

Corticosteroids help to resolve sore throats quickly

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THE PROBLEM: Sore throats are a frequent reason for visits to primary care doctors; around a third of those with respiratory symptoms, such as sore throats, seek medical advice.¹ Respiratory symptoms are more common than gastrointestinal or dermal symptoms, with 91% of people reporting at least one episode over a year compared to 54% and 27%, respectively.² Sore throats are often caused by viral infections, such as rhinovirus, coronavirus and adenovirus; less so by bacterial infection. However, antibiotics are often prescribed for sore throats, perhaps in attempts to reduce the pain and/or known complications (e.g. peritonsillar abscess, rheumatic fever, and glomerulonephritis, though these are rare). With few other therapeutic options, the Cochrane review aimed to evaluate whether corticosteroids are effective in reducing the symptoms of a sore throat.

CLINICAL BOTTOM LINE: Corticosteroids are effective in the treatment of sore throats. Those taking corticosteroids were three times as likely to demonstrate a complete resolution of symptoms in 24 hours compared to those taking placebo. However, as both groups were given antibiotics, it is still unclear whether corticosteroids alone are effective.

Corticosteroids for the treatment of sore throats

	Success	Evidence	Harms
Corticosteroids vs placebo, both in addition to antibiotic treatment	Effective: Complete resolution of pain at 24 hours NNT for corticosteroids vs placebo = 5 (range 2 to 10)	Cochrane review ³	No major harms

NNT = numbers needed to treat. An NNT of 5 means that for every 5 people given the treatment, 1 person will find the treatment effective.

References

1. Leder K, Sinclair MI, Mitakakis TZ, Hellard ME, Forbes A. A community-based study of respiratory episodes in Melbourne, Australia. *Aust N Z J Public Health*. 2003;27(4):399–404.
2. Najnin N, Sinclair M, Forbes A, Leder K. Community based study to compare the incidence and health services utilization pyramid for gastrointestinal, respiratory and dermal symptoms. *BMC Health Serv Res*. 2012;12(1):211.
3. Hayward G, Thompson MJ, Perera R, Glasziou PP, Del Mar CB, Heneghan CJ. Corticosteroids as standalone or add-on treatment for sore throat. *Cochrane Database Syst Rev*. 2012; Issue 10. Art. No.: CD008268. DOI: 10.1002/14651858.CD008268.pub2.

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- Psychological interventions may have adverse effects in post-traumatic stress disorder
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