

Reducing antibiotic usage for acute respiratory infections by increasing guideline adherence including a wait-and-see prescription.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON27789

Source

NTR

Brief title

WASP

Health condition

upper respiratory tract infections
bovenste luchtwegklachten

Sponsors and support

Primary sponsor: IVM (subsidized by ZonMw)

Source(s) of monetary or material Support: ZonMw, the Netherlands organisation for health research and development

Intervention

Outcome measures

Primary outcome

The primary outcome measure is the number of patients with URTI who filled their antibiotic prescription at the pharmacy in the 12 months before the first PTAM-meeting (pretest) and 12 months hereafter (posttest).

Secondary outcome

1. Occurrence of complications (e.g. bronchitis and pneumonia);
2. Patients' judgement on the quality of care received for URTI.

Study description

Background summary

N/A

Study objective

Rationale: Antibiotic resistance is a growing problem worldwide with considerable costs. It is mainly driven by inappropriate use. It is necessary to look for measures that improve prescribing in antibiotics and that stimulate both health professionals and patients to consider their role in antibiotic use. One method to do so is the so-called wait-and-see prescription (WASP) or delayed prescription. In other countries, such postponed prescription has shown to be an effective means of reducing antibiotic usage for acute respiratory infections, allowing adequate control of symptoms while providing high levels of patient satisfaction.

Objective: To reduce the (irrational) use of antibiotics in upper respiratory tract infections (URTI) in primary care by increasing guideline adherence and thus the use of wait-and-see prescriptions (WASP).

Study design

Pretest (t0): Number of antibiotic prescriptions filled at the pharmacy in the 12 months before the first PTAM-meeting;

Posttest (t1): Number of antibiotic prescriptions filled at the pharmacy in the 12 months after the first PTAM-meeting.

Intervention

Guideline adherence including prescribing wait-and-see prescriptions (WASP) will be subject of a training in 10 pharmacotherapy audit meetings (PTAMs). These 10 PTAMs (and

consequently their participants) will be randomly assigned to intervention and control group.

GPs and pharmacists in the intervention-PTAMs will be trained in their PTAM on the principles of WASP and on how to implement this in clinical practice. Special attention will be paid to communication strategies with patients. PTAMs make agreements on how and when to propose a WASP to patients. These agreements are electronically stored and GPs are electronically reminded to these WASP-agreements when they want to prescribe an antibiotic for URTI.

Contacts

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Eligibility criteria

Inclusion criteria

1. All patients who consult their GP with URTI are in principal eligible to receive a wait-and-see prescription. Since, preferably, GPs should not prescribe antibiotics to patients with URTI, in practice only those patients for whom the GP thinks a WASP is an option will receive a WASP and only after discussing it with the patient (note: if the GP thinks the patient needs an antibiotic s/he will prescribe that antibiotic without discussing the principle of WASP). It is up to the GP to discuss a WASP with the patient and to decide whether or not to prescribe a WASP;

2. Patients of all ages will be included.

Exclusion criteria

N/A

Study design

Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-03-2011
Enrollment:	1600
Type:	Anticipated

Ethics review

Positive opinion	
Date:	14-02-2011
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2624
NTR-old	NTR2753
Other	ZonMw : 50-51700-98-013
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A