Table 3 Continued

Author, country, date	Patient group	Study type	Outcomes	Key results	Study weaknesses
Tait <i>et al.</i> 2005, Australia	As in Tait <i>et al.</i> 2004	RCT 12-month follow-up	Number of hospital AOD ED presentations using ED Information System or manual inspection of records Hospital events 12 months post-recruitment AOD hospital events (as above) Survival to first AOD event Above re-assessed after categorising for type of drug 'alcohol alone' versus 'all other drugs'	Fewer AOD ED events in intervention group versus usual group (not significant). Significant reduction in AOD ED events from pre to post-enrolment in intervention group ($p=0.007$) vs. no change in usual care group Those receiving intervention had significantly more hospital events than usual care group (median 1 v 0, $p=0.017$) Both groups had similar numbers of AOD-related events ($p=0.161$) Both groups had similar survival times (intervention vs. control 1027 v 1141 days, $p=0.441$) Survival times similar for both categories of users in intervention group ($p=0.97$). In usual care group, those using 'all other drugs' had significantly shorter survival times than 'alcohol alone' group ($p=0.0003$)	Questionable validity and completeness of ED record database; relative severities of AOD repeat events unknown; small sample size

ED, emergency department; BAC, blood alcohol concentration; ADQ, adolescent questionnaire; ADI, adolescent drinking inventory; MI, motivational interview; AIC, adolescent injury checklist; AHBQ, adolescent health behaviour questionnaire

psychosocial well-being and resulted in non-significant reductions in alcohol consumption in those attending a treatment agency. Although follow-up at 12 months (Tait and Hulse, 2005) demonstrated significantly more hospital events in patients receiving the intervention, the number of AOD hospital events was similar in both groups and there was a significant reduction in AOD ED attendances pre- to post-enrolment in the intervention group (Tait *et al.* 2005).

The US-based trial in attendees aged 13–17 years (Spirito *et al.*) demonstrated a significant reduction in alcohol consumption in the intervention group over time, but no significant inter-group differences in consumption, drinking or driving, alcohol-related injury or problems. Conversely, an earlier trial in 18–19 year olds (Monti *et al.*) showed that at 6 months, those in the intervention group were significantly less likely to commit traffic violations, to drink and drive, and to experience alcohol-related injuries or problems.

► CLINICAL BOTTOM LINE

Brief psychotherapeutic intervention is worthwhile in adolescents and children who attend emergency departments after an alcohol related episode.

Monti PM, Spirito A, Myers M, *et al.* Brief intervention for harm reduction with alcohol-positive older adolescents in a hospital emergency department. *J Consult Clin Psychol* 1999;**67**(6):989–94.

Tait RJ, Hulse GK, Robertson SI. Effectiveness of a brief intervention and continuity of care in enhancing attendance for treatment by adolescent substance users. *Drug Alcohol Depend* 2004;**74**(3):289–96.

Spirito A, Monti PM, Barnett NP, *et al.* A randomized clinical trial of a brief motivational intervention for alcohol-positive adolescents treated in an emergency department. *J Pediatr* 2004;**145**(3):396–402.

Tait RJ, Hulse GK, Robertson SI, *et al.* Emergency department-based intervention with adolescent substance users: 12-month outcomes. *Drug Alcohol Depend* 2005;**79**(3):359–63.

Tait RJ, Hulse GK. Adolescent substance use and hospital presentations: A record linkage assessment of 12-month outcomes. *Drug Alcohol Depend* 2005;**79**(3):365–71.

Should a child with preseptal periorbital cellulitis be treated with intravenous or oral antibiotics?

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Search checked by Benjamin Robertson/Craig Ferguson

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A short cut review was carried out to establish whether there was any evidence to show whether children with preseptal periorbital cellulitis should be treated with intravenous or oral antibiotics. 395 papers were found using the reported searches of which none presented any evidence to answer the clinical question. It is concluded that there is no evidence to determine whether intravenous antibiotics are better than oral antibiotics in the management of simple preseptal periorbital cellulitis in the paediatric population. Given this, and that preseptal periorbital cellulitis can be difficult to distinguish from the more serious postseptal variety, local advice should be sought and followed.

Clinical scenario

A 5-year-old boy presents to the emergency department with the signs and symptoms of uncomplicated preseptal periorbital cellulitis. There is no obvious precipitant and the child is otherwise well. You wonder whether it is appropriate to

manage the boy with oral antibiotics or whether a period of intravenous therapy would improve outcome.

Three-part question

In [a child with preseptal periorbital cellulitis] are [intravenous antibiotics better than oral antibiotics] at [decreasing the time to recovery and preventing secondary complications]?

Search strategy

OID via Medline interface 1966 – November 2006 [Best Bets paediatric search filter] AND [(orbital.mp. OR exp Orbit/OR exp Orbital Diseases/OR periorbital.mp. OR exp Eye Infections, Bacterial/OR preseptal.mp. OR exp Eyelid Diseases/) AND (cellulitis.mp. OR exp Cellulitis/OR exp Streptococcal Infections/OR exp Skin Diseases, Bacterial/OR exp Staphylococcal Infections/OR skin infection.mp. or exp Staphylococcal Skin Infections/)] LIMIT to humans and English language. Cochrane library issue 4 2006 periorbital [ti, ab, kw].

Outcome

395 papers were found, none of which answered the specific question.

Comments

There is no published evidence that can assist in answering this question. Preseptal cellulitis is differentiated from orbital cellulitis by the absence of signs of orbital involvement (ie proptosis, ophthalmoplegia and visual loss). The presence of the tough, fibrous orbital septum reduces but does not completely remove the risk of spread of infection to the orbital structures. Reynolds *et al* presented a retrospective study looking at the characteristics of patients who had presented to one hospital with the diagnosis of preseptal or orbital cellulitis over a seven year period. Out of 243 patients reviewed, 4 patients with preseptal cellulitis went on to develop intracranial infection. Infections were due to staphylococcus or streptococcus bacteria or in two cases both pathogens.

► CLINICAL BOTTOM LINE

There is no evidence to determine whether intravenous antibiotics are better than oral antibiotics in the management of simple preseptal periorbital cellulitis in the paediatric population. Given this and that preseptal periorbital cellulitis can be difficult to distinguish from the more serious postseptal variety local advice should be sought and followed.

Reynolds D, Kodsi S, Rubin S, *et al*. Intracranial Infection Associated with Preseptal and Orbital Cellulitis in the Pediatric Patient. *Journal of AAPOS (American Association for Paediatric Ophthalmology and Strabismus)* 2003;7(6):413–7.