



antibiotics

Prescribing antibiotics for the common cold and acute bronchitis

Why is this important?

The common cold and acute bronchitis are among the most common illnesses seen in general practice in Australia.[1] Mostly, they are self-limiting viral infections with symptoms that clear up over a week or two. For the majority of patients presenting with these problems, antibiotics will provide little or no benefit and may cause side effects such as nausea, vomiting, diarrhoea and rash. There is also the issue of cost and the potential for inducing antibiotic resistance.

Best available evidence

Recent reviews have looked at the use of antibiotics for the common cold and acute bronchitis.[2,3] For the common cold, the reviewers found that patients receiving antibiotics did no better than those taking placebo and had significantly more side effects. For acute bronchitis, antibiotics were found to

have a modest beneficial effect, but the magnitude of this benefit was similar to the detriment from potential adverse effects.

However, in certain circumstances, for example when a patient is immunosuppressed, it may be appropriate to prescribe antibiotics.[4]

Current practice

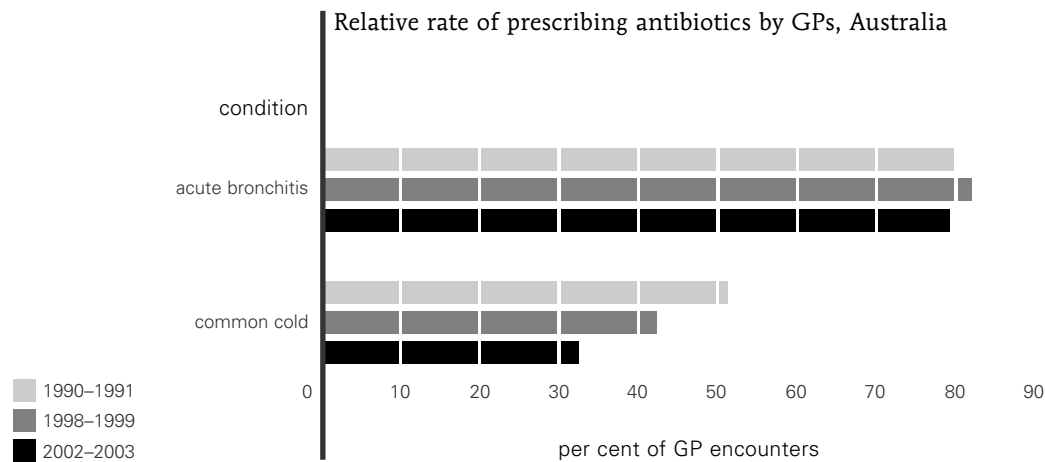
Acute bronchitis is the most common problem managed with antibiotics in Australia.[1] There has been little change in the rate of antibiotic prescribing for this condition since the beginning of the 1990s.[5]

The common cold represents the second most common problem managed with antibiotics in Australian general practice. The rate of antibiotic prescribing for this condition has declined from over half to less than a third of GP encounters between 1990–91 and 2002–03.

Implications

- There is no mandatory need for early *routine* prescription of antibiotics for colds or acute bronchitis.
- Although antibiotic use for colds has decreased substantially in Australia, it remains high.
- There has been no apparent decrease in antibiotic prescribing for acute bronchitis which remains very high.
- Side effects from antibiotics are common.
- Unnecessary use of antibiotics adds to the problem globally of the development of resistant bacteria which may be difficult to treat.[6]

Four out of five patients diagnosed with acute bronchitis are prescribed antibiotics, although there is no mandatory need for their early routine prescription.



Source: AIHW General Practice Statistics and Classification Unit, University of Sydney (2003)

References

- 1 Britt H, Miller G, Knox S, Charles J, Valenti L, Henderson J et al (2002) General practice activity in Australia 2001-02. AIHW cat. no. GEP 10. Australian Institute of Health and Welfare, Canberra
- 2 Smucny J, Fahey T, Becker L, Glazier R (2003) Antibiotics for acute bronchitis (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software
- 3 Arroll B, Kenealy T (2003) Antibiotics for the common cold and acute purulent rhinitis (Cochrane Review). In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software
- 4 Therapeutic Guidelines Limited (2003) Therapeutic guidelines: antibiotic. Version 12. TGL, Melbourne
- 5 AIHW General Practice Statistics and Classification Unit, University of Sydney (2003) Secondary analysis of data from the BEACH program 2002-03 and the Australian Morbidity and Treatment Survey 1990-91. AIHW, Sydney
- 6 Nasrin D, Collignon PJ, Roberts L, Wilson EJ, Pilotto LS, Douglas RM (2002) Effect of beta lactam antibiotic use in children on pneumococcal resistance to penicillin: prospective cohort study. *BMJ* 324: 28-30