

5 Things to Know Before Taking Cold and Flu Meds

ND Medina

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With the advent of the holiday season comes increased risk of cold and flu. There's no cure for the common cold or the flu; only time and rest can heal these illnesses. But if you're suffering from cold or flu symptoms, there are certain things to be aware of before breaking out the pills or cherry-flavored medicinal ooze.

Check the ingredients

"When a patient looks at the cold aisle it can seem very daunting looking at a sea of products. The paradox of choice can paralyze a person who needs help. However, there are only a handful of drug classes available over the counter, and the myriad products that a patient is looking at are just different combinations of those few options. Those classes are pain relievers/NSAIDs (non-steroidal





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If you try a combination cold medicine that puts some or all of the above types of medicine together into one, make sure you can safely use the specific ingredients. <u>For example</u>, people with high blood pressure or heart disease should avoid decongestants, which can worsen those conditions, while people with asthma or emphysema should talk to their pharmacist before taking cough suppressants.

"A pharmacist might want to recommend an NSAID and decongestant combination for a patient with a sinus headache. If that patient reveals they have uncontrolled hypertension, then that rules out those options as they both have the potential to raise blood pressure," says Badalova, PharmD. "Once the symptoms and history have been ascertained and a recommendation

has been made, it is also important to let the patient know of any potential side effects that may occur so they can make the most informed decision possible.



"For example, antihistamines are great for a runny nose, but older 'first generation' antihistamines can cause drowsiness. Cough suppressants can lessen the frequency of a cough but can interact with certain psychiatric prescription drugs. The list goes on,



via Unsplash

important, so that the patient can feel comfortable that they are getting the best and safest option for their individual situation."

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Don't take

antibiotics for the cold

Antibiotics attack bacteria, whereas the common cold is caused by a virus. Don't ask your doctor for antibiotics, and definitely do not use old antibiotics you have lying around the house. Taking antibiotics will not help any of your symptoms and will not help you get better any sooner. On top of that, using antibiotics without a doctor's approval contributes to the extremely serious problem of antibiotic-resistant bacteria. You do want your antibiotics to work the next time you need them, right?

Beware of too much acetaminophen

Acetaminophen is present in many of the medications used to treat cold and flu symptoms. Taking too much acetaminophen is dangerous to the liver, and you may unintentionally overdose on acetaminophen when taking over-the-counter medications to provide relief. Make sure you are not taking more than the <u>FDA's recommended maximum daily dose</u> of 4,000 milligrams, or 4 grams a day.

In addition, <u>according</u> to a 2014 report in the *New England Journal of Medicine*, medicines that combine acetaminophen with the decongestant phenylephrine may cause serious side effects, from dizziness to tremors.

Don't take more medicine than you need

The use of NSAIDs, such as ibuprofen (found in Tylenol) and naproxen (found in Aleve), does increase the risk for heart attack and stroke. Frequent use of NSAIDs over lengthy stretches of time is also associated with gastrointestinal bleeding. Ibuprofen and naproxen are often mixed into other cough and cold medicines you may also be taking. Your pharmacist can help you decide whether or not you are taking the right mix of over-the-counter medicines for your symptoms.



According to the FDA, "The risk of bleeding is low for people who use NSAIDs intermittently. The risk of stomach problems goes up for people who take them every day or regularly, especially for people who are older than 65, people with a history of stomach ulcers, and people who take blood thinners or corticosteroids (prednisone). Alcohol use can also increase the risk of stomach problems.



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"In addition, using all NSAIDs, except for aspirin, increases the risk of heart attack or stroke. These serious side effects can occur as early as the first few weeks of using an NSAID, and the risk might rise the longer people take non-aspirin NSAIDs."

Finally, children and teenagers ages 18 and under should not take aspirin due to the risk of a rare but serious condition called Reye's syndrome.

"Natural" remedies may not be as effective as you think

One common natural remedy for the common cold is zinc, which some studies suggest may ease your symptoms as well as shorten your cold. However, other studies show no difference between the use of zinc and a placebo, while the FDA warns that several zinc nasal sprays have been linked to a permanent loss of smell.

The research on echinacea is mixed. Some show some benefit in treating your cold while others show it doesn't help. Echinacea, a flowering plant from the U.S. and Canada, does seem to <u>boost your immune system</u>, but this boost does not appear to translate into cold-defeating benefits. In addition, echinacea may not be safe for those who use certain drugs, like amiodarone for heart problems. It's

in the U.S. the same way ore they go on the market.

As for vitamin C, experts have found little to no benefit.

No matter what you choose, even the most "natural" remedy may interact with other medication you are taking. "I would also inquire about what medications they've already tried to rule out any serious conditions that may require more than over-the-counter treatment," says Badalova, PharmD.

"I would warn the patient that if symptoms are lingering for more than about 7-10 days then they should see their medical provider as soon as possible. Self-treatment is not recommended for more than 7-10 days. It is important to understand that each individual case is different so it would be beneficial to speak to a pharmacist in order review history, conditions, and ultimately come up with a proper individualized recommendation."

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