

# 상기도 감염에 대한 근거중심처방

## Evidence - based Upper Respiratory Infection Prescription

가

1 445

Soo Young Kim, M.D.

Department of Family Medicine

Hallym University College of Medicine

Kangdong Sacred Heart Hospital

E - mail : pclose@hallym.or.kr

### Abstract

Common cold is the most frequent illness encountered in general practice. Several viruses can cause common cold, but rhinoviruses are by far most common. Treatments have included symptomatic measures, pharmacological blockers, and specific antiviral agents, as well as drugs with yet unestablished mechanism of action. A systematic, evidence - based assessment based on the relevant literature is imperative for rational selection of treatment modality for patients with a common cold. Alleviation of symptoms remains the only proved way to manage common cold. First generation antihistamines, anticholinergics, and  $\alpha$ -agonists effectively reduce rhinorrhea and sneezing but have minimal effects on other symptoms. Antitussive agents are probably of minimal benefit. Over - the - counter cold treatments are effective only in adults and adolescents. Antiviral drugs such as interferon alfa - 2b are effective only if taken before symptoms develop. Primary care physicians need to identify those patients with acute pharyngitis who require specific antimicrobial therapy and to avoid unnecessary and potentially deleterious treatment. In most cases, differentiation between these two types of infection can be accomplished easily if the physician considers the epidemiologic setting, the history, and the physical findings, plus the results of a few readily available laboratory tests. When antimicrobial therapy is required, the safest, narrowest - spectrum, and most cost - effective drugs should be used.

**Keywords :** Upper respiratory infection; Evidence - based medicine; Drug therapy

: ; ;

(common cold, ),

, , , ,

(croup)

1.

Rhinovirus Coronavirus가  
40~45% ,  
parainfluenza virus, respi-  
ratory syncytial virus, influenza  
virus, adenovirus 10~15%  
가

10~15%

5 가

가

가



1.

		(GABHS 검사)
> 39	+1	
	+1	* : -1, -2 : 5~10%
	+1	0, 1, 2 : 25~40%
	-1	3 : > 50%
	-1	

가

1

GABHS

(throat culture)가 가 90%

1~2

(rapid antigen - detection test) enzyme - immunoassay

GABHS

95%

가 80~90%

test GABHS

rapid

가

가

1.

( , , )

1) (Anti - tussive),

Codein dextromethrophan

. codeine dextromethrophan

가

tromethorphan

가

가

phan

가

- adnergic drug

가 , dex-

codein

levodropropizine dextromethro-

가

. ivy leaf extract

2) (Expectorants),

guaifenesin

(Mucolytics)

가

bisolvon

가

가

(8.6~

15.2%, P < 0.02).

13%가

3) ,  
1  
doxylamine succinate, clemas-  
tine fumarate, chlorpheniramine maleate, dexbrom-  
pheniramine  
가 가  
terfenadine loratadine

5) Non - Steroidal Anti - Inflammatory Drug  
(NSAIDs)

NSAID

NSAID

NSAID

2  
가 ,  
가  
ipratropium bromide ,  
84 g 3  
3~

NSAID

가

naproxen

naproxen

24%

4) (Alpha Adrenergic Agonists)  
pseudo-  
ephedrine( 60 mg), phenylpropanolamine(25 mg)  
phenylpropanolamine  
oxymetazoline, phenylephrine  
(rhinitis medicamentosa) 3~4

ibuprofen 400 mg

3

pseudoephedrine

pseudoephedrine

ibuprofen

IFN - alpha2b

가

가

가

ibuprofen

acetaminophen

6)

가 .

9

가

가

가 8)

가

40

가

가

20%

*Haemophilus influenzae*, *Moraxella catarrhalis*,  
*Streptococcus pneumoniae* amoxa-  
cillin - clavulanic acid

가

가

가

가

가 . dipyridamole, ICI  
130, 685, impulsin(palmitate), pleconaril

9

가

가

pleconaril

가

7)

, ibuprofen

가

가

가가

9) C

C

가

C

가

가

C

가

30

1 g

C

가 가 .

가

가 .

1~4 g

가,

가 .

가 .

10)

nedocromil

cromoglycate

3

zinc lozenges가

가

zinc

가가

Echinacea

GABHS

3~4

가

가

Penicillin , spectrum, ,

penicillin

12

1/3

V

benza-

1/4

가

thinlie penicillin G 120 U

amoxicillin

1 10

2.

가?

penicillin

가

가

3

amoxacillin - clavulanic acid, erythromycin, claitromycin, loracarbef 5

가 penicillin

cephalosporins penicillin

가

azithromycin

5

erythromycin

가

GABH

가

가

가

2



1. Richard S, Irwin J, Mark Madison. Primary Care : The Diagnosis and Treatment of Cough. New Eng J Med 2000 ; 343(23) : 1715 - 21
2. Alan L, Bisno. Primary Care : Acute Pharyngitis. N Engl J Med 2001 ; 344(3) : 205 - 11
3. The Acute Pharyngitis Guideline Panel. Diagnosis and management of group A streptococcal pharyngitis : a practice guideline. Clin Infect Dis 1997 ; 27(3) : 574 - 83
4. Gwaltney JM. Viral respiratory infection therapy : historical perspectives and current trials. Am J Med 2002 ; 112(Suppl 6A) : S33 - 41
5. . In : 가 . 가 . 84 .  
. 1 . : , 2002 : 769 - 74