

TAKING CARE OF YOUR COLD

Humboldt State University, Student Health Center

2014

WHAT IS A COLD?

A cold is a combination of symptoms caused by a viral infection of the upper respiratory tract (throat, nasal passages, windpipe and bronchial tubes).

Hundreds of different viruses can cause colds which, as a result, are among the most common of human infections. On average people get 2 to 6 colds every year.

The Symptoms

Colds can vary, but they typically progress as follows:

Day 1: Throat is “scratchy.” There is sneezing and perhaps clear nasal discharge.

Day 2: Throat soreness increases with more nasal discharge. There may be mild fever (usually no more than 101°) and achiness.

Day 3: Dry cough often begins. Sore throat begins to improve. Body aches and fever may persist. Nasal passages become “congested” (swollen and irritated).

Day 4: Most symptoms begin to improve, but the nasal mucous often thickens and may start to turn yellow. Cough may become worse, fever is usually gone.

Day 5: Nasal mucous usually thicker, and yellow or green. Cough frequently deeper and yellowish sputum is produced.

Day 6-8: Despite continuing cough and nose symptoms, most people feel better.

Day 9-14: Symptoms gradually go away. Cough can linger up to two more weeks.

While millions of cold sufferers choose to visit doctors, there is very little your health care provider can do to treat an uncomplicated cold that you cannot do yourself.



Common Cold Viruses

- Reproduce in your nose and upper airways.
- Are spread by sneezing or coughing, which can distribute the virus up to 6 feet away. Can also spread via objects contaminated by mucous (i.e. hands, door-knobs, pipes, etc.).
- People are most contagious during the first few days of a cold.
- Protect yourself and others by washing hands frequently (or using hand sanitizer) & sneezing /coughing into your sleeve.

THE TREATMENT

There is currently no known way to cure a cold.

No prescription medicine will help a cold more than medication you can buy without a prescription. Do not waste money on unproven treatments such as large doses of vitamins or Echinacea. However, your symptoms can be eased with a variety of over-the-counter products:

Oral Decongestants and Antihistamines

There are also combination medications that include a decongestant, an antihistamine, and acetaminophen (Tylenol a fever reliever). This may be useful during the first few days of your cold. They seem to work well for some people and not for others.

Throat Lozenges

Lozenges help to temporarily relieve the pain of a sore throat.

Cough Suppressants

Over-the-counter cough suppressants (usually sold in syrup form) sometimes slow cough but cause some drowsiness. Honey and especially soothing herbal teas with honey are also effective.



Ibuprofen or Acetaminophen

Ibuprofen (brand names include Motrin and Advil) and acetaminophen (Tylenol) are generally effective, temporary relievers of fever and muscle aches.

Decongestant Nasal Spray

A 12-hour nasal spray (such as Afrin generic brand) helps open up the nasal passages. It works very effectively, but do not use for more than 3 days, since your nose gets used to it quickly. It is most useful for unplugging your nose. HINT: Wait at least 5 minutes between first and second sprays. Nasal rinse with a neti pot is another option as well; be sure to use distilled water when mixing your own nasal rinse solution.

Saline Nose Spray

A sterile salt water nose spray (Ocean or other brand) helps loosen thick secretions. It is most useful in the late stages of a cold (days 5-14). It can be used for several days up to a week without any damage to the nose.

Zinc Lozenges

Can blunt or occasionally stop a cold if taken at the first sign of becoming sick. They're available over-the-counter.

SELF CARE GUIDELINES

Treatment depends on the stage of the cold, and may differ from day to day. This advice follows the "typical" cold as described on page one:

Day 1

Target symptoms: sore throat, sneezing, drippy nose.

Treatment: Oral decongestants, acetaminophen (Tylenol) or ibuprofen. Always cover your coughs and sneezes! Honey and herbal teas can help your throat.

Day 2-5

Target Symptoms: Fever, cough, sore throat, thickening discharge from nose.

