

HALEON

**CANNOT
SWALLOW
CANNOT TALK
MISS WORK
IRRITABLE
COUGH
BAD BREATH
FATIGUE
DIFFICULTY
IN BREATHING
SHIVERS
COUGH
ISOLATED FROM
LOVED ONES
CANNOT DO
PHYSICAL
ACTIVITIES
SLEEP AFFECTED**

Patient case study.

Fever, sore throat
and body aches

#ListenToPain

Brought to you by the makers of



Start here >

Presentation



Mary

19 years.

Mary wakes up and isn't feeling very well.



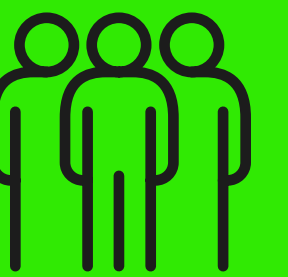
She complains of generalised body ache and weakness with fever.



She complains of occasional cough, cold and sore throat pain that's lasted 2 days.



She mentions that recently a few students in her class were down with flu.



Horizontal lines for text input

Presentation

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Past history and family history:

No loss of weight or appetite.



History of mild **asthma** since childhood.



No history of drug allergy.



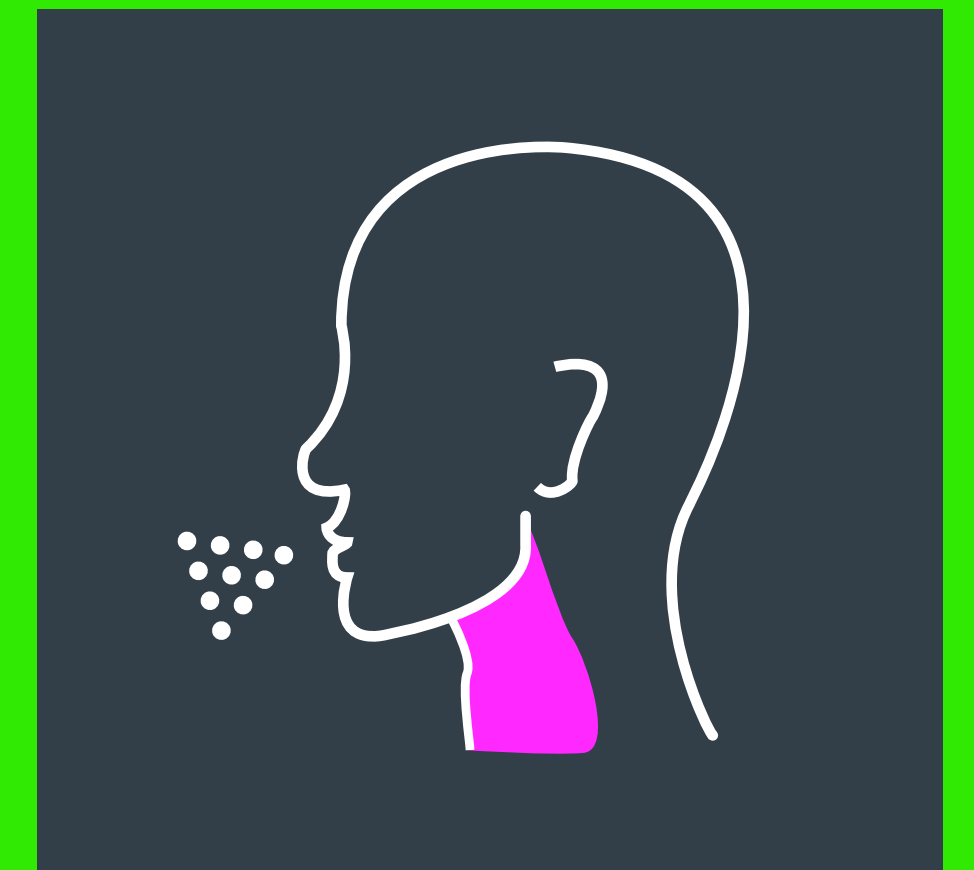
No significant family history.





Clinical examination.

- > General appearance: Well-nourished.
- > No pallor, edema, icterus or cyanosis.
- > BP: 120/86mmHg, PR: 89bpm, temperature: 38.3°C.
- > BMI: 22.0kg/m.
- > **Throat: Pharyngeal inflammation present.**
- > CNS: Patient was conscious oriented to time, place, person.
- > CVS: S1S2 heard, no added sound.
- > R/S: NVBS, no crepts.
- > P/A: Soft, non-tender, no-palpable organomegaly.
- > RT-PCR for COVID-19: Negative.



