

Colds

Nearly all children get colds once in a while, especially during winter. Particularly for young children in day care, it's normal to "catch a cold" about every other month. There is no cure for the common cold. Hand washing is the best way to prevent colds. If your child's cold doesn't get better in a week or so, call our office.

What are colds?

Colds are a very common illness caused by infection with a virus. Symptoms may include a sore, scratchy throat; a stuffy, runny nose; and sometimes a cough. Young children get a lot of colds, sometimes every month or two. As your child gets older, he or she gets colds less often.

Colds are almost always harmless and go away within a week or so. If your child seems to have more than the usual cold symptoms, if the cold gets worse after 5 to 7 days, or if it doesn't start to get better within 10 days, call our office. Your child may actually have some other kind of illness.

What do they look like?

- Colds usually start with a sore or scratchy throat, runny or stuffy nose, or sneezing. This begins 1 to 3 days after your child is exposed to the virus causing the cold.
- After 2 or 3 days, the sore throat gets better. The nasal drainage may change color or become thickened during the cold.
- Your child may have coughing and fever. He or she may "feel bad" but not seem terribly ill. If other symptoms are present, or if your child looks or feels very sick, the problem may be something other than a cold.
- Your child's cold should start to get better by 5 to 7 days.

What causes colds?

- Colds are caused by viruses. We will probably not treat your child's cold with antibiotics because these medications only kill bacteria, not viruses.
- The most common viruses causing colds are called rhinoviruses (which simply means "nose viruses").
- Other types of viruses, including influenza ("flu") virus, can also cause colds. Some of these other viruses may cause more severe cold symptoms.

What increases your child's risk for colds?

- Children have a lot of colds, especially when they are young. Young children average six to seven colds per year; some have more.
- Colds are less frequent in older children; adults average only two or three colds per year.
- Colds can occur any time but are most common during early fall through late spring.
- Children in day care catch more colds than children cared for at home full-time because of exposure to other sick children. This risk decreases somewhat after age 3.

Can colds be prevented?

- Many colds, particularly those caused by rhinoviruses, are spread by direct contact with mucous membranes and secretions. Colds are also spread by droplets in the air, caused by coughing or sneezing.
- Teaching your child to wash his or her hands frequently and to cover his or her mouth when coughing or sneezing is probably the best way to help prevent colds.
- Dietary supplements such as zinc, vitamin C, and echinacea don't appear to have much effect on treatment and prevention of colds. However, the research is unclear.

What are some possible complications of colds?

- *Sinusitis* (infection of the sinuses located behind the nose). Symptoms include runny nose and cough that are not improving after 10 days or symptoms that get worse. Other symptoms may include fever and facial pain (usually in older children).
- *Asthma attacks*. If your child has asthma, colds may be an important trigger for asthma attacks. A cough that doesn't get better may be caused by asthma, not the cold.
- *Other diseases* can look like colds at first. These include allergic rhinitis (hay fever) or even a foreign body that has gotten stuck in your child's nose.

How are colds treated?

Currently, there is no treatment that can cure colds. Some treatments may make your child feel better by reducing the symptoms. If your child is feeling particularly bad, he or she may have to rest more and drink extra liquids.

- *Fever.* Fevers that accompany colds usually don't require any treatment. However, if fever seems to be making your child uncomfortable, give him or her acetaminophen.
- *Stuffy nose.* Saline (saltwater) nose drops placed down each nostril will improve stuffy nose for a short time. This treatment is safe and can be repeated as often as needed. You can buy saline drops or make them at home by stirring one-half teaspoon of salt into 16 ounces of water.
- *Decongestants* such as Sudafed (generic name: pseudoephedrine) have not been found to be helpful. Nasal sprays can help to reduce stuffy nose but should not be used in children under 2. Don't use nasal sprays for more than 2 or 3 days because they can actually make a stuffy nose worse.
- *Runny nose.* Antihistamines such as Benadryl (generic name: diphenhydramine) may help to reduce a runny nose. These medications may cause drowsiness. Avoid using antihistamines in young children.
- *Sore throat.* Pain relievers (such as acetaminophen or ibuprofen) may help to reduce sore throat, headache, or muscle aches.
- *Cough.* Antihistamines may help to reduce cough early in your child's cold. "Cough syrups" are usually not that helpful. Drinking extra liquids makes it easier to cough up secretions.
- *Other treatments* have been suggested for treatment of colds, such as vitamin C, zinc lozenges, and echinacea. Thus far, medical studies have not found these treatments to be consistently effective.
- *In general, most medicines for colds are not very effective and may have side effects.* (The exception is saline nose drops, which reduce stuffy nose with no side effects.) If your child is comfortable, it may be just as well not to give him or her any medications at all. 

When should I call your office?

Call our office if any of the following occurs:

- Your child's cold seems to be getting worse, not better, after 5 to 7 days.
- Your child's cold isn't getting better after 10 days.
- Your child develops a fever late in the illness, or the fever comes back after going away for a few days.

Call our office if your child develops any other symptoms, such as:

- Abnormal smelling or bloody fluid or pus coming from the nose.
- Swelling or pain of the face, or severe headache.
- Persistent or severe cough.
- Persistent runny nose, especially in infants.