

MARBLE VALLEY HEALTHWORKS

Personalized Medical Practice

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COLD REMEDIES

Colds and other respiratory infections are the most common infection in the developed world. It's no surprise then, that over the counter (OTC) remedies for upper respiratory infections (URI) occupy a lot of shelf space at the pharmacy. Colds are not cured by antibiotics. Instead, we treat the symptoms.

Since most colds include a variety of symptoms, cold medicines come in all sorts of combinations. Each ingredient has its own targeted symptom as well as side-effects and contraindications. The variety of combination medicines available is staggering. Here are some basic guidelines to help you choose.

The respiratory tract is the airway we use for breathing and associated organs - from the ears, nose and lips on down to the lungs. The **upper** respiratory tract is everything between the voice box or larynx and the nose. URIs involve the ears, nose, throat, sinuses and larynx. Most are caused by viruses for which we do not have effective antibiotics. Fortunately, they and many URIs caused by bacteria as well, will resolve on their own within a week or two. Unfortunately, they can make us miserable until they are gone. Since we have no medicines to kill cold viruses, therapy for the common cold is directed at treating the symptoms. For that, let's look briefly at what happens in a URI: The virus infects the lining (mucosa) of the throat, nose and airway, causing irritation and swelling. That leads to more mucus production, leading to runny nose and post-nasal drip. The virus can cause cough and sore throat by direct irritation to the airway and throat, or from the copious drainage that results. The irritation leads to pain, sneezing and cough. So – congestion, runny nose, sneezing, sore throat, headache and cough – those are our target symptoms. Let's see what we have to help.

There are 6 main kinds of medicines for URIs. They are available as pills and elixirs and come in every possible combination.

Decongestants: These medicines stimulate the muscle cells around small arteries, leading to less blood flow to affected tissues. That leads to decreased swelling and mucus production, etc. When decongestants are taken internally (there are also nasal sprays), they enter the blood stream and can have other stimulating effects, like on the brain, heart, and other arteries. Decongestants keep some people awake, can increase blood pressure and worsen symptoms from prostate swelling. Both pseudoephedrine (PSE) and phenylephrine (PE) are available alone and combined with other agents.

Antihistamines: Used more often for allergy symptoms, these are effective for congestion and sneezing from colds *if used in combination with decongestants*. Diphenhydramine is sedating for most people. Loratadine, fexofenadine and cetirizine are less or non-sedating antihistamines. They are available by themselves or in combination with pseudoephedrine: Claritin-D, Allegra-D, Zyrtec-D ("D" stands for decongestant).

Expectorants: Guaifenesin is the only one available in the United States. It stimulates the secretion of more water by the mucosa thereby making mucus secretions less thick and easier to cough up, or expectorate.

Cough suppressants (antitussives): These decrease the sensitivity of the cough reflex. Benzonatate comes by itself. Dextromethorphan is usually combined with other ingredients.

Fever reducers (antipyretics) and **pain relievers** (analgesics): Both symptoms are effectively helped by these familiar OTC agents - acetaminophen (Tylenol), ibuprofen (Advil, Motrin) and naproxen (Aleve).

Zinc preparations are a recent addition to the arsenal of cold remedies. Research shows variable effectiveness, but suggests that taken as directed they can reduce the duration of cold symptoms by 1-2 days. The FDA recommends against the use of zinc nasal sprays due to the risk of permanent loss of smell. Oral zinc appears to be safer, but how much is unclear.

...See back for more...

FLU VACCINE

AVAILABLE

Option 1: Request the vaccine during your regularly scheduled appointment

Option 2: Call and schedule a Nurse visit time
 Monday thru Thursday (*only*):
 9:00am – 12:30pm, or 2:30 – 4:30pm

Option 3: Walk-in, *no appointment necessary*, on:

Tuesday afternoons: 2:30p – 4:30p
 Wednesday mornings: 9:00a – 12:30p





COLD REMEDIES, continue from front...

