

PENICILLIN ALLERGY DE-LABELING IN PUERTO RICO: PERCEPTIONS AND PRACTICES AMONG PHYSICIANS



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INTRODUCTION

• **Over 80% of self-reported penicillin allergies are not true allergies** and are inaccurately labeled, leading to increased medical costs, post-surgical complications, and reliance on second-line antibiotics.

• Recent evidence has increasingly supported the safety and benefits of de-labeling; however, the extent of its implementation within Puerto Rico's healthcare context remains unexplored.

• This study aims to examine current practices, perceived limitations, and attitudes related to penicillin allergy de-labeling among physicians in Puerto Rico.

METHODS

• **Participants:** Physicians currently practicing in Puerto Rico.

• **Assessment:** Anonymous REDCap survey exploring:

- Current Practices
- Frequency of De-Labeling
- Perceived Limitations
- Attitudes

RESULTS

• **Participation:** 209 physicians completed the survey.

• **Current Practices:** Reluctance to de-label, with majority avoiding penicillin prescriptions without confirmation of allergy.

• **Frequency of Delabeling:** Only 44% of respondents had encountered de-labeled patients, with only 19% attempting it.

• **Perceived Limitations:** Concerns over adverse reactions, lack of clear guidelines, and limited access to allergy testing facilities/materials were predominant limitations.

• **Attitudes:** Despite this, the attitude towards de-labeling was overwhelmingly positive, highlighting its perceived safety, potential for cost savings, and resistance reduction.

CONCLUSIONS

• There is a clear discrepancy between the positive perceptions of penicillin allergy de-labeling and its clinical practice implementation in Puerto Rico.

• Addressing the identified limitations, particularly through educational interventions and improved clinical protocols, may enhance de-labeling practices.

• Further investigation with a larger sample is warranted to confirm these initial observations and to fully understand the scope and impact of de-labeling practices on the island.

DEMOGRAPHICS

Fig. 1A Specialties

Specialty	Count
Anesthesiology	3
Emergency Medicine	11
Family Medicine	36
Gastroenterology	2
General Practice	27
General Surgery	4
Infectious Diseases	8
Internal Medicine	10
Nephrology	2
OB/GYN	9
Orthopedic Surgery	48
Pediatrics	36
Plastic Surgery	3
Other	10

Fig. 1B Institutions

Institution	Count
Auxilio Mutuo Hospital	6
Bayamon Medical Center	7
Centro Médico (RCM)	17
Doctor's Center Hospital	5
Episcopal San Lucas Hospital	7
HIMA San Pablo Hospital	7
Hospital Metropolitano	9
Hospital Universitario	4
Mayagüez Medical Center	7
Menonita Hospital	27
Pavia Hospital	8
Pediatric Hospital	4
Presbyterian Hospital	5
Private Practice	58
Other	38

Figure 1 presents two bar charts detailing survey demographics: (A) displays the number of physicians by medical specialty, with less frequent specialties grouped as "Other"; (B) shows the count of physicians by the institution, with "Other" representing institutions with fewer physicians.

