



# THE FAMILY PHARMACIST

A QUICK READ FOR YOUR OTC NEED!

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## TREATING THE COMMON COLD: DECONGESTANTS AND ANTIHISTAMINES

The “cold” season usually runs from late summer to early spring, but you can catch a cold anytime of the year. The common cold is caused by various viruses, so no over-the-counter (OTC) medicine (or prescription drug for that matter) will cure your cold. Decongestants and antihistamines only treat symptoms. You’re just trying to buy some time until your immune system cures the cold.

There is an overwhelming array of packaging and products for the common cold, however, only a dozen or so ingredients make up the active components in all of these products. That’s because in 1962 the FDA strengthened the rules for drug safety and required manufacturers to prove their drugs’ **effectiveness**. Consequently, the number of ingredients available to drug manufacturers is limited. All ingredients come from the same FDA list.

**Decongestants** Some decongestants barely made the FDA cut. For example **phenylephrine**, which is in many (if not most) OTC cold products, is the least effective of any oral decongestant. Only 30% of it even gets absorbed from the stomach and it’s a very feeble vasoconstrictor (makes blood vessels near your sinuses smaller). Studies show that it is no better than placebo. It’s common in OTC cold products because the abuse potential is so low. **Pseudoephedrine**, found in Sudafed,<sup>TM</sup> for example, works much better, but you have to ask the pharmacist for it. Take it early in the day, otherwise it will keep you up at night. Also, make sure you read the label for when to avoid any decongestant. For example, if you have high blood pressure or cardiovascular disease. Since decongestants all have stimulant properties (some more or less), they have been abused extensively. This has further limited manufacturers’ choices for what can safely be made available over-the-counter. That’s how we ended up with phenylephrine being the decongestant of choice in so many OTC cold remedies. Too bad it doesn’t work.

Another decongestant therapy for a cold is to use a nasal spray, like Afrin<sup>TM</sup> (**oxymetazoline**). Sprays work on blood vessels in the mucous membranes inside the nose. There are short and long-acting nasal sprays. Most of the short-acting nasal sprays contain phenylephrine, which I don’t recommend. Long-acting nasal decongestants are very effective in relieving sinus symptoms of a cold. But be careful, because it’s easy to get hooked on them. They cause what is known as “rebound congestion,” a condition where the congestion will return when you stop using the drug, even after the cold is gone. A way to minimize rebound is to apply to one nostril only and alternate nostrils each time you use it. Don’t use any decongestant nasal spray longer than five days.

**Antihistamines** The older antihistamines (called first-generation) are the ones used for cold symptoms. The newer antihistamines used for allergy (like Claritin<sup>TM</sup>) aren’t useful for relieving acute cold symptoms. This is because they have been chemically engineered to have fewer side effects. The older antihistamines are more effective for the symptoms of a cold because they capitalize on side effects which dry up secretions that cause a runny nose and eyes. Unfortunately, the more effective ones (like **diphenhydramine** in Benadryl<sup>TM</sup>) are more likely to cause drowsiness (another side effect). That’s why it’s good to reserve antihistamines for bedtime use. In an adult, one 25mg diphenhydramine dose will dry up your runny nose and eyes, and even help you sleep. Drink plenty of water to offset the dryness it causes elsewhere in the body.

**A word of caution:** These recommendations are for adults. For children under six years of age check with your pediatrician. If you are over 55 years of age diphenhydramine use is “potentially inappropriate” according to the American Geriatrics Society because of its ability to impair the senses, which may contribute to a fall. Even younger adults should only use it for

a cold at bedtime. Drink lots of water!

**My recommendation:** When considering any cold medicine, it’s a good idea to stay away from multiple ingredient (multi-symptom) products. Most likely, you will be taking drugs you don’t need. For example, a product might include a pain reliever, which you may not want. Buy only the ingredient you need for a specific symptom. It takes some diligence to do this, so I’ve listed some representatives in the table at the end.

**Natural Ingredients** But what if you want to avoid drugs and you prefer to try something natural. Pharmacy shelves are now full of homeopathic and natural products. For example, the brand Zarbee’s Naturals,<sup>TM</sup> which was recently acquired by Johnson and Johnson. Zarbee’s boasts of using ivy leaf, honey, agave syrup, elderberry, zinc, and pectin to “soothe and comfort” the symptoms of a cold and cough. Some of these ingredients are claimed to boost your immune system, however, studies on natural ingredients are few and far between. Although, natural products aren’t a bad idea since nothing will cure your cold anyway. You’re just trying to feel better until it goes away. So, try them. If they make you feel better, great. By following the directions on the label they won’t hurt you and they might even help. However, a cup of hot green tea with a little honey in it may give you the same relief.

Remember, especially the natural ingredients discussed here fall under the category of palliative, meaning to relieve or lessen symptoms without curing. And, this newsletter is about treating the common cold not influenza. If you suspect flu you should contact your health care provider.

Common Cold: Part II in February will discuss OTC cough remedies. Do they work?

<b>Single Ingredient Cold Medicine Example</b>	<b>Symptom</b>	<b>Ingredient</b>
Oral antihistamine (Benadryl™)	Runny nose and eyes	Diphenhydramine
Oral decongestant (Sudafed™)	Stopped up head and sinuses	Pseudoephedrine
Nasal spray decongestant (Afrin™)	Congested sinuses	Oxymetazoline

References on file

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