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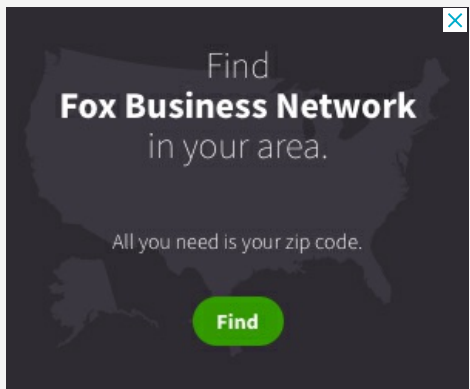
Oral steroid doesn't clear up sinus infections

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Reuters



The steroid prednisolone is no better at reducing the symptoms of a sinus infection than a placebo, according to a new study.



It's possible that the steroid is simply less powerful than the body's own abilities to fight infection, said Dr. Richard Rosenfeld, a professor at SUNY Downstate Medical Center and the chair of otolaryngology, who was not involved in this study.

"If you just let nature take its course, the vast majority will clear up on their own," Rosenfeld told Reuters Health.

Researchers had suspected that an oral steroid might eliminate infections sooner than letting them run their course, because steroid nasal sprays have shown a small benefit in getting people to feel better a few days earlier (see Reuters Health report of May 16, 2012: reut.rs/JgN3No).

"With a nose spray, the nasal discharge might prevent getting the steroids in the nasal sinuses, so we thought that administering these (systemic) corticosteroids might have some beneficial effects," said Dr. Roderick Venekamp, the lead author of the study and a researcher at University Medical Center Utrecht in The Netherlands.

Venekamp and his colleagues asked 174 patients who had come to see their doctors for nasal symptoms to take either 30 milligrams per day of prednisolone or placebo pills for one week.



The participants had experienced nasal discharge or congestion and facial pain for at least five days.

They didn't know whether they were assigned to the prednisolone group or the placebo group.

For two weeks, the people in the study kept a diary of their symptoms.

The researchers, who published their findings in the Canadian Medical Association Journal, found that, for the most part, the symptoms lasted just as long in the steroid group as they did in the placebo group, between seven and nine days.

Also, a similar number of patients in each group felt totally free of symptoms within a week.

Among those who took steroids, 33 percent reported no symptoms after one week, and among those who took fake pills, 25 percent reported no more symptoms.

Similarly, 63 percent of people in the steroid group reported no facial pain or pressure after one week, as did 56 percent of people in the placebo group.

The researchers determined that these differences could have been due to chance, rather than to the medication.

Based on the findings, "we feel that systemic corticosteroids are not beneficial for the large population," Venekamp told Reuters Health.

He said that perhaps some types of patients might benefit, but more research is needed to find out who they are.

'Don't use an oral steroid'

In the meantime, patients are left with few options.

Previous studies have found that nasal spray steroids increase the chances of feeling better by only seven percent - meaning that only one of out 15 people who take them will benefit.

Steroids also carry a risk of side effects, such as bone loss, for people who are on them long term, and physicians have expressed concern about the overuse of the medications (see Reuters Health report of July 25, 2012: reut.rs/OnntE3).

Antibiotics don't seem to offer much help to sinus infections either, and they too carry their own risks, such as stomach upset and drug resistance (see Reuters Health report of February 15, 2012: reut.rs/zWIs5A).

Rosenfeld said nasal spray decongestants and saline irrigation products, such as a neti pot, can help relieve symptoms.

Ultimately, patience will help see people through their infection and on to feeling better, said Rosenfeld, whose own research has found that 73 percent of people improve within seven to 12 days without taking antibiotics or steroids.

"The bottom line from this study is, 'don't use an oral steroid,'" he said.

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