

Cold Medications: Empty Out That Medicine Cabinet!

Dr. Todd Huffman, for the Eugene *Register Guard*, November 2009

Chances are, if you were to pull all the bottles out of your medicine cabinet, you'd find that through time you had amassed quite the collection of cold remedies, some long since expired, and some you don't even remember buying.

The average American medicine cabinet contains no fewer than a dozen different remedies for cold and flu, and the funny thing is that likely no more than one or two actually do much of anything to ease the symptoms of illness.

Over-the-counter (OTC) and prescription cough and cold medicines are frequently used to treat upper respiratory symptoms among children and adults. Upper respiratory infections (colds) are the most common reported reasons for medication use of any kind in children.

Although cough and cold medicines have been used for decades, debate continues over their safety and effectiveness, especially in young children. Recently, attention has focused on the potential risk of harm caused by these medications.

Because of reports of unintentional overdoses of cough and cold medications, and links between these medications and infant deaths, pediatric experts nationwide for years lobbied the US Food and Drug Administration (FDA) to advise that these medications not be used in children aged less than 6 years. In 2007, the FDA agreed. The agency advised against the use of OTC cold medicines in children ages 2 to 6 years, and ruled that stores remove OTC cold medicines prepared for children under age 2.

Cough medicines and decongestants came under the heaviest fire from pediatric experts, because of unacceptably high numbers of emergency room visits and hospitalizations due to unsupervised ingestions and unintentional overdosing.

Cough medicines, in particular, have earned the wrath of pediatricians. Cough medicines commonly cause adverse side effects, and, on the seldom occurrence when they work to suppress cough, their use increases the risk of pneumonia in young children.

Another longstanding concern about cough and cold medicines has been the lack of studies determining safe dosages for young children. Few, if any, pharmaceutical companies study the effects of medication on children under age 2 years; few parents, if any, would sign up their young children for such studies. As a result, medication dosages for young children are often educated guesses, determined by first studying ideal dosages in older children and then reducing them for smaller bodies. Not good science, no.

Some or all of these concerns might be solvable were there overwhelming evidence of the effectiveness of OTC cold remedies. But there is not. While these medications have not been adequately tested for safety, they have been tested time and again for efficacy, or benefit. Time and again evidence has been found lacking that OTC cold medicines do much of anything to reduce symptoms or shorten illness.

This is not to say that children should never be given OTC cold remedies. Many cold medicines contain antihistamines, which can help with sleep if given near bedtime to the restless child kept awake by congestion. Some children older than 6 years may experience temporary daytime relief

of their congestion if given a morning dose of decongestant. But parents must understand that OTC cold remedies will not shorten the duration of their child's cold.

Parents are advised against giving any OTC cold remedy to a child under the age of 2 years. Parents of children ages 2 to 6 years should give such medicines only with caution, and with the advice of their child's physician. Parents of children older than 6 years should limit their child's exposure to include only antihistamines or decongestants.

Cough suppressants are discouraged for all ages, most especially for children under 6 years. Expectorants are of little or no benefit. If your child has a significant cough that's causing nightly disruption in sleep, the child's physician should be contacted for advice.

To reduce the risk of accidental ingestion, keep OTC medications up high and out of the reach of small children, preferably in a child-proofed cabinet. Do not assume that because a medication is available over-the-counter, it is harmless. Even OTC medications can do great harm if taken in large quantity.

To reduce the risk of unintentional overdose, purchase only OTC cold remedies with single ingredients, and with clear instructions for dosing in children. Children have greater risk of overdosing when parents are giving multiple cold remedies, each with multiple ingredients.

This especially occurs when parents are giving children a multi-symptom cold remedy in addition to a fever-reducing medication that contains other ingredients, such as an antihistamine and/or a decongestant. For fever reduction, purchase only plain acetaminophen or ibuprofen.

Do not give medications that have been prescribed for an adult. Do not cut adult tablets in half and assume that you've made a good guess at the right dose for your child. And check the expiration date of any medication prior to measuring a dose for your child.

When it comes to treating your child's cold, the best remedies remain the oldest and truest: love and attention and patience, along with lots of rest and fluids. It's time to clean out that medicine cabinet.