

# Help seeking for antibiotics; is the influence of a personal social network relevant?

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## Background

- Reducing prescribing rates of antibiotics in primary care is a key policy strategy in managing AMR. However, the public must hold similar attitudes towards this judicious use if the desired benefits are to be fully achieved.
- We know social networks influence an individual's attitudes and health behaviours (such as help-seeking and medication taking), and yet they are not sufficiently acknowledged in the antibiotic stewardship programme.

## Aim

- To explore individuals' attitudes and behaviours towards antibiotics **and** the social network influences on these in the process of help seeking for self-limiting illnesses.

## Participants and Recruitment

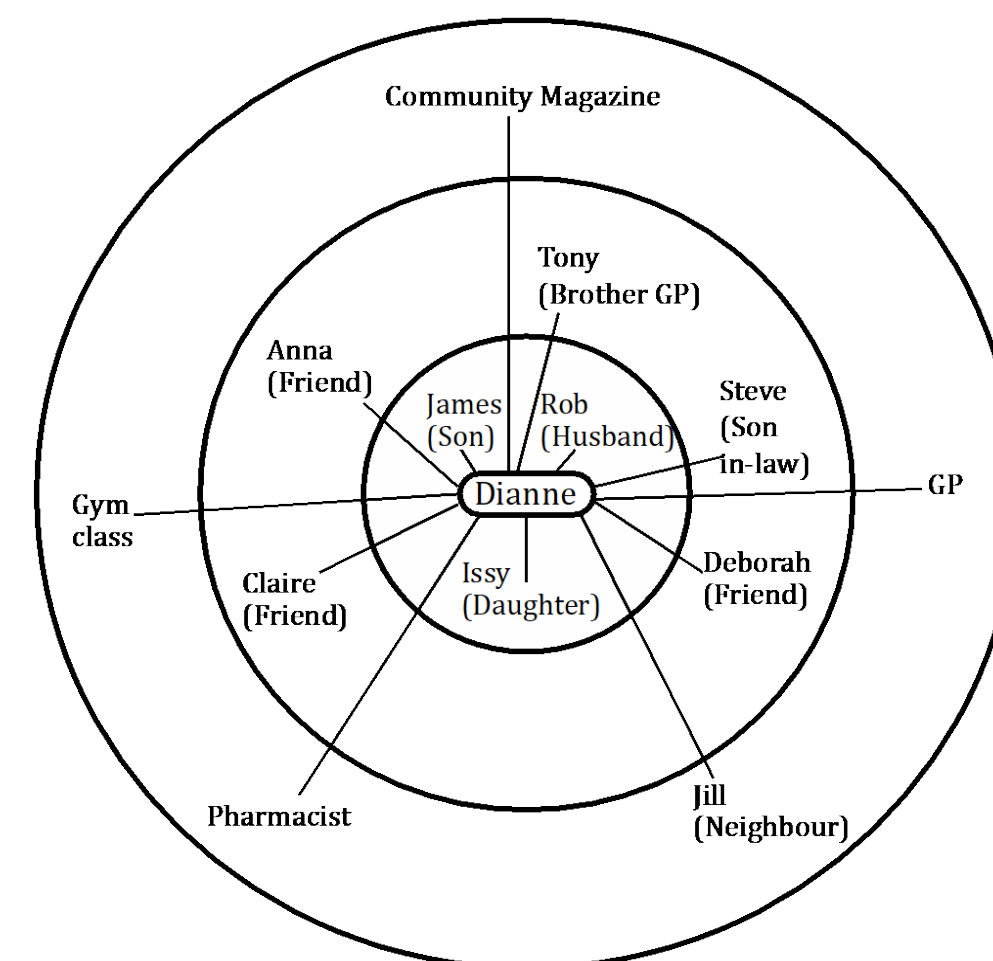
- Adults (n=14) or parents of individuals aged ≤15 years (n=10) who had received a prescription for antibiotics in the last 3 months in Wessex.

## Data Collection & analysis

- Semi-structured interviews. Analysed with thematic analysis.
- Personal social network mapping – placing those who are important in helping manage and decision making about health when feeling unwell closest to centre (with decreasing importance toward the outer circles). Analysed by type of relationships, frequency of contact with network members and size of the network.

