

Patient Information:

Common Cold and the College Student

WHAT IS A COLD?

A "cold" is a syndrome of symptoms caused by infection and resulting inflammation of parts or all of the upper airway (nasal passages, throat, larynx and upper trachea). It is also known as an upper respiratory infection (URI). Infection results from one of 200 viral strains from six virus families. These are Rhinoviruses, Coronaviruses, Para influenza viruses, Adenoviruses, Echo viruses, and Respiratory Syncytial Viruses.

HOW DID I CATCH IT?

Hand-to-hand contact and contact with wet fomites (mucous, saliva, or aerosolized secretions) are risk factors for spread of the virus. In college, this means shaking hands, kissing, touching doorknobs, desktops, phones, remotes, sharing drinks, catching a sneeze or cough in the face, all put you at risk. You inoculate yourself by touching the moist membranes of the eyes, nose and mouth. College campuses are a "hot zone" of upper respiratory viruses due to the vast numbers of ill students in close proximity to each other. Peak incidence of the common cold is in the late fall and winter, but colds can strike all year. Most adults will contract 2-4 colds a year.

WHAT ARE THE SYMPTOMS OF A COLD?

One or more of the following symptoms may be present with a cold:

Symptom (% of time symptom may be present)

- ◆ Nasal stuffiness/congestion (80-100%)
- ◆ Sneezing (50-70%)
- ◆ Scratchy, swollen, or sore throat (50%)
- ◆ Cough (40%)
- ◆ Hoarseness (30%)
- ◆ Headache (25%)
- ◆ Malaise (20-25%)
- ◆ Fever of more than 100° (0-1%)

A word about "green and yellow" mucous ("snot"); color is not an indicator of bacteria being present in early illness. Stagnant mucous thickens and darkens overnight, or from antihistamine use, and from the

arrival of white cells (infection fighters) and the chemicals released by them. Also, these colors are commonly seen in the first 1-3 days.

HOW IS A COLD DIAGNOSED?

The diagnosis is made based on your history of your symptoms and the signs of illness on physical exam. In certain cases, a throat culture for strep, a blood count, or mono test may be performed, but usually the diagnosis of cold requires no tests.

REALISTIC EXPECTATIONS: IS THERE A CURE? HOW LONG DOES IT LAST?

Illness is a trial and colds are a fact of college life. As a rule, you will feel poorly. Over-the-counter and prescription medications can help you feel better and return you to function at school. But no remedy or medication can "cure" you in a day or fully "prevent" you from becoming ill. Antibiotics (e.g. Z-Paks®, Augmentin®, penicillin, etc.) won't kill viruses and misuse of these drugs put you at risk for adverse effects from them and promote antibiotic resistant organisms, exemplified by the surge in community acquired MRSA*. Your immune system is your best ally against upper respiratory viruses.

A common misconception is that colds last "just a few days" or that you can "kick-it" in 3-5 days. In general, fever and sore throat may last up to 4 days. Nasal congestion last for 5-10 days. Runny nose or nasal discharge can last up to 14 days, but could clear in 7 days. Cough will usually take 14 days, but may nag you for 3-4 weeks. In the absence of serious symptoms or complications, this is called *post-infectious cough* and will clear.

*Refers to community acquired methicillin resistant Staphylococcus aureus or CA-MRSA.

COLD TREATMENTS

The following represent a collection of home, alternative, and traditional medicinal remedies and preventions of cold (and flu). Italicized names are over-the-counter (OTC) brands. Because the market is flooded with multi-symptom formulas (like

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Nyquil[®]), for simplicity sake we have mentioned only single symptom formulas for specific symptom relief. Always read the labels for directions, duplicated active ingredients, side effects, interactions, and precautions.

Sore Throat, Head Ache, and/or Body Aches

1. Alternate doses of 600mg of ibuprofen (or 3-200mg Advil[®], Motrin[®]) with 1000mg acetaminophen (two 500mg Tylenol[®]) every 3 hours for high fever, severe body aches and sore throat control. Take with food. These are alternatives for pain control, NOT to be used with prescribed pain meds.

