Clippings

■ Current therapies are largely ineffective in ameliorating symptoms of common cold. Recently a multicentric double blind trial (Ann Intern Med 1997; 125: 89-97) was conducted to determine the efficacy and tolerance of intranasal ipratropium bromide for the treatment of common colds. Four hundred and eleven healthy persons with cold symptoms were randomized to be administered ipratropium bromide nasal spray, a buffered salt solution (control) or no spray. Treatment was self administered 3-4 times/day for 4 days. The symptom severity were recorded and nasal mucus discharge collected and weighed. Ipratropium led to significantly less evere rhinorrhea (26% less nasal discharge) and reduced sneezing (20% difference) but did not decrease nasal congestion when compared to control sprays. Ipratropium was generally well tolerated but was associated with higher rates of blood tinged mucus (16.8% vs 3.6%) and nasal dryness (11.7% vs 3.7%). It was concluded that intra nasal application of ipratropium bromide can provide specific relief of cold associated rhinorrhea and sneezing.

■ Anti microbial therapy has little effect on the course of Pertussis once the child has developed a paroxysmal cough. Two weeks of treatment with erythromycin is recommended to eradicate the bacteria from the nasopharynx to limit transmission of infection. To determine whether 1 week treatment is effective, in a recent study from Canada (Pediatrics 1997; 100: 65-71), 168 patients with culture positive community acquired pertussis were randomly given erythromycin estolate treatment for 7 or 14 days. Nasopharyngeal cultures, specific antibodies and information about clinical symptoms, adverse reactions and compliance were collected. The overall failure rate (persistence + relapse) of 2.77% in 7 day treatment group (rv=74), was not statistically different than the rate of 1.06% in the 14 day treatemnt group (n=94). Although the adverse reactions were more common in the 14 day group (44.7% vs 33.8%), the difference was not statistically significant. There was also no apparent effect of the duration of the therapy on the antibody response to the infection. These results suggest that 7 days of treatment for pertussis with erythromycin may be sufficient to limit transmission of infection.

■ The morbidity and mortality of multidrug resistant tuberculosis is extremely high. Recently in a study conducted in New York (Lancet 1997; 349: 1513-1515), gamma interferon was administered to 5 smear and culture positive patients as aerosol (500 µg) three times a day for 1 month. During the study period, patients continued the regimen of antitubercular medication that they were receiving previously. The interferon was well tolerated. Body weight stabilized or increased in all patients and the time to positive culture increased (17 to 24 days; however not significant), which suggested that the microbial burden had decreased. The size of the cavitatory lesions reduced in all the patients as seen on CT scan 2 months after the treatment had ended. This data suggests that aerosol gamma interferon is a well tolerated treatment modality that may be useful as an adjunct therapy in patients with multidrug resistant tuberculosis.

■ France has recently discontinued terfenadine and a proposal has been made to take it off the market in USA. The UK

Committee on Safety of Medicines has announced that it is recommending terfenadine to be a prescription only medicine. This follows reports of severe and fatal cardiac arrhythmias in patients with heart or liver diseases or in combination with other drugs. In a letter to the editor (Lancet 1997; 349: 1322), the adverse drug reaction report profiles of the widely used non sedative antihistaminics were examined. Terfenadine and astemizole both have a propensity to block cardiac muscle potassium chanels, which have been linked to QT prolongation and cardiac arrhythmias. By contrast loratidine has been shown not to block cardiac channels.

■ It is known that bottle feeding leads to increase in incidence of otitis media. Recently a cohort of 306 infants visiting well baby clinics in Buffalo, New York were prospectively followed (Pediatrics 1997; 100 (4): e7) to determine the relation ship of exclusive breastfeeding and other environmental exposures to episodes of acute otitis media (AOM) and otitis media with effusion (OME). It was seen that peak incidence of AOM and OME episodes was inversely related to the rates of breastfeeding beyond 3 months of age. A two fold elevated risk was observed in exclusively formula fed intants compared with infants exclusively breastfed for 6 months. In the logistic regression analysis formula feeding was the most significant predictor. Day care outside the home was also found to be a significant risk factor. It was concluded that breastfeeding, given even for short durations (3 months), reduced onset of OM episodes in infancy.

■ A study was conducted (Pediatrics 1997; 100 (3) p. e3) to determine how well parents, nurses, physicians and an Ingram icterometer can detect the presence and the severity of jaundice in newborns. Parents were taught to examine the infants for jaundice and determine its cephalocaudal progression. The assessment by the parents, physician, nurse, icterometer and the actual bilirubin level was then obtained. There was moderate agreement about the presence of jaundice in the infants (paired kappa, 0.48). All infants with serum bilirubin > 12 mg/dl were correctly identified by all the observers. The parents assessment of the cephalocaudal progression and the icterometer readings correlated more highly with the serum bilirubin levels than the physician's and nurse's estimates.

■ A prospective, randomized controlled study (Pediatrics 1997; 99: 226-231) was designed to evaluate the effect of high dose prednisolone on intracranial pressure (ICP), CT findings and clinical outcome in children with moderate to severe tuberculous meningitis (TBM). Children with TBM were randomly assigned to a nonsteroid group (n=71) or a steroid group (n=70). The children in the steroid group were administered prednisolone (first 16 children, 2 mg/kg/day; next 54 children, 4 mg/kg/day) for the first month of treatment. ICP monitoring and CT scanning were repeated regularly and clinical outcome assessed after 6 months of anti tubercular treatment. No significant differences in the ICP or the degree of hydrocephalus were observed between the 2 groups. Corticosteroids significantly improved the survival rate and intellectual outcome of the children. Basal exudates and tuberculomas also resolved earlier in the steroid group than the non steroid group. Corticosteroids however did not affect the incidence of basal ganglion infarcts. Another study validating our practice of using steroids in TBM.

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