LETTERS TO THE EDITOR

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The editors will decide, as before, whether to also publish it in a future paper issue.

Infantile colic and chiropractic spinal manipulation

EDITOR,—We congratulate Olafsdottir et al on their article. The sum of the evidence on spinal manipulative therapy (SMT) in the treatment of infantile colic now is that there are 3 randomised controlled trials (RCTs) on the subject.

Two RCTs demonstrated a significant positive effect of SMT;1 and 1 RCT was unable to demonstrate any treatment effect.1 The reasons for this discrepancy are not known, but Olafsdottir et al suggest that their finding of no effect of SMT may be due to the blinding of the infants’ mothers. Another equally likely explanation could be that we are witnessing a dose response phenomenon.

In their trial, Olafsdottir et al used a treatment protocol relying more on the treating chiropractor’s clinical judgement. This pragmatic approach resulted in 64% of the infants in one RCT receiving 4 or more sessions of SMT (with a maximum of 7), and the majority of infants in the other RCT receiving up to 6 sessions.1 We believe that this dose response problem should be addressed in future trials of SMT for infantile colic.

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Diluted treatment effects?
EDITOR,—If my reading of this colicky study is correct, it appears that both groups received standard counselling and recommendations for the care of a colicky child. My question to the authors is, if such standard recommendations are effective in the reduction of colic, does this not raise the possibility that any treatment effect in the SMT group could have been diluted by the introduction of a second active treatment (standard recommendations) in the control group? Put another way, was the placebo intervention an inert intervention or was it a second active intervention?

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There are environmentally friendly and safe alternatives to the disposable nappy. Modern washable nappies are very different from the traditional idea of buckets of “terries”. There are now shaped cotton nappies with velcro fastenings, alternatives to nappy pins, breathable covers, and disposable paper inner liners. Concern that the incidence of nappy rash is higher with washable nappies is unfounded—it has been shown that it is the length of contact of urine with the skin that is most important in the development of nappy rash and it may be that an infant in a disposable has more chance of developing nappy rash as they are often changed less frequently than an infant in washable nappies. In addition, there are cost savings both to individuals and organisations using washable nappies, and there have been several successful hospital projects using washable nappies on postnatal wards. As paediatricians committed to the health of children, we should be aware of the issues raised by the use of disposable nappies, the alternatives that exist, and sources of information and support for parents who are concerned about ensuring a safe and sustainable future for their children.

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