

# The FARINGOCAT study: rapid antigen detection testing in acute pharyngitis

<b>Submission date</b> 29/01/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 20/03/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/09/2011	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
PI061782

## Study information

**Scientific Title**  
Rapid antigen detection testing impact on antibiotic use in acute pharyngitis: FARINGOCAT

**Acronym**  
FARINGOCAT

**Study objectives**

Rapid antigen detection testing would allow a more rational use of antibiotics and would prevent adverse effects of antibiotics on the patient, antibiotic resistance emergence and the growth of inefficient health expense.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Study approved by the Research Ethics Committee of the Jordi Gol i Gurina Primary Care Research Institute (IDIAP), Barcelona on the 4th July 2006.

### **Study design**

Multicentric randomised clinical assay

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Acute pharyngitis

### **Interventions**

1. Rapid antigen detection (case group)
2. Usual antigen detection (control group)

Treatment will be decided in both groups by the general practitioner. This treatment could be 'nothing', an anti-thermic drug, anti-inflammatory drug and/or an antibiotic.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

1. Proportion of inadequate antibiotic prescription in each group
2. Use of antibiotic treatment
3. Use of rapid antigen detection testing
4. Rapid antigen detection testing result
5. Culture result

Outcomes will be measured at baseline and three weeks in all patients. If there is a problem, i.e., a secondary effect, then this may take longer.

### **Key secondary outcome(s)**

1. Clinical symptoms of acute pharyngotonsillitis: fever, tonsillar exudate, cervical adenopathies, absence of cough, measured at baseline and at dates below
2. Age, measured at baseline
3. Antibiotic treatment, measured at baseline and at dates below

4. Specific antibiotic treatment, measured at baseline and at dates below
5. Treatment secondary effects, measured at baseline and at dates below
6. Days without working, measured at baseline and at dates below
7. Medical visits during the first month, measured at week three in all patients, at week four if necessary
8. Patient satisfaction, measured between 3 - 4 weeks after the second visit in one group of patients, between 5 - 7 months in another group of patients

Outcomes will be measured at three weeks in all patients. If there is a problem, i.e., a secondary effect, then this may take longer.

**Completion date**

31/12/2008

## Eligibility

**Key inclusion criteria**

1. Men and women 14 to 60 years old
2. More than one acute pharyngitis symptom, i.e., fever, sore throat, tonsillar exudate, cervical adenopathy and absence of cough, which leads to a visit to the family practice

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

All

**Key exclusion criteria**

1. Does not consent to participate
2. Patient is younger than 14 or older than 60 years old
3. Pharyngitis more than five times in year
4. Immunodepression: quimiotherapy, radiotherapy, active neoplasia, acquired immune deficiency syndrome (AIDS), corticoids, immunosuppressor treatment
5. Valve heart disease
6. Rheumatoid fever
7. Pharyngitis with previous treatment during 15 days or recurrence of symptoms during 4 weeks after 7 days of complete antibiotic treatment
8. Pharyngitis of diphtheria or gonococcica cause
9. Tonsillectomy

**Date of first enrolment**

01/01/2008

**Date of final enrolment**

31/12/2008

## Locations

### Countries of recruitment

Spain

### Study participating centre

Portaferriça 8, ppal

Barcelona

Spain

08002

## Sponsor information

### Organisation

Jordi Gol i Gurina Primary Care Research Institute (Institut D'Investigació en Atenció Primària) (IDIAP) (Spain)

### ROR

<https://ror.org/0370bpp07>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Health Research Fund - Carlos III Health Institute of the Spanish Ministry of Health and Consumption (Fondo de Investigaciones Sanitarias - Instituto de Salud Carlos III-Ministerio de Sanidad y Consumo) (Spain)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/05/2011		Yes	No
<a href="#">Protocol article</a>	protocol	23/03/2010		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes