

Sore Throat VS Strep Throat?

The throat is a muscular tube that begins behind the nose and ends in the neck. The term 'sore throat' describes the symptom of pain at the back of the mouth. Four regions are principally involved: the pharynx, the larynx, the tonsils and (rear) the epiglottis.



Written by Fathimah Kara,
Pharmacist, Reidy's Pharmacy
Rathcoole

Drugs which can cause blood disorders such as neutropenia, agranulocytosis and thrombocytopenia can lead to infection and sore throat. These include cytotoxic drugs and carbimazole.

Refer patients with an accompanying fever to their GP to rule out more serious systemic causes including COVID-19.

Corticosteroid inhalers can cause hoarseness and candidal infections of the throat and mouth. If suspected, check that the patient is rinsing their mouth after using their inhaler and check their inhaler technique. Referral to their GP may be required. Agranulocytosis (a marked decrease in the numbers of circulating granulocytes) is a rare complication associated with some medications. Agranulocytosis can present as a sore throat. Medicines known to cause this adverse event include carbimazole and cytotoxic

agents. Any patient taking these agents and presenting with a sore throat should be referred to their GP immediately.

Glandular fever is one viral cause of sore throat that often produces marked discomfort and may cause dysphagia. It is caused by the Epstein-Barr virus and its peak incidence is among adolescents and young adults. The signs and symptoms often mimic those of streptococcal sore throat. It is characterised by pharyngitis, fever and fatigue. Referral to the GP is necessary for an accurate diagnosis.

Complications

Complications include otitis media and parapharyngeal abscess.

The patient should be admitted immediately to hospital if they have stridor, breathing difficulty, or dehydration.

The person should be advised to seek follow up if:

- symptoms have not improved after 3 or 4 days of antibiotic therapy
- pain does not improve after 3 days, and/or there is fever over 38.3°C

- it becomes difficult to swallow saliva or liquids, if any difficulty in breathing develops, or if there is any one-sided neck or throat swelling
- if the person is taking a disease-modifying anti-rheumatic drug (DMARD), carbimazole, is on chemotherapy, has known or suspected leukaemia, asplenia, aplastic anaemia or HIV/AIDS or is taking an immunosuppressive drug following a transplant.

Management

Patients should be advised to:

- take regular paracetamol or ibuprofen to relieve the pain and fever
- avoid hot drinks and food to avoid exacerbating the pain
- take adequate fluids to avoid dehydration
- use simple mouthwashes, e.g. warm salty water at frequent intervals until the discomfort and swelling subside.

Treatment

- Ibuprofen and paracetamol can be used as an antipyretic and/or analgesic.

Acute sore throat is commonly caused by a viral or bacterial infection. It is often associated with the common cold. The highest incidence is in children and young adults, with 50% of cases occurring in people aged 5–24 years. Symptoms are self-limiting and can last for around 1 week.

The majority of sore throats do not require referral to the GP and antibiotics do not significantly improve the outcomes. Therefore, pharmacists have an important role in managing sore throat. Explanation, reassurance, and symptomatic treatment is frequently all that is necessary when a person presents with a sore throat. However, there is still an important role in checking the need for referral when certain warning signs or symptoms are present.

The degree of throat discomfort can range from itch to severe pain. Sore throats are often associated with other symptoms such as fever and headache. Cough, rhinorrhoea and hoarseness are uncommon with bacterial infection and may be suggestive of a viral cause.

Conditions associated with sore throat that are not normally life-threatening include: common cold and influenza. Less common causes of sore throat include HIV.

Physical irritation of the throat may occur due to gastro-oesophageal reflux disease or cigarette smoke.



