

# Common cold

Graham Worrall MBBS MSc MRCP FCFP

*The only way to treat the common cold is with contempt.*

Sir William Osler

The common cold is the most common condition FPs have to deal with. Although most people do not visit the doctor when they have a cold, the workload generated by those who do is considerable.

- Adults get 4 to 6 colds per year.
- Children get 6 to 8 colds per year.
- Colds are the cause of 40% of all time off work.
- Colds are the cause of 30% of all time off school.
- Colds can be caused by more than 200 types of viruses; however, the rhinovirus and coronavirus are the most common causes.

## Clinical course and diagnosis

Symptoms caused by colds typically last for 1 to 2 weeks, and most patients will feel better after the first week. Tests are of no use in diagnosing the common cold.

Only a tiny proportion of common cold cases do not resolve spontaneously. Complications, which are rare, can occur in infants, the very old, and immunocompromised and chronically ill people.

Symptoms and signs of the common cold include the following:

- rhinorrhea,
- nasal obstruction,
- throat irritation or laryngitis,
- cough but normal chest examination, and
- fever.

## Treatment

Despite many media claims, there is really no evidence that any medication produces more than minimal relief of symptoms or duration of illness.

- **Cough suppressants.** Antitussives relieve cough in adults. Over-the-counter cough syrups relieve symptoms in schoolchildren; however, there is no evidence that over-the-counter medication is effective in preschool children.

- **Antihistamines.** There is no evidence of benefit from treatment with antihistamines.
- **Decongestants.** Decongestants relieve cold symptoms.
- **Antipyretics and nonsteroidal anti-inflammatory drugs.** These drugs can relieve fever and headache, but do not affect the cold's clinical course.
- **Echinacea.** There is no evidence of *Echinacea* being effective in treating colds.
- **Vitamin C.** Vitamin C can reduce the duration of a cold by less than half a day.
- **Zinc.** Zinc can reduce the duration of a cold slightly, but there is no consistent evidence of benefit.
- **Comfort measures.** Steam inhalation relieves cold symptoms, but there is no good evidence for other comfort measures.
- **Antibiotics.** There is no evidence of effectiveness in treating a cold with antibiotics.

## Prevention

Results of a Canadian trial suggested that taking ginseng polysaccharides daily all winter would prevent 1 cold (and would probably cost more than \$100). Although the results of this study have received much hype in the media, ginseng (marketed as COLD-fx) is probably no more effective at preventing colds than hand washing after contact with a cold sufferer. It is also worth remembering that the studies that advocate frequent hand washing and avoidance of contact with cold sufferers were done using weak methods.

Vitamin C has no preventive effect for most people; however, it can benefit athletes or heavy labourers slightly.

- **Hand washing.** Hand washing is effective in preventing the spread of colds.
- **Echinacea.** *Echinacea* has a possible small preventive effect.
- **Vitamin C.** Vitamin C has no preventive effect.
- **Ginseng.** Ginseng can have a small preventive effect.
- **Vaccines.** There are no effective vaccines to prevent colds.

**Dr Worrall** is a Professor of Family Medicine at Memorial University of Newfoundland in St John's.

### Competing interests

None declared

**Correspondence to:** Dr Graham Worrall, Dr William H. Newhook Memorial Health Centre, Whitbourne, NL AOB 3K0; telephone 709 759-2300; fax 709 759-2387; e-mail gworrall@mun.ca

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Acute respiratory infections make up a quarter of all primary care consultations. This article is the first in an 8-part series on acute respiratory infections, which will run through May 2008. It will present best evidence on the epidemiology, causes, and management of the most common of these infections. The series is adapted from *There's a Lot of It About: Acute Respiratory Infection in Primary Care* by Dr Graham Worrall.

## |Bulletin Board|

### Joint publication

The Arthritis Society has produced the *Consumer's Guide to Arthritis Medications*, which is endorsed by the Canadian Rheumatology Association. The attractive guide reviews the 2 main categories of medications used in arthritis: symptom control and disease control. Information about the specific medications in each category includes side effects, typical doses, monitoring, and things to avoid. Other topics covered include protecting the stomach, the types of arthritis, and a brief overview of the overall management of arthritis. Visit [www.arthritis.ca/programs%20and%20resources/publications/default.asp?s=1](http://www.arthritis.ca/programs%20and%20resources/publications/default.asp?s=1) to access the *Consumer's Guide to Arthritis Medications*.

At [www.arthritis.ca/paindiary](http://www.arthritis.ca/paindiary), there is a new arthritis pain management diary for patients to record their personal information. The diary is made up of several sections: pain and treatment history, health care providers' recommendations, caregiver address book, appointment calendar, and resource guide.

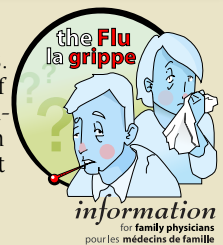
### More might not be better

The Canadian Cancer Society recently recommended that adults take a vitamin D supplement of 1000 IU/d during the autumn and winter months, and that adults who are at high risk of developing cancer take a vitamin D supplement of 1000 IU/d year-round. Does everybody agree?

A recent RxFiles update stresses that more research is required to confirm that vitamin D supplements prevent cancer and at what dose. Based on an assessment of the literature, the update states that the dosage recommended by the Canadian Cancer Society is unlikely to be harmful; however, patients who take more than 2000 IU/d from all sources (diet and supplements) might be at increased risk of hypercalcemia, hypercalcuria, kidney stones, bone resorption, and soft-tissue calcification. For more information, go to [www.RxFiles.ca](http://www.RxFiles.ca).

### Cough connection

Flu season will soon be upon us. The College of Family Physicians of Canada has developed a list of practical guidelines and resources for both seasonal and pandemic influenza. Just click on the link at [www.cfpc.ca](http://www.cfpc.ca).



### Body of evidence

As women enter the perimenopausal years, they experience many physical changes. Most of these changes are normal consequences of menopause and growing older. Women can have misconceptions about these changes. The North American Menopause Society has recently published the *Menopause Guidebook*, which discusses body changes in menopause and ways to stay healthy. Some facts from the guide include the following:

- Not all midlife menstrual changes are due to menopause.
- Pregnancy is still possible until 12 consecutive months have passed without a period.
- Menopause is not the only cause of hot flashes.
- Psychological problems are not caused by menopause.
- Midlife weight gain is mostly related to aging and lifestyle, not menopause.
- A sedentary lifestyle is almost as great a risk factor for heart disease as smoking.
- Advancing age, not menopause, is associated with increased cancer risk.

The North American Menopause Society is a non-profit organization dedicated to promoting the health and quality of life of women through an understanding of menopause. Resources for health professionals and patients, including the *Menopause Guidebook*, can be found on the website at [www.menopause.org](http://www.menopause.org).