

Auditing antimicrobial prescribing in children presenting with sore throat: using FeverPain or Centor scores

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Introduction

Pharyngitis (sore throat) is one of the most common presentations in general practice, particularly in children and young people.¹ The aetiology of pharyngitis is predominantly viral (50–80%),² yet antibiotics are commonly prescribed.³ Antimicrobial resistance is one of the top 10 global public health threats recognised by the World Health Organization.⁴ In the UK, GP antibiotic prescribing increased by 40% between 1999 and 2011.⁵ NICE guidelines recommend the use of FeverPain or Centor criteria for antimicrobial prescribing in pharyngitis.⁶ The aims of this audit were to assess antimicrobial prescribing in general practice, as per NICE guidelines, and to evaluate the use of FeverPain/Centor scores in general practice.

Materials and methods

Antimicrobial prescribing data in children (aged 5–17 years) presenting with sore throat in GP (Wychbury Medical Centre, Stourbridge) was audited. Data was collected retrospectively using GP records on EMIS (between 30 September 2021 and 1 October 2022). A FeverPain or Centor score was calculated manually for each patient. Data on patient symptoms was collected then FeverPain and Centor scores were calculated and analysed using excel. Patients were excluded if they were systemically unwell or are at a high-risk for complications, as per the NICE guidelines.⁶ Antimicrobial prescribing was classified as inappropriate for Centor scores of 0–2 and FeverPain scores of 0 or 1.⁶

Results and discussion

51 patients were prescribed antibiotics, with 41.12% of these cases being inappropriate based on NICE guidelines (Fig 1, Fig 2). There was a larger percentage of inappropriate prescribing with the Centor score; however a paired T test found no statistically significant difference between the scores ($t = 0$, $CI = -61.05$ to 61.05). Additionally, the Centor and/or FeverPain score was only used in 12.389% of cases.

Conclusion

The recommended prescribing tools are infrequently used and guidelines are not consistently adhered to. Consequently, utilisation of and adherence to those prescribing tools was

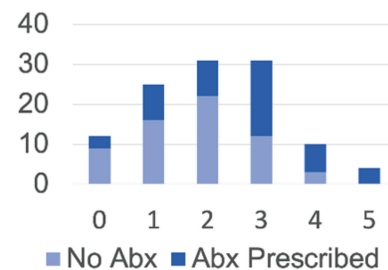


Fig 1. Frequency of Centor Scores and antibiotic prescription.

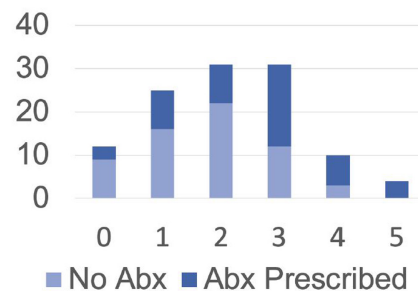


Fig 2. Frequency of FeverPain scores and antibiotic prescription.

recommended to prevent contribution to the growing issue of antimicrobial resistance. ■

References

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