

Inappropriate antibiotic prescribing for URI and bronchitis in Oregon

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TOPIC/TARGET AUDIENCE: Inappropriate Antibiotic Prescribing in Oregon

ABSTRACT: Objective: National research demonstrates variability in antibiotic prescribing for self-limited Acute Respiratory Tract Infections, such as URIs and bronchitis. This variability has been shown to be effected by population level demographics. The goal of this study was to describe risk factors for inappropriate antibiotic prescribing in Oregon for ARTIs.

Methods: We used a retrospective dataset from the All Payers All Claims database, 2011-2012. We stratified by population level demographics and analyzed using descriptive statistics and logistic regression.

Results: We found certain counties in Oregon to be high prescribers of unnecessary antibiotics for ARTI. Higher rates of ARTI prescriptions were found for populations with higher obesity rates, higher proportion of adults age greater than 65, as well as lower education, lower income, and lower college graduation rate. Unlike national studies we did not find disproportionately high antibiotic prescribing for young children.

Conclusion: Efforts to reduce inappropriate antibiotic prescribing may need to focus on populations at increased risk of over-prescribing. Providers should be aware of these risk factors when caring for patients with URI and bronchitis. Targeting hot spot areas in Oregon may be helpful and local interventions may be necessary.

OBJECTIVE(S):

- Demonstrate the variability of inappropriate antibiotic prescribing for Acute Respiratory Tract Infections (ARTI) by county in Oregon.
- Evaluate the effect of population level demographics on inappropriate prescribing for ARTIs.

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