Consider no antibiotic or delayed antibiotic strategy			
If antibiotics deemed clinically indicated:			
Drug	Dose	Duration	Notes
Adults: 1st choice options			
Phenoxymethylpenicillin	666mg every 6 hours (Calvepen®) OR 500mg every 6 hours (Kopen®)	5 days	Avoid in penicillin allergy. Depending on clinical response, duration can be extended to 10 days in total. To optimise absorption, take on empty stomach.
Adults: 2nd choice options / Penicillin Allergy			
Cefalexin	500mg every 6 hours	5 days	Depending on clinical response, duration can be extended to 10 days in total. <i>Cephalosporins should NOT be used in those with known severe Penicillin allergy (anaphylaxis, angioedema, wheezing, acute urticaria, severe generalised skin reactions skin reactions, haemolytic anaemia, interstitial nephritis, hepatitis)</i>
Clarithromycin	500mg every 12 hours	5 days	Macrolides should be used with caution in pregnancy. Clarithromycin suitable only in 2 nd and 3 rd trimester in pregnancy. Alternative macrolide for all trimesters of pregnancy: Azithromycin 500mg stat then 250mg every 24 hours from Day 2 to Day 5.
Children: 1st choice options			
Phenoxymethylpenicillin suspension	See Phenoxymethylpenicillin dosing for children	5 days	Avoid in penicillin allergy. Depending on clinical response, duration can be extended to 10 days in total. To optimise absorption, take on empty stomach.
Children: 2nd choice options / Penicillin Allergy			
Cefalexin suspension	See Cefalexin dosing for children	5 days	Depending on clinical response, duration can be extended to 10 days in total. <i>Cephalosporins should NOT be used in those with known severe Penicillin allergy (anaphylaxis, angioedema, wheezing, acute urticaria, severe generalised skin reactions skin reactions, haemolytic anaemia, interstitial nephritis, hepatitis)</i>
Clarithromycin suspension	See Clarithromycin dosing for children	5 days	

- Some patients may wish to try medicated lozenges containing either a local anaesthetic, a non-steroidal anti-inflammatory drug (NSAID) or an antiseptic for symptomatic relief.

People with a sore throat caused by streptococcal bacteria are more likely to benefit from antibiotics. FeverPAIN criteria is a clinical scoring tool that can help identify people in whom this is more likely. People who are most likely to benefit from an antibiotic have a FeverPAIN score of 4 or 5.

FeverPAIN criteria:

Fever (during previous 24 hours) 1 point

Purulence (pus on tonsils) 1 point

Attend rapidly (within 3 days after onset of symptoms) 1 point

Severely Inflamed tonsils 1 point

No cough or coryza (inflammation of mucus membranes in the nose) 1 point

Score 0-1 = do not offer an antibiotic.

Score 2-3 = no antibiotic or consider a back-up antibiotic prescription.

Score ≥ 4 = consider a back-up antibiotic prescription or an immediate antibiotic.

Higher scores suggest more severe symptoms and likely bacterial (streptococcal) cause.

Sources: NICPLD eLearning

[hse.ie \(https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/upper-respiratory/pharyngitis-sore-throat-tonsillitis/\)](https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/upper-respiratory/pharyngitis-sore-throat-tonsillitis/)

Vaccine Appetite High – says IPHA

New research, carried out by Ipsos MRBI for the Irish Pharmaceutical Healthcare Association (IPHA), showed that 76% of people aged between 18 and 34 said they would take a vaccine for the disease. That figure excludes those who have already been vaccinated for Covid-19. Last month, the same figure was 78% and, in April and May, it was 77%.

Overall, 89% of people either intend to get vaccinated for Covid-19 or have already received a vaccine for the disease, according to the research. That figure has remained steady in recent months.

The results show that 19% of people generally will take a Covid-19 vaccine. But when combined with the cohort that has received at least one Covid-19 vaccine dose, or 70% of the sample*, that number rises to 89%.

Just 6% overall say they will refuse a Covid-19 vaccine and 4% are unsure.

The results come as over 80% of adults have received at least one dose of a Covid-19 vaccine. Ireland is among the fastest countries in Europe to vaccinate its population. People aged between 18 and 24 are the latest group that can register online to get a Covid-19 vaccine. People aged between 18 and 34, or those over 50, can

get vaccinated for Covid-19 in most pharmacies.

The industry urged continued uptake of Covid-19 vaccines, including among younger people.

Bernard Mallee, Director of Communications and Advocacy at IPHA, said, "Our data shows very significant public appetite to get vaccinated for Covid-19. People aged between 18 and 34 are slightly more hesitant about getting

vaccinated for the disease. We urge them to get vaccinated.

"Vaccines-makers are continuing to surge global production of Covid-19 vaccines, investing in their own sites and forming hundreds of partnerships and collaborations with other suitable manufacturing sites. At the same time, our industry is working hard to generate responses for variants of concern as the fight against Covid-19 continues."