The cure for the common cold has become a philosopher’s stone, a fabled remedy perhaps never to be discovered. Here we look first at NICE CKS Common cold 2015 and then at some recent research regarding cold remedies!

In their CKS on the common cold NICE summarise the assessment and symptom management of the common cold for us. Let’s take a look at how it should be done.

**Common cold – summary**

A ‘cold’ is the everyday word used to describe a viral URTI characterized by nasal stuffiness and discharge, sneezing, sore throat, and cough, which is mild and self-limiting.

Rhinovirus is the most common cause of the common cold, and transmission is usually by either direct contact or aerosol transmission.

People can remain infectious (shedding the virus) for several weeks.

It is not unusual for young children to have 3–8 colds a year. Adults experience an average of 2–4 colds a year.

The most common complications are:

- In adults and older children: sinusitis and lower respiratory tract infections.
- In younger children: acute otitis media.
- Very young children and babies: bronchiolitis, pneumonia, and croup.
- Asthma may worsen and present as an acute exacerbation.
- Smokers tend to have more severe and prolonged symptoms.

No known treatment shortens the time course of a cold. In adults and older children, symptoms tend to last about a week but cough can last for up to 3w. In younger children, symptoms typically last 10–14d.

**Symptoms**

Most people reliably self-diagnose the common cold within 24h, with common symptoms including:

- Sore or irritated throat.
- Nasal irritation, congestion, rhinorrhea, sneezing. Nasal discharge often thickens and darkens over several days.
- Hoarse voice (caused by laryngitis), cough typically ensues after nasal symptoms clear.
- A general feeling of malaise and being unwell.

Parents may report a child as having the following symptoms:

- Restlessness or irritability.
- Fever.
- Nasal congestion, sneezing and discharge. Severe nasal congestion may disrupt feeding, breathing, and sleep.
- Cough. Occasionally, coughing may precipitate vomiting.

**Differential diagnosis – what else could it be?**

Younger children and babies should always be examined to rule out more serious causes of reported symptoms.

The symptoms of the common cold can be vague and may overlap with those of other, more severe illnesses.

**It is important to eliminate the possibility that a serious illness is present.**

- Look for ‘red flags’:
  - **Upper airway distress** may be a result of obstruction and is characterized by stridor, drooling, or an inability to swallow. It may indicate peritonsillar or retropharyngeal abscesses, or epiglottitis.
  - **Lower airway distress** characterised by laboured breathing (moderate or severe dyspnoea) may indicate pneumonia, an acute exacerbation of asthma or chronic obstructive pulmonary disease, or the presence of a foreign body.
  - **Consider referral** if severe pneumonia or respiratory spasms are present.
  - **Influenza** ranges from asymptomatic carriage to severe, life-threatening infection. Milder symptoms of influenza are frequently misdiagnosed as the common cold.
  - **Streptococcal pharyngitis** may cause a sore throat that is mistaken as the common cold. Usually pain is more severe if infection with *Streptococcus pyogenes* is responsible, and cough, sneeze, and nasal congestion are absent. (see the article on sore throat in this chapter).
  - **Allergic rhinitis** nasal symptoms can be similar to those of the common cold.
Infectious mononucleosis (glandular fever). A chronic infection characterised by prolonged or recurrent fever, a severe sore throat, fatigue, and swollen lymph nodes. It mostly occurs in young adults and adolescents.

Meningitis. Diagnosis is more likely if:
- Purpuric rash that does not fade when a glass is pressed against it.
- In infants and babies – a high fever, loss of consciousness, blank staring expression, vomiting and loss of appetite, high-pitched screaming or whimpering, floppiness, a dislike of being held, and/or a tense or bulging fontanelle.
- In older children and adults — fever, vomiting, stiff neck, photophobia, severe headache, muscular pains, fits, stomach cramps (caused by septicaemia), and/or confusion.

Pertussis (whooping cough). Prodromal symptoms may be similar to those of the common cold. Once the characteristic cough develops the diagnosis should become apparent.

