



NEWS

Consider corticosteroids for acute sore throat, says *BMJ* review

The evidence is weak but points to the need for shared decision making, reports **Gareth Iacobucci**

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The BMJ

This week *The BMJ* publishes the latest articles in its Rapid Recommendations series, which aims to accelerate evidence into practice and answer the questions that matter to clinicians quickly and transparently.

The latest review examines the evidence for the use of corticosteroids for treating sore throat, one of the commonest reasons for primary care appointments.¹

International guidance on corticosteroids for sore throats varies, but a trial published in April 2017 indicated that they might be effective.² After conducting a systematic review and meta-analysis that included data from the April trial,³ the Rapid Recommendation authors make a weak recommendation to use a single dose of oral corticosteroids in patients presenting with acute sore throat. The recommendation applies across ages but excludes patients under 5 years old.

The authors emphasise that shared decision making is needed, highlighting that corticosteroids did not help all patients, according to reported outcomes, and that patients' preferences varied substantially.

The team notes that steroids somewhat reduced the severity and duration of pain, by one day, but that time taken off school or work was unchanged. The authors also emphasise that harm seems unlikely from one dose of steroid. In addition, they note that steroid treatment is inexpensive and likely to be offered in the context of a consultation that would have taken place anyway.

The new recommendations raise several issues for GPs' consideration, including how they might incorporate the recommendations into their usual management of patients with sore throat and whether they should change what they are doing now.

Bert Aertgeerts, a GP and professor at the Academic Centre for General Practice at the University of Leuven, Belgium, and one of the authors of the Rapid Recommendation, said that the new recommendations were "consistent with current guidance" but did offer some "disruptive" advice to GPs.

"If you look at the modest reduction of symptoms and the large variability in patients' preferences, I guess, from my point of view, the most disruptive thing about this is the shared decision making between patients and GPs," he told *The BMJ*. "So in the near future, patients could decide if they wanted steroids or not."

Although the Rapid Recommendation makes only a weak recommendation of oral corticosteroids for patients presenting with acute sore throat, concern has been expressed in some quarters that the way it is interpreted may lead to an increase in unnecessary appointments and potential overtreatment.

Andrew Green, clinical and prescribing lead for the BMA's General Practitioners Committee, said, "The suggestion that costs will be small because corticosteroids are cheap completely disregards the costs of providing a GP consultation.

"GPs have spent years advising patients that normal sore throats are a minor price to pay for the joy of being alive and should not require professional help. The perception that there is a prescription-only treatment available will encourage attendance, and within a system like the NHS this will inevitably deny consultations to patients with genuine needs."

Green questioned whether the new recommendations would improve the physical or indeed mental health of the population "in an era of overdiagnosis, overtreatment, and over-reliance on doctors."

But Aertgeerts said that he did not expect an increase in the number of patients seeing their GP as a result of the recommendations, and he added that he hoped they would encourage GPs to embrace a more collaborative consultation style with their patients.

"This recommendation won't make a lot of [extra] people go their GP," he said. "It is meant for people with [much] pain or with a lot of symptoms."

He added, "If we want to make shared decision making a 'real deal' between the family physician and their patient, then we have to follow our patients in giving them the steroids [if they ask for them]. People now have the exact data to make a decision.

"I think the paternalism that we have had for such a long time as GPs has to go away."

1 Aertgeerts B, Agoritsas T, Siemieniuk RAC. Corticosteroids for sore throat: a clinical practice guideline. *BMJ* 2017;358:j4090.

2 Hayward GN, Hay AD, Moore MV. Effect of oral dexamethasone without immediate antibiotics vs placebo on acute sore throat in adults: a randomized clinical trial. *JAMA* 2017;317:1535-43. doi:10.1001/jama.2017.3417.28418482

3 Sadeghirad B, Siemieniuk RAC, Brignardello-Petersen R. Corticosteroids for treatment of sore throat: systematic review and meta-analysis of randomised trials. *BMJ* 2017;358:j3887.

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