



Common Questions on the Common Cold

Managing your child's cold can be a very frustrating experience. As parents we often feel helpless watching our children suffer with a cough that keeps them up all night or nasal congestion that makes it difficult for them to eat and breathe.

Unfortunately, because colds are due to viruses, no medication including antibiotics will shorten the duration of symptoms. However, there are several remedies that I frequently recommend in my practice that can relieve some of the discomfort. In this article, I will discuss the basic symptoms of a cold, potential treatments including recent research, and some of the complications of a cold that would warrant a phone call or visit to your pediatrician.

A cold, also known as an upper respiratory infection (URI), is caused by one of over 200 viruses that infect the nose and throat. Common symptoms of a cold include cough, congestion, runny nose, sore throat, red eyes, swollen lymph nodes in the neck, fever, and general malaise. Though the fever will typically last only a few days, other symptoms such as runny nose and congestion can last up to 2 weeks. Furthermore, the cough can even last up to 3 weeks in uncomplicated colds. Because of these symptoms, your child (and thus you) may have many sleepless nights as well as difficulty with breathing and feeding.

Before addressing some of the remedies that I recommend, it is important to discuss the recent FDA warnings and recalls of infant cough and cold medications. This is long overdue. Back in 2004, a study published in the journal *Pediatrics* compared the effect of a popular cough suppressant (dextromethorphan which is the "DM" in Robitussin DM), diphenhydramine (Benadryl), and placebo on nighttime cough and quality of sleep for both the parent and child. Not only were these medications found to be no better than placebo, they are known to cause dangerous and uncomfortable side effects. Because of a recent surge in dangerous side effects including deaths from these cold medications, most infant cold medications have been pulled from the shelves. Based on the most current research, I recommend that children under age 2 should not be given these medications and those between age 2 - 6 should only be given these medications with extreme caution under the direct supervision and indication of your pediatrician.

That said, I still comfortably recommend Tylenol for children over 2 months and Motrin for children over 6 months with colds who seem a little fussy. Even if your child does not have fever, often the general malaise that you feel with such a viral infection can be improved upon with Tylenol and Motrin.

To loosen up the mucus in the nose, nosedrops of warm tap water or saline solution are actually more effective than any medications. You can either buy the nasal saline drops in the baby section of a store or make your own by mixing 1/2 teaspoon of table salt in 8 ounces of water. You can make a fresh solution every few days and store it in a clean bottle. Use a clean eyedropper to put drops into the nose or it can be dripped in using a wet cotton ball.

Place 1 (under age 1) - 3 (over age 1) drops of warm water or saline in each nostril. After 1 minute use a soft rubber suction bulb to gently suck out the loosened mucus. How often should

you do this? I recommend using the saline and aspiration if your child is having trouble breathing, sleeping, or feeding because of the nasal congestion and not just because he or she sounds congested. Being too aggressive with the suction when it is not necessary can actually lead to increased nasal swelling and congestion.

A humidifier (cool or warm) or taking your child to a steamy bathroom can also help soothe an irritated throat or congested nose. This is especially true in the winter when the air in your home can be very dry.

Finally, in a study published in December 2007, using honey was found to be more effective in treating a cough than a cough suppressant or a placebo. Dosages used in the study were ½ teaspoon for ages 2 – 5, 1 teaspoon for ages 6 – 11, and 2 teaspoons for ages 12 – 18. Since this study was published, I have been recommending honey in the above dosages.

When to contact the pediatrician...

Remember that colds alone are viral infections and are usually not serious. However, between 5% and 10% of children can also develop a bacterial infection on top of the original cold virus and these bacterial infections may benefit from antibiotics.

Symptoms of such bacterial infections can include significant ear pain or ear drainage, significant yellow or green drainage from the eyes, rapid breathing or difficulty breathing not due to a congested nose. Also, congestion that persists for 10 – 14 days or worsens after 7 days may be due to acute bacterial rhinosinusitis, a condition that frequently needs antibiotics to improve. Therefore, it is important to watch your child closely and always contact your pediatrician if you feel that a condition is worsening or lingering too long.

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