

Commissioning Statement

Treatment	<i>Aromatic inhalations, cough suppressants and systemic nasal decongestants</i>
For the treatment of	Symptomatic treatment of self-limiting coughs, colds and nasal congestion in adults and children.
Commissioning position	<p>Calderdale CCG does not routinely commission aromatic inhalations, cough suppressants and systemic nasal decongestants for the symptomatic treatment of self-limiting coughs, colds and nasal congestion in adults and children.</p> <p>The CCG will only fund interventions that are supported by evidence that demonstrates clinical and cost effectiveness. At this time there is insufficient high quality evidence that demonstrates the clinical and cost effectiveness of aromatic inhalations, cough suppressants and systemic nasal decongestants.</p> <p>Please note that this commissioning statement only covers the use of these products for self-limiting coughs, colds and nasal congestion. It does not cover their use in sinusitis, coughs secondary to cancer and other distressing conditions where it would be more reasonable for the NHS to fund treatment.</p> <p>Prescribers may wish to consider the use of patient information leaflets or 'non-prescription' pads to provide education about these self-limiting conditions.</p> <p>North Kirklees CCG / Greater Huddersfield CCG / Wakefield CCG / Calderdale CCG</p>
Date effective from	24 th September 2015
Policy to be reviewed by	<p>August 2018</p> <p><i>3yrs post agreement, earlier if new national guidance</i></p>
Background information	<p>Aromatic inhalations, cough suppressants and systemic nasal decongestants are contained in sections 3.8, 3.9.1 and 3.10 of the British National Formulary (BNF) respectively. Preparations included are Benzoin Tincture, Compound BP (Friar's Balsam), Menthol and Eucalyptus Inhalation, Codeine linctus BP, Pholcodine linctus BP, Pholcodine linctus Strong BP and Pseudoephedrine preparations, and their corresponding brands.</p> <p>In the BNF the pseudoephedrine preparations (Galpseud® and Sudafed®) are annotated with the symbol , which is used to denote preparations that are considered by the Joint Formulary Committee to be less suitable for prescribing.</p>

<p>Summary of evidence / rationale</p>	<p><u>Clinical effectiveness</u></p> <p>Aromatic inhalations Steam inhalation has not been found to be of benefit in the symptomatic treatment of the common cold [Singh and Singh, 2013]. Trial data for acute sinusitis are also lacking. Inhalations containing volatile substances, such as eucalyptus oil, are traditionally used to relieve congestion however in reality; the vapour contains little of the additive [see chapter 3, BNF 68] so effectiveness would not expect to be significantly enhanced.</p> <p>Cough suppressants Evidence from randomised controlled trials that cough medicines (antitussives, expectorants and mucolytics) are effective is poor, and is often conflicting, and some cough medicines are associated with adverse effects. Therefore, cough medicines are not routinely recommended for treatment of cough in the common cold.</p> <p>A Cochrane review (search date: June 2004) identified 24 RCTs (n = 3392) which were suitable for inclusion to answer the question of whether over-the-counter treatment is effective in relieving cough [Schroeder and Fahey, 2004]. They found that antitussives (cough suppressants) showed little benefit in reducing cough. Six RCTs in adults found that codeine was of little or no benefit, and evidence was conflicting on dextromethorphan. One RCT in children found no evidence of benefit.</p> <p>Systemic nasal decongestants There is a lack of evidence for the effectiveness of oral decongestants in acute sinusitis in both adults and children [Fokkens et al, 2012; Shaikh et al, 2012],. A Cochrane review (search date: June 2006) identified seven randomized controlled trials (RCTs) in a total of 740 adults that investigated the effectiveness of nasal decongestants (topical and oral), including pseudoephedrine, in the common cold [Taverner and Latte, 2007]. This showed that there was a 6% decrease in subjective symptoms after a single dose of decongestant, compared with placebo, and that this reduced to a 4% benefit with repeated doses over three to five days.</p> <p>There is insufficient data on the use of these medications in children and therefore they are not recommended for use in children younger than 12 years of age with the common cold.</p> <p>The BNF annotates pseudoephedrine as being less suitable for prescribing.</p> <p><u>Safety</u></p> <p>Aromatic inhalations They are not generally recommended due to concerns about the risk of scalding, or direct steam burns, especially when used in children.</p>
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Yorkshire and Humber Commissioning Support

	<p>Cough suppressants</p> <p>The following adverse effects were reported in one or more trials [Arroll, 2005]: Antitussives: for every seven people who used antitussives, one experienced nausea, vomiting, or abdominal pain (NNH = 7). Over-the-counter cough and cold products containing certain ingredients, including pholcodine and pseudoephedrine, should no longer be used in children under 6 years of age, because the balance of benefits and risks has not been shown to be favourable [MHRA, 2009].</p> <p>In addition, the European Medicines Agency stated, in April 2015, that the use of codeine for cough and cold is now contraindicated in children below 12 years and not recommended in children and adolescents between 12 and 18 years who have breathing problems [European Medicines Agency, April 2015].</p> <p>Systemic nasal decongestants</p> <p>Systemic nasal decongestants may cause systemic adverse effects or interact with other drugs [see chapter 3, BNF 68]</p> <p>Cost effectiveness/resource impact</p> <p>There is insufficient evidence of the clinical effectiveness and cost-effectiveness of aromatic inhalations, cough suppressants and systemic nasal decongestants. They are therefore considered as a low priority, and will not be routinely commissioned or funded.</p> <p>Equity of access</p> <p>All the preparations listed above are available for purchase over the counter, although limits to quantities may apply.</p>
Contact for this policy	<p>North Kirklees CCG / Gt Huddersfield CCG: Eric Power</p> <p>Wakefield CCG: Joanne Fitzpatrick</p> <p>Calderdale CCG: Helen Foster</p>

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