

PEOPLE WITH SORE THROAT LOOK FOR ADVICE RATHER THAN ANTIBIOTICS WHEN VISITING THEIR DOCTOR: A SURVEY ACROSS 13 COUNTRIES

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INTRODUCTION AND PURPOSE

- Sore throat is a common acute problem for which patients seek help from their general practitioner (GP). However, as up to 80% of sore throats have a viral aetiology, and the vast majority of sore throats are self-limiting, antibiotics only offer modest benefits^{2,3}
- Inappropriate prescribing of antibiotics for upper respiratory tract infections (URTIs) is common^{4,5}
- Overuse and high consumption of antibiotics contributes to the spread of bacterial resistance⁶⁻⁸
- Antibiotics may be prescribed inappropriately due to uncertainty about patient need, perceived patient pressure and diagnostic uncertainty^{9,10}
- The Global Respiratory Infection Partnership (GRIP), comprising doctors, pharmacists and microbiologists from 11 countries, is committed to addressing antibiotic resistance and promoting antibiotic stewardship¹¹
- As the key prescribers in primary care, GPs are in an ideal position to act as antibiotic stewards, restricting the use of antibiotics to appropriate cases and encouraging self-management of URTIs
- The aim of this study was to investigate patient attitudes related to healthcare-seeking behaviour and self-management of sore throat

METHODS

- A multinational, observational, consumer research study was conducted across 13 countries
- A total of 5196 adults who had experienced sore throat in the last year formed the study sample:
 - Australia (n=400), Brazil (n=400), China (n=400), France (n=400), Germany (n=400), The Philippines (n=400), Russia (n=400), Saudi Arabia (n=395), Thailand (n=401), UK (n=400), USA (n=400), South Africa (n=400) and Italy (n=400)
- Respondents voluntarily completed a 55-item questionnaire (online or face to face) on their experience of sore throat, contact with healthcare professionals, and treatment practices

