

WHEN EVERY DAY COUNTS: How Busy People Manage Respiratory Tract Infections (RTIs)

Understanding Respiratory Tract Infections (RTIs)

If you can't sleep, your body aches, you're sneezing, coughing, have a runny nose, maybe some chills and possibly a sore throat, it may just be a cold. You could also have a more serious respiratory tract infection (RTI) that requires different treatment than that of the common cold or flu. Bronchitis, sinusitis and pneumonia are three common RTIs that can really slow you down.

The culprits behind respiratory tract infections may be viral, bacterial or fungal in origin but all invade the respiratory tract and can cause you to feel miserable enough to miss time from work and/or daily activities.

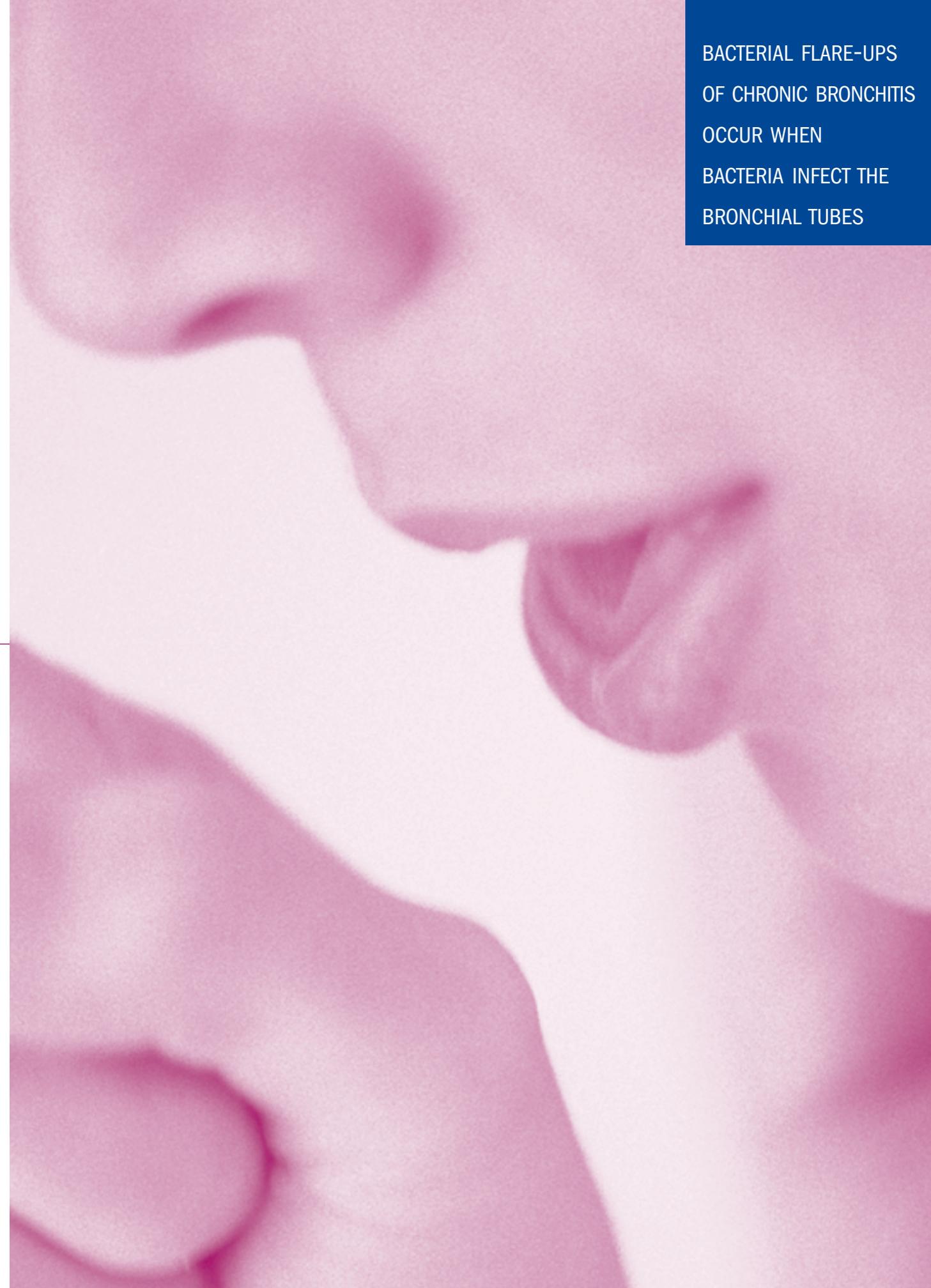
Common Adult RTIs: Acute Exacerbations of Chronic Bronchitis (AECEB)

