

“Diseases...the more common they are the less they are studied”

URTI

- Probably the commonest reason for GP consultations world wide
- Account for 20 to 25% of workload
- Account for possibly 20% prescriptions

When was the last time we had a post grad meeting on the subject?

What are the URTIs?

URTI

Common cold

Sore throat

Otitis Media

Sinusitis

Croup

LRTI

Bronchitis

Bronchiolitis

Influenza

DECISION RULES FOR SORE THROATS

- Only FOUR signs are significant. Explain what you are looking for and why.
- **Glands in the neck**
- **Exudate on the tonsil**
- **Documented fever**
- **Absence of cough/runny nose**

Score one for each that is present on examination.

1 GP A Haem Strep unlikely

2 or 3 GP A Haem Strep uncertain consider testing if appropriate, but it tends not to change the outcome

4 GP A Haem Strep likely

BACKGROUND

- 85 to 95% are VIRAL in adults and children 70% in 5 to 16 years.
- 30% streps ID are in CARRIERS
- What does penicillin do?
- NNT 4000 to prevent Rheumatic Fever in western countries
15000 to prevent cardiac disease.
- 29 to reduce risk of subsequent OM
- 27 to reduce risk quinsy
- 50 to reduce risk sinusitis
- NNH ... diarrhoea rashes and allergies. immediate px increases re-infection rates.
- Doesn't reduce time off work/school, no better than placebo at day three.

BEST BUYS

- Explain your examination in positive terms
- Ibuprofen and similar improve symptoms
- BD penicillin may be as good as tds and 5days as good as 10 days OD Amoxil also OK
- As most get better in three days delaying prescription for 72 hours works...only 50% patients cash the prescription.

SCENARIO TWO

- A 33 year old woman comes with “a cold that I have had for weeks!”
- sore throat, runny nose, now greeny yellow snot
- Troublesome cough especially at night
- Small amounts of yellow and green phlegm,
- Not getting better with Beechams
- **What examination will you do and why?**
- **What options have you got for treatment?**

BACKGROUND

- 200 different Rhino viruses have been implicated in the cause of colds ... but even with careful virology many patients will HAVE NO EVIDENCE OF ANY INFECTION AT ALL OF ANY KIND.
- Colds last for 5 to 14 days ... tell patients this!
- The yellow/green discharge is due to destruction of leukocytes when they are fighting off the cold.

BEST BUY

- “The best way to treat a cold (NOT the PATIENT) is with contempt”
- However, the patient needs empathy, kindness and comfort (that’s why they have got the cold)
- Positive explanation of the findings as before ... use the term “head cold” as this seems to be more acceptable to patients.
- Steam inhalations work
- Decongestants OTC work
- Antitussives relieve cough in adults?
- Post nasal drip? role for beconase...
- Explanations may reduce re consultations ... prescribing **INCREASES** workload and increases the likelihood of future consultations.

BREAKING GOOD NEWS

- SHARE YOUR REASONING ...
- During the examination start to feed back the good news, this sets up the discussion about management
- “I would like to examine you ... ah good the pulse is steady and there is no fever now”
- “If the tonsils look abnormal and there are glands up we may need to think about penicillin ... oh good the tonsils are normal ... the glands are normal ...”
- Continue to use EMPATHY
- “The tonsils can look quite normal even when the throat has been as sore as yours”

BREAKING GOOD NEWS

SUMMARIZE

- Stage the information
- What the findings are
- What they mean eg in a child...

“the breathing speed is normal, there’s no sucking in of the chest, the nose is normal, she is nice and pink ... etc” and explain what this means for your decisions. Sharing thoughts with patients has been shown to improve satisfaction. In one study where the doctor and patients disagreed ... if they both expressed their point of view and felt understood then satisfaction was **INCREASED** even if there was a conflict of view.

BREAKING GOOD NEWS

DON'T

- Mention irrelevant options
- If you don't think antibiotics needed don't mention them
- Don't use diagnoses that aren't relevant. Patients respond better to the term "severe head cold". URTI implies an infection after all ...
- "I can see that you may be concerned about antibiotics, as this is all a severe head cold they won't be helpful and may give you bad side effects like diarrhoea"

CROUP

- In summary
- **STERIODS** work the best single dose dexamethasone will usually do it.

OTITIS MEDIA

- 30% viral
- Strep pneumoniae. H influenza 30%
- Antibiotics limited value 80 to 90% recover in 3 days and all by 7 days
- Symptom control vital ... analgesics, antipyretics, decongestants to nose
- Deferred prescriptions often appropriate

OTITIS MEDIA

Antibiotics do not prevent future infections
Nor reduce the number of children with hearing loss

Full clinical cure increased by 12% NNT 8

Pain only reduced by 4.8% NNT 21

Number needed to harm with side effects
NNH 11

Getting patients to buy in to conservative management

- Give them plenty of empathy
- Explore their expectations ... but don't mention antibiotics yourself
- Use positive language (“good news, the chest and throat are normal”)
- Information leaflets
- Detail aids for explanations