

 **Paracetamol and ibuprofen therapy for febrile children** (*Cochrane Database Syst Rev* 2013; Oct 30; 10:CD009572)

The aim of this systematic review was to assess the effects and side effects of combining paracetamol and ibuprofen, or alternating them on consecutive treatments, compared with monotherapy for treating fever in children. Six randomized controlled trials, enrolling 915 participants, were included. Compared to giving a single antipyretic alone, giving combined paracetamol and ibuprofen to febrile children resulted in a lower mean temperature at one hour after treatment. If no further antipyretics are given, combined treatment probably also results in a lower mean temperature at four hours and in fewer children remaining or becoming febrile for at least four hours after treatment. One trial assessed child discomfort (mean pain scores at 24, 48 and 72 hours), finding that these mean scores were lower, with alternating therapy. No statistically significant differences were seen in mean temperature, or the number of febrile children at one, four or six hours. There were no serious adverse events in the trials that were directly attributed to the medications used.

 **Social and behavioral risk factors for obesity in early childhood** (*J Dev Behav Pediatr* 2013; 34(8):549-56)

The purpose of this study was to examine the relationship between social risk factors, behavioral problems, health behaviors, and obesity among preschoolers in the Fragile Families and Child Wellbeing Study. A cumulative social risk score was created by summing maternal reports of intimate partner violence, food insecurity, housing insecurity, maternal depressive symptoms, maternal substance use, and father's incarceration, obtained when the child was 3 years old. Mothers reported on the child's internalizing and externalizing behaviors with the Child Behavior Checklist at age 5 years. Mothers also reported on hours the child spent watching television and sleeping as well as servings of soda or juice drinks the child consumed per day. Child height and weight were measured at age 5 years. Obesity was defined as body mass index  $\geq$  95th percentile. In regression analyses adjusted for health behaviors, behavioral problems, and sociodemographic factors; cumulative social risk was associated with obesity among girls. Externalizing behavioral problems were associated with obesity among girls and boys. Short sleep duration was also associated with obesity among girls and boys even after adjusting for behavioral problems and social risk factors. Watching more than 2 hours of television per

day was associated with obesity among boys.

 **Respiratory infections in preterm and subsequent asthma** (*BMJ Open* 2013 Oct 29; 3(10):e004034)

National registers in Sweden identified 42 334 children admitted to hospital for respiratory infection in their first year after birth during 1981-1995, and individually matched with 211 594 children not admitted to hospital for infection during their first year were studied. Asthma diagnoses and prescribed asthma treatments after the age of 5 years was identified. Cox regression was used to identify association of respiratory infection before 1 year of age with asthma after age 5 years, after adjustment for sex, gestational age, chronic lung disease, maternal asthma and maternal smoking. When stratified by gestational age (and with additional adjustment for birth weight), there is statistically significant effect modification by gestational age, with the highest magnitude asthma risk among those born with a gestational age of less than 28 weeks. This higher magnitude asthma risk persisted until after age 10 years. Extremely preterm infants are most likely to have chronic respiratory sequelae following respiratory infections in early life.

 **Predictive factors for persistent wheeze** (*Allergy Asthma Proc* 2013; 34(6):42-6)

This study investigates the natural course of episodic viral wheezing (EVW) and identifies the risk factors that predict persistence of wheezing on short-term follow-up. The medical records of children <3 years of age at hospital admission and classified as having EVW were retrospectively screened. A total of 236 children were classified as having EVW and the median follow-up period was 19.5 months. At the end of follow-up, wheezing persisted in 61.4% and changed to multiple-trigger wheeze in 15.7%. Factors associated with persistent wheeze were age at initial wheezing <24 months, anti-inflammatory treatment at the time of diagnosis, history of severe episodic wheeze in the previous year, wheezing requiring systemic steroids in the previous year, frequent episodic wheeze, parental asthma, and a positive modified asthma predictive index (mAPI). The logistic regression analysis revealed three independent risk criteria for predicting persistent wheeze: anti-inflammatory treatment at the time of diagnosis, history of severe episodic wheeze in the previous year, and a positive mAPI for major criteria.

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