

C-reactive protein is useful to differentiate between pneumonia and acute bronchitis

80%

of all antibiotics prescribed are in primary care
 of these prescriptions are for RTI
 of LRTI presenting in primary care are acute bronchitis
 of acute bronchitis infections are viral
 of acute bronchitis infections are treated with antibiotics!

There is an obvious over-prescription of antibiotics for RTI in primary care, and this can and should be reduced.

CRP has shown to be the most appropriate and accurate test for differentiating between pneumonia and acute bronchitis in patients with LRTI in general practice⁽¹⁻⁵⁾.

As with most other diagnostic tests, CRP results should always be combined with clinical findings when deciding upon treatment.

CRP < 20 mg/L

- very low probability of pneumonia

CRP 20-50 mg/L

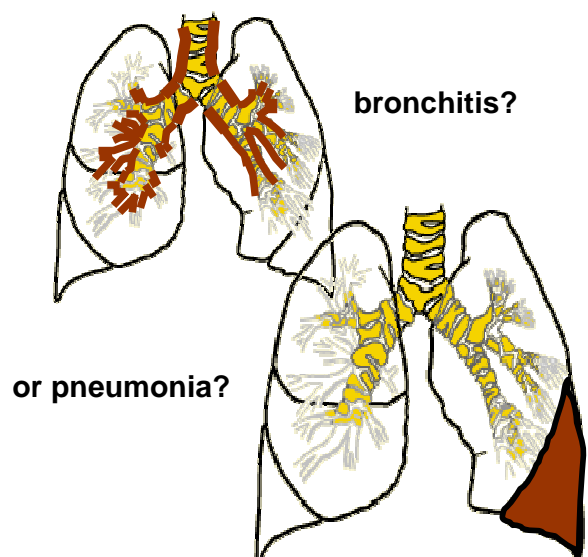
- low probability of pneumonia

CRP 50-100 mg/L

- unambiguous infection
- probably acute bronchitis
- possibly pneumonia

CRP > 100 mg/L

- serious infection
- consider pneumonia



CRP: C-reactive protein

RTI: Respiratory tract infection

LRTI: Lower respiratory tract infections

C-reactive protein in lower respiratory tract infections

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