Chirag Patel, B na n Dan 0 0 4 av∍na a∍Ba å 🗩 O a, Ban B n on

Background and objectives

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Methods

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Results

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Discussion

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ACUTE TONSILLOPHARYNGITIS IS a

common cause of sore throat that is most often caused by a viral infection. Group A -haemolytic streptococcus (GABHS) is a common cause of bacterial tonsillopharyngitis. Studies have reported that approximately - % of tonsillopharyngitis in adults is caused by bacteria, most often GABHS. In children, the incidence is between and %. - Studies have shown that the rate of prescribing for GABHS is unnecessarily high.

Clinical assessment and treatment for streptococcal tonsillopharyngitis

Differentiating between viral and bacterial aetiologies of tonsillopharyngitis can be dif icult. Taking an appropriate history and using physical indings are suitable but these methods are not suf iciently speci ic or sensitive.

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variables in the multivariable model and the random effects (Table). The odds of being prescribed antibiotics when there was no MCC documentation were . times that of patients for which full documentation was recorded after adjusting for sex, age, clinic and clinician (OR: . ; % con idence interval: . , . ;P

Guidelines from NICE recommend considering three-day delayed prescription or immediate antibiotics for those with an MCC of > . . This was based on a Cochrane review showing that delayed prescribing reduced antibiotic use (from % to %) when compared with immediate antibiotic prescribing for respiratory infections. The delayed antibiotic strategy may be an option for patients with scores of - who may not need antibiotics; it may also improve cost-effectiveness, given that evidence shows antibiotic compliance is poor.

RADT is controversial but is supported by the IDSA and ACP. Our study showed that swabbing is not common practice. The role of swabs in investigating GABHS may be most advantageous in treatment of high-risk patients, delayed antibiotics and failed treatment. Shulman et al reported that using RADT may indeed reduce antibiotic prescribing. It raises the question of whether laboratory testing would have reduced the antibiotic prescribing in this sample of patients and by how much.

Limitations

The major limitation of this study is that it relies on retrospective analysis of medical

records and assumes that data recorded is an accurate reflection of information gathered during clinical encounters. All medical practitioners are compelled to document every critical aspect of every assessment they make throughout their career for both medicolegal and clinical purposes. Therefore, it is reasonable to assume that the record reflects the reality of the assessment made in each encounter. Consequently, it is justified to include encounters in our dataset for which insuf icient data were recorded by the clinician, as perhaps the most inappropriate of prescribing habits within the spectrum are those where antibiotics are prescribed in the absence of even a complete assessment of the patient being documented. Another limitation is the inability to know for certain whether any of the clinicians were aware of the MCC, which could bias the results.

Conclusion

This study showed that prescribing of antibiotics in tonsillopharyngitis within low-risk populations was high. The importance of adequate documentation to facilitate treatment is important. Clinicians in Australia may choose not to use diagnostic testing, but there is a

place for this in certain situations. Patient satisfaction can be maintained irrespective of whether antibiotics are given, and using the MCC as a rationale for decisions could be the starting point. To date, there is an absence of management guidelines speci ically for this group of infections in the RACGP's current portfolio of guidance for GPs.

Future studies that investigate the characteristics of clinicians who routinely prescribe antibiotics for these infections may identify those who could bene it from education programs. Another potential course of investigation would be to look at whether laboratory testing reduces antibiotic prescribing in the general population in general practice.

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