RESULTS

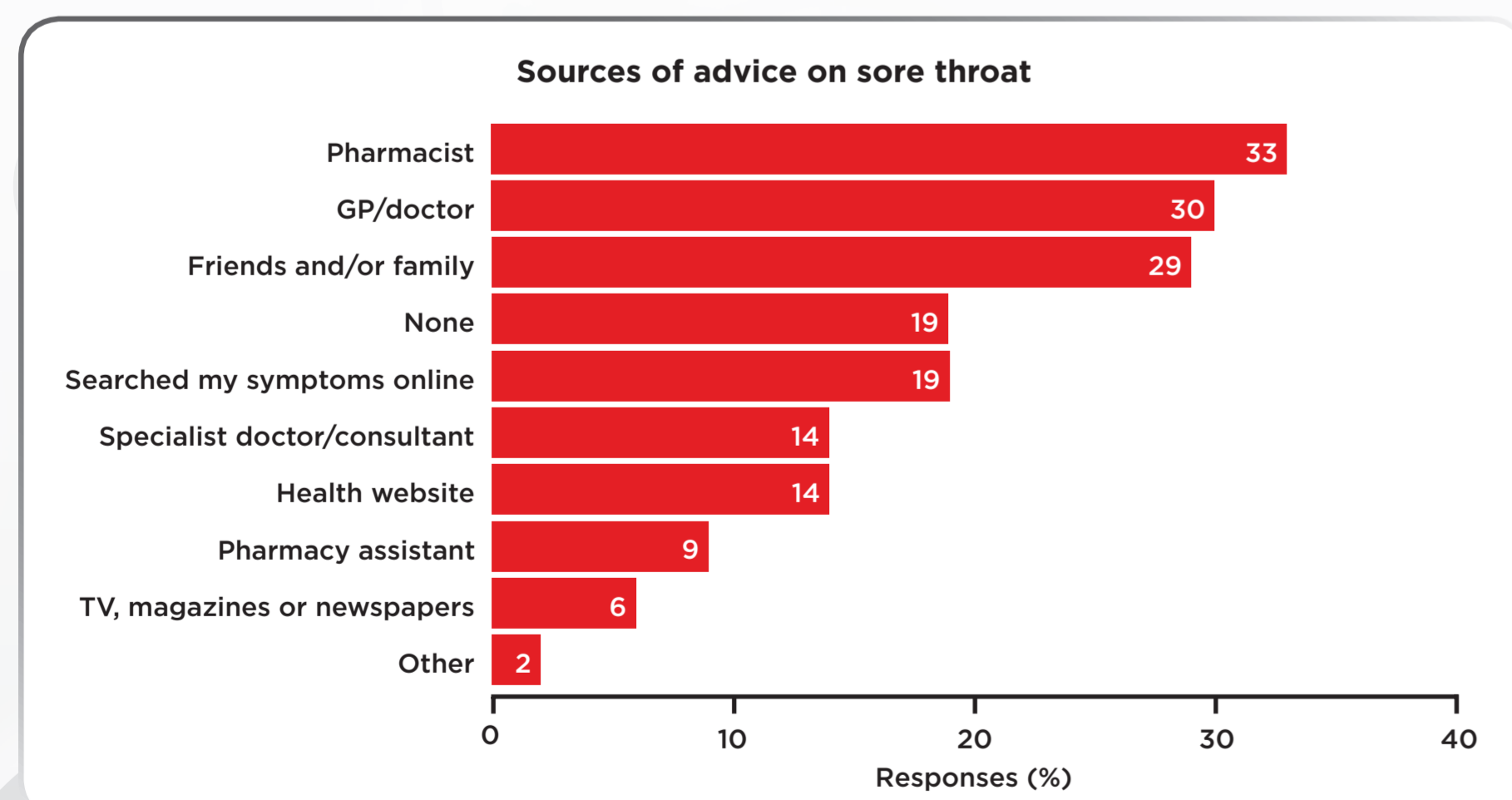
Demographics

- Duration of symptoms of most recent sore throat was 2-5 days in 65% of respondents, and 46% rated it as quite or very severe. 34% of respondents reported suffering with a sore throat 1-2 times a year, with 14% reporting a sore throat at least every month

Patient behaviour

