


 **Omega-3 fatty acid effective for the treatment of children with ADHD** (DOI: 10.1016/j.jaac.2011.06.008)


It is known that children with attention deficit hyperactivity disorder (ADHD) have omega-3 differences in both plasma and erythrocyte membranes compared with their healthy peers. Omega-3 fatty acids have anti-inflammatory properties and can alter central nervous system cell membrane fluidity and phospholipid composition. Several studies have been conducted with variable results, so this meta-analysis of 10 trials with 699 total children with ADHD was done. Those who received omega-3 supplements had a “small but significant” improvement in symptom severity compared with those who were given placebo. This effect was also significant in the children who received supplements that specifically contained higher doses of eicosapentanoic acid. Because of its relatively benign side-effect profile, omega-3 supplements may be a reasonable add-on to traditional interventions or an option for psychopharmacologic treatments where parents are reluctant for pharmacological intervention.

EDITOR’S COMMENTS *Good news for manufacturers of energy drinks. They may now add a little bit of omega-3 fatty acid to their formula mix and claim that it will increase the attention span and also control naughty children!*

 **Early vs interval appendectomy for children with perforated appendicitis** (Arch Surg. 2011; 146(6):660-5)

Despite the frequency of this common surgical disorder, there is little agreement on the best management strategy for perforated appendicitis. This was the first of its kind randomized trial to compare early vs delayed surgery. The group included 131 children with median age of 10 years. The main criterion for this was time away from normal activities (days) along with overall adverse event rate. Early appendectomy significantly reduced the time away from normal activities. The overall adverse event rate after early appendectomy was significantly lower compared with interval appendectomy.

EDITOR’S COMMENTS *I am now convinced of my wife’s habit of throwing away any unused/damaged item in the house as soon as it is discovered to be there!*

 **Asthma flare-ups more often in obese kids** (DOI: 10.1016/j.jaci.2011.06.031)

This retrospective study was done to determine the effect of obesity on treatment of asthma in children. Overweight (BMI percentile for age, 85% to 94%) and obese (BMI percentile for age, ≥95%) children were more likely to have increased prescription of β-agonists and oral corticosteroids compared with normal-weight (BMI percentile for age, 16% to 84%) children.

EDITOR’S COMMENTS *The airlines which have started charging the obese for two seats, should now think of a concessional ticket on compassionate ground as the obese face a dual/triple burden of disease.*

 **AAP Guidelines for Diagnosis and Treatment of UTI in Children** (Pediatrics 2011; 128:572-575)

Urinary tract infections (UTIs) are one of the most common bacterial infections in young children of 2-24 months. Repeated UTIs can lead to kidney scarring and life-long decreased kidney function. For the first time after 1999, AAP has changed recommendations for how initial urinary tract infection in infants and toddlers is diagnosed and treated after the analysis of ten years of scientific studies. Major changes in the Guidelines are as follows:

- Selective urine testing based on the prior probability of UTI;
- Elimination of routine voiding cystourethrograms (VCUGs) after first UTI;
- Choice of antibiotic on the basis of the clinical course rather than on sensitivity testing of the isolated uropathogen;
- A renal/bladder ultrasound examination after a first febrile UTI to rule out anatomic abnormalities; and
- Parents of children with confirmed UTI should seek prompt (ideally within 48 hours) medical evaluation for future febrile illnesses.

EDITOR’S COMMENTS *The revised Indian guidelines on UTI were also released recently (in 2011) after a gap of 10 years. The Indian Pediatric Nephrology group needs to be congratulated for churning out practice guidelines on a regular basis.*

**Amit P Shah**  
drnehamit@gmail.com