Interventions to facilitate shared decision making reduce antibiotic prescribing

Clinical Question	Do interventions that aim to facilitate shared decision making increase or reduce antibiotic prescribing for acute respiratory infections (ARIs) in primary care?
Bottom Line	Interventions that aimed to facilitate shared decision making reduced antibiotic prescribing for ARIs in primary care in the short term (immediately after or within six weeks of the consultation) by a relative risk reduction of almost 40% compared with usual care. This reduction was without an increase in patient-initiated re-consultations for the same illness or a decrease in patient satisfaction. There was insufficient evidence that the effect might be sustained in the medium to longer term (one to three years). There was also insufficient evidence to assess intervention effects on other clinically adverse outcomes.
Caveat	The low number of trials, in addition to the presence of considerable heterogeneity in the longer-term reduction in antibiotic prescribing, suggests that the overall combined results should be interpreted with caution and the ability to explore variation between trials was limited. The quality of the evidence was moderate or low for all outcomes.
Context	Shared decision making enables health decisions to be made jointly by a clinician and patient. The decision making occurs after the options and their benefits and harms have been discussed together with the patient's values and preferences. Shared decision making provides an ideal opportunity within a primary care consultation for greater consideration about the trade-off between benefit and harm of antibiotics for ARIs.
Cochrane Systematic Review	Coxeter P et al. Interventions to facilitate shared decision making to address antibiotic use for acute respiratory infections in primary care. Cochrane Reviews, 2015, Issue 11. Art. No.: CD010907.DOI: 10.1002/14651858. CD010907.pub2. This review contains 9 studies involving over 1,100 primary care doctors and around 492,000 patients.

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