ADEQUACY OF DIAGNOSIS AND TREATMENT OF PHARYNGOTONSILLITIS

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Background

Acute pharyngotonsillitis is the most prevalent infectious disease in primary healthcare, with inadequate prescription of antibiotics without diagnostic evidence through the application of the Centor criteria and the rapid antigen detection test for group-A β-hemolytic *Streptococcus*.

Purpose

To evaluate in our territory the degree of adequacy of:

(1) the diagnostic procedures of pharyngotonsillitis

(2) antibiotic treatment.

Material and methods

Retrospective observational study in patients diagnosed with pharyngotonsillitis during 2019 in 20 primary healthcare centers.

Demographic variables (age and sex), Centor criteria, rapid antigen test, and antibiotic prescription were collected.

Results

5,283 patients were included

9 (6-13) years old

2,759 (52.2%) ♀

	Adult patients 1,062 (20.1%)	Pediatric patients 4,221 (79.9%)
Did not have a record of the Centor score	234 (22%)	295 (7%)
With Centor ≥2 did not undergo an antigen test	420 (39.5%)	1,492 (28.2%)
Antibiotic treatment was given to:		
without registration of the Centor score or test	76 (7.2%)	97 (2.3%)
with Centor <2 and no test	53 (5%)	53 (1.3%)
with a negative test	49 (4.6%)	213 (5.1%)
Did not receive an antibiotic with Centor ≥2 and a positive test	4 (0.4%)	84 (2%)

Conclusions

Pharyngotonsillitis diagnostic workup (application of the Centor criteria and rapid antigen test) **is far from optimal**, especially in the adult population. Accordingly, there is a **moderately inappropriate prescription of antibiotics**, although less in the pediatric population. Optimizing the use of antibiotics in pharyngotonsillitis treatment requires the maintenance of the dissemination of recommendations and advice.