

What's new in the Sore throat and Acute rheumatic fever topics (2022)

Some of the new information and major changes included in *Therapeutic Guidelines*.

Therapeutic Guidelines is committed to updating clinical advice between regular revisions in response to significant shifts in evidence or clinical practice. In March 2021, Therapeutic Guidelines put together a dedicated expert group to completely revise the **Sore throat** and **Acute rheumatic fever** topics in response to the publication of *The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease* by RHD Australia.

Sore throat

Sore throat is one of the most frequent presentations in primary care and, despite the most common causes being viral pharyngitis and tonsillitis, sore throat remains a common reason for prescribing antibiotics. The newly revised Sore throat topic aims to clearly define the patients who always require empirical antibiotic therapy for streptococcal pharyngitis and tonsillitis, and to explain why most other patients do not require antibiotics.

Management of pharyngitis and tonsillitis is now stratified based on whether or not patients are at high risk of acute rheumatic fever. Empirical antibiotic therapy is recommended for all patients at high risk of acute rheumatic fever, even if their clinical features suggest that a viral infection is likely, because the increased risk of acute rheumatic fever and resultant rheumatic heart disease outweighs the risk of harms from potentially unnecessary antibiotic treatment in these patients. In patients not at high risk of acute rheumatic fever, even when a bacterial cause of pharyngitis or tonsillitis is likely, antibiotic therapy is of limited benefit and is not required for most patients.

The **algorithm for assessing and managing acute sore throat** is a helpful tool for navigating the Sore throat topic, and the **summary table of causes of sore throat** helps ensure that less common causes are not missed. To aid decisions on management, detailed advice is given on **assessing the risk of acute rheumatic fever**, and common clinical questions on the **role of clinical features in distinguishing between a viral and streptococcal infection**, and **investigations for pharyngitis and tonsillitis** are answered.

For patients who require **antibiotic therapy for streptococcal pharyngitis or tonsillitis**, phenoxymethylpenicillin is still recommended first-line, but the option of using amoxicillin is now included for children unable to tolerate the liquid formulation of phenoxymethylpenicillin. For patients who do not require antibiotic therapy, the **shared-decision making framework** can be used to discuss the evidence for the potential benefits and harms of therapy, and address patient expectations of antibiotics.

Acute rheumatic fever

Acute rheumatic fever is a significant nonsuppurative complication of streptococcal infection. The revised topic includes a discussion on the epidemiology of acute rheumatic fever, and highlights the importance of advocacy and social interventions to address the high incidence of acute rheumatic fever in Aboriginal and Torres Strait Islander peoples.

Updated criteria for **diagnosis of acute rheumatic fever** aim to avoid missing the diagnosis in high-risk patients while minimising overdiagnosis in those at lower risk. The sections on **acute treatment and prevention of recurrent acute rheumatic fever** emphasise the need for health services to work with patients to ensure acceptable and successful secondary prophylaxis with benzathine benzylpenicillin.

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