## **Approach to the Common Cold**

## What prevents the common cold?

- Best evidence is for **hand washing**, **exercise** and **daily zinc** (zinc can cause nausea, I don't recommend it)
- Possible benefit for **probiotics**, but not definitive (L. casei or L. rhamnosus)
- No proven benefit to ginseng (Cold FX), echinacea, or vitamin D
- Vitamin C may be beneficial in marathon runners and those in extreme climates

## How should I treat my symptoms?

- Remember that symptoms of common cold will usually resolve without any treatment
- Most over the counter treatments don't actually give any benefit, so save your money!
- If you really want to treat, then treat the specific symptoms, including runny nose, nasal congestion, cough, aches, sore throat, or fever
- Always ask the pharmacist for generic products when possible, rather than paying top dollar for brand name products on the shelf

#### Sore throat?

- Most sore throats are from a virus, and antibiotics won't help at all
- Viral sore throats are best treated with **acetaminophen** or **ibuprofen**, **salt water gargles**, **honey**, and **lozenges**; viral sore throats don't need to see a doctor
- Strep throat is caused by bacteria (should get antibiotic), usually with some combination of: fever, tender neck lymph nodes, absence of cough, and pus on the tonsils

### Runny nose or nasal congestion?

- Unless it last more than a few weeks, or you have a specific concern, this does not need to see a doctor
- A combination of an **oral antihistamine** and a **decongestant** can help, but I generally recommend avoiding them...symptoms will usually resolve on their own!
  - Oral antihistamine -> chlorpheniramine
    - can cause dry mouth and sedation
    - the newer antihistamines (Claritin, Aerius, Allegra, Reactine) don't work for cold symptoms, they only help with allergy
  - **Decongestant -> oral pseudoephedrine** (xylometazoline is the nasal form)
    - phenylephrine is not as good
    - Personally I would strongly advise against ever using a decongestant
    - Don't use the decongestant for more than 3 days
    - Don't use the decongestant if you have heart disease, stroke or issues with blood pressure It puts blood pressure up!
- **Ipratropium nasal spray** (Atrovent) has been shown to help
- Consider nasal irrigation
- Oral zinc has been shown to provide some minimal benefit (never use nasal zinc)

# Cough? (If you have any of fever, significant sputum, night sweats or shortness of breath, you should be evaluated for possible pneumonia. Non-resolving cough should also be seen.)

- **Humidified air** can be beneficial
- **Honey** taken at bed time is effective (not for children under 12 months of age)
- Vapour rub carries a risk of burning sensation in the nose and mouth
- No proven benefit to vitamin C, intranasal zinc, ginseng, Echinacea or codeine
- Guaifenesin is an "expectorant", but has not shown to provide benefit

## Do you have a history of allergies?

- The allergies may be contributing, and using a prescription nasal steroid may help

## Do you think you may have a sinus infection?

- Antibiotics are never prescribed earlier than 7 days unless you are having severe pain, high fever, vision changes, signs of meningitis, or visible facial swelling
- In the first 7 days, we recommend treating with a **sinus rinse**, and **acetaminophen** or **ibuprofen** for pain/aches
- After 7 days, first line treatment will likely be **nasal steroids** for 72 hours
- If no improvement after 72 hours, the next treatment will be **antibiotics**