**UPPER RESPIRATORY TRACT INFECTIONS**

*Getting the right relief*

**DID YOU KNOW?**

Most people with colds, sore throats, earaches and coughs don’t need antibiotics to feel better.

**Antibiotics only kill bacteria**

NOT the viruses that cause most colds and 90% of sore throats in adults.

**Antibiotics destroy GOOD and BAD bacteria; and may cause diarrhoea, thrush or rash.**

**Antibiotics do not**

Only treat viruses; patients should get better without antibiotics.

**Antibiotics destroy**

GOOD and BAD bacteria; and may cause diarrhoea, thrush or rash.

**If you take antibiotics today**

You may carry resistant bacteria for up to one year and it could be harder to treat you in the future.

**Your antibiotic use may generate resistant bacteria**

That spread to other people in your locality.

**Every year people become seriously ill as antibiotics can not destroy the stronger bacteria.**

**Antibiotic resistance**

People taking too many antibiotics today may cause antibiotics not to work in the future.

**SYMPTOM MANAGEMENT**

**What are your symptoms?**

- Blocked/runny nose
- Earache
- Sinus pain
- Cold & flu
- Throat pain
- Dry/tickly cough

**What kind of advice would you like?**

- Pain relief ✔
- Reassurance ✔
- Information on duration ✔

**Many different types of products are available to relieve your symptoms – what kind of product do you prefer?**

- Lozenges
- Sprays
- Gargles
- Tablets
- Solubles
- Syrups
- Drops

**Your symptoms should clear up within 1–2 weeks or even sooner.**

**Antibiotics will NOT**

Make you feel better sooner and will NOT stop the symptoms of a viral infection.

If symptoms last longer than normal, do not improve or you develop new symptoms come back and see me.
**MYTH**

Patients consulting for a URTI want an antibiotic

**FACT**

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

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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:

1. **Address patient’s concerns**
   - Assess their needs, primary concern(s) and expectations
   - Empathise – sore throats can be worrying and bothersome for patients

   **“Hello, how can I help you today?”**
   **“It sounds like that is painful/uncomfortable for you”**
   **“How do you think I can help/what would you like me to do for you?”**

2. **Be vigilant – assess severity**

   Most sore throats are viral infections and are self-limiting. Complications are rare, but may be experienced in high-risk patients or patients with a bacterial infection (e.g. Strep A). Alaskan natives or those who appear seriously unwell.

   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).

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

   **Red flag symptoms that require immediate medical investigation:**

   - 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

3. **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
   - 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”**

   **“Your son does indeed seem unhappy. The good news is I’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.”**

   **“Your sore throat symptoms do 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.”**

   **“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.”**

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**References:**

9. NPS. News 63: Managing expectations for antibiotics in respiratory tract infections, 2009
13. TALKING TO PATIENTS ABOUT URTIs

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.