive change in quality of care. A focus on the structure of the health care delivery system and the patient–physician relationship might prove most fruitful in developing

interventions to encourage prudent antibiotic prescribing.

Arch G. Mainous, III, PhD
 Department of Community Health and Family
 Medicine, University of Florida, 1329 SW 16th Street,
 Suite 4270, PO Box 100237, Gainesville, FL 32608
Arch.mainous@ufl.edu

To see this article online, please go to: <http://jabfm.org/content/35/6/1246.full>.

References

1. Dilworth TJ, Hietpas K, Kram JJF, Baumgardner D. Impact of geodemographic factors on antibiotic prescribing for acute, uncomplicated bronchitis or upper respiratory tract infection. *J Am Board Fam Med* 2022;35:733–41.
2. Mainous AG 3rd, Hueston WJ, Clark JR. Antibiotics and upper respiratory infection: do some folks think there is a cure for the common cold. *J Fam Pract* 1996;42(4):357–61.
3. Gonzales R, Steiner JF, Sande MA. Antibiotic prescribing for adults with colds, upper respiratory tract infections, and bronchitis by ambulatory care physicians. *JAMA* 1997;278:901–4.
4. Ranji SR, Steinman MA, Shojania KG, Gonzales R. Interventions to reduce unnecessary antibiotic prescribing: a systematic review and quantitative analysis. *Med Care* 2008;46:847–62.
5. Mainous AG, Lambourne CA, Nietert PJ. Impact of a clinical decision support system on antibiotic prescribing for acute respiratory infections in primary care: quasi-experimental trial. *J Am Med Inform Assoc* 2013;20:317–24.

doi: 10.3122/jabfm.2022.220260R0