

Antibiotics Ineffective for Common Childhood Illnesses

By Randall Neustaedter OMD, LAc, CCH

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June has been a big month for medical articles that disprove the utility of antibiotics for common childhood illnesses. First the journal *Pediatrics* published an article showing no effectiveness of antibiotics for ear infections. Now two more articles have shown that antibiotics are not effective for conjunctivitis (pink eye) and bronchitis.

A British study published in the *Journal of the American Medical Association* investigated the effectiveness of antibiotics in 807 patients aged 3 years or older with acute lower respiratory tract infection. Patients with pneumonia or chronic respiratory disease (asthma, cystic fibrosis) were excluded from the study. The clinicians compared the effectiveness of immediate antibiotics, delayed antibiotics, and no antibiotics. Delayed antibiotics was defined as advice to use a course of antibiotics available on request if symptoms were not resolved after 14 days. The antibiotic used was amoxicillin, or erythromycin if patients were allergic to penicillin. Symptoms observed during the course of the study included cough, shortness of breath, sputum production, well-being, sleep disturbance, and activity disturbance. The researchers found no significant difference in these outcome measures in the different groups.

The authors conclude that "No offer or a delayed offer of antibiotics for acute uncomplicated lower respiratory tract infection is acceptable, associated with little difference in symptom resolution, and is likely to considerably reduce antibiotic use and beliefs in the effectiveness of antibiotics."

Another British study published in *The Lancet* investigated the use of antibiotic eye drops in the treatment of conjunctivitis. The study included 326 children aged 6 months to 12 years with conjunctivitis. By the end of one week 83 percent of the placebo group and 86 percent of the antibiotic group had recovered. When the organism causing the infection was found to be bacterial (as opposed to viral) there still was no significant difference between the antibiotic and placebo groups. Only 3 percent of the children given placebo had a recurrence of conjunctivitis within 6 weeks compared to 4 percent of the children treated with antibiotics. The conclusion of these researchers was that acute infective conjunctivitis does not require treatment with an antibiotic.

Antibiotic use can result in serious, even life threatening, side effects, including overgrowth of fungi (candidiasis) and other bacteria, and immediate or chronic allergic reactions. The problem of bacterial resistance to antibiotics from overuse in these simple illnesses of children is well-documented.

References:

Little P, et al. Information Leaflet and Antibiotic Prescribing Strategies for Acute Lower Respiratory Tract Infection: A Randomized Controlled Trial *JAMA* . 2005;293:3029-3035.

Rose PW, et al. Chloramphenicol treatment for acute infective conjunctivitis in children in primary care: a randomized double-blind placebo-controlled trial. *The Lancet* . 22 June 2005; early online publication.