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What's New in the Patient Safety World

July 2024

Feedback Improves Antibiotic Prescribing in Patients 65 and Older

We're always looking for ways to improve antibiotic stewardship. Schwartz et al. found that peer comparison audit and feedback letters significantly reduced overall antibiotic prescribing for patients aged 65 years and older in Ontario, Canada (Schwartz 2024). A letter was mailed to primary care physicians with peer comparison antibiotic prescribing feedback compared with the control group who did not receive a letter. At six months, there was a significant 5% relative reduction in the overall antibiotic prescribing rate compared with physicians in the control group. There was an 11% relative reduction in unnecessary antibiotic prescriptions, 15% relative reduction in antibiotic durations more than seven days, and a 6% relative reduction on broad spectrum antibiotic prescribing. They also found that there was no additional value in adjusting for case mix or emphasizing potential harms of antibiotic prescribing in the messaging. The authors conclude that antibiotic prescribing audit and feedback is a scalable and effective intervention and should be a routine quality improvement initiative in primary care.

The accompanying editorial (Powers 2024) notes that research shows a third of US antibiotic prescriptions are unnecessary and this figure is up to seven in 10 prescriptions in other countries. But Powers urges caution in interpretation of the study, citing multiple limitations. He notes that lower prescribing does not necessarily mean better prescribing and that the antimicrobial prescription rate is not a direct measure of patients' health status. He notes the primary reason for appropriate prescribing is not solely to prevent antimicrobial resistance but to improve patient outcomes. For example, the more common and more proximal harm to patients is from direct adverse effects of antimicrobials. He argues that the priority for appropriate prescribing and the outcomes measured in future stewardship studies should be direct patient outcomes, and that showing direct benefits for patients would justify the cost and implementation of such programs before they are routinely recommended.

Some of our prior columns on antibiotic stewardship:

- October 14, 2014 "Antibiotic Stewardship"

- November 2015 "Medications Most Likely to Harm the Elderly Are…"
- July 2016 "NQF/CDC Guideline on Antibiotic Stewardship"
- August 2016 "Some Reassurance on Antibiotic Stewardship"
- November 2016 "C. Diff and Your Predecessor's Room"
- December 2016 "Update on Ambulatory Antibiotic Stewardship"
- July 2017 "Antibiotics and Adverse Events"
- July 2019 "Dental Prescribing Called Into Question"
- July 21, 2020 "Is This Patient Allergic to Penicillin?"
- March 30, 2021 "Need for Better Antibiotic Stewardship"
- August 2021 "Antibiotic Stewardship in Pediatrics"
- May 24, 2022 "Requiring Indication for Antibiotic Prescribing"
- August 2022 "Resistant Infections Up During COVID-19 Pandemic"
- April 23, 2024 "Prompting Improves Antibiotic Stewardship"

References:

Schwartz KL, Shuldiner J, Langford BJ, et al. Mailed feedback to primary care physicians on antibiotic prescribing for patients aged 65 years and older: pragmatic, factorial randomised controlled trial. BMJ 2024; 385: e079329 https://www.bmj.com/content/385/bmj-2024-079329

Powers J H. Antimicrobial stewardship. BMJ 2024; 385: q1170 https://www.bmj.com/content/385/bmj.q1170

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