

VOLUME 39, NUMBER 9
September 2022

ISSN 0189 - 160X

WAJMJ

WEST AFRICAN JOURNAL OF MEDICINE

ORIGINALITY AND EXCELLENCE IN MEDICINE AND SURGERY



OFFICIAL PUBLICATION OF
THE WEST AFRICAN COLLEGE OF PHYSICIANS *AND*
WEST AFRICAN COLLEGE OF SURGEONS



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Effect of Honey on Cough Symptoms in Children with Upper Respiratory Tract Infection: A Randomised Controlled Trial

Effet du Miel sur les Symptômes de la Toux chez les Enfants Atteints d'Une infection des Voies Respiratoires Supérieures : Un Essai Contrôlé Randomisé

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ABSTRACT

BACKGROUND AND OBJECTIVE: Cough from URTI is common, leads to discomfort, sleep loss and stress in caregivers, leading to use of ineffective and potentially harmful over-the-counter medications. Honey is cost-effective and safe for children above one year of age. It is readily available and is a potentially valuable demulcent for treatment of childhood cough. The study aimed to determine the effect of honey on cough frequency and severity among children with URTI in outpatient setting.

METHODS: A single-blind randomised control trial involving children presenting with cough from URTI attending the GOPC of FMC Keffi. Eighty-four children presenting with cough from URTI were recruited, randomised into two groups of 42 and administered Honey (intervention) and Diphenhydramine (control) in three consecutive bedtime doses. Socio-demographic and clinical data including cough frequency, severity and impact on children and caregivers was collected using Paediatric Cough Questionnaire and Kingston Caregiver Stress Scale tool. Data was analysed using SPSS version 25. A $p < 0.05$ was considered statistically significant.

RESULTS: Majority (56.0%) of the participants were males, with a mean age \pm SD of 4 ± 1.47 years. Median cough frequency score for intervention and control groups pre and post intervention decreased (5.00 and 0.00 vs 5.00 and 3.00, $p < 0.001$). Median cough severity score decreased (4.00 and 0.00 vs 4.00 and 3.00, $p < 0.001$). Post intervention pooled caregivers' burden significantly reduced, (5.00 and 11.00 for intervention and control respectively) and sleep pattern improved among children and caregivers (0.00, 2.00 $p < 0.001$; and 0.00, 2.00 $p < 0.001$, for children and caregivers respectively).

CONCLUSION: Night-time honey doses given to children with cough from URTI significantly reduces symptoms and improves children and caregivers sleep compared to Diphenhydramine DPH.

WAJM 2022; 39(9): 928–934.

Keywords: Caregiver burden; Child; Cough; Demulcents; Diphenhydramine; Honey; Sleep; Upper respiratory tract infections.

RÉSUMÉ

CONTEXTE ET OBJECTIF: La toux due à l'URTI est courante, entraîne une gêne, une perte de sommeil et du stress chez les soignants, conduisant à l'utilisation de médicaments en vente libre inefficaces et potentiellement nocifs. Le miel est rentable et sans danger pour les enfants de plus d'un an. Il est facilement disponible et est un adoucissant potentiellement précieux pour le traitement de la toux infantile. L'étude visait à déterminer l'effet du miel sur la fréquence et la gravité de la toux chez les enfants atteints d'URTI en ambulatoire.

MÉTHODES: UNE Essai contrôlé randomisé en simple aveugle impliquant des enfants présentant une toux de l'URTI et participant au GOPC de FMC Keffi. Quarante-deux enfants présentant une toux due à l'URTI ont été recrutés, randomisés en deux groupes de 42 et administrés du miel (intervention) et de la diphenhydramine (contrôle) en trois doses consécutives au coucher. Les données sociodémographiques et cliniques, y compris la fréquence, la gravité et l'impact de la toux sur les enfants et les soignants, ont été recueillies à l'aide du questionnaire Pediatric Cough Questionnaire et de l'outil Kingston Caregiver Stress Scale. Les données ont été analysées à l'aide de la version 25 de SPSS. Un $p < 0,001$ était considéré comme statistiquement significatif.

RÉSULTATS: La majorité (56,0%) des participants étaient des hommes, avec un âge moyen de $4 \pm 1,47$ ans. Le score moyen de fréquence de toux pour l'intervention et le contrôle avant et après l'intervention a diminué (5,00 et 0,00 vs 5,00 et 3,00, $p < 0,001$). Le score moyen de gravité de la toux a diminué (4,00 et 0,00 vs 4,00 et 3,00, $p < 0,001$), le fardeau des soignants regroupés après l'intervention a été significativement réduit et le rythme de sommeil s'est amélioré chez les enfants et les soignants.

CONCLUSION: Les doses nocturnes de miel administrées aux enfants avec toux par URTI réduisent considérablement les symptômes et améliorent le sommeil des enfants et des soignants par rapport au DPH. **WAJM 2022; 39(9): 928–934.**

Mots clés: Fardeau du soignant; Enfant; Toux; Démulcents; Diphenhydramine; Miel; Sommeil; Infections des voies respiratoires supérieures.

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