

## Managing Mild Upper Respiratory Tract Infections: Are You Addressing Your Patient's Concerns?

The COVID-19 pandemic has altered how people think and feel about respiratory illnesses and the multitude of viruses that cause them.<sup>1</sup> Cold sufferers are more aware of their symptoms and are no longer satisfied with being told that it's "just a virus". A position paper by Prof. Smith et al. (2023) provides best practice recommendations for pharmacists and physicians on how to effectively manage mild upper respiratory tract infections (MURTI).<sup>2</sup> Based on these recommendations, our three-part series will examine practical and holistic strategies to help pharmacists manage MURTI and improve patients' overall wellbeing.

**Case study:** Let us take Rosa as an example of a typical cold patient. Her body is signalling that it is unwell, and she fears she is coming down with a cold. The pharmacy is her primary point of contact for information as it provides low-threshold access to health advice, health literacy, and social support.<sup>2,3</sup> Thus, community pharmacists fulfil the essential role of professional first-line consultants and can reassure patients that they have come to the right place for guidance on how to navigate their respiratory symptoms.

**Navigating health concerns:** Rosa tells the pharmacist about her sore throat and sneezing. She is concerned about passing on the infection to her husband, kids, or colleagues. Just like many of us, Rosa has become more conscious of her health due to the pandemic. Additionally,

some of her co-workers may not tolerate the presence of a team member with symptoms of respiratory infection.<sup>2</sup> Should she stay home from work because of her symptoms?

**"MURTI are a major cause of absenteeism from work and education. This absenteeism may also cause additional burdens, with parents having to take time off to care for sick children, and work colleagues having to cover for absentees."**

Prof. Andrew Smith

**Empathic listening:** The pharmacist listens to Rosa's concerns and inquires about her symptoms, while assessing her level of health literacy. Patients and their particular priorities should be the focal point of every conversation. Active listening is a fundamental part of professional interaction; recommendations that directly address the patients' priorities improve the quality of care and build trust.

**Preventing the spread of disease:** The good news is that there are things pharmacists can do to help patients like Rosa feel better. Rosa's priority at this point is to avoid passing on the infection to others. Getting early symptoms under control and preventing virus spread within the household is crucial, especially when considering young children or individuals with underlying health conditions. Learning how to implement simple measures such as hand

hygiene, cleaning shared items, and proper cough and sneezing etiquette can significantly reduce transmission.<sup>5,6</sup> "Cover your mouth when you cough or sneeze, preferably with a tissue that you throw away, and then wash your hands afterwards. Try to be aware of whether your hands are clean before touching your face. Also, stay at home when you're sick – limiting exposure makes spread of the virus less likely."

**Why some fall ill and others don't:** Typically, the onset of cold symptoms is staggered. A sore throat is often the first sign of a cold, but MURTI encompass a range of symptoms, including nasal congestion, headache, cough, and general malaise.<sup>4</sup> While these may seem minor, they can significantly impact our daily lives, causing discomfort and affecting overall wellbeing.<sup>2</sup> Not everyone who is exposed to a virus will become ill, and among those who do, the severity and duration of symptoms can vary widely. Everyone's immune system is slightly different, and factors like stress and psychological wellbeing also play a role in how our bodies respond to infections.<sup>7,8,9</sup> Understanding this interaction between the brain and immune system can help us better manage our health.

**"The brain and immune system interact. Psychological stress leads to immune suppression, making a person more susceptible to infection. Highly stressed individuals have more severe and longer-lasting colds."**

Prof. Andrew Smith

**Viral diversity and immune response:** More than 200 viruses cause cold-like symptoms, which usually appear gradually. Identifying the specific virus causing the symptoms is challenging because the common cold, influenza, and mild COVID-19 share many similar symptoms (see Table 1). The viruses do not cause the symptoms directly, but rather trigger an immune response. This immune reaction can lead to inflammation and irritation in the respiratory tract, resulting in the characteristic cold and flu symptoms.<sup>2,4</sup>

**Fostering health literacy:** Through meaningful conversations, pharmacists can educate individuals like Rosa about MURTI and increase self-awareness of symptoms and symptom development. Improving health literacy involves creating a "shame-free" environment where patients feel safe to ask questions and receive non-judgmental answers.<sup>10</sup> Pharmacists can help patients feel reassured, supported, and informed by using clear and simple language, free of medical jargon.

**Now what?** After assessing a patient's symptoms, priorities, and health literacy, pharmacists can come up with an effective treatment plan. Learn more about how to optimise and individualise effective treatment of multiple, often alternating, MURTI symptoms in part 2 of this series.

