

## Management of the Common Cold

Tarlan Namvar, University of Maryland PharmD Candidate 2021

Joshana K. Goga, PharmD, BCPP

The common cold, an acute upper respiratory tract infection, is the most common acute condition in the United States. Some symptoms of the common cold such as rhinorrhea, malaise, headache, sore throat, and cough could be self-limiting and last for up to ten days. Although more than 200 viruses can cause a cold, the major pathogen causing common cold in adults and children is the rhinovirus. This virus attacks the epithelial cells of nose and nasopharynx, invading the cells to replicate and spread the infection to other cells. The virus can stay alive in nasopharynx for up to 18 days. Stimulation of some sensory fibers in the upper respiratory tract, mostly in the nose, could result in the symptoms of the common cold. Chemical mediators such as histamine play an important role in nervous stimulation in both common cold and allergic rhinitis; therefore, clinicians should rule out allergies before initiating any cold treatments.

Treatment goals include preventing the spread of the virus as well as reducing symptom severity and duration. Many patients are eligible to self-treat with effective over the counter (OTC) medications; antibiotics should be avoided due to their ineffectiveness in viral infections. Exclusions for self-treatment include fever, age younger than 9 months, shortness of breath, chest pain, frailty in advanced age, immunocompromised states, worsening symptoms while self-treating, congestive heart failure, chronic obstructive pulmonary disease, or asthma diagnoses. To prevent spread of disease, instruct patients to use antiviral disinfectant products to clean surfaces frequently, wash hands with soap and water for at least 20 seconds, and cover the mouth and nose while sneezing or coughing.

Common cold OTC products, which target a variety of cold symptoms, come in multiple dosage forms and brand names. Some, although still present at drugstores, lack effectiveness data for specific age groups or symptoms; therefore, a pharmacist should recommend OTC products after a comprehensive symptom assessment. Common OTC products include systemic and topical nasal decongestants, antihistamines, both antitussives and protussives, local anesthetics, and systemic analgesics. The only safe and effective OTC treatments in children are acetylcysteine, honey (for children one year and older), nasal saline irrigation, intranasal ipratropium, and topical application of an ointment containing camphor, menthol, and eucalyptus oils. However, treatments such as certain analgesics, decongestants with or without antihistamines, and zinc are recommended only in adults. Most recent guidelines consider non-pharmacological therapies such as increased fluid intake, adequate rest, a nutritious diet, and increased humidification as effective adjunct therapies for both children and adults.

## Influenza Vaccination Recommendations

Zachary Leppert, University of Maryland PharmD Candidate 2021

Joshana K. Goga, PharmD, BCPP

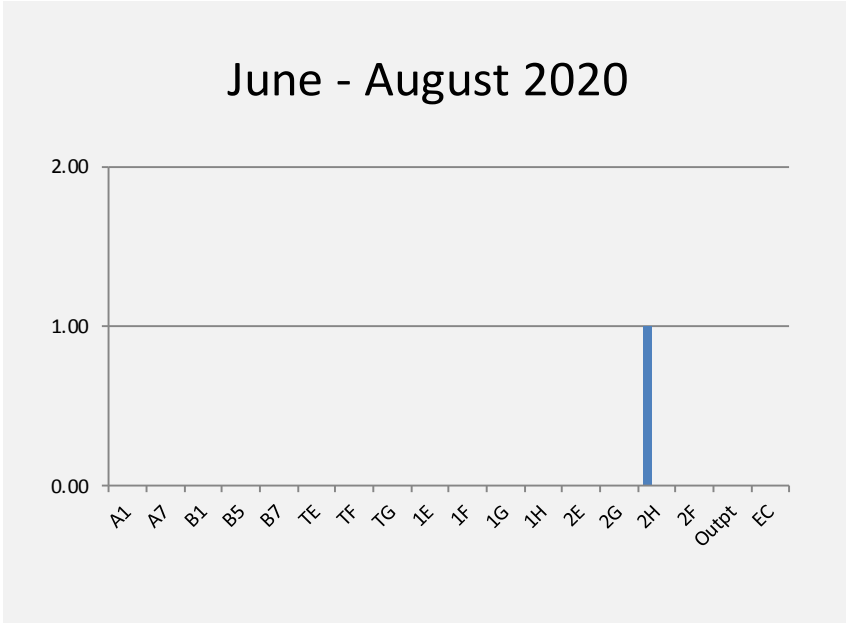
Influenza is a term for a group of seasonal viruses infecting the respiratory system. This virus induces a wide variety of symptoms including fatigue, nausea, cough, chest pain, fever, and chills. Influenza also leads to secondary complications, such as bacterial pneumonia, which can result in death. The most vulnerable to these complications include pediatric patients (<5 years old), the elderly (>65 years old), the immunocompromised, and those in long term care facilities.<sup>1</sup> Medications do not reduce the mortality rate of influenza, thus, treatment focuses largely on symptom management and preventative vaccine therapy.

The flu vaccine is designed to immunize against what researchers predict will be the most prevalent strains of influenza that year. Because the predictions vary in accuracy, the vaccine efficacy will fluctuate from year to year. Everyone aged 6 months and older should receive the vaccine unless a life-threatening allergy to a component of the vaccine exists. People with allergies to egg should still be encouraged to get the vaccine; however, if the allergy is severe, the vaccine should only be administered in a medical setting. Take caution in administering the vaccine to those who are currently sick or have previously had Guillain-Barré Syndrome. The table below describes the CDC recommendations for vaccination by age. Although the CDC does not formally recommend the higher dose vaccination for patients older than 65, it does acknowledge that it may reduce hospitalizations in that age group.

Age	Recommendation
6 months – 8 years	Yearly vaccination. Should receive two shots at least 4 weeks apart if this is the child's first year getting vaccinated.
9 years – 64 years	Yearly vaccination
65 years and older	Yearly vaccination (Typically with the high dose version)

References available upon request.

Number of ADRs Reported



You may report an ADR by calling x3784 or entering the data into the Sunrise Allergies System as detailed above.

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