

UNTANGLING THE MYSTERY OF OTC COLD MEDICINES

Standing in the cough and cold medicine aisle of your local drug store can be mind boggling! So many different options and combinations, and are they safe and effective?

In January 2008, the Food and Drug Administration (FDA) issued a Public Health Advisory to recommend that over-the-counter (OTC) cough and cold medicines not be used in infants and children under the age of 2 years. In October 2008, they released a statement in support of the voluntary relabeling of OTC cough and cold medicines to state “do not use in children under 4”. These recommendations were made due to reports of serious and potentially life-threatening side effects.

First and foremost, parents should understand that OTC cold medicines only treat the symptoms associated with a cold and do not treat the cause nor shorten the duration of the cold. Colds are caused by viruses and thus antibiotics are ineffective in curing the common cold. The OTC cold medicines are intended to make your child feel more comfortable.

At the onset of a typical cold, nasal discharge is usually clear and watery, but may become thicker and even discolored (yellow or green) after a couple days. A cold may be accompanied by fever, which is usually low grade and will last 2-3 days. After the runny nose, cough then develops, usually worse at night with lying down. Expect a cold to worsen for the first 2-3 days, peak in severity days 3-5, then start to improve after 7-10 days.

Let's break down each symptom and discuss what (if any) medication may be helpful to your child. Consult with your physician if you have any questions, especially if your child has any other medical conditions or is taking any other medications. Your child may experience some or all of these symptoms, but in general, it is wise to avoid the multi-symptom combination medications that are available. This will help avoid over-medicating and possibly over-dosing your child with medicines that may have the same or similar active ingredients.

Fever and discomfort: your child may have a fever the first 2-3 days of a cold. The 2 most common fever and pain-relieving medicines available for children are acetaminophen and ibuprofen. Aspirin should be avoided in children. Remember, it is not absolutely necessary to reduce your child's fever if they are not uncomfortable. Follow dosage recommendations based on your child's weight. These medicines can be used in infants and children under the age of 4 years, but always consult your physician for any fever in an infant under 2 months of age. Avoid the use of ibuprofen if your child has an upset stomach, is vomiting, or may be dehydrated. Again, it is best to avoid using any of the combined fever and cold medications.

Runny nose: the active ingredient in medicines aimed at runny noses is an antihistamine such as diphenhydramine (as found in Benadryl). Antihistamines are the mainstay of treating allergies, not the common cold. Antihistamines are drying and may cause sedation, or the opposite effect in some children, agitation. Antihistamines may actually thicken mucus and make it more difficult to expel, so really are not helpful in treating cold symptoms.

Stuffy nose and congestion: the active ingredient here are decongestants such as pseudoephedrine (found in Sudafed) and phenylephrine. Products containing pseudoephedrine are now kept behind the pharmacy counter due to abuse potential in making illegal drugs. Decongestants can cause agitation and sleeplessness and should be avoided with medical conditions such as hypertension and

hyperthyroidism. Decongestants can give temporary relief to nasal stuffiness making it easier to breathe through your nose, and cut down on post nasal drip which can cause cough and sore throat. I find that decongestants can help some patients but not others; if you choose to try a decongestant, watch your child for any undesirable side effects, and if you do not notice any improvement in symptoms, discontinue its use.

Cough medicines: the main types of cough medicines include expectorants such as guaifenesin (as found in Mucinex) and cough suppressants such as dextromethorphan (the DM ingredient found in many OTC cough syrups). The idea behind expectorants is to thin mucus and loosen secretions. The good thing about guaifenesin is there are few side effects associated with its use. However, the most effective expectorant is drinking lots of fluids.

In general, it is not desirable to totally suppress any cough. Coughing is a protective mechanism of your body as it tries to rid itself of excess mucus. In children with asthma, pneumonia, or bronchitis, cough suppressants should be avoided. Dextromethorphan can cause side effects such as nausea and dizziness, and as with all medicines, care must be taken to avoid overdose. Cough suppressants may be helpful for an older child with a dry hacking cough that interferes with falling asleep.

If you choose to try using OTC cold medicines, observe the following:

- Do not use in children less than 4 years of age without consulting your physician
- Do not give your child medications that are labeled for adults only
- Avoid multi-symptom cold medicines to prevent accidental overdoses of similar active ingredients and to avoid giving your child medications that may not be necessary or effective
- Use the measuring device supplied with the medicine or a measuring device designed to measure medications, not a household spoon. Follow label directions carefully to avoid overdoses. Check with the pharmacist or your physician if you are uncertain about the correct dosage to give your child

So, what can you do to treat your child's cold symptoms while you wait for it to run its course? For infants, saline nose drops and suctioning will help keep the nose clear. Using a cool mist vaporizer or humidifier during winter months can also help (follow manufacturers instructions to keep your humidifier clean). Sleeping in a slightly upright position can help reduce postnasal drip; place a bolster under the mattress to elevate it slightly. Make sure your child stays well hydrated to keep secretions thin. In most cases, your child will be feeling better in about a week. If symptoms are severe or persist beyond the expected 7-10 days, make an appointment to see your physician.