BMI, body mass index; BP, blood pressure; CNS, central nervous system; CVS, cardiovascular system; NAD, nothing abnormal detected; NVBS, normal vesicular breath sounds; P/A, per abdomen; PR, pulse rate; R/S, respiratory system; RT-PCR, reverse transcription polymerase chain reaction; S1S2, heart sounds.





Approach to diagnosis and management.

01

What could the cause of Mary's fever and sore throat be?

02

What is the management for fever and sore throat for this patient?

03

Will history of asthma in this patient alter our management?

Presentation



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Differential diagnosis 

What could be the possible causes for the symptoms in Mary?

- URTI (UPPER RESPIRATORY TRACT INFECTION)
- ALLERGIC RHINITIS
- SINUSITIS


Click an option to select your answer.

URTI, upper respiratory tract infection.

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Differential diagnosis 

What could be the possible causes for the symptoms in Mary?

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URTI, upper respiratory tract infection.

×
URTI (UPPER RESPIRATORY TRACT INFECTION)
ALLERGIC RHINITIS
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Differential diagnosis 

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URTI (UPPER RESPIRATORY TRACT INFECTION)


ALLERGIC RHINITIS

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Differential diagnosis 

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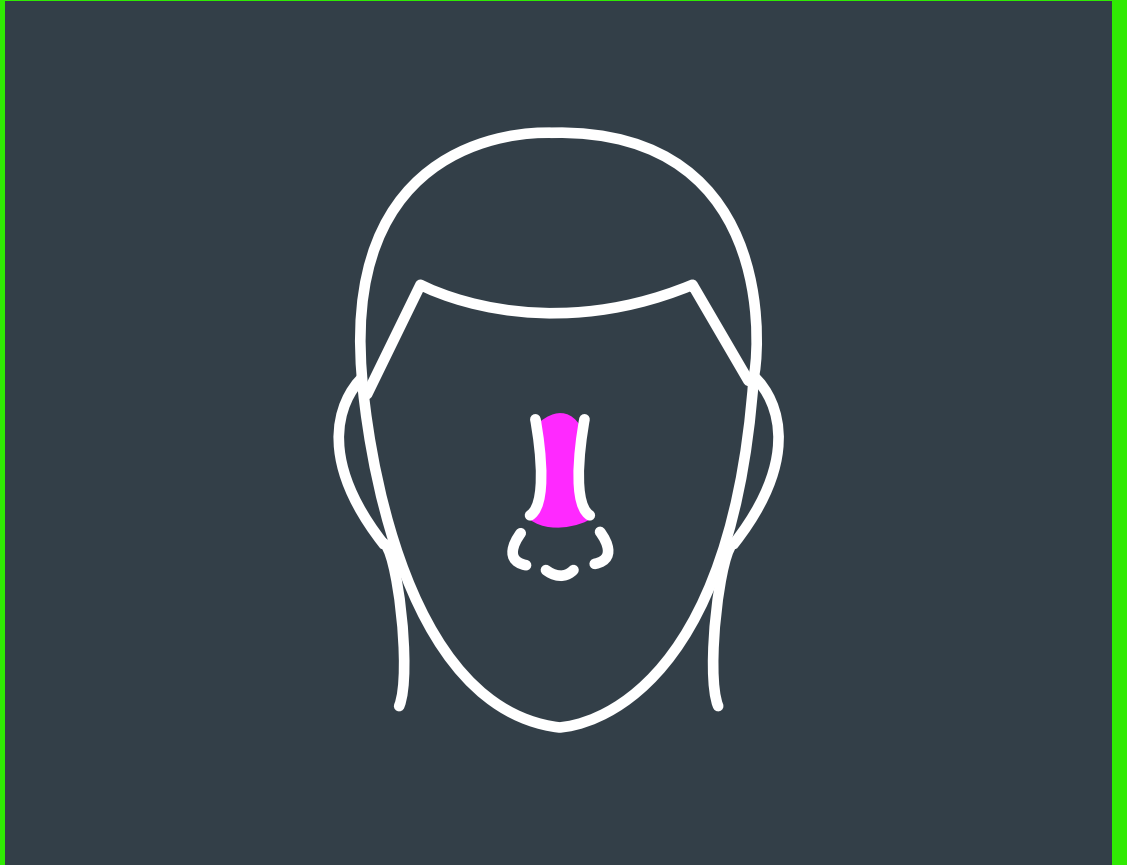


Differential diagnosis 



Sinusitis

Mary does not have the typical symptoms of sinusitis, such as thick nasal discharge, yellow nasal discharge, frontal headache and nasal congestion, so sinusitis is ruled out on the basis of her history.



