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Antibiotic use in children

Antibiotics are not necessary for most respiratory tract infections in children. Kozyrskyj and colleagues reveal that physicians may be heeding this message. In a study of antibiotic use among Manitoba children in the last half of the 1990s, they found that the rate of prescribing antibiotics for viral respiratory tract infections decreased, from 1.2 prescriptions per child in 1995 to 0.9 prescriptions in 2001. Although notable decreases were seen in the use of certain classes of antibiotics (e.g., sulfonamides), the use of broad-spectrum macrolides in 2001 was 12.5 times the 1995 rate. The authors conclude that, although the overall use of antibiotics has decreased, the widespread use of broad-spectrum agents represents an ongoing risk for the development of antibiotic-resistant strains of bacteria.

In a separate study, Kozyrskyj and colleagues show that, despite the decrease in the overall use of antibiotics for viral respiratory tract infections in children, 45% of physician visits for such infections between 1996 and 2000 resulted in an antibiotic prescription. Their analysis also showed that, compared with general practitioners, pediatricians were less likely to prescribe an antibiotic, whereas other specialists were more likely to do so. In addition, children in high-income neighbourhoods were less likely than those in low-income neighbourhoods to receive an antibiotic.

See pages 133 and 139

Pulmonary fibrosis

Idiopathic pulmonary fibrosis (IPF) is the most common cause of idiopathic interstitial lung disease. Khalil and O'Connor review this poorly understood disease. They present the current understanding of its pathogenesis, the risks associated with its development and the disease's clinical features. In addition, they discuss the role of immunosuppressive therapy, antifibrotic therapy and nonpharmacologic options for the management of IPF.

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The future of continuing medical education

Physicians often feel overwhelmed by the amount of new information they need to digest to keep up with current knowledge. Continuing medical education (CME) programs in principle are designed to help physicians achieve this goal. In separate commentaries, Davis, Associate Dean of Continuing Education in the University of Toronto's Faculty of

Medicine, and Marlow, Director of CME/CPD at the College of Family Physicians of Canada, discuss the problems of allowing pharmaceutical companies to offer CME programs and propose potential solutions.

See pages 149 and 150

Prostitution

Are Canada's laws on prostitution intended to abolish it or regulate it? In a commentary, Lowman points out that our current laws do neither and that they may in fact serve to increase street prostitution and expose prostitutes to increased violence. He also reminds us that, despite the evidence, no government has reformed the laws since 1985. Lowman argues that amendments to the laws are needed to help create real opportunities for people to leave prostitution if they so choose and to minimize the health risks associated with prostitution.

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In Synopsis

Weir and coauthors report on the increase of *Salmonella* Newport infections and the call for enhanced surveillance (see page 127). Bhandari reviews a recent study of the outcomes of patients who received early versus delayed surgery for hip fractures (see page 130). Lodha and Ng describe a case of an infant born with denuded skin (see page 131). Choi reports the results of a study revealing an association between air pollution and heritable germ cell mutations (see page 126).