

Upper Respiratory Tract Infection Treatment & Management

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Approach Considerations

Most upper respiratory tract infections (URIs) are self-diagnosed and self-treated at home. Patients who present with URIs often benefit from reassurance, education, and instructions for symptomatic home treatment. Symptom-based therapy represents the mainstay of URI treatment in immunocompetent adults, although antimicrobial or antiviral therapy is appropriate in selected patients (see Medication). Several URIs warranting special attention are described in this section.

In November 2013, The American Academy of Pediatrics released a set of three basic principles for the effective use of antibiotics to treat pediatric URIs, including acute otitis media, acute bacterial sinusitis, and streptococcal pharyngitis. The principles are as follows:

- Accurate diagnosis of a bacterial infection;
- Consideration of the risks vs benefits of antibiotic treatment; and
- Implementation of judicious prescribing strategies, including selection of the most effective antibiotic, prescription of an appropriate dose, and treating for the shortest possible duration.

• These principles will help healthcare providers distinguish bacterial infections from viral infections.

Little et al evaluated the effectiveness of delayed antibiotic prescribing strategies for respiratory tract infections in 889 United Kingdom primary care patients (age ≥ 3 y) assessed as not requiring immediate antibiotics. They reported that using strategies of either no or delayed prescription resulted in fewer than 40% of the patients across 25 practices using antibiotics. Delayed prescribing strategies consisted of recontact for a prescription, postdated prescription, collection of the prescription, and giving the prescription (patient led).

Moreover, no or delayed prescription strategies were associated with patients having less strong beliefs in the use of antibiotics, and symptomatic outcomes were similar to those observed in patients who received immediate prescription.