

Cold sore

Treating cold sores

The treatments for cold sores and the steps you can take to aid your recovery are detailed below.

There is also information on treating gingivostomatitis (see Symptoms of cold sore), which may need different treatment if you or your child develops it as part of a primary infection.

Creams and patches for cold sores

If used correctly, antiviral cold sore creams may speed up the healing time of a recurrent infection. They usually contain medication known as aciclovir or penciclovir. Brand names include Zovirax and Soothelip.

These creams are widely available over the counter from pharmacies without a prescription. However, they are only effective if you apply them as soon as the first signs of a cold sore appear, when the herpes simplex virus is spreading and replicating itself. Using an antiviral cream after this initial period is unlikely to have much effect.

If you have frequently recurring bouts of cold sores, apply an antiviral cream as soon as you feel the tingling sensation, that indicates that a cold sore is about to develop. You will need to apply the cream up to five times a day for four to five days. However, antiviral creams can only help heal a current outbreak of cold sores. They do not get rid of the virus that causes cold sores or prevent future outbreaks from occurring.

There are also cold sore patches (brand name Compeed) that contain a gel called hydrocolloid, which is an effective treatment for skin wounds. The patch is placed over the cold sore and hides the sore while it heals.

Research suggests that cold sores heal in the same amount of time with either patches or antiviral creams.

Treating complications

If your cold sores are particularly severe, or you have a damaged immune system (for example because you are having chemotherapy or you have HIV), you may be at risk of further complications, including encephalitis (swelling of the brain) or a spread of your infection to other parts of your body, such as your eyes.

If this is the case, see your GP, who may prescribe antiviral tablets and refer you for specialist treatment. The kind

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of treatment you will receive will depend on the severity of your cold sores or the particular complication that is causing problems. For example, if you develop herpetic keratoconjunctivitis (a secondary infection that affects the eyes), you may need to see an ophthalmologist (specialist eye doctor). See Complications of cold sore for more information.

Non-antiviral treatments for cold sores

Several non-antiviral creams are available over the counter (without a prescription) from pharmacies. These may help ease the irritation of your cold sores. The creams are not made specifically to treat cold sores and will not help them to heal faster, but you may want to try them if your cold sores are painful, dry or itchy. Brand names include Bonjela, Blistex and Cymex.

Pain can be treated with painkillers, such as ibuprofen or paracetamol (both are available in liquid form for young children). Do not take ibuprofen if you are asthmatic or if you have (or have had) stomach ulcers. Children under the age of 16 should not take aspirin.

Speak to your GP if you have cold sores and you are pregnant.

Treatment for gingivostomatitis

If you or your child has gingivostomatitis as a result of the cold sore virus, see your GP, who can suggest treatments to ease the symptoms.

If your infection is painful, your GP may suggest using a preparation that contains benzydamine (available as an oral rinse or spray) to relieve any pain in your mouth or throat.

Brushing your teeth may also be painful because of the inflammation (swelling) of your gums. Your GP may suggest using an antiseptic mouthwash. This will help prevent secondary infections and can help control plaque build-up if you cannot brush your teeth effectively.

As with the treatment of cold sores, any pain or fever can be treated using ibuprofen or paracetamol. However, do not take ibuprofen if you are asthmatic or if you have or have had stomach problems, such as stomach ulcers. Children under the age of 16 should not take aspirin.

In rare cases of gingivostomatitis, it is possible for your lips to become stuck together in places (known as labial adhesions). You can buy a lip barrier cream from your local pharmacist, such as Vaseline or Lypsyl, to prevent this happening.

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If you or your child has gingivostomatitis, it is important that you drink plenty of fluids to avoid becoming dehydrated. Young children are particularly at risk as they may refuse to eat or drink due to the pain in their mouth. It is important to watch out for signs of dehydration, which may include:

- headaches
- tiredness
- irritability
- light-headedness
- low urine output

If you become severely dehydrated, hospital treatment may be required. If this is the case, it may be necessary to have fluids administered directly into a vein (intravenously).

In most cases of gingivostomatitis, the infection will run its course in 7-14 days, although it may take up to three weeks for sores to heal completely.

Referral to a specialist

If you or your child still has symptoms of gingivostomatitis after two weeks, or if the infection is severe, return to your GP, who may refer you for specialist treatment.

You may also need to be referred for specialist treatment for gingivostomatitis if you are pregnant or have a damaged immune system. If your newborn baby develops gingivostomatitis, see your GP as they may also need to be referred for specialist treatment.

General tips

- Drink plenty of fluids to avoid dehydration.
- Avoid acidic or salty foods and eat cool, soft foods.
- If brushing your teeth is painful, use an antiseptic mouthwash.
- Dab creams onto sores rather than rubbing it in.
- Wash your hands using soap and water before and after applying cold sore creams.
- Avoid touching your cold sores, other than to apply cream, and do not share your cold sore cream with other people.

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