CURRENT PRACTICES

Fig. 2 Current Practices

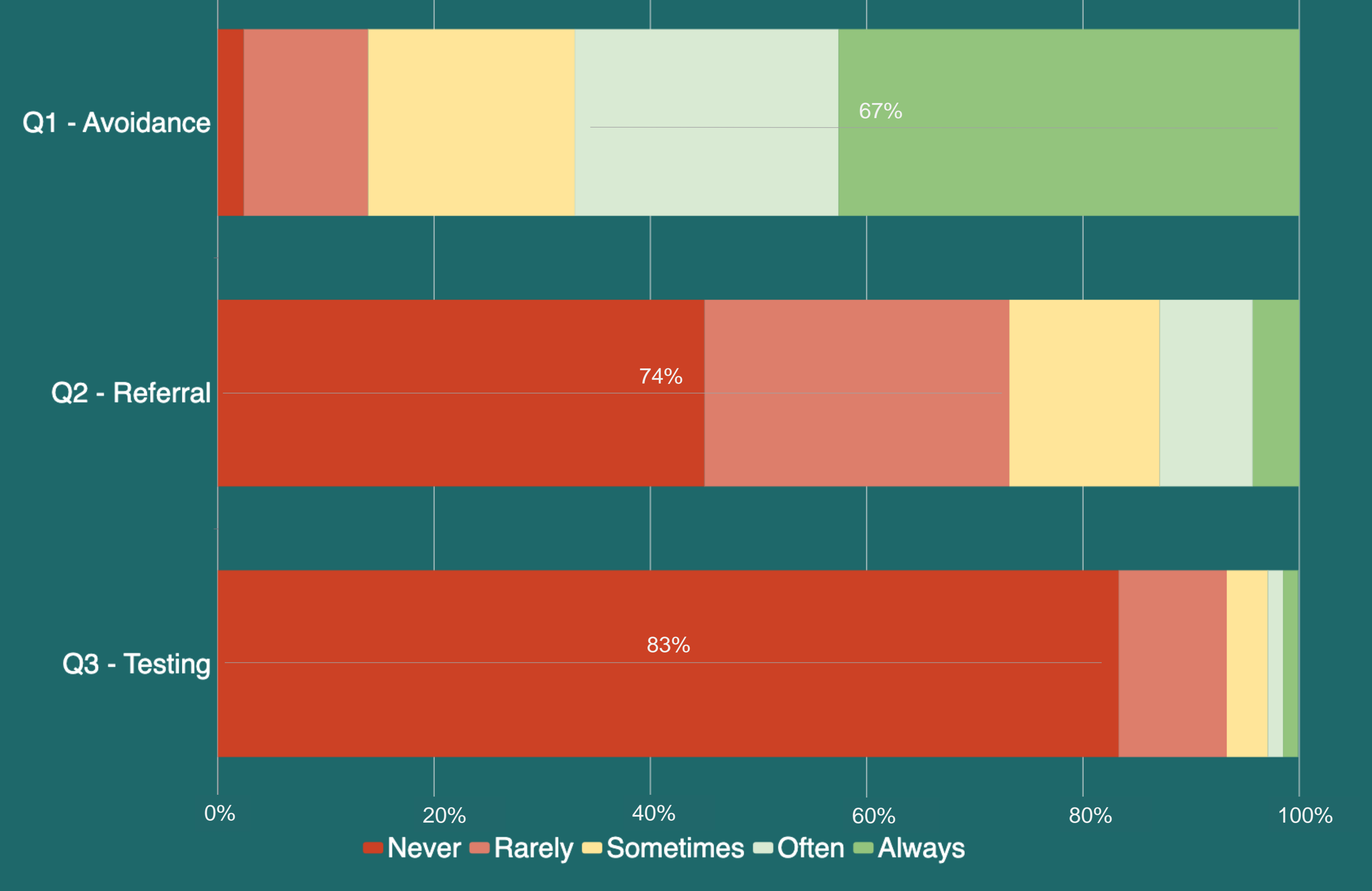


Figure 2 displays a stacked bar chart depicting physicians' responses to questions on their management of patients with self-reported penicillin allergies. Q1 shows the proportion of physicians who refrain from prescribing penicillin to patients with self-reported allergies. Q2 reflects how frequently physicians refer patients for allergist evaluation. Q3 represents the frequency of conducting allergy tests before prescribing penicillin.

