

New guidelines for idiopathic pulmonary fibrosis



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International experts in idiopathic pulmonary fibrosis (IPF) have issued new treatment guidelines to reflect the advances made recently in this terminal disease. Survival for people with IPF—a chronic, progressive, fibrosing form of interstitial pneumonia—was historically around 50% at 3 years. Treatment options have centred on best supportive care including oxygen and pulmonary rehabilitation. Pharmacological disease-modifying interventions have been disappointing. Combination therapy with prednisone, azathioprine, and N-acetylcysteine showed promise, but the results of the PANTHER-IPF study showed an excess of deaths and serious adverse events without evidence of benefit. This result is reflected in the strong recommendation against this treatment in the 2015 guidelines.

There are several other important changes in these guidelines issued jointly by the American Thoracic Society, European Respiratory Society, Japanese Respiratory Society, and the Latin American Thoracic Association. Two new agents are given conditional recommendations (suggesting that they might be suitable for some patients):

nintedanib, a tyrosine kinase inhibitor; and pirfenidone, an oral antifibrotic drug. Pooled data on nintedanib show no significant effect on mortality or acute exacerbations of IPF, but a reduction in decline of forced vital capacity (FVC). Available trial data for pirfenidone show both a reduction in mortality and a reduced rate of FVC decline.

The guidelines make strong or conditional recommendations for or against potential therapeutic agents, allowing physicians and patients to individualise treatment decisions. Strong recommendations are made against warfarin; imatinib, a selective tyrosine kinase inhibitor; and ambrisentan, a selective endothelin receptor antagonist. Conditional recommendations are made against sildenafil, a phosphodiesterase-5 inhibitor; and the dual endothelin receptor antagonists, macitentan and bosentan.

The new 2015 guidelines encapsulate the hope offered by new agents, but also draw attention to important gaps that remain in our knowledge of this devastating disease, and emphasise the importance of further high-quality clinical trials with clinically meaningful endpoints and long-term follow-up data. ■ *The Lancet*

For the **PANTHER-IPF study** see *N Engl J Med* 2012; **366**: 1968–197

For the **2015 ATS/ERS/JRS/ALAT Guidelines** see http://www.atsjournals.org/doi/abs/10.1164/rccm.201506-1063ST#.Vay5E_IvHbc

Ending institutionalisation of children



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Childhood is a time when the seeds of a person's future health and wellbeing are sown. Ideally, it happens within a family setting that provides individualised care in a loving, safe, enriching, and happy environment. Sadly, more than 8 million vulnerable children worldwide do not have access to such care and grow up in large institutions or orphanages. Such environments share conditions that can be detrimental to children, such as depersonalisation—through lack of personal possessions, care relationships, or symbols of individuality—strict routines, group treatment, and isolation from wider society.

In a Review in today's *Lancet*, Ann Berens and Charles Nelson assess the developmental effects of early institutional care. They found that across countries, children in institutional care exhibit growth suppression (such as decreased weight, height, and head circumference), IQ deficits, and impaired brain, social-emotional, and psychological development in comparison with non-institutionalised children. The consequences for those experiencing deprivation during sensitive periods of

neurodevelopment can be long term. However, evidence suggests that children removed from institutions to foster care or adoption in the first months or years of life can recover from these developmental setbacks.

How should countries care for children who have been abandoned, orphaned, or are unsafe at home? Foster-care programmes are part of the solution but they need to be well designed and of high quality to maintain the stability of placements. Unstable placements could be as detrimental to a child's future psychopathology as institutionalisation, according to a recent study by Kathryn Humphreys and colleagues in *The Lancet Psychiatry*. Small group homes for specialised or transitional care and responsible domestic and foreign adoption programmes might also be needed. However, in many countries these alternative strategies are rarely obvious or easily implemented and some are controversial. It is time to end institutionalisation, but countries need help to work out the best policies for their youngest citizens in need of protection. ■ *The Lancet*

For the study by **Kathryn Humphreys and colleagues** see *Lancet Psychiatry* 2015; **2**: 625–34