

**Management and treatment of common infections.  
Antibiotic guidance for primary care: For consultation and local adaptation  
Royal Pharmaceutical Society (RPS) Submission**

General comments

- Principles of treatment point 13 refers to topicals and mentions extensive use of topical but it does not mention about duration. Please consider including that topicals should normally be limited to 2 week duration.
- Throughout the summary table the provision of dose ranges is not particularly helpful unless there is some guidance available that supports the clinician to decide which dose to select.
- For COPD the definition of an infective exacerbation needs to be clarified as the and/or statement is unclear. If there is no increase in sputum purulence do not use antibiotics
- Co-trimoxazole should be considered as an option for pyelonephritis
- We have concerns about the inclusion of ciprofloxacin as an option for UTI prophylaxis as this completely contradicts the messaging around the C diff and resistance work. The warning about max 6 months course of prophylaxis, particularly with nitrofurantoin due to the risk of nitrofurantoin induced lung disease, needs to be strengthened.
- The wording about epididymo-orchitis should be changed from “men > 35 years with low risk of STI” to “men > 35 years **if** low risk of STI”. The current wording could be read as that men aged > 35 have a low risk of STI, when this is certainly not universal.
- The recommendation for high dose nystatin is still included for oral candidiasis
- There are a few sections where information about sampling, swabbing etc would be helpful and useful for clinicians.
- The recommendation for long term UTI prophylaxis with ciprofloxacin 2<sup>nd</sup> line is concerning and is based on very small numbers. The evidence does suggest prophylaxis with antibiotics is effective but there is no clear recommendation for ciprofloxacin at that dose. We are not convinced that the risk of C diff has been fully addressed in this potentially vulnerable population.



Sandra Gidley, Chair, English Pharmacy Board  
Royal Pharmaceutical Society

## **About us**

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors and specialisms of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** Ensuring the expertise of the pharmacist is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists deliver excellent care and also to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** hosting and facilitating a series of communication channels to enable pharmacists to discuss areas of common interest, develop and learn.