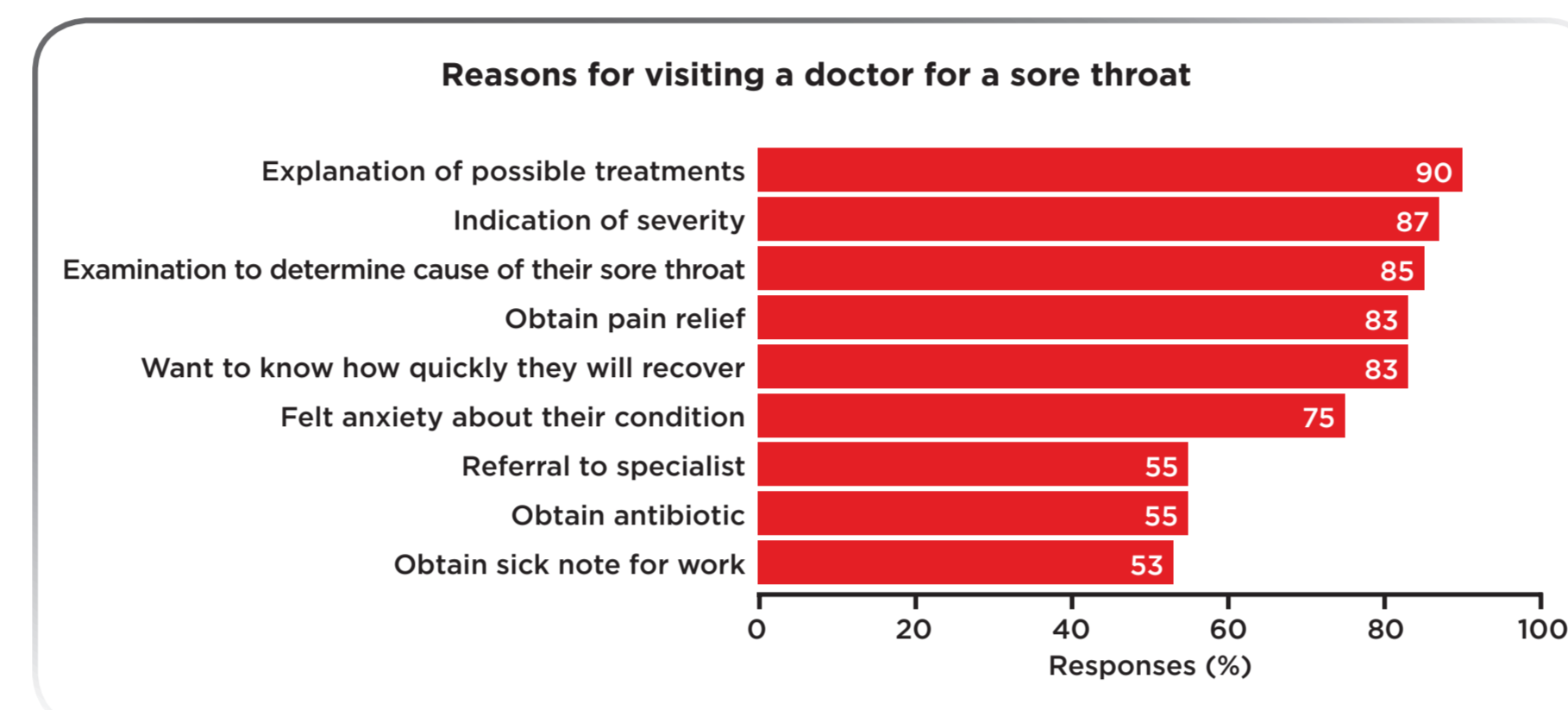
- Advice from a healthcare professional was important for respondents during their most recent sore throat, with 30% of respondents (range, 14% in the UK to 45% in Italy) indicating that they saw a GP or doctor, while 14% (range, 4% in the UK, France and Italy to 38% in China) saw a specialist doctor or consultant (Figure 1)

