



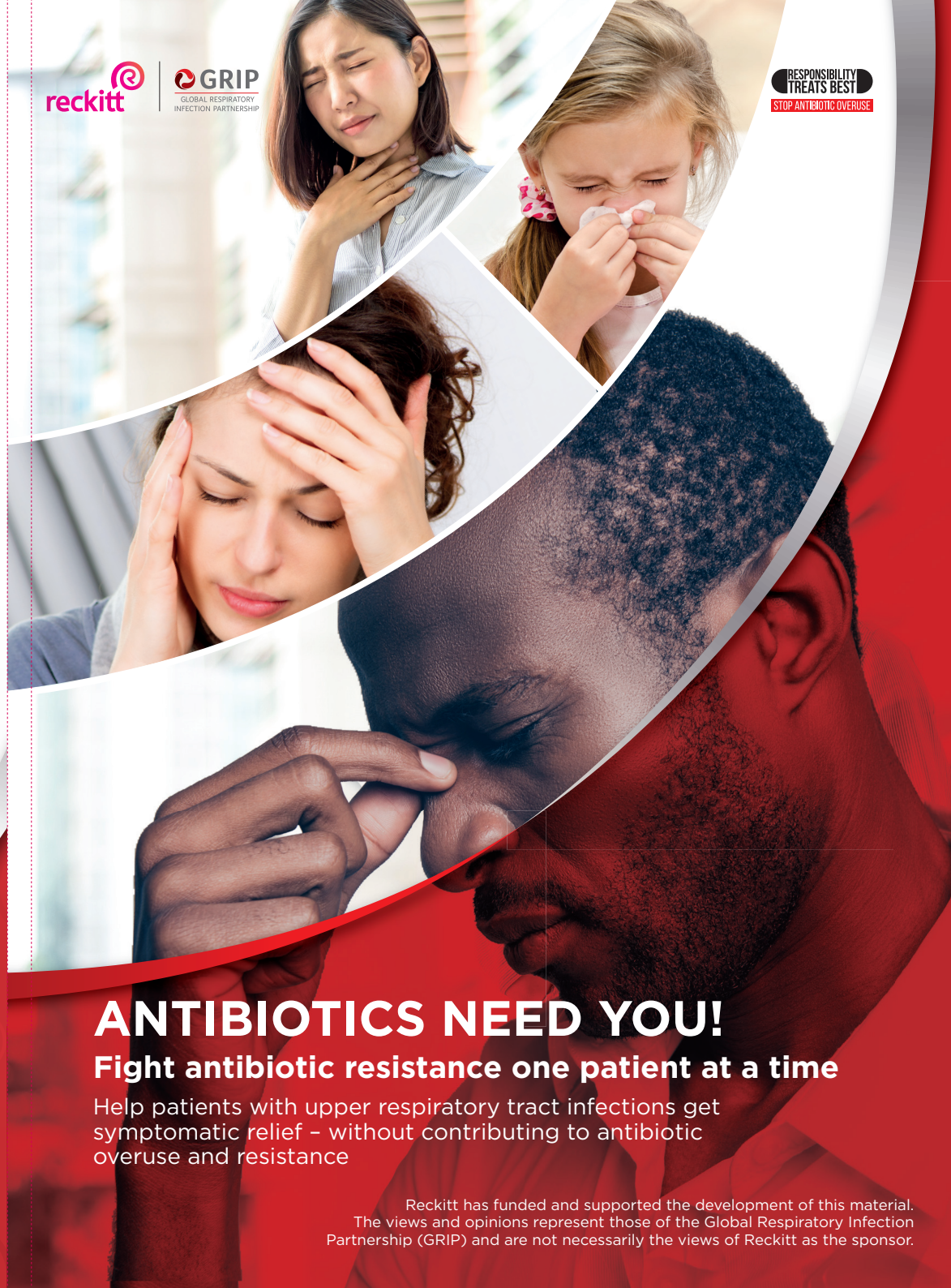
REFERENCES

1. Ebell MH, et al. JAMA 2000;284:2912-8; 2. Van Gageldonk-Lafeber AB, et al. Clin Infect Dis 2005;41:490-7; 3. Kenealy T, Arroll B. Cochrane Database Syst Rev 2013;6:CD000247; 4. Scott JG, et al. J Fam Pract 2001;50:853-8; 5. Baron S. Medical Microbiology 4th edition. Chapter 93. Infections of the respiratory system. 1996. University of Texas Medical Branch at Galveston, Galveston, Texas; 6. Creer DD, et al. Thorax 2006;61:75-9; 7. Eccles R. Br J Hosp Med (Lond) 2007;68:71-5; 8. Dekker AR, et al. Fam Pract 2015;32:401-7; 9. Gulliford MC, et al. BMJ Open 2014;4:e006245; 10. World Health Organization. Global action plan on antimicrobial resistance, 2015. Available at: <http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/> (accessed April 2020); 11. Zaman SB, et al. Cureus 2017;9:e1403; 12. Goossens H, et al. Lancet 2005;365:579-87; 13. Riedel S, et al. Eur J Clin Microbiol Infect Dis 2007;26:485-90; 14. World Health Organization. Antimicrobial resistance. Fact sheet, 2018. Available at: <http://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance> (accessed April 2020); 15. National Institute for Health and Care Excellence. Sore throat (acute): antimicrobial prescribing. Clinical guideline 84. January 2018. Available at: <https://www.nice.org.uk/guidance/ng84> (accessed June 2021); 16. National Institute for Health and Care Excellence. Otitis media (acute): antimicrobial prescribing. Clinical guideline 91. March 2018. Available at: <https://www.nice.org.uk/guidance/ng91> (accessed June 2021); 17. National Institute for Health and Care Excellence. Sinusitis (acute): antimicrobial prescribing. Clinical guideline 79. October 2017. Available at: <https://www.nice.org.uk/guidance/ng79> (accessed June 2021); 18. National Institute for Health and Care Excellence. Cough (acute): antimicrobial prescribing. Clinical guideline 79. October 2017. Available at: <https://www.nice.org.uk/guidance/ng120> (accessed June 2021); 19. Centers for Disease Control and Prevention. People at high-risk of