What is Bronchitis? – Bronchitis is an inflammation of the lining of the major breathing tubes (called bronchial tubes or bronchi) that connect the windpipe (called the trachea) to the lungs.¹

Signs and Symptoms – Chronic bronchitis is defined as a condition in which the patient has symptoms including cough, excessive phlegm (or mucus) production, and/or shortness of breath for three months of the year for at least two consecutive years.² Chronic bronchitis is often neglected by sufferers who mistakenly believe exacerbations, or flare-ups, are remnants of a winter cold. A smoker with such flare-ups may dismiss them as "smoker's cough."³

What is an Acute Bacterial Exacerbation of Chronic Bronchitis? – During chronic bronchitis, the continuously inflamed state of the bronchial tubes interferes with breathing and causes coughing spells. Acute bacterial exacerbations of chronic bronchitis occur when bacterial infections develop in the bronchial tubes. Glands of the bronchial tubes may produce excessive amounts of phlegm. This excess phlegm leads to congestion, making it difficult for the lungs to clear harmful bacteria. These conditions are then favorable for the bacteria to multiply and cause flare-ups.⁴ Signs of bacterial infection include change in the color, amount or thickness of coughed-up phlegm, increased coughing, increased breathlessness, chest tightness and fatigue.⁵

Treatment – To effectively control bacterial flare-ups of chronic bronchitis, it may be necessary to eliminate sources of infection in the nose, throat, mouth, sinuses and bronchial tubes.⁶ Antibiotic therapy may shorten the duration of an exacerbation and reduce the risk of complications.⁷ If an antibiotic is prescribed, your health care professional will most likely tailor an antibiotic regimen specifically for you. If your health care professional does prescribe an antibiotic for you, be sure to follow his or her instructions and read the prescription information carefully. Although you may feel better after taking just a few days worth of medication, it is very important to finish the entire prescription in order to completely kill the bacteria inside you.



ONE OF THE
MOST COMMONLY
REPORTED DISEASES IN
THE UNITED STATES



Common Adult RTIs: Acute Sinusitis

What is Sinusitis? – Sinusitis is an inflammatory disease of the sinus. One of the most commonly reported diseases in the United States, it affects an estimated 35 million people and accounts for more than 11.5 million visits to the doctor each year.⁸ The cause of sinusitis may be bacterial, viral or fungal.

Signs & Symptoms – Symptoms of acute bacterial sinusitis may initially appear to be residual of a cold or an allergy attack but become more severe and last for a period of time. They include: excessive production of thick, sticky, yellow-green mucus, or mucus that develops a bad odor or taste; severe pressure and pain in the face and forehead; coughing; and nasal congestion lasting more than 10 to 14 days.⁹

What Causes Acute Bacterial Sinusitis? – Acute bacterial sinusitis usually starts with an adult viral respiratory infection, such as a cold or an allergy attack.¹⁰ Normally, mucus collecting in the sinuses drains into the nasal passages. A cold or an allergy attack triggers inflammation and swelling of the sinus cavities, which can block proper drainage. Excessive congestion of thick mucus accumulates in the sinuses and becomes a breeding ground for bacteria, thus leading to infection.¹¹

Treatment – **Early diagnosis and effective antibiotic treatment of acute bacterial sinusitis are imperative for the prevention of chronic sinusitis and associated complications.¹² Please consult a health care professional to appropriately evaluate your condition. Symptoms can be similar to those of colds and allergies. Sufferers may falsely believe that it is unnecessary to see their health care professional and that the infection will resolve on its own.¹³**

Common Adult RTIs: Community Acquired Pneumonia (CAP)

What is Community Acquired Pneumonia? – CAP, the most common form of pneumonia, is an acute infection of the lung tissue occurring in a person who has not been hospitalized for at least 14 days before symptoms occur (hence "community-acquired").¹⁴

Signs and Symptoms – The symptoms of CAP include coughing with or without phlegm production, chest pain, shortness of breath, chills, shaking and/or fever.¹⁵

What Causes CAP? – CAP is usually caused by a viral or bacterial infection. A bacterium called *Streptococcus pneumoniae* is the predominant bacterial organism that causes CAP.¹⁶