Allergic rhinitis

Symptoms of allergic rhinitis, such as itchy eyes, mouth or skin, frequent sneezing and nasal congestion, are absent in Mary. Therefore, we can rule out allergic rhinitis in this patient.

1. American College of Allergy, Asthma & Immunology. Sinus infection. Available at: www.acaai.org/allergies/types/sinus-infection (last accessed May 2021).

Differential diagnosis 

What is the most probable cause of fever in Mary?

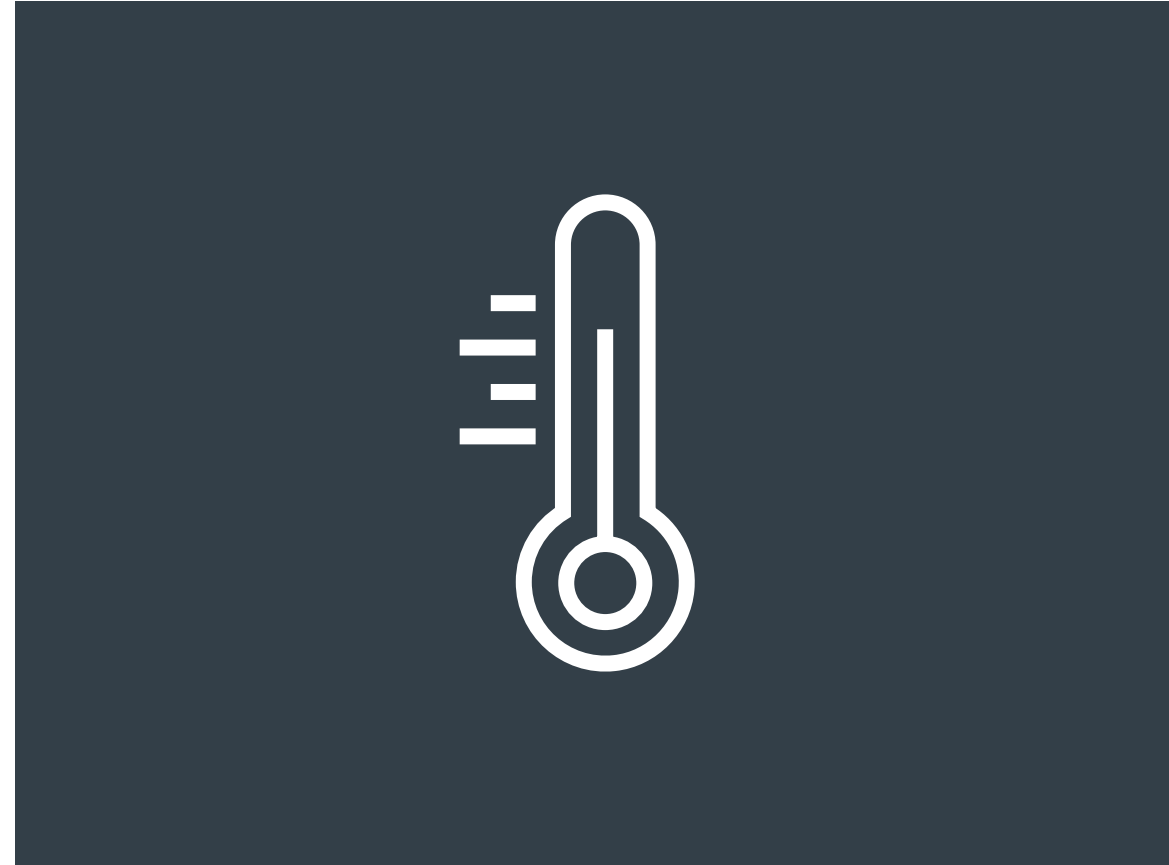
- > URTI is a self-limiting infection most commonly caused by viruses.
- > It results in irritation and swelling of the upper airways, causing cough.



