

WHY GIVE A FESS[®] this cold and flu season?

Nasal congestion is one of the most bothersome and frequent symptoms of the common cold*¹

- The predominant symptom in **94% of colds¹**
- **Present all day** for the first 5 days in $\geq 85\%$ of colds¹
- The **single most bothersome symptom** on days 2 to 5 of a cold¹

Nasal saline is a recommended first-line intervention supporting the protective function of the nose²⁻⁴

Nasal saline helps in three ways:^{3,4}



Humidifies and moisturises nasal mucosa



Flushes particles, allergens, and pollutants from nasal passages



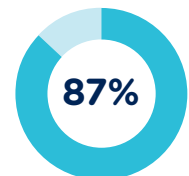
Clears mucus by making it thinner and speeding up mucociliary clearance by 31%[†]

Consider first-line nasal saline to help reduce duration of cold symptoms⁵

- **Early intervention with URTIs is key** to help decrease severity of disease and reduce viral transmission⁶
- A pilot study showed that use of **hypertonic saline nasal irrigation and gargling within 48 hours of cold symptom onset:**¹⁵



Can **reduce the duration of illness by 2 days**



Was **acceptable to 87% of patients**

All patients with acute rhinosinusitis can benefit from nasal saline, with or without antibiotics.² According to Australian guidelines:

- Antibiotics are only recommended in an estimated 0.5% to 8% of acute rhinosinusitis cases⁷
- Saline nasal preparations can be recommended for all patients with uncomplicated acute rhinosinusitis, whether bacterial or viral in nature²

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The pictured FESS products are made in Australia.



An approved choice for people with medically diagnosed asthma or allergies
FESS washes and most nasal saline sprays are approved by the National Asthma Council Australia Sensitive Choice[®] program and proudly wear the blue butterfly logo on products and packaging. Care Pharmaceuticals is a licenced partner and proud sponsor of the Sensitive Choice[®] program.

REASONS TO GIVE A FESS® for children's nasal health this winter



Children <10 years of age have the highest rates of acute respiratory illness⁸

Due to:



Immune systems being less developed than in adults⁹



Greater exposure to environmental antigens in schools and at childcare^{10,11}

Nasal congestion occurs in 88% of children with colds^{12,13}

With impacts on:^{12,13}



Sleep quality



Daily function and school attendance

However, children have fewer medication options than adults:^{2,14}

- Decongestants are not suitable for children aged <6 years
- Decongestants must be used with caution in children aged ≥6 years

PLUS, antibiotics are unnecessary for most URTIs (which are mainly of viral cause)²



Nasal saline offers a gentle, non-medicated option to help resolve nasal congestion symptoms with less need for medication^{3,4,15,16}

- ✓ Use of nasal saline irrigation may help **improve symptoms** of clinically diagnosed uncomplicated acute rhinosinusitis in children **without the need for the antibiotic amoxicillin**¹⁵

- ✓ Adjunct use of nasal saline wash with standard medication can support **faster resolution of some nasal symptoms** of URTI in children, including nasal secretion, with significantly **less use of standard medicinal treatments** compared with standard medication alone⁶¹⁶

Offer a range of age-specific children's nasal saline products from FESS, designed to deliver the right volume of saline for their growing needs



Order free samples and access helpful how-to-use videos at CareConnect

Scan the QR code or register at hcp.carepharma.com.au/register



*Data from a prospective, observational study of 266 cold episodes in 104 adults over 4 years. Subjects self-reported symptomology for 7 days using a 0 to 4 severity scale (0=not present, 1=mild, 2=moderate, 3=severe, 4=very severe) and "one most bothersome symptom" each morning (n=86 episodes).¹

¹Systematic review of 10 randomised controlled trials assessing use of nasal saline irrigation as an adjunct to standard care for up to 7 weeks in >400 adults and children with allergic rhinitis.⁴

²ELVIS was a pilot, non-blinded, randomised controlled trial of hypertonic saline nasal irrigation and gargling (HSNIG; n=32) vs standard care (n=34) in healthy adults within 48 hours of URTI onset that assessed recruitment (primary outcome), acceptability, symptom duration, and viral shedding (secondary outcomes). Participants maintained a symptom diary until well (2-14 days) and collected 5 sequential mid-turbinate swabs to measure viral shedding.⁵

³IQVIA Pharmacy Scan MAT May 2025.

⁴Faster resolution of nasal secretion and nasal obstruction after 2 weeks and significantly less use of standard care (antipyretics, mucolytics, nasal decongestants, and systemic antibiotics) after 8 weeks of using nasal saline in children aged 6 to 10 years with uncomplicated URTI who were randomised to receive either standard treatment (n=101) or standard treatment plus nasal saline (n=289; p<0.05 for all treatments).¹⁶

URT, upper respiratory tract infection.

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