

DocTalk

# Why can't I take antibiotics for a cold or flu?



ST ILLUSTRATION: CEL GULAPA

Antibiotics cannot cure a cold or a flu, and can cause more harm instead



David Lye

Recently, a patient who is in his mid-30s and whom I have been seeing for a chronic medical condition asked me for antibiotics. "My phlegm is yellow. Every time this happens, I ask for antibiotics from my GP, take them and I get better in a few days," he said. Many doctors would have encountered similar requests from patients, who see them for the common cold and influenza, which are upper respiratory tract infections (URTI) that are primarily caused by viruses. The problem is that antibiotics are effective only against bacteria but not viruses. Viruses and bacteria belong to different classes of microorganisms and do not share the same characteristics. Taking antibiotics for URTI does not treat these viral infections or hasten the resolution of the symptoms. A common misconception is that

the colour of your phlegm or mucus indicates if the infection is viral or bacterial.

However, having yellow or green phlegm does not mean you are having a bacterial infection and therefore require antibiotics.

**YOU FEEL BETTER, BUT IT'S NOT BECAUSE OF ANTIBIOTICS**

"But what's wrong with taking antibiotics, doctor? I get better after taking them."

Symptoms of URTI generally improve in three to five days and URTI may take one to two weeks to completely resolve.

Patients often start taking antibiotics after three to five days, which is when their illness is about to improve.

This leads to the mistaken belief that antibiotics can cure URTI.

When used to prevent or treat bacterial infections, antibiotics are powerful life-saving medicines.

However, antibiotics are not harmless. Common side effects include abdominal discomfort and diarrhoea.

Some patients may develop allergic reactions. Antibiotics may also cause drug interactions with other medications.

Another major problem is antibiotic resistance, which has been declared a global health threat

by the World Health Organisation.

It occurs at an accelerated pace when antibiotics are overused or inappropriately used.

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The development of new antibiotics has not kept up with the spread of antibiotic resistance. In extreme cases, some bacteria strains have developed resistance to all currently available antibiotics, resulting in untreatable infections.

According to a global review, if left unchecked, antibiotic resistance will lead to millions of deaths and loss of trillions of dollars globally by 2050.

**TRUST YOUR DOCTOR TO KNOW BETTER**

"This sounds so serious, doctor. So, no antibiotics for me?"

Trust your doctor to assess you and decide if you need antibiotics. If the benefits of taking antibiotics outweigh the risks, then you should take them.

If you have URTI, taking over-the-counter medications such as decongestants or paracetamol may relieve your symptoms.

Washing your hands frequently with soap and water can reduce the spread of an infection and staying home when you are sick can prevent the transmission of the disease.

Vaccinations can also lower the risk of influenza infections.

**THE FLU VACCINE DID NOT CAUSE YOUR FLU**

"But doctor, the last time I took the flu vaccine, I had the flu immediately!"

Flu vaccines are usually administered once or twice a year, depending on how well-matched the vaccine is to the circulating flu virus strain. The flu vaccines available in Singapore are inactivated vaccines which cannot give you the flu.

The cold and sniffles that you have after getting the flu shot may be caused by viruses that the flu vaccine does not guard against.

The influenza vaccine is especially recommended for adults who have underlying medical conditions such as asthma and lung diseases, diabetes, heart disease and kidney disease.

Antibiotic resistance is a threat that requires immediate action from all of us. We can all do our part to prevent and control its spread.

David\_Lye@ncid.sg

• Associate Professor David Lye is senior consultant and director of the Infectious Disease Research and Training Office at the National Centre for Infectious Diseases.

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## Navigating change in education



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The Straits Times

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# Stents no better than drugs: Study

CHICAGO • Many patients with severe but stable heart disease routinely undergo invasive procedures to clear and prop open clogged arteries.

But they would do as well by just taking medications and making lifestyle changes, say American researchers.

If put into practice, the findings could save hundreds of millions of dollars a year in healthcare costs, the researchers reported on Saturday.

The US\$100 million (S\$136 million) government-backed study, presented at the American Heart Association (AHA) meeting in Philadelphia, is the largest that looks at whether procedures to restore normal blood flow in patients with stable heart disease offer an added benefit over conservative treatment with aspirin, cholesterol-lowering drugs and other measures.

At least two prior studies determined that artery-clearing and stenting or bypass surgery – in addition to medical treatment – does not significantly lower the risk of heart attacks or death, compared with non-invasive medical approaches alone.

Many cardiologists are reluctant to change practice in part because patients who get stents to keep the artery open feel better right away, experts said.

NYU Langone cardiologist Judith Hochman, who chaired the study, estimated that some 500,000 new patients a year are diagnosed with stable coronary artery disease, in which heart arteries narrowed by fatty deposits cause periodic angina, or chest pain, typically after exercising or emotional distress.

The AHA and the American College of Cardiology recommend patients with severe narrowing of their arteries to get heart bypass surgery or a stent implanted to restore blood flow. Stents are tiny tubes that keep the artery open after blockage-clearing angioplasty.

"There's always been a fear that if you don't do something quickly, they will have a heart attack or drop dead," Dr Hochman said.

The seven-year, 5,179-patient study did not show a significant benefit from that course of action. Just eliminating unnecessary stenting procedures could save the US healthcare system US\$500 million annually, said Stanford University School of Medicine cardiologist and study co-chair Dr David Maron.

He estimates the cost per stenting procedure at about US\$25,000 and bypass surgery at US\$45,000. "I hope this would change practice," said Dr William Boden of the VA New England Healthcare System, another study author. "We are wasting a lot of money."

The trials' main goal was an overall reduction in deaths, heart attacks, hospitalisation for unstable chest pain or heart failure and resuscitation after cardiac arrest.

On these measures, the addition of stenting or bypass surgery to reroute blood flow around the arterial blockage was no better at reducing the adverse events than medical therapy alone.

The invasive treatments did result in better symptom relief and quality of life in those with frequent chest pain.

The trial involved those with moderate to severe but stable ischaemia – a condition where clogged arteries are not able to supply the heart with enough oxygen-rich blood. All received medicines and lifestyle advice; while half of them had one of the invasive procedures.

Early on, there were actually more heart events among those who underwent the procedures, but that trend reversed in year four, with more adverse events in the medication-only group. Ultimately, there was no significant difference between the two groups.

The findings do not apply to all heart patients, Dr Hochman said. "If you're having a heart attack, stents save lives."

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