Delayed Prescriptions: Attitudes and Experiences of General Practitioners in the Midwest

Abstract:
141 questionnaires were posted to GPs randomly selected in the Mid-West. 103 responses were received. 32 GPs (31%) strongly agreed and 65 GPs (63%) agreed that antibiotics are over used in general practice. 35 GPs (34%) felt under pressure to prescribe an antibiotic at least once a day. 41 GPs (40%) agreed that delayed prescriptions are a safe prescribing strategy. 53 GPs (51%) agreed that delayed prescriptions have the potential to reduce antibiotic use. 33 GPs (32%) disagreed that giving delayed prescriptions increases the duration of the consultation. 49 GPs (47%) agreed that delayed prescriptions decrease the likelihood of return visit in the same illness. 55 GPs (53%) agreed that delayed prescriptions help to involve patients in managing their own illness. 46 GPs (45%) disagreed that patients find delayed prescriptions confusing. The majority of GPs (41/39.8%) use delayed prescriptions once a week or at least once a day (34/33%).

Methods
We applied for ethical approval to the ICGP ethics committee and were granted approval in October 2010. The HSE Primary Care unit supplied us with a list of all 215 private and GMS GPs in the Mid-Western area including Clare, Limerick and North Tipperary. The breakdown of doctors in each area is shown in Table 1. We used a sample population of 141 doctors from the Mid-Western region for this cross sectional study. We randomly selected 43 doctors in Limerick city (30% 43/141), 34 doctors in County Clare (24% 34/141), 39 doctors in County Clare (28% 39/141) and 25 doctors in North Tipperary (18% 25/141) to roughly equate to the geographical spread of GPs throughout the region. Controls were not necessary as this was a cross sectional study. Data was collected by postal questionnaire over a 5-week period from October 20th 2010 to November 10th 2010. Each GP received an explanatory letter with brief introduction, questionnaire and stamped addressed envelope for return. All responses were anonymous.

Results
141 questionnaires were posted, 103 responses were received (response rate of 73%). All replies were complete and suitable for interpretation.

Section 1: Attitudes and experiences
32 GPs (31%) strongly agreed and 65 GPs (63%) agreed that antibiotics are over used in general practice (majority). 2 of the GPs surveyed remained neutral. 4 GPs (4%) disagreed that antibiotics are over used in general practice. 4 GPs (4%) felt under pressure to prescribe an antibiotic several times a day. 35 GPs (34%) felt under pressure to prescribe an antibiotic at least once a day. 40 GPs (39%) felt under pressure to prescribe an antibiotic once a week. 19 GPs (18%) felt under pressure to prescribe an antibiotic less than once a month. All 103 GPs who responded were familiar with the term Delayed or Deferred prescriptions. 20 GPs (19%) strongly agreed and 41 (40%) agreed that delayed prescriptions are a safe prescribing strategy. 31 GPs (30%) remained neutral. 7 GPs (7%) disagreed and 4 (4%) strongly disagreed that delayed prescriptions is a safe prescribing strategy. 32 GPs (31%) strongly agreed and 53 GPs (51%) agreed the delayed prescriptions have the potential to reduce antibiotic use. 11 GPs (11%) remained neutral. 4 GPs (4%) disagreed and 30 GPs (30%) strongly agreed that delayed prescriptions have the potential to reduce antibiotic use. 5 GPs (5%) strongly agreed and 22 GPs (21%) agreed that giving delayed prescriptions increases the duration of the consultation. 31 GPs (30%) remained neutral. 33 GPs (32%) disagreed and 12 GPs (12%) strongly disagreed that giving delayed prescriptions increases the duration of the consultation.

27 GPs (26%) strongly agreed and 49 GPs (47%) agreed that delayed prescriptions decrease the likelihood of return visit in the same illness. 13 GPs (13%) remained neutral. 11 GPs (11%) disagreed that delayed prescriptions decrease the likelihood of return visit in the same illness, while 3 GPs (3%) strongly disagreed. 31 GPs (30%) strongly agreed and 55 GPs (53%) agreed that delayed prescriptions help to involve patients in managing their own illness.
patients in managing their own illness. 9 GPs (9%) remained neutral. 5 GPs (5%) disagreed that delayed prescriptions help to involve patients in managing their own illness, while 3 GPs (3%) strongly disagreed. 3 GPs (3%) strongly agreed that patients find delayed prescriptions confusing (majority), 5 GPs (7%) agreed that patients find delayed prescriptions confusing, 31 GPs (30%) remained neutral. 46 GPs (45%) disagreed and 16 (16%) strongly disagreed that patients find delayed prescriptions confusing. 5 GPs surveyed (4.9%) use delayed prescriptions several times a day, 34 GPs surveyed (33%) use delayed prescriptions at least once a day, 41 GPs surveyed (38%) use delayed prescription once a week. 13 GPs (12.6%) use delayed prescriptions once a month. 10 GPs surveyed (9.7%) never use delayed prescriptions or use them less than once a month.

