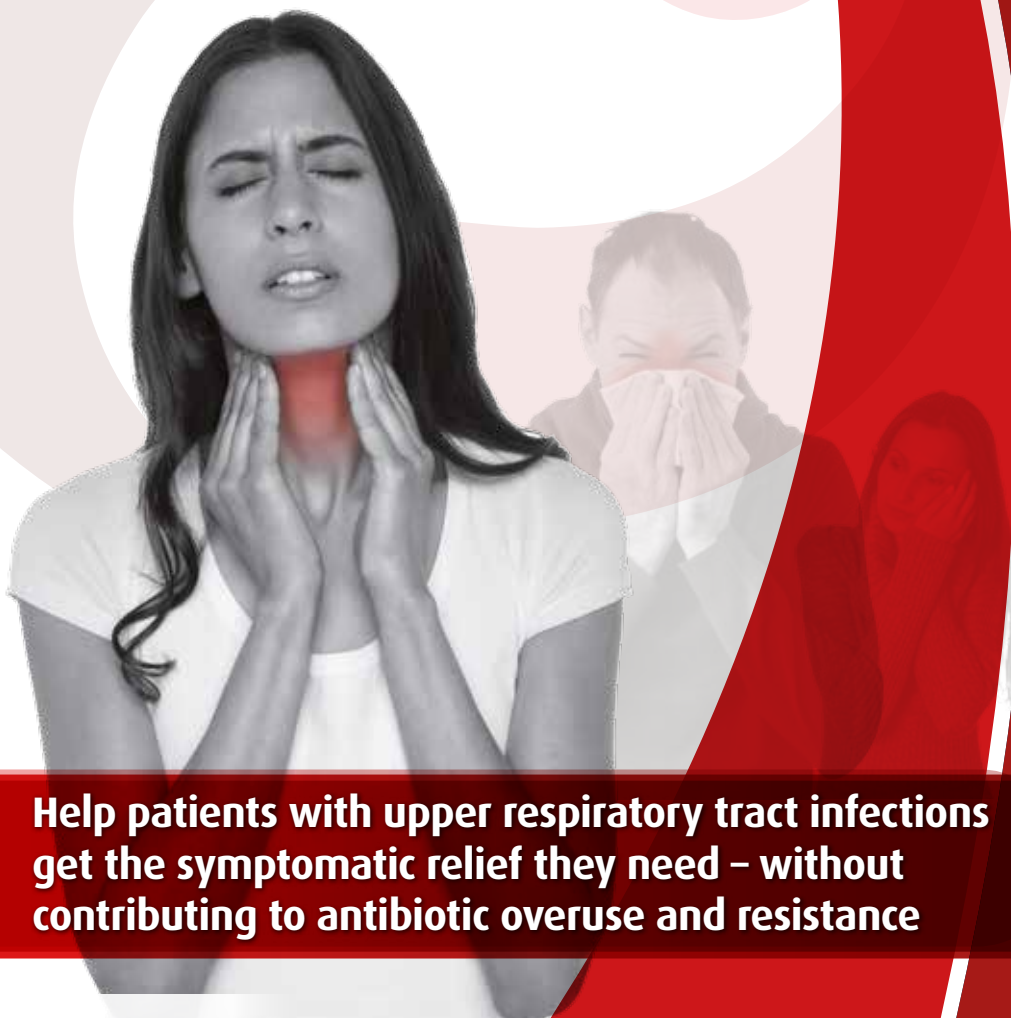


Antibiotics need you!

Fight antibiotic resistance one patient at a time



**Help patients with upper respiratory tract infections
get the symptomatic relief they need – without
contributing to antibiotic overuse and resistance**

Antibiotics are not required for the majority of upper respiratory tract infections¹⁻⁴

- Most upper respiratory tract infections (URTIs) are non-serious, of viral aetiology^{4,5} and do not benefit from antibiotics^{6,7}
- Approximately 85–95% of sore throats in adults are caused by viruses⁵
- It is often difficult to distinguish between a viral and bacterial infection based on physical findings alone^{8,9}
- The vast majority of URTIs will resolve spontaneously as the immune system fights the infection^{10,11}
- As global concern about antibiotic resistance increases, prescribers are encouraged to limit antibiotic treatment for URTIs to patients with a high risk of complications or who are severely ill^{3,12}
 - High-risk indicators include the elderly (aged over 65 years), frail or immunocompromised patients, young children under 2-years-old or born prematurely, patients with pre-existing conditions and specific populations such as Torres Strait Islanders, Aborigines, American Indians or Alaskan natives^{11,12}

Meet patient needs

- Most patients with URTI symptoms are not seeking antibiotics^{13,14}
- Patients' prime concerns are symptom relief and information on the cause and prognosis.^{13,14} For example, in one study, hopes for an antibiotic prescription ranked only 11th out of 13 reasons for visiting the doctor for sore throat¹⁴
- Offering written information in addition to personal advice can reduce antibiotic use and help patients feel reassured¹⁵

The information sheets in this pad are designed to help doctors provide the reassurance and symptom relief the patient needs.

