






Sore Throat

Sore throat is one of the most common presentations in Australian general practice, yet diagnosis and management is often highly challenging, especially in relation to aetiology and antibiotic prescription. Despite current evidence-based guidelines not recommending the use of antibiotics for simple sore throat, they are still very frequently prescribed. Supervisors can play a key role in assisting registrars to assess and manage this very common presentation, and in doing so, help reduce unnecessary antibiotic prescription. Also review the teaching plan on 'Upper respiratory tract infection'.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Differential diagnosis of sore throat Red flags for serious disease Modified Centor Criteria Evidence-based treatment of sore throat Approach to shared decision making for management of sore throat, including delayed prescriptions 				
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> Excellent 2016 Australian Prescriber article – Acute sinusitis and sore throat in primary care 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> Approximately 10-20% of tonsillopharyngitis in adults has a bacterial cause, mostly GABHS It is not possible to accurately diagnose the cause of sore throat on clinical features alone A viral cause is suggested by the presence of any of: cough, hoarse voice, conjunctivitis, nasal congestion, viral exanthema, diarrhoea, absence of fever Clinical features associated with GABHS are: fever (above 38°C), tender cervical lymphadenopathy, tonsillar exudate, and absence of cough - but even the presence of all four features has a PPV of <50% in adults with sore throat Antibiotics have a limited role in acute sore throat but are indicated in patients at high risk of complications of GABHS and those with severe symptoms (see Therapeutic Guidelines) Treatment with corticosteroids can be considered in patients with severe symptoms of pharyngitis A shared decision-making approach is critical in negotiating treatment of sore throat when the patient/parent expects antibiotics 				
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="330 1702 438 1836">Read</td> <td data-bbox="438 1702 1505 1836"> <ul style="list-style-type: none"> 2011 Canadian Family Physician article – Acute Sore Throat 2018 AJGP article - Management of sore throat in primary care Therapeutic Guidelines chapter on sore throat </td> </tr> <tr> <td data-bbox="330 1836 438 1904">Listen</td> <td data-bbox="438 1836 1505 1904"> <ul style="list-style-type: none"> Curbsider 2016 podcast 'Sore throat? Absent cough? Ask Dr Centor' </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> 2011 Canadian Family Physician article – Acute Sore Throat 2018 AJGP article - Management of sore throat in primary care Therapeutic Guidelines chapter on sore throat 	Listen	<ul style="list-style-type: none"> Curbsider 2016 podcast 'Sore throat? Absent cough? Ask Dr Centor'
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FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> Undertake the clinical reasoning challenge Registrar to audit five presentations of sore throat and discuss management with supervisor 				

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Clinical Reasoning Challenge

Gemma Ma, aged 12, presents to your surgery with her mother, Grace. Gemma has had an increasingly sore throat for the past 36 hours. She says that she feels like she is 'swallowing razorblades'.

QUESTION 1. Grace says that she thinks Gemma has 'strep throat'. Apart from Group A streptococcus, what are the most common other causes of a sore throat to be considered in Gemma? List, in note form only, up to THREE differential diagnoses.

1 _____

2 _____

3 _____

QUESTION 2. What clinical criteria are useful to help predict the likelihood of Gemma's sore throat being caused by Group A streptococcus? List, in note form, FOUR clinical criteria.

1 _____

2 _____

3 _____

4 _____

All the above features are positive. There are no red flags on assessment.

QUESTION 3. Grace tells you that the last time Gemma had a sore throat she had a course of antibiotics and very quickly got better, so is keen for another script. List, in note form, FOUR pieces of information to discuss with Grace.

1 _____

2 _____

3 _____

4 _____

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ANSWERS

QUESTION 1

Grace says that she thinks Gemma has 'strep throat'. Apart from Group A streptococcus, what are the most common other causes of a sore throat to be considered in Gemma? List, in note form only, up to THREE differential diagnoses.

- Viral pharyngitis
- Glandular fevers (EBV)
- Herpes stomatitis

QUESTION 2

What clinical criteria are useful to help predict the likelihood of Gemma's sore throat being caused by Group A streptococcus? List, in note form, FOUR clinical criteria.

- Exudate or swelling on tonsils
- Tender/swollen anterior cervical lymph nodes
- Fever (temperature $\geq 38^{\circ}\text{C}$)
- Absence of cough

QUESTION 3

Grace tells you that the last time Gemma had a sore throat she had a course of antibiotics and very quickly got better, so is keen for another script. List, in note form, FOUR pieces of information to discuss with Grace.

- Despite positive Centor criteria (above), it is still very likely to be a viral infection and antibiotics are likely to be ineffective
- Even if GABHS, antibiotics will only shorten the course of illness by ½-1 day
- Antibiotics can give side effects like diarrhoea
- Antibiotics can lead to local and community antibiotic resistance