



Cough

Over 12 months: Giving **honey** for up to three days can be an effective and safe way to manage a cough³.

Blocked and/or runny nose

Under 2yrs: **Saline** drops or spray can be used. A fine mist spray has been recommended as the best tolerated and most effective option⁷.

Over 2yrs: **Multiple doses of nasal decongestants** may provide some relief from nasal congestion⁸. Nasal sprays studied that are available over the counter are Mucinex Sinus, Sudafed, Otrivin Jr 2yr+ and Otrivin 12yr+. Ensure to follow dosage instructions and do not use for any more than 7 days at one time to prevent rebound effects.

As tolerated at any age: **Sinus rinses** can help with symptom relief. They are most helpful when used in conjunction with nasal sprays (above). Evidence recommends only using them if they are helpful in relieving your symptoms⁴. For a homemade sinus rinse solution you can use 250mL cooled boiled water (luke warm) mixed with either:

Option 1. ¼ tsp baking soda AND ½ tsp non-iodised salt OR Option 2. 3 tsp of xylitol (bought from most health food shops).

Sore throat

Over 12 months: Giving **honey** throughout the day and honey mixed with a bit of coconut oil at night to provide symptom relief is a low risk and cost effective option¹¹.

Over 6 yrs: If struggling to keep up drinking fluids a **throat spray with anaesthetic** (numbing properties) can be useful. Strepsils throat spray is an over the counter remedy that contains a numbing medicine to help with throat pain¹¹. Dosage instructions are different for under 12yr olds.

As tolerated at any age: Trialling **salt water gargles/mouth rinse** (¼ tsp of salt in warm water and gargle for a total of 30 seconds at least 2-3 times daily) to relieve symptoms of a sore throat and help manage pus is another low risk/cost effective remedy¹¹.

General symptom relief

Any age: **Pain relief** to reduce pain and discomfort associated with having a cold can help improve rest (to allow the body to recover) and improve ability to keep up fluids (prevent dehydration). Use paracetamol¹¹ and/or ibuprofen¹² at regular intervals at doses appropriate for you/your child's weight, age and medical conditions.

Under 12yrs: **Heated humidified air** evidence suggests no clear benefit or harm for symptom relief⁵. If you want to trial this we recommend a pragmatic approach and not investing significant money. Borrowing one from a friend to trial and only continuing to use it if you see an improvement in symptoms is a good way to do this.

Over 12yrs: A combination of **analgesia (pain relief)/antihistamine/decongestant**¹ may help symptoms. This is available over the counter under brand names like Sudafed PE, Codral Night and Mucinex Sinus. It may cause dry mouth and drowsiness, and interact with some medications, so please check with a pharmacist before taking.

Preventative remedies

Over 12 months: **Probiotics** may be beneficial in preventing the occurrence of at least three colds a year². The strains that have been studied are *Lactobacillus plantarum* HEAL9 and *Lactobacillus paracasei*, taken for more than 3 months. Inner Health Immune Booster (Adult NOT child formula) is a brand that has both these strains.

Vitamin C does not seem to reduce how often you get colds, but it may reduce how long they last for and how bad your symptoms are⁶. These effects have only been seen when people take a 200mg (or more) supplement regularly.

Over 12yrs: **Echinacea** studies provide confidence in safety for short term use. There may be benefit to prevent colds however there is not enough good quality studies to determine if products sold to the public would provide this benefit. In conclusion - there is no harm in trialling this and seeing if it works for you, but there is no evidence to help us recommend products that have clear benefit.⁹

Regular exercise, studies show, may reduce how long you are sick for and the severity of symptoms from the common cold - even a moderate paced walk a few times a week is a low cost way of trying to reduce sick days¹⁰

