



The Royal Australasian
College of Physicians

TOP 5 Low-value practices and interventions

The Australasian Society for Infectious Diseases (ASID) has reviewed the evidence and consulted with its expert members to develop the following recommendations to support best patient care and reduce the use of unnecessary or ineffective practices within a given clinical context.

1 Do not use antibiotics in asymptomatic bacteriuria

2 Do not take a swab or use antibiotics for the management of a leg ulcer with no indication of clinical infection

3 Avoid prescribing antibiotics for upper respiratory tract infection

4 Do not investigate or treat for faecal pathogens in the absence of diarrhoea or other gastrointestinal symptoms

5 In a patient with fatigue, avoid performing multiple serological investigations without a clinical indication or relevant epidemiology

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1

Do not use antibiotics in asymptomatic bacteriuria

Antibiotic treatment of patients with asymptomatic bacteriuria is generally not indicated as it does not decrease the incidence of symptomatic urinary tract infection. This also includes patients with indwelling urinary catheters. Exceptions to this are pregnant women and those undergoing an urological procedure.

2

Do not take a swab or use antibiotics for the management of a leg ulcer with no indication of clinical infection

Lower leg ulcers, most commonly venous ulcers, are often treated with oral antibiotics even in the absence of evidence of clinical infection. There is no evidence to support this use, except if screening for carriage of multi-resistant organisms.

Also a swab for microscopy and culture in the absence of signs of infection is not recommended. Unnecessary antibiotics and swabbing will lead to increased risk of antimicrobial resistance and patient allergy, and add to healthcare costs.

3

Avoid prescribing antibiotics for upper respiratory tract infections

Most uncomplicated upper respiratory tract infections are viral in aetiology and antibiotic therapy is not indicated. Oral antibiotic therapy of presumed URTI in febrile young infants is not only 'low value' but can be actively dangerous in delaying presentation to hospital which may inappropriately reassure parents and confound investigations of sepsis. This is a major issue for paediatric primary care and ED presentations.

Patient education is an important component of management together with symptomatic treatment. However, infections with streptococcus pyogenes and bordetella pertussis do require antibiotic therapy.



4 Do not investigate or treat for faecal pathogens in the absence of diarrhoea or other gastrointestinal symptoms

Testing of faeces for microscopy and culture or by PCR methods should not be performed in the absence of diarrhoea or other gastrointestinal symptoms. Similarly antimicrobial treatment for a gastrointestinal pathogen is not indicated in the absence of symptoms.

For immunocompetent non-traveller children with acute gastroenteritis, there are very few circumstances when a stool test for infection would alter clinical management. Possible exceptions include refugee screening and some neurological syndromes such as enteroviral testing for acute flaccid paralysis.

5 In a patient with fatigue, avoid performing multiple serological investigations without a clinical indication or relevant epidemiology

Multiple serological testing as investigation for a patient with fatigue is not recommended. If such testing is not clinically indicated, there is a risk of false positive results leading to further unnecessary investigations and useless treatments.

How this list was developed...

An initial list of 10 low value interventions was compiled by the Lead Fellow of the Australasian Society for Infectious Diseases (ASID) Inc following an online discussion in ASID's discussion forum, Ozbug. The Royal Australasian College of Physicians (RACP) then facilitated a consultation across all ASID members via a survey distributed through the society's e-newsletter. In the survey, members were asked to rank the 10 suggested interventions and recommend additional items for consideration.

A subsequent shortlist of items was created by selecting the top 7 interventions as ranked by the members from the initial list. The shortlist was sent to ASID's special interest groups and selected members who had agreed to assist were asked to recommend the items that should comprise the Top 5. This final list was endorsed by the ASID Council on 31 July 2015. The Top 5 was circulated again to the ASID members for final comments before being approved by ASID's Executive Committee.



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Australasian Society for Infectious Diseases – Top 5 recommendations

EVIDENCE SUPPORTING RECOMMENDATION 1

Nicolle LE, Bradley S, Colgan R, Rice JC, Schaeffer A, Hooton TM. Infectious Diseases Society of America guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults. *Clinical Infectious Diseases* 2005; 40: 643-254.

Ariathianto Y. Asymptomatic bacteriuria: Prevalence in the elderly population. *Australian Family Physician* 2011; 40(10): 805-09.

EVIDENCE SUPPORTING RECOMMENDATION 2

O'Meara S, Al-Kurdi D, Olugun Y. Antibiotics and Antiseptics for Venous Ulcers. *Cochrane Database Systematic Review* 2014; CD003557.

Hansson C, Hoborn J, Moller A, Swanbeck G. The microbial flora in venous leg ulcers without clinical signs of infection. Repeated culture using a validated standardised microbiological technique. *Acta Dermato Venereologica* 1995; 75:24.

EVIDENCE SUPPORTING RECOMMENDATION 3

Kenealy T, Arroll B. Antibiotics for the common cold and acute purulent rhinitis. *Cochrane Database Systematic Review* 2013; CD000247.

Hersh AL, Jackson MA, Hicks LA. Principles of Judicious Antibiotic Prescribing for Upper Respiratory Tract Infections in Paediatrics. *Paediatrics* 2013; 132(6): 114654.

EVIDENCE SUPPORTING RECOMMENDATION 4

Cohen SH, Gerding DN, Johnson S. Clinical Practice Guidelines for Clostridium difficile infection in Adults: 2010 Update. *Infection Control and Hospital Epidemiology* 2010; 31(5): 431-455.

Letter, dated 26/05/15, from the Australian and New Zealand Paediatric Infectious Diseases Group (ANZPID) to the Royal College of Pathologists of Australasia (RCPA) concerning the significant impact that stool multiplex PCR was having on requests for ID physician opinions and appointments for children, particularly regarding positive results for *Blastocystis hominis* and *Dientamoeba fragilis*.

EVIDENCE SUPPORTING RECOMMENDATION 5

Oldmeadow M, Lloyd A. Fatigue states following infection. *Infectious Diseases: A clinical approach*. Third Edition. 2010, Chapter 17, 202-212.

Lane TJ, Matthews DA, Manu P. The low yield of physical examinations and laboratory investigations of patients with chronic fatigue. *The American Journal of Medical Science* 1999; 299(5): 313-8.

DISCLAIMER: All reasonable care has been taken during the process of developing these recommendations. The health information content provided in this documents has been developed by the members of the Australasian Society for Infectious Diseases. The health information presented is based on current medical knowledge and practice as at the date of publication.