
Treating Sinus Infections: Don't rush to antibiotics



Millions of people are prescribed antibiotics each year for sinus infections, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinus infections. Unfortunately, most of those people don't need the drugs. Here's why:

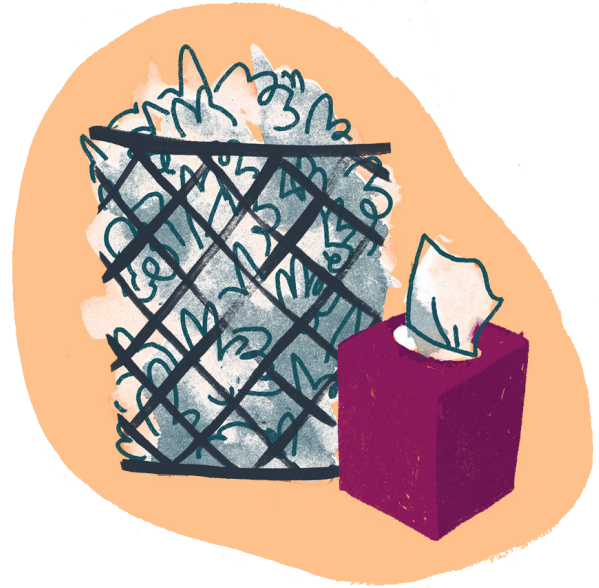
The drugs usually don't help

Sinus infections can be painful. People with the condition usually have a stuffy nose combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one - and antibiotics don't work against viruses. Even when bacteria are the cause, the infections often clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

They can pose risks.

About one in four people who take antibiotics have side effects, such as stomach problems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions.

Overuse of antibiotics also promotes the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the good that antibiotics can do for others.



So when are antibiotics necessary?

They're usually required only when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worrisome symptoms that can warrant immediate antibiotic treatment include a fever over 38.6 °C, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly.

When you do need antibiotics, the best choice in many cases is amoxicillin, which is typically just as effective as more expensive brand-name antibiotics. Note that some health care providers recommend CT scans when they suspect sinus infections. But those tests are usually necessary only if you have frequent or chronic sinus infections or you're going to have sinus surgery.

About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help clinicians and patients make smart and effective choices to ensure high-quality care.

Acknowledgement: Contributors to this pamphlet included the College of Family Physicians of Canada.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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How should you treat sinus infections?

Most people recover from sinus infections caused by colds in about a week, but several self-help steps may bring some relief sooner:

Rest. That's especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.

Drink. Warm fluids can help thin nasal secretions and loosen phlegm.

Boost humidity. Warm, moist air from a bath, shower, or a pan of recently boiled water can loosen phlegm and soothe the throat.

Gargle. Use half a teaspoon of salt dissolved in a glass of warm water.

Rinse your nose. Saltwater sprays or nasal irrigation kits (such as Neti Pot) might make you feel better.

Use over-the-counter remedies with caution.

- Nasal drops or sprays containing oxymetazoline (such as Otrivin®, Drixoral® and generic) can cause rebound congestion if used for longer than three days.
- The benefits of oral decongestants (such as Sudafed) rarely outweigh the risks or side effects.
- Unless significant allergies are present, it's best to skip antihistamines since they don't ease cold symptoms very much and can cause bad side effects.