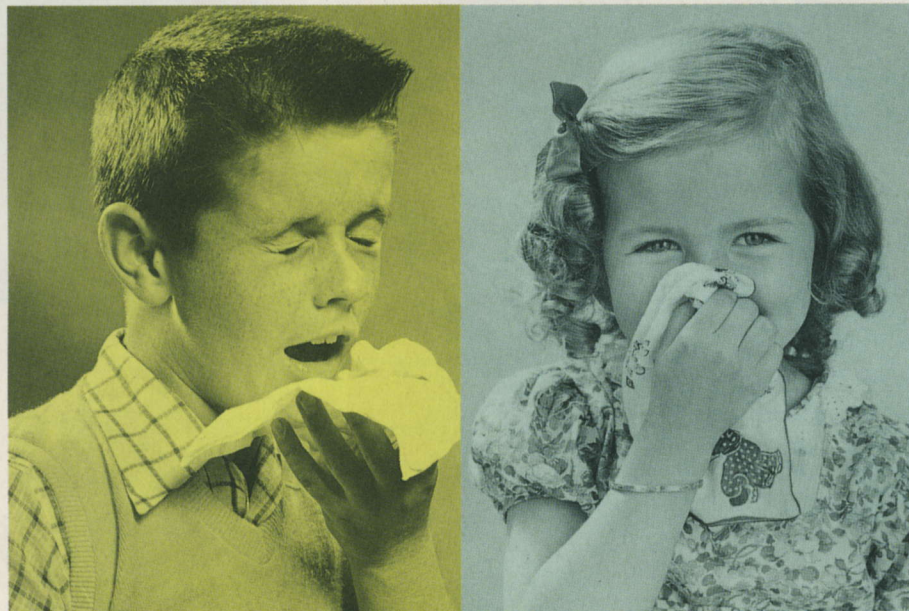


Cold Myths...



Even Smart Parents Believe

IF YOU'VE GOT a snuffle-prone child (and who doesn't?), you know that the Cold War is not really over. Preschoolers average six colds a year, and elementary school children are afflicted with twice that many, according to Judy Murphy, a spokesperson for the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland.

Colds are also more complex than most people realize. Symptoms such as sneezing, coughing, a stuffy nose, and a sore throat can be caused by any of more than 200 different kinds of cold viruses. While your memory of childhood illnesses like chicken pox and roseola may be dim, you've probably had a cold recently enough that you can relate to your child's feelings of discomfort. Yet, firsthand expe-

rience does not prevent parents from bringing plenty of confusion and misunderstanding to coping with their kids' colds. It's easy to misread a cold for a flu, for instance. The difference says, Ronald Bruce Turner, M.D., associate professor in the department of pediatrics at the Medical University of South Carolina in Charleston, is that while a flu usually causes the same symptoms as a cold, it is also most often accompanied by fever, headache, muscle ache, and extreme fatigue.

And according to Nicholas Tortorello, president of Research and Forecasts, Inc., a New York City national public opinion firm that conducted a survey on how adults perceive colds are caught, the theories that parents abide by and the tactics they use to prevent or treat colds, though well-inten-

tioned, are often outdated. People don't distinguish between traditional remedies and medically proven treatments, he says.

Although some of the down-home advice is worthwhile, there's more to cold cures than chicken soup and hot tea with honey. And just as you'd want your child to benefit from the latest technology in the treatment of other medical conditions, it's important to know about the newest research in how colds are spread, prevented, and treated. Check out the following myths you may still abide by, then learn the truth.

MYTH 1 Vitamin C prevents and cures colds

Many parents load their children with orange juice because a few studies several years ago suggested that vitamin C could ward off colds. But when those studies were repeated with large numbers of volunteers at the University of Chicago and the National Institute of Health in Bethesda, Maryland, says Dr. Turner, vitamin C fared no better in preventing colds than placebos. Nor is there conclusive scientific evidence that vitamin C has the ability to stem the severity or duration of cold symptoms, according to the National Institute of Allergy and Infectious Diseases. In fact, taking large doses of vitamin C over long periods of time can potentially be harmful. Such dosage can trigger

severe diarrhea, for example, which poses a particular danger for small children because it causes rapid dehydration.

MYTH 2 Drafts cause colds

Your mom told you, "Button up your overcoat or you'll catch a cold," so naturally you pile the sweaters on *your* kids during winter. But, research conducted by Gordon Douglas, M.D., at Baylor University in Houston, Texas, shows that exposure to cold weather or getting chilled, wet, or even overheated does not make your child more likely to catch a cold, nor does it make those colds that do develop more severe. In fact, colds are more common during fall and winter not because of the chilly weather (*Continued on page 54*)

but probably because children spend much more time indoors, where cold viruses can hop from one person to another more easily, explains Dr. Turner.

