The work by Purssell and While has poured further oil on the flames that keep the fever debate alive. The potentially deleterious affect of antipyretics lengthening disease course has been previously described but this is the first meta-analysis of studies. Surprisingly, given the potentially large differences between the studies (four studies on inpatients and two on outpatients) statistical heterogeneity was relatively low. The practical relevance of the 4 h reduction in fever resolution is difficult to determine especially as different studies demonstrated variable outcomes. In malaria, for example, times to parasite clearance increased and decreased. Unfortunately in none of the studies was ‘harm’ quantified or ‘distress’ in the child measured. This is vital information as currently we have no validated scale to determine when a child with a fever is upset enough to receive an antipyretic. Traditionally this has been left to parent and nursing judgement which maybe influenced by fever ‘phobia’. Does it follow that artificially preventing fever and reducing body temperature inhibit the host immune response and consequently impact on outcomes. Evidence of unintended consequences in extending duration and/or severity of illness is present in adults but generally in critical care studies. The work by Purssell and While challenges this in children. Furthermore when children are febrile, they often feel and appear miserable. Is the available evidence and theory sufficient to justify withholding antipyretic therapy as a symptomatic treatment?

Out of hospital, in the febrile miserable child, there are probably very little grounds to stop providing antipyretic treatment. As a paediatrician and a parent I have certainly ‘prophylactically’ given paracetamol to my children as my parental gut instinct felt it would save a very miserable child an hour down the line. We are often reminded of the importance of parental gut instinct in the recognition of serious illness, are we to say they cannot do the same for the treatment of fever? The practice of giving paracetamol and ibuprofen at the drop of the hat should probably be challenged. However in the absence of evidence of harm is the paternalistic judging of fever management by the paediatric community a valid standpoint?

Damian Roland
NIHR Doctoral Research Fellow, SAPHIRE Group, Health Sciences, Leicester University, Leicester dr98@le.ac.uk

Competing interests DR was a member of the NICE Feverish Illness in Children 2013 Guideline Development Group.

Provenance and peer review Commissioned; internally peer reviewed.