

Physicians Not Following Pharyngitis Guidelines

BY DIANA MAHONEY
New England Bureau

BOSTON — Many physicians do not follow recommended guidelines for the diagnosis and management of children with pharyngitis, according to the results of a Centers for Disease Control and Prevention survey.

Although pharyngitis is one of the most common reasons for prescribing antibiotics, only 15%-30% of pediatric episodes are caused by group A streptococci and helped by antibiotics, CDC epidemiologist Sarah Y. Park, M.D., said in a presentation at the annual meeting of the Infectious Diseases Society of America.

Numerous studies have demonstrated that it is not possible on clinical grounds to differentiate streptococcal from viral pharyngitis, yet 278 of 505 eligible pediatricians and family medicine physicians (55%) who completed the CDC survey said they did not wait for laboratory confirmation of bacterial pharyngitis before initiating antibiotic therapy.

In addition, 64 of the respondents (13%) said they prescribed antibiotics based on clinical findings alone.

Diagnostic recommendations for pharyngitis are throat culture alone or a rapid antigen-detection test with throat culture backup, in conjunction with clinical and epidemiologic findings, said Dr. Park. "Diagnosis based on clinical findings alone is not recommended.

Most physicians tend to overestimate the probability of a streptococcal infection based on history and physical examination, which leads to antibiotic abuse," she said.

Dr. Park and her colleagues in the pediatric pharyngitis management investigation sent surveys to a total of 2,000 randomly selected members of the American Academy of Pediatrics (1,000 recipients) and the American Academy of Family Physicians (1,000 recipients).

The surveys included questions about demographics, management strategies for acute pharyngitis, understanding of the appropriate use of throat cultures and rapid testing, and the approach to a clinical scenario with clinical findings consistent with group A streptococci pharyngitis.

The preliminary results are based on the

responses from 260 pediatricians and 245 family physicians. Approximately 94% of the physicians cited acute rheumatic fever prevention as a reason to treat bacterial pharyngitis, and 54% cited prevention of acute glomerulonephritis.

Rapid antigen detection tests were available to 89% of the physicians, and throat culture was available to 93%.

Of the 441 physicians who reported using any test, 39 (9%) said that they continued with antibiotic therapy despite a

negative test, "which is why presumptively starting therapy pending results of a culture is discouraged; treatment often continues regardless of the result," Dr. Park explained.

Also, 52 of the 388 physicians (13%) who reported using the rapid test said they did not confirm a negative result with throat culture, as current clinical guidelines recommend.

The findings are disappointing in light of the growing awareness of the risks of an-

tibiotic overuse and resistance, said Dr. Park. "Accurate diagnosis of group A streptococcal pharyngitis and appropriate antimicrobial therapy are important, particularly to prevent nonsuppurative sequelae such as rheumatic fever. But following recommended guidelines is just as important." Toward this end, more efforts need to target physician understanding of the appropriate use of throat culture and rapid antigen-detection testing to promote reasonable antibiotic prescribing. ■

HEAD-TO-TOE PERFORMANCE

Newly published data on immune system development!

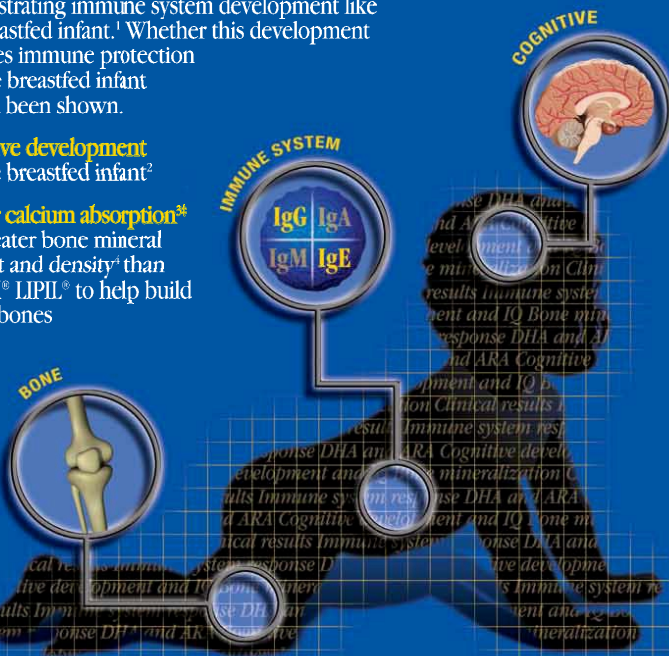
Only Similac® Advance** is backed by peer-reviewed, published clinical studies in three key areas:

- Immune system development like the breastfed infant†

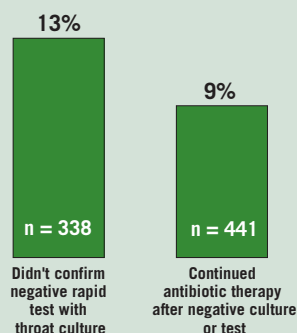
Similac Advance has a patented nucleotide blend demonstrating immune system development like the breastfed infant. Whether this development provides immune protection like the breastfed infant has not been shown.

- Cognitive development like the breastfed infant‡

- Greater calcium absorption* and greater bone mineral content and density† than Enfamil® LIPIL® to help build strong bones



Physicians Who Failed to Follow Guidelines



References: 1. Buck RH, Thomas DL, Winship TR, et al. *Pediatr Res* 2004;56:891-900. 2. Auestad N, Scott DT, Janowsky JS. *Pediatrics* 2003;112:e177-e183. 3. Nelson SE, Frantz JA, Ziegler EE. *J Am Coll Nutr* 1998;7:327-332. 4. Koo WKK, Hammami M, Margsson DP, et al. *Pediatrics* 2003;111:1017-1023.

*Among formulas with DHA and ARA.

†Based on a clinical study with Similac® with iron with added nucleotides. Similac with iron and Similac Advance have the same composition except for the addition of DHA and ARA.

‡Infant calcium absorption study and bone density study (in babies studied up to 6 months of age) compared Similac with iron without DHA and ARA to Enfamil with iron. Calcium absorption was measured as an average percent of intake.

Enfamil and LIPIL are registered trademarks of a company other than Abbott Laboratories. Performula is a trademark of Abbott Laboratories.

© 2004 Abbott Laboratories
B1106/5010

ROSS ROSS PRODUCTS DIVISION
ABBOTT LABORATORIES INC.
COLUMBIUS, OHIO 43215-7294



The formula that performs

LITHO IN USA www.rosspediatrics.com