

Antibiotics often unnecessary for sinusitis

By ACSH Staff — April 7, 2015



The cranial sinuses are eight cavities within the skull that supply vocal

resonance. When they become inflamed, often accompanied by facial pain, fever, and nasal congestion, the condition is called sinusitis. Sinusitis will affect one in eight American adults in their lifetime, and can be caused by an infection from a virus (most commonly), bacteria, or fungus; it can also be the result of an allergic reaction.

According to the Infectious Diseases Society of America (IDSA), sinus infections are the fifth leading reason for antibiotic prescriptions. However, [newly updated guidelines](#) ^[1] from the American Academy of Otolaryngology Head and Neck Surgery Foundation recommend watchful waiting for those with sinusitis before taking antibiotics. While the foundation has recommended this for years, the new guidelines strengthen this recommendation.

Antibiotics and watchful waiting are both equally valid and recommended strategies for managing acute bacterial sinusitis, [said Dr. Richard M. Rosenfeld](#) ^[2], chairman of otolaryngology at SUNY Downstate Medical Center in Brooklyn. Even if you're really sick and have a high fever, it's still OK to initially observe without antibiotics because all the data from more than a dozen trials don't really show that there's any greater benefit.

He said that in an analysis of randomized controlled trials, about 86 percent of patients taking a placebo for acute bacterial sinusitis got better in one to two weeks compared with 91 percent of those taking antibiotics. And although the difference in outcomes is statistically significant, the negatives of overprescribing antibiotics outweigh the positives.

Overuse of antibiotics can lead to the growth of antibiotic-resistant infections, or superbugs. As ACSH has [said](#) ^[3] [many](#) ^[4] [times](#) ^[5] [before](#) ^[6], antibiotic-resistant infections are a serious global health problem, especially in hospitalized patients.

The guidelines, however, only apply to acute sinusitis in which symptoms last 10 days or more. Patients with acute sinusitis should wait a total of 17 days to see if the infection goes away on its own. Only then, if symptoms don't improve or worsen, should patients seek antibiotic therapy. Patients with chronic sinusitis, which lasts for 12 weeks or more, should see a doctor for treatment specific to the chronic infection. This sometimes involves surgery to remove nasal polyps or to enlarge the natural openings of the sinuses.

In rare serious cases, sinusitis can spread to the eyes or brain. Experts recommend seeing a doctor if a patient has a progressive fever, worsening headache, or change in vision. And while there is little evidence for methods to prevent sinusitis, one proven technique is to stop smoking.

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- [1] <http://www.entnet.org/content/clinical-practice-guideline-adult-sinusitis>
- [2] <http://www.wsj.com/articles/new-thinking-on-sinus-infections-1428356464>
- [3] <http://acsh.org/2013/12/finally-real-action-fda-address-antibiotic-resistance-problem/>
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