

The management of common infections in primary care — introduction

This *Bulletin* looks at the management of common infections in primary care. It considers which patients are likely to benefit from antibiotic treatment, either because their symptoms are probably due to bacterial infection rather than viral infection, or because they are at risk of complications from the infection. The evidence to support antibiotic treatment, symptomatic treatment and delayed prescriptions is discussed.

The *Bulletin* is in several parts, each of which can be downloaded separately as print-friendly documents:

- **introduction**
- **common cold**
- **acute sinusitis**
- **acute otitis media**
- **sore throat**
- **acute bronchitis**
- **uncomplicated urinary tract infection.**

The **key points** from each document are also available in one print-friendly document, which can be downloaded and used as a reminder.



Introduction

Widespread use of antibiotics is associated with the emergence of resistant bacteria, many of which are multi-drug resistant. Antibiotic resistance is a threat to public health, especially for immunocompromised, debilitated and elderly patients, because it can:^{1,2}

- increase the length and severity of illness
- increase the spread of disease
- lead to the use of alternative drugs with lesser known, or poorer safety profiles
- increase the financial cost of treatment and care.

Careful prescribing of antibiotics may help to delay the development and spread of antibiotic resistance.³ Health professionals have a responsibility to use antibiotics appropriately.³ Prescribing for viral or mild, self-limiting infections such as coughs and colds is unlikely to improve the course of the illness, puts patients at risk of unnecessary adverse reactions (e.g. vomiting, diarrhoea, rash, fungal infection)³ and encourages further consultations.⁴ Clinicians need to be able to select the patients who are at higher risk of complications and those who are more likely to have a bacterial cause for their symptoms. This *Bulletin* discusses which clinical signs and symptoms help to predict the patients who are most likely to benefit from antibiotic

therapy (see **Table**), and looks at the evidence for the effectiveness of antibiotics and symptomatic treatments.

Table: Antibiotics should be targeted at those patients who are most likely to benefit from therapy, for example when:

- an infection is likely to be bacterial rather than viral **and/or**
- a usually self-limiting infection has not resolved in a few days **and/or**
- the antibiotic will significantly shorten the duration or severity of the illness **and/or**
- the patient is at high risk of complications (e.g. is systemically unwell).

Patients' expectations, real or perceived, can influence antibiotic prescribing.³ The risks and benefits of immediate or delayed antibiotics, and symptomatic treatment should be discussed with the patient and their views taken into account. The *Bulletin* considers the evidence for prescribing strategies and practical measures to educate and involve patients (e.g. information leaflets, delayed prescriptions).

**This publication was correct at the time of preparation:
December 2006**

References

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4. Little P, Gould C, Williamson I, et al. Pragmatic randomised controlled trial of two prescribing strategies for childhood acute otitis media. *BMJ* 2001;322:336–42