

## **Project Title**

Determinants of Antibiotic Expectation and Receipt Among Patients Presenting to Emergency Departments with Upper Respiratory Tract Infection During The COVID-19 Pandemic

## **Project Lead and Members**

Project lead: Dr Angela Chow

Project members: A/Prof Angela Chow, Dr Weng Yanyi, Dr Kuan Win Sen, Dr Peng Li Lee, A/Prof Eillyne Seow, Dr Tiah Ling, Huang Zhilian, Dr Tan Hann Yee

## **Organisation(s) Involved**

Tan Tock Seng Hospital, National University Hospital, Khoo Teck Puat Hospital, Changi General Hospital, National Centre for Infectious Diseases, Lee Kong Chian School of Medicine, Nanyang Technological University

## **Healthcare Family Group(s) Involved in this Project**

Medical, Healthcare Administration

## **Applicable Specialty or Discipline**

Emergency Medicine, Infectious Diseases Research and Training Office, Preventive and Population Medicine, Office of Clinical Epidemiology, Analytics and Knowledge

## **Project Period**

Start date: 15/03/2021

Completed date: 03/03/2022

## **Aims**

The aim of this study is to assess the factors associated with antibiotics expectation and receipt for uncomplicated URTI patients in four Singapore EDs during the COVID-19 pandemic.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Lessons Learnt**

The lessons learnt include effective patient communication, statistical methodology, presentation skills, an understanding of the misconceptions patients have on antibiotics, and the reasons patients expect antibiotics when not indicated.

## **Conclusion**

See poster appended/ below

## **Additional Information**

- Singapore Health & Biomedical Congress (SHBC) 2022: Best Poster Award (Health Services Research) (Posters category) – (Merit Award)
- Best oral presentation at the 32nd Congress of Antimicrobial Chemotherapy early career research workshop session

## **Project Category**

Applied/ Translational Research

Quantitative Research

## **Keywords**

Emergency Care, Antibiotic Resistance, Infectious Diseases

**Name and Email of Project Contact Person(s)**

Name: Huang Zhilian

Email: Zhilian\_huang@ncid.sg



Tan Tock Seng  
HOSPITAL  
National Healthcare Group

# Determinants of antibiotic expectation and receipt among patients presenting to emergency departments with upper respiratory tract infection during the COVID-19 pandemic

Z Huang<sup>1</sup>, A Chow<sup>2,3</sup>

<sup>1</sup>Infectious Diseases Research and Training Office, National Centre for Infectious Diseases

<sup>2</sup>Department of Preventive and Population Medicine, Office of Clinical Epidemiology, Analytics, and Knowledge, Tan Tock Seng Hospital

<sup>3</sup>Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore

## BACKGROUND

### Antimicrobial resistance



Misuse and overuse of antibiotics



Antimicrobial resistance

### Consequences of AMR

In 2019 → 4.95 million deaths associated with / 1.27 million deaths attributable to bacterial AMR<sup>1</sup>

By 2050 → 10 million deaths annually due to AMR<sup>2</sup>

### Emergency departments

Pre-COVID-19, upper respiratory tract infections (URTI) account for 20-25% of non-urgent emergency department (ED) visits, of which, 10-15% resulted in an antibiotic prescription. Patients who attended the emergency department (ED) for URTI were also more likely to receive antibiotics if they expected them<sup>3</sup>. These expectations could have changed with the change in health-seeking behaviour during the pandemic.

### AIM

To assess the factors associated with antibiotics expectation and receipt for uncomplicated URTI patients in four Singapore EDs during the COVID-19 pandemic.

## METHODS

### Study design

- Cross-sectional survey post patient consultation
- Data collection period: **March 2021 – March 2022**

### Study setting

- Four emergency departments in Singapore



### Inclusion criteria

- Aged ≥ 21
- Patients with URTI (ICD-10: J00 – J06) as final diagnosis

### Exclusion criteria

- Hospital admission
- Prior ED visit for URTI within 30 days

### Questionnaire fields

- Demographics
- Health status (vaccination status, illness symptoms, co-morbidities)
- Knowledge, attitudes, and behaviour (KAB) on the use of antibiotics

