

Presentation Type:

Poster Presentation - Top Oral Abstract

Subject Category: Antibiotic Stewardship

Perspectives on nonprescription antibiotic use among Hispanic patients in the Houston metroplex: A qualitative study

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Background: Nonprescription antibiotic use includes taking an antibiotic without medical guidance (eg, leftover antibiotics, antibiotics from friends or relatives, or antibiotics purchased without a prescription). Nonprescription use contributes to antimicrobial resistance, adverse drug reactions, interactions, and superinfections such as *Clostridioides difficile* colitis. Qualitative studies exploring perspectives regarding nonprescription use among Hispanic patients are lacking. We used the Kilbourne Framework for Advancing Health Disparities Research to identify factors influencing Hispanic patients' nonprescription use and to organize our findings. **Methods:** Our study includes Hispanic primary-care clinic patients with different types of health coverage in the Houston metroplex who endorsed nonprescription use in a previous quantitative survey. Semistructured interviews explored the factors promoting nonprescription use in Hispanic adults. Interviews were conducted remotely, in English or Spanish, between May 2020 and October 2021. We used inductive coding and thematic analysis to identify the factors and motives for nonprescription use. **Results:** Of the 35 Hispanic participants surveyed, 69% were female and between the ages of 27 and 66. All participants had some form of healthcare coverage (eg, Medicare or private insurance, Medicaid, or the

county financial assistance program). Participants reported obtaining antibiotics from their own leftover prescriptions and through trusted persons (eg, herbalists, pharmacists, friends/relatives, and others), buying them under the counter in US markets, and purchasing them without a prescription outside the United States. Thematic analysis revealed the factors contributing to nonprescription use (Fig. 1). Themes included beliefs that the 'doctor visit was unnecessary,' 'limited direct access to healthcare' in the United States (due to limited insurance coverage, high costs of the doctor's visits and medications, and long clinic wait times), 'more open indirect access to healthcare' abroad and under the counter in the United States, and communication difficulties (eg, language barriers with clinicians, perceived staff rudeness, and gaps in health literacy). Figure 2 shows representative quotes across thematic domains. Participants expressed having confidence in medical recommendations from pharmacists and trusted community members in their social networks. **Conclusions:** Antibiotic stewardship interventions that include pharmacist-driven patient education regarding appropriate antibiotic use may decrease nonprescription antibiotic use in Hispanic communities. Additionally, improving access to care while addressing communication barriers and cultural competency in clinics may improve primary care delivery and reduce potentially unsafe antibiotic use.

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Identifying nonprescription antibiotic users with screening questions in a primary care setting

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Background: Antibiotic use without a prescription (nonprescription use) leads to antibiotic overuse, with negative consequences for patient and public health. We studied whether screening patients for prior nonprescription antibiotic use in the past 12 months predicted their intentions to use them in the future. **Methods:** A survey asking respondents about prior and intended nonprescription antibiotic use was performed between January 2020 and June 2021 among patients in waiting rooms of 6 public clinics and 2 private emergency departments in economically and socially diverse urban and suburban areas. Respondents were classified as prior nonprescription users if they reported previously taking oral antibiotics without contacting a doctor, dentist, or nurse. Intended use was defined as answering "yes" or "maybe" to the question, "Would you use antibiotics without contacting a doctor, nurse, or dentist?" We calculated the sensitivity, specificity, and positive and negative predictive value (PPV and NPV) of prior nonprescription antibiotic use in the past 12 months for future intended nonprescription use. Bayes PPV and NPV were also calculated, considering the prevalence of nonprescription antibiotic use (24.8%) in our study. **Results:** Of the 564 patients surveyed, the median age was 51 years (SD, 19–92), with 72% of patients identifying as female. Most were from the public healthcare system (72.5%). Most respondents identified as Hispanic or Latino(a) (47%) or African American (33%), and 57% received Medicaid or the county financial assistance program. Prior

Table 1. Diagnostic accuracy of the screening question (reporting prior use of antibiotics without a prescription) in identifying patients with intention to use antibiotics in the future without a prescription

Screening question	Sensitivity (95% CI)	Specificity (95% CI)	PPV	NPV	Bayes PPV (95% CI)	Bayes NPV (95% CI)
Prior use of non-prescription antibiotics in the last 12 months (n=409)	75.9% (65.3-84.6)	91.4% (87.8-94.2)	69.2%	93.7%	74.5% (66.7-80.9)	92.0% (88.7-94.4)

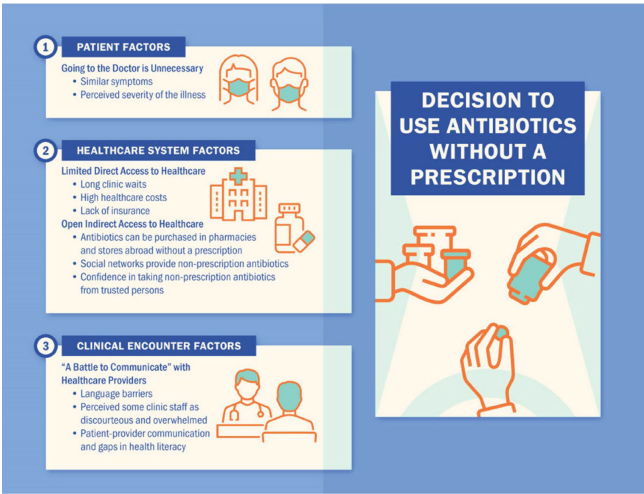


Figure 1. Overview of Themes

	Representative Quotes
Patient	
Theme 1: Patients considering going to the doctor as an unnecessary step	• "If it's something that I've had before... I'm not going to go to the doctor... it is too much of a hassle"... "If I have an antibiotic [leftover], I'll take it and be done with it." (P12-Male-English) • "I do not want to waste time going to the doctor... [or] make an appointment." (P1-Female-Spanish)
Healthcare System	
Theme 2: Limited (Direct) Access in the US and Open (Indirect) Access Abroad	• "When there is no access to medicines... to money, to a doctor, to all those things like that... then yes... you survive with the medicine that is not prescribed." (P12-Male-Spanish) • "In Mexico... we self-medicate. No, you do not need to go to the doctor that much. You just go to the pharmacy... and they sell [non-prescribed antibiotics] to you very easily." (P6-Male-Spanish)
Clinical Encounter	
Theme 3: "A Battle to Communicate" with the Healthcare Provider	• "It is a battle to try to communicate with the doctor... but you have to make an effort because of the pain or discomfort that you have. [Because of this], you say to yourself, 'Let's see if this [non-prescribed antibiotic] will work well for me.'" (P14-Male-Spanish) • "It makes me very upset because of the way certain people treat you... they are rude. They speak to you very harshly." (P14-Male-Spanish)

Figure 2. Representative Quotes Per Theme