

Guidance for Antibiotic Prescribing In Primary Care

REVIEWED DECEMBER 2011

STANDING MEDICAL ADVISORY COMMITTEE RECOMMENDATIONS 1998

- No prescribing of antibiotics for coughs and colds
- No prescribing of antibiotics for viral sore throats
- Uncomplicated cystitis: limit to 3 days of antibiotics
- Limit prescribing of antibiotics over the telephone to exceptional cases

Standing Medical Advisory Committee "Path of Least Resistance"

Recommended 3 day courses IF

- Antibiotics prescribed for:
- Uncomplicated cystitis
 - Acute Otitis Media
 - Acute Sinusitis

- Use British National Formulary to obtain drug doses, contra-indications and side effects
- Antibiotic inappropriate for local or systemic viral infections
- Avoid the use of quinolones such as ciprofloxacin and limit use of cephalosporins to reduce the risk of Clostridium difficile



Airedale Bradford and Leeds

Acute Sinusitis: uncomplicated

1st Line	2nd Line	3rd Line
No Antibiotic	Amoxicillin or Erythromycin	Tetracyclines or Co-amoxiclav

3 Days

Acute Otitis Media: uncomplicated

1st Line	2nd Line	3rd Line
No Antibiotic	Amoxicillin or Erythromycin	Tetracyclines or Co-Amoxiclav

3 Days

Sore Throat, Pharyngitis, Tonsillitis: uncomplicated

1st Line	2nd Line	3rd Line
No Antibiotic	Phenoxymethylpenicillin or Erythromycin	Consult Microbiologist

7 to 10 Days

Acute Bronchitis

1st Line	2nd Line
No Antibiotic	Amoxicillin or Erythromycin or Tetracycline

5 Days

Antibiotic recommended if one or more of the following:

- History of rheumatic fever
- Scarlet Fever
- Pronounced systemic infection
- Immunosuppressed ^D

- No underlying lung disease
- Otherwise healthy adults ^D

Community Acquired Pneumonia

1st Line
Amoxicillin or Erythromycin

7 to 10 Days

Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD)

1st Line	2nd Line
Amoxicillin	Tetracyclines or Co-Amoxiclav

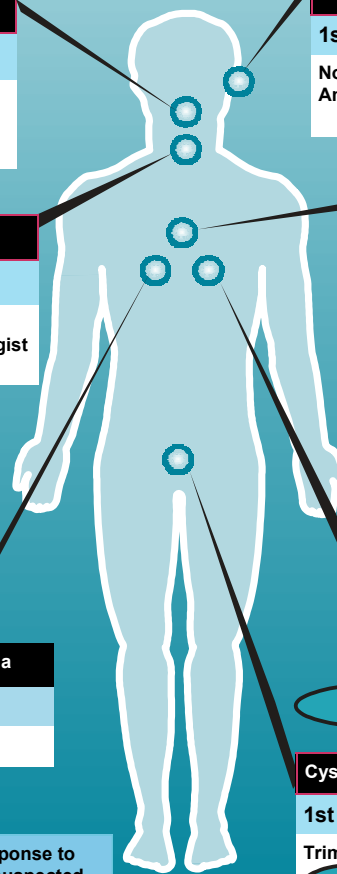
5 to 10 Days

- Erythromycin (i) should be substituted if no response to amoxicillin (ii) first choice if atypical organism suspected
- If hospital admission required, first dose should be IV or IM

Cystitis: women, uncomplicated, not pregnant

1st Line	2nd Line
Trimethoprim	Nitrofurantoin or Cefalexin

3 Days



Supporting Evidence

Acute Otitis Media (AOM):

- 60% of children will be pain free 24hrs after presentation regardless of whether they receive antibiotics A
- Need to treat 12 children with antibiotics to get pain relief in one additional child at 2 days A
- 80% resolve without antibiotic treatment in 3 days D
- No effect of antibiotics on complication rates as measured by tympanometry or recurrence A

Sore Throat, Pharyngitis, Tonsillitis

- Complications of sore throat are now so rare that an adverse drug reaction from antibiotic therapy is more likely A
- To prevent 1 case of AOM, 30 children and 145 adults suffering sore throat must be treated A
- Current and previous prescribing for sore throat increases re-attendance A
- Throat swabs: have limited value and difficult to interpret because
 - (i) no serological evidence of Strep Infection in most cases of positive culture
 - (ii) high asymptomatic carrier rate (20%)- impossible to distinguish between infection and carriers from swab alone A

Acute sinusitis:

- 69% resolve spontaneously without antibiotics A
- Amoxicillin does not influence clinical course of acute maxillary sinusitis or the frequency of relapses during a 1 year follow up A
- No advantage of other antibiotics over amoxicillin A
- Doxycycline does not add to effectiveness of decongestive nose drops and steam inhalation in adults A

Uncomplicated cystitis:

- Decision to prescribe antibiotics based on history, examination and positive dipstick result for nitrite and/or leucocyte esterase D
- If negative urine dipstick, no antibiotic and send urine for culture D
- Routine laboratory microscopy, culture and sensitivity analysis in uncomplicated UTI is unnecessary and expensive D

Acute Bronchitis:

- Antibiotics are of no proven benefit in treating acute bronchitis in otherwise healthy adults A
- Viruses most common organism C
- Consider if over 60 or underlying chest disease D

Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD):

- Clinically significant benefit from antibiotics D
- British Thoracic Society recommend antibiotic Rx if any two of dyspnoea, increased sputum volume or increased sputum purulence occurs D

Community Acquired Pneumonia (CAP):

- Antibiotic treatment should not be delayed : mortality in Patients > 65 is high D
- 90% of admissions with CAP are over 65, 16-40% mortality in this group C
- Antibiotic should always include activity against Strep pneumoniae D
- Quinolones have poor activity against pneumococci D

GRADING OF EVIDENCE

- A Evidence from at least one RCT
- B Controlled studies or other experimental studies
- C Observational or descriptive studies
- D Expert consensus opinion

December 2011 update of the former PACE guidelines of April 2009. This guidance does not however override the individual responsibility of the healthcare professional to make the decisions appropriate to the circumstances of the individual patient. Contact Anna.Diani@braford.nhs.uk for further copies.