

Messaging to accompany issue 24 of green/red reports**June 2025****Expected recovery from lower respiratory tract infections (LRTI)**

- From time-to-time patients can re-present with continuing symptoms despite appropriate initial therapy for LRTI
- In general, the patient may benefit most from reassurance that the disease is following an expected course of recovery, and the patient does not require a change from the initial management plan
- If an antibiotic was part of the initial management plan it is also an opportunity to reassure the patient that the most up to date evidence for RTIs shows a 5 day course is as effective as 7 days and getting more antibiotic will be of no benefit and may cause harm such as side effects or may generate superbugs
- On occasion if symptoms are not improving as expected the patient may need an alteration of therapy, such as a change of antibiotic or a referral to hospital.

Community acquired Pneumonia (CAP) recovery

- It can be helpful to explain to patients with CAP how long it may take to get better.
- After starting treatment their symptoms should steadily improve, although the rate of improvement will vary with the severity of the pneumonia.
- With appropriate duration of antibiotic treatment, most people can expect that by:
 - 1 week, fever should have resolved
 - 4 weeks, chest pain and sputum production should have substantially reduced
 - 6 weeks, cough and breathlessness should have substantially reduced
 - 3 months, most symptoms should have resolved but fatigue may still be present
 - 6 months, most people will feel back to normal.

Infective exacerbation of COPD recovery

- Acute exacerbations of COPD may be triggered by viral as well as bacterial infections therefore many exacerbations (including some severe exacerbations) will not respond to antibiotics.
- Some exacerbations may be caused by non-infective triggers e.g. environmental pollution.
- Symptoms of acute exacerbations of COPD generally improve over the first 14 days, but in some, recovery can take over 3 months.
- Exacerbation features associated with prolonged recovery include: symptoms of the common cold at exacerbation onset, evidence of viral infection, more severe dyspnoea during the exacerbation and persistent systemic inflammation.

Bronchitis recovery

- Viruses cause 85-95% of cases of acute bronchitis in healthy adults.
- In the majority of cases, antibiotics are not indicated.
- Advise patient that acute cough may persist for up to 3-4 weeks.

It is useful for patients experiencing LRTI to understand recovery timelines associated with their condition. Repeated or prolonged antibiotic prescription is not indicated in most instances.

As always, follow-up to ensure clinical improvement and expected resolution is important. Visit antibioticprescribing.ie > Antibiotic Prescribing – Conditions and Treatments – Lower respiratory for the most up-to-date antibiotic prescribing guidelines for community setting