RESPONSIBILITY TREATS BEST
STOP ANTIBIOTIC OVERUSE

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1. Ebell MH, et al. JAMA 2000;284:2912–8; 2. Van Gageldonk-Lafeber AB, et al. Clin Infect Dis 2005;41:490–7; 3. Kenealy T, Arroll B. Cochrane Database Syst Rev 2013;6:CD000247; 4. Scott JG, et al. J Fam Pract 2001;50:853–8; 5. Baron S. Medical Microbiology 4th edition. Chapter 93. Infections of the Respiratory System. 1996. University of Texas Medical Branch at Galveston, Galveston, Texas; 6. Creer DD, et al. Thorax 2006;61:75–9; 7. Hildreth CJ, et al. JAMA 2009;302:816; 8. Dekker AR, et al. Fam Pract 2015;32:401–7; 9. Gulliford MC, et al. BMJ Open 2014;4:e006245; 10. World Health Organization. Global action plan on antimicrobial resistance, 2015. Available at: http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/ (accessed July 2018); 11. Zaman SB, et al. Cureus 2017;9:e1403; 12. Goossens H, et al. Lancet 2005;365:579–87; 13. Riedel S, et al. Eur J Clin Microbiol Infect Dis 2007;26:485–90; 14. World Health Organization. Antimicrobial resistance. Fact sheet, 2018. Available at: http://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance (accessed July 2018); 15. National Institute for Health and Care Excellence. Respiratory tract infections (self-limiting): prescribing antibiotics. Clinical guideline 69. July 2008. Available at: https://www.nice.org.uk/guidance/cg69 (accessed July 2018); 16. Centers for Disease Control and Prevention. People at high-risk of developing flu-like complications. Available at: www.cdc.gov/flu/about/disease/high_risk.htm (accessed July 2018); 17. Aalbers J, et al. BMC Med 2011;9:67; 18. Centor RM, Samlowski R. Am Fam Physician 2011;83:26–8; 19. Centor RM, et al. Med Decis Making 1981;1:239–46; 20. McIsaac WJ, et al. JAMA 2004;291:1587–95; 21. van Driel, ML, et al. Ann Fam Med 2006;4:494–9; 22. RB data on file (U&A survey 2017); 23. Macfarlane J, et al. BMJ 2002;324:91–4; 24. Spinks A, et al. Cochrane Database Syst Rev 2013;11:CD000023; 25. Macy E. Perm J 2012;16:61–6; 26. Centers for Disease Control and Prevention. Flu symptoms and complications. 2018. Available at: https://www.cdc.gov/flu/consumer/symptoms.htm (accessed July 2018); 27. Gwaltney JM, et al. JAMA 1967;202:494–500; 28. Arruda E, et al. J Clin Microbiol 1997; 35:2864–8; 29. Wright J, Paauw DS. Med Clin North Am 2013;97:667–79; 30. Costelloe C, et al. BMJ 2010;340:c2096.

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The Global Respiratory Infection Partnership (GRIP) is an international group of healthcare professionals committed to reducing inappropriate antibiotic use for respiratory tract infections in primary care and the wider community, helping to counteract antibiotic resistance.

