

[IMAGE]

## Ruling Out Penicillin for Childhood Sore Throat

You've heard the warnings: Over time, using antibiotics can build resistance to their infection-fighting properties, eventually rendering them useless as treatment options. Still, an increasing number of doctors continue to prescribe antibiotics even when no infection exists -- such as when symptoms are associated with the common cold, or when research demonstrates their ineffectiveness. Take as example a recent study that penicillin, a commonly prescribed antibiotic, does not reduce the duration of acute sore throat symptoms.

Researchers studied 156 children, ages 4-15, with a sore throat for fewer than seven days and meeting at least two of four other criteria, including history of fever, absence of cough, swollen lymph nodes, or red or swollen tonsils. Participants received either penicillin for seven days; penicillin for three days, followed by placebo for four days; or placebo for seven days.

**Results:** The study found virtually no differences in terms of symptom duration in the three study groups, and that sore throat actually resolved 1.3 days later, on average, in the three-day penicillin group compared to the group receiving placebo only.

The authors make their findings perfectly clear: "Treatment with penicillin for seven days failed to shorten the duration of sore throat, reduce non-attendance at school, or reduce recurrence of sore throat in the following six months." These results were maintained even in children diagnosed with the presence of group A streptococci (which can cause strep throat, among other complications). The authors conclude that nearly all children in the Western world can be treated for sore throat safely without the use of penicillin; however, parents are still encouraged to seek a doctor's care to rule out more serious potential illnesses.

### *Reference:*

Zwart S, Rovers MM, de Melker RA, et al. Penicillin for acute sore throat in children: randomized, double-blind trial. *British Medical Journal* (online), Dec. 6, 2003. [www.bmj.com](http://www.bmj.com).

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