PEARLS

Practical Evidence About Real Life Situations

New Zealand GUIDELINES GROUP
Te Rōpū Rarangi Tohutohu
Promoting Effective Health and Disability Services

En cas d'inflammation de la gorge ou des amygdales (pharyngite, éventualité d'angine), il vaut mieux être retenu avec la prescription d'antibiotiques. La durée des symptômes n'est réduite en tout que de 16 heures. Pour d'autres chiffres intéressants sur les inflammations de la gorge et la pertinence du traitement aux antibiotiques, consulter page 40 et http://www.cfp.ca/cgi/reprint/53/11/1961

Bernhard Rindlisbacher

Antibiotics of limited use for most people with sore throats

PEARLS No. 48, November 2007, written by Brian R McAvoy

Clinical question: Should I prescribe antibiotics for patients with sore throats?

Bottom line: Antibiotics confer relative benefits in the treatment of sore throats, but their absolute benefits are modest. Compared to placebo, antibiotics reduce bacterial infections, such as acute otitis media and acute sinusitis. Throat soreness and fever are reduced by antibiotics by about one half. The median NNT*=5 to prevent one sore throat at day 3. The median NNT=23 to prevent one sore throat at day 7. Antibiotics shorten the duration of symptoms by about 16 hours overall.
** NNT = number needed to treat to benefit one individual.*

THE COCHRANE COLLABORATION®

Caveat: Antibiotics can cause adverse effects, such as diarrhoea and rashes, and communities build resistance to them.

Context: Sore throats are infections caused by bacteria or viruses, affecting mostly children and young adults. Protecting individuals with sore throat against suppurative and non-suppurative complications in modern Western society can only be achieved by treating many with antibiotics, most of whom will derive no benefit. In emerging economies (eg, where rates of acute rheumatic fever are high), the number needed to treat may be much lower for antibiotics to be considered effective.

Cochrane Systematic Review: Del Mar CB et al. Antibiotics for sore throat. Cochrane Database of Systematic Reviews 2006, Issue 4. Article No. CD000023. DOI: 10.1002/14651858. CD000023. pub3.
Note: This review contains 27 studies with 2835 participants.

Il y a de bonnes raisons de renoncer aux antibiotiques pour un enfant âgé de plus de six mois atteint d'une otite aiguë unilatérale de l'oreille moyenne. Les chiffres en détail.

Bernhard Rindlisbacher

Antibiotics or "watch and wait" for acute otitis media

PEARLS No. 49, November 2007, written by Brian R McAvoy

Clinical question: How should I treat uncomplicated acute otitis media (AOM)?

Bottom line: Immediate antibiotic treatment reduces earache/fever or both at 3–7 days:
<2 years + bilateral AOM NNT* = 4
<2 years + unilateral AOM NNT = 20
≥2 years + bilateral AOM NNT = 9
≥2 yrs + unilateral AOM NNT = 15.1
Watch and wait may be appropriate for unilateral AOM except in children under 6 months of age. Most guidelines recommend routine antibiotics for children less than 6 months.
**NNT = number needed to treat to benefit one individual.*

Caveat: Adverse events reported included diarrhoea (4–21 per cent of children in the treatment groups, 2–14 per cent in the control groups), and rash (1–8 per cent in the treatment groups and 2–6 per cent in the control groups). No serious adverse events were reported. Children with a temperature >37.5 °C and vomiting are more likely to be distressed or have night disturbance after 3 days and would appear to benefit from antibiotics.

Context: AOM is very common in preschool children, uncommon in older children and very rare in adults.

Systematic Review: Rovers MM et al. Antibiotics for acute otitis media: a meta-analysis with individual patient data. Lancet 2006; 368:1429–35.
Note: This review contains 6 studies involving 1643 patients.

Further reference

1 Little P et al. Predictors of poor outcomes and benefits from antibiotics in children with acute otitis media: pragmatic randomised trial. BMJ 2002;325:22–25. This is a single study involving 315 patients.

PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at: www.cochraneprimarycare.org.