

NEW WHO GUIDELINES FOR MALARIA

The WHO appears to be altering its strategy somewhat, to reach its chimerical goal of malaria elimination in Africa and Asia. In the recent guidelines released, the first emphasis is on confirming diagnosis before treatment. A mere 22% of those treated in Africa in 2008 were tested. Confirming diagnosis before treatment obviously has several gains including prevention of drug resistance and adverse events, a habit of looking for alternative diagnosis and confirmation of drug failures. Earlier microscopy was the only cheap diagnostic tool available. However costs of rapid diagnostic tests (RDT's) using a dipstick and a drop of blood have recently fallen, making it easier to ensure testing at grassroot level. WHO has made a strong case for *universal diagnostic testing* and is encouraging countries and kit manufacturers to strengthen their testing capabilities.

Falciparum malaria is now resistant to most drugs except artemesin based derivatives and more than 80 countries have now adopted artemesin based combination therapy (ACT) as first line drug. These drugs are expensive and should be used after confirmation of diagnosis. After the distressing news of emergence of artemesin resistance at the Thai-Cambodia border, alarm bells have started ringing. WHO recommends oral artemisinin-based monotherapy should be removed from the market because their use will hasten the development of parasite resistance.

The WHO currently recommends duration of follow-up as ≥ 28 days in areas of high as well as low to moderate transmission. Assessment over only 14 days, the period previously recommended in areas of

high transmission, is no longer considered sufficient. This is because a significant proportion of treatment failures appear after day 14.

There has been a recent increase in the number of RCT's in malaria and the current guidelines are strongly evidence based. The following ACTs are currently recommended by the WHO for falciparum malaria: artemether-lumefantrine, artesunate + amodiaquine, artesunate + mefloquine, artesunate + sulfadoxine-pyrimethamine. WHO has now added a fifth ACT - dihydroartemisinin plus piperaquine - to the previous list of recommended medicines (www.who.int/en/).

SHAKE SYNDROME

A fourth year neurology resident's observation in two patients is now published in the March issue of Archives of Internal Medicine as a new syndrome. The paper describes 2 patients in whom high-protein dietary supplements were started in hospital. They had a period of anorexia before hospital admission but no history of liver disease. Subsequently altered mental status with ataxia developed in both patients. After excluding other causes, hyperammonemia was noted, while liver function test results remained normal. Removal of the high-protein dietary supplements led to reversal of symptoms and normalization of the ammonia level. It is estimated that with the ubiquity of nutrition supplement use outside of liver failure, SHAKE (supplement-associated hyperammonemia after c[k]achetic episode) syndrome may be very common in modern hospitals (*Arch Intern Med* 2010;170: 486-488).

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