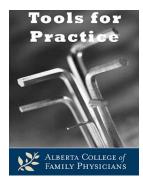
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COLD FX® evidence: consistently reported inconsistently

<u>Clinical Question</u>: Does CVT-002 (COLD FX®) reduce the chance of upper respiratory tract infections (URTI) or influenza?

Evidence:

Five industry-funded randomized controlled trials (RCT), in 4 publications:

- 783 patients ≥65 years old randomized to placebo or COLD FX® at 400 mg or 800 mg per day for 6 months during influenza season¹
 - Modified intention to treat analysis found no statistical difference in either clinical or laboratory confirmed URTI.
 - In a per-protocol analysis (only subjects who completed the study), 2 of 8 outcomes were statistically significantly improved and 2 borderline.
- Combination of 2 non-statistically significant RCTs on nursing home seniors (89 and 109 patients each)² of placebo versus COLD FX® 400mg
 - o Statistical difference in laboratory confirmed URTI and influenza (9% versus 1% p=0.009) but not in clinical URTI or influenza.
- 323 patient (279 analyzed) RCT of 18-65 year olds (influenza vaccine naïve), demonstrated 0.25 fewer clinical URTI (0.93 reduced to 0.68) per person over 4 months in patients using COLD FX® 400mg/day.³
- 43 community patients ≥65 years old randomized to placebo versus COLD FX® 400ma⁴
 - o Did not look at clinical URTI or laboratory URTI.
 - o Statistically significant differences in some symptoms only seen in the last of 3 follow-up visits and no overall comparison.

Context:

- Viral URTI occur in adults approximately 2-4 x per year.⁵
- COLD FX® trials suffer from many concerns: drop-outs >10% before a single dose is taken,³ modifying analysis to achieve statistical significance (using per-protocol

- analysis,¹ combining trials,² or selecting certain time frames⁴), multiple analyses, laboratory not clinical outcomes,² and inconsistent results.
- Other reviews raise similar concerns with this research.⁶
- Hand washing⁷ and getting an influenza vaccination⁸ do appear to reduce the chance of influenza or an URTI (although this research too is potentially biased).

<u>Bottom-line</u>: Much of the COLD FX® research is limited by trial design and reporting/analysis issues. The evidence is neither consistent nor convincing enough to recommend COLD FX® to prevent viral URTI in seniors or adults.

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- Influenza Research and Treatment 2011 Article ID 759051 doi:10.1155/2011/759051
- 2. J Am Geriatr Soc 2004; 52:13-19.
- 3. CMAJ 2005; 173(9):1043-8.
- 4. J Altern Complement Med. 2006 Mar; 12(2):153-7.
- 5. Am J Med 2002; 112(6A):13S-18S.
- 6. Can Fam Physician 2011; 57:31-6.
- 7. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD006207.
- 8. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD001269.

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