



Summer colds and sniffles

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Introduction

When someone has the sniffles, others often assume that they have a cold and are contagious. Although those suffering from congestion, runny nose, sneezing, and coughing may be suffering from a cold, these are also signs of allergies. Colds generally occur during the colder months of the year, but can occur at any time. When the sniffles occur in summer, they are more likely to be due to allergic rhinitis, which is also known as hay fever.

Understanding the sniffles

Runny nose is excess drainage produced by nasal and adjacent tissues and blood vessels in the nose. This drainage may range from a clear fluid to thick mucous and run out of your nose, or down the back of your throat where it could cause a post nasal drip.

The terms "rhinorrhoea" and "rhinitis" are often used to refer to a runny nose. Rhinorrhoea usually refers to a thin, relatively clear nasal discharge. Rhinitis refers to the inflammation of the nasal tissues which results in a runny nose.

Causes

Runny nose can be caused by anything that irritates or inflames the nasal tissues, including infections such as the common cold, and allergies.

The common cold is caused by hundreds of different types of cold viruses. Rhinoviruses cause up to 40% of colds and are most active in spring and summer. Infections from Corona viruses are more common in winter and early spring. When a

cold virus enters the body, the immune system attacks it. It is this response which brings on the classic symptoms of a cold, such as a cough or blocked nose.

The viruses which cause colds are contagious and can be transmitted easily by person to person contact, for example when an infected person sneezes, coughs, or shakes hands with you.

Allergies occur when the immune system has an adverse reaction to certain allergens. These allergens are harmless substances such as dust or pollen, but when they settle in the nose of someone with an allergy, the immune system releases chemicals called histamine and other inflammatory substances to attack them. This response can cause inflammation in the nasal passages, resulting in sneezing and a runny nose. Exposure to allergens may cause postnasal drip, with resultant cough and sore throat.

Allergies may be seasonal or perennial.

- Seasonal allergic rhinitis is most common, and is caused by allergens such as grass and tree pollens. Grasses are most likely to be the cause of summer-time seasonal allergies, and are considered to be the most common trigger of hay fever.
- Perennial allergic rhinitis occurs when allergens are present all year round, and is commonly caused by the house dust mite, animal dander and feathers. Some patients may suffer from perennial rhinitis which becomes worse during summer.

Symptoms

While some of the characteristics and symptoms of allergies and colds are similar, recognising the differences between the two is very important.

"Exposure to allergens may cause postnasal drip, with resultant cough and sore throat."

Table I. Differences in characteristics of colds and allergies

Characteristic	Cold	Allergy
Duration of symptoms	3–7 days, sometimes symptoms persist up to 14 days	Days to months – as long as the person is exposed to the allergy trigger
Season	Most often during winter, but possible at any time	May occur at any time, but some triggers are seasonal e.g. grass pollen
Onset of symptoms	Symptoms typically take 1–3 days to appear after infection with the virus	Symptoms can begin immediately after exposure to the allergy trigger

Table II. Differences in common symptoms of colds and allergies

Symptom	Cold	Allergy
Sneezing	Often	Often, may be the first sign of an allergy
Runny nose	Yes, mucus may be clear and watery at first, and then become thicker and more tenacious	Yes, mucus may be watery and thin, and then become thicker. Post nasal drip often occurs
Sore throat	Often	Sometimes, most often caused by post nasal drip, which also causes throat to be itchy, scratchy
Cough	Yes	Sometimes, caused by post nasal drip
Nasal congestion	Often	Often
Itchy, watery eyes	Rarely	Often
Fever	Occasional, mild	No
Aches and pains	Sometimes	No

The most important difference is that colds don't usually last longer than 14 days. If they do, medical advice should be sought.

Management

It is wise to try and prevent the onset of colds and allergies, and a number of precautions should be considered.

Over-the-counter treatment options are available which may alleviate the symptoms of these two conditions.

Precautions

Reduce the chance of catching a **cold** by frequent hand washing, and using surface disinfectants in a contaminated environment.

