

THErapy FOR ALLERGIES AND UPPER RESPIRATORY INFECTIONS

The information below is provided in order to help you in treating upper respiratory infections, and in using some of the commonly purchased and commonly prescribed medications. Please read this during the current course of symptoms, but also retain it and reference it if and when your next upper respiratory symptoms occur.

Afrin, or any over-the-counter decongestant nasal spray, is helpful as an initial step in treating upper respiratory infections. This spray can be used for up to approximately five days, and is used twice per day. Use of Afrin or any other topical nasal decongestant spray for longer than five days will result in a physical addiction, in which the nasal lining will become significantly swollen and irritated until the spray is used again. It can be used more often if it is being used to treat bleeding, but again a rebound addiction can occur.

Nasal saline is available over the counter, or can be "home-made". Multiple different formulations are available, as well as delivery mechanisms. If you have had sinus surgery, you will have received instructions on how to use this with a WaterPik or other irrigation machine. The end of this manuscript has directions for home-made saline spray. Saline can be used in an unlimited fashion, and is generally used by "snorting" the mist up into the nose, then later gently blowing the nose to get rid of any secretions that have been loosened.

Nasal steroid medications are useful for upper respiratory infections, allergies, and sensitivities to airborne irritants. Unfortunately, they do not begin to work for a day or two, and in general do not reach their maximum benefit for approximately two weeks. In general, the pediatric dosage is one puff per side per day. Adult dosages are two puffs per side per day, and dosages for polyps are two puffs per side twice per day. The time of day for administration is not important. The most effective way to use any nasal medication is to look down at your toes when spraying it in. Aim slightly away from the septum (dividing plate between the nostrils), and VERY GENTLY breathe in. Breathing in strongly during spraying will make the spray run down the throat, causing increased absorption of the medicine, as well as a lack of therapeutic benefit in the nose. A good way to avoid spraying onto the septum is to use the right hand to spray into the left nostril, and vice versa for the right nostril. Occasionally, nasal steroids can increase the risk of nosebleeds or cause membrane breakdown in the nose, but in general are very well tolerated and not absorbed into the body in significant amounts.

Astelin (1-2 puffs/side/2x/day), Astepro(1-2 puffs/side at night), and Patanase (1-2 puffs/side 2x/day) are nasal antihistamine sprays. They are used for allergies, non-allergenic drainage, and sometimes to treat infection-related nasal swelling. The dosages of these vary depending on the age of the patient and the condition being treated. They should be delivered using the same suggestions above.

Oral antihistamines are available over-the-counter and in prescription form. There are also various decongestant and antihistamine combinations available. In general, take any antihistamine-decongestant combination in the morning in order to avoid insomnia. If there is a significant infection present and secretions are already thickened, antihistamines are often discontinued in favor of a mucous thinner/decongestant combination.

Mucous thinners and decongestants are used to shrink the tissues and promote sinus drainage. There are multiple prescription and over-the-counter varieties available. A mucous thinner will tend to be drying unless the patient also drinks plenty of water. If you have high blood pressure, it is very important to monitor your pressure while on decongestants. Children under the age of six as well as patients with significant cardiac issues should not take decongestants. As described above, many people will have insomnia if they take a decongestant at night, so use them in the morning.

In particularly severe nasal conditions, oral steroids can be used. Often, they are the only medications which will reduce the symptoms of pressure, or allow the nasal sinuses to drain. These are best taken on a full stomach, and early in the day. They may cause irritability, stomach upset, or hyperactivity or depression. A person who has high blood pressure, diabetes, or cardiac arrhythmias needs to take steroids with extreme caution. Steroids can have multiple side effects when taken long-term, but short-term doses are very well tolerated and extremely effective in controlling the symptoms associated with acute and chronic sinus infections, severe allergies, or nasal polyps. The use of steroids for greater than approximately seven days requires a tapering down in order to discontinue them. Thus, you should not abruptly stop your oral steroid if you have been taking them for greater than a week.

Finally, when all of these other measures have failed and a bacterial infection is present, an antibiotic will be prescribed. The most common symptoms of acute sinusitis of a bacterial nature are pain, pressure, and thick and discolored nasal drainage. However, not all colored drainage means that there is a bacterial infection present. According to the Center for Disease Control, only two percent of colds will progress to result in bacterial sinusitis. Thus, most upper respiratory infections should NOT be treated with antibiotics. Antibiotics should be reserved for upper respiratory infections which last longer than ten days, or which significantly worsen after four or five days of treatment. The use of antibiotics for nonbacterial upper respiratory infections has resulted in a severe problem with the emergence of bacteria which are resistant to multiple forms of antibiotics, and some bacteria are currently only treatable with intravenous antibiotics.

We hope that these instructions will be helpful to you. Sincerely,

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INSTRUCTIONS FOR MAKING HOMEMADE SALINE

1. CLEAN A 1-QUART GLASS JAR OR SIMILAR CONTAINER. CAREFULLY THEN FILL IT WITH WATER WHICH HAS BEEN BOILED.
2. ADD 2 - 3 HEAPING TEASPOONS OF PICKLING, KOSHER, SEA, OR CANNING SALT. DO NOT USE IODIZED SALT.
3. ADD 1 ROUNDED TEASPOON OF BAKING SODA (PURE BICARBONATE).
4. STORE AT ROOM TEMPERATURE AND SHAKE OR STIR BEFORE EACH USE.
5. SLIGHTLY WARMING THE SALINE MAY MAKE ITS USE MORE COMFORTABLE.

USE:

1. POUR SOME OF THE MIXTURE INTO A CLEAN BOWL.
2. FILL A SPRAY BOTTLE OR USE YOUR WATER-PIK. TO AVOID CONTAMINATION, DO NOT PLACE THE BULB OR SYRINGE INTO THE JAR.
3. STAND OVER THE SINK OR IN THE SHOWER AND SQUIRT THE MIXTURE INTO EACH SIDE OF THE NOSE SEVERAL TIMES.
4. RINSE THE NOSE AT LEAST 2 - 3 TIMES DAILY.