

Dexamethasone Fails to Benefit in Bronchiolitis

BY MARY ANN MOON
Contributing Writer

Dexamethasone neither prevented hospital admission nor improved the respiratory status of babies aged 2-12 months who presented to the emergency department with moderate to severe bronchiolitis, reported Dr. Howard M. Corneli of the University of Utah, Salt Lake City, and his associates.

The corticosteroid also did nothing to reduce the patients' visits to the hospital or to physicians during the week following the emergency department visit, the researchers said.

Treatment for bronchiolitis is controversial. An estimated 25% of babies hospitalized with the disorder are given corticosteroids, even though the agents' efficacy has never been established definitively.

Dr. Corneli and his associates assessed outcomes in 600 babies treated for a first episode of moderate to severe bronchiolitis at 20 emergency departments throughout the United States during flu seasons in 2004-2006. The patients were randomly assigned to receive oral dexamethasone or placebo, as well as any bronchodilators or other therapies that their treating physicians deemed necessary.

Four hours after treatment, the propor-

tion of patients admitted to the hospital for observation and further treatment was 40% in the dexamethasone group and 41% in the placebo group, a difference that was not statistically significant.

Similarly, there was no significant difference between the two groups in mean scores on a measure of respiratory distress 4 hours after treatment. For patients who were admitted to the hospital, there was no significant difference in length of stay between those who received dexametha-

sone and those who received placebo.

The two study groups also showed no significant differences in the rates of hospitalization, physician visits, or adverse drug reactions in the week following their emergency department visits, the investigators said (*N. Engl. J. Med.* 2007;357:331-9).

These results held true regardless of whether or not the babies had eczema or a family history of asthma, which indicates that the response to corticosteroids was no different whether or not they had atopy.

Because respiratory syncytial virus can cause bronchiolitis, the researchers assessed outcomes according to whether or not patients tested positive for the virus. Again, they found no significant difference in response to dexamethasone between babies who had the virus and those who did not.

Given these findings, "we recommend evaluation of other treatments and preventive strategies for bronchiolitis," Dr. Corneli and his associates said. ■

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children aged 2-10 years, only the polysaccharide vaccine is licensed.

► **Typhoid fever.** There are two "moderately effective" vaccines available: Ty21a live attenuated oral vaccine, given as a four-dose series on alternate days for persons 6 years of age or older; or Vi capsular polysaccharide vaccine, single dose, for persons 2 years of age or older.

► **Yellow fever.** This is endemic in equatorial Africa and South America, Dr. Lieberman noted, and proof of vaccination is required for entry in some countries. A live, attenuated virus vaccine is available. Vaccine side effects include headaches, myalgias, fever, and encephalitis. Infants are at increased risk for encephalitis from the vaccine. Travelers with infants younger than 9 months should be strongly advised to not travel to yellow fever-endemic areas.

► **Japanese encephalitis.** This is endemic in Southeast Asia, he said. Immunization for this is given as a series of three injections on days 0, 7, and 30, with a booster given 24 months later. Children aged 1-2 years receive a 0.5-mL dose. There may be associated local reactions and mild systemic effects such as fever, headache, and myalgias. For a short-term stay in an urban area, immunization is not recommended.

► **Rabies.** The decision to vaccinate should be based on the itinerary and expected activities. As prophylaxis, the vaccine should be given as a four-dose series of injections on days 0, 7, 21, and 28.

Dr. Lieberman disclosed that he has a financial relationship as a consultant and as a member of the speakers' bureaus for GlaxoSmithKline, Sanofi Pasteur, and Merck & Co. ■



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