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Vol. 41 No. 3 July - September 2005

Editorial .................................................. 186

Opinion :
THE DRAMATIC AVIAN INFLUENZA EPIDEMIC & THE PIG CONNECTION
(Purnomo Suryohadiyono) ........................................ 167

THE POTENCY OF PIPERINE AS ANTINFAMMATORY AND ANALGESIC IN RATS AND MICE
(Sri Agus Sudjarwo) ........................................... 190

BRAIN DERIVED NEUROTRPHIC FACTOR (BDNF) IS A KEY MEDIATOR OF LEARNING PLASTICITY
(Yudianto FL, Kasan U, Juhayana AM, Purba J) .............. 195

MIGRAINE HEADACHE IN A CHILD WITH HOUSE DUST AND MITE ALLERGY. A CASE REPORT
(Anang Endaryanto, Ariyanto Harsono) ..................... 200

LONG VERSUS STANDARD INITIAL STEROID THERAPY FOR CHILDREN WITH IDIOPATHIC NEPHROTIC SYNDROME
(Mohammad Sjaifullah Noer) .................................. 205

Research Article
THE EFFECT OF NURSING CARE APPROACH MODEL (NCAM=PAKAR) ON THE INCREASE OF CD4 CELL COUNT FOR PATIENT WITH HIV INFECTION
(Nursalam) ...................................................... 212

CLINICAL OUTCOME OF ASTHMA WITH HOUSE DUST IMMUNOTHERAPY IN CHILDREN
(Ariyanto Harsono, Irine Ratnadewi) ......................... 217

DIFFERENT CLINICAL MANIFESTATION OF CEREBRAL LUPUS DUE TO DIFFERENT BRAIN INVOLVEMENT. A REPORT OF TWO CASES
(Rathian, Rizal Attafay, Niniek Soemartino, Sjaifullah Noer, Ariyanto Harsono, Fatimah Hanimah) .................. 222

A COMPARATIVE TEST OF EYEDROPS TIMOLOL 0.5% AND BETAXOLOL 0.5% IN THE REDUCTION OF INTRAOCULAR PRESSURE IN PRIMARY OPEN-ANGLE GLAUCOMA IN DR SOETOMO HOSPITAL, SURABAYA
(Sjamsu Budiono) ............................................. 230

EFFICACY OF FINE NEEDLE BIOPSY IN THE DIAGNOSIS OF TUBERCULOUS CERVICAL LYMPHADENITIS
(Sunarto Rekospireu) ........................................ 236

MOLECULAR AND IMMUNOLOGICAL ASPECTS OF ANEMIA IN MALARIA
(Sri Hidayat) .................................................. 240

Review Article and Clinical Experience:
INSULIN GALGINE COMBINED WITH ORAL AGENT IN T2DM
(CLINICAL USES OFFFORMULAS: 1/3, 5-5, 2-2, 1-1, AND 1-2)
(Askander Tjokroprawiro) ................................... 248

Abstracts .................................................. 256

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# Table of Contents

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EDITORIAL Vol 41 No 3 2005</td>
<td>186 - 186</td>
</tr>
<tr>
<td>2</td>
<td>OPINION: THE DRAMATIC AVIAN INFLUENZA EPIDEMIC AND THE PIG CONNECTION</td>
<td>187 - 189</td>
</tr>
<tr>
<td>3</td>
<td>The Potency of Piperine as Antiinflammatory and Analgesic in Rats and Mice</td>
<td>190 - 194</td>
</tr>
<tr>
<td>4</td>
<td>Brain Derived Neurotrophic Factor (BDNF) is a Key Mediator of Learning Plasticity</td>
<td>195 - 199</td>
</tr>
<tr>
<td>5</td>
<td>Migraine Headache in a Child With House Dust and Mite Allergy. A Case Report</td>
<td>200 - 204</td>
</tr>
<tr>
<td>6</td>
<td>Long Versus Standard Initial Steroid Therapy for Children with Idiopathic Nephrotic Syndrome</td>
<td>205 - 211</td>
</tr>
<tr>
<td>7</td>
<td>Research Article: The Effect of Nursing Care Approach Model (NCAM = PAKAR) on the Increase of CD4 Cell Count for Patient with HIV Infection</td>
<td>212 - 216</td>
</tr>
<tr>
<td>8</td>
<td>Clinical Outcome of Asthma with House Dust Immunotherapy in Children</td>
<td>217 - 221</td>
</tr>
<tr>
<td>9</td>
<td>Different Clinical Manifestation of Cerebral Lupus due to Different Brain Involvement. A Report of Two Cases</td>
<td>222 - 229</td>
</tr>
<tr>
<td>10</td>
<td>A Comparative Test of Eyedrops Timolol 0.5% and Betaxolol 0.5% in the Reduction of Intraocular Pressure in Primary Open-Angle Glaucoma in Dr Soetomo Hospital, Surabaya</td>
<td>230 - 235</td>
</tr>
<tr>
<td>11</td>
<td>Efficacy of Fine Needle Biopsy in the Diagnosis of Tuberculous Cervical Lymphadenitis</td>
<td>236 - 239</td>
</tr>
<tr>
<td>12</td>
<td>Molecular and Immunological Aspects of Anemia in Malaria</td>
<td>240 - 247</td>
</tr>
<tr>
<td>13</td>
<td>Review Article and Clinical Experience: Insulin Glargine Combined with Oral Agent in T2DM (Clinical Uses of Formulas: 1/3, 5-5, 2-2, 1-1, and 1-2)</td>
<td>248 - 255</td>
</tr>
</tbody>
</table>
Long Versus Standard Initial Steroid Therapy for Children with Idiopathic Nephrotic Syndrome

Objectives: Two regimens of steroid treatment for the first episodes of idiopathic nephrotic syndrome in children were compared to address whether a longer initial course provides superior protection against relapse without increased adverse effects. The standard regimen consisted of prednisone 60 mg/m² or 2 mg/kg per day for 4 weeks, followed by 40 mg/m² or 1.5 mg/kg alternate-day prednisone for 4 weeks. The long regimen consisted of daily prednisone of 60 mg/m² or 2 mg/kg for 6 weeks, followed by alternate-day prednisone 40 mg/m² or 1.5 mg/kg for 6 weeks. Methods: A randomized clinical trial was conducted to children with nephrotic syndrome hospitalized at Department of Child Health Dr. Soetomo Teaching Hospital Surabaya. All patients were followed one year minimally after the treatment was stopped. Results: Eighty-one children with nephrotic syndrome aged 2-15 years old were randomized into 33 children receiving long (12-week) and 48 children receiving standard (8-week) initial steroid therapy. The time to first relapse in the long regimen group and standard group was 272.28 ± 158.76 days and 238.02 ± 144.28 days, respectively (p = 0.32). The percentage of patients with no relapse in 6 and 12 months after initial prednisone withdrawal was 75.8% and 60.6% in the long regimen group and 66.7% and 54.2% in the standard group, respectively. The percentage of children with 1 relapse in 6 and 12 months after initial prednisone withdrawal was 21.2% and 21.2% in the long regimen group and 33.3% and 29.2% in the standard group, respectively. The percentage of patients with 2 relapses in 6 and 12 months was 3.0% and 12.1% in the long regimen group and 0% and 14.6% in the standard group, respectively. No significant difference showed between the two groups (p = 0.51). Conclusions: The long initial prednisone therapy may delay occurrence of the first relapses and reduced the subsequent rate of relapses compared to the standard regimen, but statistically there were no significant differences.

Keyword: idiopathic, nephrotic, syndrome, prednisone, initial, steroid, therapy,

Daftar Pustaka: