

Coffee Grinders Assist Pediatric Dosing

I thoroughly enjoyed Aditya Gupta's article¹ (Itraconazole Oral Solution for the Treatment of Tinea Capitis Using the Pulse Regimen) in the September issue of *Cutis*, but I do care to differ on two points.

First, terbinafine can easily be given to children without an oral suspension. Parents are instructed to use a coffee grinder to crush tablets into a fine powder, and then sprinkle the designated quantity (*ie*, one-half tablet) onto the child's favorite food. As the owner of an Arabian horse farm, I know that this simple method is routinely performed on our equestrian population needing systemic therapies. In my practice, many children find this method of drug delivery preferable to even flavored oral suspensions available for different oral medications.

Virtually all of the medication can be extracted from the coffee grinder. A physician can motivate parents to closely partition crushed tablets into fractionated amounts, a method just as reliable as the traditional pestle and mortar. Pediatric dosing proves to be more consistent with grounded tablets than with elixir products, since portions are often lost by children's drooling or spitting out portions of medicated solutions. Ground tablets have no discomforting taste due to overriding flavor of the edible vehicle (*ie*, applesauce, chocolate ice cream). Thus, for the price of \$25, pediatric dosing of tablet formulations is achieved.

Second, whereas itraconazole's bioavailability depends upon stomach acidity and dietary concerns, terbinafine can be taken at any time of the day. Indeed, I have reported treating pediatric patients as young as 2½ years old in this manner for tinea capitis, with excellent results. In my practice, terbinafine is a more convenient choice for tinea capitis.

Craig G. Burkhart, MSPH, MD
Clinical Professor, Department of Medicine
Medical College of Ohio
Sylvania, Ohio

REFERENCE

1. Gupta A, Adam P, Soloman R, Aly R: Itraconazole oral solution for the treatment of tinea capitis using the pulse regimen. *Cutis* 64: 192-194, 1999.