

Patient information from the BMJ Group

Common cold

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You'll probably get more colds than any other kind of illness. A cold may last only a few days, but it can make you feel quite uncomfortable. There's no cure for a cold. However, there are things you can do that may help your symptoms.

We've brought together the best research about the common cold and weighed up the evidence about how to treat it. You can use our information to talk to your doctor or pharmacist and decide which treatments are best for you.

What is a common cold?

A common cold is an infection of your nose and upper airways. It's caused by a virus. Lots of different viruses can cause a cold.



There's no cure for a cold but there are treatments that can help with the symptoms.

Often the first sign of a cold is a dry, scratchy, sore throat.^[1] You may also:

- Sneeze
- Get a runny or blocked nose
- Get a cough or a headache
- Feel generally ill.

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Your cold may be caused by one of more than 200 different viruses.^[2] That's why you can get lots of colds. Even if your body learns how to fight off one kind of cold virus, you can still catch the other kinds.

When someone has a cold, the mucus in their nose is full of the cold virus. Sneezing and blowing the nose can spread the virus as tiny drops in the air. You can catch a cold by breathing in the virus. But you're more likely to catch a cold by touching something that's got cold viruses on it, such as a door handle, and then touching your nose, eyes, or mouth.^[3]

You're most likely to pass on a cold in the first two or three days that you have it.

Children tend to get a lot of colds because the body takes time to build up immunity. So you get fewer colds as you get older. Your body learns to fight off a particular kind of virus each time you get an infection.

Adults who have a lot of contact with children are also more likely to catch a cold.

What are the symptoms of a common cold?

The common cold isn't a serious illness. But the symptoms can be unpleasant.

You may feel quite unwell for a couple of days. But your symptoms should clear up in one week to 10 days.

First symptoms

Your early symptoms may include:^[4]

- A dry, scratchy, sore throat (this is often the first symptom you get)
- Sneezing
- A headache (more than 3 in 5 people get a headache)
- A runny nose with watery mucus
- Watery eyes
- Chills and a temperature. Young children may have a temperature. But this is less common in older children and adults.

Later symptoms

You may get these symptoms later on.^[4]

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- A blocked nose. This usually gets worse over the first few days. It happens when the blood vessels in your nose swell up, and the mucus from your nose becomes thick and green.
- Sinus pain. The **sinuses** are air pockets in the bone just behind your nose. You get pain when they get blocked with mucus.
- A cough. At first you may get a dry cough that keeps you awake at night. Later on, you might cough up mucus. Your cough could last three weeks or more.
- Muscle aches and pains. About half of people with a cold get these.
- Tiredness and irritability.
- Loss of appetite.

Do I have a cold or flu?

It can be hard to know if you've got a cold or **flu**. The symptoms are similar, but flu is more serious. Also, flu is caused by a particular **virus** called the influenza virus. But you won't usually know what kind of virus is making you ill. And a bad cold can cause an illness that's quite like flu. The main difference is that someone with flu is more likely to:

- Get ill suddenly
- Get a temperature
- Get a cough
- Feel extremely weak.

How common are colds?

A cold is known as the common cold for good reason.

You'll probably get more colds than any other kind of illness. Each year, most children get at least five colds, and adults may get two or three. ^[5]

What treatments work for common colds?

There's no cure for the common cold. But there are lots of treatments you can try to help your symptoms while your body fights off the virus. You can buy these in a pharmacy. However, there's not much evidence that these cold remedies really work.

- There's no cure for a cold. Your symptoms will usually go away after a few days.
- You can take painkillers to help you feel better while your body fights off the illness.

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- You can buy lots of different cold remedies from a pharmacy. They aim to clear your blocked nose or stop you coughing. But we're not certain how much they help.
- Some people take vitamins (such as vitamin C) or minerals (such as zinc) to try to treat a cold. Vitamin C is unlikely to help you. But there hasn't been enough research to know whether zinc works.
- Some people find that breathing in (inhaling) water vapour from a bowl of hot water helps clear their blocked nose.
- Doctors don't recommend **antibiotics** for a cold. Antibiotics don't work for **viruses** and they have side effects.
- Most cough and cold remedies aren't recommended for children under age 6. To find out more, read [Treating coughs and colds in children](#) .

Which treatments work best? We've looked at the best research and given a rating for each treatment according to how well it works.