For this reason, colds peak when children go back to school in the fall and during the week following Christmas, when relatives and friends gather indoors, he says. A recent study by Eugene Hurwitz, M.D., and his colleagues at the Centers for Disease Control in Atlanta also found that children attending daycare were more likely to have respiratory illnesses than those not enrolled in daycare.

There are two ways that cold viruses can hitch rides into unsuspecting noses. The "aerosol" theory attributes cold transmission to the spray that is emitted when an infected person sneezes or coughs. For instance, you have a cold and you cough, projecting small aerosol particles into the air; your child enters the room and becomes infected from the germs.

According to the second theory, physical contact is the cause of contamination, explains Jack Gwaltney, Jr., M.D., head of the division of epidemiology and virology at the University of Virginia in Charlottesville. For example, your child touches a person or object that is contaminated, then touches his nose or eyes with his contaminated hand, and a cold virus takes root. This theory is based on the fact that cold viruses can survive for a few hours on objects.

Donald Schiff, M.D., professor of pediatrics at the University of Colorado in Denver and Denver Children's Hospital, and past president of the American Academy of Pediatrics, notes that several measures can help break the above chain of events for your child. Encourage her to wash her hands frequently, not to put her hands near her eyes or nose, to use disposable cups in the bathroom, to blow her nose or cough into disposable tissues, and to minimize contact with non-family members who have respiratory infections. Spray household surfaces with disinfectant frequently to prevent the spread of infection from nasal

secretions, and don't let any sneezers share their cups or silverware with others in your home. Remember, the best way to avoid catching colds is to avoid contact with those people who have them.

MYTH 3

Kids with colds should be kept at home

When it was more common for moms to be at home, it was also more common to keep kids with colds at home—supposedly to stem the spread of the cold and to boost recovery. But "colds are so ubiquitous that it's not reasonable to think that you're going to significantly impact the spread of colds in the community by isolating your child," says Dr. Turner. He points out that children with colds are contagious about a day or two before developing symptoms anyway, so they have already exposed other kids to their viruses.

Decisions regarding your child's activities, of course, should be based on his

symptoms. If your child's cold is accompanied by an oral fever of 100 degrees F. or greater, a severe headache, sore throat, or earache, or is feeling so uncomfortable that he's been dragging his feet, then he should stay at home and your pediatrician should be contacted, says Dr. Schiff. While "it doesn't make children sicker to go to school," he explains, parents need to let kids dictate their own level of activity when they have a cold. When deciding whether your child should stay at home, also take into account, of course, the policies of your child's daycare or school program.

MYTH 4

Antibiotics are an effective treatment for colds

Antibiotics are used to treat bacterial infections and can cure the occasional bacterial complications of colds, such as sinusitis or ear infection. They cannot, however, kill the viruses that cause colds, says Dr. Turner. You also (*Continued on page 56*)

COLD REMEDIES THAT WORK

Confused about the vast array of over-the-counter children's cold medicines? Get relief with this guide to treating different cold symptoms. Your best bet is to treat only those symptoms your child exhibits, and avoid all-in-one cold and flu preparations. And before administering any medication, be sure to consult with your child's pediatrician for the proper dosages and any specific needs your child may have.

SYMPTOM	REMEDY	HOW IT WORKS	POTENTIAL SIDE EFFECTS
NASAL CONGESTION	<ul style="list-style-type: none"> • Clear fluids (3–4 pints/day) • Decongestant • Saltwater nose drops • Suction bulb 	<ul style="list-style-type: none"> • Thins mucus • Shrinks swollen blood vessels that block nasal passages • Thins mucus • Sucks out mucus 	<ul style="list-style-type: none"> • None • Hyperactivity, lethargy, upset stomach, dizziness • None • None
SORE THROAT	<ul style="list-style-type: none"> • Honey mixed with warm water • Medicated lozenges and sprays 	<ul style="list-style-type: none"> • Coats throat • Anesthetizes throat 	<ul style="list-style-type: none"> • None • None
HEADACHE, MUSCLE ACHES, FEVER	<ul style="list-style-type: none"> • Non-aspirin pain reliever, such as ibuprofen, acetaminophen 	<ul style="list-style-type: none"> • Works on nervous system to relieve muscle pain 	<ul style="list-style-type: none"> • Nausea, upset stomach
DRY COUGH	<ul style="list-style-type: none"> • Honey mixed with warm water • Medicated lozenges • Cough suppressant 	<ul style="list-style-type: none"> • Coats throat • Anesthetizes throat • Inhibits brain's cough reflex 	<ul style="list-style-type: none"> • None • None • Upset stomach, dizziness
RUNNY NOSE	<ul style="list-style-type: none"> • Decongestant 	<ul style="list-style-type: none"> • Stops leakage of serum from the blood into the nose by constricting blood vessels 	<ul style="list-style-type: none"> • Hyperactivity, lethargy, upset stomach, dizziness
CHEST CONGESTION	<ul style="list-style-type: none"> • Expectorant 	<ul style="list-style-type: none"> • Thins mucus 	<ul style="list-style-type: none"> • Nausea, vomiting

should never administer antibiotics to your child at the onset of a cold yourself, he cautions. It takes a physician and diagnostic test to determine which type of antibiotic is required to treat the bacterial infection your child has. Nor do you want to expose your child to any possible adverse reactions, such as diarrhea or rashes.

