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Antibiotics for common respiratory tract infections in adults

Harvard Women's Health Watch Q. Every time I get a urinary tract infection, the doctor prescribes antibiotics. Is there any other way to treat your infections? A. Urinary tract infections (UTI) are a common cause of suffering in women, especially as they get older. Antibiotics – usually a three-day course – are standard treatments for women under the age of 65. When you are over 65 years of age, your doctor is likely to treat you for seven to 10 days. Although there have been studies in which women's UTIs went independently without treatment, the use of antibiotics prevents the infection from spreading to the kidneys, which can lead to complications such as persistent kidney damage. The lungs are responsible for the essential breathing process. These cone-shaped organs expand and contract to supply oxygen to the body. They also remove carbon dioxide, emitted gas, from the blood. However, like most parts of the body, problems such as bacterial or viral infections can damage them. Depending on the specific cause, victims may need rapid treatment to avoid serious complications. Acute bronchitis is an infection of the lower respiratory tract. Bronchi- the airways of the lungs - become inflamed, leading to what is often called chest cold, and symptoms including sore throat, wheezing, coughing with mucus, shortness of breath, and fever. Although viruses are the most common culprits, acute bronchitis can also occur due to bacteria or stimuli, such as tobacco smoke. In most cases, the condition is self-limiting and does not require treatment. slynesher/Getty Images Upper respiratory tract infection, sinusitis occurs when the nasal sinuses catch fire. Some of the most common symptoms are facial pain, gentleman's drip, nasal congestion, nasal discharge and headache. In some cases, there may also be fever. Sinusitis often occurs due to the virus, although bacteria and contaminants can also stimulate the condition. Fortunately, sinusitis usually resolves without treatment. In some severe cases of bacteria, a person may need antibiotics. Tharakorn/Getty Images Pneumonia is a bacterial infection that causes the lungs to either either one or both to catch fire. Depending on the severity, air bags can fill with liquid, making it difficult to breathe. Other symptoms include chest pain, fatigue, fever, chills, cough and shortness of breath. Various pathogens can cause pneumonia, including viruses, bacteria and fungi. In the case of bacterial pneumonia, antibiotics are the chosen drug. Other medicines, such as analgesics, can help reduce fever and discomfort. utah778/Getty Images Epiglottitis is a rigid tissue flap infection at the base of the tongue- epiglottis. If it is not treated, it can cause potentially life-threatening obstruction of the respiratory tract. Some of the most common symptoms include fever, severe sore throat, difficulty breathing, difficulty swallowing, and drooling. Both viruses and bacteria epiglottitis. Given the risk that treatment, which may include intravenous antibiotics, is almost always necessary. solar22/Getty Images Pharyngitis refers to inflammation of the pharynx, which is the cavity behind the nose and mouth. An upper respiratory tract infection, it causes a variety of symptoms including sore throat, headache, cough, chills, fever, muscle aches, and swollen lymphatic glands. If the virus causes pharyngitis, the condition will usually disappear by itself within a week. In the case of bacterial pharyngitis, the doctor may prescribe antibiotics. Vonschonertagen/Getty Images Bronchiolite is another lower respiratory tract infection, this time affecting the bronchi, small airways of the lungs that catch fire. Most often, in young children and infants, the condition often resembles a cold in the early stages. Over time, though, this can lead to wheezing, heavy breathing, vomiting, poor appetite, rapid heartbeat, and shallow breathing. Fortunately, in most cases is mild and does not require special treatment. If doctors prescribe drugs, bronchodilators that open the respiratory tract are the most common. Mohammed Haneefa Nizamudeen / Getty Images When a person develops tonsillitis, tonsils - a pair of lymphoid tissues located in the back of the throat - ignite due to a viral or bacterial infection. Most often diagnosed in children, tonsillitis causes sore throat, difficulty swallowing, chills, fever, and stomach pains. Although in most cases there is a self-limiting, in some situations requires treatment, such as antibiotics or tonsillectomy, that is, surgical removal of the tonsils. Neustockimages/Getty Images Mycobacterium tuberculosis causes highly contagious tuberculosis. Spread through small droplets, the infection can be latent or active, and the first can last for several years. Some of the most common symptoms include long-term coughing, chest pain, accidental weight loss, night sweats, chills, loss of appetite, fatigue and fever. Anyone with tuberculosis will need treatment, which includes taking antibiotics for at least six months. Dr_Microbe/Getty Images Croup has a viral infection that caused the airways below the vocal cords to swell. Common in infants and young children, the condition causes a harsh, cortical cough. It can also cause heavy breathing, fever, difficulty swallowing and drooling. Fortunately, in most cases is mild, and treatment is rarely needed. However, some situations may justify immediate medical assistance, such as when a child is experiencing severe breathing difficulties. Shidlovski / Getty Images Pertussis or cough is a bacterial disease that is blamed on the bacterium Bordetella pertussis. Highly contagious, the infection almost always causes violent coughs, which can lead to cracking ribs. Some other symptoms include vomiting, high fatigue, fever, and nasal congestion. Early diagnosis and treatment helps prevent the spread of the disease. Antibiotics are particularly effective Recovery. FluxFactory/Getty Images A Harvard Women's Health Watch Spanish clinical trial of 400 people, two-thirds of whom were women, indicated that waiting to complete an antibiotic prescription may be a good idea for people with sniffles, coughs, sore throats, and other respiratory symptoms. Researchers recruited volunteers who sought respiratory symptoms care in primary care clinics across Spain. Volunteers were randomly assigned to four equal groups. One was given antibiotics and ordered to take them immediately. Another was sent home without antibiotics, but told to return to the clinic if they hadn't improved after a few days. The two remaining groups were told to wait to take antibiotics one was asked to return to the clinic to get their medication after three days; another group was given an antibiotic, but was only told to take the medicine if their symptoms did not improve after 5-10 days. When the researchers checked back, they found that 91% of patients with antibiotics immediately took them, compared to 12% who were not offered antibiotics initially, 33% who were asked to wait five to 10 days to take antibiotics, and 23% who had to return for their medications. The researchers found that severe symptoms lasted only about a day longer in three groups told to delay antibiotic use than the group instructed them to take immediately. If you are otherwise healthy, not taking antibiotics for respiratory infections may be a way to reduce unnecessary antibiotic use without affecting your recovery. The study was published online December 21, 2015, in JAMA Internal Medicine. Disclaimer: As a service for our readers, Harvard Health Publishing provides access to our archived content library. Note the date of the last review or update in all articles. No content on this website, regardless of date, should ever be used as a substitute for direct medical advice from a doctor or other qualified physician. Tuberculosis: Signs, Symptoms and Complications Medically Reviewed by Andy Miller, MD Causes and Risk Factors for Tuberculosis Medically Reviewed Sanja Jelic, MD How Tuberculosis (TB) Is Diagnosed Medically Reviewed by Andy Miller, MD upper respiratory tract infection (URI): Review and more medically reviewed by John Carew, Pulmonary MD Abscess Causes of Diagnosis and Treatment Medically Reviewed by Sanja Jelic, MD Pleurodynia: Symptoms, Causes, Diagnosis and Treatment Medically Reviewed by Sanja Jelic, MD Review of Avian Influenza Medically Reviewed by Susan Olender, MD infectious diseases that spread through Saliva Medically Reviewed by Richard N. Fogoros, MD Why Pulmonary Edema Is a Problem Medically Reviewed by Yasmine S. Ali, MD, MSCI Legionnaires' Disease : Overview and More Medically Reviewed Goel, MD, MPH Recurrent respiratory infections are common in adults, but can sometimes be a sign of underlying health. O O the level of exposure can be the source of some people, structural problems, such as lung cancer or primary immunodeficiency disorder, are sometimes the cause. Understand the normal frequency of respiratory infections, possible causes, and when it is important to talk to a doctor. Regardless of the underlying cause, frequent respiratory infections can disrupt your life and can lead to complications if they are not resolved. Prostock-Studio/Getty Images Respiratory infections are very common in adults and are one of the most common reasons for a doctor's visit. These infections can be caused by viruses, bacteria, or fungi, and may include the upper respiratory tract, lower respiratory tract, or both. Respiratory infections are often divided into upper and lower infections and include infections in the lungs, chest, sinuses, throat or nose. Some causes are associated primarily with upper vs lower tract infections. Examples of upper respiratory tract infections: ColdssinitisTonsillitisLaryngitisRhinitis (runny nose)Pharyngitis (sore throat, e.g. Strep sore throat) Examples of lower respiratory tract infections: Pneumonia (viral or bacterial)BronchitisTuberculosisBronchiolitis Respiratory infections are less common in adults than in children, but the incidence of three to five infections is considered normal. This means that a specific type of infection and many other factors are important when considering whether the frequency is normal or not. For example, even two episodes of pneumonia per year or three in a lifetime are considered abnormal. Other criteria that indicate that re-infections are abnormal and may be related to the root cause are discussed below, but one of the most important (but rarely mentioned) symptoms is your bowel feeling. If you tell you in your intestines that something is wrong, it is important to talk to your doctor, regardless of how often you have infections. There are no studies that specifically describe the frequency of the underlying diseases responsible for re-infection, but these conditions are likely to be not sufficiently diagnosed. For example, population studies show that 1 in 1,200 adults have a significant underlying immunodeficiency disorder, which can lead to recurrent infections. Respiratory infections are sometimes considered more embarrassing, but it is very important to take this seriously and have a thorough exam if there is no clear explanation as to why they occur. Sometimes this will require only careful history and physical examination, and in other cases will require more intensive work. Re-infections can not only lead to complications (for example, chronic lung disease), but delay in diagnosis is the norm, not the exception, when there is such a cause as immunodeficiency or lung cancer; conditions that are easier to treat when caught early. Many people are familiar with typical signs and respiratory tract infections. These may include: Runny nose pressureA cough with or without phlegmsore throat and pain with swallowingFeverChillsSneezingWheezingHoarsenessChest pain Additional symptoms can sometimes provide clues to the underlying cause, as well as the seriousness of recurrent infections. Signs and symptoms that cause concern are: Cough up blood. Cough even as little as a teaspoon of blood is considered an emergency medical emergency. Accidental weight loss. Weight loss of 5% or more of body weight over the period from 6 months to 12 months without trying often for a good underlying reason. Persistent coughing, despite treatment of infectionShortness breathHoarseness that is persistentChest painRapid breathing (tachypnea)Clubbing: Finger clubbing, a condition in which the ends of the fingers take an upside down spoon appearance, often indicates a severe underlying lung condition, such as lung cancer Recurrent respiratory infections are not only a nuisance, but can lead to additional complications. Some of them are: Bronchiectasis: airway dilation, which is a form of COPD, most often occurs due to recurrent respiratory infections in childhood Stress urinary incontinence: Respiratory symptoms from sneezing to cough can lead to accidents, especially in women who have had child productivity at home / at work / schoolFunding complications due to lost working time and increased medical bills Combination There are many possible causes of recurrent respiratory tract infections in adults. From a high picture point of view, these infections are an imbalance between the effects of microorganisms (high microbial loads) and the ability of the immune system to eliminate them. Risk factors for repeated infections may include: increased exposure to infectious organisms, such as living or working in overcrowded environments or working in kindergarten or school with young childrenFing or exposure to second-hand smokeWinter monthsDry mucosaall dust, pollen, mold and moreSleep deprivationproblemsLung disease (e.g. bronchiectasis due to recurrent respiratory infections in childhood)Difficulty swallowing When recurrent respiratory infections occur outside obvious risk factors, the possible causes can be divided into three main categories: Anatomical problemsEconomic immunodeficiencyPrimary immunodeficiency Anatomical/ structural disorders usually occur when primary immunodeficiency disorders are the least, but immunodeficiency as the cause is underestimated and underdiagnosed. Looking at the importance of confirming or rejecting the root cause, we will take a closer look at each of them. Anatomical or structural respiratory problems are the most common cause of otherwise unexplained recurrent respiratory infections in adults and include various conditions that may be congenital (from birth) or acquired. For example: structural disorders: anomalies such as nasal polyps or a deviated septum can cause chronic nose/sinus infections. Bronchial abnormalities (airways that leave the trachea and enter the lungs), such as congenital hypoplasia, can also cause recurrent infections of the lower respiratory tract. Tumors: Unfortunately, tumors, such as lung cancer, are too common causes of recurrent respiratory infections in adults, and many people are treated for several lower respiratory tract infections before diagnosis. This is especially true for never-smokers, as lung cancer is usually not high on the doctor's radar screen. In addition, lung cancer is quite common throughout life never smokers, and the frequency increases. Other tumors can also cause repeated infections. Foreign bodies: Foreign bodies in the nasal passages are not common in adults (unlike children), but foreign bodies in the lower respiratory tract of adults sometimes cause repeated infections. Unlike large foreign bodies that cause choking and can be life-threatening, people often do not have inspiration from the memory of smaller foreign bodies. Symptoms, such as recurrent pneumonia, can occur months or years before diagnosis. The exact frequency is unknown, but bronchial foreign bodies are found in 0.2% to 0.33% of all bronchoscopies. The most common conclusion is organic matter, such as pieces of bone or seeds. Aspiration: Aspiration (respiratory contents from the mouth/ esophagus/ stomach to the lungs) is a fairly common cause of repeated infections. This is more common in people with seizure disorders, other neurological conditions, alcohol and/or drug abuse. Lung diseases: Conditions such as bronchiectasis (dilation of the respiratory tract) are an important cause of repeated infections and can not be diagnosed until several infections have occurred. Other diseases that can cause re-infections include allergic bronchopulmonary aspergillosis and pulmonary vasculitis. Cystic fibrosis: Although cystic fibrosis is most often diagnosed in childhood, sometimes diagnosed in early adulthood or even later. Common symptoms are recurrent respiratory infections, and a quick diagnosis is very important to improve survival. Acid reflux: Gastroesophageal reflux disease (GERD) can cause chronic coughing and repeated respiratory infections, but is easily forgotten as a possible cause. Other disorders associated with infections may include Zenker diverticulation (departure in the region where the lower throat binds to the stemple) and achalasia. Alpha-1-antitrypsin deficiency (AAT): Alpha-1-antitrypsin deficiency is a fairly common hereditary condition affecting approximately 1 in 1,500 to 3,500 people of European ancestry. As a cause of COPD, as well as liver disease in some people, it often occurs with recurrent respiratory infections from the age of 20 to 50 years. Although the condition cannot be cured, close monitoring (and enzyme therapy in those disease) can prevent complications such as severe COPD. AAT deficiency is also a risk factor for lung cancer, and knowledge of the diagnosis can be important during screening for lung cancer. Secondary immunodeficiency is a fairly common cause of recurrent respiratory infections in adults and refers to immunodeficiency associated with another state of health. There are many conditions that can affect the immune system, including: Infections such as HIV, Epstein-Barr virus (EBV), and cytomegalovirus (CMV)Medications, e.g. chemotherapy, chronic corticosteroid treatment and immunosuppressive agentsMaga, especially blood-related cancers such as chronic lymphocytic leukaemia and non-Hodgkin's lymphomaPlasma cell disksNephroptative syndromeMalabsorption Primary immunodeficiency disorders are not common, but scientists are learning that they are more common than previously thought and are considered to be under-diagnosed. Often considered a condition that is in childhood, from 25% to 40% of immunodeficiency disorders remain undiagnosed until adulthood. There are more than 200 different disorders, including antibody disorders, T cell disorders, combined B cell/T cell disorders, phagocytes disorders, supplementation disorders and more. In addition, there are some especially more common discoveries in adults who experience recurrent respiratory infections. Selective IgA Deficiency: Selective IgA deficiency is approximately one in 143 in one in 965 people (primarily Caucasian) and often undiagnosed. It is more common in people with celiac disease and/ or allergies, and often manifests itself in recurrent symptoms of the respiratory tract or digestive tract. There is no specific treatment for the disorder, but the use of antibiotics for infection and sometimes immunoglobulins are possible. People who have IgA deficiency are also more prone to autoimmune disease such as lupus. Combined variable immune deficiency (CVID): CVID is characterized by low IgA levels, as is the lack of IgA, but also includes low IgG levels and sometimes low IgM levels. It is less common, affecting approximately one in 30,000 people, but the frequency can vary greatly depending on geography. It is often diagnosed in people in their 20s and 30s who report repeated bacterial infections associated with the lungs, sinuses, and ears. Approximately 25% of people with CVID also have an autoimmune condition. Treatment is important to reduce chronic lung damage and includes regular immunoglobulin (gammaaglobulin, iv or IM), as well as deliberate use of antibiotics to treat infections. An important high index of suspicions is, because there is an average delay of four years between symptoms and diagnosis. Anti-polysaccharide antibody deficiency (SPAD): In a small study in 2017, a specific anti-polysaccharide antibody deficiency may be associated with recurrent respiratory infections in the elderly, and an increased incidence among who have had these infections. Instead of an innate condition, they theorized that it may have gotten a deficiency. Although the significance of this is not yet clear, it is another reminder that the primary immunodeficiency needs to be considered when other causes of recurrent infections are not obvious. Others: There are many other primary immunodeficiency disorders, such as IgG subclass deficiencies and more that cannot be diagnosed before adulthood. Since the assessment of these conditions is highly specialized, it is generally recommended to consult with immunology if there are suspicions. To determine the main cause of recurrent respiratory infections, first of all, you need to be concerned; what doctors call having a high suspicion index. This is important not only for

doctors, but also for patients. Doctors are human, and have no advantage in living in your body 24/7. If you are worried and your doctor does not, consider getting a second opinion (or, if necessary, a third). Symptoms are our body's way of telling us that something is wrong. The American Academy of Allergy and Immunology provides a list of criteria that should raise suspicion for the root cause, such as primary immunodeficiency disorder. Some of them relate specifically to recurrent respiratory infections: Do you need antibiotic treatment more than twice a year? Has pneumonia been doubled (at any time)? Have you had any unusual or hard-to-treat infections? Did you need preventive antibiotics to reduce the number of infections you have? Do you need a large course of antibiotics (or intravenous antibiotics) to get rid of infection? Have you had more than three episodes of sinusitis in one year, or do you have chronic sinusitis? Have you had more than four ear infections in one year? Have you had a very serious infection that started out as a common infection? Do you have a family history of primary immunodeficiency disorders? (most people don't have a family history with them) Do you have enlarged lymph nodes (swollen glands) or enlarged spleen? Have you had recurrent abscesses on the deep skin or other organs? Do you have a history of any autoimmune diseases, including autoimmune thyroiditis? Other questions that are important to ask are: Have you, have you ever smoked? Have you experienced weight loss without trying? Do you have repeated respiratory infections as a child? Have you ever choked? The work on the causes of recurrent infections should begin with a careful history of infections in the past, including type and severity. Attention should also be paid to all the conditions that were prone to factors. A detailed history should also look for other conditions that may suggest a major immunodeficiency, such as delayed wound healing, dental problems, persistent warts, etc. The physical exam should assess the passages of the upper and lower respiratory tract, checking for any disorders such as nasal polyps, abnormal respiratory sounds, hips, chest wall abnormalities, and any weight loss. Imaging tests can be carried out depending on the location of recurrent infections. These may include: Sinus X-raysChest X-ray: It is important to note that chest X-rays can be useful if it reveals a disorder, but can not rule out multiple reasons. For example, simple x-rays of the thorax spend up to 25% of lung cancer. Chest ct scanOther tests, such as MRI procedures, can be useful in finding structural breathing tree abnormalities. Nasal endoscopy can be done in search of nasal polyps or deviated septumBronchoscopy can be done in search of evidence of a foreign body or tumor Blood tests can help narrow down possible causes including: Full blood counts (CBC) and differential looking for low white blood cells, red blood cells, or platelets. A peripheral blood smear can also be useful. Metabolic panelHIV testsSweat chloride (cystic fibrosis screening)ANCA (anti-neutrophil cytoplasmic antibodies) test for Wegener's granulomatosis or microscopic polyangiitoprotein electrophoresis (looking for Bence Jones proteins, etc.) Immunoglobulin test: The examination of primary immunodeficiency disorders usually requires several steps, starting with the immunoglobulin content. Further studies may be needed, such as antibody response tests, additional tests, etc., and are often carried out by immunology, which specializes in immunodeficiency disorders. Depending on the work, further evaluation of other specialists such as ENT, lungs, immunology, etc. may be required. Treatment of recurrent respiratory infections will depend on the underlying condition, but must also address the infections at that time in order to reduce the risk of long-term damage. Treatment options may include treatment of structural abnormalities or tumours, immunoglobulin replacement therapy, preventive antibiotics and more. The possible causes of recurrent respiratory infections are numerous and varied, and it can feel overwhelming if you live with repeated infections. Although we mentioned many possible options and tests, a careful visit with a doctor can often help narrow down possible causes and reduce anxiety. It is important to eliminate the main causes to reduce the risk of respiratory damage (or to treat the curable disorder as soon as possible), but also to maximize your quality of life. Recurring infections can wreak havoc on your personal, social and work and tax your relationship. Having a diagnosis, or at least knowing there is no underlying cause, can sometimes reduce anxiety that people don't even know there is. Provide.

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