Treatment – In mild to moderate cases of CAP, your health care professional may prescribe an appropriate antibiotic regimen. In severe cases of CAP, hospitalization may be necessary.¹⁷



COMMUNITY ACQUIRED
PNEUMONIA IS AN
ACUTE INFECTION
OR INFLAMMATION
OF THE LUNGS



ALTHOUGH RESPIRATORY TRACT INFECTIONS CAN BE BACTERIAL, THEY CAN ALSO BE VIRAL, SUCH AS INFECTIONS THAT ARISE FROM THE COMMON COLD

Complications Due to Respiratory Tract Infections

Although respiratory tract infections can be bacterial, they can also be viral, such as infections that arise from the common cold. Bacterial infections, if left untreated, can lead to more advanced forms of upper respiratory infection. For example, pneumonia can be caused by complications of acute bacterial exacerbations of chronic bronchitis.

It is important to contact your health care professional if you experience symptoms of any upper respiratory infection. Symptoms can include sore, scratchy throat, slight fever, back and muscle pain, a cough with or without phlegm production, chills, or runny nose.

Consult your health care professional if you experience any of the above symptoms for longer than 10-12 days.

Get Well Soon...and Stay Well! Treating and Preventing RTIs

As noted, symptoms of RTIs are often confused with those of other ailments, including colds, allergies or “smoker’s cough.” Thus, they often can go undiagnosed or untreated, sometimes causing people to experience symptoms longer than necessary.

If the infection is bacterial, an antibiotic may be effective in treating certain RTIs because they destroy the bacteria typically causing the infection. Your health care professional will know which antibiotic is right for you.

When symptoms of respiratory trouble linger for more than a few days, consult your health care professional. In addition, here are a few tips to maintain good respiratory health if you suffer from:

Bronchitis¹⁸

- » Avoid smoking or secondhand smoke, dust and other air pollutants
- » Follow a nutritious, well-balanced diet, and maintain your ideal body weight
- » Exercise regularly

Source: American Lung Association
<http://www.lungusa.org/diseases/lungchronic.html>

Sinusitis¹⁹

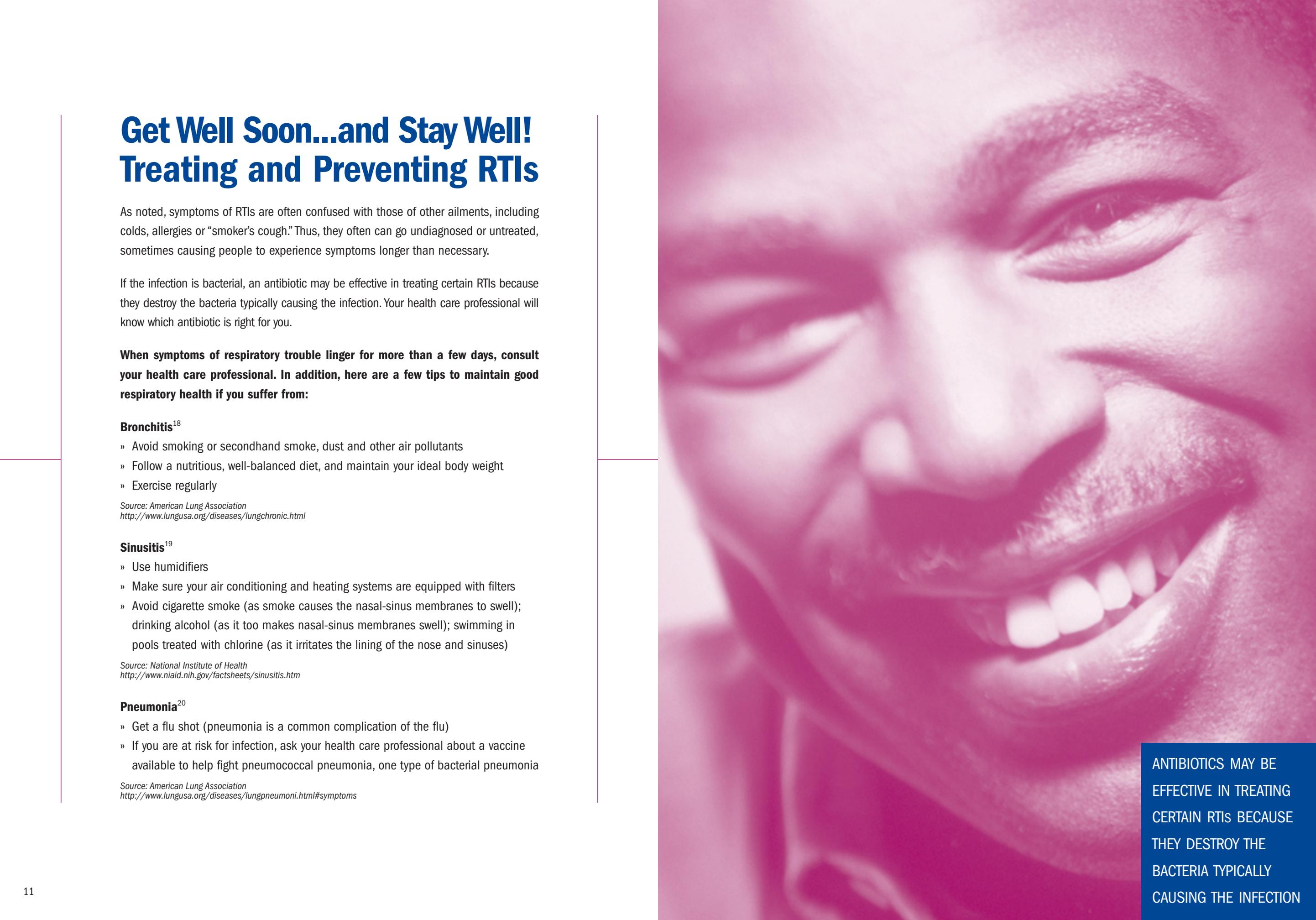
- » Use humidifiers
- » Make sure your air conditioning and heating systems are equipped with filters
- » Avoid cigarette smoke (as smoke causes the nasal-sinus membranes to swell); drinking alcohol (as it too makes nasal-sinus membranes swell); swimming in pools treated with chlorine (as it irritates the lining of the nose and sinuses)