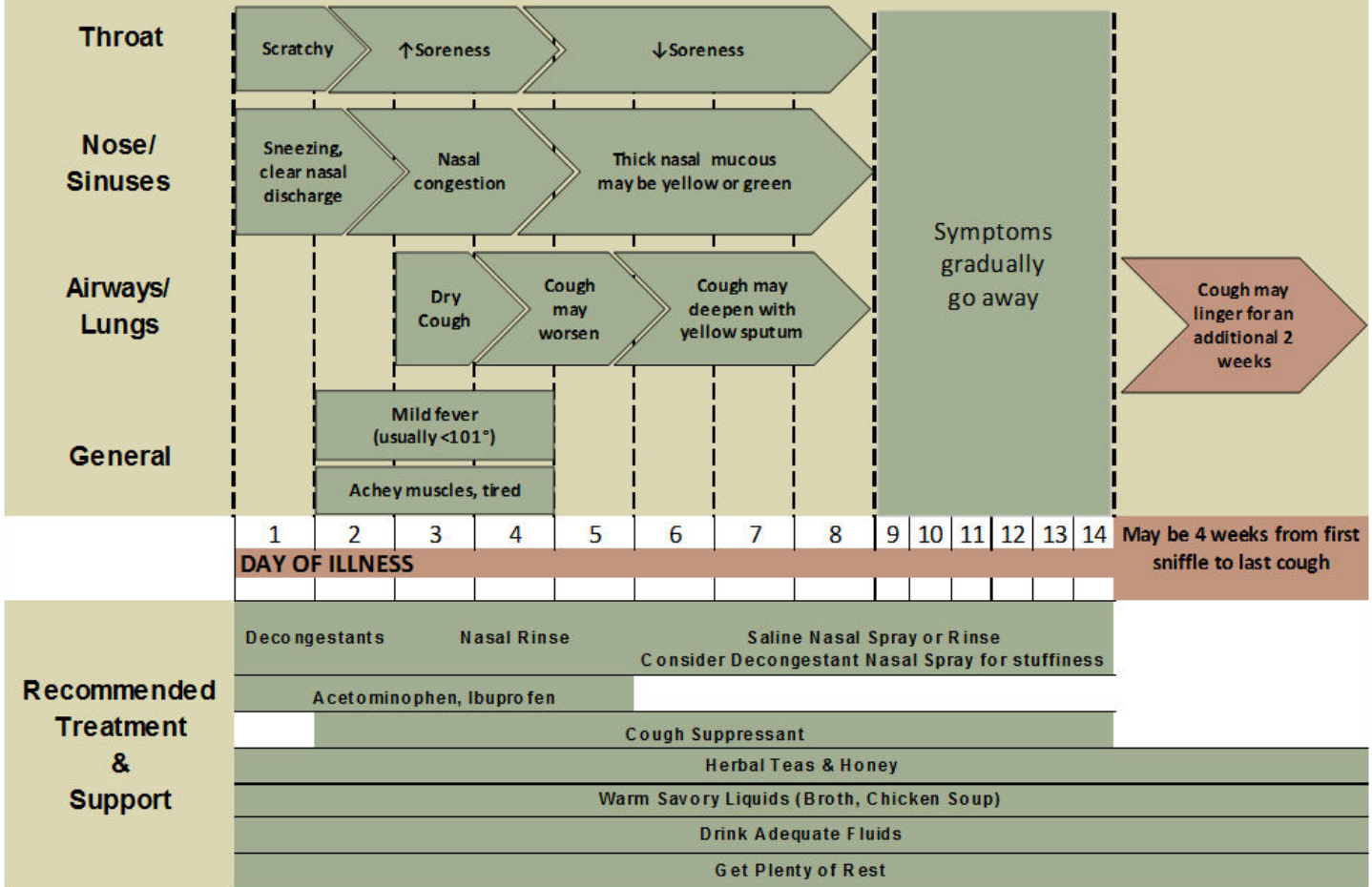
Treatment: Acetaminophen or ibuprofen, cough suppressant, nasal rinse. Use disposable tissues. Warm savory liquids such as broth (chicken soup often recommended) may help. Honey and herbal teas can help your throat and cough.

Day 5-14

Target symptoms: Nasal congestion (including plugged up nose), thickening nasal secretions, cough.

Treatment: Try a saline nasal spray or rinse. Drink adequate fluids. Consider decongestant nasal spray for stuffiness (use maximum 3 days straight). Cough will sometimes linger up to two weeks longer than other symptoms.

The Common Cold: Typical Progression of Symptoms



DO I NEED ANTIBIOTICS?

Scientific studies have shown that **antibiotics are of absolutely no value for an uncomplicated cold.**

Why? Because antibiotics kill bacteria but have no effect on viruses.

Sometimes people prescribed antibiotics feel like they get better, however, they likely would have improved even without the antibiotics.

Overuse of antibiotics can lead to drug resistant bacteria.

DO I NEED TO SEE A HEALTH CARE PROVIDER?

If after reading this pamphlet you are still unsure whether you have a cold, seek medical advice. If your symptoms are quite different from what we have described, you may have a different illness.

Most colds are gone approximately 10-14 days after onset, though cough can linger up to two weeks longer. Their severity usually peaks between days 3 and 5. A cold that is getting worse after this time, especially if accompanied by ear pain, shortness of breath, or wheezing, may signal a complication requiring medical attention.

HOW TO PREVENT COLDS

- ⇒ Get plenty of rest, eat a well balanced diet and exercise regularly.
- ⇒ Wash your hands frequently: cold viruses are often spread by contact with secretions from unwashed hands.
- ⇒ Avoid close contact (6 feet or less) with people who are coughing or sneezing.
- ⇒ Avoid sharing objects which might transfer saliva from a sick person to you. Examples: toothpaste from tube, pipes, marijuana cigarettes, eating utensils.
- ⇒ Smokers are far more susceptible to colds, and the colds they get last longer and are more severe. Most smokers with colds cut back while they are sick, but now is the time to quit permanently!



BACTERIAL BRONCHITIS: AN OUTMODED CONCEPT

Not so long ago, when people developed a cough in the later stages of a cold along with yellow or green sputum, they were assumed to have developed a bacterial bronchitis for which antibiotics were commonly prescribed. This concept has been disproven via scientific study, and today antibiotics are seldom used for cough with yellow sputum alone. However, if you develop a cough which is accompanied by wheezing, shortness of breath, or high fevers, you should be examined for other complications of colds such as pneumonia.

For more info: <http://www.cdc.gov/getsmart/antibiotic-use/URI/bronchitis.html>

BACTERIAL SINUS INFECTION: OVER-DIAGNOSED AND OVER-TREATED

Our concepts and treatment of “sinus infection” have also changed in recent years. Previously, the appearance of yellow or green nasal drainage or intense nasal area pressure within the first week of a cold was thought to require antibiotics for improvement. Today such symptoms are considered part of the usual sequence of symptoms from viral upper respiratory infection. While bacterial sinusitis does exist, it is now defined as persistent cheek and/or tooth pain and yellow or green nasal drainage beginning at least a week into a cold. Use of antibiotics for this condition is now reserved only for severe or prolonged cases; ordinary cold treatment suffices for most.

For more info: <http://www.cdc.gov/getsmart/antibiotic-use/URI/sinus-infection.html>

COMPLICATIONS AND LOOK-ALIKES

Some complications of colds are caused by bacteria and respond to antibiotics. Here are some complications of colds and how they usually appear:

Middle ear infection: Can occur anywhere from a few days to a couple of weeks after the beginning of a cold. If you get intense pain (more than just pressure) within your ear during a cold, and/or have bloody or pus-like drainage from your ear, come in to be examined.

For more info: http://jama.jamanetwork.com/data/Journals/JAMA/4537/jpg1117_2194_2194.pdf

Bacterial sinus infection: See above; can occur one or two weeks after a cold begins. Usual symptoms include: intense pain around eye, in cheek, upper teeth, and/or prolonged (weeks) of foul smelling pus from the nose. May be some fever.

For more info: <http://www.cdc.gov/getsmart/antibiotic-use/URI/sinus-infection.html>

Pneumonia: Anywhere from a few days to a couple of weeks after beginning of cold, worsening cough with shortness of breath and often fevers. If you get these symptoms, come in to be examined. Pneumonia can be viral or bacterial.

For more info: <http://www.nhlbi.nih.gov/health/health-topics/topics/pnu/>

Wheezing/Bronchial spasm: Not only do colds often trigger flare-ups of asthma in people known to have it, but chest colds will sometimes trigger wheezing in people who do not have asthma otherwise. If you develop squeaky breathing, chest tightness, or cough that will not stop, come in to be examined. Treatment can include breathing treatment, inhalers, etc.

For more info: <http://familydoctor.org/familydoctor/en/diseases-conditions/acute-bronchitis.printerview.all.html>

Whooping Cough (AKA Pertussis): In adults, whooping cough can look just like a cold except that the cough persists for much longer and is quite contagious. It can cause death in infants and elderly people, and can be prevented by an adult vaccination called a “Tdap” shot. If you haven’t had a Tdap, and have a productive cough for more than 2 weeks, come in to be examined.

For more info: <http://familydoctor.org/familydoctor/en/diseases-conditions/whooping-cough.printerview.all.html>

Eustachian Tube Dysfunction: The nasal congestion which accompanies colds often causes the “eustachian tubes,” air passages which connect the middle ears to the back of the nasal passages, to malfunction. This will cause your ears to feel pressurized, and can cause popping or clicking with swallowing, occasionally lasting weeks after the other cold symptoms clear up. There is no sure treatment which makes this condition clear up more quickly than it will without treatment. What to do? Get examined if ear pain escalates; middle ear infection sometimes results. Also, avoid flying in airplanes or diving in water until the pressure has cleared up.

For more info: <http://familydoctor.org/familydoctor/en/diseases-conditions/eustachian-tube-dysfunction.printerview.all.html>

Humboldt State University, Student Health Center
707-826-3146

<http://www.humboldt.edu/health/>