



Solunum Yolu Enfeksiyonlarında Korunma



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DSÖ

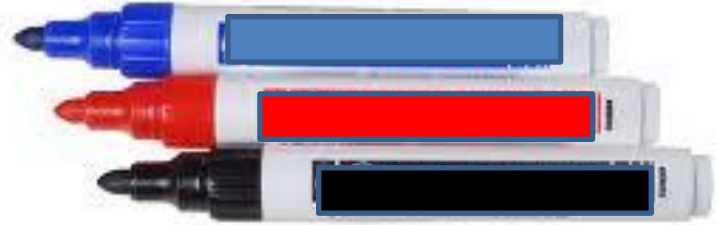
**<5 YAŞ ÖLÜMLERİNİN
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**İSHAL ve SOLUNUM YOLU
HASTALIKLARINDAN OLMAKTADIR.**



SOLUNUM SİSTEMİ ENFEKSİYONLARINDA KORUNMA

Primer Korunma
Sekonder Korunma
Tersiyer Korunma



Primer Korunma

- Sađlıklı ocuđun korunması:
 - Anne st ile beslenme
 - Ařıların tam, eksiksiz yapılması
 - Hijyene dikkat edilmesi
 - Yařam kořullarının dzenlenmesi
 - Antibiyotik ya da tm ilaların olabildiđince az kullanılması
 - Olası eksiklerin tamamlanması
 - **Demir eksikliđi**
 - **inko eksikliđi**
 - **D vitamini eksikliđi**



OKSİJEN

Sekonder Korunma

- Hastalığı nasıl engelleyebilirim ve düzelmesini nasıl hızlandırırım?
 - Hekime erken başvuru
 - İlaçların uygun ve akılcı kullanımı
 - Emzik kullanımının azaltılması, engellenmesi
 - Gece beslenmeleri
 - Sigara dumanı
 - Beslenmesi

Destek Olabilecek İlaç ve Uygulamalar

➤ Çinko desteđi

- Pnömoni tedavisi sırasında verilmesi yararlı bulunmuş ama istatistiksel anlamlılıkta deđil.

➤ C vitamini

- Yüksek dozda kullanımı hastalığın seyri sırasında yararlı görünmekte ama doz yüksek

A Randomized Controlled Trial of Zinc as Adjuvant Therapy for Severe Pneumonia in Young Children

Sudha Basnet, Prakash S. Shrestha, Arun Sharma, Maria Mathisen, Renu Prasai, Nita Bhandari, Ramesh K. Adhikari, Halvor Sommerfelt, Palle Valentiner-Branth, Tor A. Strand and members of the Zinc Severe Pneumonia Study Group

Pediatrics 2012;129;701; originally published online March 5, 2012;

DOI: 10.1542/peds.2010-3091

TABLE 3 Primary and Secondary Outcomes in a Randomized, Placebo-Controlled Trial on Oral Zinc as Adjunct Therapy for Severe Pneumonia in Children 2 to 35 Months of Age

	Zinc Group		Placebo Group		Hazard Ratio ^a (95% CI)	P
	n	Value (IQR)	n	Value (IQR)		
Median time to cessation of severe pneumonia in hours	288	49 (33, 77)	292	49 (29, 91)	1.10 (0.94 – 1.30)	.22
Proportion with duration of severe pneumonia in hours					Risk Ratio ^b (95% CI)	
>72	295	83 (28)	297	104 (35)	0.80 (0.63–1.02)	.07
>96	294	56 (19)	296	64 (22)	0.88 (0.64–1.21)	.44
>120	293	31 (11)	294	46 (16)	0.67 (0.44–1.03)	.07
Proportion with treatment failure	296	98 (33)	298	111 (37)	0.88 (0.71–1.10)	.29
Proportion with vomiting after supplement ^c	299	41 (14)	299	26 (9)	1.57 (0.99–2.50)	.05

IQR, interquartile range.

RESEARCH ARTICLE

Open Access

Zinc adjunct therapy reduces case fatality in severe childhood pneumonia: a randomized double blind placebo-controlled trial

Maheswari G Srinivasan^{1†}, Grace Ndeezi^{1†}, Cordelia Katureebe Mboijana¹, Sarah Kiguli¹, Gabriel S Bimenya², Victoria Nankabirwa^{1,3} and James K Tumwine^{1*}

Table 2 Time to normalization of parameters of disease severity, among children with severe pneumonia

Outcome	Zinc	Placebo	Hazard ratio (95% CI)	P-value
	Median (95% CI)	Median (95% CI)		
Time to normalization of respiratory rate (hours)	96.0 (83.0, 109.0)	86.0 (75.4, 96.6)	0.88 (0.69, 1.13)	0.306
Time to normalization of temperature (hours)	18.0 (15.1, 20.9)	18.0 (16.0, 20.0)	1.016 (0.79, 1.30)	0.897
Time to normalization of oxygen saturation (hours)	24.0 (20.6, 27.4)	18.0 (10.6, 25.4)	1.04 (0.74, 1.46)	0.823

Conclusion: Zinc adjunct therapy for severe pneumonia had no significant effect on time to normalization of the respiratory rate, temperature and oxygen saturation. However, zinc supplementation in these children significantly decreased case fatality.

