

UPPER RESPIRATORY TRACT INFECTIONS Getting the right relief







TALKING TO PATIENTS ABOUT URTIS



FACT

Most patients seek a diagnosis, reassurance on the seriousness of their condition, guidance on duration of symptoms and relief from the most bothersome symptoms¹

Use the following **3 STEP APPROACH** when a patient consults with a URTI The 3 step approach is outlined below using sore throat as an example:

Address patient's concerns

- Assess their needs, primary concern(s) and expectations
- Empathise sore throats can be worrying and bothersome for patients 0



"I think I need antibiotics for my painful sore throat"

"This is the worst sore throat I have ever had. I am worried it could be something serious"

"My son has a sore throat. He is unhappy and I want him to feel better quickly"

Be vigilant - assess severity

Most sore throats are viral infections and are self-limiting.² Complications are rare, but may be experienced in highrisk patients or patients with a bacterial infection (e.g. Strep A).²

High-risk patients include the elderly (>65 years), young children (<2 years or born prematurely), immunocompromised patients, people with pre-existing medical conditions (e.g. diabetes, asthma, HIV, COPD), high-risk populations (e.g. Aborigines or Torres Strait Islanders in Australia. American Indians or

Alaskan natives) or those who appear seriously unwell.^{3,4}

The Centor criteria assess the likelihood of a Strep A bacterial infection (high temperature, absence of a cough, swollen

glands in the neck, swollen/red tonsils with exudate).⁵

However, it is often difficult to distinguish between a viral or bacterial infection based on these symptoms alone.^{6,7}

Red flag symptoms that require immediate medical investigation:^{5,8,9}

- long symptom duration
- worsening of symptoms
- coughing up blood
- shortness of breath
- unilateral neck swelling (unrelated to lymph nodes)
- great difficulty swallowing food or drink
- very high temperature
- night sweats
- drooling or muffled voice
- wheezing sounds when breathing

Counsel patients on effective relief of symptoms

- Provide reassurance of the non-serious nature of the infection and likely duration of symptoms Explain why antibiotics are not needed – use information overleaf
- 0 0
- 0 Discuss the importance of symptomatic relief, reducing inflammation and how it will make your patient feel better

"Your sore throat symptoms should clear up within a week, or sooner, without antibiotics – your immune system can deal with this infection"

"If the symptoms are bothering you however, there are products available that can tackle the symptoms while your body fights the infection. I can help you decide which one(s) suit you best"

"Looking at your throat I can see it is quite inflamed but there are no signs of serious infection. You probably have a virus that should clear within one week or so. I am going to recommend an anti-inflammatory. These are available in a number of formats, and I will help you choose the right tablet, spray or lozenge, which meets your individual preferences and helps with the pain and discomfort. Antibiotics won't relieve your pain or make you better any sooner in this case. Please come back to see me if your symptoms do not improve."

"I can see your sore throat does look painful. As you are healthy, this infection is not something to worry about. I am not going to prescribe you antibiotics today as they won't help you feel better any sooner. Antibiotics have side effects and there is a risk they will not work for you in the future anymore. The good news is that we can give you the relief you need now. Let's look at what symptoms are affecting you most and how I can help. Come back to me if your symptoms persist or do not improve."

References: 1. Van Driel ML, et al. Ann Fam Med 2006, 4, 494–499. 2. Worrell GJ, Canadian Fami. 2007; 53: 1962. 3. NICE Clinical guideline 69. July 2008. Accessed April 2013. http://www.nice.org.uk/niceme-dia/live/12015/41323/41323.pdf 4. NPS. News 63: Managing expectations for antibiotics in respiratory tract infections, 2009. 5. Centor RM, Samlowski R, Am Fam Physician 2011;83(1):26–28. 6. Aalbers J, et al. BMC Med. 2011 Jun 1;9:67. 7. Shephard A, et al. ECCMID. Berlin, Germany, 2013. P2085. 8. Van Duijn HJ, et al. British Journal of General Practice. 2007; 57: 561–568. 9. The Merck Manual. Sore throat. Accessed April 2013. Available at:http://www.merckmanuals.com/professional/ear_nose_and_throat_disorders/approach_to_the_patient_with_nasal_and_pharyngeal_symptoms/sore_throat.html.



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'Your son does indeed seem unhappy. The good news is l've examined him and he has no signs of serious infection. I recommend we focus on solutions that will best relieve his symptoms and make him more comfortable. So I am starting with a course of pain relievers for children. Of course, if he is not better within one week – or if the symptoms do not improve - book an immediate appointment with me."

Developed by the Global Respiratory Infection Partnership (GRIP) an international group of healthcare professionals committed to reducing inappropriate antibiotic use for RTIs in primary care and the wider community, helping to counteract antibiotic resistance