Avoid close contact with people who have colds.

The best way of trying to prevent the onset of **seasonal allergies** is by avoiding exposure to the allergen as far as possible.

The following tips may be helpful:

When the pollen counts are high, keep the windows and doors shut and stay inside as much as possible.

Keep car windows and airvents closed when driving to prevent a high pollen concentration in the car.

Limit time outdoors, and consider wearing a dust mask in windy weather.

Over-the-counter treatment

Decongestants

Decongestants exert their effect by constricting the mucosal blood vessels within the nasal passages. This reduces the swelling of the nasal mucosa, and relieves the feeling of a blocked nose caused by an allergy or a cold. These agents may be used locally or orally to relieve nasal congestion.

Some decongestants cause stimulating effects on the central nervous system, and have the potential to keep one awake. They may also cause stimulation of the heart, an increase in blood pressure, and increase blood sugar levels. Decongestants, therefore, should be used with caution in people with heart disease or hypertension, diabetes, and hyperthyroidism. These unwanted side-effects are more likely to occur when these medications are taken orally.

The use of topical or oral decongestants should be limited to short-term relief of nasal congestion.

Locally acting nasal decongestants should be used for no longer than five days to avoid rebound nasal congestion. Oxymetazoline and xylometazoline are examples of locally acting decongestants, and these medications are available as nasal drops and sprays.

Oral decongestants include pseudoephedrine, phenylephrine, and phenylpropanolamine. These agents are available in combination with antihistamines or analgesic agents, and are available as tablets for adults or syrups in age-appropriate doses for children.

Oral or topical decongestants can be useful when combined with nasal corticosteroids in allergy patients who are starting on intranasal corticosteroids, and nasal congestion is preventing the corticosteroid from reaching the nasal tissue and exerting its effect.

Antihistamines

Rhinorrhoea caused by colds and seasonal allergic rhinitis may be relieved with first-generation antihistamines such as chlorpheniramine. These antihistamines have effects which cause drying up of nasal secretions. However, they tend to cause sedation.

The newer antihistamines such as loratadine and cetirizine are less or non-sedating, and although they do not cause drying up of nasal secretions associated with a cold, they are effective in reducing the nasal symptoms caused by allergies. They are suitable for the chronic management of allergic rhinitis, and may be combined with intranasal corticosteroids for maintenance treatment of allergic rhinitis where the main symptoms are rhinorrhoea and sneezing.

Intranasal corticosteroids

Corticosteroid nasal sprays are the mainstay of treatment for persistent nasal symptoms. These agents act by reducing inflammation which has occurred as a result of the allergen's action.

Prophylactic treatment with the corticosteroid is best started two weeks before the onset of the allergy season. If hay fever symptoms are already present, short term treatment with either a topical or oral decongestant can be added in cases where congestion is preventing the corticosteroid from exerting optimal effect.

It is important to use the corticosteroid nasal spray regularly for full benefit to be obtained, and treatment should be continued throughout the hay fever season.

Examples of corticosteroids available without a doctor's prescription include beclomethasone, mometasone and fluticasone, which can be used by adults and children over twelve years of age.

Pain relief

Non-steroidal anti-inflammatories such as ibuprofen may be used to relieve the discomfort of aches, pains, and a sore throat. Paracetamol may also be considered for analgesia.

When recommending over-the-counter medication, remember that:

- All preparations should be taken strictly in accordance with the manufacturer's instructions.
- It should be ascertained if the patient has any other conditions for which these medicines are contra-indicated. Pregnancy should be taken into consideration.
- The medicine profile of the patient should be considered to avoid any interactions or overdosing with other medications which the patient may be taking.

