

Acute Bronchitis: What treatment can be recommended in children?

[German title: Akute Bronchitis: Welche Therapie empfiehlt sich im Kindesalter?]

Two third of all children suffering from uncomplicated acute bronchitis receive antibiotic treatment. Can this be justified?

Prof Kamin: No, we know that 95 percent of all upper respiratory tract infections in children are induced by viruses. According to the opinion of experts, an antibiotic treatment is therefore in most cases ineffective. A benefit which is at best marginal, does neither justify the treatment costs nor the risk of adverse drug effects and increased development of resistance. Multiresistant pathogens represent a particular risk since they often can only be treated with so-called reserve antibiotics. Antibiotic treatment should only be taken into consideration when general symptoms such as fever above 38.5 °C, purulent sputum and dyspnoea or inflammation parameters (CRP, IL6, calprotectin) indicate a bacterial etiology.

What therapeutic alternatives can be recommended?

Prof Kamin: In my opinion, a plant-based preparation from the root extract of *Pelargonium sidoides* is a good therapeutic option. The anti-infective active substance EPs® 7630 has a clearly defined spectrum of effect without the known disadvantages of an antibiotic treatment. A considerable number of studies confirm an improvement of bronchitis symptoms, a shorter duration of the disease and a quicker return to school or work. This first-line therapy could also bridge the time until the final decision about a possible antibiotic treatment and could thus reduce the risk of an uncritical use of antibiotics. The safety and the same good effect of both presentation forms, the solution and the syrup, could be shown in a study I recently conducted.

EPs® 7630 has a large number of constituents. Antiviral and antibacterial effects could be demonstrated in vitro, as well as immuno-stimulating and secretomotor effects in the case of an existing infection. Improvement of ciliary beat frequency with increased transport of mucus could be an important action principle in the relief of cough.



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Especially in children safety comes first. What about the extract's tolerability?

Prof Kamin: Based on the available data and my personal very positive experience, I consider this phytopharmaceutical to be an effective and well-tolerated option. A comprehensive preclinical investigational program in adults and children provides evidence that the root extract has a very good safety profile. In clinical studies too, as well as in its very frequent use in daily practice, the extract proved to be well tolerated. The discussion on possible hepatotoxic reactions after several single-case reports could be defused in march 2014: the conclusion of a "Stufenplanverfahren" [German pharmacovigilance "graduated plan"] initialized by the German Health Authorities [BfArM - Bundesinstitut für Arzneimittel und Medizinprodukte / Federal Institute for Drugs and Medical Devices] did not show any causal relationship between the use of EPs® 7630 and the reported suspected cases.