LEARNING OBJECTIVES

- Acknowledge the importance of the **healthcare professional (HCP)–patient relationship**

- Ascertain, acknowledge and **address** patients' ideas, concerns and expectations

- Learn ways to effectively **communicate** appropriate antibiotic use and suitable symptomatic relief options
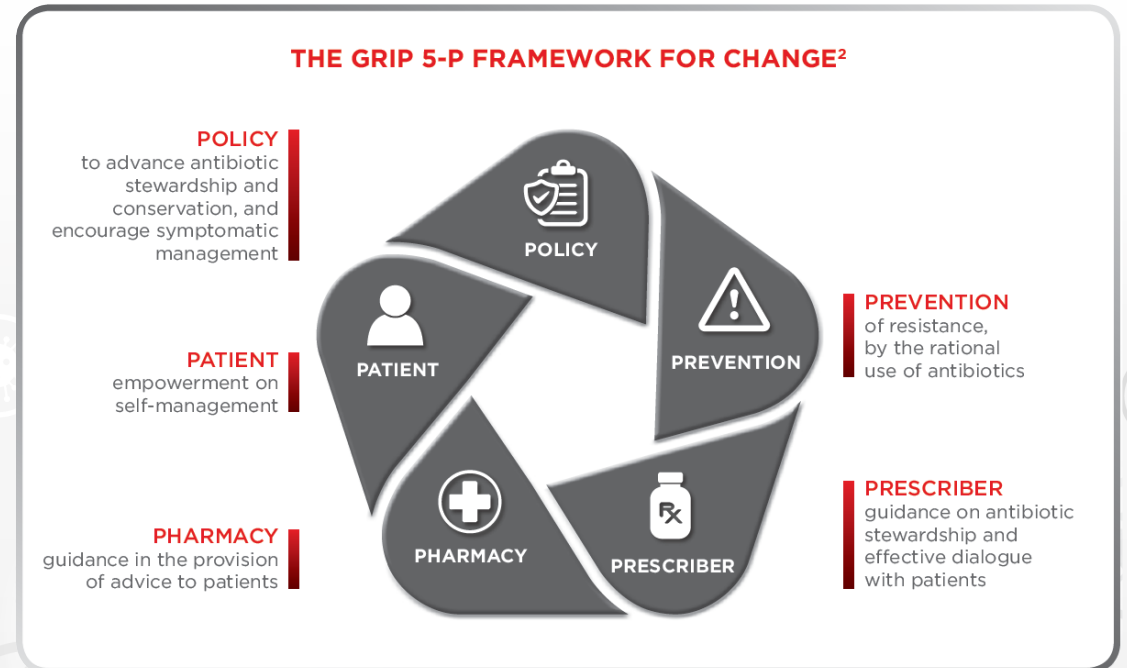
Module 3: Interaction with patients – educating patients and advising on self-care

COMMUNICATION IS KEY: THE HCP–PATIENT RELATIONSHIP

- Medical factors such as severity of symptoms inform treatment decisions. However, these decisions are also influenced by non-medical factors, such as:[1,2]

  - Patient expectations[1,2]

  - Cultural and family behaviours[2]

  - Physicians' or pharmacists' knowledge, habits and experience (see Module 1)

  - Patient health literacy[3]

  - Pressure on physicians to prescribe[1,2]

  - Cost[4]

  - Drug promotion and interaction with pharmaceutical sales representatives[5]

  - Availability of medications and samples[6]

1. Coenen S, et al. BMC Fam Pract 2002;3:16; 2. van der Velden A, et al. Int J Clin Pract 2013;67(Suppl 180):10–6; 3. Stacey D, et al. Cochrane Database Syst Rev 2017;4:CD001431; 4. Bradley C. Brit J Gen Pract 1992;42:454–58; 5. Vancelik S, et al. BMC Public Health 2007;7:122; 6. Warrier R, et al. Clin Rev Opin 2010;2:41–8

Module 3: Interaction with patients – educating patients and advising on self-care

COMMUNICATION IS KEY: THE HCP–PATIENT RELATIONSHIP

- Doctors, pharmacists and other HCPs within primary care are in an ideal position to resolve some of these non-medical factors by improving patient understanding about appropriate antibiotic use and how upper respiratory tract infections (URTIs) are self-limiting. This requires effective communication, which includes:[1]
  - Clear advice
  - Sufficient reassurance
  - Optimal treatment recommendations
  - Shared decision making

- This may help to reduce the pressure – or perceived pressure – put on HCPs to prescribe antibiotics and increase the ability for people to self-care in the future[1]
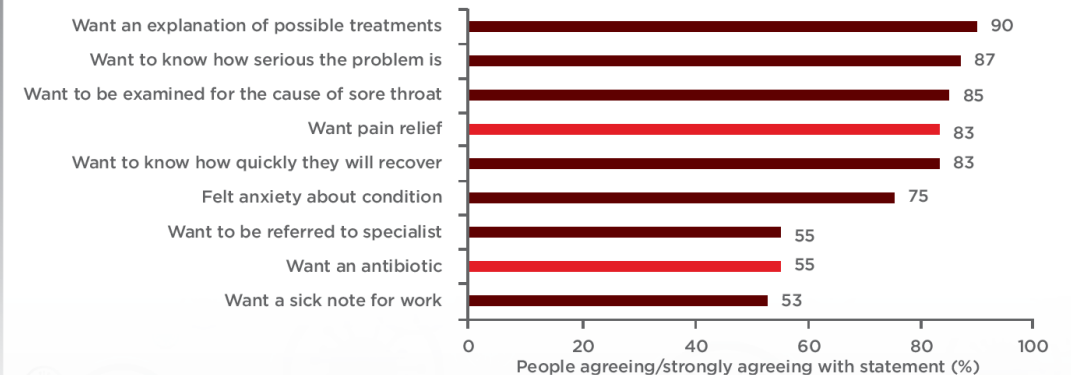
THE GRIP 5-P FRAMEWORK FOR CHANGE[2]

POLICY
to advance antibiotic stewardship and conservation, and encourage symptomatic management

PATIENT
empowerment on self-management

PHARMACY
guidance in the provision of advice to patients

PREVENTION
of resistance, by the rational use of antibiotics

PRESCRIBER
guidance on antibiotic stewardship and effective dialogue with patients

POLICY

PREVENTION

PATIENT

PHARMACY

PRESCRIBER

1. van der Velden A, et al. Int J Clin Pract 2013;67(Suppl 180):10–6; 2. Essack S, Pignatari AC. Int J Clin Pract 2013;67(Suppl 180):4–9

Module 3: Interaction with patients – educating patients and advising on self-care

HOW TO EFFECTIVELY ADDRESS PATIENTS' CONCERNS

- Establish and acknowledge the key reasons for consultation and **what expectations patients may have**

- Many doctors and pharmacists perceive that patients consult with a primary objective of obtaining antibiotics. In contrast, research has shown that the majority of patients with URTIs consult primarily in order to:[1-3]

  - Be examined and establish the cause of symptoms and disease
  - Exclude serious illness (and seek reassurance)
  - Gain more information on the course and duration
  - of the disease
  - Obtain symptomatic relief

- **Pain** is among the primary drivers for sore throat consultation[2] and is the most common symptom experienced by patients[3]

REASONS FOR VISITING DOCTOR ABOUT SORE THROAT[3]

Statement	%
Want an explanation of possible treatments	90
Want to know how serious the problem is	87
Want to be examined for the cause of sore throat	85
Want pain relief	83
Want to know how quickly they will recover	83
Felt anxiety about condition	75
Want to be referred to specialist	55
Want an antibiotic	55
Want a sick note for work	53

People agreeing/strongly agreeing with statement (%)

Responses (n=2040) to the question "How strongly do you agree or disagree with the following statements about why you visit your doctor?" (single response to each statement allowed: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) [Question QIN5a]

