The rational use of drugs in the management of acute diarrhoea in children

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Abstract
Provides authoritative information essential to those concerned with improving the rational use of drugs in the management of acute diarrhoea in infants and young children and with tackling the immense problems posed by the prescribing of clinically useless and potentially dangerous drugs. Noting that diarrhoeal diseases continue to claim some 4 million young lives each year, the book gathers the information needed to argue against the widespread use of medicines that have no established clinical benefits, are frequently harmful, and most importantly may delay or replace effective treatment measures. The book also responds to the problem of antibiotic resistance and the need to curtail the unnecessary use of antimicrobial medications. Drugs judged effective are dealt with concisely in a table listing four first-choice antimicrobials, and six alternatives, useful in the management of cholera, shigella dysentery, amoebiasis, and giardiasis. Apart from these cases of specific etiology, readers are informed that antidiarrhoeal drugs and antiemetics should never be used for children, as none has any proven practical value and some are frankly dangerous. This statement is then substantiated through a thorough review of data on eleven antidiarrhoeal drugs widely used in paediatric practice. On the basis of this review, the book concludes that none of these preparations has any documented benefits, some actually prolong diarrhoea, and others have been shown to produce severe and, in some cases, fatal side-effects. The book further concludes that the continued production, promotion, and sale of these preparations for paediatric practice cannot be justified

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The recommended routine use of zinc in the management of childhood diarrhea, not currently practiced in many countries, is expected to reduce disease incidence. In industrialized countries, relatively few patients die from diarrhea, but it continues to be an important cause of morbidity that is associated with substantial health-care costs. Differential diagnosis of acute diarrhea in children: • Pneumonia—may occur together with diarrhea in developing countries • Otitis media • Urinary tract infection • Bacterial sepsis • Meningitis. © World Gastroenterology Organisation, 2012. Integrated management of childhood illness (IMCI). Zinc deficiency is widespread among children in developing countries. 3. Aetiology of Acute Diarrhoea in Children. 6. Therapeutic Management. During the diagnosis of diarrhoea in children, clinical features should be documented to exclude the presence of blood or mucus in the stools. If these are present, then antibiotherapy adapted to the causative pathogen may be required. However, in the case of acute infectious diarrhoea, systematic use of antimicrobial therapy is not recommended because the aetiology may not be bacterial, because the disease is generally self-limiting and due to the risk of development of antibiotic resistance. In such cases, no laboratory tests are necessary to identify the pathogen. We analyzed diarrhea management practices in young children and their association with the source of care. Methods: We used Demographic and Health Survey data from 12 countries in sub-Saharan Africa with high burdens of childhood diarrhea. We classified the quality of diarrhea management practices as good, fair, or poor based on mothers’ reports for children with diarrhea, using WHO/UNICEF recommendations for appropriate treatment. Table 1 Classification of diarrhea management in children under-five into good, fair and poor based on WHO/UNICEF recommendations. Classification