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Treating sinusitis

Don't rush to antibiotics

Millions of people each year are prescribed antibiotics for sinusitis, 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 sinusitis. Unfortunately, most of those people probably don't need the drugs. Here's why.

The drugs usually don't help

Sinusitis can be uncomfortable. People with the condition usually have congestion 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 responsible, the infections usually 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, including stomach prob-



lems, 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 encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

They're usually a waste of money

Antibiotics often aren't very expensive, but any money spent on unnecessary drugs is money down the drain. And since patients often request prescriptions and doctors often comply, the total cost to the health-care system is substantial—at least \$31 million a year.

So when are antibiotics necessary?

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 101.5° F, extreme pain and tenderness around 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 generic amoxicillin, which typically costs about \$4 and is just as effective as more expensive brand-name antibiotics, such as Augmentin. Note that while some doctors recommend CT scans when they suspect sinusitis, they're necessary only if you have frequent or chronic sinusitis or you're considering sinus surgery.

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Consumer Reports' Advice

How should you treat sinusitis?

Most people recover from sinusitis 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 kettle 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 might help you feel better.



- **Use over-the-counter remedies cautiously.** Nasal drops or sprays containing oxymetazoline (Afrin, Neosynephrine Nighttime, and generic) can cause rebound congestion if used for longer than three days. If stuffiness hasn't eased by then, ask your pharmacist for pseudoephedrine pills (Sudafed and generic), which are available without a prescription but kept "behind the counter." But check with your doctor first, since they can cause serious side effects. It's best to skip antihistamines since they don't ease cold symptoms very much and can cause intolerable side effects.