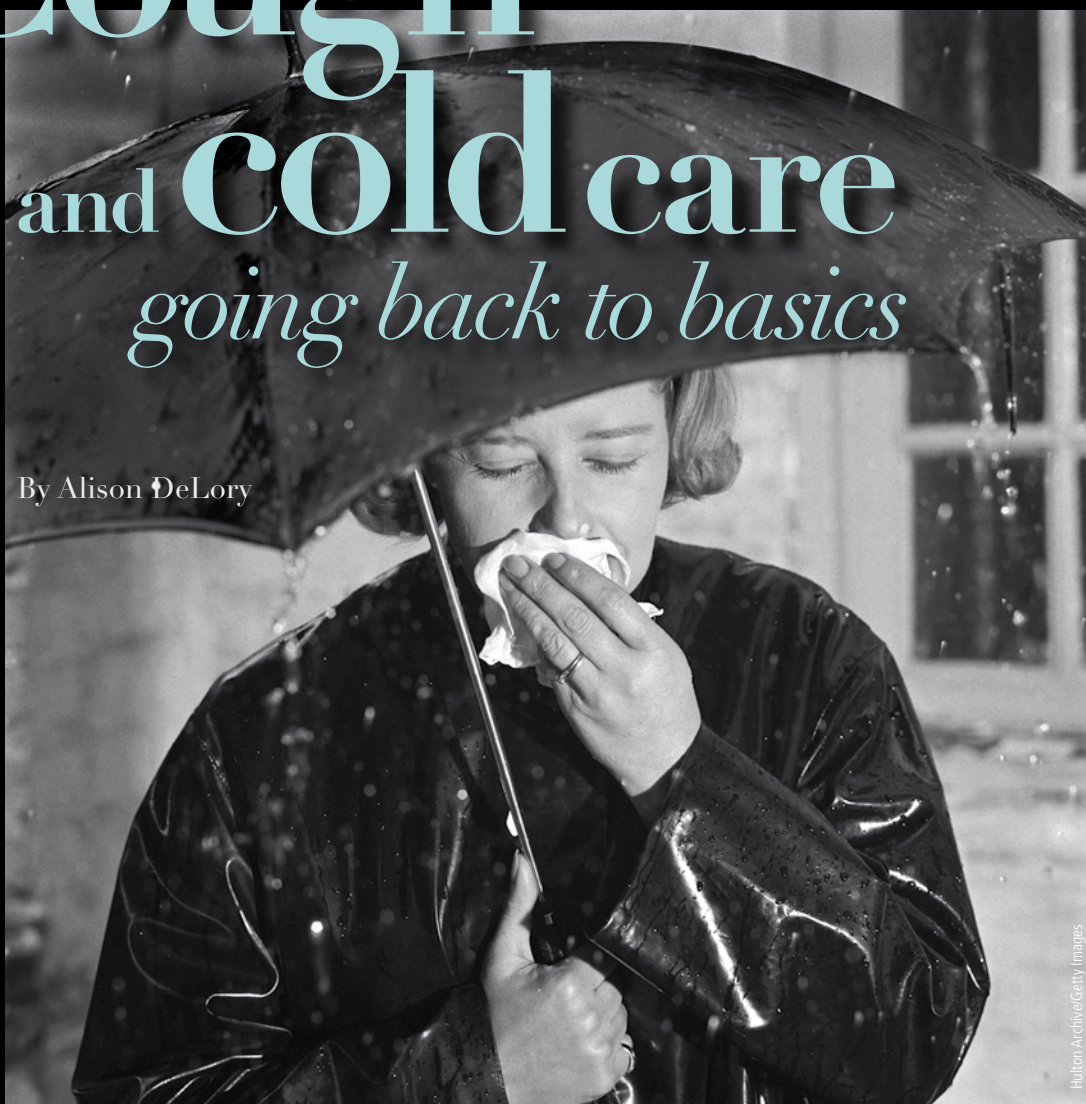


Cough and COLD care *going back to basics*

By Alison DeLory



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It seems mother may have known best when she insisted family members with the sniffles stay at home, drink plenty of clear fluids and get lots of rest.

With fall upon us, people are beginning to crowd together indoors where the viruses that cause colds spread rapidly. Literature from the College of Family Physicians of Canada (CFPC) states there are more than 100 cold virus-

es swilling about and many adults will have at least one or two colds a year. Most children will have five to eight.

"A head cold is a miserable nuisance and often people are looking for quick fixes, when, of course, there are none," says Dr. Rhonda Church, a family physician in Bridgewater, N.S. and Canadian Medical Association board member. "I very much advocate a back-to-basics approach: rest,

fluids and a tincture of time. I suggest people stay home as much as possible to avoid spreading the virus at work or in the community." A cold usually lasts three or four days but can last as long as 10 days.

According to the CFPC, Canadians spend more than \$300 million a year on over-the-counter cold remedies, although none of these products can cure a cold or make it end sooner. Yet patients

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IS IT MORE THAN A COLD?