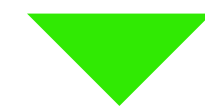
Cough, cold and sore throat pain



Pharyngeal inflammation



Fever 38.3°C



Upper respiratory tract infection

- > Mary has typical symptoms of URTI.
- > Mary has a history of asthma; people with asthma have an increased incidence of developing URTI.¹

URTI, upper respiratory tract infection..

1. Thomas M, Bomar P. Treasure Island (FL): StatPearls Publishing 2020. Upper respiratory tract infection. Available at: www.ncbi.nlm.nih.gov/books/NBK532961 (last accessed May 2021).

Treatment plan



How should we treat Mary?

Click an option to select your answer.

1. Thomas M, Bomar P. *Treasure Island (FL)*: StatPearls Publishing 2020. Upper respiratory tract infection. Available at: www.ncbi.nlm.nih.gov/books/NBK532961 (last accessed May 2021). 2. Mayo Clinic. Cold remedies: What works, what doesn't, what won't hurt. Available at: <https://www.mayoclinic.org/diseases-conditions/common-cold/in-depth/cold-remedies/art-20046403> (last accessed May 2021).

- REST
- ADEQUATE HYDRATION
- TOPICAL NASAL DECONGESTANTS
- ANTIPYRETICS FOR FEVER
- ALL OF THE ABOVE



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REST



ADEQUATE HYDRATION

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REST

ADEQUATE HYDRATION

× TOPICAL NASAL DECONGESTANTS

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How should we treat Mary?

Click an option to select your answer.

REST

ADEQUATE HYDRATION

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× ANTIPIRYRETICS FOR FEVER

ALL OF THE ABOVE

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Treatment plan



How should we treat Mary?

Click an option to select your answer.

- ✓ REST
- ✓ ADEQUATE HYDRATION
- ✓ TOPICAL NASAL DECONGESTANTS
- ✓ ANTIPYRETICS FOR FEVER
- ✓ ALL OF THE ABOVE



1. Thomas M, Bomar P. *Treasure Island (FL)*: StatPearls Publishing 2020. Upper respiratory tract infection. Available at: www.ncbi.nlm.nih.gov/books/NBK532961 (last accessed May 2021). 2. Mayo Clinic. Cold remedies: What works, what doesn't, what won't hurt. Available at: <https://www.mayoclinic.org/diseases-conditions/common-cold/in-depth/cold-remedies/art-20046403> (last accessed May 2021).

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How should we treat Mary?

- Symptom relief is required to treat this patient.¹
- Adequate hydration to prevent dehydration.¹
- Salt water gargling to soothe sore throat.¹
- Antipyretics for symptomatic management of fever and sore throat pain.²
- Antibiotics are not recommended since most URTIs are viral.³



URTI, upper respiratory tract infection.

1. Thomas M, Bomar P. *Treasure Island (FL): StatPearls Publishing* 2020. Upper respiratory tract infection. Available at: www.ncbi.nlm.nih.gov/books/NBK532961 (last accessed May 2021).

2. Chiappini E, et al. *J Pediatr* 2017;180:177-183.e1. 3. National Institute for Health and Care Excellence (NICE), United Kingdom. Cough (acute): antimicrobial prescribing NICE guideline 120. Available at: www.nice.org.uk/guidance/ng120 (last accessed May 2021).

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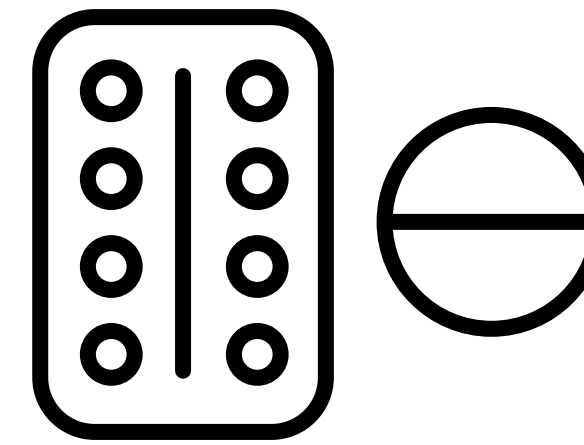
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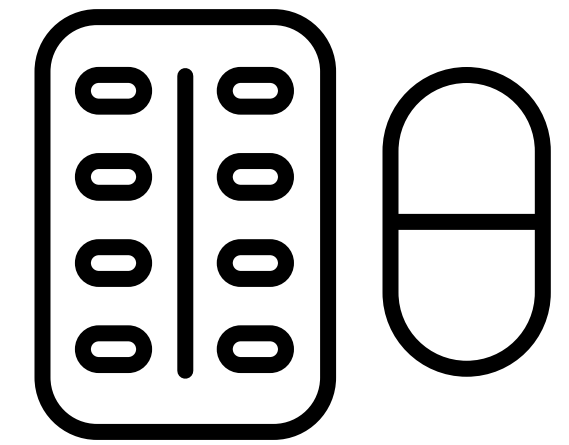
Treatment plan



