



Messaging accompanying issue 6 of green/red reports

December 2020

### Tips on prescribing for respiratory tract infections

We would like to thank you for your continued efforts in improving the safety and appropriateness of antibiotic prescribing. Antibiotic prescribing levels to the end of October 2020 are 20% less than the same period in 2019 and show a continued increase of the more appropriate, safer green agents. In the last month you will have received an updated version of the green red antibiotic table as a mousemat, this version highlights the risks associated with the red agents. Further copies of the mousemat can be ordered from [www.healthpromotion.ie](http://www.healthpromotion.ie), after completing login, search mousemat.

Check out the “What’s New” tab regularly on [antibioticprescribing.ie](http://antibioticprescribing.ie) as content is continuously being updated/new content added, most recently are: UTI in long term care residents, new content to support deprescribing of UTI prophylaxis, seasonal influenza and Lyme disease. From our recent review of guidelines for respiratory tract infections, some quick tips are included below.

Many respiratory tract infections are viral and giving antibiotics to a person with a viral infection can do more harm than good.

For bacterial infections, **optimum doses of antibiotic** are recommended in the guidelines with a higher dose range for severe infections, such as: doxycycline 200mg every 24 hours, amoxicillin 1g every 8 hours.

**Limit duration of treatment**, recent changes to recommended duration:

Tonsillitis/pharyngitis: 5 days treatment, **phenoxymethylpenicillin** usually sufficient.

Community acquired pneumonia (CAP) for mild (CRB65 zero): 5 days, for moderate (CRB65 1-2): 7 days. CRB65 is a severity assessment tool to assist decision making for CAP management and is used on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) to direct CAP antibiotic treatment choices.

**Amoxicillin** is a preferred agent for respiratory tract infections. It is as effective as co-amoxiclav for streptococci, the most common respiratory pathogen. It is safer as it does not have the additive adverse effects associated with clavulanic acid on the GI tract, liver and pancreas. Amoxicillin has a much lower risk of causing *Clostridioides difficile* diarrhoea or antimicrobial resistance.

**Doxycycline** is also a preferred agent for respiratory tract infections, as it covers a wide range of common respiratory pathogens, is less likely to cause *Clostridioides difficile* diarrhoea, has relatively few drug interactions and dose reduction is not required in renal impairment. It is contraindicated for use in pregnant women or children under 8 years of age due to concerns of staining of primary teeth and suppression of bone growth.

**Practical tips** for doxycycline:

- Patient to take with a full glass of water and food/milk, to sit upright for at least 30 minutes after taking. Avoid acidic drinks.
- Patients shouldn't take iron, calcium, magnesium, aluminium or zinc products for 2-3 hours before or after doxycycline or if possible advise to hold for the duration of the doxycycline course.