1. van der Velden A, et al. Int J Clin Pract 2013;67(Suppl. 180):10–6;. 2. van Driel ML, et al. Ann Fam Med 2006;4:494–9; 3. Schachtel B, et al. J Pain 2012;13:S6;
3. van der Velden A, et al. Poster presented at the International Conference on One Health Antimicrobial Resistance (ICOHAR), Utrecht, The Netherlands, 16–18 April 2019

HOW TO EFFECTIVELY ADDRESS PATIENTS' CONCERNS

- Therefore, it is important for pharmacists and doctors to establish the patient's reason for consulting, review their medical history and assess the severity of infection. A physical examination may be needed in this process

Pharmacy
Effective dialogue, in the pharmacy environment, can help by:
- Recognising that symptoms can be worrying and uncomfortable for patients
- Providing reassurance on duration and severity of URTIs
- Establishing what the patient is expecting from treatment

Clinic
Physical examinations, if appropriate in the consultation environment, help:
- Patients feel properly assessed
- Reassure patients that the condition is not serious
- Manage patients' expectations

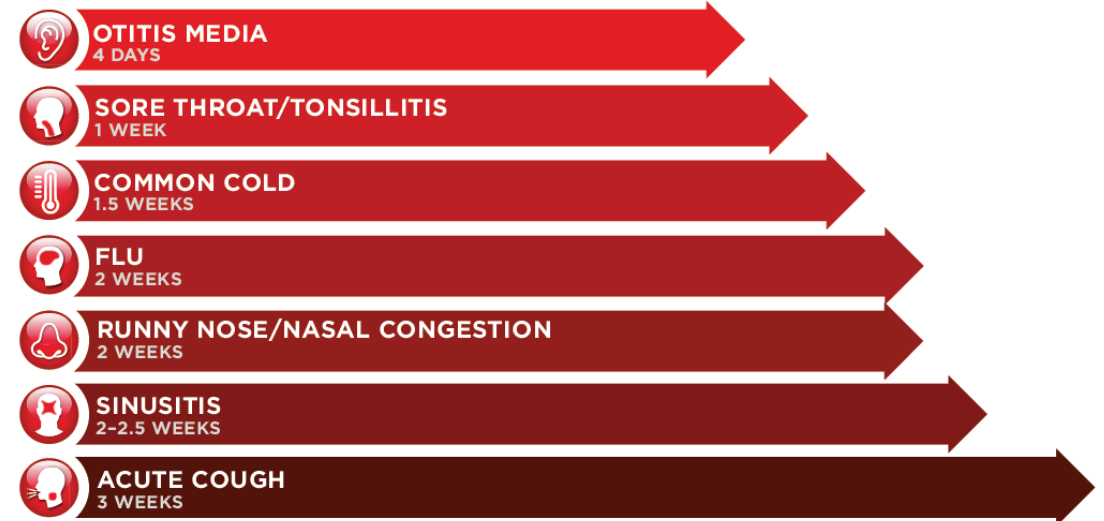# THE IMPORTANCE OF PROVIDING EFFECTIVE REASSURANCE

- It is natural for people to be concerned when they are unwell. This may be especially true for those caring for a child with a URTI, particularly as children can find it hard to explain what is wrong with them or how they are feeling[1]

- There are many different approaches to reassuring patients or parents. **Spending a greater amount of time on reassurance** can help meet their needs:[1,2]

  - Be clear about realistic symptom duration and when to seek further help

  - Explain the self-limiting nature of URTIs and why antibiotics are generally not required

  - Provide tailored advice about symptomatic relief and other ways to feel better

  - Advise patients when to return to the clinic or pharmacy if symptoms do not improve or worsen

1. Francis NA, et al. BMJ 2009;339:b2885; 2. van der Velden A, et al. Int J Clin Pract 2013;67(Suppl. 180):10–6

Module 3: Interaction with patients – educating patients and advising on self-care

DISCUSSING SYMPTOM DURATION

- URTIs may cause patients to feel unwell for a few days and some symptoms may last longer. It is important that patients know the realistic duration of symptoms and when to seek further help