What are the options available to treat fever and sore throat in this patient?



Paracetamol



NSAIDs e.g., ibuprofen

NSAID, non-steroidal anti-inflammatory drug.
1. Rizzoli P, Mullally W. *Am J Med* 2018;131(1):17-24.

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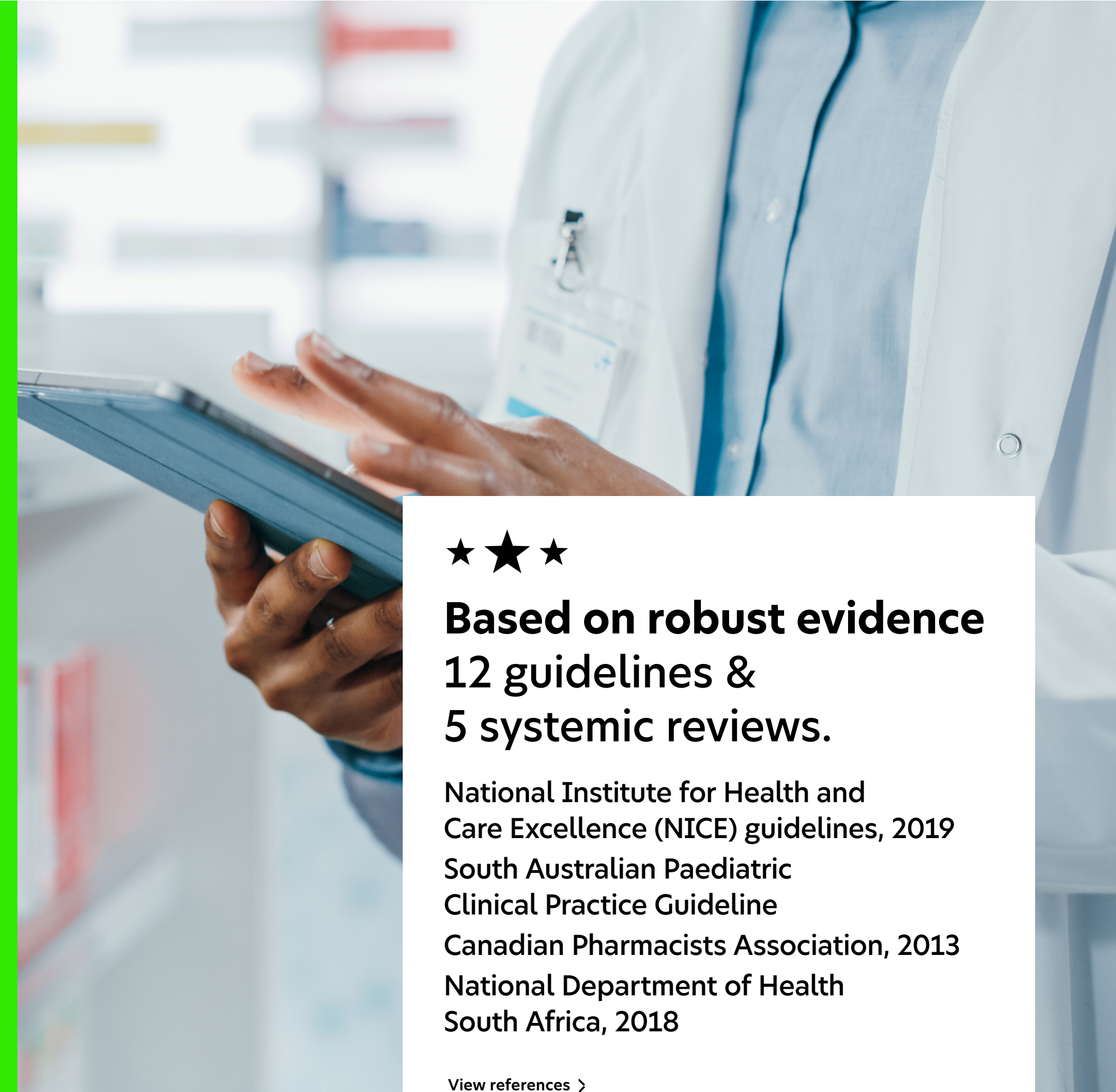




What do guidelines recommend for fever?

