### AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# Sore throat: Should I take antibiotics?

#### What is this decision aid for?

- This decision aid can help you decide whether to use antibiotics when **you or your child** has a sore throat.
- It is designed to be used with your doctor to help you make a shared decision about what is best for you or your child.



## What causes a sore throat?

It can be caused by a viral or bacterial infection. It is hard for your doctor to tell which it is. How long does a sore throat last?

Symptoms will usually get better in **2-7 days**, without taking antibiotics.

#### What are the treatment options?

There are two options that you can discuss with your doctor:

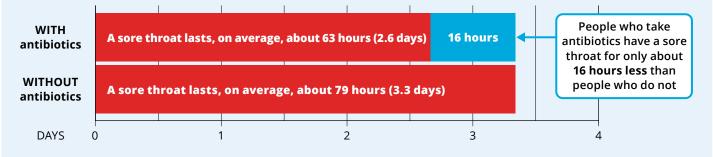
This means letting the infection get better by itself.

1. Not taking antibiotics –

2. Taking antibiotics.

Symptoms, such as pain and fever, can be treated with over-the-counter medicines. They can be used with either option.

#### What are the likely benefits and harms of each option?

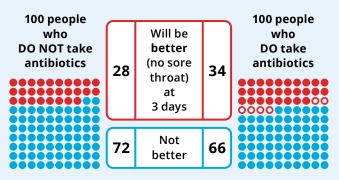


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These figures show what is likely to happen to people with sore throats who **do not** take antibiotics and those who **do**. Each circle is one person. We cannot predict who will get better sooner or who will have problems.

#### **Possible benefits**

- Gets better by 3 days
- O Gets better by 3 days due to antibiotics
- Not better by 3 days

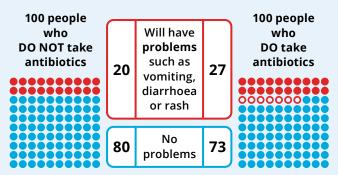


With antibiotics, **6 more people** will be better after 3 days.

Without taking antibiotics, **most** people will be better after about **4–7 days** anyway.

#### Possible harms

- Has problems
- Has problems due to antibiotics
- No problems



With antibiotics, **7 more people** will have problems such as vomiting, diarrhoea or rash. Other **antibiotic downsides** are:

- The **cost** of buying them
- Remembering to take them
- The risk of **antibiotic resistance** (see below).

#### Where do these estimates of benefits and harms come from?

- They are from the most up-to-date medical evidence of benefits and harms about what works best.<sup>1,2</sup> This is a review of 27 studies, and almost 13,000 people, that looked at antibiotic use in people with sore throat.
- The quality of this research evidence is ranked as high. This means that further research is very unlikely to change these estimates.

### Why might antibiotics be used?

There are a few special reasons why your doctor might suggest antibiotics. This might be if the sore throat is caused by a dangerous, but rare, type of bacterium, or in people who are at a high risk of complications, such as Aboriginal and Torres Strait Islander peoples.

# What is antibiotic resistance?



- Using antibiotics means the bacteria, including the healthy ones in your body, can develop resistance to the antibiotic.
- This means that antibiotics may not work if you or your child needs them in the future to treat a bacterial infection.
- A person who has recently used antibiotics is more likely to have resistant bacteria in their body.

# Are there other things I can do to manage a sore throat?

- Pain and fever are best treated with over-thecounter paracetamol or ibuprofen. Do not give more than the maximum recommended dose. Read the dose information on the packet.
- Aspirin should NOT be used with children who are younger than 16 years.
- Gargle with warm salty water.
- Suck an ice cube or throat lozenge.

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#### When should you see a doctor and get further help?

If the person with the sore throat has any of these signs:

- Very drowsy
- Fast, noisy, or difficult breathing, or shortness of breath
- Cold or discoloured hands and/or feet with a warm body A rash that does not fade when the skin is pressed.
- Pain in the arms and/or legs
- Unusual skin colour (pale or blue) around the lips

#### Questions to consider when talking with your doctor

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I do not take antibiotics?

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biotics?

Am I clear about which benefits and harms matter most to me?

Do I have enough information and support to decide?

#### References

- 1. Spinks A, Glasziou P, & Del Mar C. Antibiotics for sore throat. Cochrane Database of Systematic Reviews, 2013. 11: CD000023. www.cochranelibrary.com
- 2. Gillies M, Ranakusuma A, Hoffmann T, Thorning S, McGuire T, Glasziou P, & Del Mar C. Common harms from amoxicillin: a systematic review and meta-analysis of randomized placebo-controlled trials for any indication. Canadian Medical Association Journal, 2015, 187; doi:10.1503/cmaj.140848.

The information in this decision aid is provided for general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with a qualified health professional who can determine you or your child's individual medical needs.

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