

The globalisation of child health research

In my many conversations about *ADC* the issue of research from resource limited countries arises. As you are aware, we have added a Global Health Column, now under the direction of Stephen Greene, which is a mix of solicited and unsolicited review articles and “thought” pieces. However, an equally important initiative over the past 4 years has been to publish more original research that addresses the needs of children living in poor countries. What is striking in many countries is the remarkable juxtaposition of children who continue to live in poverty and receive little health care, with an emerging middle class, who receive increasingly high quality care. This is exemplified by what some people refer to as the “nutritional paradox” – increasing rates of obesity in some countries, with little or no change in the rates of profound malnutrition.

In this issue, there are three original research articles from countries whose economies are changing rapidly—Mexico (is there a relationship between magnesium deficiency and C-reactive protein), Nepal (the effect of maternal micronutrient supplementation on early neonatal morbidity), and Vietnam (how physical health impacts on mental disorders). I am often asked if we have different standards for our original research articles from resource limited countries—the answer is an unequivocal no—papers from these countries must meet the same rigorous standards we set for all original research papers. In many regards these articles reflect important scientific endeavours in countries that are rapidly changing, research that is particularly relevant to resource limited countries—the Nepal study; research that is broadly generalisable—the Mexico study; and an emerging

area of investigation, quality of life in resource limited countries—the Vietnam study. *See pages 676, 660, 686*

Competing interests

I draw your attention to an editorial on competing interests. As the financial arrangements between physicians and organisations have become increasingly complex, we must be more proactive in detecting and declaring competing interests. Despite authors’ obligation to disclose competing interests, problems still arise. We will be discussing potential competing interests each time we accept a manuscript for publication.

See page 643

ICS for asthma – intermittent versus continuous therapy

In a randomised clinical trial lasting 18 months, Turpenin and others from Finland, describe the impact of a continuous inhaled corticosteroid (ICS), budesonide, for the entire treatment period compared with continuous treatment for 1–6 months, than for exacerbations only or disodium cromoglycate in a group of 176 children aged 5–10 years with newly detected asthma. Budesonide was clearly superior to cromoglycate, but there was less clarity whether continuous budesonide was superior to continuous than as-needed treatment. In an erudite perspective, Soren Pedersen explores the complexity of ICS in asthma—recognising that families may value different outcomes than physicians. Because some parents are concerned about the impact of ICS on growth, they may be willing to tolerate additional visits to an accident and emergency department in order to avoid daily treatment with ICS. I suspect that much of the debate hinges on the correct

classification of a child with asthma. If a child truly has persistent asthma then continuous ICS are indicated. If the disease is classified as intermittent and mild (in contrast to the new National Institutes of Health classification of intermittent moderate or severe) then interrupted ICS may be a reasonable alternative. *See pages 644 and 654*

Information on the web

Many of us, including our patients, search the web—“to google” has become a popular term. In a report from the Strathclyde Institute in Glasgow, Akram *et al* assessed the quality of 48 websites that provided information about attention deficit hyperactivity disorder. Not surprisingly, there was substantial variation in the quality of the content and physical properties of the sites. In general the government/professional sites scored better than the charities/support groups and commercial organisations. It was gratifying that the BMJ Publishing Group’s Best Treatments website scored the highest on two different scales that were used to assess quality. The old adage—buyer beware—certainly applies when shopping on the web. *See page 695*

This month in *Education & Practice*

- ▶ Best practice on childhood headache appears with another problem solving – a newborn with respiratory distress. *See pages ep105 and ep112*
- ▶ Illuminations presents “funny shaped heads.” *See page ep120*
- ▶ A surprise set of articles appears. *See page ep129*
- ▶ Look for the debut of two new columns in the coming months – diagnostic tests and a series of articles on education, appraisal, etc.