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EDITORIAL

Promoting the Rational use of Antibiotics

We are very much elated to once again bring you this edition of the WAJM. This issue has again lived up to the promise of consistent delivery of a wide spectrum of high-quality articles from our hardworking authors to our readers across the globe. We are immensely grateful to our numerous authors for their trust, contributions, and patronage, which has remained a significant impetus for the success of the Journal.

Each of the articles in this edition has one thing or the other to contribute to the existing body of knowledge in the respective areas of focus. I would like to highlight the antibiotic guidelines for critically ill patients in Nigeria produced and presented by Oladele and co-workers. Alexander Fleming, a Scottish medical researcher, discovered Penicillin in September 1928.¹ This marked a significant turning point in human history and there has been remarkable progress since then. Recent developments, however, indicate that the emergence of antimicrobial resistance (AMR) poses a great threat to the effectiveness and benefits of antibiotic therapy.^{2,3}

Antimicrobial resistance is a global health problem that requires immediate attention. The inappropriate use of antibiotics is a well-known driver of antimicrobial resistance. The World Health Organisation has long recognized that the prudent use of medications is essential for ensuring everyone's health and well-being.⁴⁻⁶ Our ability to effectively treat communicable diseases is seriously threatened by the irrational prescription of antibiotics and the rapid rise of antimicrobial-resistant microorganisms. Rational and appropriate usage of present antibiotics is necessary to ensure the long-term

availability of effective treatment for microbiological illnesses.

According to the WHO, rational use of medicine means that "patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community".^{6,7} It is a logical process that includes making an appropriate diagnosis, evaluating the prognosis, creating therapy goals, choosing the best and recommended line of treatment, and observing the results of that course of action.⁸

The availability and use of appropriate protocols to guide antibiotic use have the potential to improve patient outcomes while reducing the risk of resistance to these medications. A committee of 12 experts, consisting of Clinical Microbiologists, Intensivists, Infectious Disease Physicians, Surgeons, and Anesthesiologists, collaborated to develop antimicrobial guidelines for critically ill ICU patients. In their article, Oladele et al presented the outcome of that exercise which produced evidence-based Nigerian-specific guidelines for ICU patients. The guidelines were developed using data from multicenter ICU surveillance, antibiograms, and publications from several institutions across the nation. We encourage every stakeholder to study and follow these recommendations which also form a good baseline for future updates.

In another article, Adiele and Chinawa reported the correlation between Lipid Profile and Left Ventricular Geometry and Function in Children with Chronic Kidney Disease (CKD) at a tertiary hospital in southeastern Nigeria. Dyslipidaemia in children with CKD is a risk factor for cardiovascular disease especially left ventricular hypertrophy.

The study thus established lipid profile levels in children with chronic kidney disease (CKD) and compared them to age and sex-matched controls. The findings showed that Triglyceride (TG) levels were significantly higher in the subjects when compared with controls while very low-density lipoprotein (VLDL) is the only lipoprotein with a significant correlation with left ventricular dimension, and hypertrophy. Furthermore, the children with CKD had higher TG/HDL, Non-HDL/TC, and Non-HDL/HDL ratios than their normal counterparts. The authors thus recommended routine screening of children with CKD for lipids, especially TG and VLDL, and that the TG/HDL and NON-HDL/HDL ratios, should be further evaluated for possible use as a prognostic factor for left ventricular hypertrophy.

I want to restate our commitment to ensuring that WAJM remains an effective and dependable scientific platform that serves, in an optimal way, the publishing and reading needs of the medical community in our subregion and indeed globally. The journal will continue to strive to publish high-quality clinical and epidemiological research in health and disease regularly and on schedule. We thus solicit the renewed commitment of all our stakeholders towards the continuous achievement of this objective.

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