

## Avoiding Unnecessary Use of Antibiotics

### Rhinitis/Sinusitis (URI)

- Children have 6-8 viral URI per year; adults have 2-3 per year. Only 0.5% of viral URI are complicated by bacterial infection.
- In uncomplicated colds, cough and nasal discharge may persist for 14 days or more, long after other symptoms have resolved.
- Mucopurulent rhinitis (thick, opaque or discolored nasal discharge) frequently accompanies viral URI. It is not an indication for antibiotic treatment unless it persists without improvement for 10 - 14 days.
- Antibiotics do not effectively prevent subsequent bacterial infection.

### Pharyngitis

- Only 15% of pharyngitis is caused by group A strep; most sore throats are caused by viral agents.
- Prominent rhinorrhea, cough, hoarseness, conjunctivitis or diarrhea with sore throat suggests viral etiology for pharyngitis.
- Penicillin is the drug of choice for pharyngitis; no group A strep are resistant to penicillin. Use erythromycin for penicillin-allergic patients.

### Cough and Bronchitis

- Bronchitis in children and adults rarely warrants antibiotic treatment; if non-viral illness is suspected (underlying lung disease?), erythromycin or doxycycline can be used.

Seven studies have identified recent antibiotic use as a risk factor for development of infection with resistant pneumococci. To prevent bacterial resistance, avoid unnecessary use of antibiotics. Plan treatment of symptoms for your patients presenting with viral illness.

### OTC Symptom Relief Medications

Symptom	Medication	Active ingredients	Examples
Stuffy nose	Decongestant	Pseudoephedrine Phenylpropanolamine	Sudafed Propages
Cough	Cough suppressant	Dextromethorphan	Vicks Formula 44
Chest congestion	Expectorant	Guaifenesin	Robitussin
Sore throat	Lozenge	Benzocaine Glycerin	Cylex Vicks Chloraseptic

## Common Scenarios

- I have to have an antibiotic.
- An antibiotic is the only thing that ever helps.
- Amoxicillin doesn't work ... I need Biaxin (or other drug)
- But it always settles in my chest/sinuses.
- I can't afford to be sick.
- I'm going on a trip.
- My spouse is on Biaxin.
- My co-workers/ sent me in to get an antibiotic.
- The daycare won't take her without antibiotics.
- I feel awful.
- I have drainage - it's green/bloody/choking me.

## Communication Strategies for Discussing Viral Illness with Patients

1. Use PEARLS.
2. Comment on pertinent positive and negative physical findings as exam proceeds.
3. Make reference to popular news articles or other media reports about antibiotics assuming patient is aware of their content.
4. Don't pressure yourself to convince 100% of your patients. Remember your success in prescribing antibiotics appropriately. Keep in mind that many patients will become convinced over time about proper use of antibiotics.
5. For patients who insist on an unnecessary antibiotic, offer the prescription and explain that you care about the patient, but do not support using the antibiotic on medical grounds.
6. For patients whose illness poses diagnostic uncertainty or logistical concerns (travelling, etc), try these suggestions:
  - Offer the prescription and provide instructions describing under what circumstances it would be appropriate to fill it and initiate the antibiotic.
  - Suggest the patient call your office in a few days if not better or getting worse. Be sure to provide the patient with an easy mechanism for reaching you (voice mail, beeper, specific nurse or medical assistant contact, etc).
  - Suggest patient return if not improved in a few days.
  - Promise to call the patient in a few days and DO IT.
7. Make an effort to understand the context of the illness in the patient's life and how the patient feels the illness will affect him/her. This may yield clues for suggesting treatment that does not include an antibiotic.
8. Provide education - Explain the natural course of the illness including time markers. Consider showing the patient the CDC symptom v. time graph of upper respiratory infections.
9. Put forth an expression of hope.

## PEARLS Strategy Description and Helpful Statements

**PARTNERSHIP:** Joint problem solving

- Let's tackle this together.

**EMPATHY:** Show understanding, put feelings into words

- That sounds hard.
- You look upset.
- You seem discouraged.
- Help me to understand what these symptoms are about.
- How has this affected you?
- You look so ill today; it must be so hard to accomplish anything.

**APOLOGY:** Show compassion about illness

- I'm sorry you're feeling ill.

**RESPECT:** Value patient's choices, traits, behaviors and special qualities

- I appreciate your decision/action.
- You did the right thing by coming in today.
- What do you think is going on?
- What do you think will help?
- You may need an antibiotic, but first let's see what your exam shows.
- I'm sure you've seen reports about bacterial resistance caused by improper use of antibiotics.
- Biaxin (or other drug) is a good antibiotic. It's very popular because it's been heavily advertised. But I think amoxicillin (or other drug) is better for your illness.

**LEGITIMATION:** Normalize and validate feelings and choices

- Anyone would be irritated/miserable with this situation.
- We're seeing a lot of this illness (cold, flu, virus) lately.
- It's difficult for most people to tell the difference between a cold, flu, sinus infection or an allergy flare.
- I can see how you would feel that way.
- You do have a lot of drainage (or other complaint).

**SUPPORT:** Offer ongoing support

- I'll stick with you as long as necessary.
- I'm going to help you manage this.
- Let me offer you some helpful suggestions.
- Do you need a work note?