Most of the guidelines recommend paracetamol or ibuprofen as antipyretics for adults and children.

- > Systematic reviews suggested that ibuprofen (5-10mg/kg) was **similar or more efficacious** than paracetamol (10-15mg/kg) for treatment of pain and fever in adults and children, and was equally safe.
- > **Both paracetamol and ibuprofen** exhibited comparable profiles for gastrointestinal symptoms, asthma and renal adverse effects in paediatric pain and fever.



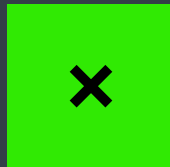
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12 guidelines &
5 systemic reviews.**

National Institute for Health and Care Excellence (NICE) guidelines, 2019
South Australian Paediatric Clinical Practice Guideline
Canadian Pharmacists Association, 2013
National Department of Health South Africa, 2018

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References

1. Baraff L, et al. *Pediatrics* 1993;92(1):1-12.
2. National Institute for Health and Care Excellence (NICE), United Kingdom. Fever in under 5s: assessment and initial management NICE Guideline NG143. Available at: www.nice.org.uk/guidance/ng143 (last accessed May 2021).
3. UK Health Security Agency and NHS. Using paracetamol to prevent and treat fever after MenB vaccination. Available at: www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/717281/PHE_paracetamol-menB-A4-2018_01.pdf (last accessed May 2021).
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6. Department of Health, Australian Government. Post vaccination. www.immunisationhandbook.health.gov.au/vaccination-procedures/after-vaccination (last accessed August 2021).
7. Canadian Pharmacists Association (CPhA). Fever, central nervous system conditions. Available at: www.pharmacists.ca/cpha-ca/assets/File/store/MA-Fever.pdf (last accessed May 2021).
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15. Perrott O, et al. *Arch Pediatr Adolesc Med* 2004;158(6):521.
16. Wong T, et al. *Cochrane Database of Syst Rev* 2013;(10):C0009572.
17. Purssell E. *Arch Dis Child* 2011;96(12):1175-1179.

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Guideline recommendations for URTI.

↓ Most guidelines recommend over-the-counter medications like paracetamol or ibuprofen for cold, cough and sore throat associated pain and fever to ease discomfort in children and adults.

↓ Both drugs have comparable efficacy and are the most frequently used drugs for symptomatic treatment of URTI.

There is no effective therapy for the common cold; most medications are symptomatic.



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National Institute for Health and Care Excellence (NICE) guidelines, 2019
National Clinical Guidelines, Qatar, 2019
Chinese Clinical Practice Guidelines, 2018
National Department of Health, South Africa, 2018


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URT, upper respiratory tract infection.


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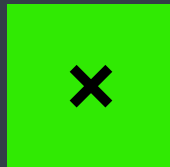
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References