Table 1: Common symptoms of common cold, influenza and COVID-19

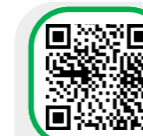
	Common cold	Influenza	COVID-19*
	Gradual onset of symptoms	Abrupt onset of symptoms	Symptoms range from mild to severe
Length of symptoms	<14 days	7–14 days	7–25 days
Sneezing	Common	No	No
Runny or stuffy nose	Common	Sometimes	Rare
Sore throat	Common	Sometimes	Sometimes
Cough	Common (mild)	Common (dry)	Common (dry)
General aches, pains	Common	Common	Sometimes
Loss of taste or smell	Sometimes	Sometimes	Common
Fever	Rare	Common	Common
Shortness of breath	No	No	Sometimes
Wheezing	No	Sometimes	Rare

\*Information is still evolving<sup>11,12,13,14</sup>  
 Note: some symptoms of the common cold and COVID-19 overlap, and testing may be required for a correct diagnosis. Table adapted from Smith et al. (2023)<sup>2</sup>

### Did you know that?

- We catch an average of 200 colds over the course of our lives
- We therefore suffer from cold symptoms for about 3 years
- Our susceptibility decreases over the course of our lives

Over 200 virus strains, like rhinoviruses, adenoviruses, coronaviruses, and influenza, cause upper respiratory tract infections. The diversity of viruses makes finding a cure or preventative methods extremely challenging, so treatments typically target the symptoms.



Watch this video to learn about hidden factors that affect your susceptibility to respiratory infections.



Andy Smith is Professor of Psychology and Director, Centre for Occupational and Health Psychology, Cardiff University. He researches stress at work, the working environment, transport fatigue, nutrition and behaviour, the psychology of acute and chronic illness, and wellbeing.

Rosa, 29, family manager, full-time employed



Rosa is afraid of getting a cold. She is concerned about

- absenteeism from work
- passing on the infection to her family
- care leave & disturbed nights

### Managing Mild Upper Respiratory Tract Infections: Are You Addressing Your Patient's Concerns?

#### References

1. Taylor S. The Psychology of Pandemics. *Annu Rev Clin Psychol*. 2022;18:581-609. doi:10.1146/annurev-clinpsy-072720-020131
2. Smith A, Kardos P, Pfaar O, et al. The treatment of mild upper respiratory tract infections - a position paper with recommendations for best practice. *Drugs Context*. 2023;12:2023-4-2. Published 2023 Jul 25. doi:10.7573/dic.2023-4-2
3. Cork T, White S. Exploring community pharmacists' use of health literacy interventions in their everyday practice. *Res Social Adm Pharm*. 2022;18(11):3948-3952. doi:10.1016/j.sapharm.2022.06.007.
4. Eccles R. Understanding the symptoms of the common cold and influenza. *Lancet Infect Dis*. 2005;5(11):718-725. doi:10.1016/S1473-3099(05)70270-X
5. Larson EL. Warned, but not well armed: preventing viral upper respiratory infections in households. *Public Health Nurs*. 2007;24(1):48-59. doi:10.1111/j.1525-1446.2006.00607.x
6. Nunes-Silva C, Vilares AT, Schweitzer V, et al. Non-COVID-19 respiratory viral infection. *Breathe (Sheff)*. 2022;18(1):210151. doi:10.1183/20734735.0151-2021
7. Cohen S, Tyrrell DA, Smith AP. Negative life events, perceived stress, negative affect, and susceptibility to the common cold. *J Pers Soc Psychol*. 1993;64(1):131-140. doi:10.1037//0022-3514.64.1.131
8. Cohen S. Psychosocial Influences on Immunity and Infectious Disease in Humans. *Handbook of Human Stress and Immunity*. 1994;301-319. doi:10.1016/B978-0-12-285960-1.50016-2
9. Smith AP. The Psychology of the Common Cold and Influenza: Implications for COVID-19. *Int J Clin Virol*. 2020;4: 027-031.
10. Poe M, Viegas R, International Pharmaceutical Federation (FIP). Empowering self-care: A handbook for pharmacists. The Hague: International Pharmaceutical Federation; 2022. <https://www.fip.org/file/5111>. Accessed 2 May 2024
11. Centers for Disease Control and Prevention. Similarities and differences between Flu and COVID-19. Center for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD). <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm> (Accessed: 15 Apr 2024).
12. Kandola A, Weiss K. New coronavirus vs. flu. <https://www.medicalnewstoday.com/articles/coronavirus-vs-flu> (Accessed: 15 Apr 2024).
13. Is it Flu, COVID-19, allergies, or a cold? In: *News in Health*. National Institutes of Health; 2022. <https://newsinhealth.nih.gov/2022/01/it-flu-covid-19-allergies-or-cold> (Accessed: 15 Apr 2024).
14. Pfaar O, Klimek L, Jutel M, et al. COVID-19 pandemic: Practical considerations on the organization of an allergy clinic-An EAACI/ARIA Position Paper. *Allergy*. 2021;76(3):648-676. doi:10.1111/all.14453