- Patients may think that their URTI will only last a few days. Reassure the patient that, while their symptoms may last longer, they should start to improve within a few days. If symptoms start to worsen they should re-consult[1]

UPPER RESPIRATORY TRACT INFECTION (URTI) IS SELF-LIMITING[1,2] AND SHORT-LIVED, AND THE DURATION OF EACH SYMPTOM FROM ITS FIRST OCCURRENCE VARIES[3–8]

OTITIS MEDIA
4 DAYS

SORE THROAT/TONSILLITIS
1 WEEK

COMMON COLD
1.5 WEEKS

FLU
2 WEEKS

RUNNY NOSE/NASAL CONGESTION
2 WEEKS

SINUSITIS
2–2.5 WEEKS

ACUTE COUGH
3 WEEKS

1. 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 April 2019); 2. Baron S. Medical Microbiology 4th edition. Chapter 93. Infections of the respiratory system. 1996. University of Texas Medical Branch at Galveston, Galveston, Texas; 3. Kenealy T, Arroll B. Cochrane Database Syst Rev 2013;6:CD000247; 4. Spinks A, et al. Cochrane Database Syst Rev 2013;11:CD000023; 5. Macy E. Perm J 2012;16:61–6; 6. Centers for Disease Control and Prevention. Flu symptoms and complications. 2018. Available at: https://www.cdc.gov/flu/consumer/symptoms.htm (accessed April 2019); 7. Gwaltney JM, et al. JAMA 1967;202:494–500; 8. Arruda E, et al. J Clin Microbiol 1997;35:2864–8

Module 3: Interaction with patients – educating patients and advising on self-care

TALKING TO PATIENTS ABOUT ANTIBIOTIC RESISTANCE

- Myths and misperceptions still exist surrounding the effectiveness of antibiotics

- Patients may believe that antibiotics will address their symptoms – especially if they have been prescribed an antibiotic previously – and as a result HCPs feel under pressure to prescribe[1]

- Explaining antibiotic resistance to patients can be complicated. However, effective dialogue and shared decision making, coupled with discussion tools can help transfer key messages for antibiotic stewardship[2,3]

ANTIBIOTICS ONLY KILL BACTERIA
NOT THE VIRUSES THAT CAUSE MOST
RESPIRATORY TRACT INFECTIONS.[4–9]
UP TO 8 OUT OF 10 SORE THROATS
ARE CAUSED BY VIRUSES[4]

1. Oxford J, et al. Int J Clin Pract 2013;67(Suppl 180):1–3; 2. van der Velden AW, et al. Antibiotics 2013;2:316–27; 3van der Velden A, et al. Int J Clin Pract 2013;67(Suppl. 180):10–6. Ebell MH, et al. JAMA 2000;284:2912–8; 5. Van Gageldonk-Lafeber AB, et al. Clin Infect Dis 2005;41:490–7; 6. Kenealy T, Arroll B. Cochrane Database Syst Rev 2013;6:CD000247; 7. Scott JG, et al. J Fam Pract 2001;50:853–8; 8. Baron S. Medical Microbiology 4th edition. Chapter 93. Infections of the respiratory system. 1996. University of Texas Medical Branch at Galveston, Galveston, Texas; 9. Creer DD, et al. Thorax 2006;61:75–9

Module 3: Interaction with patients – educating patients and advising on self-care

TALKING TO PATIENTS ABOUT ANTIBIOTIC RESISTANCE

- There are also other ways to support patients in feeling confident in a non-antibiotic treatment recommendation. You can also explain that **antibiotics have very limited effectiveness for the patient**. For example, antibiotics:[1]

May have more risks than benefits[1]

Will not make patients feel better any sooner[1]

May cause side effects such as diarrhoea or thrush[2,3]

Generate resistant bacteria, which can persist in the body for up to 12 months.

