

## Where, O' Where is my prescription?



You've been feeling awful for 3 or 4 days. You have fever, runny nose, a cough, scratchy sore throat. You've had to stay home from work.

Then, the doctor tells you that you don't need any antibiotics to get well. What's a patient to do?

Your doctor is trying to follow the most currently recommended standard-of-care treatment guidelines for treating your respiratory infection. He or she is not just trying to be cruel.

### **The symptoms**

Most acute upper respiratory infections (URI, also known as the common cold) are due to viruses. Commonly, the illness will start with a sore or scratchy throat, followed by nasal congestion or drainage and cough. Mucus can be clear or colorful, light or dark. The color of the mucus comes from the reaction of the white blood cells that are fighting the virus with the virus itself.

Dark green mucus does not automatically mean there is a bacterial type of infection. Often, a fever accompanies these other symptoms, along with fatigue and sometimes body aches or headache. A typical viral URI can last from 7-14 days, but the worst is usually over by the fourth or fifth day.

### **The diagnosis**

The diagnosis of a viral URI is made clinically, there is no test for it. The symptoms follow the typical pattern, and the examination does not show any signs of more serious illness. If a sore throat is severe, or if examination shows that the throat is really red or swollen, your doctor may order a test to check for strep throat. If the test shows that there is strep infection, your doctor will order an antibiotic. If the test is negative for strep, the infection is from a virus and an antibiotic is unnecessary. There is also a test for influenza virus (the real flu) that may be done if the patient has a very high fever, extreme body pains or is severely ill during the flu season. A positive test for influenza may lead your doctor to prescribe an anti-virus medication, but this virus will also clear without any treatment. The flu generally lasts longer than the common cold, and usually makes the patient much sicker.

### **The treatment**

Treatment for a viral URI includes rest, lots of fluids and medications to target the symptoms. For instance, acetaminophen for headache or fever, or pseudoephedrine for nasal symptoms, or an expectorant for drainage and cough. Although there is no medical evidence proving that cold medicines are beneficial in curing the illness, many individuals find them helpful to improve symptoms while they are getting better. Because antibiotics

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## *But where is my antibiotic prescription?*

only kill bacteria, they are not indicated for viral infections. The main ingredient in the recipe to get over your illness is time. Your immune system will conquer the offending viruses, and soon you will be back to normal. Current guidelines suggest that antibiotics may be warranted if congestion and pus-like drainage and facial pain continue after 7 days, particularly in individuals who have recently taken an antibiotic for any reason. Other sources recommend waiting 10-14 days before considering antibiotic therapy.

### **But why?**

Why can't you take an antibiotic anyway, and just nip the illness in the bud? Maybe your doctor always prescribes an antibiotic and you feel better in a few days. There is no medical evidence that antibiotics prevent a cold from turning into something more serious. A viral respiratory infection will get better in a few days with an antibiotic, but it will also improve in a few days without an antibiotic. Also, there is a lot of evidence that tells us that overusing antibiotics leads to serious problems, like antibiotic-resistant bacteria. Because the antibiotic kills healthy bacteria along with the offending bacteria, many women who take an antibiotic get a vaginal yeast infection. Some individuals may develop an intestinal infection for this same reason.

### **What about "superbugs"**

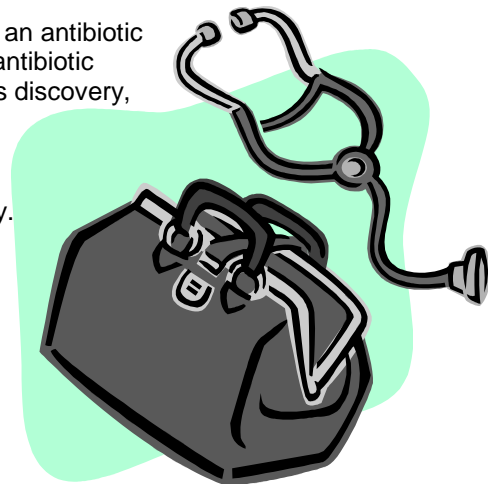
You may have seen information about "superbugs" on the TV news or in the newspaper. These "bugs" are bacteria that have developed the ability to resist most, if not all antibiotics. This happens as the bacteria mutate (change genetically) to form chemicals that resist antibiotics, or change their structure to prevent an antibiotic from reacting with the bacterial cell. The reason for this change is antibiotic overuse. Fifty years ago, Penicillin would kill most bacteria. After its discovery, doctors used it for all sorts of infections, including the common cold. At that time, nothing was known about the development of antibiotic resistance. Today, very few bacteria are killed by plain Penicillin. Strep throat is one example where Penicillin is still used successfully. An example of antibiotic-resistant bacteria is Methicillin Resistant Staphylococcus Aureus (MRSA), the bacteria that causes illnesses as minor as boils to as serious as life-threatening pneumonia and blood infections.

Although your doctors might prescribe an antibiotic, he or she is on your side, and is just trying to practice good medicine. The Centers for Disease Control <http://www.cdc.gov/> and many medical organizations (like the American Academy of Pediatrics <http://www.aap.org/> and the American Academy of Family Physicians <http://www.aafp.org/>) provide these guidelines for physicians to follow. So hang in there and you will soon get over your viral respiratory infection.

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