developing flu-like complications. Available at: www.cdc.gov/flu/about/disease/high_risk.htm (accessed April 2020); 20. National Institute for Health and Care Excellence. Pneumonia (community acquired): antimicrobial prescribing. Clinical guideline 138. September 2019. Available at: <https://www.nice.org.uk/guidance/ng138> (accessed June 2021); 21. Centor RM, Samlowski R. Am Fam Physician 2011;83:26-8; 22. Centor RM, et al. Med Decis Making 1981;1:239-46; 23. McIsaac WJ, et al. JAMA 2004;291:1587-95.

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The Global Respiratory Infection Partnership (GRIP) is an international group of healthcare professionals committed to reducing inappropriate antibiotic use for respiratory tract infections in primary care and the wider community, helping to counteract antibiotic resistance.



ANTIBIOTICS NEED YOU!

Fight antibiotic resistance one patient at a time

Help patients with upper respiratory tract infections get symptomatic relief - without contributing to antibiotic overuse and resistance

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ANTIBIOTICS ARE NOT NECESSARY TO TREAT MOST UPPER RESPIRATORY TRACT INFECTIONS (URTIs)

- The majority of respiratory tract infections are viral, non-serious and self-limiting,¹⁻⁶ and do not need antibiotics
- Although common cold, sore throat and flu-like symptoms are typically caused by viruses,⁷ antibiotics are frequently prescribed^{4,8,9}
- Antibiotic overuse can result in antibiotic resistance,¹⁰⁻¹⁴ reducing the ability of antibiotics to cure infections and save lives^{10,11}
- Scientific guidelines recommend to limit antibiotic treatment for URTIs to patients with a high risk of complications and those who are very unwell¹⁵⁻¹⁸
 - Raise awareness of complications in elderly (aged over 65 years), frail or immunocompromised patients, young children under 2 years or born prematurely, patients with prolonged illness or prolonged high fever, patients with pre-existing conditions such as diabetes and chronic respiratory conditions, and other specific populations^{18,19}

