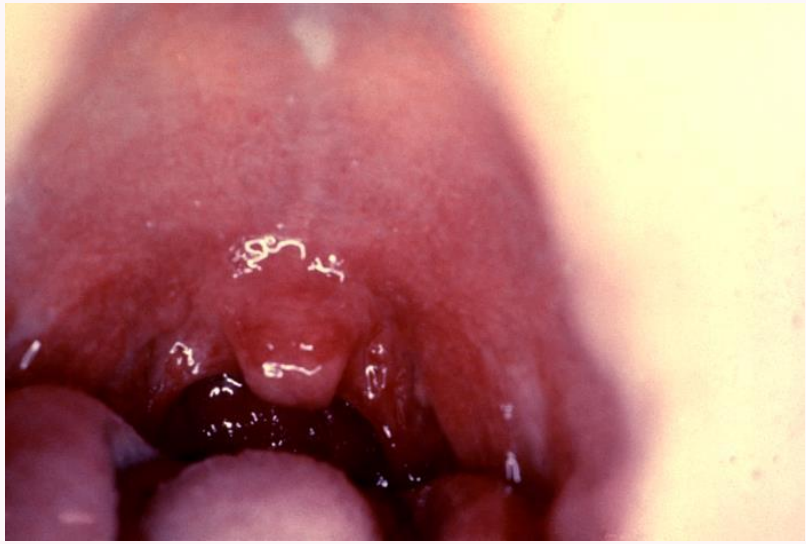
Sore Throat

Patient assessment, referral, and symptom relief



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Overview

1-Most sore throat which present in the pharmacy will be caused by viral infection (90%) with only one in ten (10%) being due to bacterial infection; so, the treatment with antibiotics is unnecessary in most cases (1). Clinically, differentiation between viral and bacterial sore throat is extremely difficult (2).

2-Patients present with a sore throat as an isolated symptom or as part of a cluster of symptoms that include rhinorrhea, cough, malaise, fever, headache and hoarseness (laryngitis) (2).

When to refer

- ❑ Duration of more than 2 weeks (2).
- ❑ Tonsillar exudate, accompanied with a high temperature and swollen glands (2).
- ❑ Adverse drug reaction (2).
- ❑ People taking medicines that can interfere with the immune response (e.g., immunosuppressants, disease-modifying antirheumatics) (2).
- ❑ Dysphagia (2).
- ❑ Hoarseness of more than 3 weeks' duration (1).
- ❑ Recurrent bouts of infection (1).
- ❑ Failed medication (1).
- ❑ High temperature >38°C (1).

Patient assessment with sore throat: Age

Streptococcus infection is uncommon in those younger than 3 years. Streptococcal infections are more prevalent in those of school age (5–10 years) and young adults (15–25 years) (2).

Duration

Most sore throats are self-limiting and will be better within 7 days (1).

Therefore, sore throat lasting more than 2 weeks should be referred (2).

Previous history

Recurrent bouts of throat infection such as several episodes of ‘tonsillitis’ in the past year would mean that referral is indicated (1).

Associated symptoms

A cold, and cough may be associated with a sore throat. There may also be a fever and general aches and pains (these are in keeping with a minor self-limiting viral infection) (1).

Symptoms that may need referral:

1-Dysphagia: Most patients with sore throat will find it less easily to swallow (not required referral) but this has to be differentiated from actual difficulty in swallowing (dysphagia). True difficulty in swallowing (dysphagia) (i.e., not just caused by pain but mechanical blockage) should be referred (2).

2-Hoarseness: when hoarseness persists for longer than 3 weeks, referral is necessary (1).

3-Patient with tonsillar exudates, fever, swollen glands required referral (2)

Previous history

Figure: Sore throat with exudate on tonsils.



Present medications

1-A rare complication of certain medication is agranulocytosis (suppression of WBC production in the bone marrow) which can manifest as sore throat. Examples of drugs that cause this adverse event are:(captopril, carbimazole, cytotoxics, penicillamine, sulfasalazine, clozapine. The patient should be referred immediately (1, 2).

2-Steroid inhalers can cause hoarseness (can be prevented by rinsing the mouth with water after using the inhaler). Generally, they tend to do this at high doses. It is worthwhile checking the patient's inhaler technique. If you suspect this is the problem, discuss with the doctor (3).

Treatment timescale

Patients should see their doctor after 1 week if the sore throat has not improved (3).

Management

Most sore throats are viral and are self-limiting. Medication therefore, aims to relieve symptoms and discomfort while the infection runs its course (2).

Oral analgesics

Simple systemic analgesics such as paracetamol, aspirin, and ibuprofen are effective in reducing the pain associated with sore throat (2).

The patient can be advised to take the analgesics regularly (not on an 'as needed' basis) to sustain the pain relief (1).

Note: flurbiprofen is NSAID that is available as a lozenge formulation for the relief of sore throat (4). It is used for adults and children aged 12 years and over (2). The dosage is one lozenge sucked or dissolved in the mouth every 3–6 h as required, to a maximum of five lozenges. Flurbiprofen lozenges can be used for up to 3 days at a time (1).

locally acting preparations (lozenges and pastilles)

1-The action of sucking anything produces saliva, which lubricates and sooth the inflamed tissues. All lozenges (regardless of ingredients) produce this action and much (if not all) of their effectiveness is due to this (4).

2-Gargles or lozenges?

Gargles have very short contact time with inflamed mucosa and therefore any effect will be short lived. A lozenge or a pastille is preferable, as contact time will be longer (2).

locally acting preparations (lozenges and pastilles)

3-Non medicated demulcents pastilles such as that containing lemon, honey, glycerin... may be as effective as anything for soothing the sore throat (for the reasons stated above). They can be taken as often as required to stop the throat feeling dry, thereby relieving discomfort. Some products contain volatile oil such as menthol, and eucalyptus oil which produce a sensation of clearing the blocked nose which may accompany the sore throat (4).

4-Most products do contain a sugar base, but the amount of sugar is too small to substantially affect blood glucose control and therefore can be recommended to diabetic patients (2). Several sugar-free throat lozenges are available (4).

5-local anesthetics (e.g., benzocaine) are included in a number of marketed products (throat lozenges) and used for patient who finds the swallowing uncomfortable.

The local anesthetics can cause sensitization in some individuals with prolong use, so usage should be limited to 5 days. Local anesthetics should not be used at all by children or elderly people (4).

References

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