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Outpatient Parenteral Antibiotic Therapy (OPAT) – a qualitative study of patient perspectives in those choosing not to self-administer

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Background: OPAT is a well established, evidence based treatment for administration of intravenous (IV) antibiotics and models of administration include home self-administration. Despite this offering advantages, statistics indicate that less patients in the research centre home self-administer compared to other national centres.^[1]

Purpose: To explore the understanding and beliefs around home self-administration in a cohort of patients who choose not to home self-administer.

Materials and methods: Qualitative, semi-structured in-depth interviews were undertaken with a purposive sample of patients. Included patients were attending the outpatient clinic for IV antibiotic administration, had received more than seven days of antibiotics, and were aged 16 years and over. A semi-structured interview schedule, underpinned by the Theoretical Domains Framework (TDF), was developed, reviewed for credibility and piloted. Interviews were audio-recorded, transcribed verbatim and reviewed independently for transcribing accuracy. Data were analysed thematically by seven researchers using the TDF as the coding framework. The study was approved by the appropriate ethics committees.

Results: Twenty potential participants were approached and all agreed to be interviewed. 13 were male with a mean age of 54 years (SD 17.6). Themes mapped almost all of the TDF behavioural determinants, with the exception of reinforcement. The key behavioural determinants were knowledge, beliefs about capabilities, beliefs about consequences and environment, context and resources. Patients appeared to be very knowledgeable about their disease and its management and had good procedural knowledge for administration of IV antibiotics. Most were very positive about their capabilities to home self-administer, provided they were given the appropriate support, training and confidence. However few had any knowledge about the options available to them to administer IV antibiotics, particularly home self-administration.

Discussion: Findings indicate that the main barrier to not self-administering is the lack of knowledge about options available to them for IV antibiotic administration. Themes relating to the other behavioural determinants may in fact be facilitators to self-administration. While it must be acknowledged that patients may have been given this knowledge, there is an opportunity to review practice and develop an intervention to educate, train and support patients around home self-administration involves. This could ultimately impact patient behaviour, increasing the uptake of home self-administration of IV antibiotics.

1. Barr DA, Semple L, Seaton RA. Outpatient parenteral antimicrobial therapy (OPAT) in a teaching hospital-based practice: a retrospective cohort study describing experience and evolution over 10 years. *International Journal of Antimicrobial Agents* 2012; 39:407-13.