The prophylactic and therapeutic effectiveness of zinc sulphate on common cold in children.

[Kurugöl Z](#), [Akilli M](#), [Bayram N](#), [Koturoglu G](#).

Source

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Abstract

AIM:

To determine the efficacy of prophylactic administration of zinc sulphate in reducing the occurrence of the common cold in children, and to evaluate the efficacy of zinc sulphate in reducing the duration and severity of cold symptoms.

METHODS:

A total of 200 healthy children were randomly assigned to receive oral zinc sulphate (zinc group, n=100) or placebo (placebo group, n=100). Zinc sulphate (15 mg of zinc) or placebo syrup were administered for prophylaxis once daily during a 7-mo study period. The dose was increased to two times per day (30 mg of zinc) at the onset of cold, until symptoms resolved.

RESULTS:

The mean number of colds in the zinc group was significantly less than in the placebo group (1.2 vs 1.7 colds per child; $p=0.003$). The mean cold-related school absence was 0.9 d per child in the zinc group versus 1.3 d in the placebo group ($p=0.04$). Compared to the placebo group, the zinc group had shorter mean duration of cold symptoms and decreased total severity scores for cold symptoms ($p<0.0001$). Adverse effects were mild and similar in both groups.

CONCLUSION:

Zinc sulphate appears to be an easily administered, safe and well-tolerated alternative for the prevention and treatment of the common cold in children.

Tersiyer Korunma

- Primer korunma önlemlerinde eksikler varsa tamamlanmalıdır.
- Çinko kullanımı
- Echinnesia türleri
- C vitamini
- Beta glukan kullanımı
- D vitamini kullanımı



Complementary and alternative medicine for prevention and treatment of the common cold

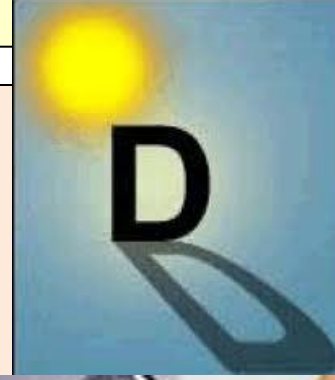
Richard Nahas MD CCFP Agneta Balla MD

Table 1. Complementary and alternative medicine therapies for the common cold

INTERVENTION	EVIDENCE FOR PREVENTION (LEVEL*)	EVIDENCE FOR TREATMENT (LEVEL*)
<i>Echinacea purpurea</i>	No evidence found in 2 RCTs (level IIa) ^{8,9}	Evidence found in 5 of 6 RCTs (level IIa) ¹⁰⁻¹⁵
Zinc lozenges	No trials evaluate prevention	Evidence found in 5 of 9 RCTs (level IIa) ¹⁶⁻²⁴
Vitamin C	Evidence found in meta-analysis of 30 RCTs; more benefit in children and in adults under stress (level I) ²⁵	No evidence found in meta-analysis of 11 RCTs (level I) ²⁵
Ginseng	Inconsistent; evidence found in 2 of 4 RCTs (level IIb) ²⁶⁻²⁹	No trials evaluate treatment
Garlic (allicin)	Evidence found in 1 RCT (level IIb) ³⁰	No trials evaluate treatment
Probiotics	No evidence found in 4 of 6 RCTs (level IIa) ³¹⁻³⁶	No trials evaluate treatment

Diğer...

- Uyku düzeni
- Güneşten faydalanma
- El yıkama alışkanlığı
- Obezitenin önlenmesi
- Spor yapma
- Antibiyotikten uzak durma



	Tedavi Sırasında Olumlu Etki	Tersiyer Olumlu Etki
Çinko preparatları	EVET	EVET
Echinesia türevleri	EVET	HAYIR
C VİTAMİNİ	EVET	HAYIR
D VİTAMİNİ	?	EVET
PROBİYOTİKLER	? HAYIR	? HAYIR
BAL	EVET	?



Teşekkürler

SORULARINIZ ?

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