In Reply We thank Dr Linder and Dr Friedberg for their interest in our study. However, we do not agree that antibiotics should never be prescribed in patients with acute bronchitis. As with other respiratory infections, antibiotics may be effective in a subset of patients. \(^1\)\(^2\) For example, Teepe et al found that patients with lower respiratory tract infections with radiologically proven pneumonia not clinically suspected at presentation did benefit from antibiotic treatment. Delayed prescription of antibiotics could be a reasonable option for these patients too.

As indicated in our methods, we analyzed patients (regardless of antibiotic consumption) in the strategy they were randomized to, hence, by intention-to-treat. However, not all patients who were assigned to immediate antibiotics ended up consuming antibiotics, just as some patients assigned no antibiotics (or to the delayed strategies) consumed antibiotics. We, therefore, adjusted for real antibiotic use to eliminate the effect that the variable “use of antibiotic” could have on the relationship between the main variables (duration and severity of symptoms) and the prescription strategy. We acknowledge, though, that the sentence in which we report having adjusted by reported antibiotic consumption might be redundant given that the variable antibiotic consumption is already taken into account in the multivariate analysis.

We agree with Drs Linder and Friedberg that patients can be effectively managed using a “no antibiotic” strategy rather than a delayed antibiotic strategy when the clinician considers that an antibiotic is not required. We agree that not prescribing an antibiotic initially, explaining why this decision is made, and ensuring that patients understand that they should contact if symptoms do not resolve, is likely to reduce antibiotic use the most. We acknowledge that delayed prescribing is not perfect either and that it is, in fact, a compromise between immediate antibiotics and no antibiotics. \(^3\) Some patients will receive antibiotics unnecessarily. However, clinicians face considerable uncertainty in many of the decisions they need to make in these types of infections. \(^5\)

Drs Linder and Friedberg should mull over why in the United States, 71\% of the episodes of acute bronchitis are treated with antibiotics. \(^5\) We agree that antibiotics should be withheld in most of the respiratory infections. However, delayed prescription reduces importantly antibiotic consumption and helps reducing overprescription when clinicians have doubts about the etiology or have fear of complications. It is in this gray area where delayed prescription can play an important role.

Pablo Alonso-Coello, MD, PhD
Carl Llor, MD, PhD
Mariam de la Poza Abad, MD

Author Affiliations: Iberoamerican Cochrane Center, Biomedical Research Institute Sant Pau (IB Sant Pau), Barcelona, Spain (Alonso-Coello); IBERESP, Spain (Alonso-Coello); Via Roma Primary Care Center, Barcelona, Spain (Llor); Doctor Carles Ribas Primary Care Center, Barcelona, Spain (de la Poza Abad).

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