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Current Awareness Bulletin – Paediatrics
November 2014

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Guidelines

National Institute for Health and Care Excellence (NICE)

Head injury
NICE quality standards [QS74] Published date: October 2014
This quality standard covers assessment, early management and rehabilitation following head injury in children, young people and adults.

New and Updated Cochrane Systematic Reviews

New Reviews – October 2014

Intranasal fentanyl for the management of acute pain in children
Non-nutritive sucking for gastro-oesophageal reflux disease in preterm and low birth weight infants
Non-pharmaceutical management of respiratory morbidity in children with severe global developmental delay
Prenatal versus postnatal repair procedures for spina bifida for improving infant and maternal outcomes
Strabismus surgery before versus after completion of amblyopia therapy in children

Updated Reviews – October 2014

Antibiotics for bronchiolitis in children under two years of age
Decongestants, antihistamines and nasal irrigation for acute sinusitis in children

NICE Evidence Update

Crohn's disease (Sep 2014)
A summary of selected new evidence relevant to NICE clinical guideline 152 ‘Crohn’s disease: management in adults, children and young people’ (2012)

Headaches (Oct 2014)
A summary of selected new evidence relevant to NICE clinical guideline 150 ‘Diagnosis and management of headaches in young people and adults’ (2012)
New from UpToDate

What’s new in paediatrics
New additions to UpToDate considered by the editors and authors to be of particular interest.
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Journal Articles

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1. Title: A systematic review and meta-analysis of cohort studies of echocardiographic findings in OSA children after adenotonsillectomy.
   Citation: International Journal of Pediatric Otorhinolaryngology, October 2014, vol./is. 78/10(1571-8), 0165-5876;1872-8464 (2014 Oct)
   Author(s): Anna Theresa Weber S, Pierri Carvalho R, Ridley G, Williams K, El Dib R
   Language: English
   Abstract: CONTEXT: There is evidence that OSA in children can be associated with acute and chronic effects on the cardiovascular system due to repetitive episodes of apnea and hypoxemia. OBJECTIVE: To assess whether there is an association between OSA and echocardiographic findings in children and whether that association persists after adenotonsillectomy. DATA SOURCES: A literature search was conducted based on PUBMED, EMBASE and LILACS. STUDY SELECTION: Children with OSA and children who did not have OSA, who were aged <12 years. DATA EXTRACTION: Two reviewers extracted data independently; the risk of bias was assessed by examining the selected sample, the recruitment method, completeness of follow up, and blinding. RESULTS: Seven studies met all the inclusion criteria and methodological requirements. There was a significant difference with elevated mean pulmonary arterial pressure levels in OSA participants compared to those without OSA at preoperative assessment [mean difference (MD) 8.67; confidential interval (CI) 95% 6.09, 11.25]. OSA participants showed a statistically significant increased interventricular septum (IVS) thickness (mm) [MD 0.60; CI 95% 0.09, 1.11]; and right ventricular (RV) dimension (cm/m) [MD 0.19; CI 95% 0.10, 0.28]. There was also a significant increase in right ventricular (RV) dimension (cm/m) [MD 0.10; CI 95% 0.05, 0.14] in OSA children. CONCLUSION: There is moderate quality evidence regarding possible association between OSA and right heart repercussions. More prognosis studies are needed, to allow the combination of results in a meta-analysis. Copyright 2014 Elsevier Ireland Ltd. All rights reserved.
   Publication type: Journal Article, Research Support, Non-U.S. Gov't
   Source: MEDLINE

2. Title: A systematic review of randomized controlled trials for the prevention of bronchopulmonary dysplasia in infants.
   Citation: Journal of Perinatology, September 2014, vol./is. 34/9(705-10), 0743-8346;1476-5543 (2014 Sep)
   Author(s): Beam KS, Aliaga S, Ahlfeld SK, Cohen-Wolkowiez M, Smith PB, Laughon MM
   Language: English
   Abstract: OBJECTIVE: Bronchopulmonary dysplasia (BPD) is the most common cause of pulmonary morbidity in premature infants and is associated with life-long morbidities. Developing drugs for the prevention of BPD would improve public health. We sought to determine characteristics of favorable randomized controlled trials (RCTs) of drugs for BPD prevention. STUDY DESIGN: We searched MEDLINE and EMBASE from 1992 to 2014 using the MeSH terms 'BPD' and 'respiratory distress syndrome, newborn'. We included a Cochrane Library search to ensure inclusion of all available RCTs. We identified RCTs with BPD as a primary or secondary outcome and determined the definition of BPD used by the study. We determined whether a phase I or phase II study-to-determine drug safety, efficacy or optimal dose was performed before the RCT. Finally, we searched the Cochrane Library for meta-analyses for each drug and used the results of available meta-analyses to define a favorable versus unfavorable RCT. RESULT: We identified 2026 articles; 47 RCTs met our inclusion criteria encompassing 21 drugs; 5 of the drugs reduced the incidence of BPD. We found data from phase I or II studies for 16 of the drugs, but only 1 demonstrated a reduction of BPD. CONCLUSION: The majority of the drugs studied in RCTs failed to reduce the incidence of BPD. Performing early-phase studies before phase III trials might provide necessary information on drugs and drug doses capable of preventing BPD, thus informing the development of future...
Blood transfusion was associated with the development of ROP in preterm infants. The unadjusted pooled OR in three of these studies was 2.59 (95% CI 1.35 to 4.32) with a significant heterogeneity (I² = 54.8% p = 0.02). The median gestational age 30 weeks and birth weight 1228 grams. Blood transfusion was associated with the development of ROP in preterm infants with the most effective containing both educational and behavioural aspects. Many previous studies in paediatric populations have used subjective and inaccurate adherence measurements, reducing their validity. Adherence studies now often use objective electronic monitoring, which can give us an accurate indication of the extent of non-adherence in children with asthma. A review of the studies using electronic adherence monitoring shows that half of them report mean adherence rates of 50% or below, and the majority report rates below 75%. Reasons for non-adherence are both intentional and non-intentional, incorporating illness perceptions, medication beliefs and practical adherence barriers. Interventions to improve adherence in the paediatric population have had limited success, with the most effective containing both educational and behavioural aspects.
However once other factors such as gestational age and birth weight were adjusted for, the association between blood transfusion and ROP development was considerably weaker.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood

**6.Title:** Brain changes in early-onset bipolar and unipolar depressive disorders: a systematic review in children and adolescents.  
**Citation:** European Child & Adolescent Psychiatry, November 2014, vol./is. 23/11(1023-41), 1018-8827;1435-165X (2014 Nov)  
**Author(s):** Serafini G, Pompili M, Borgwardt S, Houenou J, Geoffroy PA, Jardri R, Girardi P, Amore M  
**Language:** English  
**Abstract:** Pediatric bipolar disorder (BD) and unipolar disorder (UD) share common symptomatic and functional impairments. Various brain imaging techniques have been used to investigate the integrity of brain white matter (WM) and gray matter (GM) in these disorders. Despite promising preliminary findings, it is still unclear whether these alterations may be considered as common trait markers or may be used to distinguish BD from UD. A systematic literature search of studies between 1980 and September 2013 which reported WM/GM changes in pediatric and adolescent BD/UD, as detected by diffusion tensor imaging and voxel-based analysis was conducted. Of the 34 articles judged as eligible, 17 fulfilled our inclusion criteria and were finally retained in this review. More abnormalities have been documented in the brains of children and adolescents with BD than UD. Reductions in the volume of basal ganglia and the hippocampus appeared more specific for pediatric UD, whereas reduced corpus callosum volume and increased rates of deep WM hyperintensities were more specific for pediatric BD. Seminal papers failed to address the possibility that the differences between unipolar and bipolar samples might be related to illness severity, medication status, comorbidity or diagnosis. UD and BD present both shared and distinctive impairments in the WM and GM compartments. More WM abnormalities have been reported in children and adolescents with bipolar disease than in those with unipolar disease, maybe as a result of a low number of DTI studies in pediatric UD. Future longitudinal studies should investigate whether neurodevelopmental changes are diagnosis-specific.  
**Publication type:** Journal Article  
**Source:** MEDLINE

**7.Title:** Clinical and social outcomes of adolescent self harm: Population based birth cohort study  
**Citation:** BMJ (Online), October 2014, vol./is. 349/, 0959-8146;1756-1833 (22 Oct 2014)  
**Author(s):** Mars B., Heron J., Crane C., Hawton K., Lewis G., Macleod J., Tilling K., Gunnell D.  
**Language:** English  
**Abstract:** Objectives: To investigate the mental health, substance use, educational, and occupational outcomes of adolescents who self harm in a general population sample, and to examine whether these outcomes differ according to self reported suicidal intent. Design: Population based birth cohort study. Setting: Avon Longitudinal Study of Parents and Children (ALSPAC), a UK birth cohort of children born in 1991-92. Participants: Data on lifetime history of self harm with and without suicidal intent were available for 4799 respondents who completed a detailed self harm questionnaire at age 16 years. Multiple imputation was used to account for missing data. Main outcome measures: Mental health problems (depression and anxiety disorder), assessed using the clinical interview schedule-revised at age 18 years, self reported substance use (alcohol, cannabis, cigarette smoking, and illicit drugs) at age 18 years, educational attainment at age 16 and 19 years, occupational outcomes at age 19 years, and self harm at age 21 years. Results: Participants who self harmed with and without suicidal intent at age 16 years were at increased risk of developing mental health problems, future self harm, and problem substance misuse, with stronger associations for suicidal self harm than for non-suicidal self harm. For example, in models adjusted for confounders the odds ratio for depression at age 18 years was 2.21 (95% confidence interval 1.55 to 3.15) in participants who had self harmed without suicidal intent at age 16 years and 3.94 (2.67 to 5.83) in those who had self harmed with suicidal intent. Suicidal self harm, but not self harm without suicidal intent, was also associated with poorer educational and employment outcomes. Conclusions: Adolescents who self harm seem to be vulnerable to a range of adverse outcomes in early adulthood. Risks were generally stronger in those who had self harmed with suicidal intent, but outcomes were also poor among those who had self harmed without suicidal intent. These findings emphasise the need for early identification and treatment of adolescents who self harm.  
**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available BMJ (Clinical research ed.) at The BMJ

**8.Title:** Current role of rufinamide in the treatment of childhood epilepsy: Literature review and treatment guidelines  
**Citation:** European Journal of Paediatric Neurology, November 2014, vol./is. 18/6(685-690), 1090-3798;1532-2130 (01 Nov 2014)
9. Title: Dexamethasone may be a viable alternative to prednisone/prednisolone for the treatment of acute asthma exacerbation in the paediatric emergency department.

Citation: Evidence Based Medicine, October 2014, vol./is. 19/5(175), 1356-5524;1473-6810 (2014 Oct)

Author(s): Andrews AL, Simpson AN

Language: English

Publication type: Comment, Journal Article

Source: MEDLINE

Full text: Available Highwire Press at Evidence-Based Medicine

10. Title: Early intubate-surfactant-extubate (INSURE) versus non-invasive continuous positive airway pressure (nCPAP) to prevent bronchopulmonary dysplasia: A systematic review and meta-analysis

Citation: Archives of Disease in Childhood, October 2014, vol./is. 99/(A214-A215), 0003-9888 (October 2014)

Author(s): Isayama T., Chai-Adisaksopha C., McDonald S.

Language: English

Abstract: Background and aims In preterm infants, early non-invasive continuous positive airway pressure (NCPAP) use decreases "bronchopulmonary dysplasia (BPD) or death" compared with early intubation. However, it was not yet clear whether early Intubation-for-SURfactant-followed-by-Extubation to NCPAP (INSURE) is more effective to prevent BPD or Death or "BPD or death" or either than keeping infants on NCPAP. This systematic review aimed to investigate this question. Methods This systematic review included randomised control trials comparing the INSURE and NCPAP for preterm infants with or at high risk of respiratory distress syndrome who had never been intubated before the study entry. Primary outcomes included BPD at 36 weeks postmenstrual age, Death, and "BPD or Death". A systematic literature search was conducted of MEDLINE, EMBASE, CENTRAL, and CINAHL as well as conference proceedings and trial registrations. Two reviewers independently selected studies and extracted data. Meta-analyses were conducted with a random-effect method using Review manager 5.2 (statistical significance with two-sided p-value of 0.05). Results Nine trials were included from 1622 non-duplicate records. The meta-analysis results were shown in a table with pooled risk ratios (RR) and 95% confidence interval (CI). (Table Presented).

Publication type: Journal: Conference Abstract

Source: EMBASE

Full text: Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood

Full text: Available ARCHIVES OF DISEASE IN CHILDHOOD at Salisbury District Hospital Healthcare Library

11. Title: Effect of a single inactivated poliovirus vaccine dose on intestinal immunity against poliovirus in children previously given oral vaccine: An open-label, randomised controlled trial

Citation: The Lancet, October 2014, vol./is. 384/9953(1505-1512), 0140-6736;1474-547X (25 Oct 2014)


Language: English

Abstract: Summary Background Intestinal immunity induced by oral poliovirus vaccine (OPV) is imperfect and wanes with time, permitting transmission of infection by immunised children. Inactivated poliovirus vaccine (IPV) does not induce an intestinal mucosal immune response, but could boost protection in children who are mucosally primed through previous
12. Title: Effects of methylphenidate on cognitive functions in children and adolescents with attention-deficit/hyperactivity disorder: evidence from a systematic review and a meta-analysis.

Publication type: Journal: Article
Source: EMBASE
Full text: Available Lancet at Salisbury District Hospital Healthcare Library

13. Title: Efficacy and safety of histamine-2 receptor antagonists

Publication type: Journal Article
more effective in terms of histologic healing. Comparing H2RAs with antacids, H2RAs were more effective in symptom reduction in only 1 study. H2RAs compared with proton pump inhibitors were not significantly different in any of the outcome measures. For safety analysis, data were not reported in a quantitative manner and for all outcomes, the quality of evidence was very low.

CONCLUSIONS AND RELEVANCE: Evidence to support the efficacy and safety of H2RAs in infants and children is limited and of poor quality. Well-designed placebo-controlled trials are needed before thorough conclusions can be drawn.

Publication type: Journal: Review
Source: EMBASE

Citation: Archives of Disease in Childhood, November 2014, vol./is. 99/11(985-92), 0003-9888;1468-2044 (2014 Nov)
Author(s): Feleszko W, Ruszczynski M, Jaworska J, Strzelak A, Zalewski BM, Kulus M
Language: English
Abstract: BACKGROUND: Environmental tobacco smoke (ETS) exposure in children is linked with the development of allergic asthma. However, its influence on allergic sensitisation in children has not been conclusively determined.OBJECTIVE: To systematically review existing evidence of ETS exposure's impact on markers of allergic sensitisation in children.METHODS: CENTRAL, MEDLINE and EMBASE databases were searched. Included studies assessed following markers of atopic sensitisation: total immunoglobulin E (tIgE) concentrations, at least one specific IgE (sIgE+), and positive skin-prick tests (SPTs+) in ETS-exposed and non-exposed children.RESULTS: 8 studies on the influence of ETS on tIgE concentration (2603 patients), 6 studies on ETS and sIgE+ (9230 participants) and 14 papers on ETS and SPT (14 150 patients) met our inclusion criteria. ETS was shown to raise tIgE concentrations by 27.7 IU/mL (95% CI 7.8 to 47.7; I(2)=58%; results based on 3 studies) and to increase the risk of atopic sensitisation, as assessed by sIgE+ (OR=1.12, 95%CI 1.00 to 1.25; I(2)=0%; results based on 10 studies). In a subgroup analysis, this effect was most pronounced in children <7 years (preschoolers) by OR=1.20; (95% CI 1.05 to 1.38) and OR=1.30 (95% CI 1.05 to 1.61), (for sIgE+ and SPT+, respectively).CONCLUSIONS: Current analysis supports an association between ETS exposure in early childhood and the increased risk of allergic sensitisation. Subgroup meta-analyses demonstrate that younger children suffer the most from detrimental immunomodulating effects of ETS exposure. This study underscores ETS as an important but avoidable risk factor for the development of allergic disease in children. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.
Publication type: Journal Article
Source: MEDLINE
Full text: Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood

15. Title: Epilepsy in children with menkes disease: a systematic review of literature.
Citation: Journal of Child Neurology, December 2014, vol./is. 29/12(1757-64), 0883-0738;1708-8283 (2014 Dec)
Author(s): Verrotti A, Carelli A, Coppola G
Language: English
Abstract: Menkes disease is a lethal multisystemic disorder of copper metabolism characterized by connective tissue abnormalities, progressive neurodegeneration and peculiar "kinky hair." Epilepsy is one of the main clinical features of this disease but it has been described in detail by only a few authors. Most patients develop seizures from 2 to 3 months of age, accompanied by a neurodevelopmental regression. The history of epilepsy is usually characterized by 3 stages: an early stage with focal clonic seizures and status epilepticus, an intermediate stage with infantile spasms, and a late stage with multifocal, myoclonic, and tonic seizures. At the onset, epilepsy can be controlled with anticonvulsant therapy, whereas with the progression of disease, it becomes extremely resistant to all antiepileptic drugs. In this article, we analyze clinical and electroencephalographic (EEG) characteristics of epilepsy in patients with this syndrome. The Author(s) 2014.
Publication type: Journal Article
Source: MEDLINE

Citation: American Journal of Critical Care, November 2014, vol./is. 23/6(477-85), 1062-3264;1937-710X (2014 Nov)
Author(s): McAlvin SS, Carew-Lyons A
Language: English
Abstract: BACKGROUND: In pediatric critical care, family-centered care is a central theme that ensures holistic care of the patient and the patient's family. Parents expect and are encouraged to be involved in the care of their child throughout all phases of the child's illness. Family presence is generally accepted when the child's condition is stable; however, there is less consensus about family presence when the child becomes critically ill and requires resuscitation and/or invasive
procedures. METHODS: The PRISMA model guided this systematic literature search of CINAHL, MEDLINE, Ovid, and PubMed for articles published between 1995 and 2012. Specific search terms used included pediatric intensive care, parent presence, family presence, pediatrics, invasive procedures, and resuscitation. RESULTS: This literature search yielded 117 articles. Ninety-five abstracts were evaluated for relevance. Six articles met criteria and were included in this review. The findings indicate that parents want to be present during invasive procedures and resuscitation, would choose to be present again, recommend being present to others, and would not have changed anything about the presence experience. Parents who were present had better coping and better adjustment to the child's death. Parents who were not present reported more distress. CONCLUSIONS: These studies support the suggestion that family presence during resuscitation and invasive procedures increases parents' satisfaction and coping. However, the generalizability of these findings is limited by small sample sizes and inconsistent evaluation of confounding variables. Further research is needed to determine the benefits of family presence and prevent barriers to true implementation. 2014 American Association of Critical-Care Nurses.

Publication type: Journal Article
Source: MEDLINE

17. Title: Fine motor skills in children with prenatal alcohol exposure or fetal alcohol spectrum disorder.
Citation: Journal of Developmental & Behavioral Pediatrics, November 2014, vol./is. 35/9(598-609), 0196-206X;1536-7312 (2014 Nov-Dec)
Author(s): Doney R, Lucas BR, Jones T, Howat P, Sauer K, Elliott EJ
Language: English
Abstract: OBJECTIVE: Prenatal alcohol exposure (PAE) can cause fetal alcohol spectrum disorders (FASD) and associated neurodevelopmental impairments. It is uncertain which types of fine motor skills are most likely to be affected after PAE or which assessment tools are most appropriate to use in FASD diagnostic assessments. This systematic review examined which types of fine motor skills are impaired in children with PAE or FASD; which fine motor assessments are appropriate for FASD diagnosis; and whether fine motor impairments are evident at both "low" and "high" PAE levels. METHODS: A systematic review of relevant databases was undertaken using key terms. Relevant studies were extracted using a standardized form, and methodological quality was rated using a critical appraisal tool. RESULTS: Twenty-four studies met inclusion criteria. Complex fine motor skills, such as visual-motor integration, were more frequently impaired than basic fine motor skills, such as grip strength. Assessment tools that specifically assessed fine motor skills more consistently identified impairments than those which assessed fine motor skills as part of a generalized neurodevelopmental assessment. Fine motor impairments were associated with "moderate" to "high" PAE levels. Few studies reported fine motor skills of children with "low" PAE levels, so the effect of lower PAE levels on fine motor skills remains uncertain. CONCLUSIONS: Comprehensive assessment of a range of fine motor skills in children with PAE is important to ensure an accurate FASD diagnosis and develop appropriate therapeutic interventions for children with PAE-related fine motor impairments.

Publication type: Journal Article
Source: MEDLINE

18. Title: Global child health competencies for paediatricians
Citation: The Lancet, October 2014, vol./is. 384/9952(1403-1405), 0140-6736;1474-547X (18 Oct 2014)
Author(s): Williams B., Morrissy B., Goenka A., Magnus D., Allen S.
Language: English
Publication type: Journal: Note
Source: EMBASE
Full text: Available Lancet at Salisbury District Hospital Healthcare Library

19. Title: Interventions for reducing medication errors in children in hospital: A systematic review
Citation: Archives of Disease in Childhood, October 2014, vol./is. 99/(A156), 0003-9888 (October 2014)
Language: English
Abstract: Background and aims Children are considered to be at high risk of experiencing harm due to medication errors (MEs). Hospitals implement various interventions to reduce MEs, but their effectiveness is unclear. Therefore, we performed a systematic review to identify evidence-based interventions to reduce MEs in hospitalised children. Methods We searched the following databases: CINAHL, CENTRAL, Dissertations and Theses Database, EMBASE, EPOC Group Specialised Register, MEDLINE, Nursing and Allied Health, PsycINFO, Web of Science, Cochrane Database of Systematic Reviews and DARE. Furthermore, we searched the grey literature, trial registries and the reference lists of all included studies. We included randomised controlled trials, controlled before-after studies and interrupted time series. The
outcome measures included MEs, (potential) patient harm, resource utilisation and unintended consequences of the interventions. Two reviewers independently selected studies and assessed the studies quality. Results Seven studies were included describing five different interventions: clinical pharmacist (two studies), computerised physician order entry (two studies), barcode medication administration, a structured prescribing form, and a check and control checklist in combination with feedback. Most studies resulted in a reduction in MEs, but the benefits for the patients in terms of less harm were not conclusive. Clinical and methodological heterogeneity between the studies precluded meta-analyses. Conclusion The current evidence on effective interventions to prevent MEs in a paediatric population in hospital is limited. There is a need for comparative studies with robust study designs that investigate interventions including components that focus on specific paediatric safety issues.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Salisbury District Hospital Healthcare Library

20. **Title:** Introduction of gluten, HLA status, and the risk of celiac disease in children  
**Citation:** New England Journal of Medicine, October 2014, vol./is. 371/14(1295-1303), 0028-4793;1533-4406 (02 Oct 2014)  
**Author(s):** Lionetti E., Castellaneta S., Francavilla R., Pulvirenti A., Tonutti E., Arnarri S., Barbato M., Barbera C., Barera G., Bellantoni A., Castellano E., Guariso G., Limongelli M.G., Pellegrino S., Polloni C., Ughi C., Zulin G., Fasano A., Catassi C.  
**Language:** English  
**Abstract:** BACKGROUND The relationship between the risk of celiac disease and both the age at which gluten is introduced to a child's diet and a child's early dietary pattern is unclear. METHODS We randomly assigned 832 newborns who had a first-degree relative with celiac disease to the introduction of dietary gluten at 6 months (group A) or 12 months (group B). The HLA genotype was determined at 15 months of age, and serologic screening for celiac disease was evaluated at 15, 24, and 36 months and at 5, 8, and 10 years. Patients with positive serologic findings underwent intestinal biopsies. The primary outcome was the prevalence of celiac disease autoimmunity and of overt celiac disease among the children at 5 years of age. RESULTS Of the 707 participants who remained in the trial at 36 months, 553 had a standard-risk or high-risk HLA genotype and completed the study. At 2 years of age, significantly higher proportions of children in group A than in group B had celiac disease autoimmunity (16% vs. 7%, P = 0.002) and overt celiac disease (12% vs. 5%, P=0.01). At 5 years of age, the between-group differences were no longer significant for autoimmunity (21% in group A and 20% in group B, P = 0.59) or overt disease (16% and 16%, P=0.78 by the log-rank test). At 10 years, the risk of celiac disease autoimmunity was far higher among children with high-risk HLA than among those with standard-risk HLA (38% vs. 19%, P=0.001), as was the risk of overt celiac disease (26% vs. 16%, P=0.05). Other variables, including breast-feeding, were not associated with the development of celiac disease. CONCLUSIONS Neither the delayed introduction of gluten nor breast-feeding modified the risk of celiac disease among at-risk infants, although the later introduction of gluten was associated with a delayed onset of disease. A high-risk HLA genotype was an important predictor of disease. (Funded by the Fondazione Celiachia of the Italian Society for Celiac Disease; CELIPREV ClinicalTrials.gov number, NCT00639444.)  
**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Massachusetts Medical Society at New England Journal of Medicine (NEJM)

21. **Title:** Micafungin in Premature and Non-premature Infants: A Systematic Review of 9 Clinical Trials.  
**Citation:** Pediatric Infectious Disease Journal, November 2014, vol./is. 33/11(e291-8), 0891-3668;1532-0987 (2014 Nov)  
**Author(s):** Manzoni P, Wu C, Tweddel L, Rolides E  
**Language:** English  
**Abstract:** BACKGROUND: Invasive fungal infections cause excessive morbidity and mortality in premature neonates and severely ill infants. METHODS: Safety and efficacy outcomes of micafungin were compared between prematurely and non-prematurely born infants <2 years of age. Data were obtained from all completed phase I-II clinical trials with micafungin that had enrolled infants (<2 years of age) that were listed in the Astellas Clinical Study Database. Demographics, adverse events, hepatic function tests and treatment success data were extracted and validated by the Astellas biostatistical group that had enrolled infants (<2 years of age) that were listed in the Astellas Clinical Study Database. Demograph

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Publication type: Journal Article
Source: MEDLINE
Full text: Available The Pediatric infectious disease journal at Pediatric Infectious Disease Journal

22. Title: Oral morphine versus ibuprofen for post-fracture pain management in children: A randomized controlled study
Citation: Annals of Emergency Medicine, October 2014, vol./is. 64/4 SUPPL. 1(S60), 0196-0644 (October 2014)
Author(s): Teefy J., Bhullar G., Lin K., Papini A., Nedadur R., Howard J., Bale M., Mainprize D., Seabrook J., Poonai N.
Language: English
Abstract: Study Objectives: In the emergency department (ED), fractures are a common painful condition where evidence suggests that analgesia is under-utilized. Codeine has been removed from many pediatric formularies due to safety concerns and the use of a theoretically more predictable drug: oral morphine has increased. However, it has not been studied in the pain management of pediatric fractures. This study was undertaken to determine if oral morphine is superior to ibuprofen in relieving post-fracture pain without an increase in adverse effects. Methods: Children aged 5-17 years who presented to the ED with a non-operative fracture were randomized to receive either oral morphine 0.5 mg/kg (max 10 mg) or ibuprofen 10 mg/kg (max 600 mg) every 6 hours as needed for pain for 24 hours following discharge. The primary outcome variable was the post-intervention difference in self-reported pain scores using the Faces Pain Scale - Revised (FPS-R). Results: A total of 131 participants were included in the analysis with a mean age + SD of 10.7 + 3.2 years. In both arms, there was a reduction in pain scores following the intervention at each dose, with no significant differences in the change in pain for any of the four doses. However, there were significantly more adverse effects reported in the oral morphine group (55.6% versus 30.9%, P=.005). Conclusion: Both oral morphine and ibuprofen were effective at reducing pain in children with fractures. Although there was no significant difference in analgesic efficacy between the two agents, oral morphine was associated with significantly more adverse effects.
Publication type: Journal: Conference Abstract
Source: EMBASE

23. Title: Paediatric palliative care: A systematic review and recommendations for treatment of symptoms
Citation: Pediatric Blood and Cancer, December 2014, vol./is. 61/S394-S395), 1545-5009 (December 2014)
Author(s): Knops R.R.G., Kremer L.C.M., Verhagen A.A.E.
Language: English
Abstract: Objectives: Children dying of a life threatening disease suffer a great deal at the end of life. Symptom control in children dying of cancer is often unsatisfactory at this stage of disease, partly because many caregivers are simply not familiar with paediatric palliative care. Symptom control and relieve of suffering are the cornerstones of paediatric palliative care, but evidence based recommendations in paediatric palliative care are not available. The aim of this study is to improve palliative care for children by making high quality care recommendations to recognize and relieve symptoms in paediatric palliative care. Methods: An extensive search was performed for guidelines and systematic reviews on paediatric palliative care. An expert panel combined the evidence that resulted from this search with consensus to form recommendations on the treatment of symptoms in paediatric palliative care. Results: We appraised 21 guidelines and identified 693 potentially eligible articles of which only four met our inclusion criteria. None gave recommendations on recognizing and treating symptoms in paediatric palliative care. Two textbooks and an adult palliative care website were eventually our main sources of evidence on recognizing and treating symptoms in paediatric palliative care. Conclusions: Hardly any evidence is available for the treatment of symptoms in paediatric palliative care. By combining evidence for adult palliative care and the sparse evidence for paediatric palliative care with paediatric expert opinion we were able to define a unique set of high quality care recommendations to relieve symptoms and lessen the suffering of children in palliative care. The results of this study are an important tool to educate caregivers on how to relieve symptoms in children with life threatening conditions and improve quality of paediatric palliative care.
Publication type: Journal: Conference Abstract
Source: EMBASE

24. Title: Partial versus Complete Fundoplication for the Correction of Pediatric GERD: A Systematic Review and Meta-Analysis.
Citation: PLoS ONE [Electronic Resource], 2014, vol./is. 9/11(e112417), 1932-6203;1932-6203 (2014)
Author(s): Glen P, Chasse M, Doyle MA, Nasr A, Fergusson DA
Language: English
Abstract: BACKGROUND: There is no consensus as to what extent of "wrap" is required in a fundoplication for correction of gastroesophageal reflux disease (GERD). OBJECTIVE: To evaluate if a complete (360 degree) or partial fundoplication gives better control of GERD. METHODS: A systematic search of MEDLINE and Scopus identified interventional and observational studies of fundoplication in children. Screening identified those comparing techniques. The primary outcome was recurrence of GERD following surgery. Dysphagia and complications were secondary outcomes of interest.
2289 abstracts were screened, yielding 2 randomized controlled trials (RCTs) and 12 retrospective cohort studies. The RCTs were pooled. There was no difference in surgical success between partial and complete fundoplication, OR 1.33 [0.67, 2.66]. In the 12 cohort studies, 3 (25%) used an objective assessment of the surgery, one of which showed improved outcomes with complete fundoplication. Twenty-five different complications were reported; common were dysphagia and gas-bloat syndrome. Overall study quality was poor. CONCLUSIONS: The comparison of partial fundoplication with complete fundoplication warrants further study. The evidence does not demonstrate superiority of one technique. The lack of high quality RCTs and the methodological heterogeneity of observational studies limits a powerful meta-analysis.

**Publication type:** Journal Article  
**Source:** MEDLINE  
**Full text:** Available ProQuest at PLoS ONE  
**Full text:** Available ProQuest at PLoS One  

25. **Title:** Randomized feeding intervention in infants at high risk for celiac disease  
**Citation:** New England Journal of Medicine, October 2014, vol./is. 371/14(1304-1315), 0028-4793;1533-4406 (02 Oct 2014)  
**Language:** English  
**Abstract:** BACKGROUND A window of opportunity has been suggested for reducing the risk of celiac disease by introducing gluten to infants at 4 to 6 months of age. METHODS We performed a multicenter, randomized, double-blind, placebo-controlled dietary intervention study involving 944 children who were positive for HLA-DQ2 or HLA-DQ8 and had at least one first-degree relative with celiac disease. From 16 to 24 weeks of age, 475 participants received 100 mg of immunologically active gluten daily, and 469 received placebo. Anti-transglutaminase type 2 and antigliadin antibodies were periodically measured. The primary outcome was the frequency of biopsy-confirmed celiac disease at 3 years of age. RESULTS Celiac disease was confirmed by means of biopsies in 77 children. To avoid underestimation of the frequency of celiac disease, 3 additional children who received a diagnosis of celiac disease according to the 2012 European Society for Pediatric Gastroenterology, Hepatology, and Nutrition diagnostic criteria (without having undergone biopsies) were included in the analyses (80 children; median age, 2.8 years; 59% were girls). The cumulative incidence of celiac disease among patients 3 years of age was 5.2% (95% confidence interval [CI], 3.6 to 6.8), with similar rates in the gluten group and the placebo group (5.9% [95% CI, 3.7 to 8.1] and 4.5% [95% CI, 2.5 to 6.5], respectively; hazard ratio in the gluten group, 1.23; 95% CI, 0.79 to 1.91). Rates of elevated levels of anti-transglutaminase type 2 and antigliadin antibodies were also similar in the two study groups (7.0% [95% CI, 4.7 to 9.4] in the gluten group and 5.7% [95% CI, 3.5 to 7.9] in the placebo group; hazard ratio, 1.14; 95% CI, 0.76 to 1.73). Breast-feeding, regardless of whether it was exclusive or whether it was ongoing during gluten introduction, did not significantly influence the development of celiac disease or the effect of the intervention. CONCLUSIONS As compared with placebo, the introduction of small quantities of gluten at 16 to 24 weeks of age did not reduce the risk of celiac disease by 3 years of age in this group of high-risk children. (Funded by the European Commission and others; PreventCD Current Controlled Trials number, ISRCTN74582487.)  
**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available Massachusetts Medical Society at New England Journal of Medicine (NEJM)  

26. **Title:** Recent advances in paediatric dermatology  
**Citation:** Archives of Disease in Childhood, October 2014, vol./is. 99/10(944-948), 0003-9888;1468-2044 (01 Oct 2014)  
**Author(s):** Khorsand K., Sidbury R.  
**Language:** English  
**Abstract:** The past year has produced several new clinical guidelines germane to paediatric dermatology, as well as important work related to rheumatologic overlap disorders, psoriasis comorbidities, pigmented lesions and quality of life impact. This review highlights common diagnoses and treatments useful for the practicing paediatrician.  
**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Salisbury District Hospital Healthcare Library  

27. **Title:** Renal and bladder ultrasound is important but yields incomplete screening for genitourinary abnormalities in young children with urinary tract infection.  
**Citation:** Evidence Based Medicine, October 2014, vol./is. 19/5(190), 1356-5524;1473-6810 (2014 Oct)  
**Author(s):** Servaes SE
28. Title: Review of the assessment and management of neonatal abstinence syndrome.
Citation: Addiction Science & Clinical Practice, 2014, vol./is. 9/1(19), 1940-0632;1940-0640 (2014)
Author(s): Bagley SM, Wachman EM, Holland E, Brogly SB
Language: English
Abstract: Neonatal abstinence syndrome (NAS) secondary to in-utero opioid exposure is an increasing problem. Variability in assessment and treatment of NAS has been attributed to the lack of high-quality evidence to guide management of exposed neonates. This systematic review examines available evidence for NAS assessment tools, nonpharmacologic interventions, and pharmacologic management of opioid-exposed infants. There is limited data on the inter-observer reliability of NAS assessment tools due to lack of a standardized approach. In addition, most scales were developed prior to the prevalent use of prescribed prenatal concomitant medications, which can complicate NAS assessment. Nonpharmacologic interventions, particularly breastfeeding, may decrease NAS severity. Opioid medications such as morphine or methadone are recommended as first-line therapy, with phenobarbital or clonidine as second-line adjunctive therapy. Further research is needed to determine best practices for assessment, nonpharmacologic intervention, and pharmacologic management of infants with NAS in order to improve outcomes.
Publication type: Journal Article, Research Support, N.I.H., Extramural
Source: MEDLINE
Full text: Available National Library of Medicine at Addiction Science & Clinical Practice

29. Title: Strokes in children: a systematic review.
Citation: Pediatric Emergency Care, September 2014, vol./is. 30/9(660-661), 0749-5161;1535-1815 (2014 Sep)
Author(s): Gumer LB, Del Vecchio M, Aronoff S
Language: English
Abstract: CONTEXT: Pediatric strokes lead to significant morbidity and mortality. To date, no systematic review has been available to guide the initial diagnostic approach to pediatric stroke.OBJECTIVE: The objective of this review was to elucidate the current data regarding etiologies of stroke in children and then develop an initial diagnostic evaluation for the pediatric patient presenting to the emergency department with a stroke.DATA SOURCE: Using the PubMed engine, the MEDLINE database was searched using the Preferred Reporting Items in Systematic Reviews and Meta-Analyses guidelines.STUDY SELECTION: The inclusion and exclusion criteria were established a priori. Studies must have extractable data regarding first strokes in pediatric patients with clear diagnostic categories.DATA EXTRACTION: A standardized tool was developed to extract demographic data and stroke etiologies.RESULTS: Twelve studies were found that met the inclusion criteria. From these studies, a total of 1455 children aged between 21 days and 20 years were available to assess the etiologies of stroke.CONCLUSIONS: In pediatric patients, the etiologies of stroke are varied and differ for children with ischemic stroke versus hemorrhagic stroke. With the present systematic review, a guide to the initial evaluation of stroke is presented.
Publication type: Journal Article
Source: MEDLINE

30. Title: The use of intravenous and inhaled magnesium sulphate in management of children with bronchial asthma.
Citation: Journal of Maternal-Fetal & Neonatal Medicine, November 2014, vol./is. 27/17(1809-15), 1476-4954;1476-4954 (2014 Nov)
Author(s): Albuali WH
Language: English
Abstract: UNLABELLED: Abstract Background: Asthma is the most common chronic disease of childhood and the leading cause of childhood morbidity. When uncontrolled, asthma can place significant limits on daily life, and is sometimes fatal. The use of magnesium sulphate (MgSO4) is one of numerous treatment options available during acute severe asthma in children. The efficacy of intravenous, or inhaled MgSO4 has been demonstrated, while little is known about the actual clinical use of either intravenous (IV) or inhaled MgSO4.OBJECTIVE: To assess the effectiveness of intravenous (IV) and/or inhaled MgSO4 on hospital admissions and pulmonary function in children with asthma. This systematic review assessed the best available evidence for the use of either intravenous or inhaled MgSO4 in children with acute asthma. Magnesium deficiency is a common electrolyte disorder in children with acute severe asthma. Several authors reported that IV magnesium was effective in the treatment of moderate to acute asthma in children but evidence for nebulised magnesium was insufficient. In addition, it is used in severe, progressed cases to prevent respiratory failure and/or admission to the intensive care unit. It has bronchodilating and anti-inflammatory effects and modulates ion transport and
influences intracellular calcium concentration. Intravenous MgSO4 therapy helps in achieving earlier improvement in clinical signs and symptoms of asthma, e.g. respiratory function and significantly reduced hospital admission, in children with acute severe asthma. The role of nebulised MgSO4 in asthmatic children requires further investigation.

CONCLUSION: According to the previous studies, the author recommends the use of intravenous MgSO4 as a safe and effective adjunct to conventional bronchodilator therapy in acute severe asthma in children.

**Publication type:** Journal Article  
**Source:** MEDLINE

### 31. Title: The use of sustained inflations in the resuscitation of preterm infants in the delivery room-a systematic review and meta-analysis

**Citation:** Archives of Disease in Childhood, October 2014, vol./is. 99/(A473-A474), 0003-9888 (October 2014)  
**Author(s):** Schmolzer G.M., Kumar M., Aziz K., Pichler G., O'Reilly M., Lista G., Cheung P.Y.  
**Language:** English  
**Abstract:** Background and aims Sustained inflations (SI) have been advocated as an alternative to intermittent positive pressure ventilation (IPPV) during the resuscitation of preterm infants at birth to facilitate the early development of an effective functional residual capacity, reduce atelectotrauma, improve speed of circulatory rate and oxygenation after birth. The role of SI on major neonatal outcomes remains controversial. Methods We conducted a systematic review and meta-analysis of randomised clinical trials that evaluated the effects of SI and IPPV on mortality and bronchopulmonary dysplasia (BPD). Descriptive and quantitative information was extracted; relative risk (RR) and risk difference (RD) estimates were synthesised under a random-effects model. Heterogeneity was assessed using the Q statistic and I2. Results Pooled analysis of 4 trials (n = 611) showed significant reduction in the need of mechanical ventilation within 72 h after birth (RR=0.87 [0.77-0.99], RD=-0.10 [-0.17, -0.03], number-needed-to-treat=10) in preterm infants treated with an initial SI compared to IPPV. However, significantly more infants treated with SI received treatment for patent ductus arteriosus (RR=1.27 [1.05-1.54], RD=0.09 [0.02, 0.16], number-needed-to-harm=11). There were no differences in BPD, death at latest follow-up, the combined outcome for BPD or death, and other major neonatal outcomes between the two approaches. Conclusions Compared to IPPV, preterm infants initially treated with SI at birth required less mechanical ventilation within 72 h after birth with no improvement in the rate of BPD and/or death. SI should currently only be used in randomised trials until future studies demonstrate the efficacy and safety of this lung aeration manoeuvre.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Archives of disease in childhood

### 32. Title: Timing of voiding cystourethrogram in the investigation of urinary tract infections in children: A systematic review and meta-analysis

**Citation:** Archives of Disease in Childhood, October 2014, vol./is. 99/(A245), 0003-9888 (October 2014)  
**Author(s):** Merglen A., Katz-Lavigne M., Agoritsas T., Asner S.A., Uleryk E.M., Friedman J., Parkin P., Cohen E., Mahant S.  
**Language:** English  
**Abstract:** Background Voiding cystourethrogram (VCUG) is considered the gold standard for detecting vesicoureteral reflux (VUR). Optimal timing of VCUG after urinary tract infections (UTI) is controversial. Single studies have compared rates of VUR according to timing of VCUG, but included a limited number of patients and failed to reach definitive conclusions. Objective We conducted a systematic review and meta-analysis of studies that compared rates of VUR when VCUG was performed early versus late in the investigation of UTI. Methods We searched MEDLINE, EMBASE, CINHAL and CENTRAL. We included studies that compared the rates of VUR between early versus late-performed VCUG in children diagnosed with UTI. We used the threshold of early vs. late reported by the authors: most commonly at 7 days, but no later than 14 days. Studies that focused on patients with previously diagnosed VUR or other urogenital pathology were excluded. Pairs of reviewers independently screened potentially eligible articles, extracted data and assessed quality of the evidence according to the GRADE framework. Results Of the 1526 studies reviewed, 7 studies with 1623 patients were included (2 prospective and 5 retrospective cohort studies). Meta-analysis showed no increased risk of VUR in early versus late performed VCUG (Odds ratio 0.99, 95% CI 0.77 to 1.27, corresponding to a risk difference of 0.00, 95% CI -0.05 to 0.04, I2 = 0%). The overall quality of the evidence was moderate. Conclusions In children diagnosed with UTI, there is no significant difference in rates of VUR when VCUG is performed early rather than later.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE  
**Full text:** Available ARCHIVES OF DISEASE IN CHILDHOOD at Salisbury District Hospital Healthcare Library

### 33. Title: Treatment outcomes of childhood tuberculous meningitis: a systematic review and meta-analysis.

**Citation:** The Lancet Infectious Diseases, October 2014, vol./is. 14/10(947-57), 1473-3099;1474-4457 (2014 Oct)  
**Author(s):** Chiang SS, Khan FA, Milstein MB, Tolman AW, Benedetti A, Starke JR, Becerra MC
34. Title: What do bereaved parents want from professionals after the sudden death of their child: a systematic review of the literature.

**Citation:** BMC Pediatrics, 2014, vol./is. 14/(269), 1471-2431;1471-2431 (2014)

**Author(s):** Garstang J, Griffiths F, Sidebotham P

**Language:** English

**Abstract:** BACKGROUND: The death of a child is a devastating event for parents. In many high income countries, following an unexpected death, there are formal investigations to find the cause of death as part of wider integrated child death review processes. These processes have a clear aim of establishing the cause of death but it is less clear how bereaved families are supported. In order to inform better practice, a literature review was undertaken to identify what is known about what bereaved parents want from professionals following an unexpected child death. METHODS: This was a mixed studies systematic review with a thematic analysis to synthesize findings. The review included papers from Europe, North America or Australasia; papers had to detail parents’ experiences rather than professional practices. RESULTS: The review includes data from 52 papers, concerning 4000 bereaved parents. After a child has died, parents wish to be able to say goodbye to them at the hospital or Emergency Department, they would like time and privacy to see and hold their child; parents may bitterly regret not being able to do so. Parents need to know the full details about their child’s death and may feel that they are being deliberately evaded when not given this information. Parents often struggle to obtain and understand the autopsy results even in the cases where they consented for the procedure. Parents would like follow-up appointments from health care professionals after the death; this is to enable them to obtain further information as they may have been too distraught at the time of the death to ask appropriate questions or comprehend the answers. Parents also value the emotional support provided by continuing contact with health-care professionals. CONCLUSION: All professionals involved with child deaths should ensure that procedures are in place to support parents; to allow them to say goodbye to their child, to be able to understand why their child died and to offer the parents follow-up appointments with appropriate health-care professionals.

**Publication type:** Journal Article

**Source:** MEDLINE

**Full text:** Available National Library of Medicine at BMC Pediatrics

**Details of autism genes uncovered in global study**

Thursday Oct 30 2014
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