Treatment Group 1

Treatments for common colds

Treatments that are likely to work

- [Decongestants](#)
- [Antihistamines](#)

Treatments that need further study

- [Painkillers](#)
- [Echinacea](#)
- [Breathing in water vapour](#)
- [Zinc](#)
- [Garlic](#)

Treatments that are unlikely to work

- [Vitamin C](#)

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Treatments that are likely to be ineffective or harmful

- [Antibiotics](#)

Other treatments

We haven't looked at the research on these treatments in the same detail we have for most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of them or be interested in them.

- [Cough medicine](#)
- [Menthol](#)

What will happen to me?

Common colds usually last only a few days. But some symptoms may last longer, especially a cough.

Your symptoms will probably be at their worst within two or three days of catching a cold. You'll generally be clear of your cold by one week to 10 days. But you may be left with a cough that can take three weeks or more to go away. ^[2]

A cold isn't a serious illness. But you may feel uncomfortable, or need time off work or school to recover. ^[6]

You probably won't need to see your doctor if you have a cold. But if you're no better after two weeks or if you're worried about an old or young person with a cold, talk to your doctor.

Sometimes you may get other [infections](#) or problems after a cold. ^[7]

- Some people get ear infections.
- In children with [asthma](#), colds can trigger an asthma attack.
- Babies and older people may get chest infections, such as [bronchitis](#) (when the air passages are infected) or [pneumonia](#) (when the lungs are infected). These can be serious.
- Some people get an infection caused by [bacteria](#) in their sinuses (the air pockets in the bones behind the nose). This is called [sinusitis](#).

To read more, see our articles on [bronchitis](#), [pneumonia](#), and [sinusitis](#).

Treatments:

Decongestants

In this section

If you've got a blocked nose, medicines called **decongestants** can help for a short time. Decongestants help reduce the swelling inside your nose so you can breathe more easily. But the benefit is only small. Decongestants come as tablets or as sprays and drops you put up your nose.

You shouldn't use these medicines in children under age 6. To learn more, see [Treating coughs and colds in children](#) .

You can buy many different decongestant nasal sprays and drops at chemists. Some examples (with their brand names) are:

- Ephedrine
- Oxymetazoline (Vicks Sinex)
- Phenylephrine (Fenox)
- Xylometazoline (Non-Drowsy Sudafed and Otrivine).

Or you can take decongestant tablets or capsules containing pseudoephedrine (Non-Drowsy Sudafed Decongestant Tablets) or phenylephrine (Non-Drowsy Sudafed Congestion Relief Capsules).

Decongestants are also often used together with a [painkiller](#) or an [antihistamine](#) in the cold medicines you can buy in a pharmacy. There are lots available. You can take them as tablets, powders, capsules, or a syrup. Here are a few examples:

- Paracetamol and pseudoephedrine (Non-Drowsy Sinutab)
- Paracetamol and phenylephrine (Lemsip)
- Pseudoephedrine and triprolidine (Sudafed Plus, Multi-action Actifed Syrup).

We found one summary of the research (a **systematic review**) that looked at decongestants. ^[11] The summary showed that a single dose of a decongestant can help relieve a blocked nose for three hours to 10 hours. But the benefit is likely to be quite small. You'll get the same small benefit if you continue to use a decongestant for three to five days. An additional study also found that a nasal spray with the decongestant xylometazoline can provide some relief to a blocked nose, although the improvement is fairly small. ^[12]

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The studies we looked at found that side effects were no more common among people who used a decongestant than among those who used a dummy treatment (a [placebo](#)).^[11] ^[12] But we know that some decongestant sprays can irritate the lining of your nose, give you headaches, and make you feel sick.^[13]

Pseudoephedrine tablets can make your heart race, make you feel restless, and make it hard to sleep.

You shouldn't use decongestant nasal sprays for longer than one week. After that, they can cause **rebound congestion**. This means you get a blocked nose again after you stop taking them.^[14] This is more likely to happen with sprays and drops containing oxymetazoline and xylometazoline than with those containing ephedrine.

You shouldn't use decongestants if you're taking a medicine called a [monoamine oxidase inhibitor](#). These drugs are usually used to treat depression. You could get dangerously [high blood pressure](#) if you take the two together.^[14]

You should also be careful about taking decongestant tablets if you've got another medical condition, such as a heart problem, high blood pressure, or [diabetes](#). Talk to your doctor if you're not certain which medicines you can take.

