

This week's paper examined the role of antibiotic therapy, namely cefdinir and amoxicillin, as an adjunct to conventional nutrition therapy for the treatment of severe acute malnutrition (SAM).

The study randomised double-blind placebo controlled trial and was conducted at 18 feeding clinics in rural Malawi.

2874 children severely malnourished children with Kwashiorkor, Marasmus or marasmic-kwashiorkor were included in the study. Approximately 920 children were randomised to either of the two antibiotics or placebo and given for a 7 day course of treatment. They received conventional 'plumpy-nut' (a form of ready-to-use therapeutic food (RUTF)) nutritional therapy alongside antibiotic treatment.

Time to recovery and mortality was significantly lower in the groups that received antibiotics compared to placebo.

Whilst we acknowledge that study was well controlled and well conducted, concerns in the ensuing discussion were raised about the use of antibiotics in a population that had a high rate of fever, diarrhoea and cough. It was suggested that the antibiotic therapy in this context was treating pre-existing infections. The paper did not seek to disentangle the effects of concurrent bacterial infection, on mortality or recovery time nor did they outline what standard treatment would have been in this context and whether this treatment was given.