Antibiotic Prescription for Adults with Acute Upper Respiratory Tract Infection in Ambulatory Care Settings

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**Background:** Inappropriate use of antibiotics for acute upper respiratory tract infections (URIs) is frequently observed among patients in ambulatory care settings. It is associated with the increased rates of antibiotic-resistant bacteria and unnecessary increased cost of treatment. Due to a handful studies regarding the antibiotic prescription for acute URI in Thailand, we aim to determine the antibiotic prescription for adults with acute URI in our institute, King Chulalongkorn Memorial Hospital (KCMH).

**Methods:** We carried out a retrospective study in 189 adult patients with acute URI attending at the outpatient department of KCMH, Bangkok, Thailand from 1 June to 31 July 2011.

**Results:** Of 189 study patients, there were 62 (33.2%) males and 127 (66.8%) females with the mean age of 42.5 ± 16.1 years. There were 95 (50.4%), 51 (26.8%), 18 (9.4%), 11 (5.6%), 8 (4.1%), and 6 (3.5%) patients with URI of multiple and unspecified sites, pharyngitis, nasopharyngitis, sinusitis, tonsillitis, and rhinitis, respectively. Eighty-three (44.1%) and 106 (55.9%) patients were treated by residents and faculty staffs, respectively. One hundred and fifty-one (79.9%) patients had received antibiotics which included amoxicillin (66 patients, 43.7%), amoxicillin/clavulanic acid (38, 25.2%), and roxithromycin (28, 18.5%). Sixty-six (77.6%) residents and 85 (80.2%) faculty staffs prescribed antibiotics. According to the multivariate analysis, the factors contributing to the antibiotic prescription included the presence of sore throat and non-Medicine residents and staffs.

**Conclusions:** There is an extremely high rate of overuse of antibiotics in our institute. The implementation to reduce the overuse of antibiotics is urgently needed.

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