Nasal Congestion

1. Use Afrin[®], and Mucinex[®] Nasal Spray (oxymetazalone) or Nostrilla[®] nasal spray for acute congestion as directed, every 12 hours for NO MORE than 4 days to avoid rebound congestion. Don't use these products at the same time as Sudafed[®] (pseudoephedrine) or "D" version or "sinus" products unless instructed.
2. Apply Vicks Vapor Rub[®] or Metholatum[®] balm dabbed beneath the nose (like a mustache) and large amounts rubbed in on the neck and chest for acute nasal and chest congestion.
3. Generic nasal saline spray can be used frequently and for long-periods of time and is very good for irrigating thick nasal mucous during the day. It can be used with Afrin[®] as directed. Use in the morning with a hot shower is outstanding at clearing the sinuses.

Runny Nose

1. Do not expect your Allegra[®], Claritin[®], Xyzal[®], or Zyrtec[®] to help your runny nose with cold or flu. The drug doesn't have the properties to do so. Switch to an alternative given by your SHC practitioner or use an over-the-counter brand such as Tavist[®] or Benadryl[®]. Be certain that these are "plain" versions and not "D" or "sinus" versions with decongestants like pseudoephedrine.
2. Apply Vaseline[®] Lip Therapy or Lotion to the nares (nostrils) to prevent chapping.

Sore Throat Alone

1. Cepacol[®] Maximum Strength Lozenges tend to be the most potent with benzocaine (less like candy) and help sore throat. Some like Halls[®] with menthol. Some like hot liquids, especially herbal teas, some like cold ones. Popsicles, hard candies, and softened foods are helpful too.
2. Throat sprays like Chloraseptic[®] contain phenol/or benzocaine and can provide temporary relief.

Don't use these products with prescription pain relief gargles.

3. Salt water gargles with solution of 1 teaspoon salt in 8 ounces of water can be gargled as often as needed.
4. May use with acetaminophen and/or ibuprofen as above for pain.

Cough and Chest Congestion

1. Apply Vicks Vapor Rub[®] or Metholatum[®] balm dabbed beneath the nose (like a mustache) and large amounts rubbed in on the neck and chest for acute nasal and chest congestion. As bizarre as it sounds, application of these balms on the bottom of the feet (at the arch and "balls of feet") suppresses cough through processes better understood by reflexologists. Wear socks over the balms on the feet.
2. Use a warm air humidifier (Vicks[®] or any CVS[®], Rite-Aide[®], or Wal-Mart[®] brand). Place it on a night stand by the bedside. In the water add 1 tablespoon of over-the-counter Vicks Vapor Steam[®] for each quart of water in the tank. To increase the amount of steam/humidification, add 1/16 to 1/8 teaspoon of salt. Keep running at bedside during sleep periods; keep bedroom door closed too. Clean your machine every 4 days!
3. For loosening mucous, an option may be given by your health care provider or an over-the-counter brand such as use Mucinex[®], 1 tab every 12 hours may be used. Plain Robitussin[®] (guaifenesin) syrup is an alternative, being used at 2-4 teaspoons every 6 hours.
4. Halls[®] and Ricola[®] lozenges are helpful for cough suppression.

Cough Suppression Alone

1. Try pure dextromethorphan products alone with Delsym[®] syrup being a 12-hour acting version. Robitussin DM[®] is basically a 4-6 hour acting cough suppressant with a mucous thinning agent. Mucinex-DM[®] is a 12-hour acting option. Don't use these with prescribed cough medications given by your Schiffert Health Center practitioner unless instructed.
2. Honey, 1 teaspoon to 1 tablespoon as needed, plain or in tea, was shown to be effective for cough suppression.
3. Use of the Cough and Chest Congestion suggestions above are recommended when convenient!

Eye Itch or Redness, Crusting and Matting

1. Use over-the-counter Visine-A[®] for itching and redness, for no more than 3-4 days as directed.

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2. Use cold compresses for itching too; warm (wet) compresses, for morning crusting and matting.