LIMITATIONS AND ATTITUDES

Fig. 3A Limitations

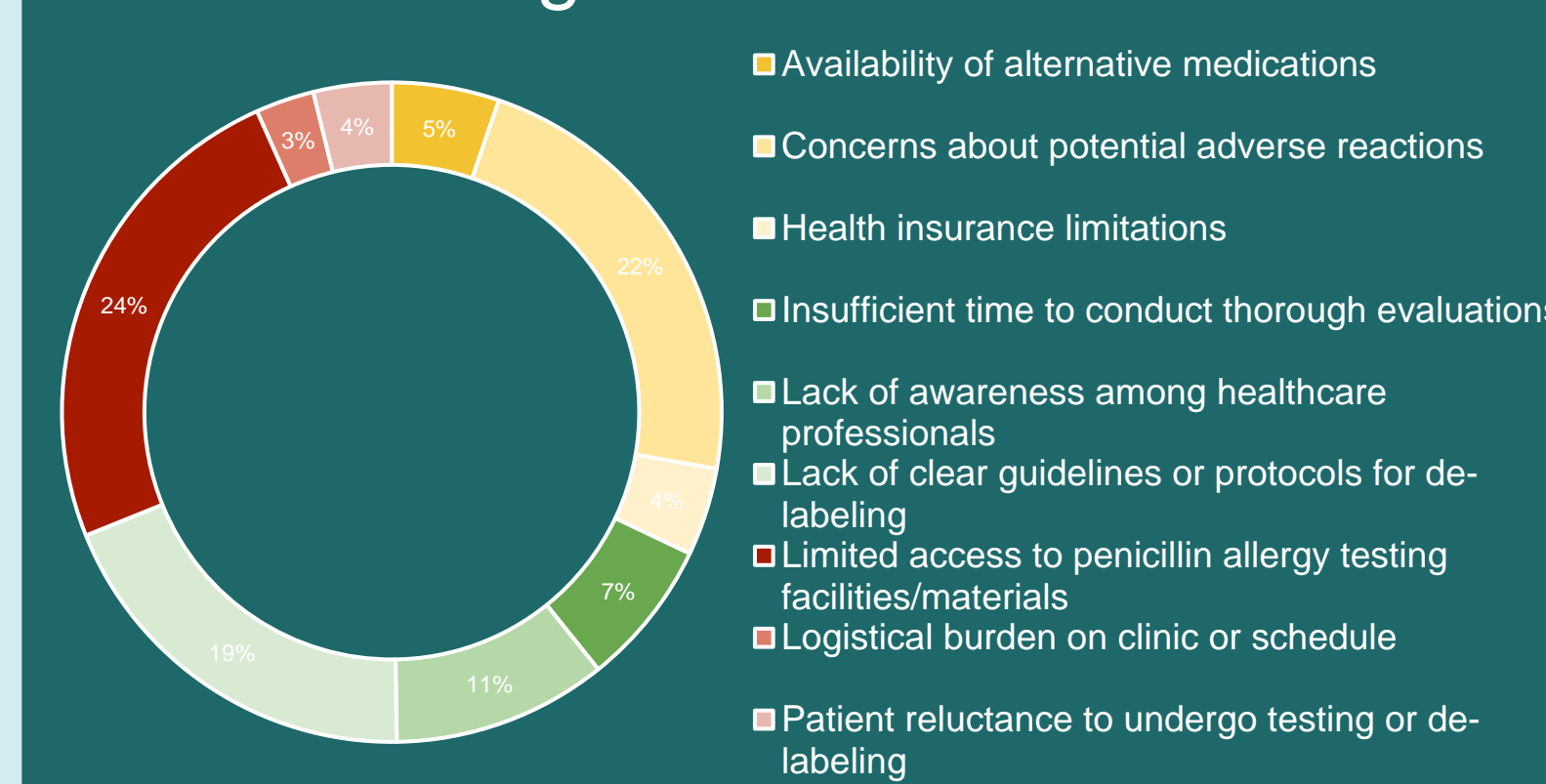


Fig. 3B Attitudes

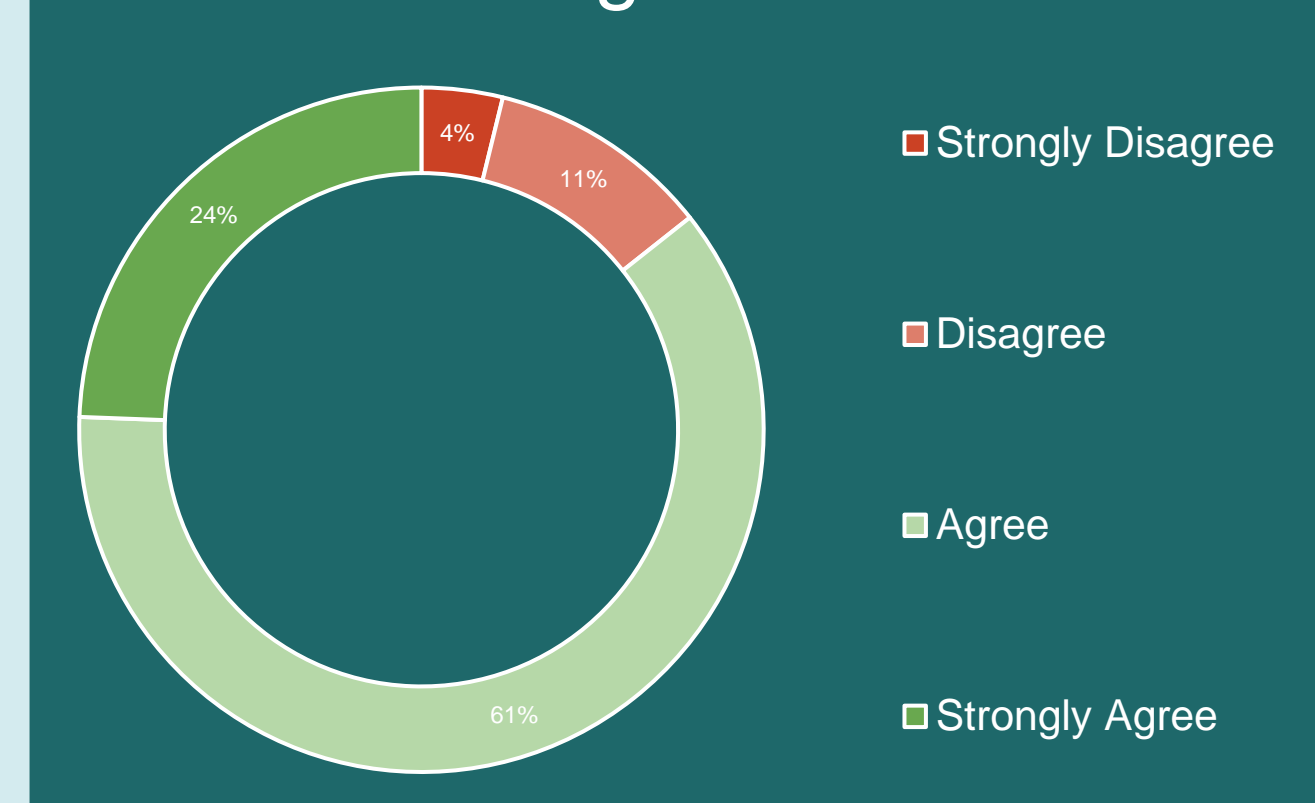


Figure 3 comprises two donut charts summarizing physician perspectives on penicillin allergy de-labeling. Chart 3A visualizes identified primary barriers to implementation, highlighting limited testing facilities and logistical challenges as the most prevalent. Chart 3B captures attitudes towards the safety of de-labeling, with a dominant share of respondents concurring with the practice's safety.