Paracetamol is an ingredient in lots of cold remedies. You must take care to avoid accidentally taking too much. A paracetamol overdose can be life-threatening.

Antihistamines

In this section

Antihistamines are usually used to treat [allergies](#) such as hay fever. If you take an antihistamine when you've got a cold, your nose may be slightly less runny and you may sneeze less. But the benefit is only small. And your overall cold symptoms probably won't improve.

You shouldn't give antihistamines to children under age 6. To find out more, see [Treating coughs and colds in children](#).

Doctors don't usually recommend that you take an antihistamine alone to help your cold symptoms. But antihistamines are often combined with other medicines in cold remedies.

The antihistamines used in cold remedies include chlorphenamine and diphenhydramine. Lots of different medicines are available. The brands sold as cold remedies often contain a [painkiller](#) (such as paracetamol or ibuprofen) and a [decongestant](#) (such as phenylephrine or pseudoephedrine) as well as an antihistamine. You can buy them as tablets, capsules, powders, or a syrup. A few examples of the cold remedies you can buy in a pharmacy are:

- Dextromethorphan, paracetamol, and promethazine (Night Nurse)

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- Paracetamol and promethazine (Medised).

Because paracetamol is an ingredient in lots of cold remedies, you must take care to avoid accidentally taking too much. A paracetamol overdose can be life-threatening. You need to read the labels of all the medicines you're taking, to ensure that you're not taking more paracetamol than the recommended dose. You might find it simpler to avoid taking one of these remedies with any other medicine containing paracetamol.

One summary of the research (a [systematic review](#)) showed that taking antihistamines made no difference to the symptoms of a cold on the whole.^[15] And they don't seem to help with a cough.^[16] Another summary found that antihistamines only helped a little bit with the sneezing or runny nose you get with a cold.^[17]

Antihistamines can have side effects. They include:^[15]

- Dizziness
- A dry mouth
- A headache
- Drowsiness.

Some antihistamines make you drowsy. So if your cold disturbs your sleep, a treatment containing an antihistamine may help at bedtime.^[18]

Painkillers

In this section

If you've got a cold, doctors usually suggest you take a common painkiller such as paracetamol, ibuprofen, or aspirin. There hasn't been much research on taking painkillers for colds. But doctors generally agree that this is the best way to help a headache, fever, and the other aches and pains you get with a cold. Paracetamol and ibuprofen can also bring down your temperature.

You can buy painkillers as tablets or as powders that you dissolve in water. And both paracetamol and ibuprofen are available as a liquid for children. Paracetamol and ibuprofen can be given to children from the age of about 3 months. Check with your doctor if you're not sure which treatments you can give your child.

Aspirin isn't usually recommended for children under 16 years old. It can cause a dangerous problem called Reye's syndrome (this condition affects the brain and the [liver](#)).^[19]

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You're more likely to get side effects such as an upset stomach if you take aspirin or ibuprofen.^[19] Paracetamol will probably cause fewer side effects.

We found one summary of studies (a **systematic review**) that looked at adults who took paracetamol for a cold. The summary included four studies of 758 people. It found that paracetamol helped some symptoms but not others. Taking paracetamol helped a runny nose and blocked nose, but didn't help other symptoms very much.^[20]

We found one summary of good-quality research (a **systematic review**) about a group of painkillers called **nonsteroidal anti-inflammatory drugs** (NSAIDs) for the common cold.^[21]

This group of treatments includes ibuprofen and naproxen (but not paracetamol), which are available over the counter at pharmacies, and others, which have to be prescribed by a doctor. Aspirin is also an NSAID but, because it was around for many years before the idea of an NSAID was even thought of, it is sometimes not included in the group. The summary does include aspirin as an NSAID.

The summary included nine studies looking at a total of 1,069 people with colds. It found that NSAIDs did not make colds come to an end more quickly. And they had no effect on the overall level of symptoms. However, NSAIDs did reduce some specific symptoms:

- Headache
- Ear pain
- Muscle and joint pain.

But NSAIDs had no effect on throat symptoms. They had a small effect on malaise (the general 'yucky' feeling of discomfort and illness) and reduced sneezing.

Paracetamol can cause severe liver damage if you take too much of it. This can be bad enough to kill you. Lots of cold and flu remedies contain some paracetamol. So you need to read the labels of all the medicines you're taking, to check that you're not taking more paracetamol than the recommended dose.