### Analysis

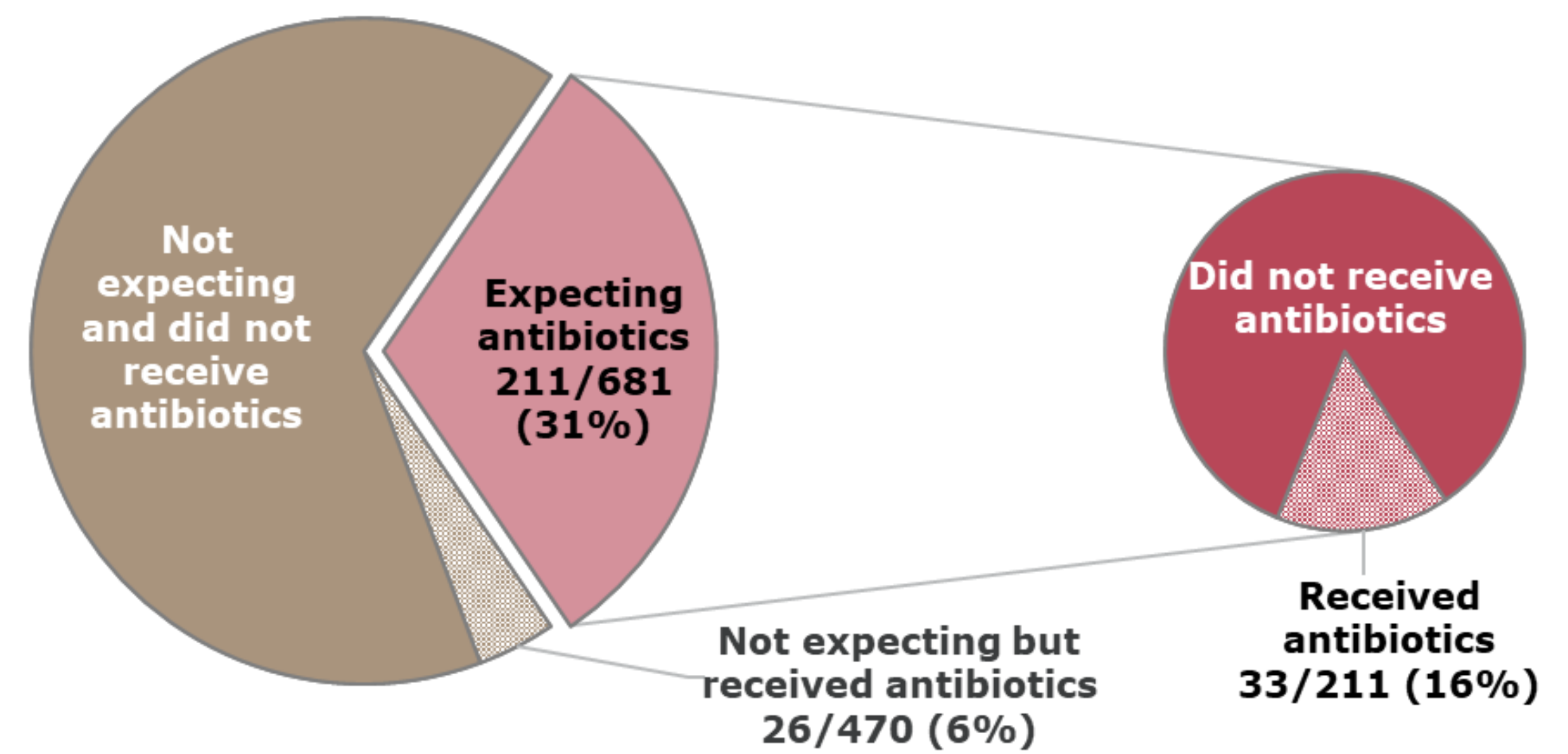
- Binary logistic regression

## RESULTS

### Baseline characteristics

| Baseline characteristics of respondents, n(%)    | All patients (N=681) |
|--|----------------------|
| Age, mean (SD)                                   | 34.5 (12.7)          |
| Tertiary education                               | 224 (32.9%)          |
| <b>Presence of Comorbidity</b>                   |                      |
| No comorbidity                                   | 621 (91.2%)          |
| Mild   | 52 (7.6%)            |
| Moderate/Severe                                  | 8 (1.2%)             |
| <b>Prior (non-ED) consult for same condition</b> |                      |
| No prior consult                                 | 474 (69.6%)          |
| Prior consult with antibiotics                   | 44 (6.5%)            |
| Prior consult without antibiotics                | 163 (23.9%)          |
| <b>Expects a COVID-19 test</b>                   | 534 (78.4%)          |
| <b>Antibiotics use knowledge</b>                 |                      |
| Poor (Score ≤ 4)                                 | 276 (40.5%)          |
| Moderate (Score 5-7)                             | 278 (40.8%)          |
| Good (Score ≥ 8)                                 | 127 (18.6%)          |
| <b>Expected antibiotics</b>                      | 211 (31.0%)          |