Figure 1. Responses (n=5196) to the question "Which of these, if any, did you go to for advice when you experienced your most recent throat symptoms?" (multiple responses allowed)



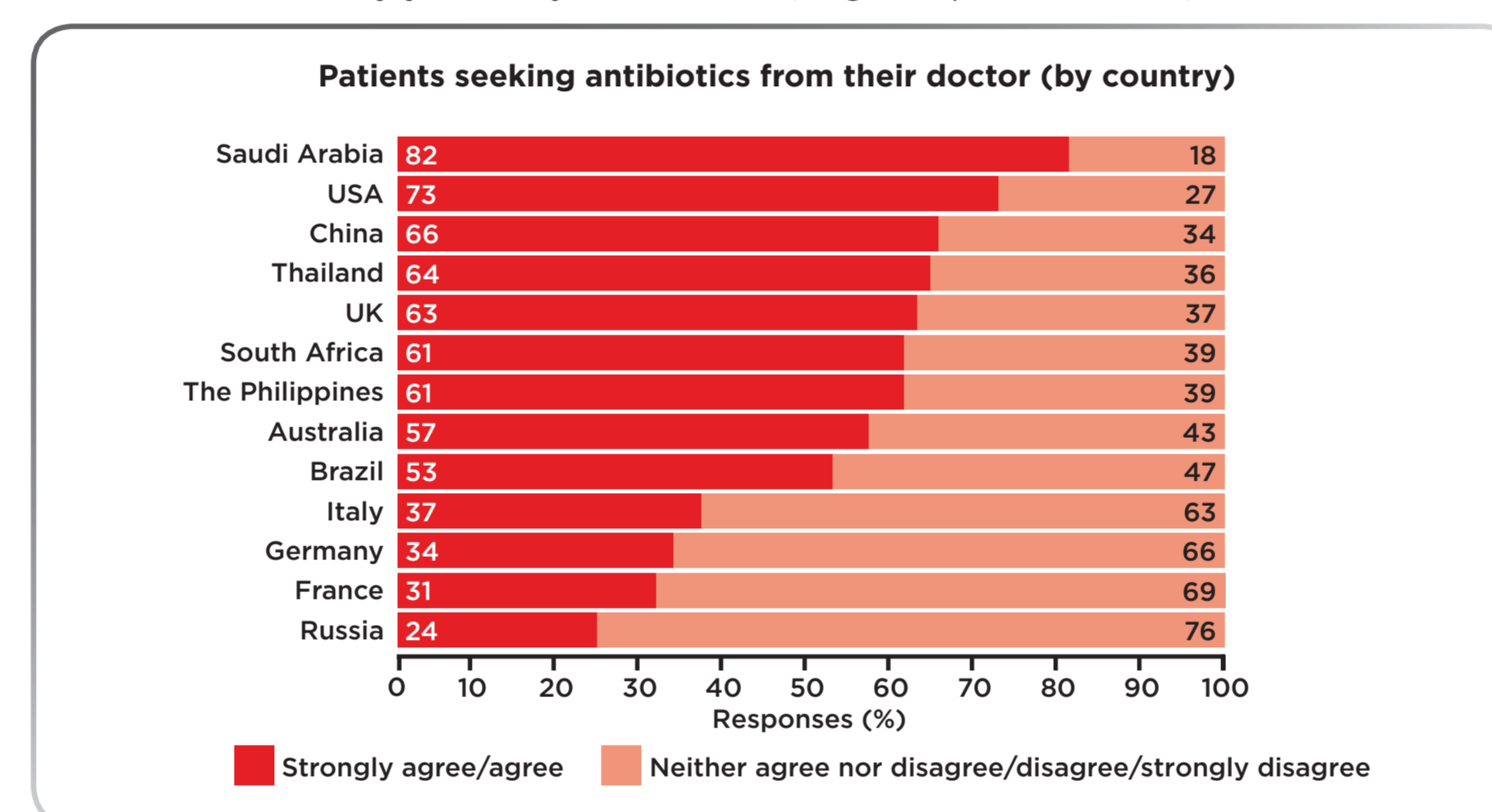
- When asked "Which of the healthcare professionals did you go to for advice first?", the preferred first point of contact by 38% of respondents (n=3236) was a GP/doctor (range, 24% in China to 57% in Russia), 16% saw a specialist doctor/consultant first (range, 3% in Italy to 44% in China), 38% saw a pharmacist first (range, 21% in the Philippines to 53% in Saudi Arabia) and 7% saw a pharmacy assistant first (range, 1% in Thailand to 17% in the UK)
- When asked about why they had visited their doctor for sore throat (Figure 2), respondents agreed or strongly agreed that the main reasons were:
 - To explain possible treatments (overall 90%; range, 77% in South Africa to 96% in Brazil, Saudi Arabia and Thailand)
 - To explain how serious the problem was (overall 87%; range, 73% in South Africa to 95% in Brazil, the Philippines and Saudi Arabia)
 - To be examined for the cause of the sore throat (overall 85%; range, 73% in Germany to 96% in the Philippines)
 - To be given something for the pain (overall 83%; range, 66% in the UK to 95% in Saudi Arabia)
 - To let them know how soon they would recover (overall 83%; range, 64% in Germany to 91% in China and Thailand)

Figure 2. Responses (n=2040) to the question "How strongly do you agree or disagree with the following statements about why you visited your doctor?" (single response to each statement allowed; 'strongly agree/agree' responses plotted)



- 'Wanting an antibiotic' was rated much lower than some of the other reasons for visiting a doctor
- The desire for antibiotics varied across the different regions surveyed, with the proportion of responses of 'strongly agree/agree' being lowest in Russia (24%), France (31%), Germany (34%) and Italy (37%), and highest in Saudi Arabia (82%) and the USA (73%) (Figure 3)

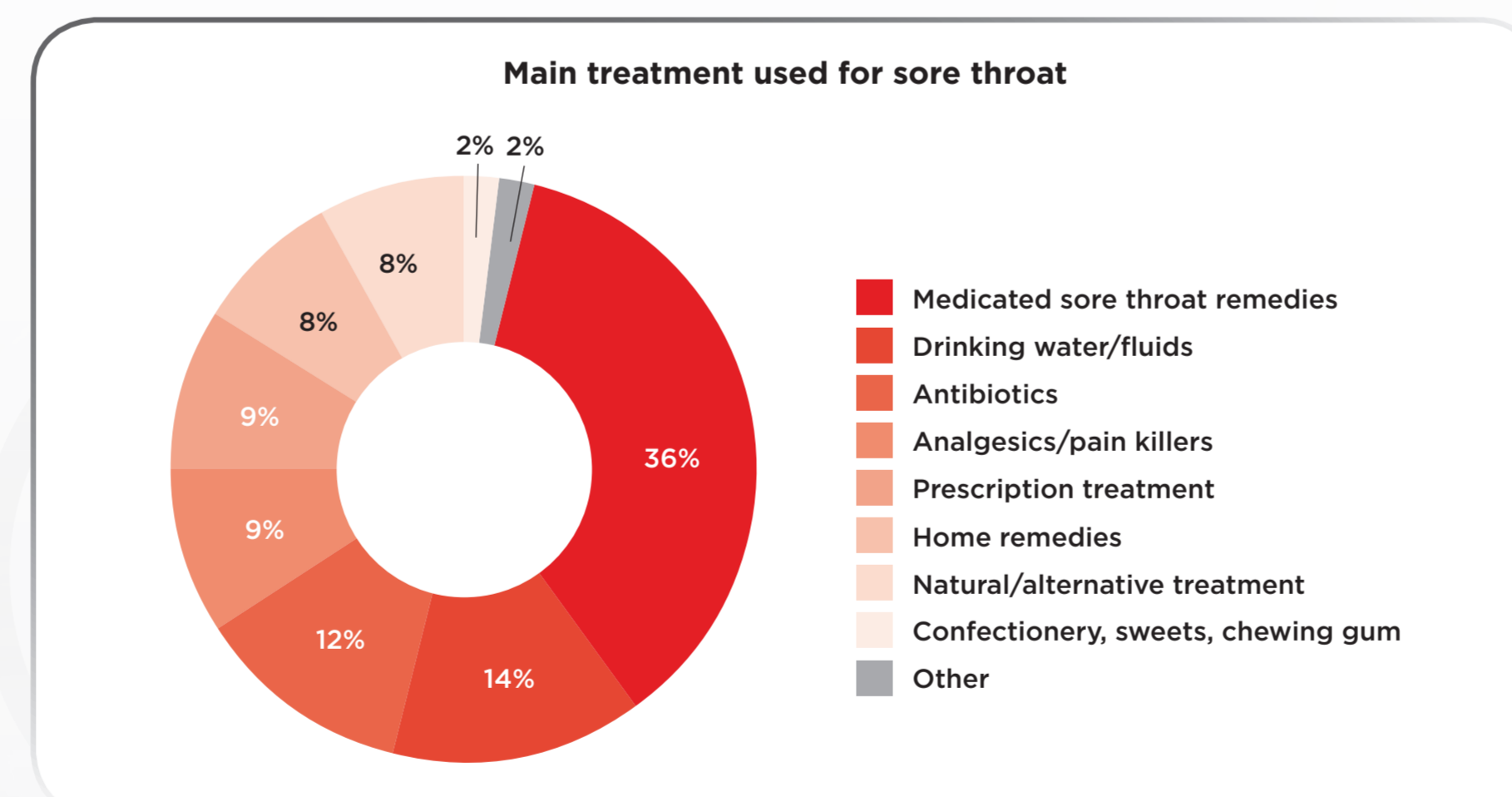
Figure 3. Breakdown of responses (n=2040) by country to the statement 'Want an antibiotic' from the question "How strongly do you agree or disagree with the following statements about why you visit your doctor?" (single response allowed)