## Results

**Figure 1: Diverse network**



**Diverse networks** = higher no of relatives and friends, regular contact maintained, & also includes hobby groups or faith groups

**Advantageous as offer increased capacity to harness a range of knowledge and resources in support of self-care practices.**

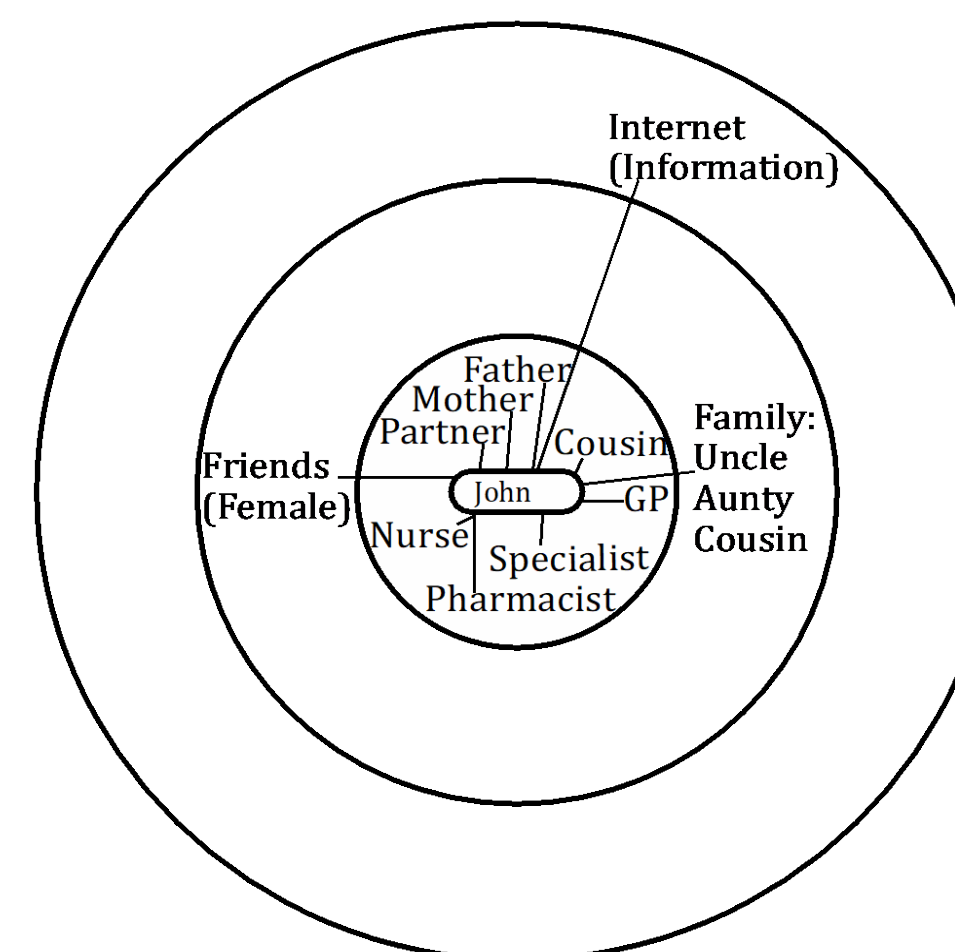
*I try the usual thing for a couple of days and then I go to the GP for antibiotics if nothing has worked (Pearl).*

**Family and friend centered** = relatives & friends, regular contact is kept, but an absence of hobbies and groups

**Shared experience with network members added credibility to the advice received acting as reassurance contributing towards a delay in consultation**

*Once I've exhausted my immediate [network members] then I'll go to the GP, or I'd go to NHS choices if I couldn't talk to my friends (Gail)*

