

SLIDE INFORMATION

- Slide 1 Visual timeline to depict course lengths for common infections for adults. In line
 with NICE guidance for first line treatments only. 5 day course lengths are highlighted here
 with darker font and darker blue. Colours used i.e. green for 0 as some conditions are selflimiting and don't warrant antibiotics. Red for sore throat to prescribe with caution for
 persistent symptoms and/or confirmed Group A Streptococcus or Scarlet fever.
- Slide 2 To promote the 5-day course length for common infections in adults. More detail
 has been added for first-line treatment. Can be used for educational material and
 referencing use for prescribers
- **Slide 3** The safety messaging of avoiding prolonged durations of antibiotic therapy. Comments welcome on key messages.

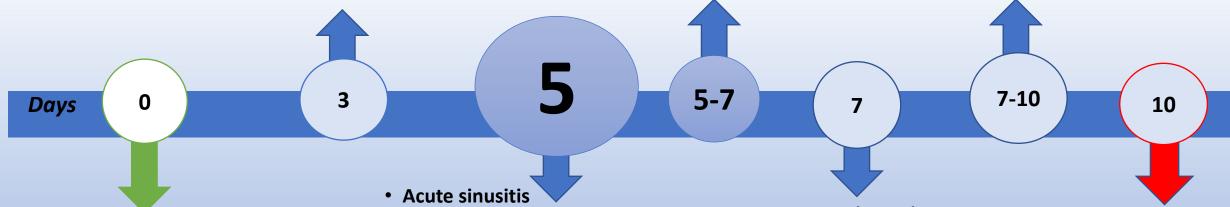
ANTIBIOTIC DURATIONS FOR COMMON INFECTIONS IN PRIMARY CARE (ADULTS)



NICE recommended durations of antibiotic courses for first-line treatments

 UTI (lower) non – pregnant women

- Cellulitis and Erysipelas
- Acute otitis media with risk of complication or systemically unwell
- Pyelonephritis (acute)
 men and non-pregnant
 women



- **Sinusitis** symptoms less than 10 days
- Acute cough no risk of complications
- Viral sore throat according to FeverPAIN/CENTOR score
- Asymptomatic bacteriuria
- Acute otitis media

- COPD acute exacerbation
- Acute cough with risk of complications or systemically unwell
- Community Acquired Pneumonia (CAP)
- Sore throat according to FeverPAIN/CENTOR score for symptomatic cure only

- UTI (lower) men and pregnant women
- Catheter-associated UTI (CAUTI)
- Sore throat according to
 FeverPAIN/CENTOR
 score 10 days for
 Penicillin V ONLY for
 microbiological cure

5 DAYS FOR 5 INFECTIONS (ADULTS)





Sore Throat (if antibiotic indicated) Phenoxymethylpenicillin 500mg four times a day for 5 days for symptomatic cure **OR** clarithromycin 250mg to 500mg twice a day for 5 days **OR** erythromycin 250mg to 500mg four times a day for 5 days



COPD (acute infective exacerbation) Amoxicillin 500mg three times a day for 5 days **OR** doxycycline 200mg day 1 and then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days



Acute Cough (if antibiotic indicated) Doxycycline 200mg day 1 then 100mg daily on days 2-5 **OR** amoxicillin 500mg three times a day for 5 days **OR** clarithromycin 250mg to 500mg twice a day for 5 days **OR** erythromycin 250mg to 500mg four times a day or 500mg to 1g twice a day for 5 days



Community Acquired Pneumonia Amoxicillin 500mg to 1g three times a day for 5 days **OR** doxycycline 200mg on day 1, then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days **OR** erythromycin (in pregnancy) 500mg four times a day for 5 days



Acute Sinusitis (if antibiotic indicated) Phenoxymethylpenicillin 500mg four times a day for 5 days OR if systemically very unwell co-amoxiclav 500/125mg 1 three times a day for 5 days **OR** for penicillin allergy doxycycline 200mg on day 1, then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days **OR** erythromycin (in pregnancy) 500mg four times a day for 5 days

SHORTER IS SAFER – AVOIDING PROLONGED DURATIONS OF ANTIBIOTIC THERAPY



Key Points

Antibiotics should be prescribed as recommended in NICE guidance

Prescribing the NICE recommended dose and course length is safe and effective

Evidence supports 5-day course length treatment for most common infections in primary care

Avoiding prolonged durations of antibiotic therapy means fewer side effects and reduces the risk of antibiotic resistance

PROLONGED DURATIONS OF ANTIBIOTIC THERAPY

Antimicrobial resistance (AMR)

C. difficile infection

Medication side effects

Non-compliance

Health care costs

RECOMMENDED SHORTEST EFFECTIVE DURATION