Section 2: Demographics
81 respondents were male (79%) and 22 were female (21%). 51 responders (49%) worked in single-handed practices while 52 (51%) worked in group practices. 38 (37%) of responding GPs (55%) work in an urban setting, 38 (37%) work in a rural setting, 8 (8%) work in a mixed setting, 77 (75%) responders (53.1%) claimed to have consumed their antibiotics. 87.1% (53.1%) of patients the antibiotic prescriptions with no apparent serious harm. 18 responding GPs (39.8%) surveyed use delayed prescription once a week, 13 GPs (33%) use them once a day, 34 GPs surveyed (33%) use delayed prescriptions at least once a day, 41 GPs surveyed (38%) use delayed prescription once a week. 13 GPs (12.6%) use delayed prescriptions once a month. 10 GPs surveyed (9.7%) never use delayed prescriptions or use them less than once a month.

Discussion
The first RCT of delayed prescriptions for respiratory symptoms was undertaken by Little et al in 1997, the delayed group filled only 31% of their antibiotic prescriptions with no apparent serious harm. A further study by Little et al showed that more of those initially prescribed antibiotics returned to the surgery with sore throat (38 v 27% in the other two groups). A Cochrane review by Arnold et al of interventions to improve antibiotic prescribing practices in ambulatory care showed that patient-based interventions, particularly the use of delayed prescriptions for infections for which antibiotics were not immediately indicated effectively reduced antibiotic use by patients and did not result in excess morbidity. A systematic review of five trials (four based in the UK and one in New Zealand) undertaken by Arroll et al looked at whether or not delayed prescriptions actually reduced antibiotic use in respiratory tract infections. There was a consistent reduction in antibiotic usage in the five trials included in the review suggesting that the delayed prescription is an effective means of reducing antibiotic usage for acute respiratory infections.

But are patients satisfied with delayed prescriptions? A study in the BJGP in 2003, looked at patients responses to delayed prescriptions for acute respiratory tract infections. Just over half of the respondents (53.1%) claimed to have consumed their antibiotics. 87.1% were confident about taking the decision as to whether to use their antibiotics and 92.5% would choose to receive a delayed prescription again. One Irish study looking at the use of delayed prescriptions for non-specific URTI, sore throat and cough showed that 64% (29/45) of patients got the antibiotics from the pharmacy, 36% (16/45) of patients consumed the antibiotics and 29% (13/45) of patients did not use the antibiotics but got them from the pharmacy. Patient confidence in deciding whether or not to use the antibiotics was high.

A US study in JAMA in 2006 showed that in acute otitis media delayed prescriptions reduces parents use of antibiotics from 87% to 38%. In addition the parents that managed without antibiotics were more likely to prescribe antibiotics for acute otitis media say Everitt and colleagues. Antibiotic prescribing was seen as a way of involving the patient in the management of their illness with 53% of GPs surveyed agreeing and 30% strongly agreeing that delayed prescriptions help to involve patients in managing their own illness. 10 GPs surveyed (10%) of patients returning to the surgery with sore throat, cough and acute conjunctivitis in both adults and children. A further Cochrane review by Arnold et al of interventions to improve antibiotic prescribing practices in ambulatory care showed that patient-based interventions, particularly the use of delayed prescriptions for infections for which antibiotics were not immediately indicated effectively reduced antibiotic use by patients and did not result in excess morbidity. With 63% agreeing and 31% strongly agreeing with the statement. The majority of GPs surveyed felt under pressure to prescribe antibiotics when they felt the antibiotic was unnecessary with 39% feeling under pressure to prescribe in this circumstance at least once a week and 34% at least once a day.

All responding GPs were familiar with the concept of delayed or deferred prescriptions. The majority (40%) felt that delayed prescriptions were a safe prescribing strategy, however, a large proportion (30%) remained neutral. Overall GPs felt that delayed prescriptions had the potential to cut down on antibiotic use with 51% of GPs surveyed agreeing and 31% strongly agreeing. The majority of GPs surveyed (52%) disagreed that giving a delayed prescription increases the duration of the consultation. 47% of GPs surveyed agreed and 26% strongly agreed that delayed prescribing was seen to decrease the likelihood of return visit in the subsequent 2 weeks. Delayed prescribing was also seen as a way of involving the patient in the management of their illness with 53% of GPs surveyed agreeing and 30% strongly agreeing with this idea. The concept of patients finding delayed prescriptions confusing was denounced by the majority of GPs surveyed (45%). With regard to the usage of delayed prescriptions, the majority of GPs surveyed (39.8%) use them once a week, 33% use them once a day, 12.6% use them once a month, 9.7% use them less than once per month or never and the minority 4.9% use them several times a day in their practice. Therefore the delayed prescription for antibiotics continues to be a useful management option for the majority of GPs surveyed.

This study provides information about the use of delayed prescriptions in routine general practice in the Mid-West. Delayed prescribing of antibiotics has been shown in several studies to be a safe method of prescribing various diagnoses including acute otitis media, sore throat, cough and acute conjunctivitis in both adults and children. As GPs have clear and specific information about when to use antibiotics and when to return for assessment delayed prescribing of antibiotics for URTI is probably as safe or safer than other strategies and is acceptable to patients.

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References
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Comments: