

Combination cold and flu medication

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The common cold is the most common infectious illness in the general population. It is also the main reason for people missing work or school. The term 'common cold' refers to a mild viral upper respiratory tract infection that causes symptoms of a blocked and/or runny nose, sneezing, sore throat, cough, low-grade fever, headache and malaise. The common cold is not the same as influenza, although many people with a bad cold often report having the 'flu'.

The common cold is caused by a large number of viruses, particularly rhinoviruses. There are more than 100 different strains of rhinovirus, so that even though a person may develop immunity to some of the common cold viruses, people can still 'catch' a cold several times a year because they can become infected with another cold virus to which they are not immune. The average adult experiences two or three colds a year, while children average eight to twelve colds per year.

Although most colds are mild and resolve within a short period of time (usually within three to ten days), many people suffering from the bothersome symptoms of a cold seek symptomatic treatment. Cold symptoms may last an additional three days on average in smokers.

Patients with symptoms that persist (no improvement after ten days) or worsen (after five to seven days), may need additional treatment and the nurse or doctor should be consulted in these cases.

Common cold treatment

There is no specific treatment for the viruses that cause the common cold. Most treatments are aimed at relieving some of the symptoms, but do not shorten or cure the cold. Antibiotics are not useful for treating the common cold

because antibiotics are only used to treat infections caused by bacteria, not viruses. The following are treatments that may reduce the symptoms of the common cold:

Decongestants

Topical (e.g. nasal sprays and drops) and oral decongestants containing oxymetazoline, ephedrine, phenylephrine and pseudo-ephedrine may relieve a blocked nose associated with the common cold. Topical decongestant sprays and drops are effective for short-term use but should not be used for longer than three to five days to avoid rebound nasal congestion occurring when the topical decongestant is stopped. Oral decongestants are no longer available over-the-counter (OTC) in single-ingredient products and are usually found in combination with an oral antihistamine. Decongestants can increase blood pressure and patients with high blood pressure should check with the pharmacist before taking oral or topical decongestants.

Antihistamines

Antihistamines, when used alone, are not very effective in relieving symptoms of the common cold and do not relieve symptoms of nasal congestion. The combination of an antihistamine and a decongestant, however, may be more effective than either agent alone. The older or first-generation antihistamines such as triprolidine, diphenhydramine, chlorpheniramine, brompheniramine and promethazine* may relieve runny nose and sneezing, but their use may be limited by side-effects such as sedation and drying of the eyes, nose and mouth. The second-generation antihistamines such as loratadine, when used in combination with a decongestant, may reduce runny nose, sneezing and congestion, without causing drowsiness.

*Promethazine-containing medicines are contra-indicated for use in children under two years of age.

Analgesics

Analgesics such as aspirin* and paracetamol are contained in many combination cold and flu medicines and may help to reduce headache, sore throat, aches and feverish discomfort. The non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen seem to be as effective as paracetamol in relieving the above symptoms and short-courses of NSAIDs in this setting are generally well-tolerated. Analgesics do not appear to improve cough or nasal discharge.

*Aspirin should not be used in children and adolescents under 16 years of age.

Other components of cold and flu medicines

Caffeine is included in some combination products to improve wakefulness and offset some of the sedation caused by the first-generation antihistamines. Doses of at least 100 mg are needed to produce this effect but most OTC products contain 30 to 50 mg per tablet/capsule, which is about the same as is contained in a cup of coffee.

Cough associated with the common cold may be caused by nasal obstruction or postnasal drip. Cough suppressants such as codeine or dextromethorphan are seldom needed during the initial stages of a cold. Treatment guidelines generally do not recommend the use of cough suppressants for cough associated with nasal congestion caused by upper respiratory tract infections. A cough suppressant may be

considered for a dry cough that may linger after the cold symptoms have improved and if the cough disturbs sleep.

Vitamin C is included in some combination products and may slightly reduce the duration of cold symptoms.

In summary

- Although most colds are mild and resolve within a short period of time (usually within three to ten days), many people suffering from the bothersome symptoms of a cold seek symptomatic treatment.
- It may be best to avoid the use of combination cold medicines in children younger than six years of age. If treatment is needed, then only treat the most bothersome symptom e.g. a topical decongestant if a blocked nose is interfering with sleep, eating and drinking or causing discomfort for the child.
- The recommended approach for adults is to select an appropriate product based on the patient's symptoms.

References

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