Additionally, some cold remedies come in the form of nasal sprays. By being applied directly to the source of the problem and not ingested into the blood stream, sprays have the advantage of fewer side effects than the forms taken orally.

- Phenylephrine and oxymetolazine are decongestants that reduce swelling and mucus production. They work much faster than their oral forms but should not be used for more than three days due to rebound congestion and nasal dryness. They are less likely than oral decongestants to affect the heart and blood pressure.
- Cromolyn sodium and ipratropium bromide: These sprays reduce the nasal congestion and sneezing from colds.

Nasal saline spray and rinses are effective in keeping the nasal mucosa moist and soothing irritated tissues. Rinses are especially effective for washing away excess mucus and irritants.

With all those options, how is one to choose? First, start by knowing whether there are any medicines you should avoid. While generally safe, some cold remedies should be avoided by people with certain conditions, or those taking certain medicines. This is only a brief list, so if you're on daily medicine, it's best to ask your provider or pharmacist which OTC medicines are safe for you.

- Decongestants and antihistamines should be avoided by people with **narrow angle glaucoma** and **urinary difficulty** from swollen prostate.
- Decongestants should also be avoided by people with (or taking medicine for) **high blood pressure**, and by those with any form of **heart disease**.
- Dextromethorphan can interact with many **psychiatric medicines** and the pain reliever **tramadol**. People with **dementia or impaired mental function** need to be monitored carefully when taking dextromethorphan since it can cause agitation.
- Ibuprofen and naproxen can injure weak kidneys and irritate the stomach. Tylenol is in many other OTC pills, so care must be taken to avoid taking more than the recommended limit of 4,000 mg / day.

Once you know what medicines to avoid, you'll need to decide if you want to try to treat all your symptoms with a single combination pill, or target the worst symptoms with single ingredients. Keep in mind that every medicine has its own possible side effects, so combination pills are more likely to cause problems. If so, you won't know which of the ingredients is causing the problem – or which one is helping, for that matter. Taking a long view, it makes sense to try individual ingredients to see which work best for you and that you tolerate. It might take time – several cold seasons, in fact – to make conclusions about your cold remedy options. Once you know what works, you might find a combination pill or liquid that includes the medicines that work for you, but not the ones that cause problems. For better or worse, you will likely have plenty of opportunities to perfect your formula. Good luck, and Gesundheit!

NEW VERMONT OPIOID PRESCRIBING RULES

In response to our epidemic of opioid addiction, Vermont has passed new rules regarding how certain medications are prescribed. These went into effect July 1, 2017 and are outlined below.

For acute pain, consideration will be given to non-opioid alternatives. If a prescription is needed, there are limits to the number of pills that can be prescribed. There are also daily maximum limits based on the patient's category of pain. Patients will receive counseling about the risks of opioid drug use and sign an informed consent. If a high dose pain medication is prescribed or if patients are also taking a certain class of medications, called benzodiazepines, a prescription of naloxone will be given. When benzodiazepines and opioids are taken together, there is more likelihood of overdose. Naloxone is an overdose reversal drug.

If patients receive opioids for pain lasting more than 90 days, Vermont requires documentation supporting their use. This includes a medical evaluation, physical examination, pertinent diagnoses, and risk assessment screening. Patients will be re-evaluated on a regular basis, no longer than once every 90 days. Part of this re-evaluation includes review on the risks of opioid use, consideration of alternative treatments, completion of certain monitoring forms and reviewing functional goals for treatment. At least once a year, patients will need to sign a Controlled Substance Treatment Agreement. Included in the agreement are the patient's choice of a dispensing pharmacy, as well as agreement of safe storage and disposal of the medication. In addition, there will be periodic drug screens and pill counts.

There are exemptions to those who have chronic pain associated with cancer, who are receiving palliative care, or end-of-life and hospice care and patients in skilled and intermediated care nursing facilities.



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