



LETTERS TO THE EDITOR

Regarding Our November Issue

To the Editor:

As usual, your journal is up to date and pertinent to the world of urgent care. However, I would like to make a couple of comments on Dr Toscano's article (Treating Common Upper Respiratory Tract Infections in an Era of Increasing Antibiotic Resistance, Joseph Toscano, MD, *JUCM*, November 2009).

When discussing the treatment of the common cold, etc., he mentions that cough medications are usually compared with placebo during studies, and that we don't have access to placebos. However, I've read several recent articles that mention that, teaspoon-for-teaspoon, honey works as well as OTC cough suppressants (only to be used in children >1 year of age). Honey, it seems to me, is just a liquid "sugar pill." And, since my grandmother always "recommended" I try whiskey and honey when I was younger and had a bad cough, you know it must work!

Second, at the end of the article, when Dr. Toscano mentions the "safety-net" prescriptions, he quotes a review that suggests that no antibiotic at all gives as good or better outcomes. I think Dr Toscano fails to address here the unique roll that we, as urgent care physicians, perform.

Since we are not, ideally, anybody's "regular" doctor, my practice strongly discourages telephone medicine. Primary care doctors may be able to discharge the patient with only symptomatic treatment and let them call back later if not improving. We don't do so. If the patient fails to improve after the usual four to five days (or whatever you tell them), they tend to get upset when they call back and are informed they must see a physician to get a script for antibiotics.

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Dr. Toscano responds: I love honey! Great idea—all the better if it helps symptoms! As far as safety-net prescriptions, I tried to cite evidence supporting an approach that includes either giving a safety-net prescription or not giving one, based on the variety of customer-service, patient preference, follow-up, and risk-benefit issues we all have to deal with every day. Either approach seems to result in equivalent outcomes and to reduce antibiotic use compared with recommending all of these patients begin antibiotics immediately.

If you have thoughts on an article that appeared in *JUCM*, *The Journal of Urgent Care Medicine* (or on issues relevant to urgent care in general), please express them in a Letter to the Editor via e-mail to editor@jucm.com or by "snail mail" to: Editor, *JUCM*, 65 North Franklin Turnpike, Second Floor, Ramsey NJ 07446.

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