You might find it simpler just to avoid taking a cold remedy containing paracetamol if you're already taking any other medicine that contains paracetamol. If you're looking after a child, you should be careful how much paracetamol you give them.

Paracetamol is not suitable for everyone. You should read the patient information leaflet carefully before taking this medicine. Always ask your pharmacist or doctor if you're not certain whether you should take it.

Echinacea

In this section

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Some studies have shown that echinacea helps with cold symptoms, but other studies have found that it doesn't help at all. We looked at two summaries of the research ([systematic reviews](#)). ^[22] ^[23]

- Some of the studies in the summaries found that echinacea worked better than a dummy treatment (a [placebo](#)). People who took echinacea at the start of a cold had a less runny nose. They also got better more quickly.
- Other studies found that echinacea didn't help.
- Most of the studies were of poor quality. So we can't rely on their results.

There are more than 200 different echinacea products available. They're all made in different ways. Some are made from the roots, and others are made from the leaves or the whole plant. And they may contain different amounts of the plant. So it can be hard to know exactly what you're buying.

Some people take echinacea to try to prevent colds. We haven't looked at the research on this, so we don't know whether it works.

Herbal treatments can cause side effects. In one study, 7 in 100 children who took echinacea had a rash. ^[24] And some people have a serious [allergic reaction](#) (known as anaphylaxis) after taking echinacea. ^[25]

In the studies included in one summary, about 1 in 4 people who took echinacea reported side effects. But so did a similar number of people taking a dummy treatment (a placebo), so we don't know whether echinacea caused the problems. ^[22] The side effects included:

- Nausea
- [Heartburn](#)
- [Constipation](#)
- Itching or burning
- Numbness
- A headache
- A dry mouth.

Breathing in water vapour

In this section

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If you've got a cold your nose can get blocked. People often try breathing in water vapour to clear their nose. You can try bending your head over a bowl of hot water, with a towel covering your head. Use water that's hot, but not boiling, and take care not to scald yourself.

We don't know for certain if breathing in water vapour can make your nose less blocked and help reduce the soreness from a cold. There hasn't been enough research to say.

We found a summary of the research (a [systematic review](#)) that looked at people who tried inhaling water vapour. ^[26] It looked at six studies.

- Some of the research showed that breathing in water vapour helped symptoms immediately or a few days later.
- But one study found no improvement with this treatment.
- The studies were all of poor quality. So we can't be sure whether this treatment helps.

Zinc

In this section

Zinc is a mineral. You mainly get it from food. Red meat contains a lot of zinc. People have tried taking extra zinc to treat a cold. You can buy lots of different mineral supplements that contain zinc.

The research on people taking zinc for a cold has looked mainly at zinc lozenges or a zinc gel that people put inside their noses. But there's not much evidence that taking zinc lozenges or putting a zinc gel inside your nose can help you recover more quickly from a cold.

We found five summaries of the research ([systematic reviews](#)) that compared zinc lozenges with a dummy treatment (a [placebo](#)). ^[27] ^[28] ^[29] ^[30] ^[31]

- Most of the research showed that taking zinc is unlikely to help the symptoms of a cold.
- But one of the summaries found that people who took zinc lozenges were more likely to be better after one week than people who took a placebo. ^[27]
- However, another review concluded there's not enough research to say whether zinc lozenges help. ^[32]
- One small study and one large review found that colds were a few days shorter after treatment with zinc lozenges or zinc syrup. ^[29] ^[31]

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We also found some studies of people who put a zinc gel inside their nose to treat cold symptoms. But they found different results, so it's not yet possible to say whether zinc gel helps. ^[33]

- Two studies showed that colds didn't last as long for people who took zinc. ^[34] ^[35]
- One study found that the zinc gel didn't help. ^[36]

People taking zinc lozenges were more likely to have mouth irritation, an unpleasant taste, feel sick, or get diarrhoea. ^[27] Slightly more than 1 in 10 people who used the zinc gel in their nose got a tingling or burning feeling. ^[33] There have also been a few reports of people losing their sense of smell after using zinc in their nose. ^[37]

Garlic

In this section

We found one summary of good studies (a **systematic review**) of people who took garlic to prevent the common cold. ^[38]

Only one of five studies the researchers found was of good enough quality to be worth looking at in any detail. This one study found that fewer people taking a garlic supplement went on to have a cold, compared with people taking a dummy treatment (a **placebo**). It also found that those taking garlic were ill for fewer days, although the number of days until recovery was broadly the same.

