Acute upper respiratory infections are the most frequent reasons for seeking ambulatory medical attention in the United States. Nearly all of these infections are caused by viruses, against which antibiotics are ineffective; yet these illnesses are associated with up to 75 percent of the total antibiotic prescriptions written in the U.S. each year.

The diagnosis of upper respiratory tract infection should be used to denote an acute infection in which sinus, pharyngeal, and lower airway symptoms, although frequently present, are not prominent. These infections are predominantly viral in origin, and complications are rare. When symptoms are severe, and particularly when they are accompanied by muscle aches and fatigue, influenza and parainfluenza infections are the most common causes, whereas rhinoviruses predominate when symptoms are mild. Most cases of uncomplicated upper respiratory tract infection in adults resolve spontaneously. The duration of illness typically is 1 to 2 weeks, and most patients feel much better within the first week. Yellow to green mucous secretions from the nares or throat (commonly observed in patients with uncomplicated upper respiratory tract infection) predict neither bacterial infection nor benefit from antibiotic treatment. A small portion of upper respiratory infections become complicated by bacterial sinusitis or pneumonia.

A multitude of different viruses and, on occasion, bacteria may cause this illness. Antibiotic treatment for an upper respiratory tract infection is almost always inappropriate because the vast majority of the time it has a nonbacterial cause.

The need to decrease excess antibiotic use in ambulatory practice has been fueled by the epidemic increase in antibiotic–resistant Streptococcus pneumoniae. Emerging antibiotic resistance has been inextricably linked to the overuse and misuse of antibiotics. It will be the most significant infectious disease problem of the coming decade. The appropriate use of antibiotics is not only a public health priority; it constitutes the best care for your patient. Excessive and frequent use of unnecessary antibiotics leads to increased incidence of allergic drug reactions with attendant significant morbidity and mortality.

Studies have shown that, although patients frequently expect antibiotics for upper respiratory infections, their satisfaction with their physician is not dependent on receiving antibiotics, but rather on how well the physician explains the appropriateness of the recommended treatment. For uncomplicated cases of upper respiratory infection instruct the patient to treat symptomatically. In addition, discuss with the patient the lack of benefit of antibiotics and the risks related to antibiotic use.
References


Chief Medical Officer
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