Nonspecific Upper Respiratory Tract Infection

Principles of appropriate antibiotic use apply to the diagnosis and treatment of acute upper respiratory tract infection (common cold) in otherwise healthy adults.

Symptoms may last up to 10-14 days

Background

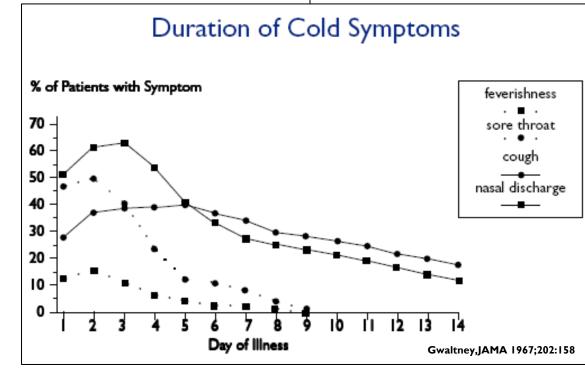
- The common cold is caused by viral pathogens, such as rhinovirus, parainfluenza, adenovirus, RSV, and influenza.
- Bacterial rhinosinusitis complicates only about 2% of cases.

Diagnosis

- Although sore throat, nasal symptoms, and cough may be present, there is no prominent symptom or sign.
- Symptoms may last up to 14 days with an average of 7 to 11 days (*J Clin Microbiol* 1997;35:2864; *JAMA* 1967;202:158).
- Purulent nasal secretions do not predict bacterial sinusitis unless accompanied by other signs and symptoms of bacterial infection.

Treatment

- Studies have found the common cold resolves without antibiotic treatment.
- Treatment with an antibiotic does not shorten the duration of illness or prevent bacterial rhinosinusitis.
- Patients with purulent green or yellow secretions do not benefit from antibiotic treatment.
- Over-the-counter cough suppressants have limited efficacy for relief of cough due to upper respiratory infection (*Chest* 2006; 129:95S-103S).
- Acute cough associated with the common cold may be relieved by first-generation antihistamines and decongestants (*Chest* 2006;129:95S-103S).



TIPS TO REDUCE ANTIBIOTIC USE

- Tell patients that antibiotic use increases the risk of an antibioticresistant infection.
- Identify and validate patient concerns.
- Recommend specific symptomatic therapy.
- Spend time answering questions and offer a contingency plan if symptoms worsen.
- Provide patient education materials on antibiotic resistance.
- REMEMBER: Effective communication is more important than an antibiotic for patient satisfaction.
- See <u>www.cdc.gov/</u> <u>getsmart</u> or contact your local health department for more information and patient education materials.

Key Reference

Gozales R et al. Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection: Background. *Annals of Internal Medicine* 2001;134(6):490-4.

