

Clinical Topic 3: Management of Acute Rhinosinusitis

Background

There is moderate evidence that antibiotics provide a small benefit in clinical outcomes in immunocompetent primary care patients with uncomplicated acute sinusitis. However, 80% of those managed without antibiotics improved within two weeks¹. We need to weigh the small benefits of antibiotic treatment against the potential for adverse effects at both the individual and population level.

When *not* to prescribe an antibiotic?

- When symptoms have lasted less than 7-10 days.
- The patient is not systemically unwell

When to consider prescribing an antibiotic?

- When symptoms have persisted for 7-10 days or beyond
- When symptoms have worsened after 5-7 days (this helps the differential diagnosis with rhinovirus as this would usually resolve by this time)
- When the patient is systemically very unwell
- When the patient has symptoms and signs of serious complications
- When the patient is at high risk of serious complications due to serious co-morbidity or age

Other management strategies

- There is insufficient evidence to support the use of antihistamines, decongestants and topical intranasal steroids.
- Pain can be severe and adequate analgesia is essential.
- Steam inhalations are not recommended due to risk of burns or scalds.

Points of note

- Complications e.g. chronic, recurrent or periorbital infection are extremely rare.
- Chronic sinusitis usually involves similar symptoms which have lasted longer than 12 weeks, and requires a different approach to management.

Patient information

- Symptoms can be slow to improve and the average duration is 2-3 weeks whether you take antibiotics or not.
- If antibiotics are given, take them regularly and complete the treatment. Analgesia may still be required in the first few days of treatment and beyond.
- Drink plenty of fluids
- Rest if you feel tired

What should we do in practice?

- All patients should be given adequate analgesia whether antibiotics are prescribed or not
- Clearly document duration of symptoms for all presenting cases of acute rhinosinusitis
- Avoid antibiotic treatment unless **documented**
 - Symptoms beyond 7-10 days
 - Worsening of symptoms after 5-7 days
 - High risk of complications or very unwell
- Peer review and audit of management of rhinosinusitis is encouraged

¹ Ahovuo-Saloranta A, Rautakorpi UM, Borisenko OV, Liira H, Williams Jr JW, Mäkelä M. Antibiotics for acute maxillary sinusitis. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD000243. DOI: 10.1002/14651858.CD000243.pub2. Accessed from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000243.pub2>