

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.

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