Source: National Institute of Health
<http://www.niaid.nih.gov/factsheets/sinusitis.htm>

Pneumonia²⁰

- » Get a flu shot (pneumonia is a common complication of the flu)
- » If you are at risk for infection, ask your health care professional about a vaccine available to help fight pneumococcal pneumonia, one type of bacterial pneumonia

Source: American Lung Association
<http://www.lungusa.org/diseases/lungpneumoni.html#symptoms>



ANTIBIOTICS MAY BE
EFFECTIVE IN TREATING
CERTAIN RTIS BECAUSE
THEY DESTROY THE
BACTERIA TYPICALLY
CAUSING THE INFECTION



When Diagnosed with a Respiratory Tract Infection, Ask Your Health Care Professional if Avelox® is Right for You.

Some antibiotics such as Avelox® (moxifloxacin HCl) are effective in treating certain RTIs because they eliminate the bacteria typically causing the infection.

Treatments

Because respiratory tract infections can be bacterial in nature, your health care professional may prescribe an antibiotic to eradicate the infection. Treatment of respiratory infections is usually aimed at destroying the bacteria and preventing complications. The duration of treatment ranges from 5-14 days, depending upon the infection and the antibiotic prescribed. When diagnosed with a respiratory tract infection, ask your health care professional if Avelox is right for you.

Avelox may not be right for everyone. Be sure to inform your health care professional of any medical conditions you have and all medications you are taking. You should not take Avelox if you have ever had an allergic reaction to Avelox or any of the group of antibiotics known as “quinolones” such as ciprofloxacin or levofloxacin. You should avoid taking Avelox with certain medicines used to treat an abnormal heartbeat. These include quinidine, procainamide, amiodarone, and sotalol. The most common side effects caused by Avelox, which are usually mild, include nausea, vomiting, stomach pain, diarrhea, dizziness and headache.

TREATMENT IS
USUALLY AIMED AT
ELIMINATING THE BAC-
TERIA AND PREVENTING
COMPLICATIONS

Please see patient information about Avelox on the last page.

Investing in Your Respiratory Health

The more you know about RTIs and what you can do to improve your symptoms, the better you may feel. To find out what treatment regimen is right for you, talk to your health care professional. RTIs are a serious health concern that should not be taken lightly. Fortunately, there are safe and effective medications available that can help you take control of your respiratory health.

Remember, good health habits, proper diet and hygiene, rest and regular exercise increase your ability to fight respiratory illnesses.

