



ADVANCED SINUS AND ALLERGY CENTER

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Mucolytics and Decongestants

Mucolytic Agents

Guaifenesin (Mucinex®, Humibid LA®) and N-Acetylcholine (NAC) are drugs that thin mucus and secretions, so the sinuses can drain out more easily. They may be helpful for people suffering from a thick post-nasal drip or impacted thick mucous inside the sinuses. The majority have few side effects such as headache, rash, or nausea.

Topical Nasal Decongestants

Topical nasal decongestants like Afrin® (Oxymetazoline) and Neosynephrine® (Phenylephrine) in the form of nasal drops or sprays can be very effective in shrinking nasal swelling in minutes. These sprays should not be used for longer than 3 consecutive days, because otherwise they may result in rhinitis medicamentosa (rebound swelling of the nose). Contrary to popular belief, this is not a true addiction. The risk of rhinitis medicamentosa decreases when an intranasal steroid spray (Flonase®, Nasonex®, Rhinocort®) is used immediately after the decongestant is sprayed in the nose.

Systemic Decongestants

The most well known systemic decongestant is Sudafed® (Pseudoephedrine). When combined with antihistamines, a “D” is added to the end of the medication (Allegra-D®, Claritin-D®). These agents have the same effect in decreasing the swelling of the lining of the nose and promoting drainage of the sinuses but because they are taken by mouth they are more likely to produce side-effects including high blood pressure, anxiety, difficulty sleeping and jitteriness. If used too long, they can also cause rhinitis medicamentosa (rebound congestion). Decongestants can also cause blurry vision (in patients who suffer from glaucoma) and difficulty urinating in patients with prostate problems. They can also interact with some depression medications (MAOIs - monoamine oxidase inhibitors and tricyclic antidepressants) and cause serious adverse effects.