Combination therapy for uncomplicated falciparum malaria in Ugandan children

This recently published study of uncomplicated falciparum malaria in Ugandan children found that artemether-lumafantrine was the best treatment for uncomplicated malaria in this population. However, all children who were given prompt and reasonably effective treatment in a health-care facility had a good outcome – just as important as the specific type of treatment.

This recent paper in the Journal of the American Medical Association reports on the results of a trial to compare the efficacy and safety of 3 leading combination therapies for the treatment of uncomplicated malaria. Combination therapy is now widely accepted as the first-line treatment for uncomplicated malaria in Africa. But, according to these authors, it is not clear which treatment regimens are optimal or how it is best to assesss comparative efficacies in highly endemic areas.

They carried out a single-blinded randomised clinical trail between November 2004 and June 2006, looking at the treatment of all episodes of uncomplicated malaria in children in an urban community in Kampala, Uganda. They randomly selected 601 healthy children, who were followed up for 13 to 19 months.

Study participants were randomised to receive 1 of 3 combination therapies (amodiaquine plus sulphadoxine-pyrimethamine, amodiaquine plus artesunate or artemether-lumefantrine) when diagnosed with their first episode of uncomplicated malaria. The same treatment was then given for any subsequent episodes of malaria. Among study participants, 329 of the 601 children were diagnosed with at least 1 episode of malaria and 687 episodes of Plasmodium falciparum malaria were treated with study drugs. They found that artemether-lumafantrine was the best treatment for uncomplicated malaria in this population. However, all children who were given prompt and reasonably effective treatment in a health-care facility had a good outcome – just as important as the specific type of treatment.

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