

## Bronchiectasis in cystic fibrosis

—Robert W. Wilmott, MD

**S**tudies of infants identified by newborn screening for cystic fibrosis have shown that the pulmonary diseases start early, prior to the development of clinical symptoms. In this issue of *The Journal*, Stick et al from the Australian Respiratory Early Surveillance Team for Cystic Fibrosis (AREST CF) have studied bronchiectasis in young children with cystic fibrosis diagnosed by newborn screening. They found a prevalence of 22% which increased with age, so current treatment of infants with cystic fibrosis does not always prevent the development of permanent pulmonary sequelae. The authors propose that bronchiectasis would be a clinically relevant endpoint for future intervention trials in infants with cystic fibrosis.

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## Effect of gastric acid inhibition in cystic fibrosis

—Robert W. Wilmott, MD

**M**any patients with cystic fibrosis receive gastric acid inhibition with proton pump inhibitors, or histamine-2 receptor antagonists, to either increase the efficacy of pancreatic enzyme replacement therapy or for gastroesophageal reflux disease.

In this issue of *The Journal*, van der Doef et al from the University Medical Center in Utrecht have studied whether patients on gastric acid inhibition have increased risk of bacterial colonization or an altered rate of decline in pulmonary function. There were no significant differences in the group who received gastric acid inhibition for fat malabsorption, but the group with gastroesophageal reflux disease had earlier acquisition of *P aeruginosa* and *S aureus* and significantly reduced pulmonary function tests at 10 years old.

These data suggest that gastroesophageal reflux disease should be energetically pursued and treated in people affected by cystic fibrosis.

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## Parents' preferences for topics discussed during adolescents' healthcare visits

—Sarah S. Long, MD

**T**his sample from a national audience of parents of adolescents shows that parents have specific preferences for content areas that clinicians propose to discuss with their children. Although adolescent healthcare often is focused on preventing high-risk behaviors, Dempsey et al found that parents most often rank as “very important” topics such as diet and nutrition, exercise and sports, and the physical changes of puberty. Investigators also found that although parents valued physician time alone with their adolescents, they were less prepared (46%) to respect the dialogue as a privileged conversation.

For several reasons, the methodologic findings in this study are not generalizable to the US population. But we think that this is precisely the authors' point. Parents' preferences are not generalizable. We need to understand better what anticipatory guidance given in what manner respects parents' wishes *and* optimizes the impact of adolescents' preventive healthcare visits. The findings also demonstrate that clinicians need to better help parents understand why private communications between clinicians and adolescents are an important part of a comprehensive strategy to promote positive behaviors in teenagers.

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## Looking for lead in all the right places

—Thomas R. Welch, MD

**T**his issue of *The Journal* contains a very important and likely controversial article by Lozoff et al from the University of Michigan. The study examines data from three separate studies of lead levels in infants for which data on breast feeding duration was available. The three studies (performed at very different times and in very different areas) all suggested a relationship between infant lead levels and duration of breast feeding.

As a stand-alone observation, this study would be somewhat interesting but certainly not convincing. It must be read, however, with the knowledge that there is