ANTIBIOTICS MAY BE NEEDED FOR PATIENTS WITH:

- **Suspected pneumonia**²⁰
- **Peritonsillar abscess (quinsy)**¹⁵
- **Sore throat lasting 1 week or more** accompanied by swollen, tender cervical nodes, temperature >38°C, tonsillar exudates or absence of cough^{15,21-23}

MEET PATIENT NEEDS

The information sheets in this pad are designed to help healthcare providers deliver the reassurance and symptom relief that the patient needs:

- Explain how URTIs can be treated
- Outline that in most cases antibiotics are not needed
- Tailor recommendations for treatment
- Help the patient understand how long their symptoms could last and when to return for more advice










ANTIBIOTICS DON'T WORK FOR MOST UPPER RESPIRATORY TRACT INFECTIONS




Name: _____

Date: _____




Your healthcare provider has diagnosed the following condition(s)/symptom(s), which usually last about 1–4 weeks:

TICK


-  **EARACHE**
3 DAYS-1 WEEK
-  **SORE THROAT AND DIFFICULTY SWALLOWING**
1 WEEK
-  **COMMON COLD**
1-1.5 WEEKS
-  **FLU-LIKE SYMPTOMS**
2 WEEKS
-  **RUNNY NOSE AND NASAL CONGESTION**
2 WEEKS
-  **PAINFUL SINUSES**
2-3 WEEKS
-  **COUGH**
3-4 WEEKS

-  The immune system is able to cope with respiratory infections in otherwise healthy people
-  In most cases the infection is due to a virus, and symptoms will get better by themselves
-  Most upper respiratory tract infections start to clear up within a few days, but your symptoms may last up to 4 weeks

YOUR DOCTOR DOESN'T THINK AN ANTIBIOTIC WILL HELP YOUR SYMPTOMS ON THIS OCCASION

-  Overuse of antibiotics can cause bacteria to develop resistance to the antibiotic
-  Antibiotic-resistant bacteria are more difficult to treat and can spread to your family and friends
-  Lots of products are available for symptomatic relief, including: solubles, drops, lozenges, syrups and sprays

YOU CAN FEEL BETTER WITHOUT ANTIBIOTICS

 Your healthcare provider recommends the following treatments to help relieve your symptoms:

Symptoms	Medicines that your doctor has recommended for you	Tick
Common cold or flu-like symptoms	Pain relief tablets (e.g. paracetamol or ibuprofen) Tablets containing a decongestant (e.g. pseudoephedrine) Tablets containing first-generation antihistamine (e.g. diphenhydramine) Decongestant nasal spray (e.g. oxymetazoline)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Runny nose or nasal congestion	Tablets containing a decongestant (e.g. pseudoephedrine) Tablets containing sedating antihistamine (e.g. diphenhydramine) Decongestant nasal spray (e.g. oxymetazoline)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sore throat or difficulty swallowing	Anti-inflammatory lozenge or spray (e.g. flurbiprofen) Antiseptic/anaesthetic lozenge (e.g. amylmetacresol, 2,4-dichlorobenzyl alcohol, hexylresorcinol, lidocaine) Pain relief tablets (e.g. paracetamol or ibuprofen)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cough	Cough suppressant (e.g. dextromethorphan)	<input type="checkbox"/>
Painful sinuses	Corticosteroid nasal spray (e.g. mometasone) Pain relief tablets (e.g. paracetamol or ibuprofen) Tablets containing a decongestant (e.g. pseudoephedrine)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Earache	Pain relief tablets (e.g. paracetamol or ibuprofen)	<input type="checkbox"/>

Please take this information sheet to a pharmacy, where the pharmacist can advise you on the best treatment for your needs. Always use medicines as directed by your healthcare provider or medicine package instructions. If your symptoms last longer than expected, do not improve or if you develop new symptoms, please phone or visit your doctor for more advice.

Signed: _____ Practice stamp: