

February 2013

The Common Cold

So you felt a little irritation in your nose, maybe a little burning in the back of your throat last night and went to bed early. This morning your throat is more sore. You don't feel well and that nose is all stopped up, drippy. This is where we doctors come in. Lots of people take this as a cue to see their family doctor, a walk in clinic or –God forbid – go to the emergency department to “get a shot. Catch it early”.

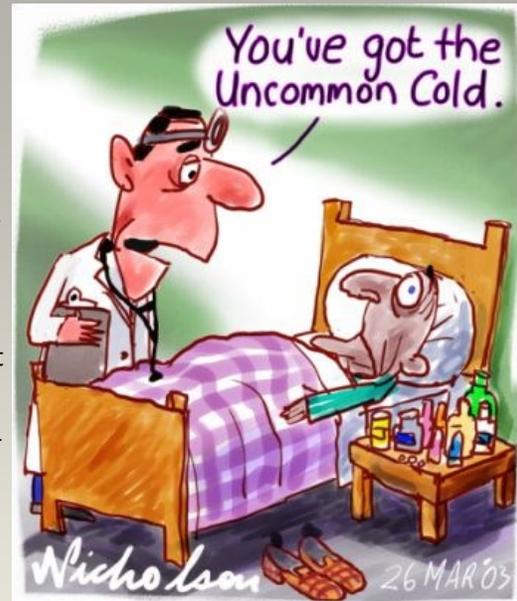
The common cold is a viral illness. When someone says “viral” your next thought should be that this will go away when it wants to. There are more than 100 different rhinoviruses alone plus all the other less common viruses responsible for colds. Typically a cold is acquired because someone with a cold sneezed spreading millions of virus particles, some of which find their way to plant in our nasal passages or on the mucousy surface of the eye. You can also catch a cold by touching something contaminated with the virus germs (door handles, TV remote, lavatory towel) and then wiping your nose. Once planted it takes about 4 days for illness to show itself. Some studies show that we can continue to shed these contagious particles for many, many days after the illness is over. Muscle aches, minor cough, low grade temperature elevation along with the previously mentioned nose and throat irritation are the typical findings. If you have face pain over the sinuses, high spiking fevers, serious cough or terrific throat pain without the sniffles and runny nose then it is probably not a cold.

A cold is the kind of illness that doctors called self-limited. This means if you do nothing at all it fixes itself, usually resolving by 7 days or so. Over the counter cold medicines can help some but nothing will cure a cold. Specifically, acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) plus some antihistamine and some decongestant will help you feel a bit better. You can try any brand name product you wish but they are essentially all variations of the same few medicines in different combinations and potencies.

Antibiotics play almost no role in treatment (remember this is a virus). The exception would be people at risk for more serious infection such as someone with an impaired immune system or smokers. Another place for antibiotics might also be in the group that toughed it out at home but are still no better or are now ill in a new way after 7 days of self-care. Your doctor can guide you in deciding whether antibiotics are right for you. Some researchers recognize the most common cold viruses (rhinoviruses) as responsible for 40 % of the ear infections we see in small kids. Again, antibiotics won't help this, either. More trendy is the diagnosis of mycoplasma. Many mycoplasma chest infections begin after a cold and sometimes can be made better with antibiotics though it, too, will go away in most cases if you just wait a while.

Some people are more prone to colds than others such as those living or residing in confined spaces. A child in general gets more colds (8 every year is the average-more if in daycare) and seems to be sicker from them than adults. There is such a thing as being immune to colds – at least partially. Ask any grade school teacher and they will tell you that it takes about 4 years before they just don't get colds too much anymore.

So if you are sniffly, achy, and miserable but think you'll be OK; get your blanket and the TV remote and call Mama to make some soup for you.



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