



*"When you can't breathe...
nothing else matters"*[®]

The Common Cold

What is the common cold?

The "common cold" is a viral infection. In more than two thirds of people, the germ responsible is a small virus called rhinovirus.

People have been trying to cope with the common cold for many years. It remains the most prevalent contagious disease in this country. It is the most cited reason for absence from school or work, and the commonest reason for a visit to a family doctor.

How is it caused?

The common cold is caused by a tiny germ called a virus. Viruses are so small they can pass through fine filters that can stop larger germs such as bacteria. People with colds carry lots of these viruses in their noses and throats. These are spread from person to person in the small drops produced during coughing and sneezing. They can also be passed by hand to hand contact after touching infected noses and eyes.

Cold viruses usually infect the nose, throat and lungs with little or no fever. Individuals differ in the number of symptoms they have. Over 100 different viruses can cause a common cold. There is often more than one strain circulating in the community at any one time.

Colds have many other names such as upper respiratory tract infection or simply "the flu" (although it is not the same as true influenza). Other names simply refer to that part of the body affected such as the eyes (conjunctivitis), nose (rhinitis), sinuses (sinusitis), throat (pharyngitis), voice box or larynx (laryngitis) and the air tubes (bronchitis).

Certain respiratory viruses circulate within the community at certain times of the year. Rhinovirus is a particularly common virus causing the vast majority of colds. In children, it may cause croup, whereas in adults, it can cause a troublesome illness dominated by cough. Other viruses circulate in the community in spring and autumn. Whilst they usually cause mild common cold symptoms, they can progress to more severe illness and problems involving the lungs.

Who gets a cold?

Over half of us catch a cold in winter and over a quarter of us catch one in the spring. School children and people working in hospitals may experience from six to twelve colds a year. Parents or families with young children in day care, pre-school and primary school get about six colds a year. Older adults who are not in contact with children may have two or three colds a year.

How do you catch a cold?

Colds are caused by a virus spread by another infected person. A number of conditions can increase your chances of catching a cold. People appear to catch colds indoors during the colder months when living conditions bring people closer together and close to other people's cold viruses. Closed windows and lack of fresh air also seem to contribute to the problem. Fatigue, poor health, some indoor air pollutants and stress may also increase susceptibility. Cold weather, chills or exposure to cold do not cause colds. In the Antarctic, scientists are free of colds until they return to home. Stress and cigarette smoking reduce resistance to infection and make symptoms more severe.

Cold symptoms

Cold symptoms usually appear from one to four days after the virus enters the body. The cold can be spread to others even before any symptoms appear.

Symptoms usually begin with an itchy or sore throat. This is followed by a stuffy blocked nose, sneezing and watery eyes. Within two days, other symptoms may develop including a runny nose, husky voice, muscle aches and pains and headache. Fever occurs in children but is rare in adults. Symptoms then gradually improve.

Can a cold be dangerous?

The majority of colds will clear up in a week or so. Some colds open the door to other illnesses. Bacterial infections may gain the upper hand when your defences are down. Bacterial infection may develop in the ears, sinuses, airways and lungs. People with other lung problems such as asthma, COPD/emphysema, bronchiectasis and cystic fibrosis are at considerable risk and should be closely monitored.

Can a cold be cured?

A common cold cannot be cured by current treatments - the body cures itself! Antibiotics only attack bacteria, have no effect on the cold virus and should not be used.

Antihistamines and decongestants clear nose, sinus and ear congestion. Paracetamol can relieve muscle aches and pains and reduce fever. Nasal decongestant sprays may be useful when your nose is blocked. Long term use of these medications is not recommended, unless advised by your doctor.

Throat lozenges, many containing menthol or eucalyptus, are freely available. They are not suitable for young children. Some of these medications have side effects, so ask your doctor which one(s) he/she recommends. If you have asthma or COPD/emphysema and have an increase in symptoms, see your doctor without delay. Ask your doctor about an Asthma Action Plan or COPD Action Plan so you are prepared for the next time you get a cold.

What else can be done?

Keep your distance from people who have colds, especially if they cough or sneeze. Cover your own coughs and sneezes with a disposable paper tissue. Avoid touching your nose and wash your hands frequently. Drink fruit juice or water to keep your nose, throat and air tubes moist. Eat well balanced meals and get plenty of rest. This conserves energy and may help to avoid complications. Bed rest for 1-2 days may shorten the duration and severity of the cold.

Other well published cold remedies

Aspirin in children is no longer recommended for colds or influenza-like symptoms due to its link with a serious disease called Reye's syndrome. In adults, aspirin can occasionally lead to bleeding from the stomach. Vitamin C does not prevent colds but may reduce the symptoms once a cold is caught. A dose of 1 gram daily has been suggested. Common cold vaccines are not yet helpful; there are just too many viruses but this may be a future option with new scientific developments in this field.

When to call your doctor

You should see your doctor if you have any of the following with your cold:-

- breathlessness
- asthma or COPD and increased symptoms
- persistent cough
- ear-ache or facial ache
- rusty coloured or blood-stained phlegm

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