nearly half of the patients did not have an EAI or emergency plan available at school. A disturbing number (10%) of parents never received EAI education, and for those who received education, only a few (19%) had a review of instructions at follow-up. Repeated EAI education is important, because skills acquired at the initial visit are likely to be lost if they are not practiced, and failure to reiterate the importance of knowing how or when to use an EAI may contribute to parents’ indifferent attitude about carrying an EAI or submitting an appropriate personal care plan to the child’s school.

Pediatric Emergency Department Anaphylaxis: Different Patterns From Adults

PURPOSE OF THE STUDY. Data on acute pediatric anaphylaxis presentations to the emergency department (ED) are limited.

STUDY POPULATION. Patients under 16 years of age who presented to a metropolitan, pediatric teaching hospital ED in Australia over a 3-year period with generalized allergic reactions (skin and/or gastrointestinal symptoms) and anaphylaxis (respiratory, cardiovascular, or hypotensive symptoms) that satisfied relevant International Classification of Diseases, Ninth Revision, Clinical Modification diagnostic codes.

METHODS. Medical charts were reviewed for incidence, comorbidities, likely etiology, clinical features, management, and disposal.

RESULTS. There were 526 children with generalized allergic reactions (9.3 per 1000 ED presentations) and 57 with anaphylaxis (1 per 1000 ED presentations) included. There were no fatalities. For anaphylaxis cases, a cause was recognized in 68% (food: 56% of total; drug: 5%; sting: 5%; other: 2%), cutaneous features were present in 83%, a past history of asthma was reported in 37%, adrenaline was used in 39%, and follow-up was arranged for 81% (only 28% with an allergy clinic).

CONCLUSIONS. The incidence of generalized allergic reactions of 9.3 in 1000 was greater than in the adults.

ATOPIC DERMATITIS
Age Related, Structured Educational Programmes for the Management of Atopic Dermatitis in Children and Adolescents: Multicentre, Randomised Controlled Trial

PURPOSE OF THE STUDY. To determine the effects of age-related, structured educational programs on the management of moderate-to-severe atopic dermatitis in childhood and adolescence.

STUDY POPULATION. A total of 992 of 1010 patients who were eligible for the study were given random group assignment. Children aged 3 months to 18 years were enrolled in group sessions of standardized intervention programs for atopic dermatitis once weekly for 6 weeks in a multicenter trial in Germany.

METHODS. The study was a randomized, controlled intervention trial. The 3 participating groups were parents of children with atopic dermatitis who were 3 to 7, 8 to 12, or 13 to 18 years old. Participants were recruited from 7 hospitals in Germany. The inclusion criteria were (1) diagnosis of atopic dermatitis according to predefined criteria, (2) eczema duration of at least 3 months, and (3) severity of eczema of at least 20 points on the scoring-of-atopic-dermatitis scale. Each treatment group received a tailored (age-specific) educational program once weekly for 2 hours over the course of 6 weeks. The control groups did not receive any education. Participants in the intervention and control groups were followed up at 6 and 12 months. Primary outcome measures were the differences in severity of eczema based on the scoring-of-atopic-dermatitis scale as well as parents’ quality of life over 12 months.

RESULTS. Significant improvements in severity of eczema were seen in all intervention groups compared with control groups after 12 months on the basis of the severity score. Moreover, improvement in quality of life for mothers of children aged 3 months to 7 years was significantly greater in the intervention group for all 5 subscales of the quality-of-life questionnaire and for mothers of children aged 8 to 12 years for 3 of the subscales.
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