A foreign body. Consider in a child with persistent, unilateral nasal discharge and no other symptoms.

Symptom management

All people should be informed that:
- Comfort measures and rest are the most appropriate management.
- Antibiotics are ineffective and cause adverse effects.
- Adequate fluids should be taken.
- Adequate rest is advised. Normal activity will not prolong illness.

In some people, some symptom relief may be achieved through the following:
- Steam inhalation for congestion.
- Vapour rubs for respiratory symptoms in infants and small children.
- Gargling with salt water or sucking menthol sweets for sore throat or nasal congestion.
- Nasal saline drops for nasal congestion may help infants with feeding.
- Analgesia for headache or muscle pain. Paracetamol is suitable first line treatment for most people.

Zinc and the common cold

Zinc has been the subject of a number of studies with varying results. Cochrane reviewed the benefit of zinc lozenges in 1999 and found little evidence to support their use. Cochrane revisited the evidence this year looking at all zinc preparations. They conclude the following:
- Zinc can reduce the duration (by a day) and severity of cold symptoms if taken within 24h of symptoms starting.
- To achieve this it should be taken every 1.5–2h during waking hours for at least 5d.
- The review also looked at prevention studies where patients took zinc over the cold season (for at least 5m). Zinc reduced the risk of a cold by 36% and school absences (by 0.4 of a day).
- Side-effects are commonly a bad taste and nausea.
- The review was not able to ascertain the dose or formulation of zinc that is most effective.

An additional systematic review was published at the same time as the Cochrane Review. The author of this study pooled studies with different dose levels and types of zinc supplements. This seemed to demonstrate that zinc acetate was the most effective formulation and a daily dose of over 75mg was required for zinc to be effective. The author concluded that further studies were still required (Open Resp Med J 2011;5:51).

Placebo effect

Many patients swear by their particular treatment for the common cold. Could it be a placebo effect? This study attempted to find out (Ann Fam Med 2011;9:312).

719 patients with colds were randomised to receive one of four options:
- Nothing.
- Placebo.
- Echinacea (blinded; not knowing what it was).
- Echinacea (open; knowing what it was).

Illness and duration were the primary outcomes they looked for, though they also looked at a number of secondary outcomes including biomarkers of immunity (interleukin and neutrophil counts). The researchers had made the following assumptions before the study:
- Patients given pills would do better than those not given pills.
- Those given open label echinacea would do better than those given closed label.
- Those who considered echinacea helpful for colds would do better than those who did not if they were assigned pills, especially if they knew they were taking echinacea.
Results

- The mean duration of illness was 6–7d. Whilst there was a trend towards those being given pills having a shorter duration this was not statistically significant, except in a subgroup who rated echinacea’s effectiveness highly at the beginning of the study. This subgroup who received a pill (placebo or echinacea) had a shorter illness duration of between 1.31 and 2.58d (P=0.022). Whilst statistically significant, the authors suggest caution because this was a secondary outcome.
- There was no difference in severity of the illness between the groups.

The authors conclude that their study supports perhaps a moderate placebo effect in the common cold.

I think it shows that if you think echinacea works for you then it probably does, but not a lot!

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<th>Common cold</th>
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<td>- Zinc may be beneficial at reducing length of symptoms. It is not yet completely clear what the best dose or formulation is, but studies where the total daily dose exceeded 75mg seemed to have better outcomes.</td>
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<tr>
<td>- If a patient believes echinacea is effective they may find it effective in reducing the duration of a cold. This effect is likely to be placebo in nature.</td>
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<th>Professional development</th>
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<td>- Audit your prescribing of antibiotics for those with a Read code for upper respiratory tract infection. Where prescribed, are the antibiotics justified? Is this an area of prescribing you could discuss in a team meeting?</td>
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<th>Practical tools</th>
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<td>- BMJ offer a natty patient leaflet on the common cold, here it is:</td>
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We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.

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