

LR Hayward 17-4399 edited

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Group Title: Dexamethasone without antibiotics for sore throat

In Reply:

Dr Sardovsky highlights a recent population cohort study<sup>1</sup> suggesting an increased risk of adverse events with short courses of oral corticosteroids. Although the risks of sepsis, fracture, and venous thromboembolism were less pronounced in those patients prescribed corticosteroids for respiratory conditions than musculoskeletal conditions, we agree that these data need to be taken into account when physicians are considering the risks and benefits of prescribing corticosteroids for sore throat. The small increase in the chance of complete resolution at 48 hours demonstrated in our trial has to be balanced not only against the potential adverse effects of steroids but also against the lack of significant benefit seen in resolution at 24 hours, overall symptom burden, time off work and use of a delayed antibiotic prescription.

We agree that sore throat is generally a self-limiting viral illness, as highlighted by Drs Francis and Merati, and that our findings do not support the routine use of corticosteroids for sore throat in primary care. We would like to correct Francis and Merati on one point. We followed our participants for 28 days from the index consultation (not 2 days as they suggest). This gave us a more than adequate time window to evaluate reconsultation and complete symptom resolution, both of which were similar in the group receiving steroids and the group receiving placebo.

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**Conflict of Interest Disclosures:** The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

1. Waljee AK, Rogers MA, Lin P, et al. Short term use of oral corticosteroids and related harms among adults in the United States: population based cohort study. *BMJ*. 2017;357:j1415.