

Letters to the Editor

The treatment of minimal change nephropathy and focal segmental glomerulosclerosis

Editor – Members of the Association were surprised to see a substantial component of the continuing medical education article on renal disease by Dr Mason included advice on the management and treatment of children with nephrotic syndrome (March/April 1997, pages 137–41). A number of factual details regarding management and drug dosage differ significantly from current paediatric nephrological practice in the United Kingdom. Furthermore, this article contains significant deviations from the treatment regime recommended by the British Association for Paediatric Nephrology¹.

While we fully accept the optimal management of a child with nephrotic syndrome is yet to be determined, the British Association for Paediatric Nephrology has sought to standardise the treatment of children with this disorder. An audit of the management of children with nephrotic syndrome by general paediatricians is presently being undertaken by a member of this Association and preliminary results have been presented at a recent meeting of the Royal College of Paediatrics and Child Health. This audit demonstrated that most paediatricians followed a treatment regime similar to that outlined in the consensus statement published by our Association. The publication of a significantly different therapeutic regime in an authoritative journal such as yours will serve to confuse rather than clarify.

It has long been recognised that there are important differences in the management of children and adults despite the attachment of similar diagnostic labels. We would

advocate consultation with appropriate paediatric specialty groups to ensure the information published in your continuing medical education pages are authoritative and reflect current paediatric practice.

Reference

- 1 *British Association for Paediatric Nephrology* (Consensus statement on management and audit potential for steroid responsive nephrotic syndrome *Arch Dis Child* 1994;70:151–7.



DR D V MILFORD
Secretary, *British Association for Paediatric Nephrology*

In response

I thank Dr Milford for pointing out the British Association of Paediatric Nephrologists (BAPN) recommendations for the management of steroid responsive nephrotic syndrome published in 1994. I agree with him that there are, as yet, insufficient published evidence-based data to allow the optimal management of children (or for that matter adults) with nephrotic syndrome to be determined. Dr Milford and colleagues will be aware that there are differences between the BAPN consensus statement and that of other paediatric nephrology associations such as the APN and ISKDC. The CME article, based on a careful review of the literature, is a personal and necessarily brief view of a difficult area. It was not intended as a free standing reference work, and I agree wholeheartedly with the BAPN recommendation that children with relapsing or steroid-resistant nephrotic syndrome should be managed with close supervision from paediatric nephrologists.

Clearly all children who are still relapsing during puberty are

referred by paediatricians onto adult renal units. There continue to be marked differences in the management of individual patients so referred. With this in mind perhaps British adult and paediatric nephrologists within the Renal Association and BAPN should discuss the subject in order to determine how treatment of children and adults should be managed in the future.

PHIL MASON

*Consultant Nephrologist
Oxford Renal Unit*



The early repetition of deliberate self harm

Editor – Simon Gilbody and colleagues have shown that previous history is a useful predictor of repetition of deliberate self harm (March/April 1997, pages 171–2) and that the more frequent the episodes the shorter the interval between them. That this is so may be because after each episode those who repeat this behaviour are returning to the adverse conditions that provoked it in the first place. Deliberate self harm is known to be more common in those who abuse alcohol and other substances; this is because they are disinhibited. Such persons might be more effectively treated if attention were paid to this aspect.



SAMUEL I COHEN
*Emeritus Professor of Psychiatry
University of London*



Increasing demand for dermatological services

Editor – Dr Hywel Williams has highlighted the growing demand for dermatological services (May/June 1997, pages 261–2), and has proposed models of future care. Whilst these are helpful, there will have to be even more radical changes to cope with future demands for dermatological services.