






Upper Respiratory Tract Infection (URTI) and Sore Throat

Upper respiratory tract infection (URTI) is the most common problem managed by GP registrars. Antibiotic resistance is a major public health threat and current evidence-based guidelines do not recommend the use of antibiotics for simple URTIs and sore throat. However, Australian GPs issued over 2 million antibiotic prescriptions for URTI in 2011 (with antibiotics being prescribed in 32% of URTI presentations). Supervisors can play a key role in reducing unnecessary antibiotic prescription by appropriate supervision and role modelling.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Syndromic approach to URTI and sore throat • Differential diagnosis of coryza/cough and sore throat, and indications for investigation e.g. influenza, EBV • Evidence-based treatment for URTI and sore throat • Role of delayed prescriptions for URTI and sore throat 				
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Acute sinusitis and sore throat in primary care – excellent Australian Prescriber article 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Differentiation of a viral from a bacterial URTI/sore throat is very unreliable and a 'syndromic' approach should be used • A shared-decision making approach is critical in negotiating treatment of URTI and sore throat when the patient expects antibiotics • URTIs can last for weeks! • Green sputum does not predict bacterial infection • Avoid prescribing antibiotics for URTI – see Choosing Wisely 				
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="336 1534 438 1713">Read</td> <td data-bbox="438 1534 1490 1713"> <ul style="list-style-type: none"> • Canadian Family Physician – Common Cold • Canadian Family Physician – Acute Sore Throat • Antibiotic prescribing for respiratory infections – data from the ReCEnt study • NPS Resources – Antibiotics for respiratory tract infections </td> </tr> <tr> <td data-bbox="336 1713 438 1771">Listen</td> <td data-bbox="438 1713 1490 1771"> <ul style="list-style-type: none"> • Radio National Podcast – The Common Cold </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Canadian Family Physician – Common Cold • Canadian Family Physician – Acute Sore Throat • Antibiotic prescribing for respiratory infections – data from the ReCEnt study • NPS Resources – Antibiotics for respiratory tract infections 	Listen	<ul style="list-style-type: none"> • Radio National Podcast – The Common Cold
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FOLLOW UP/EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Undertake the OSCE case under exam conditions and discuss afterwards • Registrar to audit 10 patients presenting with an URTI for adherence to best practice guidelines 				

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OSCE Case

INSTRUCTIONS FOR SUPERVISOR

You are Mick, a 38 yr old plumber, who has come to see the registrar with a 'bad cold'
You are a long term patient of the practice and met the registrar once before for an ankle injury

Story

- You developed a runny nose and sore throat about 9 days ago
- Initially you had fevers but they have settled now
- You are coughing lots, productive of green sputum
- You have a headache and feel tired
- You have no past asthma or respiratory disease
- You have no other significant medical problems and take no medication
- You don't smoke
- You drink about 4-5 beers every night
- You are married with 2 children - "the kids are often bringing colds home from school"
- You are going on holidays to Bali in three days and "want something to get better before then"
- You really want antibiotics as "they always work" and "don't want to be sick while away"
- You initially are quite pushy about needing antibiotics but if the registrar explains things well then you accept the plan for symptomatic management only

Physical Examination

- Looks well, occasional cough
- BP 135/78, T 36.9, HR 80, RR 16, sats 99%RA
- CVS – normal
- Resp – normal
- ENT – slightly red throat, no LN
- All other systems normal
- Office tests all normal

Assess

- Communication skills – patient-centredness, dealing with assertive patient

- Assessment – symptoms, past history

- Explanation – likely viral illness, antibiotics play no role and can be harmful

- Management – antibiotics not indicated, symptomatic treatment

- Follow-up and safety netting
