

# Atoms

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## THE PLIGHT OF CHILDREN

Approximately 10 million children under the age of 5 years die in the world each year. In a recent landmark five part series in the *Lancet*, the plight of children in the developing world was extensively reviewed.<sup>1-5</sup> The series covered the epidemiology of death in young children, what public health strategies are effective and can be implemented to prevent these deaths, and, finally, issues related to inequality. In this issue of *ADC*, one of the authors of that series, Z A Bhutta from Pakistan, inaugurates our global health section. This article and section signifies our commitment to the health and well being of children not only in the UK but also around the world. In a related article, Waterson and colleagues explore the meaning and importance of social capital—that is, the “institutions, relationships and norms that shape the quality and quantity of a society’s social interactions”.<sup>6</sup> They believe, as do the authors of the *Lancet* series, that the redistribution of wealth between countries will be critical if the lives of children are to improve. Dr Bhutta points out that even within many of the world’s developing countries, redistribution of wealth and resources is critical.

These articles also highlight the struggle of many peer review publications. We recognise that most of our readers live in the UK, are members of the Royal College, and practise in countries with well defined and financed private and public healthcare systems. I believe we have a responsibility to assist UK paediatricians in their effort to practise the best possible medicine. On the other hand we cannot lose sight of the dismal plight of many children living in poor countries. On a regular basis we will highlight the emerging health and social issues that confront children living around the world.

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## HAS THE INCREASE IN ALLERGIC DISEASE PLATEAUED?

The increasing prevalence of allergic disease around the world has been

attributed to many factors, including: reporting bias, the hygiene hypothesis, inappropriate exposure to allergens during infancy, the decline in breast feeding, etc. In a report from Singapore, from a site that has participated in the international ISAAC survey, there appears little change in the prevalence of asthma, rhinitis, and eczema in two groups of children (6–7 and 12–15 years old) over a 7 year time period (1994 to 2001). These data confirm other reports that the increase in allergic disease may have crested. There is so much conflicting data, supporting the various competing hypotheses, I doubt we will ever be sure what has fuelled the worldwide increase in atopic disease.

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## CHANGING ROUTINE PRACTICE

We have become much more aggressive at detecting urinary tract infections (UTIs) in infants and young children. Over the past two decades a great deal of work has been done on the utility of both blood and urine cultures in the evaluation of febrile infants and children. The extraordinary success of the Haemophilus influenzae and pneumococcal vaccines has dramatically reduced the prevalence of bacterial meningitis. However, we continue to culture for UTIs. For many years, following the diagnosis of UTIs, children have undergone both an ultrasound and voiding cystourethrography (VCUG). Zamir and colleagues describe the lack of utility of ultrasound in the management of UTIs, confirming a similar report from the US last year.<sup>7</sup> T J Beattie in an accompanying commentary calls for a reexamination of our imaging protocols following the diagnosis of UTI. Why we continue to use inappropriate and ineffective tests is the focus of a recent *BMJ* editorial.<sup>8</sup>

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## LOSING WEIGHT HAS MANY BENEFITS

The epidemic of obesity demands that we reexamine our ability to impact on well known risk factors for the development of atherosclerotic cardiovascular disease. While few clinicians screen children aggressively for abnormalities of cholesterol and triglycerides, we routinely measure blood pressure at well visits. Most physicians advise against smoking, but I am unaware of any data indicating how often we confront/counsel teenagers who do smoke. Reinehr and Andler describe the impact of weight reduction on the atherogenic profile of obese children. Encouragingly, they found that modest amounts of weight loss positively influence the levels of LDL and HDL cholesterol, triglycerides, and insulin resistance. This news is encouraging. Although we are frustrated by our seeming inability to impact on obesity, these data indicate that when our efforts are successful, many important health parameters improve.

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