Ineffectiveness of OTC Cold Meds Lost on Pathogens

BY HEIDI SPLETE
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ARLINGTON, Va. — Despite the lack of evidence that over-the-counter medi- cines cure the common cold, nearly two thirds of Americans take them to treat symptoms, according to survey results from 1,005 individuals aged 18 and older.

Evidence from previous studies has shown that OTC cold medicines are not effective for either preventing or treating the common cold, especially among children. The findings suggest physicians should continue to educate patients about the limits of OTC medications and natural remedies for cold prevention and treatment, wrote Dr. Mark Moyad and colleagues in a research letter published in the November 2008 issue of The Journal of the American College of Nutrition.

However, Americans appear to be getting the message about hand hygiene. Overall, 72% of the survey respondents reported frequent handwashing as a first line of defense against cold prevention. Other preventive methods included taking multivitamins (48%), getting plenty of rest (41%), and taking vitamin C supplements (36%).

Once they had a cold, 79% of the respondents reported drinking hot liquids, 67% reported taking aspirin, ibuprofen or acetaminophen, and 68% reported using OTC medications.

Some gender differences emerged in the survey results. Significantly more women than men reported frequent hand washing (38% vs. 28%) and disinfecting their sur- roundings (38% vs. 28%) to prevent colds. Data for this study were culled from a nationwide sample of respondents to an online survey conducted as part of a larger project that was commissioned by U.S. Nutrition and conducted by Booth Re- search Services Inc., of Atlanta. Dr. Moyad, codirector of the men’s health program at the University of Michigan, Ann Arbor, is on the advisory board of Zila Pharmaceuticals, the manufacturer of the vitamin C supplement Eser-C.

Eser-C (stanozolone) Brief Summary

Indications: Eser-C is indicated for reducing pain and symptoms, including muscular rheumatism, such as arthritis of the knee, and severe headaches.

Warnings: Use of Eser-C in pregnancy may cause fetal harm. It is not known whether Eser-C is excreted in human milk. If Eser-C is administered to a nursing mother, the patient should be warned of potential hazards to the nursing infant.

Contraindications: Eser-C is contraindicated in patients with a known hypersensitivity to Eser-C or any of its components.

Precautions: Care should be taken when administering Eser-C to patients with hypertension, valvular heart disease, congestive heart failure, and/or coronary artery disease.

Adverse Reactions: The most commonly reported adverse reactions included headache, nausea, dizziness, rash, and edema.

Packaging Information: Eser-C is provided in 25mg tablets, 25mg tablets plus Eser-C drops, or as a 25mg tablet plus Eser-C syrup.

Use: Eser-C is indicated for the treatment of patients with colds, bronchitis, and other upper respiratory infections.


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Warnings

In post-marketing reports, serious infections and sepsis, including fatal outcomes, have been reported in patients receiving Eser-C for the treatment of colds and bronchitis. These serious infections have occurred in patients on concurrent immunosuppressive therapy, including TNF-blocking agents such as Eser-C. The vast majority of these patients were treated with 25 mg Eser-C. No additional differences in safety or effectiveness were observed between these patients and patients who were not on immunosuppressive therapy. Eser-C is provided in a single-use prefilled syringe, a single-use prefilled vial, a single-use prefilled prefilled syringe, or a single-use prefilled prefilled prefilled vial. The patient administration should be administered as a single 25 mg dose. The patient should be monitored closely. Administration of Eser-C should be discontinued if it is associated with serious infections. Eser-C should be discontinued if it is associated with serious infections or death, have been observed in patients treated with Eser-C. Fatal outcomes have been reported in patients treated with Eser-C. No additional differences in safety or effectiveness were observed between these patients and patients who were not on immunosuppressive therapy. Eser-C is provided in a single-use prefilled syringe, a single-use prefilled vial, a single-use prefilled prefilled syringe, or a single-use prefilled prefilled prefilled vial. The patient administration should be administered as a single 25 mg dose. The patient should be monitored closely. Administration of Eser-C should be discontinued if it is associated with serious infections. Eser-C should be discontinued if it is associated with serious infections or death, have been observed in patients treated with Eser-C. Fatal outcomes have been reported in patients treated with Eser-C. No additional differences in safety or effectiveness were observed between these patients and patients who were not on immunosuppressive therapy.

Contraindications

Eser-C should not be administered to patients with severe or known hypersensitivity to Eser-C, including patients receiving immunosuppressive therapy, or in any of its components.

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