# Presentation title

Do guidelines provide natural history information about infections? A systematic review

# Explain why your paper is relevant, important and of interest to GP22 participants

Many common acute infections are traditionally treated with antibiotics. Information about the natural history (NH) of self-limiting infections underpins antibiotic stewardship strategies such as delayed prescribing and shared decision making (SDM), yet whether this information is accessible to clinicians is unknown. This is the first systematic review evaluating the reporting of NH information in clinical guidelines.

# Take home message

* The omission of NH information in guidelines for self-limiting acute infections is a missed opportunity to disseminate this information to general practitioners who could use it to help manage patient expectations about antibiotic need and facilitate informed decision-making.

# Background

Knowledge about the NH of common acute infections can help facilitate conversations between clinicians and patients about options for managing the infection.

# Aim / Hypothesis

To examine, in clinical guidelines, the reporting of NH information, and relevant antibiotic stewardship strategies, for acute infections commonly seen in primary care and treated with antibiotics.

# Method

A systematic review of national and international guidelines (2010 onwards), for managing common infections (respiratory, urinary, skin and soft tissue).

# Results

Of the 77 included guidelines, 59.7% contained NH information. Quantitative information about expected infection duration was provided for 63%, with variation in the duration across the guidelines. Strategies such as delayed prescribing and SDM were included as recommendations for only 33% and 20% of the infections respectively.

# Discussion

There is suboptimal reporting of NH information in guidelines. For some conditions (e.g., acute bronchitis, sinusitis, tonsilitis, conjunctivitis), NH information was provided in all relevant guidelines, whereas for others (e.g., urinary tract and skin infections) it was rarely provided.

# Conclusion

As many of these infections spontaneously improve, this is a missed opportunity to disseminate NH information, facilitate conversations with patients, and improve antibiotic stewardship.