The Canadian Paediatric Society statement on uncomplicated CAP from 2015 highlights that hospitalized children require 7 to 10 days of antibiotic therapy; however, 5 days may be appropriate for outpatients. The optimal duration of antibiotic treatment for outpatient management of uncomplicated CAP has been a topic of interest recently, as new evidence reveals that the historically used 10-day duration may be unnecessary.

A systematic review and meta-analysis published in 2023 supported short-course antibiotic therapy as noninferior to a standard course of therapy when evaluating antibiotic retreatment, hospitalization, treatment failure, and antibiotic-related adverse effects. Another systematic review and meta-analysis of randomized controlled trials comparing a shorter course with a longer course of antimicrobial therapy using the same antibiotic medication in children with nonsevere CAP was completed by Li et al in 2022. Based on 9 studies, 7 of which used 3 days as the short duration, the study reported that for treatment failure and relapse rates short-course treatment was noninferior to longer course treatment. A subgroup analysis of children aged 2 to 59 months also had noninferior findings for the short course; however, in older children (aged 5 to 10 years) the short duration of treatment failed to be noninferior. **The authors concluded that for children aged 2 to 59 months with nonsevere CAP, a short course of antibiotic treatment is noninferior to longer treatment and can be implemented safely.**

Uncomplicated CAP treatment as short as 3 to 5 days results in excellent clinical courses among children. Given the risks of antimicrobial resistance related to prolonged exposure to antibiotics, it is prudent that the shortest effective duration of antibiotics is used.

The correct answer is true.

Overuse Alert!

This practice question aligns with Choosing Wisely Canada's toolkit the *Cold Standard* (page 4) on appropriate antibiotic duration for the management of respiratory tract infections.

Reference: Singla S, Sih K, Goldman RD. Antibiotic treatment duration for community-acquired pneumonia in children. *Can Fam Physician*. 2023;69(6):400-402.

Link: https://www.cfp.ca/content/69/6/400.long

PMID: 37315974

Q9 Medical Child Abuse

Which *one* of the following statements is *false* regarding medical child abuse, via falsification by the caretaker?

- ❍ 1. Mortality rate may be as much as 9%.
- ❍ 2. The father is most often the perpetrator.
- ❍ 3. A sibling is deceased in 25% of cases.
- ❍ 4. Falsifying hematuria may be done to feign kidney disease.

Educational Point: Medical child abuse, via falsification by the caretaker, "occurs when a child receives unnecessary and harmful or potentially harmful medical care" Since 1977, various terms for the condition have been used. However, Munchausen syndrome by proxy (MSBP), the initial term used, continues to be the most recognizable term, although it emphasizes the caregiver's pathologic condition and motivation. This article will use the term medical child abuse (MCA), coined by Jenny and Roesler, and generally used by Child Abuse Pediatricians because it focuses on the harm to the child. The hallmark of MCA is a child evaluated for and diagnosed with conditions based largely on a caregiver's report of symptoms, leading to unnecessary and harmful tests, treatments, and procedures. The most common subspecialties consulted in MCA cases include gastroenterology, psychiatry, neurology, pulmonology,