However, it isn't possible to make firm conclusions from the results of one study, so more good research is needed to see if garlic really does have an effect on colds.

Vitamin C

In this section

Your body needs some vitamin C to work properly. You get this vitamin from fruits and vegetables, such as oranges, grapefruits, and broccoli. You can also buy vitamin tablets that contain vitamin C. Some people think that taking extra vitamin C might help with a cold.

But there's good research to show that taking high doses of vitamin C is unlikely to help you recover from a cold.

A summary of the research (a **systematic review**) found that colds lasted just as long for people who took up to 4 grams (0.14 ounces) a day of vitamin C. ^[39] People who took vitamin C had symptoms that were just as severe as people who took a dummy treatment (a **placebo**).

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Some people take vitamin C to try to prevent colds. We haven't looked closely at the research on this, so we don't know whether it works.

The research didn't mention any side effects of taking vitamin C for a cold.^[39] In studies of people taking vitamin C every day to prevent colds, no one had any serious problems.

Antibiotics

In this section

Antibiotics are drugs that kill germs called **bacteria**. Because colds are caused by **viruses**, antibiotics probably won't help. And antibiotics can cause side effects, especially **diarrhoea**.

We looked at two summaries of the research (**systematic reviews**).^[40] ^[41] They both found that antibiotics don't cure colds or improve people's symptoms.

Antibiotics can be harmful. An upset stomach is a common side effect from taking antibiotics.

Also, if antibiotics are used too much, bacteria start to become resistant to them. This means antibiotics no longer kill some kinds of bacteria. So doctors are careful to give antibiotics only to people who really need them. And antibiotics are not usually recommended for colds, because people get better without them.

Guidelines for doctors say they should not prescribe antibiotics for people with colds.^[42]

But some people with a cold go on to get another condition, such as an ear **infection**, **sinusitis**, or **bronchitis**. If this happens, you might need antibiotics.

Cough medicine

In this section

You can buy lots of different cough medicines in a pharmacy.

- Some cough medicines are meant to **stop you coughing**. These often contain the drug dextromethorphan.
- Other cough medicines aim to help you **cough up mucus**. These often contain a chemical called guaifenesin.
- Syrupy cough medicines may help soothe your throat if you have an irritating dry cough.^[43] One example is simple linctus.

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We don't know how well these treatments work. Some doctors think most of the benefit comes from the **placebo** effect (this means you feel better because you're expecting to feel better after taking a medicine).^[44]

A large review looked at all the research on over-the-counter cough medicines.^[16] Overall, the researchers said there was no good evidence to prove that cough medicines work, or that they don't. But some people find that cough medicines help them feel better, or help them get a good night's sleep.

Studies have found that honey is better at reducing coughing in children than cough medicine dextromethorphan flavoured with honey or a placebo (dummy) treatment.^[45]
^[46] ^[47]

You shouldn't use many cough medicines in children under age 6. To learn more, see [Treating coughs and colds in children](#) .

You should not take medication containing dextromethorphan if you have certain underlying problems, such as [chronic bronchitis](#) .^[48] Ask your doctor if you're not certain if a treatment is safe for you to take.

Menthol

In this section

Menthol is a chemical with a strong smell. It's found in peppermint oil, but can also be man-made. Some people breathe it in to try to clear their blocked nose. It sometimes comes combined with other strong-smelling chemicals such as eucalyptus oil.

There are many ways you can take menthol. Some common brands are Karvol and Vicks Vaporub. You can get:

- Capsules of menthol that you break open and drop onto a tissue
- Powders that you dissolve in water
- Pads with menthol in them
- Plastic sticks that you put up your nose.

For children with a blocked nose, you can rub menthol on their pyjamas or pillow at night, but this isn't recommended for children under 3 months.^[49]

As with any treatment, be sure to carefully follow the instructions.

Further informations:

Treating coughs and colds in children

Many over-the-counter cough and cold remedies are no longer sold for use in children under the age of 6. ^[8] These include cough and cold medicines containing the following ingredients:

- Brompheniramine, chlorphenamine, diphenhydramine, doxylamine, promethazine, and triprolidine (antihistamines)
- Dextromethorphan and pholcodine (cough suppressants)
- Guaifenesin and ipecacuanha (expectorants to help you cough up phlegm)
- Phenylephrine, pseudoephedrine, ephedrine, oxymetazoline, and xylometazoline (decongestants to unblock nasal passages).

