Module 3: Interaction with patients – educating patients and advising on self-care

Continuing professional development module from the Global Respiratory Infection Partnership
Learning objectives

• Acknowledge the importance of the **practitioner-patient partnership**

• Ascertain, acknowledge and **address** patients’ ideas, concerns and expectations

• Learn ways to effectively **communicate** appropriate antibiotic use and suitable symptomatic relief options
Communication is key: The healthcare provider-patient relationship

Medical factors such as severity of symptoms inform treatment decisions. However, these decisions are also influenced by non-medical factors, such as:

1. Patient expectations
2. Cultural and family behaviours
3. Physicians’ or pharmacists’ knowledge, habits and experience (see Module 1)
4. Pressure on physicians to prescribe
5. Cost
6. Drug promotion and interaction with pharmaceutical sales representatives
7. Availability of medications and samples

Communication is key: The healthcare provider-patient relationship (continued)

Doctors, pharmacists and other healthcare professionals (HCPs) within primary care are in an ideal position to resolve some of these non-medical factors by improving patient understanding about appropriate antibiotic use and how upper respiratory tract infections (URTIs) are self-limiting. This requires effective communication, which includes:¹

- Clear advice
- Sufficient reassurance
- Optimal treatment recommendations

This may help to reduce the pressure—or perceived pressure—put on HCPs to prescribe antibiotics and increase the ability for people to self-care in the future.¹

How to effectively address patients’ concerns

Establish and acknowledge the key reasons for consultation and what expectations patients may have.

Many doctors and pharmacists perceive that patients consult with a primary objective of obtaining antibiotics. In contrast, research has shown that the majority of patients with respiratory tract infections (RTIs) consult primarily in order to:

- Be examined and establish the cause of symptoms and disease
- Exclude serious illness (and seek reassurance)
- Gain more information on the course and duration of the disease
- Obtain symptomatic relief

Therefore, it is important for doctors to establish the patient’s reason for consulting, review their medical history and assess the severity of infection. A physical examination is needed in this process.

Prescribers performing examinations

Physical examinations, if appropriate in the consultation environment, help:

- patients feel properly assessed
- reassure patients that the condition is not serious
- manage patients’ expectations

The importance of providing effective reassurance

It is natural for people to be concerned when they are unwell. This may be especially true for those caring for a child with a URTI, particularly as children can find it hard to explain what is wrong with them or how they are feeling.¹

There are many different approaches to reassuring patients or parents. Spending a greater amount of time on reassurance can help meet their needs:¹

- Be clear about realistic symptom duration and when to seek further help
- Explain the self-limiting nature of URTIs and why antibiotics are generally not required
- Provide tailored advice about symptomatic relief and other ways to feel better

Discussing symptom duration

URTIs may cause patients to feel unwell for a few days and some symptoms may last longer. It is important that patients know the realistic duration of symptoms and when to seek further help.

Patients may think that their URTI will only last a few days. Reassure the patient that while their symptoms may last longer, they should start to improve within a few days. If symptoms start to worsen they should re-consult.¹

Why don’t I feel any better?

Symptom duration¹⁻³

- Earache - 4 days
- Sore throat/tonsillitis - 1 week
- Common cold/flu - 10⁻14 days
- Runny or blocked nose - 1⁻3 weeks
- Sinusitis - 2⁻3 weeks
- Cough - 3 weeks

References:
### Talking to patients about antibiotic resistance

Myths and misperceptions still exist surrounding the effectiveness of antibiotics. Patients may believe that antibiotics will address their symptoms – especially if they have been prescribed an antibiotic previously – and as a result HCPs feel under pressure to prescribe.¹

Explaining antibiotic resistance to patients can be complicated. However, communication skills training and patient materials can help transfer key messages for antibiotic stewardship.²

There are also other ways to support patients in feeling confident in a non-antibiotic treatment recommendation. You can also explain that antibiotics have very limited effectiveness for the patient. For example, antibiotics:³

- May have more risks than benefits³
- Will not make patients feel better any sooner³
- May cause side effects such as diarrhoea or thrush⁴,⁵
- Generate resistant bacteria, which can persist in the body for up to 12 months. The development of resistant strains could also make infections harder to treat within the rest of the community, not just for the individual.⁶

82% of GPs feel that most patients presenting with URTI expect antibiotics.⁷

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Discussing URTI treatment options with patients

There are a wide range of products available over-the-counter (OTC) or by prescription to treat URTI symptoms, such as sore throat,¹ which help patients feel better sooner.

