



HOLY FAMILY
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Sore Throat? Hold the Antibiotics

TOO MUCH OF A GOOD THING

The age of antibiotics began in the 1930's with the introduction of sulfa drugs, followed by penicillin in 1941. In the last half-century, antibiotics have saved the lives of countless millions infected with deadly bacteria. The war against viruses, with a few notable exceptions, has not been as successful. Physicians began writing antibiotic prescriptions for many viral infections "just in case" bacteria might also be involved. Patients came to expect and even demand such treatment. That's not good medicine. Unnecessary antibiotics not only expose patients to harmful side effects, such as debilitating diarrhea, but also lead directly to the emergence of resistant strains of bacteria that then go on to infect others

In hospitals, at least 50 percent of antibiotic use is either unnecessary or inappropriate. In doctor's offices, where no one is keeping track, the percentage may be even higher. No where is this more evident than in the treatment of sore throats, which is one of the most common reasons adults and children visit their doctor's office. Even though, it has been shown that a vast majority of sore throats are due to a variety of respiratory viruses such as adenovirus, respiratory syncytial virus, and rhinovirus, they are almost always treated with antibiotics.

Physicians probably overuse antibiotics for viral sore throats in part to appease miserable patients desperate for a quick cure. The practice also dates back to a time when untreated sore throats were occasionally followed by rheumatic fever or acute kidney disease. The complications developed from infections caused by the group A beta-hemolytic streptococcus- the infamous strep throat- that account for only 5 to 15 percent of all sore throats. The only other sore throat that can mimic strep throat (but with a negative throat culture) is that which occurs with infectious mononucleosis.

VIRUS OR STREP?

Today, the organism for strep can be readily detected with a simple throat swab, with results available within 24 hours. The disease can almost always be distinguished from a viral sore throat on clinical grounds alone. The patient is usually less than 50 years of age, and the sore throat comes on like gangbusters within hours or overnight making swallowing so difficult that drooling can occur. The breath has a foul odor, and even speech is affected. A fever in excess of 101 degree F. accompanied by chilling sensations, is common and you can easily feel tender swollen nodes under the jaw. Inspection in the throat shows yellowish pus overlying the tonsils. Group A strep has not developed resistance, penicillin is still the mainstay treatment unless you're allergic to it.

Viral sore throats develop over a few days and are invariably accompanied by a runny nose, post nasal drip, a cough with clear or greenish sputum, and a low-grade fever or no fever at all. No medicine will cure them. The only treatment is "tincture of time" – waiting out the one to two weeks it can take for symptoms to leave on their own.

You can manage symptoms with acetaminophen (Tylenol and generic), nasal sprays or drops, throat lozenges, and gargling with warm salt water. Of course, there's always good old chicken broth or soup.

Article from Consumer Reports on Health, Office Visit, January 2013. Marvin M. Lipman M.D. diplomat of the American Board of Internal Medicine & clinical professor emeritus of medicine at New York Medical College .

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