Sometimes, cold symptoms are masking a condition that requires medical intervention. Dr. Rhonda Church recalls: "I remember very well a woman in her 80s coming to see me. She told me that she had come in to get an antibiotic for a chest infection. She was very short of breath and when I questioned her she told me she had developed her 'cold' after stacking two cords of wood. As it turned out, she was in florid pulmonary edema brought on by the physical exertion.

There are times it might be more than just a common cold. Patients should be sent to their doctor when:

- a child is younger than one year in case of possible ear infection
- cold lasts longer than seven days, getting progressively worse each day
- cough lingers longer than a week or causes choking or vomiting
- cough is not of sudden onset. If it is an ongoing problem it could be emphysema, bronchitis, asthma or COPD and should be checked out
- cough is accompanied by shortness of breath or blood
- patient has shaking chills or fever of 39° C or higher, lasting more than three days
- patient is confused or their level of consciousness is affected
- earache worsens
- neck glands are swollen or tender
- patient has chest pain or skin rash
- headache lasts more than several days or neck becomes stiff
- white or yellow spots appear on tonsils or throat
- patient has heart and lung disease and anything more than a few sniffles

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do seek relief at the pharmacy for the fever, aches, sore throat, tiredness, sneezing, coughing and nasal congestion associated with a cold, thus creating a dilemma for the pharmacist—to sell or not to sell.

"Pharmacists have to look at each case individually, weigh the options and determine whether or not using a product is the best thing for that particular patient," says Barry Power, director of practice development for the Canadian Pharmacists Association. "The standard precautions about mixing OTC products with prescription products apply," he adds. "If people can use non-drug therapy they

should be encouraged to do so." Pharmacists can promote things like saline rinses, hydration, proper handwashing technique, throwing out used tissues promptly, and coughing or sneezing into sleeves rather than bare hands. "It's a bit of a balancing act and means pharmacists will have to spend more time speaking to a patient or parent about what approach to use," says Power.

During the height of cold season, Shoppers Drug Mart owner Carey Lai in Winnipeg estimates counselling about 20 cold sufferers a day on possible treatments. After asking about their symptoms and medical conditions, Lai may recommend non-pharmaceutical treatments, such as

saline rinses or neti pots, or that patients simply drink more water or suck candy to promote salivation. Other times, however, Lai does recommend an OTC product. For symptomatic relief alone, he feels it's worth it. "At least it gives them improved quality of life," says Lai.

When parents are seeking a product for their child's cold, pharmacists must use extra vigilance. Because children are particularly vulnerable to the potential dangers of cough and cold medicines, particularly overdosing, Health Canada issued a stern warning last year that is still in effect (http://www.hc-sc.gc.ca/ahe-asc/media/advisories-avis/_2007/2007_147-eng.php).

It advises parents only give a cough and cold product to a child after reading the label carefully, closely follow dosing instructions, and not give more than one cough and cold product to a child at a time. For children younger than two years old the recommendations are stricter: No cough and cold drug or natural health product should be given to these children at any time, even if they are labelled for use in children younger than two, unless at the direction of the health-care provider.

Church will recommend acetaminophen or ibuprofen if a child has fever, sore throat or muscle pain, but that's about it in terms of pharmaceuticals. "I suggest a cool mist vaporizer to help loosen secretions. A saline nasal solution and a bulb aspirator are also helpful for drying up and clearing profuse nasal secretions. For older children and adults, however, I sometimes suggest a dextromethorphan-containing product to control a troublesome cough. I commonly direct my patients to a pharmacist to help them choose a product best suited to them. A sugar-free product for a diabetic, for ex-

ample." She recommends educating patients to think of a head cold as your body waving a white flag to tell you to slow down. "A little reassurance that everything is normal and that the illness will pass also goes a long way," says Church.

Another thing pharmacists can do during cough and cold season, suggests Power, is partner with others in the community to develop a program to remind both patients and prescribers about the dangers of over-prescribing antibiotics. Antibiotics in no way help people recover from colds and although the numbers are way down from a decade ago, scripts for antibiotics to treat common colds occasionally still slip through. This misuse contributes to society's epidemic of antibiotic resistance.

Pharmacist Lai always questions patients presenting a prescription for an antibiotic as to what they are suffering from, and sometimes learns that cold patients have contracted a secondary bacterial infection. He's doing the right thing, says Power. "The pharmacist needs to talk to the person and find out what the situation is,"

says Power. If there is no secondary infection and if it's a fairly recent onset cold, "There is the possibility the pharmacist could talk to them about waiting (to have the script filled)."

Many patients also seek natural health products including Echinacea and COLD-fX for their symptoms. Again the experts say a healthy dose of caution needs to be dispensed with these products. "It's important pharmacists get educated about all products before they recommend them and know who can use it, who can't use it and when it's appropriate to use," says Power. He acknowledges pharmacists may be concerned they will lose sales by not recommending OTC or herbal cough and cold products, but he says it's excellent patient care that will bring patients back to your store. "There's a lot of goodwill generated. It has to be looked at as a long-term relationship where you're providing care to somebody rather than making a sale at one point in time." □

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