

STRATEGIES TO REDUCE ANTIBIOTIC OVERUSE IN PRIMARY CARE: **SHARED DECISION MAKING**

ANTIMICROBIAL STEWARDSHIP STRATEGY DESCRIPTION

Shared decision making may be considered for suspected bacterial infections when there is equipoise and more than one valid treatment option.



For patients who do not require antibiotics:

- use the align (listen to rationale)
- acknowledge (validate concerns),
- refocus (explain why treatment is not recommended) approach.¹

RESOURCES & HOW TO INCORPORATE INTO PRACTICE

[Public Health Ontario's Let's talk...](#) series includes evidence based-tools to facilitate Shared Decision Making for respiratory tract infections.²

[Choosing Wisely Canada's Patient Resources](#) are intended to help patients make choices about the use of antibiotics.³



IMPACT ON ANTIMICROBIAL USE



A Cochrane review found that interventions to facilitate SDM reduced antibiotic prescribing for **acute respiratory tract infections (RTI)** compared with usual care.⁵



SDM Reduces antibiotic prescribing (29%) vs. usual care (47%) for acute RTI²

A randomized control trial of a shared decision making clinician training program found **fewer patients decided to use antibiotics post-consultation in the intervention** compared to the control group (27% vs. 52%) with no increase in harm.⁶

References

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3. Choosing Wisely Canada. Using antibiotics wisely: patient resources [Internet]. Toronto, ON: Choosing Wisely Canada; 2022 [cited 2022 Sep 19]. Available from: <https://choosingwiselycanada.org/primary-care/antibiotics/#patient-resources>
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5. Coxeter P, Del Mar CB, McGregor L, Beller EM, Hoffmann TC. Interventions to facilitate shared decision making to address antibiotic use for acute respiratory infections in primary care. *Cochrane Database Syst Rev*. 2015;2015(11):CD010907. Available from: <https://doi.org/10.1002/14651858.CD010907.pub2>
6. Legare F et al. Training family physicians in shared decision-making to reduce the overuse of antibiotics in acute respiratory infections: a cluster randomized trial. *CMAJ*. 2012;184(13):E726-34. Available from: <https://doi.org/10.1503/cmaj.120568>