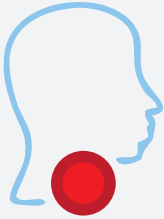


Sore throat: should I take antibiotics?

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



What causes 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 sore throat last?

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

What are the treatment options?

There are 2 options that you can discuss with your doctor:

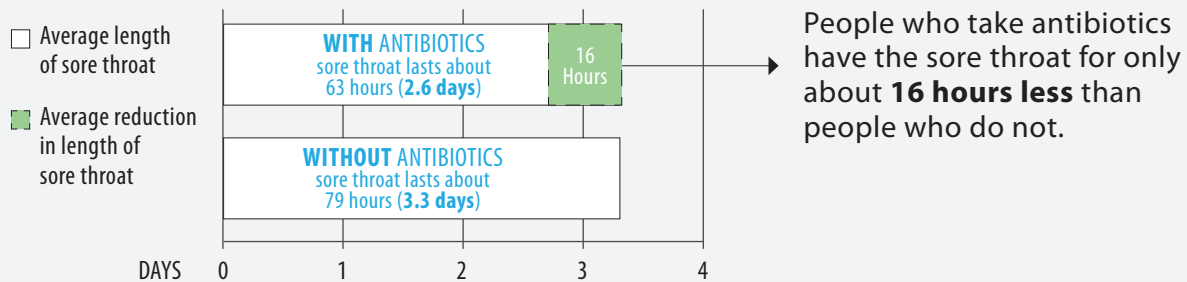
1. Not taking antibiotics

This means letting the infection get better by itself.

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

2. Taking antibiotics

What are the likely benefits and harms of each option?



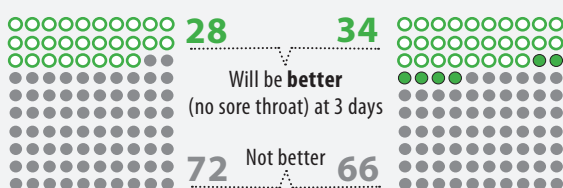
These figures show what happens to people with sore throats who **do not** take antibiotics and those who **do**. Each circle is one person. We can't predict whether you will be one of the people who is helped or harmed.

- gets better by 3 days
- gets better by 3 days due to antibiotics
- not better by 3 days

- has problems
- has problems due to antibiotics
- no problems

100 people who **don't** take antibiotics

100 people who **do** take antibiotics



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

Most people will be better after about **4-7 days** anyway - without taking antibiotics.

100 people who **don't** take antibiotics

100 people who **do** take antibiotics



With antibiotics, **7 more people** will have problems like vomiting and diarrhoea. Other **antibiotic harms** are:

- the **cost** of buying them
- **remembering** to take them
- the risk of **antibiotic resistance** (see next page)

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. 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 Indigenous people.

What is antibiotic resistance?

- Using antibiotics means the bacteria can develop resistance to the antibiotic.
- This means that **antibiotics will 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?

- Pain and fever are best treated with over-the-counter **paracetamol and/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.

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

Questions to consider when talking with your doctor



- Do I need antibiotics?
- What happens if I don't take antibiotics?
- Do I know enough about the benefits and harms of:
 - taking antibiotics?
 - not taking antibiotics?
- 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.

Last reviewed: November 2015. Update due: November 2017. Developed by Peter Coxeter, Professor Chris Del Mar and Professor Tammy Hoffmann - Centre for Research in Evidence-Based Practice, Bond University. Decision Aid development funded by the National Health and Medical Research Council (APP1044904).