Treatment and use of antibiotics

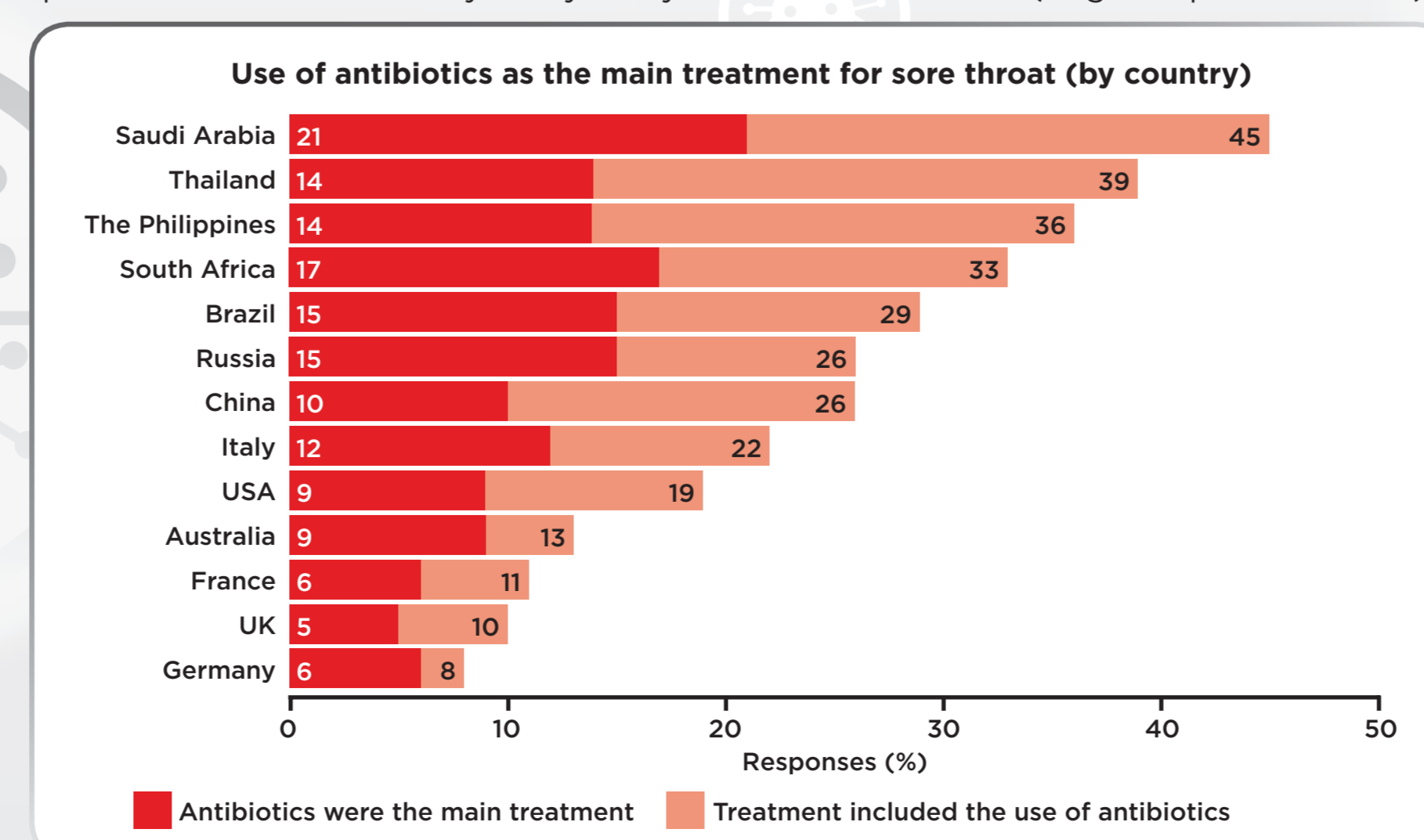
- Respondents were highly proactive when it came to treatment or help with symptoms of a sore throat, with 89% (range, 78% in Australia to 98% in Saudi Arabia) indicating that they took some action
- The main methods of treatment for sore throat included (Figure 4): medicated sore throat remedies (overall 36%; range, 13% in the Philippines to 45% in Italy); drinking water/fluids (overall 14%; range, 4% in Italy to 38% in the Philippines); antibiotics (overall 12%; range, 5% in the UK to 21% in Saudi Arabia); and analgesics/pain killers (overall 9%; range, 4% in Germany and Russia to 20% in the UK)
- There was considerable variation in the proportion of respondents that thought antibiotics would be effective against sore throat (average, 53%; range, 24% in France to 94% in Saudi Arabia)

Figure 4. Responses (n=4617) to the question "And which would you say was your MAIN treatment?" (single response allowed)