Individual patient needs and preferences should be considered when choosing treatment options.² Patients may, for example, prefer different active ingredients or formulations for different problems, such as:

- Lozenges, gargles or sprays for sore throats³
- Nasal sprays or drops to relieve rhinosinusitis⁴
- Oral solid and liquid dose forms to relieve congestion
- Syrups, lozenges or tablets to provide relief from coughs
- Liquid capsules, tablets, soluble tablets and drink sachets for pain and fever (including multi-symptom cold and flu products)

Pain and discomfort is subjective, so listening to patients’ descriptions of their symptoms will help you identify their most bothersome symptoms and needs, allowing you to provide the most appropriate treatment.⁵

Discussing self-care options

Patients can aid their recovery by making sure their body is in the best condition to help fight their URTI. Providing general tips and advice on self-care of URTIs at home will help patients to achieve their aim of feeling better as soon as possible. Self-care includes: ¹

- Resting if feeling unwell
- Staying hydrated
- Getting enough sleep
- Taking appropriate medicine to relieve symptoms
- Seeking further medical advice if symptoms worsen, last longer than expected and/or if new symptoms develop

How do I use this advice in practice? The 1,2,3 approach

Use a three-step approach to remember key communication and discussion points for patients with URTIs:

1. **Address the patient’s concerns**
   - Assess primary concerns and expectations

2. **Be vigilant: Assess severity**
   - Rule out any red flags and identify high-risk patients

3. **Counsel on effective self-management**
   - Reassure the patient regarding the non-serious nature of the infection, duration of symptoms and symptomatic treatment advice

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**References:**
Case study: Common cold

Address the patient’s concerns

Consultation occurring within a doctor’s surgery

HCP: Hello, how can I help you today?
Patient: I think I need antibiotics for my cold.
HCP: Can you describe your symptoms to me?
Patient: I have a sore throat, tickly cough and a blocked nose.
HCP: Why do you believe that you need antibiotics for your symptoms?
Patient: I want to feel better quickly — I had antibiotics last time I had cold and I got better.

The patient’s reason for consulting is to feel better quickly

Be vigilant: Assess severity

For doctors, a physical examination, in addition to a verbal evaluation of symptoms helps to reassure the patient

HCP: How long have you had the symptoms?
Patient: I’ve had a really sore throat for the last 3 days and it is painful to swallow - I’m usually fit and healthy.

The patient has no red flag symptoms and is not a high-risk patient
Case study: Common cold (Continued)

3 Counsel on effective self-management

HCP: Your symptoms do not look serious and as you are otherwise healthy your immune system can deal with the infection. However, sore throats are painful and you may feel unwell for up to one week. Antibiotics won’t help manage your symptoms, but there are plenty of treatments that will. Here are some options you might want to try. (List treatments for their symptoms and, if suitable, ask if the patient has any preference of formulation i.e. tablet, lozenge, spray, gargle, etc.)

Patient: OK, thank you. So it’s not serious?

HCP: It’s an upper respiratory tract infection, which could take 1-3 weeks to clear up completely. However, if your symptoms do not improve, they get worse or you have new symptoms, please come back and see me. In the meantime, drink plenty of water, rest as much as you need to and take symptomatic relief as required, and in line with the dosing instructions.
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**Assessment**

**Question 1:** Which of the following is unlikely to relieve a sore throat in a patient with a common URTI?

A. Lozenges  
B. Analgesic tablets  
C. Antibiotics  
D. Throat sprays

**Question 2:** What information should you establish during a patient consultation for a URTI?

A. Most bothersome symptoms, brief history and patient expectations  
B. Number of times the patient has had a URTI and if URTIs run in the family  
C. How the patient felt 2 weeks ago and how they expect to feel in 2 weeks’ time

**Question 3:** Which of these statements is an example of good self-care advice for URTIs?

A. Plenty of exercise, caffeine and carbohydrates  
B. Rest if needed, drink water and take symptomatic relief products  
C. Carry on as normal but carry tissues and hand sanitiser
**Assessment answers**

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