Results

Ten female and two male obese adolescents (age range 14–19 years) had a mean body weight of 140.8 kg (93.7–174 kg) and a mean BMI of 49.9 kg/m² (38.4–58 kg/m²). Four patients received 40 mg enoxaparin, 8 patients were dosed with 60 mg enoxaparin. No VTE or major bleeding occurred. Peak plasma anti-FXa activity (C_max) ranged from 0.14–0.30 IU/mL (median C_max 0.205 IU/mL). Median T_max was 5.67 hours (range 3.78–7.52 hours). Median AUC_i was 1.00 h*IU/mL (range 0.42–1.67 h*IU/mL). 10 out of 12 patients (83%) reached the primary endpoint with anti-FXa activity in the range for VTE prevention (0.1–0.3 IU/mL).

Conclusions

In this single center cohort study, the dosing scheme of 40 mg vs 60 mg enoxaparin stratified according to BMI proved to be effective in reaching prophylactic anti-FXa activity in 83% of adolescent patients. This dosing scheme is in accordance with current practice in adults.

Disclosure(s)

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Background

The prodrug metamizole is frequently dosed intravenously (IV) for postoperative pain in children of all ages, despite its off-label use in infants < 1 year. We aimed to investigate the pharmacokinetics (PK) of the main metabolite of metamizole, 4-aminoantipyrine (MAA), in children aged 3 months–19 years. MAA exposure after a single IV dose of 10 mg/kg metamizole in infants < 1 year of age was higher compared to an equal dose in adults and older children. This suggests that the optimal dose for this age group to achieve equivalent exposure compared to adults is lower than currently recommended.

Disclosure(s)

Nothing to disclose.

Background

‘Medicines for Children’ (MfC) is a joint initiative between the children’s charity WellChild, the Royal College of Paediatrics and Child Health and the Neonatal and Paediatric Pharmacists Group. The project aim is to provide parents and carers with reliable, accurate and accessible information about their child’s medicines.

Methods

In 2006, 600 parents and carers were surveyed in order to understand what information was needed. Paediatricians, pharmacists and a medical editor then liaised with WellChild to develop a leaflet template and wrote a set of pilot leaflets. The leaflet production was subsequently standardised. An eight-step process is followed including consultation with health professionals, families and carers. The leaflet library and a series of information videos has grown, with the assistance of a dedicated group of volunteer authors. Published leaflets are reviewed every three years. Access to information is free of charge. The project is funded by the 3 partner groups and not by pharmaceutical companies.

Results

MfC hosts over 230 leaflets and videos. The MfC website1 was launched in 2009. It was subsequently reviewed by parents and carers and re-developed in 2011 and 2015. MfC has users accessing the site from every country in the world. The information leaflets have been viewed over 3 million times in 2018, up from 7,200 in 2009. In 2014, an independent audit of MfC found that over 90% of the parents surveyed thought that the leaflets had an appropriate layout and conveyed the information in lay terminology. Since 2011, MfC information leaflets have been certified by National Health Service Information Standard as providing high quality health information for the public.

Conclusion

MfC is a successful and acclaimed project which provides high quality, reliable and accurate medicines information worldwide for more than a decade.

REFERENCE


Disclosure(s)

Nothing to disclose.