- They explain why antibiotics should not be taken for most URTIs
- They facilitate a tailored recommendation for symptomatic treatments
- They give patients an idea of how long their symptoms should last and when to return for more advice

FACT: Antibiotics don't work for most upper respiratory tract infections

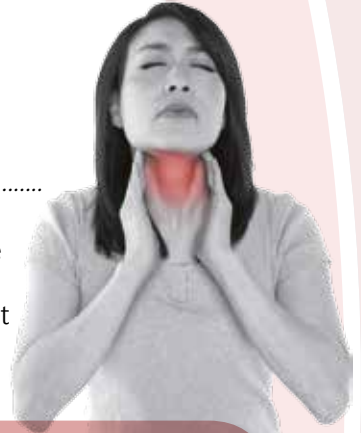
Name:

Date:

Your doctor has diagnosed the following condition/symptom(s):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Common cold | <input type="checkbox"/> Runny nose/congestion |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Dry/tickly cough |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Other | |

Infections of the upper respiratory tract affect one or more of the nose, sinuses, tonsils, throat, ears and upper chest. In most cases the infection is due to a virus and you will get better as your immune system fights the infection.



Your doctor doesn't think an antibiotic will help your symptoms on this occasion

Antibiotics don't work against viruses so they won't make you feel better any faster. Some antibiotics cause side effects including diarrhoea or thrush.

- When you take antibiotics, bugs can turn into superbugs that are no longer killed by the antibiotic. This is called antibiotic resistance and you may carry resistant bacteria for up to a year after taking antibiotics
- Resistance to antibiotics is a growing global problem that means they might not work in the future when you, or other people, need them to treat a serious infection
- Your symptoms can be better managed with symptomatic relief products which will help you feel better while you recover

FACT: You can feel better without antibiotics

Your treatment

- Most upper respiratory tract infections start to clear up within a few days but your symptoms may last up to one week or more – your immune system is able to deal with this infection
- Your doctor recommends the following treatments to relieve your symptoms:

Infection	What medicines are recommended for you	
Sore throat/ tonsillitis	An anti-inflammatory lozenge	<input type="checkbox"/>
	An anti-inflammatory spray	<input type="checkbox"/>
	A medicated lozenge/spray	<input type="checkbox"/>
	A pain reliever (paracetamol or ibuprofen)	<input type="checkbox"/>
Common cold	A pain reliever (paracetamol or ibuprofen)	<input type="checkbox"/>
	An oral decongestant + antihistamine	<input type="checkbox"/>
	A topical decongestant	<input type="checkbox"/>
Flu	A pain reliever (paracetamol or ibuprofen)	<input type="checkbox"/>
	An oral decongestant + antihistamine	<input type="checkbox"/>
Runny nose/ nasal congestion	An oral decongestant + antihistamine	<input type="checkbox"/>
	A topical decongestant	<input type="checkbox"/>
Sinusitis	A pain reliever (paracetamol or ibuprofen)	<input type="checkbox"/>
	An oral decongestant + antihistamine	<input type="checkbox"/>
	A topical decongestant	<input type="checkbox"/>
Earache	A pain reliever (paracetamol or ibuprofen)	<input type="checkbox"/>
	Medicated ear drops	<input type="checkbox"/>
Dry/tickly cough	A cough suppressant	<input type="checkbox"/>

- Please take this information sheet to a pharmacy where the pharmacist can advise you on the best treatment for your needs
 - If your symptoms last longer than shown opposite, do not improve or if you develop new symptoms, please phone or visit the doctor for more advice
- Sore throat/tonsillitis: 7 days
 - Common cold: 7–10 days
 - Flu: 2 weeks
 - Runny nose/nasal congestion: 1–2½ weeks
 - Sinusitis: 2–3 weeks
 - Earache: 4 days
 - Dry/tickly cough: 3 weeks

Signed: Practice stamp:

References

1. CDC. Adult appropriate antibiotic use summary. Available at: <http://www.cdc.gov/getsmart/campaign-materials/info-sheets/adult-approp-summary.pdf> 2. NPS. News 63: Managing expectations for antibiotics in respiratory tract infections, 2009. 3. NICE Clinical Guideline 69. July 2008. Accessed April 2013. <http://guidance.nice.org.uk/CG69/NICE-Guidance> 4. Van Gageldonk-Lafeber AB, et al. *Clin Infect Dis*. 2005;41:490–497. 5. Worrall GJ. *Can Fam Physician*. 2007;53(11):1961–1962. 6. Linder JA, Stafford RS. *JAMA*. Sep 2001;286(10):1181–1186. 7. Arroll B, Kenealy T. *Cochrane Database Syst Rev*. 2005;(3). CD000247. 8. Shephard A, et al. ECCMID. Berlin, Germany, 2013. P2085. 9. Aalbers J, et al. *BMC Med*. 2011 Jun 1;9:67. 10. Van Duijn HJ, et al. *British Journal of General Practice*. 2007;57:561–568. 11. Hildreth CJ, et al. *JAMA*. 2009; 302(7):816. 12. CDC. Seasonal Influenza (flu). 2012. Accessed April 2013. Available at: www.cdc.gov/flu/about/disease/high_risk.htm 13. Faber MS, et al. *Euro Surveill*. 2010;15(35). 14. Van Driel ML, et al. *Ann Fam Med*. 2006;4:494–499. 15. Macfarlane J, et al. *BMJ*. 2002;324(7329):91–4.

The Global Respiratory Infection Partnership (GRIP) is an international group of healthcare professionals committed to reducing inappropriate antibiotic use for respiratory tract infections in primary care and the wider community, helping to counteract antibiotic resistance.