Find out about new research on treating bronchiolitis in young children
by Carla Kemp, Senior Editor

Editor's note: The 2018 AAP National Conference & Exhibition will take place from Nov. 2-6 in Orlando.

When it comes to treating bronchiolitis in children from 1 through 23 months of age, the 2014 AAP clinical practice guideline has an extensive list of don'ts. Clinicians should not administer albuterol or epinephrine. They should not administer systemic corticosteroids. They should not administer antibacterial medications unless there is a concomitant bacterial infection or a strong suspicion of one.

"I think people underestimate how difficult it is to care for a child in respiratory distress and not do anything to try to help the child feel better. But to date, we really haven't found anything that has been shown to consistently improve outcomes for these kids," said Jonathan M. Mansbach, M.D., M.P.H., a pediatric hospitalist at Children's Hospital Boston and associate professor of pediatrics, Harvard Medical School. "For now, the care is as the AAP guideline states, which is to provide supportive care, but I think in the future that may change."

Dr. Mansbach and Colette C. Mull, M.D., M.A., FAAP, will discuss what the evidence shows and changes that may be on the horizon during the point-counterpoint session "Clearing the Air on Bronchiolitis (D1115)" from 4-5 p.m. Saturday, Nov. 3 in room W304AB of the convention center.

"One thing that is near and dear to my heart is the practice of evidence-based medicine and teaching house staff how to practice evidence-based medicine in this particular disease," said Dr. Mull, a pediatric emergency medicine attending physician at Nemours/A.I. DuPont Hospital for Children in Wilmington, Del., and associate clinical professor of pediatrics, Sidney Kimmel College of Medicine at Jefferson University in Philadelphia. "Unfortunately, appropriate treatment of bronchiolitis is a bit like 'tie your hands behind your back.' But there seems to be some hope of new treatment approaches on the horizon, and we plan on ending our discussion by leaving attendees with some hope based on new data."

Dr. Mull developed an interest in bronchiolitis during her pediatric emergency medicine fellowship, when she conducted a research trial comparing the use of nebulized epinephrine with albuterol in the management of infants with bronchiolitis presenting to the emergency department.

"My current interest in this field is based on the longtime observation that there's a significant discrepancy between how patients with bronchiolitis are treated in their primary care physician's office and community hospital EDs vs. how the scientific evidence suggests they be treated," said Dr. Mull, a member of the AAP Section on Emergency Medicine Executive Committee.

Dr. Mansbach's interest was sparked after his son developed the disease.

"My son was hospitalized with bronchiolitis, and when I started looking at the data more carefully after this event, I was flummoxed by the fact that there were no really good data on this common illness," said Dr. Mansbach, who has been doing research on bronchiolitis and respiratory viruses with the Emergency Medicine Network for more than a decade.

"Research on bronchiolitis is coming along nicely," he said, "and I think the newer results provide some hope."

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