

# OTC Myths

Jeff Taylor  
April 2010

## Cough medicines don't work on kids: study

By Sharon Kirkey  
CanWest News Service  
July 6, 2009



### Myth 1

#### Honey is now the best antitussive

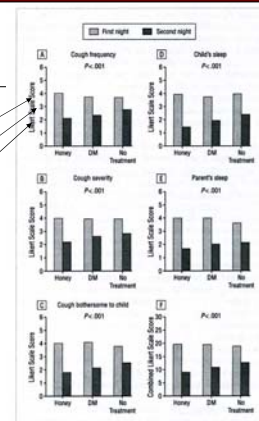
105 kids  
*honey vs DM vs no treatment*  
single bedtime dose (mfg guidelines) 2-5 yrs 8.5 mg  
6-11 yrs 17 mg  
12-18 yrs 34 mg

7-point Likert scale  
honey performed better

Paul Arch Ped Ad Med 2007

### Honey ...

4 = A lot  
3 = Somewhat  
2 = A little



## Honey ...

### ❑ Syrup vehicle of cough medicines

sweet taste may modulate cough  
sweet / spicy / bitterness cause reflex salivation



Eccles Resp Phys Neur 2005

### ❑ Unable to recommend for or against

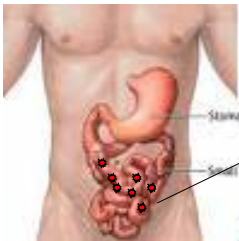
Cochrane Rev Apr 2009

## Myth 2

PE is as good as PSE as a decongestant



## PE vs PSE ...



monoamine oxidase

## Myth 3

Muscle relaxants work great



methocarbamol  
ibup 200



methocarbamol  
acet 325



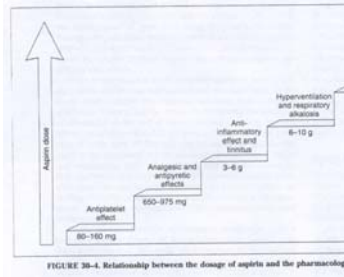
methocarbamol  
acet 500



methocarbamol  
ASA 500

## NSAIDs at OTC dosing

- ASA
- ibup
- napro



**TABLE 94-4** Dosage Regimens for Nonsteroidal Antiinflammatory Drugs

Drug	Recommended Antiinflammatory Total Daily Dosage	
	Adult	Children
Aspirin	2.6–5.2 g	60–100 mg/kg
Celecoxib	200–400 mg	—
Diclofenac	150–200 mg	—
Diflunisal	0.5–1.5 g	—
Etodolac	0.2–1.2 g (max. 20 mg/kg)	—
Fenoprofen	0.9–3.0 g	—
Flurbiprofen	200–300 mg	—
Ibuprofen	1.2–3.2 g	20–40 mg/kg
Indomethacin	50–200 mg	2–4 mg/kg (max. 200 mg)
Medofenamate	200–400 mg	—
Meloxicam	7.5–15 mg	—
Nabumetone	1–2 g	—
Naproxen	0.5–1.0 g	10 mg/kg

Pharmacotherapy 7<sup>th</sup> ed DePiro 2008

## Myth 4

*IcyHot* is actually *IcyHot*

menthol >1% = counter irritant  
< 1% = anti pruritic



## Myth 5

Constipation ... exercise / fluids / fiber for all

A number of factors can cause constipation:

- Inadequate fluid intake**
- Inadequate amounts of fiber**
- Lack of physical activity**

[www.mavoclinic.com](http://www.mavoclinic.com) Apr 2010

## Constipation ...

### Myths and misconceptions about chronic constipation

A diet poor in fiber should not be assumed to cause chronic constipation. Some patients may be helped by a fiber-rich diet, but many patients get worse symptoms when increasing intake.

There is no evidence constipation can be treated by increasing fluid intake unless there is evidence of dehydration.

In the elderly constipation may correlate with decreased physical activity, but many cofactors are likely to play a role. Intervention programs to increase physical activity may still help.

It is unlikely that stimulant laxatives at recommended doses are harmful. A proportion of patients with chronic constipation is dependent of laxatives to achieve satisfactory bowel function, but this is not the result of prior laxative intake.

Tolerance to stimulant laxatives is uncommon. There is no indication for the occurrence of "rebound constipation" after stopping laxative intake. While laxatives may be misused, there is no potential for addiction.

Muller-Lissner Am J Gastroenterol 2005

## Constipation ...

Geriatric patient educational material suggest insufficient dietary fiber intake, inadequate fluid intake, and decreased physical activity may play a role in the pathogenesis of constipation.

Much of current writings on the subject may be based primarily on myths handed down from one generation to the next. There does not appear to be sufficient information to implicate the above as major factors in the development of chronic constipation.

Leung Dig Dis Sci 2007

## Myth 6 Gravol for stomach flu

- Prevention or relief of motion sickness, radiation sickness, postoperative vomiting, and drug-induced nausea and vomiting; it has also been used for the symptomatic relief of nausea and vertigo due to Ménière's disease and other labyrinthine disturbances.



CPS monograph 2010



## Gravol ...

### Acute gastroenteritis in children

Fluid replacement is the mainstay of management and most infants and children can be rehydrated safely with oral rehydration solution. Anti-emetics and anti-diarrhoeals are not indicated in children with acute GE.

Aust Fam Physician 2005 Apr

Gravol ...

### Dimenhydrinate in children with infectious gastroenteritis

69% (dimenhydrinate) vs 47% (placebo) were free of vomiting as the study period progressed

Dimenhydrinate reduces frequency of vomiting in children with mild dehydration; however, the overall benefit is low, because it does not improve oral rehydration and clinical outcome

Pediatrics Oct 2009

Gravol ...

### Gastroenteritis in children: anti-emetics for vomiting?

Vomiting is common at outset of VGE and can limit effectiveness of ORT. Role of anti-emetics in VGE-related vomiting is not clear.

Some MDs use them b/c vomiting is unpleasant for child and parents and b/c vomiting can increase the likelihood of dehydration. They are commonly used and adverse events are uncommon.

Other MDs disagree ... VGE is a self-limiting condition, vomiting might help rid body of toxins, lack of published evidence of clinical benefit, and potential ADRs associated with use

Ondansetron is efficacious and may be superior to other anti-emetics (but more studies needed)

Paediatr Drugs 2007; 9(3):175-84

### Myth 7

Do not combine NRT products

Can I smoke while using the Nicorette Inhaler?

Do not smoke, chew tobacco, use snuff or any other Nicotine Replacement Therapy products while using the Nicorette Inhaler because you may overdose on nicotine. Signs of a nicotine overdose include bad headaches, dizziness, upset stomach, drooling, vomiting, cold sweat, blurred vision, difficulty hearing, mental confusion, weakness and fainting. If you experience any of these symptoms, consult your doctor or local Poison Control Center immediately.



Myth 8  
The public is too busy for OTC advice

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