Source: American Lung Association
<http://www.lungusa.org/diseases/lungpneumoni.html#prevention>

Respiratory Tract Infection Alert (RTIalert)

To learn about the level of respiratory tract infections in your area, log on to www.RTIalert.com. By simply entering your zip code, the RTIalert will report if your hometown may be hit hard with RTIs this winter, and if so, when.



TO FIND OUT WHAT
TREATMENT REGIMEN
IS RIGHT FOR YOU,
TALK TO YOUR HEALTH
CARE PROFESSIONAL

Patient Information About: AVELOX® (moxifloxacin hydrochloride) 400 mg Tablets

This section contains important information about AVELOX (moxifloxacin hydrochloride), and should be read completely before you begin treatment. This section does not take the place of discussions with your doctor or health care professional about your medical condition or your treatment. This section does not list all benefits and risks of AVELOX. The medicine described here can be prescribed only by a licensed health care professional. If you have any questions about AVELOX talk with your health care professional. Only your health care professional can determine if AVELOX is right for you.

What Is AVELOX?

AVELOX is an antibiotic used to treat lung, sinus, or skin infections caused by certain germs called bacteria. AVELOX kills many of the types of bacteria that can infect the lungs and sinuses and has been shown in a large number of clinical trials to be safe and effective for the treatment of bacterial infections.

Sometimes viruses rather than bacteria may infect the lungs and sinuses (for example the common cold). AVELOX, like all other antibiotics, does not kill viruses.

You should contact your doctor if you think your condition is not improving while taking AVELOX. AVELOX Tablets are red and contain 400 mg of active drug.

How And When Should I Take AVELOX?

AVELOX should be taken once a day for 5, 7, or 10 days depending on your prescription. It should be swallowed and may be taken with or without food. Try to take the tablet at the same time each day.

You may begin to feel better quickly; however, in order to make sure that all bacteria are killed, you should complete the full course of medication. Do not take more than the prescribed dose of AVELOX even if you missed a dose by mistake. You should not take a double dose.

Who Should Not Take AVELOX?

You should not take AVELOX if you have ever had a severe allergic reaction to any of the group of antibiotics known as "quinolones" such as ciprofloxacin or levofloxacin.

You should avoid AVELOX if you have a rare condition known as congenital prolongation of the QT interval. If you or any of your family members have this condition you should inform your health care professional. You should avoid AVELOX if you are being treated for heart rhythm disturbances with certain medicines such as quinidine, procainamide, amiodarone or sotalol. Inform your health care professional if you are taking a heart rhythm drug.

You should also avoid AVELOX if the amount of potassium in your blood is low. Low potassium can sometimes be caused by medicines called diuretics such as furosemide and hydrochlorothiazide. If you are taking a diuretic medicine you should speak with your health care professional.

If you are pregnant or planning to become pregnant while taking AVELOX, talk to your doctor before taking this medication. AVELOX is not recommended for use during pregnancy or nursing, as the effects on the unborn child or nursing infant are unknown.

AVELOX is not recommended for children.

What Are The Possible Side Effects Of AVELOX?

AVELOX is generally well tolerated. The most common side effects caused by AVELOX, which are usually mild, include

nausea, vomiting, stomach pain, diarrhea, dizziness and headache. You should be careful about driving or operating machinery until you are sure AVELOX is not causing dizziness. If you notice any side effects not mentioned in this section or you have any concerns about the side effects you are experiencing, please inform your health care professional.

In some people, AVELOX, as with some other antibiotics, may produce a small effect on the heart that is seen on an electrocardiogram test. Although this has not caused any serious problems in more than 4000 patients who have already taken the medication in clinical studies, in theory it could result in extremely rare cases of abnormal heartbeat which may be dangerous. Contact your health care professional if you develop heart palpitations (fast beating), or have fainting spells.

Which Medicines Should Not Be Used With AVELOX?

You should avoid taking AVELOX with certain medicines used to treat an abnormal heartbeat. These include quinidine, procainamide, amiodarone, and sotalol.

Some medicines also produce an effect on the electrocardiogram test, including cisapride, erythromycin, some antidepressants and some antipsychotic drugs. These may increase the risk of heart beat problems when taken with AVELOX. For this reason it is important to let your health care provider know all of the medicines that you are using.

Many antacids and multivitamins may interfere with the absorption of AVELOX and may prevent it from working properly. You should take AVELOX either 4 hours before or 8 hours after taking these products.