**Figure 2: Family and friend centred network**

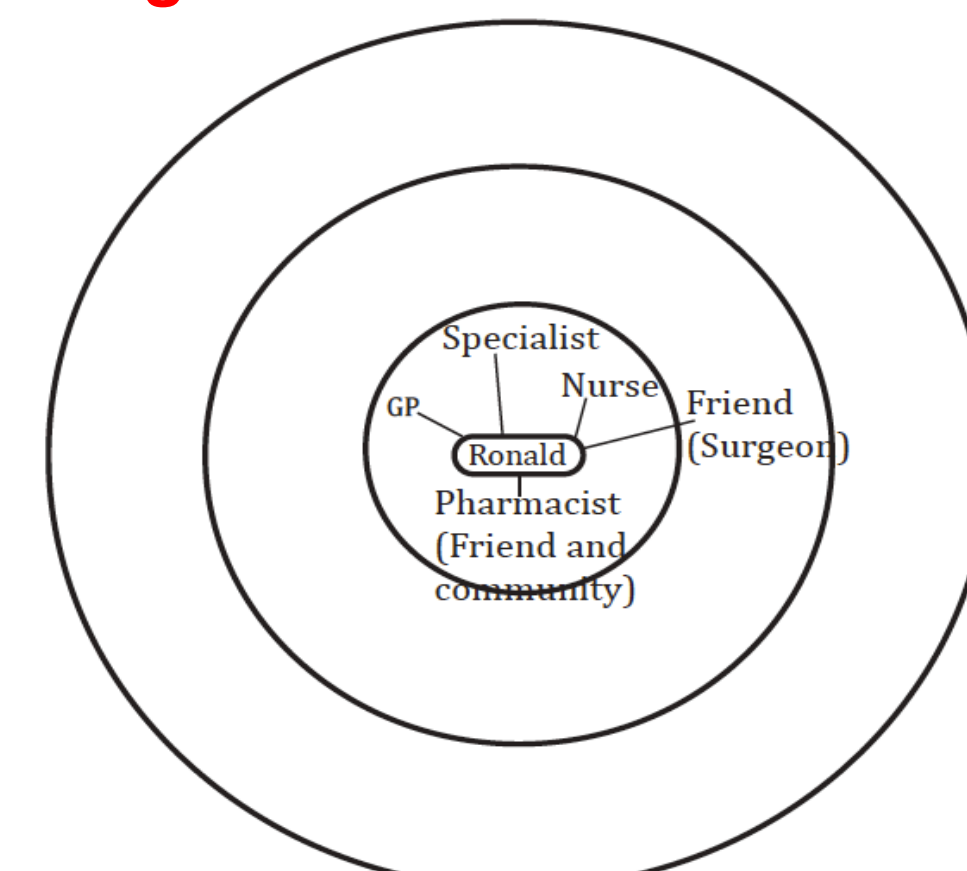


**Restricted networks** = low levels of contact with few friends & relatives

**More isolated, less capacity to manage = the help of statutory health services is sought earlier.**

*It's going to have to come down to the GP because I keep myself to myself (Ronald).*

**Figure 3: Restricted network**



## Three main themes

- Rehearsed self-care strategies:** drawn upon to manage the more immediate risk to current health.
- The temporary and strategic role of HCPs in network support:** When risk is greater than the capacity of the individual and their network to manage, HCPs become active network members.
- A mixed understanding of AMR:** Everyone considered AMR a societal issue that required action

## Results Summary

- Diverse networks** = offer advantages over more **restricted networks** and this influences help seeking behaviour.
- A **diverse network** offers access to knowledge and resources that can support self-care away from formal HCP input; whose role is to offer clarity when self-care does not appear to ease symptoms.
- For individuals with **restricted networks** the role of the HCP is activated sooner for the reassurance and advice as they lack the necessary support and thus seeks help from HCPs, with whom they are more reliant upon, sooner.
- Two distinct understandings of AMR that had no clear network influence. (1) Understanding AMR to be where 'the germs are getting used to antibiotics' (Pearl). (2) personal immunity where AMR was understood to be when the antibiotics 'destroy the immune system' (Dianne).

## Conclusion

Type of network can affect an individual's help seeking behaviour for antibiotics. Physicians to use this to help tailor their prescribing approach and to guide when to issue an immediate, delayed or no prescription. i.e. advising on self-care strategies and building the support system around the most isolated (those likely to consult earlier) and the use of delayed prescribing maybe more appropriate here.