Background and Aims The comorbidity of chronic pain and insomnia has received increasing research attention in Western clinical pediatric populations; yet, little is known about its psychodemographic and psychological correlates in non-Western community pediatric populations. This study aimed to examine the prevalence of comorbid chronic pain and insomnia and its associated factors in a community sample of Chinese adolescents.

Methods A total of 1,518 adolescents aged from 11–19 years participated in this school-based study. Apart from psychodemographic background, participants were assessed on chronic pain, insomnia, depressive symptoms, and social support. Prevalence of co-occurrence of chronic pain and insomnia was determined. Subjects with single symptom were compared with those with symptom co-occurrence on pain characteristics and sleep patterns. Multiple regression model evaluated factors associated with symptom comorbidity.

Results The prevalence of comorbid chronic pain and insomnia was 19.1% (95% CI: 16.9, 21.4). Fully adjusted stepwise regression analyses identified being female, more depressive symptoms, and lower social support as significant associated with comorbid symptoms. Adolescents with both symptoms reported significantly more pain sites, higher worst pain, and higher pain-associated interference than those reported chronic pain only. Subjects with comorbid symptoms also had poorer subjective sleep quality, greater sleep disturbances, and more daytime dysfunction than those reported insomnia only.

Conclusions Our data offered preliminary evidence that comorbid chronic pain and insomnia occurred among about one-fifth in the present sample of Chinese community adolescents.

Objective Despite strong evidence of the benefits of rapid sequence intubation in neonates, it is still infrequently utilized in neonatal intensive care units (NICU), contributing to avoidable pain and secondary procedure-related physiological disturbances.

Aim of the study was to assess the practice of premedication, regimens commonly used before elective endotracheal intubation and neonatologists attitudes regarding this intervention in institutions across Saudi Arabia and to develop evidence based recommendations.

Methods A web based, structured questionnaire was constructed to assess the use of premedication for elective endotracheal intubation and determine barriers to the procedure. The questionnaire was distributed via e-mail to neonatal specialists and consultants of 10 NICUs.

Results 68 (85%) of the clinicians responded to the survey. Most respondents were NICU consultants. Although 48 of the 68 responding physicians (70%) believed it was essential to routinely use premedication for all elective intubations, only 28 (41%) implemented this strategy. Fear of potential side effects was the most frequently cited reason for avoiding premedication. Treatment regimens varied widely among respondents.

Conclusion Rates of premedication prior to non-emergent intubation in neonates are suboptimal. Flawed information and lack of unified unit policy hampered effective implementation. Development of evidence based guideline may support country-wide adoption of this practice.

Background and Aims The use of premedication for endotracheal intubation in sickle-cell patients is often severe, prolonged and difficult to alleviate. Guidelines based on scientific evidence are lacking. In order to evaluate the effectiveness of our treatment protocol, we performed a population-based retrospective observational study on HbSS sickle-cell patients (n = 22) admitted for severe VOC (n = 48) during a 30-months period and managed with patient controlled analgesia (PCA).

Results Median (10th–90th percentiles) visual analogical pain scale (VAS) at admission was 9.5(7–10). Patient received 0.3mg/kg (0.1–0.4) intravenous morphine at admission, then PCA was started with the following settings: continuous rate: 20 µg/kg/h (10–25), bolus: 25µg/kg (21–32), and 1.8 bolus allowed/hour (1.7–2.8). Six hours after admission, VAS was less than 7 in only 41% of cases. The median VAS declined steadily during hospitalization. Pain intensity was not correlated with morphine dosage. Success 6 hours after admission (VAS< 7) and during hospitalization (VASE4) was associated with significantly lower VAS score at admission and lower number of VOC during the study period. Patients who experienced >2 VOC/year have the following characteristics: higher VAS at admission, higher morphine dosages, lower success rate and lower CRF, bilirubin, LDH and reticulocyte count.

Conclusions The difficulties encountered in the management of patients who experienced >2 VOC/year may be related to their genotypic particularities. For such patients, an increase of morphine dosage is required. We have developed a computer routine in order to reduce time and increase accuracy of PCA prescription, and to build a prospective database that enables continuous assessment of our treatment protocol.

Background and Aims The comorbidity of chronic pain and insomnia in a community adolescent sample: Prevalence and association with psychosocial factors.

Methods A web based, structured questionnaire was constructed to assess the use of premedication for elective endotracheal intubation and determine barriers to the procedure. The questionnaire was distributed via e-mail to neonatal specialists and consultants of 10 NICUs.

Results 68 (85%) of the clinicians responded to the survey. Most respondents were NICU consultants. Although 48 of the 68 responding physicians (70%) believed it was essential to routinely use premedication for all elective intubations, only 28 (41%) implemented this strategy. Fear of potential side effects was the most frequently cited reason for avoiding premedication. Treatment regimens varied widely among respondents.

Conclusion Rates of premedication prior to non-emergent intubation in neonates are suboptimal. Flawed information and lack of unified unit policy hampered effective implementation. Development of evidence based guideline may support country-wide adoption of this practice.

Objective Despite strong evidence of the benefits of rapid sequence intubation in neonates, it is still infrequently utilized in neonatal intensive care units (NICU), contributing to avoidable pain and secondary procedure-related physiological disturbances.

Aim The purpose of this study was to assess the practice of premedication, regimens commonly used before elective endotracheal intubation and neonatologists attitudes regarding this intervention in institutions across Saudi Arabia and to develop evidence based recommendations.

Methods A web based, structured questionnaire was constructed to assess the use of premedication for elective endotracheal intubation and determine barriers to the procedure. The questionnaire was distributed via e-mail to neonatal specialists and consultants of 10 NICUs.

Results 68 (85%) of the clinicians responded to the survey. Most respondents were NICU consultants. Although 48 of the 68 responding physicians (70%) believed it was essential to routinely use premedication for all elective intubations, only 28 (41%) implemented this strategy. Fear of potential side effects was the most frequently cited reason for avoiding premedication. Treatment regimens varied widely among respondents.

Conclusion Rates of premedication prior to non-emergent intubation in neonates are suboptimal. Flawed information and lack of unified unit policy hampered effective implementation. Development of evidence based guideline may support country-wide adoption of this practice.

Background and Aims The comorbidity of chronic pain and insomnia has received increasing research attention in Western clinical pediatric populations; yet, little is known about its psychodemographic and psychological correlates in non-Western community pediatric populations. This study aimed to examine the prevalence of comorbid chronic pain and insomnia and its associated factors in a community sample of Chinese adolescents.

Methods A total of 1,518 adolescents aged from 11–19 years participated in this school-based study. Apart from psychodemographic background, participants were assessed on chronic pain, insomnia, depressive symptoms, and social support. Prevalence of co-occurrence of chronic pain and insomnia was determined. Subjects with single symptom were compared with those with symptom co-occurrence on pain characteristics and sleep patterns. Multiple regression model evaluated factors associated with symptom comorbidity.

Results The prevalence of comorbid chronic pain and insomnia was 19.1% (95% CI: 16.9, 21.4). Fully adjusted stepwise regression analyses identified being female, more depressive symptoms, and lower social support as significant associated with comorbid symptoms. Adolescents with both symptoms reported significantly more pain sites, higher worst pain, and higher pain-associated interference than those reported chronic pain only. Subjects with comorbid symptoms also had poorer subjective sleep quality, greater sleep disturbances, and more daytime dysfunction than those reported insomnia only.

Conclusions Our data offered preliminary evidence that comorbid chronic pain and insomnia occurred among about one-fifth in the present sample of Chinese community adolescents.