

Topical antibiotics are probably better than placebo for acute conjunctivitis but most get better anyway

Bruce Arroll MBChB, PhD, FRNZCGP; Professor of General Practice and Primary Health Care, The University of Auckland, PB 92019, Auckland, New Zealand; Email: b.arroll@auckland.ac.nz

THE PROBLEM: Acute bacterial conjunctivitis is an infective condition in which the eyes become red and inflamed. The condition is not normally serious and usually recedes spontaneously within about a week. People with acute conjunctivitis are often given antibiotics, usually as eye drops or ointment, to speed recovery. If there is any loss of vision, the problem is more serious and needs an immediate eye consult. The benefits of antibiotics to the sufferer of conjunctivitis have been questioned. I am always impressed by the 'mass hysteria' of 'pink eye' in day care centres where the staff act like it was the plague as opposed to a self-limiting viral infection. However, there are cases of bacterial infection and I am more inclined to give antibiotics if the eye is really stuck down in the morning.

CLINICAL BOTTOM LINE: The review of trials found that the signs of conjunctivitis went away more quickly in people taking antibiotics, but the benefits are marginal as in most cases the infection is self-limiting. However, most cases resolve spontaneously with clinical remission being achieved in 65% (95% CI 59–70) by days 2–5 in those receiving placebo.

Treatments for acute bacterial conjunctivitis with topical antibiotics

	Success	Evidence	Harms
Topical antibiotics vs placebo	Effective; NNT = 6 (range 6–15)	Cochrane review ¹	No major harms

NNT = numbers needed to treat. An NNT of 6 means that for every six people given the treatment, one additional person will get better due to the effective treatment

Reference

1. Sheikh A, Hurwitz B. Antibiotics versus placebo for acute bacterial conjunctivitis. Cochrane Database of Systematic Reviews. 2006, Issue 2. Art. No.: CD001211. DOI:

All people residing in New Zealand have access to the Cochrane Library via the Ministry website www.health.govt.nz/cochrane-library

String of PEARLS

Practical Evidence About Real Life Situations

Musculoskeletal conditions

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uo), funded by the Ministry of Health (www.health.govt.nz), and published in NZ Doctor (www.nzdoctor.co.nz).

- Pronation may be more effective than supination in correcting pulled elbow
- Local corticosteroid injections improve symptoms of carpal tunnel
- Corticosteroid injections are effective for trigger finger
- Oral steroids are effective short-term treatment for adhesive capsulitis
- Topical glyceryl trinitrate may be effective in rotator cuff disease
- Surgery for rotator cuff disease is no more effective than active non-surgical treatment
- Insufficient evidence of benefit of topical rubefacients for acute and chronic painful musculoskeletal conditions in adults

DISCLAIMER: PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.



COCHRANE
PRIMARY HEALTH
CARE FIELD



THE UNIVERSITY
OF AUCKLAND
NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau



MINISTRY OF
HEALTH
MANATŪ HAUORA

