

Our Doctor Writes

December 2009

There has been attention again given to the prescribing of antibiotics in the UK. You may have read about it in the news. The pressure to decrease antibiotic use is currently topical again for two main reasons. The first is the current economic climate and the need for the NHS to use the available resources as wisely as possible. The second is increasing emergence of antibiotic resistant strains of bacteria. When should we doctors be prescribing antibiotics? The first thing to say is that they are not at all effective against any virus. This is why they don't work for winter colds and flu like illnesses at all. Some illnesses can be caused or complicated by bacterial infection. The interesting thing though is that even though an antibiotic may kill bacteria in a laboratory they seem to have little impact on the natural history of many infections in humans. I thought that it may be useful to look at the current guidelines and evidence that will underpin the decision whether or not to give an antibiotic during a consultation.

Two thirds of sore throats, or thereabouts, are caused by viruses and so antibiotics have no effect at all. The other third are caused by streptococcal bacteria which are still really sensitive to penicillin. If it is prescribed then the evidence shows that it may decrease the duration of the illness by half a day. Antibiotics do have a role in severe forms of tonsillitis where an abscess forms. Thankfully these are very rare indeed. The explanation for the lack of effect is that the symptoms are not directly caused by the bacteria but by the body's own immune response to fight it off. Once mobilised even if the bacteria is killed the immune response is programmed to run its course.

Sinusitis is usually a complication of a cold like illness. It is a superadded infection in the sinuses which are air filled pockets in the facial bones. The evidence again shows that these infections tend to be self limiting and that antibiotics should only be considered if the sinusitis is complicated with being significantly systemically unwell or if there is another co-existing problem like diabetes.

Cough is sometimes caused by a chest infection that needs antibiotics. This is more likely if there is an underlying problem such as COPD (chronic bronchitis and emphysema). In those normally fit and well antibiotics may be needed if there is an associated shortness of breath, high fever and fast respiratory rate.

Ear infections are really common, especially in children, at this time of the year. The evidence that antibiotics help with middle ear infections is again really quite weak. The majority of uncomplicated ear infections usually resolve on their own with simple measures such as paracetamol. Antibiotics may be needed if there is a discharging ear are a high fever accompanied by a generalised constitutional upset. I hope this helps to make a little more sense of antibiotic prescribing. If you would like more information you can find it at www.cks.nhs.uk.

May I take this opportunity to wish you all a very happy Christmas from me and the whole of my surgery team.

Best Wishes,

Dr Tim Ballard