

## Short course of antibiotics as effective as standard duration for streptococcal pharyngitis in children

<b>Clinical question</b>	How effective is 2 to 6 days of oral antibiotics (short duration) compared to 10 days of oral penicillin (standard duration) in treating children with acute group A beta haemolytic streptococcus (GABHS) pharyngitis?
<b>Bottom line</b>	Three to 6 days' treatment with oral antibiotics (macrolides, cephalosporins or amoxicillin) has comparable efficacy to the standard-duration 10 days of oral penicillin in treating children with acute GABHS pharyngitis. Compared to standard-duration treatment, the short-duration treatment had shorter periods of fever, and throatsoreness, lower risk of early clinical treatment failure, no significant difference in early bacteriological treatment failure or late clinical recurrence. The shorter duration of antibiotic treatment may be more convenient to the patient, will improve compliance and reduce failure rate, reduce return visits to the physician, and ultimately overall cost. No conclusions can be drawn on the comparison of complication rates of acute rheumatic fever and acute poststreptococcal glomerulonephritis.
<b>Caveat</b>	The short-duration treatment (2-6 days) resulted in better compliance, but more side effects (mostly self-limiting mild to moderate diarrhoea, vomiting and abdominal pain). In areas where the prevalence of rheumatic heart disease is still high, these results must be interpreted with caution.
<b>Context</b>	The standard-duration treatment for acute GABHS pharyngitis with oral penicillin is 10 days. Shorter-duration antibiotics may have comparable efficacy.
<b>Cochrane Systematic Review</b>	Altamimi S et al. Short versus standard duration antibiotic therapy for acute streptococcal pharyngitis in children. <i>Cochrane Reviews</i> 2009, Issue 1. Article No. CD004872. DOI: 10.1002/14651858.CD004872.pub2. This review contains 20 studies involving 13,102 participants.
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[References]

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