

Doubling the dose of inhaled corticosteroid to prevent asthma exacerbations: randomised controlled trial

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Here is another study suggesting that increasing the dose of inhaled steroid therapy early during an asthma exacerbation has no benefit in preventing progression to a more severe attack. This was a reasonable sized adult study. You may remember a previous small paediatric study showing the same thing. (Garrett J, Williams S, Wong C, Holdaway D. Treatment of acute asthmatic exacerbations with an increased dose of inhaled steroid. Arch Dis Child 1998; 79(1):12-17). MIKE

Background Asthma self-management plans that include doubling the dose of inhaled corticosteroid when the condition deteriorates improve asthma control. Whether doubling the dose of corticosteroid in isolation is effective is unknown. We undertook a randomised controlled trial to investigate the effects of doubling the dose of inhaled corticosteroids when asthma deteriorates.

Methods 390 individuals with asthma who were at risk of an exacerbation monitored their morning peak flow and asthma symptoms for up to 12 months. When peak flow or symptoms started to deteriorate, participants added an active or placebo corticosteroid inhaler to their usual corticosteroid for 14 days to produce a doubling or no change in dose. The primary outcome was the number of individuals starting oral prednisolone in each group.

Findings During 12 months, 207 (53%) started their study inhaler and 46 (12%) started prednisolone—22 (11%) of 192 and 24 (12%) of 198 in the active and placebo groups, respectively. The risk ratio for starting prednisolone was therefore 0.95 (95% CI 0.55–1.64, P=0.8).

Interpretation We recorded little evidence to support the widely recommended intervention of doubling the dose of inhaled corticosteroid when asthma control starts to deteriorate.

Childhood Habit Cough Treated With Self-hypnosis

J Pediatr 2004;144:213-7

RAN D. ANBAR, MD, AND HOWARD R. HALL, PHD, PSYD

Objectives

To better understand factors associated with the development and persistence of habit cough and to report use of self-hypnosis for this condition.

Study design

A retrospective chart review was performed for 56 children and adolescents with habit cough. Interested patients were instructed in self-hypnosis for relaxation and to help ignore the cough-triggering sensation.

Results

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Results The patients' mean age was 10.7 years. The cough was triggered by upper respiratory infections in 59%, asthma in 13%, exercise in 5%, and eating in 4%. Onset of the cough occurred as early as 2 years, and its average duration was 13 months (range, 2 weeks to 7 years). There was a high incidence of abdominal pain and irritable bowel syndrome in the 50% of the patients who missed more than 1 week of school because of their cough. Among the 51 patients who used hypnosis, the cough

resolved during or immediately after the initial hypnosis instruction session in 78% and within 1 month in an additional 12%. Conclusions Habit cough is triggered by various physiologic conditions, related frequently to other diagnoses, and it is associated with significant school absence. Self-hypnosis offers a safe efficient treatment. (J Pediatr 2004;144:213-7)

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By coincidence I saw a child with habitual cough today. I was not aware of self-hypnosis as a potential treatment. 90% of the 56 cases in this series cases resolved (78% immediately) following hypnosis even though the average duration was 13 months (max 7 years!). MIKE

Historical note:

There have been a few novel "suggestive" treatments that have been used for this condition, the most interesting being the bed sheet method A bed sheet is firmly wrapped around the child's chest, with a double knot tied over the sternum. The sheet is worn at all times by the child. If the child coughs the parent must say - "stop it" or "no more cough". The authors reported success in 33 of 35 children who received treatment with this approach (Cohlan SQ, Stone SM. The cough and the bedsheet. Pediatrics 1984;74:11-5).

Another old treatment involved the child keeping a coat button on its tongue all day - sounds like it had the potential to stop the cough permanently (along with all other respiratory activity)

Mike

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Habit cough is triggered by various physiologic conditions, related frequently to other diagnoses, and it is associated with significant school absence. Self-hypnosis offers a safe efficient treatment.

Differences in antibiotic prescribing patterns for children younger than five years in the three major outpatient settings

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This big study suggests that the overuse of antibiotics for respiratory infections may be getting less in the USA. There is hope after all. MIKE

Objectives To perform a comprehensive analysis of the use of antibiotics in three major sites for outpatient care: private office-based clinics, emergency departments (ED), and hospital-based clinics.

Study design Data from the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to determine visit rates and antibiotic prescribing patterns for the three major outpatient care settings from 1994 to 2000 for children <5 years of age.

Results Antibiotic prescription rates declined from 1400 to 1076 per 1000 children over the study years ($P=.034$). Significant declines in antibiotic prescriptions were noted in both the office-based setting and ED: 1114 to 832 ($P=.053$) in the office-based setting and 236 to 194 antibiotic prescriptions per 1000 children in the ED ($P=.005$). Sites of care differed markedly with white children receiving 82.5%, 14.3%, and 3.2% of antibiotics in the office-based settings, ED, and hospital-based clinics, respectively, compared with 60%, 31%, and 9% for black children ($P<.001$). However, total visits, visits resulting in a diagnosis of otitis media, and antibiotic prescribing rates were similar for white and black children during the latter study years.

Conclusions There has been a decline in antibiotic prescribing in children <5 years of age, which was most notable in office-based and emergency department settings.