

## Self Care Guide for the Common Cold

The common cold syndrome is caused by one of many viruses that enter through the nose and grow in the back of the throat. A typical cold starts with a sore throat rapidly followed by nasal congestion, possible low grade fever and finally coughing. The nasal discharge may start as clear mucus, but rapidly become thicker and colored over time.

The cold virus is killed by your immune system.

**Antibiotics are not effective in treating the common cold.** Cold symptoms can last 1 to 3 weeks, sometimes longer. Treatment is limited to decreasing the symptoms until the cold goes away with time.

Antibiotics only work on bacterial infections; the common cold is a viral infection. Therefore, *antibiotics do not work on or cure the common cold.*

Remember these important reasons for not taking antibiotics:

- They just don't help
- Beneficial bacteria are killed leading to yeast infections and diarrhea.
- Bacteria become resistant to antibiotics. When you are sick with a bacterial infection, antibiotics may not be effective.
- Antibiotics may cause side effects or allergic reactions (rash, vomiting, diarrhea).
- Antibiotics are expensive.

Basic treatment includes an antihistamine (first generation) *plus* an NSAID. Remember: your least expensive option is using generic products.

### Antihistamines

Histamine is a natural substance, one of the important inflammatory mediators produced in certain cells in the body. *The effects of histamine cause sneezing, coughing, and runny nose during colds.* Antihistamines block these effects of histamine.

The major side effect of first generation antihistamines is drowsiness, which may be severe in some people. Therefore some people can only take this medication at bedtime.

Examples of first generation antihistamines are brompheniramine (generic for DimeTapp), \*chlorpheniramine (generic for Chlor-Trimeton and Singlet), \*diphenhydramine (generic for Benadryl), and \*doxylamine (generic for NyQuil and Alka-Seltzer Plus Night-Time Cold Medicine).

The newer (non-sedating) antihistamines **do not** appear to have the same degree of effectiveness for treating colds.

Examples are \*Loratadine (Claritin), Fexofenadine (Allegra – prescription required), and \*Cetirizine (Zyrtec).

\*Available over-the-counter at the UHS pharmacy

### NSAIDS

NSAIDs (nonsteroidal anti-inflammatory drugs), such as ibuprofen and naproxen, are *effective in treating fever, chill, pain, muscle aches, and not feeling well in general.* A major action of NSAIDs is to block the production of certain natural inflammatory mediators called "prostaglandins".

The major side effect of NSAIDs is irritation of the stomach, occasionally leading to gastrointestinal ulceration and bleeding. Stop the medication if you have stomach upset or pain. Consider taking acetaminophen (Tylenol), instead, for fever and pain if you have stomach upset.

**CAUTION:** Aspirin may cause Reyes Syndrome; it is not recommended for college students.

### Nasal Salt Water Irrigation or Throat Gargles

Various nasal saline rinse kits are available commercially, including the Sinus Rinse brand, which contains pre-mixed salt packages. Alternatively, a nasal bulb syringe can be used with a homemade salt-water mixture. To make your own saline, mix the following in a clean container:

- ½ teaspoon salt
- 8 ounces of warm water

*Directions: Place the above mixture in a reusable sinus rinse bottle or draw up into a nasal bulb syringe. The most convenient way to perform a sinus rinse is in the shower or over a sink.*

### Decongestants

Decongestants, such as pseudoephedrine, open the nasal passages by shrinking blood vessels in the mucus membrane of the nose, which is the primary cause of the *nasal obstruction of colds.* Decongestants may be taken by mouth or applied directly on the nasal mucus membrane in the form of nose sprays.

A long acting decongestant nose spray oxymetazoline hydrochloride (generic Afrin) can rapidly relieve nasal obstruction. When the decongestant effect of the drug wears off, nasal obstruction rapidly returns. Therefore, *this can be very effective, but use must be limited to 3 days if used twice daily or 5-6 nights if only used at bedtime.* Overuse by just a few days can result in "rebound" obstruction and mucosal damage.

Decongestants taken by mouth have less powerful and immediate activity but cause less problem with the cycles of recurrent nasal obstruction than topical preparations.

Oral decongestants may produce rapid heart rate, blood pressure elevation, nervous stimulation, and restlessness which may interfere with sleep.

**NOTE:** The only effective oral decongestant currently available is pseudoephedrine. You must ask the pharmacist for this medication (regulated because of illegal use to make methamphetamine), although no prescription is required. Decongestants purchased off the shelf contain phenylephrine and are much less effective.

### Cough Suppressants and Expectorants

Cough suppressants are natural narcotics, like codeine, and synthetic narcotics, like dextromethorphan (DM). They act on the brain to depress the cough reflex center. Their effectiveness in patients with chronic cough has been demonstrated in controlled studies but there is little *published information on their effectiveness in coughs associated with colds*. Cough suppressants can produce gastrointestinal discomfort but otherwise have few side effects. In normal healthy people with good cough reflexes, cough suppressants are safe.

Drug interactions may occur with DM and certain antidepressants. If you are on an antidepressant, discuss this with your provider.

### Should I use combination cold medications?

Many combination cold products containing various mixtures of antihistamines, NSAIDs, decongestants, and cough suppressants are commercially available. Many of the currently available combination cold products have not been tested in clinical trials to determine the degree of their effectiveness. You are usually better off purchasing individual medications giving you more control over your treatment.

### Before taking any cold medication:

- Always read labels carefully!
- Check the list of active ingredients for substances that you may be allergic to.
- Take note of any side effects and drug interactions.
- Use the medication only as directed.

### Lozenges

Lozenges, cough drops, and hard candy can soothe a sore throat.

**Call the advice nurse at (814) 863-4463 if any of the following happens:**

- Temperature over 102 degrees F persists
- Severe headache
- Increased facial swelling
- Very large neck glands
- Painful joints
- Skin rash
- Chest pain
- Shortness of breath
- Difficulty swallowing own saliva
- Persistent vomiting
- Blurred vision
- Persistent greenish nasal discharge
- Foul odor to breath

*If nasal symptoms, facial pressure, and cough are no better or worse after 1 – 2 weeks, consider contacting University Health Services to be evaluated for possible bacterial complications of the cold.*