MYTH 5

Antihistamines relieve cold symptoms

"Kids should not take antihistamines unless they're having an allergic reaction," says Dr. Turner. The reason: During an allergic reaction the body makes chemicals called histamines, which are infamous for their ability to spur the runny noses and congestion that plague allergy sufferers.

Most people assume that histamines provoke these same symptoms when the nose is attacked by a cold virus. But studies conducted at the University of Virginia in Charlottesville and Johns Hopkins University in Baltimore show that the levels of

histamines do not rise in people infected with cold viruses, and that antihistamines do not help stem cold symptoms.

MYTH 6

Decongestants can cut colds short

Although decongestants are effective in relieving the discomfort of a stuffy nose, a study conducted by Steven Sperber, M.D., clinical assistant professor in the department of medicine at the Robert Wood Johnson Medical School in New Brunswick, New Jersey, showed that decongestants have no effect on the duration of a cold.

While nose sprays and drops tend to be more effective than oral medicines, be aware that frequent use of such topical decongestants can worsen congestion by irritating and inflaming nasal passages, says Dr. Turner. The Food and Drug Administration also recommends that topical decongestants be used for no more than three days. Oral decongestants, however, can be used for up to seven days.

MYTH 7

Decongestants and antihistamines can prevent ear infections

Unfortunately, for many young kids, colds can swell shut the tube that connects the middle ear to the throat. This triggers a buildup of fluid in the ear, in which germs can breed. The result is an ear infection. Parents sometimes try to prevent these ear infections by giving their kids antihistamines and decongestants the minute they sneeze. The problem? Only about 5 percent of colds prompt ear infections, says Dr. Turner. And, these drugs don't prevent ear infections, according to the Food and Drug Administration.

MYTH 8

Pain relievers should be used to treat colds

Despite the universal doctor's advice—take two aspirin and call me in the morning—there are good reasons for not giving your child

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TEACHING TOTS TO SNEEZE WITH EASE

Teaching your child to blow his nose can be a tough challenge, in part because kids have to physically learn how to navigate air through the nasal passages, and in part because they have to psychologically learn to let go of something that comes from their body, says Wendy Schwartz, a child development consultant in Philadelphia.

It's important to understand that kids will blow their nose in their own time, she says, and parents shouldn't pressure children or make them feel guilty if they're not ready. Schwartz suggests teaching the feat playfully. Here are a few nose-blowing games to try:

- Tell your child to pretend a tissue is a balloon and to blow it up with the air from his nose.
- Have your child blow a cotton ball across the table with air from her mouth. Then have her cover her mouth and practice blowing the cotton ball across the table with air from her nose. Once she's mastered this, tell her to use this technique to blow into a tissue.
- Put a blade of grass in front of your child's nose. Ask him to move it with breath from his nose.
- Have your child wet her finger and try to dry it with air from her nose.

aspirin when he comes down with a cold.

Aspirin can cause the potentially fatal Reye's syndrome, a rare but serious—and sometimes fatal—illness that affects the brain and liver in children. Therefore, the American Academy of Pediatrics recommends that children and teenagers not be given aspirin for any illness.

But in cases where your child's cold

causes fever, chills, loss of appetite, body ache, dehydration, or fatigue, you may want to treat your child with a fever-lowering drug such as acetaminophen or ibuprofen (now available in pediatric formulas).

You can also try to lower your child's fever by sponging her with lukewarm water, which increases heat loss. Never, however, sponge your child with rubbing alcohol (an

old-fashioned home remedy), because the fumes can be toxic or the alcohol can be absorbed through the skin and prompt a coma and even death, says Dr. Turner.

If your child has a temperature above normal, but is chasing the cat at breakneck speed or showing other interest in normal activity, many pediatricians advise not treating the fever. The reason? Some studies suggest that an elevated temperature may be more of an ally than a foe in waging war against illness. Fevers are rarely dangerous on their own, and an elevated temperature actually boosts immune defenses and may kill cold viruses.

Some small children are prone to developing seizures when they have a fever, however. Although these febrile seizures usually last for less than a minute and are not harmful, if your child is prone to them, be careful to lower his fever. Consult your pediatrician about administering the right dosages of acetaminophen or ibuprofen. Also, give him plenty of fluids to drink, and sponge-baths, says Dr. Schiff. ■

Margie Patlak is a writer and mother based in Elkins Park, Pennsylvania.