

Table 10. General Management Principles and Adjunctive Treatment Recommendations for Patients with Upper Respiratory Tract Infections and Sinusitis*

- Appropriate prescribing and use of antibiotics will help reduce the development of antimicrobial drug resistance. Most Americans will encounter 4-6 upper respiratory tract infections per year. The overwhelming majority of these infections will resolve in 7-10 days without antibiotic treatment.
- Patients should be made aware that a typical cold begins with symptoms of itching, sneezing, and watery drainage. Fever and malaise are possible. After 3 or 4 days, the watery nasal drainage becomes thicker and often discolored. It begins to drain down the back of the throat and often results in a cough. The cough may linger beyond a week, even after the nasal symptoms have resolved.
- Antibiotic therapy may be prescribed if symptoms extend beyond a week, if symptoms are severe, or if patients have a compromised immune system.
- Although there is very little that patients can do to shorten the course of a common cold or symptoms of rhinosinusitis associated with a viral infection, there are several fundamental treatments available at home and over-the-counter to reduce symptoms during the acute phase of the illness.
- Many of the treatments described below are available in combination form. Because symptoms will occur at different times during the illness, patients may need to have several individual medications available rather than one combination treatment that is designed for symptoms that may not be present at any particular time during the infection.

TREATMENT OPTIONS:

1. Rest, fluids, and good nutrition are critical to maintaining maximum immune function for combating any medical illness. Although there is limited evidence supporting the use of large doses of vitamins, it is very clear that vitamin and other nutritional deficiencies can significantly impair immune function.
2. Antihistamines are most commonly indicated for patients with allergies. These medications tend to dry nasal secretions and may suppress itching and sneezing during the first few days of upper respiratory tract infections. There are several brands available on the market. Loratadine and most of the prescription brands are less sedating than the older generic antihistamines.
3. Decongestants open the nasal passages so patients can breathe more freely and secretions can drain more easily. Topical decongestants like oxymetazoline and phenylephrine have a risk of rebound nasal congestion. They also can become habit forming if used for longer than five days. Pseudoephedrine is an oral decongestant that has less rebound potential, but does have a higher potential to raise blood pressure or cause urinary retention.
4. Guaifenesin is an expectorant used to promote increased nasal secretions. This will loosen thick nasal or bronchial secretions and allow better drainage. Guaifenesin is only effective if consumed with adequate amounts of water, usually at least two glasses of water with every meal.
5. Non-medicated nasal saline is available over-the-counter or can be mixed at home by adding one-half teaspoon of salt and one-half teaspoon of baking soda to 8 oz. of warm water. This may be sniffed or sprayed into the nose to dissolve and wash away germs and thickened sections. Nasal saline spray may be used liberally regardless of other medical conditions.
6. Cough suppressants usually contain dextromethorphan or another mild narcotic. These are not habit forming unless used in high doses for extended periods of time. Prolonged coughing could be an indication of a serious medical disorder. Coughing that persists for longer than two weeks should undergo more thorough evaluation.
7. Analgesics such as acetaminophen, ibuprofen, and naproxen can greatly reduce the aches and pains of a respiratory tract infection, reduce fever, and enhance a general sense of wellness. Some of these are combined with caffeine as an additional stimulant. Although these drugs are useful for helping patients accomplish what needs to be done during the day, patients should be counseled that plenty of rest, fluids, and good nutrition will strengthen host response more than any of these other symptomatic medications; and if symptoms are getting worse or are not improving after a week, patients should be reevaluated.

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