I read with interest the article[1] in the February 1996 issue of the ARCHIVES regarding the treatment of acute bronchitis, inappropriate use of antibiotics, and lack of use of bronchodilators, and the Editorials[2,3] that posed the rhetorical question to physicians as to why this is happening.

Let me propose a purely anecdotal response to this. I had read similar reports and for at least 2 years have been using the bronchodilator approach in the treatment of acute bronchitis. The bottom line response is time.

It takes considerable time to explain to a patient the inflammatory nature of acute bronchitis, that most often the cause is viral, and that antibiotics are not necessarily effective. Then it takes considerable time to teach a patient the proper use of a metered-dose inhaler and, after possibly spending as much as half an hour, when we're concluding the visit, the patient asks, "Aren't you going to give me an antibiotic?"

For patients who sometimes do make it out of the office with the recommended treatment, quite often they call back within a few days stating that they aren't better and request an antibiotic.

In a busy capitated environment it is far easier (and cheaper) to prescribe a low-cost antibiotic than to go through the above contrivances.

Perhaps the drug companies can help us by launching a mass media campaign regarding the appropriate treatment of bronchitis, similar to what they've done with the treatment of male pattern baldness, hypertension, foot onychomycosis, and other conditions in which manufacturers target their prescription products directly to the patient.

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1. Mainous AG, Zoorob RJ, Hueston WJ. Current management of acute bronchitis in ambulatory care: the use of antibiotics and bronchodilators. *Arch Fam Med.* 1996;5:79-83.
2. Williamson HA Jr. Treatment of acute bronchitis: there's much work to be done. *Arch Fam Med.* 1996;5:84-85.
3. King DE. Bronchodilators and antibiotics in the treatment of acute bronchitis. *Arch Fam Med.* 1996;5:86.

In reply

Drs Hahn and Benz bring up several very important points regarding the widespread practice of prescribing antibiotics and the lack of use of bronchodilators for acute bronchitis. Dr Benz indicates that in a busy practice it may be cost-effective to accommodate the patient's request or perceived request for an antibiotic, rather than being drawn into an extended discussion with the patient about why antibiotics are not needed and a bronchodilator may actually make them feel better. It may cost the physician more to change his or her familiar prescribing practices in both a fee-for-service and a capitated environment. Unfortunately, as evidence continues to accumulate on the problem of overuse of antibiotics in the emergence of drug-resistant pathogens,[1] physicians are put in the position of having to assess their practices in the context of not only the quality of the care delivered to the patient, the financial viability of the practice, and patient educational responsibilities, but also the impact of prescribing practices on an emerging public health problem. This is a significant dilemma that may depend on patient education to change patient treatment expectations.

Dr Benz has suggested a novel, but perhaps timely, strategy for patient education of treatment for acute bronchitis. As advertisements for prescription drugs appear more frequently in the consumer media (Mediaweek. *July 5, 1993:12 and* The New York Times. *January 9, 1995:D7), it seems fair to say that the pharmaceutical industry's objective is to influence patient treatment expectations. Thus, Dr Benz is particularly insightful in suggesting that a marketing campaign for bronchodilators or other medication for symptoms of acute bronchitis may have a positive benefit by influencing patient expectations for certain medications other than antibiotics for acute bronchitis.*

We are in complete agreement with Dr Hahn that more information is needed on the relation of reversible airway obstruction and acute bronchitis. Further, a multisite randomized controlled trial of bronchodilators in acute bronchitis, while measuring peak expiratory flow rates, is in order. Unfortunately, as with many research questions, a primary barrier to such a study of acute bronchitis may be securing adequate funding. The National Institutes of Health tends to focus on problems with more significant morbidity. In response to his question, "Any takers?" a qualified yes seems to be the answer of the day.

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1. Molstad S, Arvidsson E, Eliasson I, et al. Production of beta-lactamase in respiratory tract bacteria in children: relationship to antibiotic use. *Scand J Prim Health Care.* 1992;10:16-20.