

Doctors more likely to recommend antihistamines rather than cough & cold medicine for kids

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For respiratory infections in children under 12, physicians are increasingly more likely to recommend antihistamines and less likely to recommend cough and cold medicines, a Rutgers study found.

Antihistamines are widely used over-the-counter to treat various allergic conditions. However, these medicines have little known benefit for [children](#) with colds, and some older antihistamines cause sedation and occasionally agitation in children.

The study, in *JAMA Pediatrics*, found a sharp decline in [cough](#) and cold medicine recommendations for children under 2 after 2008, when the Food and Drug Administration recommended against the medicines for that age group due to safety concerns and uncertain benefits. The American Academy of Pediatrics subsequently recommended avoiding cough and [cold medicines](#) in children under 6.

"Families often treat their children's respiratory infections with cough and cold medicines, some of which include opioid ingredients, such as codeine or hydrocodone. However, there is little proof that these medications effectively ease the symptoms in young children," said study lead author Daniel Horton, assistant professor of pediatrics, Rutgers Robert Wood Johnson Medical School. "Also, many cough and cold medicines have multiple ingredients, which increases the chance of serious accidental overdose when combined with another product."

The researchers looked at national surveys representing 3.1 billion pediatric ambulatory clinic and emergency department visits in the United States from 2002 to 2015. During that period, physicians ordered approximately 95.7 million cough and cold medications, 12 percent of which contained opioids.

After the FDA's 2008 public health advisory, however, physician recommendations declined by 56 percent for non-opioid cough and cold medicines in children under 2 and by 68 percent for opioid-containing medicines in children under 6. At the same time, researchers saw a 25 percent increase in doctor recommendations for antihistamines to treat respiratory infections in children under 12.

"Sedating antihistamines such as diphenhydramine [Benadryl] may have a small effect on some cold symptoms in adults," said Horton. "However, there is little evidence that antihistamines actually help children with colds feel better or recover faster. We do know that these medicines can make kids sleepy and some kids quite hyper."

"It is nice to see physicians are heeding the advice to avoid cough and cold medications for children,

but switching them to antihistamines is not necessarily an improvement," said co-author Brian Strom, chancellor, Rutgers Biomedical and Health Sciences.

The American Academy of Pediatrics has various suggestions for treating children with the cold or flu, including use of over-the-counter medicines for pain or fever, honey to relieve cough in children over 1 year old, and plenty of rest and hydration. For more information and suggestions, visit healthychildren.org's Caring for Your Child's Cold or Flu information page.

In addition to Strom, who is affiliated with Rutgers Center for Pharmacoepidemiology and Treatment Science and the Institute for Health, Health Care Policy and Aging Research, the study was co-authored by Tobias Gerhard, Rutgers Ernest Mario School of Pharmacy.

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