

## Short-course antibiotic therapy appears effective for community-acquired pneumonia in young children

<b>Clinical question</b>	How effective is short-course (3 days) antibiotic therapy as opposed to a longer course (5 days) for non-severe community-acquired pneumonia in children aged 2 to 59 months?
<b>Bottom line</b>	Short-course antibiotic therapy is as effective as longer treatment for non-severe community-acquired pneumonia in children aged from 2 to 5 years. Rates of clinical cure, treatment failure and relapse were similar in both groups. Different durations of either amoxicillin or cotrimoxazole gave similar results.
<b>Caveat</b>	These findings should be interpreted with caution as they are limited by the small number of studies available on the topic.
<b>Context</b>	Pneumonia is the leading cause of mortality in children younger than 5 years. The recommended duration of treatment ranges between 7 and 14 days, but this is not based on empirical evidence. A shorter duration of therapy, if found to be effective, could be particularly important in resource-poor settings where there is a high risk of death, poor access to medicines and health care, and limited budgets for medicines.
<b>Cochrane Systematic Review</b>	Haider BA et al. Short-course versus long-course antibiotic therapy for non-severe community-acquired pneumonia in children aged 2 months to 59 months. <i>Cochrane Reviews</i> 2008, Issue 1. Art. No.: CD005976. DOI:10.1002/14651858. CD005976.pub2.  This review contains three studies involving 5,763 participants.
Pearls No. 86, August 2008, written by Brian R McAvoy	

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