

# Letter to the Editor: The Pundit Speaks

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## “Sinus Infections May Not Require Antibiotics”

Most people prescribed antibiotics for sinus infections are treated for 10 days or longer, even though infectious disease doctors recommend 5 to 7 days for uncomplicated cases. But, is this necessary or recommended? A sinus infection, called acute rhinosinusitis, is inflammation of the nasal and sinus passages that can cause uncomfortable pressure on either side of the nose and last for weeks. Most sinus infections develop during or after a cold or other upper respiratory infection, but other factors such as allergens and environmental irritants may play a role. Nearly one in seven people are diagnosed with a sinus infection each year. The vast majority of sinus infections are caused by viruses and should not be treated with antibiotics, suggest new guidelines released by the Infectious Diseases Society of America (IDSA) in 2012. Although sinus infections are the fifth leading reason for antibiotic prescriptions, 90 to 98 percent of cases are caused by viruses, which are not affected by antibiotics. Used inappropriately, antibiotics foster the development of drug-resistant superbugs. Common side effects of antibiotics can include rash, dizziness, nausea, diarrhea, and yeast infections. More serious side effects may include life-threatening allergic reactions and *Clostridium difficile* infection. The *New England Journal of Medicine* recently published a clinical practice review of acute sinus infections in adults, that is, sinus infections of up to four weeks. The need for an updated review was likely spurred by the disconcerting fact that while the majority of acute sinus infections will improve or even clear on their own *without* antibiotics within one to two weeks, most end up being treated with antibiotics. While 85% of sinus infections improve or clear on their own, there's the 15% that do not. Potential complications are rare, but serious, and include brain infections, even abscesses. There are several sets of official guidelines, which are all similar. When a patient has thick, colorful nasal discharge and/or facial pressure or pain for at least 10 days, they meet criteria for antibiotic treatment. If a patient has had those symptoms, but the symptoms seemed to start improving and then got worse again, then even if it's been less than 10 days, they meet criteria for antibiotic treatment. That's referred to as a “double-worsening” and is a common scenario in bacterial sinus infections. The guidelines recommend treating bacterial sinus infections with amoxicillin-clavulanate versus the current standard of care, amoxicillin. Azithromycin is an antibiotic that's not recommended for sinus infections.

In the America that I love, doctors find that many patients expect and demand antibiotics. Doctors should discuss “watchful waiting” and that most sinus infections clear up on their own in one to two weeks, and it's a safe to hold off on antibiotics.

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