

Clippings

□ The objective of this study was to determine as precisely as possible the epidemiology and morbidity of community acquired pneumonia in hospitalized children. Children with radiographically confirmed lower respiratory infections (LRI) were evaluated. One hundred fifty four hospitalized children with LRIs were enrolled with age range 2 months to 17 years, median age of 33 months. A pathogen was identified in 79% of children. Typical respiratory bacteria were identified in 60% (of which 73% was *Streptococcus pneumoniae*), viruses in 45%, *Mycoplasma pneumoniae* in 14%, *Chlamydia pneumoniae* in 9% and mixed bacterial/viral infection in 23%. Multivariate logistic regression analysis revealed that high temperature (≥ 38.4 degrees C) within 72 hours after admission (odds ratios: 2.2; 95% confidence interval: 1.4 - 3.5) and presence of pleural effusion (odds ratio: 6.6; 95% confidence interval 2.1-21.2) were significantly associated with bacterial pneumonia. This study confirms the importance of *S. pneumoniae* and the frequent occurrence of bacterial and viral co-infections in children with pneumonia. (*Pediatrics* 2004 113: 701-707)

□ The aim of this study was to determine if a school based educational program aimed at reducing consumption of carbonated drinks can prevent excessive weight gain in children. This cluster randomized controlled trial was conducted in six primary schools in South west England and involved 644 children aged 7-11 years. A focused educational program on nutrition was carried out over one school year. The consumption of carbonated drinks over three days decreased by 0.6 glasses (average glass size 250 mL) in the intervention group

but increased by 0.2 glasses in the control group (mean difference 0.7, 95% confidence interval 0.1 to 1.3). At 12 months the percentage of overweight and obese children increased in the control group by 7.5% compared with a decrease in the intervention group of 0.2% (mean difference 7.7%, 2.2% to 13.1%). (*BMJ* 2004, 328 (7450): 1237 Epub 2004)

□ This study was undertaken to compare the physical activity levels of children with and without asthma and evaluate predictors of activity level in children with asthma. Parents of 137 children with asthma and 106 controls 6 to 12 years old who attended an urban primary care pediatrics clinic were interviewed by telephone. A structured survey evaluated 1 day's total activity and the number of days active in a typical week and asthma characteristics. Results showed that children with asthma were less active than their peers. (*Pediatrics* 2004; 113 (4): e341-346)

□ To assess whether zinc, an acute phase reactant would shorten duration of severe pneumonia, a double blind placebo-controlled trial was carried out in Bangladesh involving 270 children aged 2-23 months. They were randomized to receive elemental zinc (20 mg per day) or placebo plus the hospital's standard antimicrobial management. The group receiving zinc had reduced duration of severe pneumonia including duration of chest indrawing (0.80, 0.61-1.05), respiratory rate more than 50 per min (0.74, 0.57-0.98), hypoxia (0.79, 0.61-1.04) and overall hospital duration (0.75, 0.57-0.99). Adjuvant treatment with 20 mg zinc per day accelerates recovery from severe pneumonia in children. (*Lancet* 2004 22; 363 (9422): 1683-1688).

□ This study was undertaken to assess the efficacy of three days versus five days of treatment with oral amoxicillin for curing non severe pneumonia in children. This was a randomized double blind placebo controlled multicentric trial conducted at the outpatient departments of seven referral hospitals in India involving 2188 children aged 2-59 months. The clinical cure rates with three days and five days of treatment were 89.5% and 89.9% respectively (absolute difference 0.4 (95% confidence interval - 2.1 to 3.0) There were no deaths, 41 hospitalization and 36 minor adverse reactions. There were 225 (10.3%) clinical failures and 106 (5.3%) relapses and rates were similar in both treatments. To conclude treatment with oral amoxicillin for three days was as effective as for five days in children with non-severe pneumonia (BMJ 2004 3: 328 (743): 791 Epub 2004, Mar 16).

□ This study was aimed to assess whether WHO case management guidelines for severe malnutrition guidelines are feasible and effective in under resourced hospital. All

children admitted with a diagnosis of severe malnutrition to two rural hospitals in Eastern Cape province from April 2000 to April 2001 were studied and their case fatality were compared with the rates in a period before guidelines were implemented. At Mary Theresa hospital, case fatality rate fell from 46% before implementation to 21% after implementation. At Sipepetu hospital the rate fell from 25% pre implementation to 18% during 2000 but then rose to 38% during 2001, when inexperienced doctors who were not trained in the treatment of malnutrition were deployed. This rise coincided with less frequent prescribing of potassium (13% vs 77%, $p < 0.0001$), antibiotics with gram negative cover (15% vs 46%, $p = 0.003$) and vitamin A (76% vs 91%; $p = 0.018$). (Lancet 2004 3; 363 (0415): 1110-1115).

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