General Symptom Care

1. Increase fluids (2 liters of water a day), avoid alcohol, smoking, and caffeine (they slow healing, increase risk of complications, and/or may worsen medication side effects), increase sleep/rest, light exercising if tolerated after a few days and no fever present. Eat a balanced diet of foods. Data has shown mega-dosing vitamins to be of no benefit.
2. Chicken soup, canned or home-made is beneficial and a time-honored therapy.
3. Normal oral temperature for all humans can be up to 99.5°. Slight variation in your temp is normal throughout the day. Monitor this with thermometer.
4. Zicam® products, such as the gum/chews, nasal sprays, and nasal swabs, can reduce the symptom severity and duration if used early and consistently through symptomatic period. Keep this on-hand to start on the occasion of you becoming ill.
5. Cold-Eeze® Lozenges and Gum are an alternative to Zicam® and either one or the other should be used as directed.
6. Sleep, 7-8 hours a day: recent studies have shown persons getting less than 7 hours of sleep nightly are nearly 3 times more likely to catch a cold than those getting more than 8 hours a night. Sleep is theorized to produce more robust white cell line activity in study subjects—fighting infection better.

PREVENTION SUGGESTIONS

1. Cold and flu viruses are spread by the hands more than cough and sneezes. Wash hands returning from class, before eating, after coughing or sneezing, and after using the bathroom. Wash hands with soap and water, rubbing for 20 seconds, dry and use the towel to turn off faucet and open door. This is the single greatest preventive measure you can perform to stay well! Carry an alcohol-based hand sanitizer such as Purell® and use it often as an option to soap and water.
2. Avoid touching your eyes, nose, and mouth. Use a tissue to cover nose and mouth when coughing or sneezing; discard tissue and wash hands.
3. Contagiousness of colds and flu are variable, but one should consider themselves contagious for at least 7 days from onset of symptoms, 10 is better.
4. Discard soiled tissues frequently. Empty your trash, wipe down your personal space (desk,

phone, remote, key board, mouse, bathroom sink, door knobs and light switch plates) with *Lysol*® or *Chlorox*® Wipes during your illness and definitely for 7 days after. Change your pillow case and linens too.

5. Airborne® products: currently, the benefit of this product for prevention of illness is in question and the cost versus the theoretical benefit is unsure.
6. The mega-dosing of multi-vitamins and Echinacea supplements has not been shown to benefit those taking them for a cold more than those who don't.

When Should I See a Health Care Provider?

You should see a Schiffert Health Center practitioner for a cold if any of the following conditions exist:

- ❖ Symptoms that have not shown improvement within 7 days
- ❖ A temperature of more than 100° that won't reduce with Tylenol®, Motrin®, or Advil®
- ❖ A persistent, frequent cough that is continuous through the day for 7 days
- ❖ Ear pain, loss of hearing, blood or discharge from the ear
- ❖ Enlarged tonsils that inhibit swallowing, choke you, alter your voice, or are coated with white or yellow discharge
- ❖ Severe headache and confusion, stiff neck or rash
- ❖ History of heart disease
- ❖ Chest pain, wheezing, or shortness of breath
- ❖ Swollen and tender lymph nodes in the neck, groin, and armpits

PHARMACY/GROCERY SHOPPING LIST:

The following is a check list for your convenience. All of these items are not necessarily required!

- ◆ Thermometer: oral, digital-type
- ◆ Afrin® or Mucinex® Nasal Spray
- ◆ Humidifier (warm steam/mist) Tylenol® 500mg and/or Motrin® 200mg
- ◆ Vicks' Vapor Steam®
- ◆ Benadryl® or Tavist®
- ◆ Vicks' Vapor Rub® or Metholatum®
- ◆ Zicam® or Cold-Eeze®
- ◆ Cepacol Maximum Strength® throat lozenges
- ◆ Saline Nasal Spray
- ◆ Lysol® or Chlorox® Wipes
- ◆ Chloraseptic® Throat Spray
- ◆ Chicken soup
- ◆ Mucinex® or Robitussin®
- ◆ Tissues with aloe
- ◆ Delsym®, Mucinex-DM®, or Robitussin DM®
- ◆ Purell® hand sanitizer