

sequence variations, deletions of ≥ 1 of the structural genes, and deletions extending beyond the globin cluster. The frequency and types of α -thalassemia mutation among children and adolescents in the state of Qatar are not known. The objectives were to study the molecular basis of the α -thalassemia gene among Qatari children and adolescents to determine the frequency and types of α -thalassemia mutations in the pediatric population.

METHODS: Qatari children between the ages of 5 and 15 years exhibiting laboratory findings suggestive of microcytic anemia were pooled from Qatari public schools. Those with a hemoglobin of < 12 g/dL, a mean corpuscular volume of < 80 fL, iron studies within the normal range, and a hemoglobin electrophoresis that ruled out α -thalassemia were narrowed down to a group of 150 children and adolescents with suspected α -thalassemia. The patients were screened for deletions in $-\alpha 3.7$, the most common α -thalassemia deletion. Subsequent screenings for deletions in α -5nt, α -poly-A1 (α -T-Saudi), and α -poly-A2, α -thalassemia deletions prevalent in neighboring Middle Eastern countries, was also performed.

RESULTS: Of the anemic subjects, 37.9% tested positive for the $-\alpha 3.7$ deletion, 4.5% tested positive for the α -poly-A1 deletion, and 1.5% tested positive for the α -5nt mutation. None of the children exhibited any changes in α -poly-A2. We also tested 59 samples that revealed no mutations initially. Among 59 samples, 43 showed normal sequencing for $\alpha 1$ and $\alpha 2$ and 16 showed no result. So we did multiplex ligation-dependent probe amplification for these 16 samples: 2 samples showed compound heterozygous (HT-RW) and (HT-20.5) (12.5%), 2 samples showed compound heterozygous (HT-RW) and (HT-20.5) (12.5%), and 2 samples showed African polymorphism (12.5%).

CONCLUSIONS: Our results suggest that a significant number of the Qatari pediatric population exhibits mutational changes responsible for the increasing prevalence of α -thalassemia in the population. Of the children pooled, 48% exhibited mutations suggestive of α -thalassemia. This suggests the possibility of other existing mutations in the Qatari pediatric population that are yet to be elicited. Additional testing of the 59 samples revealed new mutations. We are exploring new mutations of α -thalassemia in the Qatari population.

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Affections, Disaffections, and Relationship Abuse in Adolescence

BACKGROUND AND OBJECTIVE: Dating violence is a socially relevant problem among adolescents and young adults and has begun to receive particular attention by the scientific community over the past 2 decades. It is not limited to the sexual dimension, and it may involve multiple and varied forms including physical and psychological abuse, necessitating different strategies for prevention and intervention. The objective was to identify the factors that influence dating violence among high school students and analyze the effect of contextual dating variables in the development of strategies to prevent conflict and violence in romantic relationships.

METHODS: In a cross-sectional, descriptive, and correlational study, we administered questionnaires consisting of socio-demographic and contextual characterizations of dating, the Conflict in Adolescent Dating Relationships Inventory and the Attitudes Toward Dating Violence Scale, to 243 adolescents attending Portuguese public high schools. Approval was requested from the Portuguese General Directorate for Innovation and Curriculum Development, and authorization was given by the council of schools. Consent was obtained from teenagers and their parents.

RESULTS: Of the teenagers surveyed, 40.7% were > 17 years old, and 44.1% were girls. They inhabited mainly rural areas, most were Portuguese, and a majority were in 10th grade. More than half lived with their parents (56.0%). Most were Catholic. Almost all participants were dating or had dated. There were statistically significant differences in the rates of all kinds of violence, especially among students who had sexual intercourse. The source of information about sexuality influenced some dimensions of violence, and male sexual violence stood out. We found statistically significant differences in all kinds of violence, by gender (higher in boys) and by religion, and according to which partner initiated sexual activity. The type of violence was mostly psychological. The behaviors of conflict victimization overlapped with those of perpetration, and the boys showed more strategies of conflict, while girls and the older adolescents had more no abusive strategies of their own. The conflict behaviors were significant in adolescents who initiated sexual activity earlier and not abusive strategies when sexuality is spoken between lovers or friends.

CONCLUSIONS: The results point to the need to integrate the topic of dating violence in the education and training of adolescents, using active methods, with participation of all stakeholders in the process (teens, parents, teachers, and health professionals) to help adolescents develop healthy relationship skills.

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The Essentials of Peridischarge Patient Education

BACKGROUND AND OBJECTIVE: Adverse events related to peridischarge management can result in serious harm and inconvenience to patients. The rate of adverse events can be reduced by enhancing the partnership between the medical team and patients through patient education. By introducing a new streamlined and comprehensive discharge checklist, we aimed to improve patient education with regard to peridischarge issues, thereby reducing the occurrence of serious reportable events related to peridischarge management.

METHODS: The new discharge checklist was added to the cover page of the clerical notes in August 2013 (with patient diagnoses, discharge medications, and follow-up plans). The checklist includes patient education on discharge medications, external devices, wound care, and return to the hospital. Data on 50 patients per month were collected in July 2013, when the old discharge checklist (separate from the clerical notes and often missing) was in use, and in August to October 2013, when the new checklist was added. We also audited data on reportable hospital occurrences from 2012 and 2013.

RESULTS: Apart from the first month, when residents were adapting to the new checklist, the implementation of the new checklist has improved compliance and reduced the time taken to complete the checklist. Of note, there was a higher rate of completed checklists within a day of discharge. Prompt completion allows timely patient education before discharge. Since the implementation of the discharge checklist, we have had no serious reportable events related to peridischarge events (previously 1 per year in 2012 and 2013 before implementation of checklist). In fact, good patient education has helped parents identify on wrong doses of discharge medications. The rate of reattendance to the children's emergency department after discharge for a related problem has increased. This increase could be attributed in part to better patient education and empowerment of parents to know when to bring their child back for medical attention.

CONCLUSIONS: Our discharge checklist is successful in improving patient education and has empowered patients to seek medical attention early, thus preventing adverse events. The streamlined version has helped improve compliance and reduce time taken to complete the form.

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	Old discharge checklist July 2013	New discharge checklist August 2013	New discharge checklist September 2013	New discharge checklist October 2013
<i>n</i>	50	50	50	50
Compliance rate, <i>n</i> (%)	41 (82)	41 (82)	47 (94)	45 (90)
Time taken for completion (days)	1.10	1.61	0.702	0.533
% completion within same day	30	30	56	58
Re-attendance	0	0	2	2

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