Rationaler Antibiotikaeinsatz durch
Information und Kommunikation

Tonsillopharyngitis

Rationale Antibiotikatherapie in der hausärztlichen Versorgung

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Lebensretter Antibiotika.
Wissen wann – wissen wie.

GEFÖRDERT VOM
Bundesministerium
für Bildung
und Forschung

Tonsillopharyngitis

- **Ätiologie:**

Übersicht über die häufigsten bei Pharyngitis isolierten Erreger

Viren ~50–80 %		Bakterien	
• Rhinoviren	ca. 20 %	• β-hämolysierende Streptokokken der Gruppe A = GAS	15-30 %
• Coronaviren	≥ 5 %	• β-hämolysierende Streptokokken der Gruppen C und G	5-10 %
• Adenoviren	ca. 5 %		
• Epstein-Barr Virus	ca. 1 %		

- **Klinik:**
  - Halsschmerzen, Schmerzen beim Schlucken
- **Verlauf ohne Therapie:**
  - Dauer der Halsschmerzen: 3,5-5 Tage
  - Abklingen von Fieber innerhalb von 2-3 Tagen
- **Komplikationen:**
  - sehr selten
  - Akutes rheumatisches Fieber: extrem niedriges Risiko -> rechtfertig keine Antibiotikatherapie!
  - Akuten Poststreptokokken-Glomerulonephritis: keine Evidenz für Prävention durch Antibiotikatherapie

Quelle: DEGAM-Leitlinie Nr. 14 Halsschmerzen; 2008

Tonsillopharyngitis
Diagnostik & Therapie

- **Einschätzung der Wahrscheinlichkeit einer Streptokokken A Pharyngitis:**
  - **Centor Score:**
    - Fieber in der Anamnese
    - fehlen von Husten
    - geschwollene vordere Halslymphknoten
    - Tonsillenexsudate

- **Wahrscheinlichkeit von GAS im Rachenabstrich:**
  - 0 Punkte -> ca. 2,5%
  - 1 Punkte -> ca. 6-7%
  - 2 Punkte -> ca. 15%
  - 3 Punkte -> ca. 30-35%
  - **4 Punkte -> ca. 50-60%**

Quelle: DEGAM-Leitlinie Nr. 14 Halsschmerzen; 200

Tonsillopharyngitis
Diagnostik & Therapie

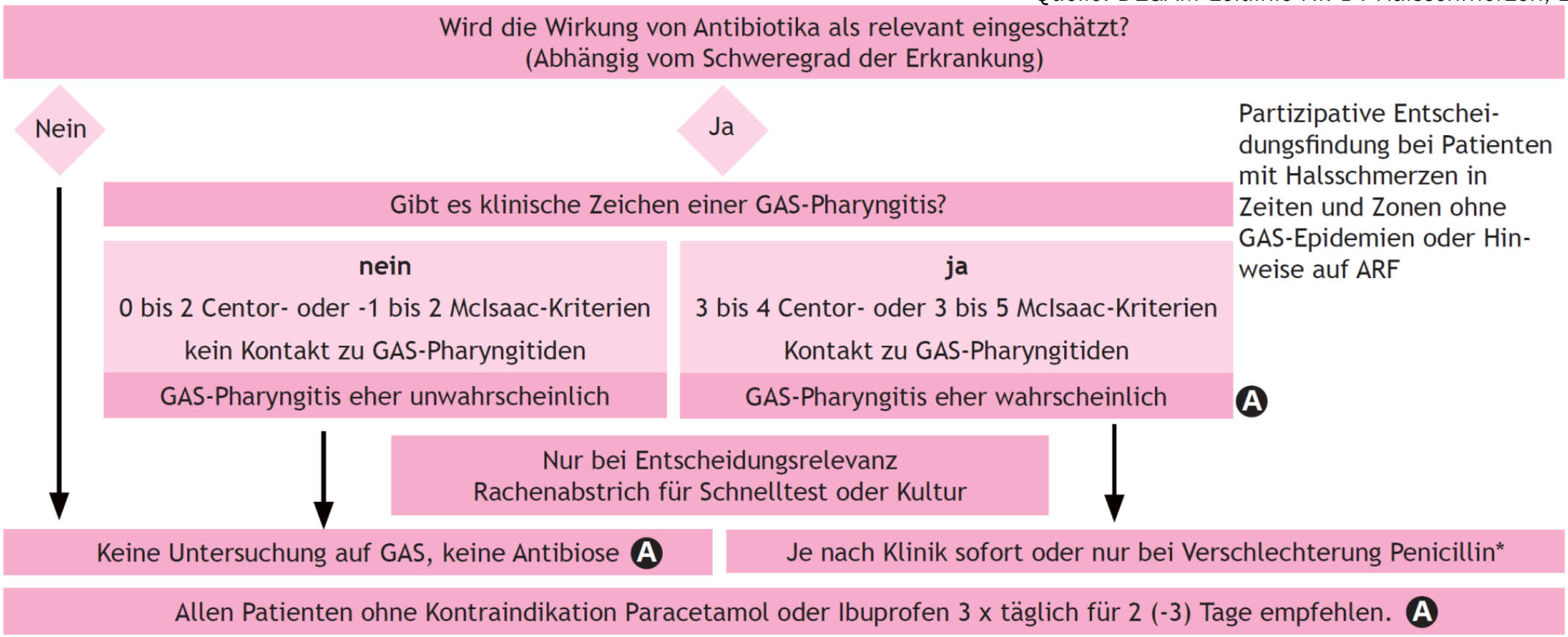
- **Einfluss der Antibiotikatherapie auf Krankheitsdauer und Symptome:**
  - **Krankheitsdauerverkürzung** bei Streptokokken A Pharyngitis:
    - bei klinischen Zeichen: um 1-1,5 Tage => **NNT = 5-6**
    - zusätzlich positiver Rachenabstrich: um 1 - 2,5 Tage => **NNT = 4**

Quelle: DEGAM-Leitlinie Nr. 14 Halsschmerzen; 200

Tonsillopharyngitis
Diagnostik & Therapie

- **Einschätzung der Wahrscheinlichkeit einer Streptokokken A Pharyngitis:**

Quelle: DEGAM-Leitlinie Nr. 14 Halsschmerzen; 200



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CLINICAL GUIDELINE

Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults: Advice for High-Value Care From the American College of Physicians and the Centers for Disease Control and Prevention

Aaron M. Harris, MD, MPH; Lauri A. Hicks, DO; and Amir Qaseem, MD, PhD, MHA, for the High Value Care Task Force of the American College of Physicians and for the Centers for Disease Control and Prevention*

Background: Acute respiratory tract infection (ARTI) is the most common reason for antibiotic prescription in adults. Antibiotics are often inappropriately prescribed for patients with ARTI. This article presents best practices for antibiotic use in healthy adults (those without chronic lung disease or immunocompromising conditions) presenting with ARTI.

Methods: A narrative literature review of evidence about appropriate antibiotic use for ARTI in adults was conducted. The most recent clinical guidelines from professional societies were complemented by meta-analyses, systematic reviews, and randomized clinical trials. To identify evidence-based articles, the Cochrane Library, PubMed, MEDLINE, and EMBASE were searched through September 2015 using the following Medical Subject Headings terms: "acute bronchitis," "respiratory tract infection," "pharyngitis," "rhinosinusitis," and "the common cold."

High-Value Care Advice 1: *Clinicians should not perform testing or initiate antibiotic therapy in patients with bronchitis unless pneumonia is suspected.*

High-Value Care Advice 2: *Clinicians should test patients with symptoms suggestive of group A streptococcal pharyngitis (for example, persistent fevers, anterior cervical adenitis, and tonsillopharyngeal exudates or other appropriate combination of symptoms) by rapid antigen detection test and/or culture for group A Streptococcus. Clinicians should treat patients with antibiotics only if they have confirmed streptococcal pharyngitis.*

High-Value Care Advice 3: *Clinicians should reserve antibiotic treatment for acute rhinosinusitis for patients with persistent symptoms for more than 10 days, onset of severe symptoms or signs of high fever (>39 °C) and purulent nasal discharge or facial pain lasting for at least 3 consecutive days, or onset of worsening symptoms following a typical viral illness that lasted 5 days that was initially improving (double sickening).*

High-Value Care Advice 4: *Clinicians should not prescribe antibiotics for patients with the common cold.*

Ann Intern Med. 2016;164:425-434. doi:10.7326/M15-1840 **www.annals.org**
For author affiliations, see end of text.
This article was published at www.annals.org on 19 January 2016.

Harris et al.,Ann Intern. Med.; 2016

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Tonsillopharyngitis
Antibiotische Therapie

- **1. Wahl:**
  - **Penicillin V** für 3x/d für 7 Tage
  - 2. Wahl
    - Erythromycin bei β-Laktamunverträglichkeit

Quelle: DEGAM-Leitlinie Nr. 14 Halsschmerzen; 2008

Antibiotikaverbrauch

- Europa
- Deutschland
- Regional