The Comparative efficacies of malartin, with and without amodiaquine, in the treatment of *Plasmodium falciparum* malaria in the Buea district of Cameroon

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Objectives

- To assess the in-vivo efficacies of the artesunate malartin, alone and in combination with amodiaquine against uncomplicated cases of *Plasmodium falciparum* malaria attending two treatment centers in Cameroon (the WHO/University of Buea Health Post in Bolifamba and the University of Buea's Health centre in Molyko).

Methods (1)

- 213 participants were treated for three days (malartin-amodiaquine) or 5 days (malartin alone) and then followed-up on days 3, 7 and 14.
- Only 86 of the patients given malartin alone and 80 of those given malartin-amodiaquine completed follow-up

Results

- Most patients given malartin alone showed an adequate clinical and parasitological response (91.9%), the rest showing late parasitological failure (7.0 %) or early treatment failure (1.2%). Corresponding values for malartin-amodiaquine combination were slightly better, at 93.8%, 5.0% and 1.2 %, respectively.
- No late clinical failures were recorded in either treatment arm.
- In both treatment arms, the prevalence of anaemia in the treated adults (aged > 15 years) and children decreased significantly during follow-up ($P<0.05$).
- Both regimens were well tolerated and neither gave rise to any serious adverse effects

Discussion and conclusion

- Three days of treatment with the malartin-amodiaquine combination appears to be slightly more effective and a slightly better choice than the 5 days of treatment with malartin alone.

Future perspectives

- The combination therapy is recommended for the treatment of uncomplicated falciparum malaria