Lifestyle measures

The following measures may provide symptomatic relief for colds and allergies:

- Steam inhalations may relieve nasal congestion and soothe the nasal passages
- Post nasal drip may be relieved by:
 - Drinking plenty of fluids such as water, juice, herbal tea
 - Using saline nasal rinses
 - Gargling with salt water

Conclusion

Colds and allergies can occur at any time, but colds generally occur during the colder months while allergic rhinitis is more likely to occur in the pollen season. Both may be treated symptomatically with antihistamines and decongestants. Nasal corticosteroids are the mainstay of treatment for allergic rhinitis. A doctor should be consulted if symptoms do not improve after fourteen days of appropriate treatment.

Bibliography

1. Seidu L. Allergies health centre. Is it an allergy or just a cold? WebMD. [homepage on the Internet] ©2016 WebMD, LLC. Available from: <http://www.webmd.com/allergies/cold-or-allergy> (Updated 07 Feb 2016; cited 29 Aug 2016).
2. Allergies. Mayo Clinic [homepage on the Internet Available from: <http://www.mayoclinic.org/diseases-conditions/allergies/basics/definition/con-20034030>]. (Updated 14 Aug 2014; cited 29 Aug 2016).
3. Faris S, Cherney K. Is it allergies or a cold? Healthline [homepage on the Internet]. © 2005–2016 Healthline media. Available from: <http://www.healthline.com/health/allergies/allergies-or-cold> (Reviewed 07 July 2015; cited 30 Aug 2016).
4. Faris S, Cherney K. Allergies and sore throat: treating the cause. Allergies and sore throat. Healthline [homepage on the Internet. Available from: <http://www.healthline.com/health/allergies/sore-throat#Overview1> (Reviewed 05 May 2015; cited 09 Sep 2016).
5. Runny nose. Mayo Clinic [homepage on the Internet]. Available from: <http://www.mayoclinic.org/symptoms/runny-nose/basics/definition/sym-20050640> (Updated 15 Mar 2016; cited 29 Aug 2016).
6. Ratini M. Cold, flu and cough health centre. Is it a common cold or allergies? WebMD. [homepage on the Internet] © WebMD, LLC. Available from: <http://www.webmd.com/cold-and-flu/cold-guide/common-cold-or-allergy-symptoms> . (Updated 13 Aug 2014; cited 29 Aug 2016).
7. Robinson J. Cold, flu and cough health centre. What's causing my cold? WebMD [homepage on the Internet]. © 2015 WebMD, LLC. Available from: http://www.webmd.com/cold-and-flu/cold-guide/common_cold_causes (Updated 20 Jan 2015; cited 30 Aug 2016).
8. Kerr M. Seasonal allergies. Healthline [homepage on the Internet]. © 2005–2016 Healthline media. Available from: <http://www.healthline.com/health/allergies/seasonal-allergies#Overview1> (Reviewed 21 Jun 2016; cited 30 Aug 2016).
9. Pringle C. Common cold. Merck manuals professional edition. [homepage on the internet]. Available from: <http://www.merckmanuals.com/professional/infectious-diseases/respiratory-viruses/common-cold> (Modified 2014; cited 30 Aug 2016).
10. Blenkinsopp A, Paxton P, Blenkinsopp J. Symptoms in the Pharmacy: a guide to the management of common illness. 6th ed. New York: Wiley Blackwell; 2009
11. Gibbon CJ, editor. South African Medicines Formulary. 8th edition. Cape Town; South African Medical Association:2008.
12. Monthly index of medical specialities. Decongestant, analgesic combinations. (MIMS). 2014;54(4): 188-194
13. Monthly index of medical specialities. Decongestants. (MIMS). 2014;54(4): 194-196
14. Monthly index of medical specialities. Glucocorticosteroids. (MIMS). 2014;54(4): 210-211
15. Monthly index of medical specialities. Decongestants. (MIMS). 2014;54(4): 211-213
16. Moroney Y. Is it an allergy or a cold? SAPA. Winter 2014;(14:2)26
17. Davis S. Summer "sniffles". SAPA. Summer 2015;(15:4)8
18. Van Wyk H. The common cold and influenza. SAPA Autumn 2016;(16:1)7