

Re: Disparities Between Parental Expectations and Pediatric Antibiotic Prescribing

Goyal et al¹ studied the association between race and ethnicity and pediatric prescribing of antibiotics for viral respiratory tract infections in emergency departments. Investigators found that non-Hispanic (NH) white children were 1.5 to 2 times more likely than their minority counterparts to be prescribed unnecessary antibiotics for viral respiratory infections. The authors propose that disparities in antibiotic prescribing may be related to racial and ethnic differences in parental expectations.

We concur that it is important to assess patient and parental expectations when prescribing antibiotics. We recently conducted a cross-sectional survey administered in the spring of 2017 with over 3000 respondents (1469 NH white, 722 NH African American, 688 Hispanic, and 121 other). A total of 817 respondents reported having at least 1 child 18 years or younger. The survey was administered as part of a larger ongoing research project that was composed of a series of online, nationally representative surveys conducted through YouGov, a leading online survey firm.

Our study was designed to cover sample minority populations, and these data are weighted to reflect US

population demographics. We found that 14.4% of parents with a child under the age of 18 reported that they had attempted to persuade their child's health care provider to prescribe antibiotics even after the health care provider suggested that their child did not require antibiotics. Of the parents who attempted to persuade the health care provider, 69.9% reported success. African American and Hispanic parents have a similar likelihood (14.6% and 11.7%, respectively) as white parents (13.7%) to attempt to persuade the health care provider. However, African American and Hispanic parents are less likely to report a successful attempt at persuasion of the health care provider (72.4% and 43.0%, respectively) than white parents (75.0%). In addition, parents living in an urban area are more likely to try to persuade a health care provider to prescribe antibiotics for their child (26.4%) as compared with suburban (8.5%) and rural (8.3%) environments. Moreover, African American and Hispanic parents are more likely than white parents (71.8% and 78.9% vs 66.2%, respectively) to seek a different health care professional for the child's medical examinations in the future if they believed their child's condition called for antibiotics, and the child's health care professional did not prescribe antibiotics.

With our results, and in conjunction with the results of Goyal et al,¹ we indicate that there is a disparity

between parental expectations and health care provider prescribing habits based on race and ethnicity. Nonwhite parents are more likely to request antibiotics and less likely to be successful in their attempt to persuade, according to our study; health care professionals prescribe fewer unnecessary antibiotics to nonwhite pediatric patients, according to the work of Goyal et al.¹ The disconnect in parental request and provider prescribing practices may be why nonwhite parents are more likely to seek a different health care professional in the event that antibiotics are refused after request.

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1. Goyal MK, Johnson TJ, Chamberlain JM, et al; Pediatric Care Applied Research Network (PECARN). Racial and ethnic differences in antibiotic use for viral illness in emergency departments. *Pediatrics*. 2017;140(4):e20170203

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