These medicines are still available for children ages 6 to 12, but they are sold only in pharmacies and should be used with care (see below).

In the US, a review of the safety of cough and cold medicines for young children found several worrying cases where children had been seriously harmed. These cases were mainly when children had been accidentally given a dose that was too high. ^[9]

There have been fewer reports of these medicines harming children in the UK. But, after reviewing the research, the body that monitors the safety of medicines in the UK (the Medicines and Healthcare products Regulatory Agency, or MHRA) decided to limit the medicines that can be used for young children. The MHRA concluded that there is no evidence that these medicines work, and they can cause serious harms and side effects, such as allergic reactions and sleep problems.

Bear in mind that most colds and coughs clear up on their own within a few days. Drugs won't cure the cough or cold. They will only help make the symptoms milder.

The MHRA has recommended some treatments that are suitable for young children with coughs and colds. ^[8] But you still need to take great care not to give more than the recommended dose.

To lower a child's temperature, you can use [paracetamol or ibuprofen](#) . For treating coughs, you can use a simple cough syrup, such as glycerol, honey, or lemon. Nasal drops of saline (sterile salt water) can be used to help unblock babies' noses if they are having trouble feeding.

You can also help relieve a child's blocked-up nose using vapour rubs and inhaled decongestants that you put on children's clothing, such as [menthol](#) . Inhaled

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decongestants used as rubs or on pillows are not advised for children under 3 months. [10]

Parents and carers of children age 6 and older should:

- Read the label on any medicine you give your child. Check the active ingredients section of the label and the correct dose for your child's age
- Be very careful if you give more than one medicine to a child. If you use two medicines with the same active ingredients, your child could get too much
- Use only the measuring spoons or cups that come with the medicine.

Call a pharmacist, GP, or other health care professional if you have any questions about using cough or cold medicines in children.

Glossary:

infection

You get an infection when bacteria, a fungus, or a virus get into a part of your body where it shouldn't be. For example, an infection in your nose and airways causes the common cold. An infection in your skin can cause rashes such as athlete's foot. The organisms that cause infections are so tiny that you can't see them without a microscope.

viruses

Viruses are microbes (tiny organisms) that need the cells of humans or other animals to exist. They use the machinery of cells to reproduce. Then they spread to other cells in the body.

sinuses

Sinuses are small pockets of air inside your skull. You have them in your cheek bones, behind and between your eyes and in your forehead.

asthma

Asthma is a disease of the lungs. It makes you wheeze, cough and feel short of breath. Asthma attacks are caused by inflammation and narrowing of your airways, which makes it hard for air to pass in and out of your lungs.

bronchitis

Bronchitis is inflammation of one or both of the major airways (called bronchi) that lead in and out of your lungs.

pneumonia

Pneumonia is an infection in your lungs. Anything that causes infections (bacteria, viruses or fungi, for example) can give you pneumonia.

bacteria

Bacteria are tiny organisms. There are lots of different types. Some are harmful and can cause disease. But some bacteria live in your body without causing any harm.

sinusitis

If you have sinusitis, you have irritation in the spaces formed by the bones around your nose (your sinuses). Sinusitis can cause a feeling of tightness or pain. You may also have a fever. You can get these symptoms when you have a cold or an allergic reaction or when you fly in a plane.

antibiotics

These medicines are used to help your immune system fight infection. There are a number of different types of antibiotics that work in different ways to get rid of bacteria, parasites, and other infectious agents. Antibiotics do not work against viruses.

decongestant

A decongestant is a medicine that clears up swelling (congestion) in the nose or in the chest. It can unblock a stuffy nose and make it easier to breathe.

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systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

monoamine oxidase inhibitors

Monoamine oxidase inhibitors (MAOIs) are a group of medicines that are mainly used to treat depression. They work by increasing the levels of chemicals called neurotransmitters in your brain.

high blood pressure

Your blood pressure is considered to be high when it is above the accepted normal range. The usual limit for normal blood pressure is 140/90. If either the first (systolic) number is above 140 or the lower (diastolic) number is above 90, a person is considered to have high blood pressure. Doctors sometimes call high blood pressure 'hypertension'.

diabetes

Diabetes is a condition that causes too much sugar (glucose) to circulate in the blood. It happens when the body stops making a hormone called insulin (type 1 diabetes) or when insulin stops working (type 2 diabetes).

allergy

If you have an allergy to something (such as pollen or a medicine), your body always overreacts to it. The reaction happens because your immune system (your body's system for fighting infection) is too sensitive to it.

liver

Your liver is on the right side of your body, just below your ribcage. Your liver does several things in your body, including processing and storing nutrients from food, and breaking down chemicals, such as alcohol.

NSAIDs

NSAID stands for nonsteroidal anti-inflammatory drug. NSAIDs help with pain, inflammation and fever. They are called 'nonsteroidal' because they don't contain any steroids. Aspirin and ibuprofen are both NSAIDs.

allergic reaction

You have an allergic reaction when your immune system overreacts to a substance that is normally harmless. You can be allergic to particles in the air you are breathing, like pollen (which causes hay fever) or to chemicals on your skin, like detergents (which can cause a rash). People can also have an allergic reaction to drugs, like penicillin.

heartburn

Heartburn is a painful, burning sensation in the chest. It happens, often after meals, when the contents of the stomach pass back up into the oesophagus. The oesophagus is the tube that runs from the mouth to the stomach.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

Sources for the information on this leaflet:

1. Eccles R. Understanding the symptoms of the common cold and influenza. *Lancet Infectious Diseases*. 2005; 5: 718-725.
2. Heikkinen T, Jarvinen A. The common cold. *Lancet*. 2003; 361: 51-59.
3. Lauber B. The common cold. *Journal of General Internal Medicine*. 1996; 11: 229-236.
4. Eccles R. Understanding the symptoms of the common cold and influenza. *Lancet Infectious Diseases*. 2005; 5: 718-725.
5. Fry J, Sandler G. *Common diseases: their nature prevalence and care*. Kluwer Academic, Dordrecht, Netherlands; 1993.

Common cold

6. Arroll B. Antibiotics for the common cold and acute purulent rhinitis (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
7. U.S. National Library of Medicine. Medline Plus: common cold. October 2013. Available at <http://www.nlm.nih.gov/medlineplus/ency/article/000678.htm> (accessed on 23 January 2014).
8. Medicines and Healthcare Products Regulatory Agency. Children's over-the-counter cough and cold medicines: new advice. November 2010. Available at <http://www.mhra.gov.uk> (accessed on 23 January 2014).
9. U.S. Food and Drug Administration. FDA releases recommendations regarding use of over-the-counter cough and cold products. January 2008. Available at <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2008/ucm116839.htm> (accessed on 23 January 2014).
10. British National Formulary. Aromatic inhalations. Section 3.8. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 23 January 2014).
11. Taverner D, Latte J. Nasal decongestants for the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
12. Eccles R, Eriksson M, Garreffa S, et al. The nasal decongestant effect of xylometazoline in the common cold. *American Journal of Rhinology*. 2008; 22: 491-496.
13. British National Formulary. Topical nasal decongestants: ipratropium bromide. Section 12.2.2. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 23 January 2014).
14. British National Formulary. Ear, nose, and oropharynx. Section 12. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 23 January 2014).
15. De Sutter AIM, Lemiengre M, Campbell H, et al. Antihistamines for the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
16. Smith SM, Schroeder K, Fahey T. Over-the-counter medications for acute cough in children and adults in ambulatory settings (Cochrane review). In: the Cochrane Library. Wiley, Chichester, UK.
17. D'Agostino RB Sr, Weintraub M, Russell HK, et al. The effectiveness of antihistamines in reducing the severity of runny nose and sneezing: a meta-analysis. *Clinical Pharmacology and Therapeutics*. 1998; 64: 579-596.
18. Mossad SB. Treatment of the common cold. *BMJ*. 1998; 317: 33-36.
19. British National Formulary. Non-opioid analgesics: aspirin. Section 4.7.1. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 23 January 2014).
20. Li S, Yue J, Dong BR, et al. Acetaminophen (paracetamol) for the common cold in adults (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
21. Kim SY, Chang YJ, Cho HM, et al. Non-steroidal anti-inflammatory drugs for the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
22. Linde K, Fischer P, Melchart D, et al. Echinacea for preventing and treating the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
23. Shah SA, Sander S, White CM, et al. Evaluation of echinacea for the prevention and treatment of the common cold: a meta-analysis. *Lancet Infectious Diseases*. 2007; 7: 473-480.
24. Taylor JA, Weber W, Standish L, et al. Efficacy and safety of echinacea in treating upper respiratory tract infections in children: a randomized controlled trial. *Journal of the American Medical Association*. 2003; 290: 2824-2830.
25. Mullins RJ. Echinacea associated anaphylaxis. *Medical Journal of Australia*. 1998; 168: 170-171.
26. Singh M. Heated, humidified air for the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.