References

1. De Sutter, A. I., Eriksson, L., & van Driel, M. L. (2022, January 21). *Oral antihistamine-decongestant-analgesic combinations for the common cold*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004976.pub4/full?highlightAbstract=cold%7Cflu> (Summary = moderate evidence when compared to placebo, general benefit for older children and adults, not clinically significant on an individual level)
2. Zhao, Y., Rong Dong, B., & Hao, Q. (2022, August 24). *Probiotics for preventing acute upper respiratory tract infections*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006895.pub4/full?highlightAbstract=cold%7Cflu> (Summary = moderate certainty of evidence to reduce the number of participants diagnosed with URTIs (at least three events) and those requiring antibiotics compared to placebo or no treatment)
3. Oduwale, O., Udoh, E. E., Oyo-Ita, A., & Meremikwu, M. M. (2018, April 10). *Honey for acute cough in children*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007094.pub5/full?highlightAbstract=cough%7Choney> (Summary = low to moderate evidence that honey is equal to dextromethorphan for cough symptoms, and better than placebo and salbutamol at cough relief and reducing cough impact on sleep)
4. King, D., Mitchell, B., Williams, C. P., & Spurling, G. K. (2015, April 20). *Saline nasal irrigation for acute upper respiratory tract infections*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006821.pub3/full?highlightAbstract=cold%7Cflu> (Summary = low to moderate evidence that saline irrigation helps with acute URTI symptoms)
5. Singh, M., Singh, M., Jaiswal, N., & Chauhan, A. (2017, August 29). *Heated, humidified air for the common cold*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001728.pub6/full?highlightAbstract=cold%7Cflu> (Summary = no conclusive evidence of harm or benefit from using heated humidified air to alleviate URTI symptoms)
6. Hemila, H., & Chalker, E. (2013, January 31). *Vitamin C for preventing and treating the common cold*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000980.pub4/full?highlightAbstract=cold%7Cflu> (Summary = supplementation trials consistently demonstrate benefit in decreasing symptom severity and duration, but therapeutic trials do not seem to show effectiveness. As a low cost/generally safe option recommend patients individually trialling as preventative measure to see if they find it beneficial)
7. Cabailot, A., Vorilhon, P., Roca, M., Boussageon, R., Eschalié, B., & Pereirad, B. (2020). Saline nasal irrigation for acute upper respiratory tract infections in infants and children: A systematic review and meta-analysis. *Paediatric Respiratory Reviews*, 36, 151-158. <https://doi.org/10.1016/j.prrv.2019.11.003> (Summary = moderate confidence that it improves rhinological but not respiratory symptoms ie. only good to relieve nose symptoms)
8. Deckx L, De Sutter AIM, Guo L, Mir NA, van Driel ML. (2016, October 17). *Nasal decongestants in monotherapy for the common cold*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009612.pub2/full?highlightAbstract=nasal%7Cspray> (Summary = low certainty of evidence, small positive benefit for multiple doses of nasal decongestants with evidence to support no increased risk of adverse events)
9. David, S., & Cunningham, R. (2019). Echinacea for the prevention and treatment of upper respiratory tract infections: A systematic review and meta-analysis. *Complementary Therapies in Medicine*, 44, 18–26. <https://doi.org/10.1016/j.ctim.2019.03.011> (Summary = low certainty due to selective reporting and methodological study problems echinacea preparations are safe to consume in the short term however there is low confidence that commercially available remedies are likely to shorten the duration or effectively prevent URTI)
10. Grande AJ, Keogh J, Silva V, Scott AM. (2020, April 4). *Exercise versus no exercise for the occurrence, severity, and duration of acute respiratory infections*. Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010596.pub3/full?highlightAbstract=throat%7Cscore> (Summary = low certainty of evidence due to bias and variation between studies, however as exercise is low cost and carries low risk of adverse events depending on the type of exercise, trialling it for prevention should be considered)
11. These are remedies we have anecdotally found to be beneficial in practice that have a low cost, low risk benefit, there are currently no high quality evidence to support these, so only use these if they help you manage your symptoms effectively
12. Kim SY, Chang YJ, Cho HM, Hwang YW, Moon YS. Non-steroidal anti-inflammatory drugs for the common cold. (2015, September 21). Cochrane Database of Systematic Reviews. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006362.pub4/full?highlightAbstract=cold%7Canalgesia%7Canalgesia> (Summary = moderate certainty evidence that NSAIDs help reduce discomfort of common cold but not respiratory symptoms)