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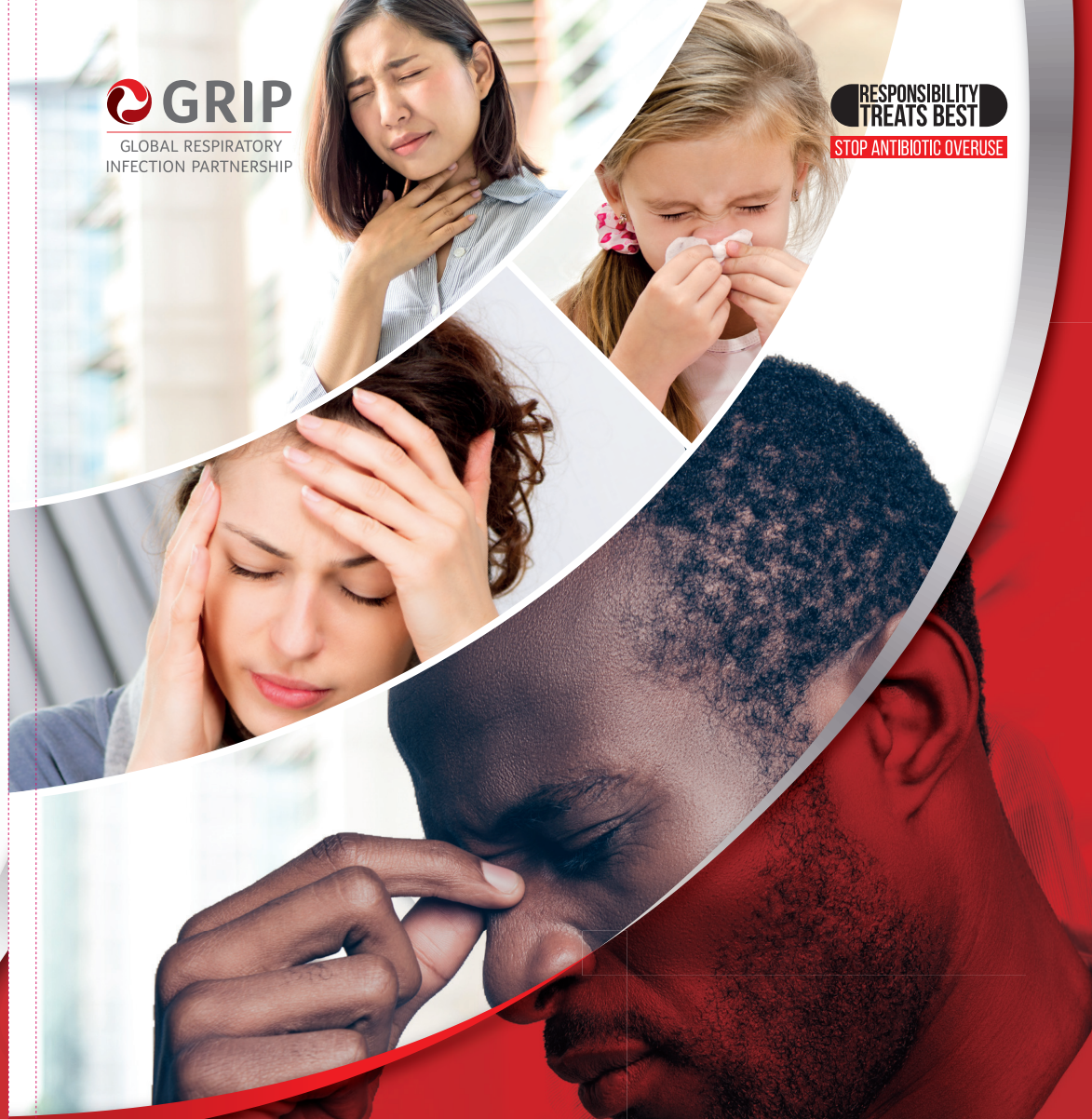

ANTIBIOTICS NEED YOU!

Fight antibiotic resistance one patient at a time

Help patients with upper respiratory tract infections get symptomatic relief – without contributing to antibiotic overuse and resistance

Reckitt Benckiser has funded and supported the development of this material, including review of content for code compliance. The views and opinions represent those of the Global Respiratory Infection Partnership (GRIP) and are not necessarily the views of Reckitt Benckiser as the sponsor.

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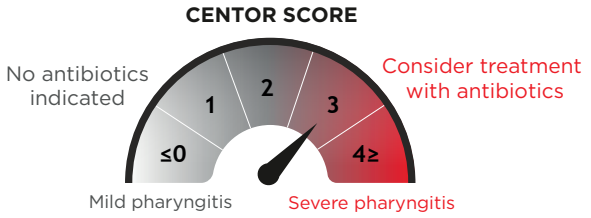
ANTIBIOTICS ARE NOT NEEDED FOR MOST UPPER RESPIRATORY TRACT INFECTIONS (URTIs)

- The majority of respiratory tract infections are viral, non-serious and self-limiting,[1–6] and do not need antibiotics
- Antibiotics do not work against viruses[7]
- Although up to 8 out of 10 sore throats are caused by viruses,[1] antibiotics are frequently prescribed[4,8,9]
- Misuse and overuse of antibiotics is reducing their ability to cure infections and save lives,[10,11] with antibiotic resistance developing[10,12,13] and spreading[14] in the community
- Prescribers are encouraged to limit antibiotic treatment for URTIs to patients with a high risk of complications and those who are very unwell[15]
  - High-risk indicators include, but are not limited to, the elderly (aged over 65 years), frail or immunocompromised patients, young children under 2 years or born prematurely, patients with pre-existing conditions and other specific populations[15,16]
  - For sore throat it can be challenging to distinguish between a viral and streptococcal bacterial infection based on signs and symptoms,[17] and antibiotics may be considered for patients with three or more Centor criteria[18]

THE LIKELIHOOD OF STREP THROAT CAN BE ESTIMATED USING MODIFIED CENTOR CRITERIA,[18–20] WITH ANTIBIOTICS CONSIDERED FOR PATIENTS WITH THREE OR MORE CENTOR CRITERIA[18]



CRITERIA	POINTS
Absence of cough	1
Swollen and tender anterior cervical nodes	1
Temperature >38°C	1
Tonsillar exudates or swelling	1
Age	
3–14 years	1
15–44 years	0
45 years and older	-1
Cumulative score	____

MEET PATIENT NEEDS

- Most patients presenting with URTIs are not seeking antibiotics[21,22]
- Patients primarily want to obtain information and pain relief[21,22]
- Providing written information in addition to personal advice can reduce antibiotic use while reassuring patients[23]

The information sheets in this pad are designed to help doctors provide the reassurance and symptom relief that the patient needs:

- They explain why antibiotics should not be taken for most URTIs
- They facilitate tailored recommendations for symptomatic treatment
- They give patients an idea of how long their symptoms could last and when to return for more advice

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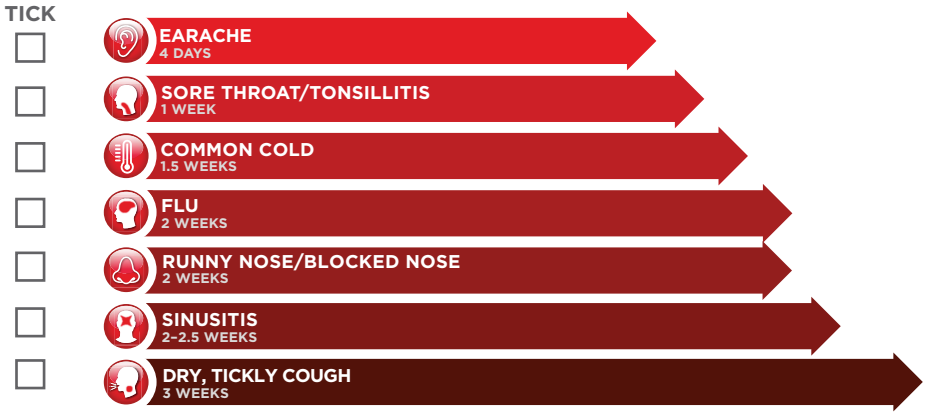
ANTIBIOTICS DON'T WORK FOR MOST UPPER RESPIRATORY TRACT INFECTIONS

Name: _____

Date: _____

Your doctor has diagnosed the following condition(s)/symptom(s), which usually last about 1–2 weeks:[15,24–28]



- Infections of the upper respiratory tract can affect your nose, sinuses, tonsils, throat, ears and upper chest[5]
- In most cases the infection is due to a virus[5] and symptoms will get better by themselves[15,24]
- Most upper respiratory tract infections start to clear up within a few days but your symptoms may last up to 1 week or more[15,24–28]

YOUR DOCTOR DOESN'T THINK AN ANTIBIOTIC WILL HELP YOUR SYMPTOMS ON THIS OCCASION

Antibiotics don't work against viruses[7] and don't have any direct pain-relieving effects. They may also cause side effects[15,29]

- When you take antibiotics, bacteria in your body can become resistant to the antibiotic[10,11]
- These antibiotic-resistant bacteria can stay in your body for up to 1 year after taking antibiotics.[30] The resistant bacteria can be spread[14] to family and friends, making it harder to treat them
- Your symptoms can be treated with a symptomatic relief product that will help you feel better while you recover

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YOU CAN FEEL BETTER WITHOUT ANTIBIOTICS

Your doctor recommends the following treatments to help relieve your symptoms:

Infection	Medicines that your doctor has recommended for you	Tick
Sore throat/tonsillitis	Anti-inflammatory lozenge (flurbiprofen) Anti-inflammatory spray (flurbiprofen) Medicated lozenge (local anaesthetic, antiseptic) Pain relief (paracetamol or ibuprofen tablets)	☐ ☐ ☐ ☐
Common cold	Pain relief (paracetamol or ibuprofen tablets) Tablets containing decongestant or antihistamine Decongestant nasal spray	☐ ☐ ☐
Flu	Pain relief (paracetamol or ibuprofen tablets) Tablets containing a decongestant or antihistamine Decongestant nasal spray	☐ ☐ ☐
Runny nose/blocked nose	Decongestant nasal spray Tablets containing a decongestant or antihistamine	☐ ☐
Sinusitis	Corticosteroid nasal spray Pain relief (paracetamol or ibuprofen tablets) Tablets containing a decongestant or antihistamine	☐ ☐ ☐
Earache	Pain relief (paracetamol or ibuprofen tablets) Medicated ear drops (local anaesthetic)	☐ ☐
Dry, tickly cough	Cough suppressant (dextromethorphan)	☐

Please take this information sheet to a pharmacy, where the pharmacist can advise you on the best treatment for your needs. Always use medicines as directed by your doctor, pharmacist or medicine package instructions. If your symptoms last longer than expected, do not improve or if you develop new symptoms, please phone or visit your doctor for more advice

Signed: _____ Practice stamp:

REFERENCES

1. Ebell MH, et al. JAMA 2000;284:2912–8; 2. Van Gageldonk-Lafeber AB, et al. Clin Infect Dis 2005;41:490–7; 3. Kenealy T, Arroll B. Cochrane Database Syst Rev 2013;6:CD000247; 4. Scott JG, et al. J Fam Pract 2001;50:853–8; 5. Baron S. Medical Microbiology 4th edition. Chapter 93. Infections of the Respiratory System. 1996. University of Texas Medical Branch at Galveston, Galveston, Texas; 6. Creer DD, et al. Thorax 2006;61:75–9; 7. Hildreth CJ, et al. JAMA 2009;302:816; 8. Dekker AR, et al. Fam Pract 2015;32:401–7; 9. Gulliford MC, et al. BMJ Open 2014;4:e006245; 10. World Health Organization. Global action plan on antimicrobial resistance, 2015. Available at: http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/ (accessed July 2018); 11. Zaman SB, et al. Cureus 2017;9:e1403; 12. Goossens H, et al. Lancet 2005;365:579–87; 13. Riedel S, et al. Eur J Clin Microbiol Infect Dis 2007;26:485–90; 14. World Health Organization. Antimicrobial resistance. Fact sheet, 2018. Available at: http://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance (accessed July 2018); 15. National Institute for Health and Care Excellence. Respiratory tract infections (self-limiting): prescribing antibiotics. Clinical guideline 69. July 2008. Available at: https://www.nice.org.uk/guidance/cg69 (accessed July 2018); 16. Centers for Disease Control and Prevention. People at high-risk of developing flu-like complications. Available at: www.cdc.gov/flu/about/disease/high_risk.htm (accessed July 2018); 17. Aalbers J, et al. BMC Med 2011;9:67; 18. Centor RM, Samlowski R. Am Fam Physician 2011;83:26–8; 19. Centor RM, et al. Med Decis Making 1981;1:239–46; 20. McIsaac WJ, et al. JAMA 2004;291:1587–95; 21. van Driel, ML, et al. Ann Fam Med 2006;4:494–9; 22. RB data on file (U&A survey 2017); 23. Macfarlane J, et al. BMJ 2002;324:91–4; 24. Spinks A, et al. Cochrane Database Syst Rev 2013;11:CD000023; 25. Macy E. Perm J 2012;16:61–6; 26. Centers for Disease Control and Prevention. Flu symptoms and complications. 2018. Available at: https://www.cdc.gov/flu/consumer/symptoms.htm (accessed July 2018); 27. Gwaltney JM, et al. JAMA 1967;202:494–500; 28. Arruda E, et al. J Clin Microbiol 1997; 35:2864–8; 29. Wright J, Paauw DS. Med Clin North Am 2013;97:667–79; 30. Costelloe C, et al. BMJ 2010;340:c2096.

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