

Study examines effectiveness of steroid medication for sore throat

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In patients with a sore throat that didn't require immediate antibiotics, a single capsule of the corticosteroid dexamethasone didn't increase the likelihood of complete symptom resolution after 24 hours, and although more patients taking the steroid reported feeling completely better after 48 hours, a role for steroids to treat sore throats in primary care is uncertain, according to a study published by *JAMA*.

Acute sore throat is one of the most common symptoms among [patients](#) presenting to [primary care](#). Adults in the United States made an estimated 92 million visits to doctors for [sore throats](#) between 1997 and 2010, an average of 6.6 million visits annually. Antibiotics are prescribed at 60 percent of UK primary care sore throat consultations, despite national guidelines advising against prescriptions. There is a need to find alternative strategies that reduce symptoms and antibiotic consumption.

Gail Hayward, D.Phil., M.R.C.G.P., of the University of Oxford, United Kingdom, and colleagues randomly assigned adults with sore throat not requiring immediate [antibiotics](#) to a single oral dose of 10 mg of dexamethasone or placebo. The trial was conducted in 42 family practices in South and West England.

Of 565 eligible randomized participants (median age, 34 years), 288 received dexamethasone and 277 placebo. The researchers found that at 24 hours, participants receiving dexamethasone were not more likely than those receiving placebo to have complete [symptom](#) resolution.

Results were similar among those who were not offered an antibiotic prescription and those who were offered a delayed antibiotic prescription. At 48 hours, more participants receiving dexamethasone than [placebo](#) (35 percent versus 27 percent) had complete symptom resolution, which was also observed in patients not offered delayed antibiotics. There were no significant differences in other outcomes such as days missed from work or school and adverse events.

The authors note that uncertainty remains about the role of oral corticosteroids for patients presenting in primary care with sore throat. "Corticosteroids may have clinical benefit in addition to antibiotics for severe sore throat, for example, to reduce hospital admissions of those patients who are unable to swallow fluids or medications. There have been no trials of corticosteroid use involving these patient groups."

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