



Is point-of-care CRP testing useful in guiding antibiotic prescribing in patients with respiratory tract infections?

Point-of-care CRP testing may help primary care clinicians to identify with more certainty which

patients with features of respiratory tract infection do not require antibiotics, therefore reducing the use of antibiotics.

Key points:

Evidence suggests that with appropriate training, point-of-care CRP testing in patients with a respiratory tract infection (RTI) can reduce unnecessary antibiotic prescribing in two specific clinical scenarios:

1. Identifying patients with symptoms of a lower RTI who are unlikely to have pneumonia, i.e. where an antibiotic is not appropriate
2. Providing patients with an upper RTI who are convinced they “need” an antibiotic with reassurance that a prescription for an antibiotic is unlikely to be beneficial

The United Kingdom National Institute for Health and Care Excellence (NICE) recommended that point-of-care CRP

testing may be useful to guide antibiotic prescribing for patients without a clinical diagnosis of pneumonia but with symptoms of a lower RTI, e.g. cough and at least one of: fever, sputum production, wheeze, or chest discomfort. In this clinical situation:

- Antibiotic treatment should not be routinely offered to patients if their CRP level is < 20 mg/L, as they are unlikely to have pneumonia
- Antibiotic treatment should be routinely offered to patients with symptoms of a lower RTI and a CRP level > 100 mg/L, as they are more likely to have pneumonia, assuming no underlying condition such as malignancy or autoimmune disease is present
- In patients with symptoms of a lower RTI of uncertain origin and a CRP level between 20 – 100 mg/L the need for antibiotics remains reliant on clinical judgment



To read the full article, visit:

www.bpac.org.nz/bpj/2015/june/crp.aspx

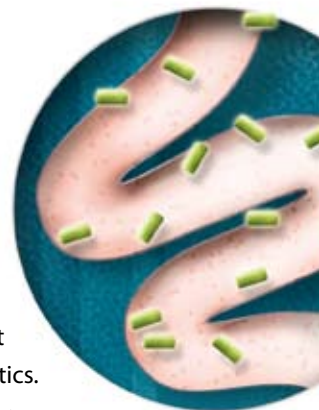
Do probiotics provide effective and safe protection against antibiotic-associated adverse effects?

Sales of probiotic products in the community generate billions of dollars worldwide, yet many of the health claims made by the industry lack a rigorous scientific basis. Studies on the effectiveness of commercially prepared probiotic products have produced varying results and opinions are divided on the clinical benefits and risks of probiotics, which are likely to be significant in some vulnerable patient groups.

Key points:

- When ingested in sufficient quantities, probiotics appear to reduce the risk of antibiotic-associated diarrhoea in children and adults. This protective ability broadly extends across different types of antibiotic and different probiotics.

- There is evidence that probiotics are **not** protective against post-antibiotic vulvovaginal candidiasis.
- The range of bacteria that are included in probiotic products is vast. It is therefore not possible to comment conclusively on the safety of all probiotics.
- More extensive research, and consistent reporting of adverse reactions, would be expected to provide more robust information on the likelihood, nature and seriousness of adverse events with probiotics.



To read the full article, visit:

www.bpac.org.nz/bpj/2015/june/probiotics.aspx