The development of resistant strains could also make infections harder to treat within the rest of the community, not just for the individual[4]

1. 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 April 2019); 2. Wilton L, et al. Drug Saf 2003;26:589–97; 3. National Prescribing Service MedicineWise. Antibiotics explained. 2019. Available at: https://www.nps.org.au/consumers/antibiotics-explained (accessed April 2019); 4. Costelloe C, et al. BMJ 2010;340:c2096

Module 3: Interaction with patients – educating patients and advising on self-care

# DISCUSSING URTI TREATMENT OPTIONS WITH PATIENTS

- There are a wide range of products available over-the-counter (OTC) or by prescription to treat URTI symptoms, such as sore throat,[1] which help patients feel better sooner

- Individual patient needs and preferences should be considered when choosing treatment options.[2] Patients may, for example, prefer different active ingredients or formulations for different problems, such as:

Lozenges, gargles or sprays for sore throats[3]

Syrups, lozenges or tablets to provide relief from coughs
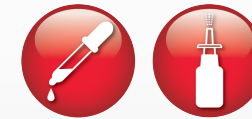
Nasal sprays or drops to relieve rhinosinusitis[4]

Liquid capsules, tablets, soluble tablets and drink sachets for pain and fever (including multi-symptom cold and flu products)

Oral solid and liquid dose forms to relieve congestion

1. Oxford JS, Leuwer M. J Clin Pract 2011;65:524–30; 2. 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 April 2019); 3. Limb M, et al. Int J Clin Pract 2009;63:606–12; 4. Tsikoudas A, Homer JJ. Clin Otolaryngol Allied Sci 2001;26:294–7

DISCUSSING URTI TREATMENT OPTIONS WITH PATIENTS

- Pain and discomfort is subjective, so listening to patients' descriptions of their symptoms will help you identify their most bothersome symptoms and needs, allowing you to provide the most appropriate treatment.[1]

- Patients describe sore throat, for example, in various ways, using sensory, affective and functional descriptors,[2] however, reassure them that effective symptomatic relief is available for all types of sore throat[2]

HUSKY/HOARSE
DIFFICULTY SWALLOWING
LUMP IN THE THROAT
TIGHT
DRY BURNING
THROAT SORENESS
RAW AGONISING SWOLLEN THROAT
PAIN
IRRITATED/SCRATCHY

1. Schachtel B, et al. Arch Intern Med 1984;144:497–500; 2. Schachtel B, et al. Pain Manag 2018;8:85–94

Module 3: Interaction with patients – educating patients and advising on self-care

DISCUSSING SELF-CARE OPTIONS

- Patients can aid their recovery by making sure their body is in the best condition to help fight their URTI. Providing general tips and advice on self-care of URTIs at home will help patients to achieve their aim of feeling better as soon as possible. Self-care includes:[1]

  - Staying hydrated

  - Getting plenty of rest

  - Taking appropriate medicine to relieve symptoms

  - Seeking further medical advice if symptoms worsen, last longer than expected and/or if new symptoms develop

1. Centers for Disease Control and Prevention. Appropriate Antibiotic Use. 2017. Available at: https://www.cdc.gov/antibiotic-use/community/for-patients/symptom-relief.html (accessed April 2019).

HOW DO I USE THIS ADVICE IN PRACTICE? THE 1,2,3 APPROACH

- Use a three-step approach to remember key communication and discussion points for patients with URTIs:[1]

1

Address the patient's concerns

Assess primary concerns and expectations

2

Be vigilant: assess severity

Rule out any red flags and identify high-risk patients

3

Counsel on effective self-management

Reassure the patient regarding the non-serious nature of the infection, duration of symptoms and symptomatic treatment advice

1. van der Velden, et al. Int J Clin Pract 2013;67(Suppl 180):10–6

Module 3: Interaction with patients – educating patients and advising on self-care

SORE THROAT CASE STUDY: MEET JOHN

JOHN HAS COME INTO THE PHARMACY AFTER CONSULTING HIS DOCTOR ABOUT HIS SORE THROAT

"My throat is really painful... I hope the antibiotics work quickly"""

CASE DETAILS

AGE: 40 years

BACKGROUND: Works as surveyor, which involves physical exertion and talking with clients

SYMPTOMS: Sore, painful throat for 2 days

IMPACT: Throat is painful and irritable. He feels as though there is a lump in his throat, which is making it difficult to talk

OTHER CONCERNS: He has been to his doctor and has a prescription for a course of antibiotics

HEALTH STATUS: Otherwise generally healthy

OTHER MEDICATIONS: Receiving treatment for hypertension

SEE HOW 1,2,3 CAN BE USED TO HELP JOHN

Module 3: Interaction with patients – educating patients and advising on self-care

ADDRESS PATIENT CONCERNS

1 ADDRESS PATIENT'S CONCERNS

- Identify the main symptoms, their duration and impact
- Ask about treatments taken so far

John explains to the pharmacist that he has a prescription for a course of antibiotics to relieve his sore throat

"I need these to work quickly so that I can avoid taking any time off for my sore throat"

The pharmacist asks John about his symptoms, in particular how long he has had them and how they are impacting his activities

"Would you mind telling me a bit more about your sore throat, and how long it's been affecting you?"

John confirms that he has had a sore, painful throat for 2 days, which is making it difficult to talk

BE VIGILANT – ASSESS SEVERITY

2

**BE VIGILANT –
ASSESS SEVERITY**

- Identify risk factors and co-morbidities
- Ask about red flag symptoms
- Determine whether a referral is needed and address any objections

The pharmacist sympathises with John, and explains that she would like to get a couple of details on his general health and any other medications

"It sounds like your throat symptoms are really frustrating... can I quickly check whether you have any other health issues then we can get you some symptomatic relief"

John says that he has high blood pressure, which is controlled by medication. He is keen to get his antibiotics as he thinks these will relieve his symptoms

"I think the antibiotics will help me feel better"

The pharmacist explains that the antibiotics don't act on the painful symptoms of sore throat and will take a few days to work, so he also may benefit from having an over-the-counter treatment to provide rapid relief. She also makes John aware that most sore throats do not respond to antibiotics as they are caused by viruses

"Unlike antibiotics, there are treatments that can quickly relieve the pain. Although the doctor has prescribed antibiotics on this occasion, be aware for the future that sore throats are usually caused by viruses, which don't respond to antibiotics "

Module 3: Interaction with patients – educating patients and advising on self-care

COUNSEL ON EFFECTIVE SELF-MANAGEMENT

3 **COUNSEL ON EFFECTIVE SELF-MANAGEMENT**

- Determine what the patient needs from symptomatic relief
- Recommend appropriate symptomatic relief products, taking into account individual preferences
- Advise on when a doctor's visit might be needed

John agrees to getting some symptomatic treatment as well as his antibiotics, and says he would like something fast-acting for pain relief

"I would like some pain relief, and ideally something that can help me keep talking"

The pharmacist recommends an anti-inflammatory spray to quickly relieve the pain and inflammation so his throat will feel less swollen. She also asks John to look out for any red flag symptoms, or his sore throat getting worse, and provides reassurance on the likely duration of his symptoms

"Most sore throats last for less than 1 week; you may need to go back to your doctor if yours is still bothering you at that point. Remember to take the whole course of antibiotics. For the future, bear in mind that antibiotics don't generally work for sore throats, but the pharmacy has options to relieve symptoms"

ASSESSMENT

Question 1: Which of the following is unlikely to relieve a sore throat in a patient with a common URTI?

A. Lozenges
B. Analgesic tablets
C. Antibiotics
D. Throat sprays

Question 2: What information should you establish during a patient consultation for a URTI?

A. Most bothersome symptoms, brief history and patient expectations
B. Number of times the patient has had a URTI and if URTIs run in the family
C. How the patient felt 2 weeks ago and how they expect to feel in 2 weeks' time

Question 3: Which of these statements is an example of good self-care advice for URTIs?

A. Plenty of exercise, caffeine and carbohydrates
B. Rest if needed, drink water and take symptomatic relief products
C. Carry on as normal but carry tissues and hand sanitiser

ANSWERS: 1=C, 2=A, 3=B.

Module 3: Interaction with patients – educating patients and advising on self-care

Module 2: Diagnosing and defining appropriate antibiotic use in URTIs