Common cold

27. Singh M, Das RR. Zinc for the common cold. In: The Cochrane Library. Wiley, Chichester, UK.
28. Jackson JL, Lesho E, Peterson C. Zinc and the common cold: a meta-analysis revisited. *Journal of Nutrition*. 2000; 130 (supplement): S1512-S1515.
29. Hulisz D. Efficacy of zinc against common cold viruses: an overview. *Journal of the American Pharmaceutical Association*. 2004; 44: 594-603.
30. Caruso TJ, Prober CG, Gwaltney JM, Jr, et al. Treatment of naturally acquired common colds with zinc: a structured review. *Clinical Infectious Diseases*. 2007; 45: 569-574.
31. Science M, Johnstone J, Roth DE, et al. Zinc for the treatment of the common cold: a systematic review and meta-analysis of randomized controlled trials. *Canadian Medical Association Journal*. 2012; 184: E551-E561.
32. Caruso TJ, Gwaltney JM. Treatment of the common cold with echinacea: a structured review. *Clinical Infectious Diseases*. 2005; 40: 807-810.
33. D'Cruze H, Arroll B, Kenealy T. Is intranasal zinc effective for the common cold? *Journal of Primary Health Care*. 2009; 1: 134-139.
34. Hirt M, Nobel S, Barron E. Zinc nasal gel for the treatment of common cold symptoms: a double-blind, placebo-controlled trial. *Ear, Nose and Throat Journal*. 2000; 79: 778-782.
35. Mossad SB. Effect of zincum gluconicum nasal gel on the duration and symptom severity of the common cold in otherwise healthy adults. *Quarterly Journal of Medicine*. 2003; 96: 35-43.
36. Belongia EA, Berg R, Liu K. A randomized trial of zinc nasal spray for the treatment of upper respiratory illness in adults. *American Journal Medicine*. 2001; 111: 103-108.
37. Jafek BW, Linschoten MR, Murrow BW. Anosmia after intranasal zinc gluconate use. *American Journal of Rhinology*. 2004; 18: 137-141.
38. Lissiman E, Bhasale AL, Cohen M. Garlic for the common cold (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
39. Hemilä H, Chalker E. Vitamin C for preventing and treating the common cold. In: The Cochrane Library. Wiley, Chichester, UK.
40. Kenealy T, Arroll B. Antibiotics for the common cold and acute purulent rhinitis. In: The Cochrane Library. Wiley, Chichester, UK.
41. Fahey T, Stocks N, Thomas T. Systematic review of the treatment of upper respiratory tract infection. *Archives of Disease in Children*. 1998; 79: 225-230.
42. National Institute for Health and Care Excellence. Respiratory tract infections - antibiotic prescribing: prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. July 2008. Clinical guideline 69. Available at <http://www.nice.org.uk/cg69> (accessed on 23 January 2014).
43. British National Formulary. Demulcent and expectorant cough preparations. Section 3.9.2. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://www.bnf.org> (accessed on 23 January 2014).
44. Eccles R. The powerful placebo in cough studies. *Pulmonary Pharmacology and Therapeutics*. 2002; 15: 303-308.
45. Oduwole O, Meremikwu MM, Oyo-lta A, et al. Honey for acute cough in children (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
46. Beller PIM, McMonagle A, Shaffer ML, et al. Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents. *Archives of Pediatric & Adolescent Medicine*. 2007; 161: 1140-1146.
47. Cohen S, Hamrick N, Rodriguez MS, et al. Reactivity and vulnerability to stress-associated risk for upper respiratory illness. *Psychosomatic Medicine*. 2002; 64: 302-310.

Common cold

48. British National Formulary. Cough suppressants. Section 3.9.1. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://www.bnf.org> (accessed on 23 January 2014).

49. British National Formulary. Aromatic inhalations. Section 3.8. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 23 January 2014).

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