Remember

- Take your dose of AVELOX once a day.
- Complete the course of medication even if you're feeling better.
- Keep this medication out of the reach of children.

This information does not take the place of discussions with your doctor or health care professional about your medical condition or your treatment.

Avelox Indications

Acute Bacterial Exacerbations of Chronic Bronchitis – Caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, or *Moraxella catarrhalis*.

Acute Bacterial Sinusitis – Caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, or *Moraxella catarrhalis*.

Community Acquired Pneumonia – Caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, or *Moraxella catarrhalis*.

Bayer Corporation
Pharmaceutical Division
400 Morgan Lane
West Haven, CT 06516
Made in Germany
Rx Only

PZSKIN
04/01 © 2001
Bayer Corporation

References

Page 3

Common Adult RTIs: Acute Exacerbations of Chronic Bronchitis (AECB)

1 American Lung Association, Chronic Bronchitis Fact Sheet, 1998, pg. 1.

2 Niederman, Michael. "Acute Exacerbations of Chronic Bronchitis: The Role of Infection and the Selection of Appropriate Therapy," Pulmonary and Critical Care Update, Vol. 11, Lesson 27, 1996.

3 American Lung Association, Chronic Bronchitis Fact Sheet, 1998, pg. 3.

4 Niederman, Michael. "Acute Exacerbations of Chronic Bronchitis: The Role of Infection and the Selection of Appropriate Therapy," Pulmonary and Critical Care Update, Vol 11, Lesson 27, 1996.

5 Niederman, Michael. "Acute Exacerbations of Chronic Bronchitis: The Role of Infection and the Selection of Appropriate Therapy," Pulmonary and Critical Care Update, Vol. 11, Lesson 27, 1996.

6 American Lung Association, Chronic Bronchitis Fact Sheet, 1998, pg. 3.

7 Niederman, Michael. "Acute Exacerbations of Chronic Bronchitis: The Role of Infection and the Selection of Appropriate Therapy," Pulmonary and Critical Care Update, Vol. 11, Lesson 27, 1996.

Page 6

Common Adult RTIs: Sinusitis

8 Rachelefsky, Gary, MD; Slavin, Raymond, MD; Wald, Ellen, "Sinusitis Acute, chronic and manageable," Patient Care, Feb. 28, 1997, p. 105-118.

9 American Academy of Otolaryngology, Head and Neck Surgery, Patient Information, 1996.

10 American Academy of Otolaryngology, Head and Neck Surgery, Patient Information, 1996.

11 American Academy of Otolaryngology, Head and Neck Surgery, Patient Information, 1996.

12 American Academy of Otolaryngology, Head and Neck Surgery, Patient Information, 1996.

13 American Academy of Otolaryngology, Head and Neck Surgery, Patient Information, 1996.

Page 7

Common Adult RTIs: Community Acquired Pneumonia

14 Bartlett JG, Brelman, RF, Mandell LA, File TM. Guidelines from the Infectious Diseases Society of America: Community-acquired pneumonia in adults: guidelines for management. Clin Inf Dis 1998; 26:811-838 (p813)

15 Bartlett JG, Brelman, RF, Mandell LA, File TM. Guidelines from the Infectious Diseases Society of America: Community-acquired pneumonia in adults: guidelines for management. Clin Inf Dis 1998; 26:811-838 (p815)

16 Bartlett JG, Brelman, RF, Mandell LA, File TM. Guidelines from the Infectious Diseases Society of America: Community-acquired pneumonia in adults: guidelines for management. Clin Inf Dis 1998; 26:811-838 (p813)

17 Bartlett JG, Brelman, RF, Mandell LA, File TM. Guidelines from the Infectious Diseases Society of America: Community-acquired pneumonia in adults: guidelines for management. Clin Inf Dis 1998; 26:811-838 (p813)

Page 10

Get Well Soon...and Stay Well! Treating and Preventing RTIs

18 American Lung Association, Chronic Bronchitis Fact Sheet, p. 3-4

19 National Institute of Health, Sinusitis Fact Sheet, p. 5-6
www.niaid.nih.gov/factsheets/sinusitis.htm

20 American Lung Association, Pneumonia Fact Sheet, p. 4-5
www.lungusa.org/diseases/lungpneumoni.html#symptoms



RTI alert

www.RTIalert.com

This patient education service is brought to you by



Pharmaceutical
Division