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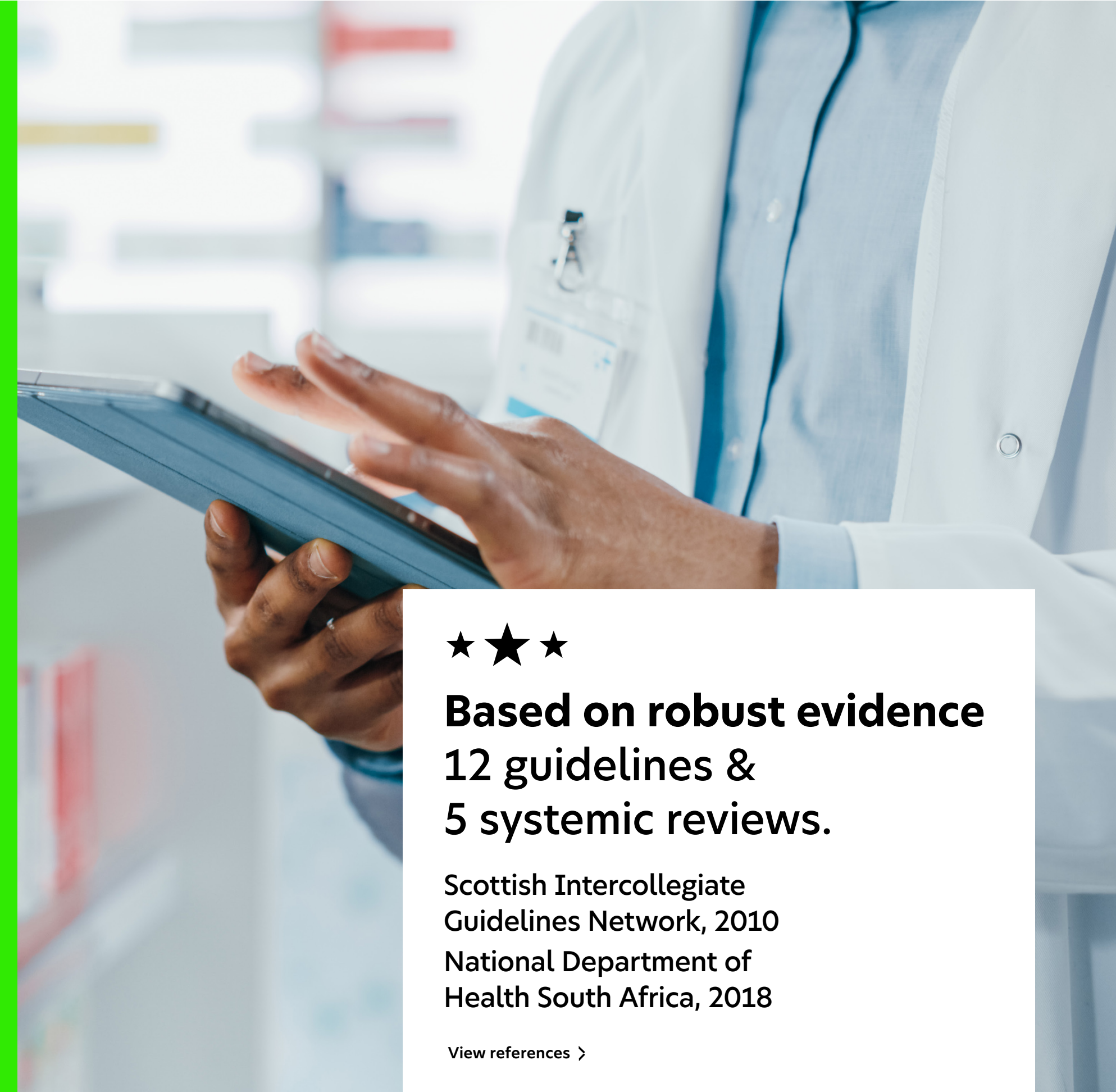
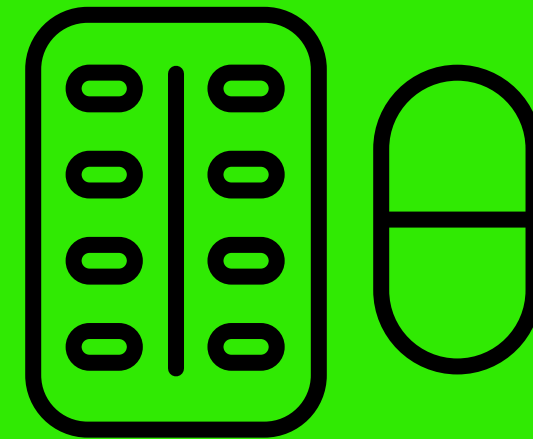


Follow-up & summary



What do guidelines say about ibuprofen?

- > **Amongst NSAIDs, ibuprofen is the most commonly used** and studied molecule with favourable benefit-risk profile at OTC doses (e.g., lowest GI adverse events, minimal renal and CV effects).
- > **However, dehydration plays an important role** in triggering renal damage with ibuprofen. It should not be given to patients with vomiting and diarrhoea, especially in children and adolescents.



