

Preface



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Guest Editor

“Hi Doc. John keeps getting respiratory infections. What should I do?”

“Jane has been coughing for 5 weeks and we have had little sleep. Can you give her something to stop this cough?”

Such scenarios are regularly seen by most clinicians whose practice includes children. Indeed, children who have respiratory symptoms and signs or illness are among the most common presentations to medical practitioners. In this issue of *Pediatric Clinics of North America*, an evidence-based approach to common scenarios in pediatric respiratory care is emphasized, because significant advances in clinical care have occurred when long held dogma were questioned and evidence applied.¹ William Silverman eloquently articulated this in his book *Where’s the Evidence?*¹ He further challenges clinicians to reflect on where the line between “knowing” (the acquisition of new medical information) and “doing” (the application of that new knowledge) is drawn.

In this issue, authors with significant clinical and research expertise from the United States, Europe, Asia, and Australia have utilized the GRADE² system for each recommended approach. As these articles were written well before the *British Medical Journal* GRADE series were published, the short GRADE system was utilized.² The steps in each article are designed to answer the questions: “What is the evidence-based approach?” and “What is the strength of the evidence of the approach?” The first five articles focus on common respiratory symptoms that are encountered by clinicians, such as respiratory noises and cough. The remaining articles are disease specific, designed as an evidence-based approach to guide the clinician when a child who has an illness such as pneumonia presents.

A significant limiting factor in almost all of the articles in this issue is the lack of randomized controlled trials for the suggested approach taken. Indeed, even for the very common symptoms of cough³ or wheeze⁴ in the young child, there is a glaring lack of high level evidence, let alone for the less common but significant symptoms of chest pain and shortness of breath. We have a long way to go to achieving complete evidence-based medicine in the respiratory care of children. However, this issue

provides a succinct approach that highlights the evidence, or lack of, to managing respiratory symptoms and conditions, which general practitioners and pediatricians are likely to encounter in a child. I hope readers will find the articles useful in their clinical practice and stimulate some to conduct clinical research to improve the management of common respiratory conditions in childhood. I thank the authors for their valuable contributions to this issue.

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