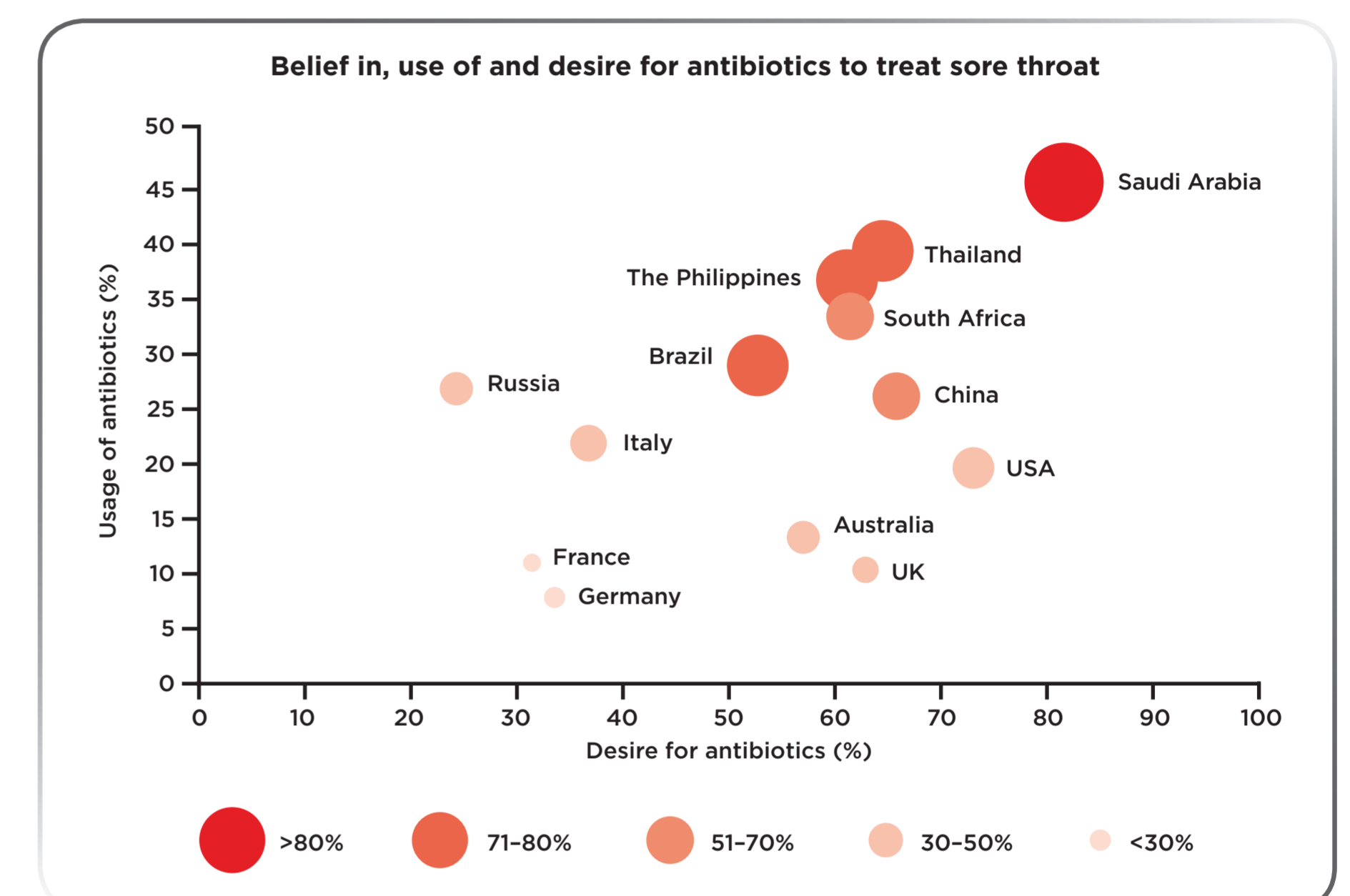
- The percentage of respondents using antibiotics as their main treatment for sore throat varied widely between countries, from 5% in the UK to 21% in Saudi Arabia (Figure 5)

Figure 5. Combined breakdown of responses by country for the answer 'Antibiotics' (n=554) to the question "Which of these do/did you use for the throat symptoms you experienced most recently?" (multiple responses allowed) and response 'Antibiotics' (n=1149) to the question "And which would you say was your MAIN treatment?" (single response allowed)



- Differences were observed between countries in their belief, desire for and usage of antibiotics for their sore throat (Figure 6)

Figure 6. Combined plot showing the response 'Antibiotics' (n=1149) to the question "Which of these do/did you use for the throat symptoms you experienced most recently?" (n=4617) against a 'strongly agree/agree' to 'Want an antibiotic' (n=2040) response to the question "How strongly do you agree or disagree with the following statements about why you visit your doctor?". The width of the bubbles is proportional to the number of people that responded 'strongly agree/agree' that 'Antibiotics are generally effective against sore throats' (n=2735)



CONCLUSIONS

- People suffering from sore throat are keen to reduce the impact of symptoms
- Pharmacists or GPs/doctors are the first point of contact for most people seeking advice for sore throat
- The main reasons for consulting a doctor were to understand what caused the sore throat, to discuss treatment options, to obtain pain relief and seek reassurance, which is in line with previous research in this setting¹²
- Overall, the desire for an antibiotic was rated much lower than most other reasons for visiting a doctor, but varied considerably between countries
- Given that about 80% of sore throats have a viral aetiology,² the high rate of prescription for antibiotics in primary care in some territories presents a considerable contribution to the rise of antibiotic resistance⁶⁻¹⁵
- Training of physicians in advanced communication skills, decision-support tools and educational strategies have been shown to reduce antibiotic prescribing rates significantly¹⁴ and reduce the inappropriate use of antibiotics¹⁵
- Doctors and pharmacists are ideally placed to educate patients with sore throat about appropriate symptomatic relief and when an antibiotic may be needed

DISCLOSURES

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