## Antibiotics expectation and receipt



### Antibiotic expectation

| Model variables<br>(Reference: Not expecting antibiotics)    | Final model          |         |
|--|----------------------|---------|
|  | Adjusted OR (95% CI) | P-value |
| Expects a COVID-19 test                                      | 1.56 (1.01, 2.41)    | 0.045   |
| <b>Prior (non-ED) consult for the same condition</b>         |                      |         |
| No prior consult   | Ref                  |         |
| Consult with antibiotics                                     | 6.58 (3.30, 13.11)   | <0.001  |
| Consult w/o antibiotics                                      | 1.50 (1.01, 2.23)    | 0.046   |
| <b>Knowledge on antibiotics and antimicrobial resistance</b> |                      |         |
| Good (≥ 80% correct)   | Ref                  |         |
| Moderate   | 2.26 (1.33, 3.84)    | 0.002   |
| Poor (≤ 40% correct)   | 2.16 (1.26, 3.68)    | 0.005   |

### Antibiotic receipt

| Model variables<br>(Reference: Did not receive antibiotics) | Final model          |         |
|---|----------------------|---------|
|   | Adjusted OR (95% CI) | P-value |
| Expects an antibiotic prescription                          | 10.64 (5.34, 21.17)  | <0.001  |
| Expects a COVID-19 test                                     | 0.52 (0.26, 1.03)    | 0.061   |
| <b>Age category</b>   |                      |         |
| Above 50 years  | Ref                  |         |
| 26 - 50 years   | 0.60 (0.23, 1.55)    | 0.290   |
| 25 years and below  | 1.79 (0.63, 5.09)    | 0.276   |
| <b>Education level</b>                                      |                      |         |
| Non-tertiary  | Ref                  |         |
| Tertiary  | 2.20 (1.09, 4.43)    | 0.027   |
| <b>Prior (non-ED) consult for the same condition</b>        |                      |         |
| No prior consult  | Ref                  |         |
| Consult with antibiotics                                    | 2.97 (1.26, 7.00)    | 0.013   |
| Consult w/o antibiotics                                     | 1.29 (0.63, 2.65)    | 0.484   |
| <b>Pre-existing comorbidity</b>                             |                      |         |
| No comorbidity  | Ref                  |         |
| Mild  | 2.28 (0.75, 6.94)    | 0.148   |
| Moderate/Severe   | 6.17 (0.86, 44.24)   | 0.070   |

Patients expecting antibiotics during their ED visit were **10.6** times more likely to receive antibiotics. Compared with those not expecting antibiotics.

## CONCLUSIONS

In conclusion, patients with URTI who expected antibiotics remained more likely than those who did not expect them to receive antibiotics during the COVID-19 pandemic. Poor knowledge and prior experiences were strong predictors for expecting antibiotics. Our findings highlighted an opportunity for leveraging the COVID-19 mass communication channels to educate the public on the non-necessity of antibiotics for URTI to address the problem of antibiotic misuse and AMR.

## REFERENCES

1. Murray CJ, Ikuta KS, Sharara F, Swetschinski L, Aguilar GR, Gray A, et al. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *The Lancet*. 2022;399:629-55.
2. World Health Organization. Antimicrobial resistance: global report on surveillance: World Health Organization; 2014.
3. Tan R, Huang Z, Guo H, Weng Y, Chow A. Antibiotic expectations of patients attending an emergency department with upper respiratory tract infections: clinical and behavioural determinants of antibiotic use. *International Journal of Antimicrobial Agents*. 2022;59:106511.

## ACKNOWLEDGEMENTS

The authors would like to thank the site Principal investigators Dr Tiah Ling, Dr Kuan Win Sen, Dr Tan Hann Yee, and Dr Weng Yanyi for facilitating the study setup at the study sites. The authors would also like to acknowledge Ho Kia Nam, Kirstie Neo, Nadiah Binte Abd Karim, Karthiga Natarajan, Chua Hoong Kai, Dillon Wee, Yvette Jee, and Khaing Nwe Win for data collection assistance for this study.

This project is supported by National Medical Research Council Clinician Scientist Award. Award Number: MOH-CSAINV18may-0002