

Publication

Prescribed medications and pharmacy interventions for acute respiratory tract infections in Swiss primary care

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BACKGROUND AND OBJECTIVES: Symptomatic medications are often not considered in clinical studies assessing interventions to reduce prescribing of antibiotics for acute respiratory tract infections (ARTI). Our study objectives were to examine prescribing patterns of antibiotics and symptomatic medications for ARTI in Swiss primary care and to monitor pharmacists' interventions during the prescription-dispensing process. **METHODS:** Medical records of 695 patients participating in a clinical trial which was designed to reduce use of antibiotics for ARTI in primary care, were linked to their prescriptions. Matching of prescribed and dispensed medications enabled the assessment of interventions by community pharmacists. **RESULTS:** On average, 2.4 different drugs were prescribed per patient (in total 142 antibiotics, 1599 symptomatic medications, and 56 non-ARTI-medication). Most patients (80%) were treated only with symptomatic medications. Most frequently prescribed symptomatic ARTI-mediations were nasal decongestants (39%), cough suppressants (36%), and mucolytics (31%). Patients with prescribed antibiotics received significantly fewer symptomatic medications (odds ratio, 0.24; 95% confidence interval 0.16-0.37). Over 20% of prescriptions prompted at least one intervention by a pharmacist in the dispensing process. A discrepancy between prescribed and dispensed medications was seen in 19% of patients. **CONCLUSIONS:** Prescription rates of antibiotics for ARTI in this trial were low and patients were treated mainly with non-antibiotic symptomatic medications. Efforts to reduce antibiotic prescribing may induce higher rates of use of medications for intensive symptomatic treatment. Considerable differences between prescribed and dispensed medications were noted.

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