★★★

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Scottish Intercollegiate
Guidelines Network, 2010
National Department of
Health South Africa, 2018

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CV, cardiovascular; GI, gastrointestinal; NSAID; non-steroidal anti-inflammatory drug; OTC, over-the-counter.

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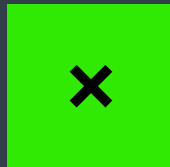


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evidence



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References

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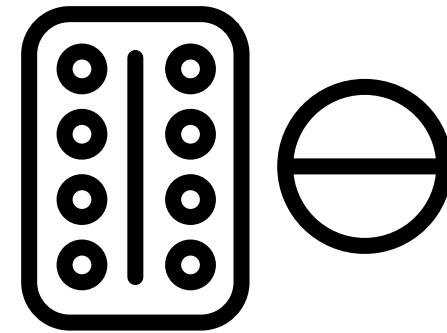
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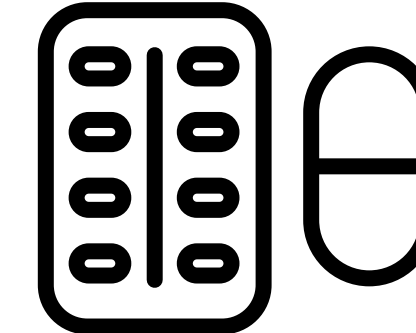
Fever and bodyache

What is the most suitable antipyretic therapy?



Paracetamol

Recommended first-line.



Ibuprofen

Recommended first-line but **NOT** in patients with GI, CVD risks and elderly. To be used with caution in asthma.

CVD, cardiovascular disease; GI, gastrointestinal.
1. Pierce C, Voss B. *Ann Pharmacother* 2010;44(3):489-506.



What's suitable for Mary?

Ibuprofen^{1,2}

- > A few guidelines* recommend using ibuprofen with caution in asthma.
- > Therefore, ibuprofen should be used with caution in Mary's case since she has a history of asthma.



Paracetamol is the most suitable option for Mary^{3,4}

- > Oral paracetamol, 500mg to 1000mg, taken every 4 to 6 hours as required. The lowest dose necessary to achieve efficacy should be used for the shortest duration of treatment.
- > It is recommended that paracetamol should be used as first-line treatment for fever.
 - **Dosage:** For adults and children aged 12 years and older: 500mg to 1000mg, taken every 4 to 6 hours, up to a maximum of 4000mg daily.



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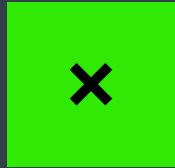
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*NSW guidelines, 2019, and Italian Pediatric Society Guidelines, 2017.

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16. Wong T, et al. *Cochrane Database of Syst Rev* 2013;(10):C0009572.
17. Purssell E. *Arch Dis Child* 2011;96(12):1175-1179.

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Clinical evidence



Follow-up & summary



Follow-up
& summary



What next?

Mary was asked to **follow up after 3 days.**

On follow-up, her symptoms had subsided since the most likely cause of fever was **viral infection.**

If fever remains persistent: Further evaluation would be required to determine the exact cause.

1. National Institute for Health and Care Excellence (NICE), United Kingdom. Cough (acute): antimicrobial prescribing NICE guideline 120. Available at: www.nice.org.uk/guidance/ng120 (last accessed May 2021).

Presentation



History



Clinical examination



Differential diagnosis



Treatment plan



Clinical evidence



Follow-up & summary





Summary

Mary, 19 years old:

- > Complained of general body aches, weakness, fever and sore throat.
- > Had a sore throat and body aches for 2 to 3 days.
- > Negative for COVID-19.
- > Flu was circulating among classmates.
- > History of asthma since childhood.

Diagnosed with URTI.

She was recommended:

- > **Rest.**
- > **Hydration.**
- > **Topical nasal decongestants.**
- > **Antipyretics.**

Further recommendation:

- > Oral paracetamol (500mg to 1000mg, taken every 4 to 6 hours as required up to a maximum of 4g daily).
- > The lowest dose necessary to achieve efficacy should be used for the shortest duration.
- > This was the first-line treatment in this patient as recommended by most guidelines.

RT-PCR, reverse transcription polymerase chain reaction; URTI, upper respiratory tract infection.

1. Canadian Pharmacists Association (CPhA). Fever, central nervous system conditions. Available at: www.pharmacists.ca/cpha-ca/assets/File/store/MA-Fever.pdf (last accessed May 2021).



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