



Antibiotics for Common Respiratory Infections

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The *Annals of Family Medicine* encourages readers to develop the learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club, and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for: Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word "radical" also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care, and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials, and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online at: <http://www.AnnFamMed.org/misc/AJC.shtml>.



CURRENT SELECTION

Articles for Discussion

van Driel M, De Sutter A, Deveugele M, et al. Are sore throat patients who hope for antibiotics actually asking for pain relief? *Ann Fam Med*. 2006;4:494-499.

De Sutter A, Lemiengre MB, Van Maele G, et al. Predicting prognosis and effect of antibiotic treatment in rhinosinusitis. *Ann Fam Med*. 2006;4:486-493.

Hickner J. A new look at an old problem: inappropriate antibiotics for acute respiratory infections. *Ann Fam Med*. 2006;4:484-485.

Discussion Tips

These articles use different methods to address different aspects of the problem of antibiotic overuse for respiratory illness.² van Driel et al solicit the patient's perspective on the reason for consulting for acute

sore throat. De Sutter et al use clinical data to try to predict illness duration and response to antibiotics in patients with rhinosinusitis. You may wish to discuss only one study, or to consider each separately and then try to draw larger insights across both articles.

Discussion Questions

- What is the research question in these studies? Why do the questions matter?
- Are the study designs appropriate for the research questions? How could the designs be improved?
- Study methods—to what degree can the findings be accounted for by:
 1. How participants were selected?
 2. How key variables were defined and measured?
 3. Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a third factor)?
 4. How information was interpreted?
 5. Chance (as indicated by inferential statistics)?
- Main findings—how do these studies advance current knowledge?
- Generalizability—how transportable are the findings to other settings, particularly to my patients, practice and community? For the DeSutter et al study, how does the nesting of this observational study within an RCT affect its external validity?
- Implications—how can these findings be used to change practice or advance new hypotheses and research? Do you think that searching (in patient care and in research) for subgroups of patients who might benefit from antibiotics is justified? How can patient needs/desires be met without antibiotics?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4:196-197. Available at: <http://annfammed.org/cgi/content/full/4/3/196>.
2. Centers for Disease Control. Antibiotic/Antimicrobial Resistance Clinical Guidelines. March 30, 2006. Available at: <http://www.cdc.gov/drugresistance/clinical.htm>.