Improving antibiotic prescribing for uncomplicated acute respiratory tract infections
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Record Status
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Authors' objectives
To assess the comparative effectiveness of interventions for improving antibiotic use for acute respiratory tract infections (RTIs) in adults and children.

Authors' conclusions
The best evidence supports the use of specific education interventions for patients/parents and clinicians, procalcitonin in adults, and electronic decision support to reduce overall antibiotic prescribing (and in some cases improve appropriate prescribing) for acute RTIs without causing adverse consequences, although the reduction in prescribing varied widely. Other interventions also reduced prescribing, but evidence on adverse consequences was lacking, insufficient, or mixed. Future studies should use a complex intervention framework and better evaluate measures of appropriate prescribing, adverse consequences such as hospitalization, sustainability, resource use, and the impact of potential effect modifiers.

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