

Doctors' group says antibiotics can be taken for shorter periods

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(HealthDay)—Millions of Americans have at some point in their lives

gotten a long course of antibiotics to treat a bacterial infection. But according to new recommendations from a major U.S. doctors' group, some of the most common bacterial infections can now be treated with shorter courses of the drugs.

The advice, from the American College of Physicians (ACP), says that for several types of infections, shorter courses of antibiotics do the job—and even do it more safely.

The conditions include straightforward cases of pneumonia, skin infection and [urinary tract infection](#) (UTI), meaning they are not complicated by other medical conditions.

In general, the ACP says, they can be managed with five to seven days of antibiotics, or even three days in certain cases, instead of the traditional 10 days or more.

Many patients are accustomed to long courses, but their use was largely based on "conventional wisdom," said ACP president Dr. Jacqueline Fincher.

In recent years, she said, clinical trials have shown that shorter courses are just as effective at "eradicating" many infections.

It's a safer approach, too, Fincher explained: Shorter courses lessen the chance of side effects like nausea and diarrhea. They may also help battle the widespread problem of antibiotic resistance—where bacteria that are exposed to an antibiotic mutate in an attempt to thwart the drug.

Antibiotics, especially long courses, can also kill 'good' bacteria that normally dwell in the body and help keep its various systems running smoothly, Fincher said.

Yeast infections, she noted, are one example of how that balance can be upset: When women take an antibiotic for a UTI, that can diminish the [good bacteria](#) that normally keep yeast growth in check.

One particular concern, Fincher said, are potentially fatal gut infections caused by antibiotic-resistant *C. difficile* bacteria. Those infections often arise after a person has had antibiotic treatment that destroyed many of the good bacteria in the gut.

The new ACP recommendations advise shorter antibiotic courses for four groups of infection:

- Acute bronchitis in people with chronic obstructive pulmonary disease. COPD is an umbrella term for two serious lung conditions: emphysema and chronic bronchitis. When COPD patients develop worsening symptoms (acute bronchitis) and the cause is likely a [bacterial infection](#), the ACP advises antibiotic treatment for a maximum of five days. (In previous advice, the ACP has said that people without COPD do not need antibiotics for [acute bronchitis](#)—unless they may have pneumonia.)
- Pneumonia. When people develop uncomplicated pneumonia, antibiotics should be given for a minimum of five days, and possibly longer depending on symptoms.
- UTIs. Treatment can often be five to seven days, or even shorter. Women may be able to take the antibiotic combination trimethoprim-sulfamethoxazole for three days, or a newer antibiotic called fosfomycin as a single dose.
- Cellulitis. This is a common skin infection that often affects the limbs. As long as the [infection](#) does not involve pus (such as an abscess), it can be treated with [antibiotics](#) for five to six days.

Fincher said the advice focused on those four groups, in part, because they are so common. But shorter courses could also be appropriate for

other less serious infections, she added.

Some conditions will still need longer courses, Fincher said—including "deep" infections like osteomyelitis, where there is inflammation of the bone. Longer treatment may also be better for certain patients, like those with diabetes or compromised immune systems, she noted.

"Antibiotics can be lifesaving, but like any medication, they have side effects," said Dr. Helen Boucher, a member of the Infectious Diseases Society of America's Board of Directors.

First, it's important for patients to be sure they really need an antibiotic, said Boucher, who also heads the infectious diseases division at Tufts Medical Center in Boston.

An estimated 30% of antibiotic prescriptions in the United States are unnecessary, she noted.

"Ask your doctor, 'Do I really need this?'" Boucher advised. The next question, she said, can be about duration: If the prescription is for 10 days—the "default" for many doctors, the ACP says—patients can again ask why.

Why are shorter courses being advocated now? It was only in recent years that [clinical trials](#) began testing shorter versus longer antibiotic treatment, Boucher explained. (Drug companies do not have much incentive to study less treatment, she noted.)

It was the problem of antibiotic resistance, Boucher said, that spurred researchers to see whether shorter courses could be just as effective.

The recommendations were published April 6 in the ACP journal *Annals of Internal Medicine*.

More information: The U.S. Centers for Disease Control and Prevention has more on [antibiotic resistance](#).

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