

1897 children ages <11 years and 1148 children ages 11 to 17 years. Inhaled steroid side effects are not reported in this study. A direct comparison of rates of side effects between the low-dose budesonide and placebo groups in children and adults would help to weigh the potential benefits and drawbacks of low-dose daily inhaled corticosteroid treatment in individual patients with infrequent asthma symptoms.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475GGGG

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Oral Corticosteroid Prescribing for Children With Asthma in a Medicaid Managed Care Program

Farber HJ, Silveira EA, Vicere DR, Kothari VD, Giardino AP. *Pediatrics*. 2017;139(5):e20164146

PURPOSE OF THE STUDY. Oral corticosteroids are used for the treatment of moderate to severe exacerbations of asthma, but there is concern about overuse in pediatric populations. This study evaluated prescriptions of oral corticosteroids for children with asthma.

STUDY POPULATION. Children with asthma ages 1 to 18 years with a diagnosis of asthma enrolled in a Medicaid Managed Care Program.

METHODS. Claims data from 2011–2015 from the Texas Childrens' Health Plan were examined.

RESULTS. During the study period, up to 22% of children had an asthma diagnosis and up to 44% of the children had 1 or more prescriptions for oral corticosteroid (OCS) in each year. Children 1–4 years had the highest rate of OCS dispensation. Among those prescribed OCS, <28% had a prescription for an inhaled corticosteroid that same year. Children receiving OCS had more β -agonist prescriptions, emergency department (ED) visits, and hospitalizations compared with those who did not receive OCS. Board-certified pediatricians prescribed OCS less commonly than other primary care providers, but there was a large disparity in the rates of prescription among pediatricians (15% to 86% in 2015). There was no difference in ED visits or hospitalization rates by OCS dispensing quartile among pediatricians.

CONCLUSIONS. OCS dispensation data for children with asthma suggest there is overuse among Medicaid-insured children.

REVIEWER COMMENTS. Overprescription of oral steroids for respiratory symptoms, particularly for children 1–4 years of age, is not surprising, as diagnosing asthma in this age group is challenging due to the inability to perform objective diagnostic evaluation of pulmonary functions. In addition, the low rate of inhaled corticosteroid prescriptions to children with asthma is notable. The study is lim-

ited by use of claims data from a low-income population in the Texas Childrens' Health Plan. An editorial in the same issue of the journal (Cabana M. *Pediatrics*. 2017;139[5]:e20170598) highlights possible reasons for overprescription of OCS as (1) regional medical practice culture, (2) regional inhalant environmental allergens and/or irritants affecting asthma morbidity, (3) lack of guidelines or recommendations, or perhaps more importantly, (4) patient or physician barriers to inhaled corticosteroid prescription and use.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475HHHH

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Symptomatic Adrenal Suppression Among Children in Canada

Goldbloom EB, Mokashi A, Cummings EA, et al. *Arch Dis Child*. 2017;102(4):338–339

PURPOSE OF THE STUDY. To determine the national incidence and presenting features of pediatric glucocorticoid-induced symptomatic adrenal suppression (AS) in Canada by using a national pediatric surveillance program.

STUDY POPULATION. Canadian pediatricians and pediatric subspecialists in clinical practice participated in a prospective surveillance through the Canadian Pediatric Surveillance Program, surveying for rare conditions.

METHODS. Over 2500 pediatricians and pediatric subspecialists were surveyed monthly for 2 years through the Canadian Pediatric Surveillance Program either by mail or e-mail. A check-off form asked physicians whether they had identified any new cases of symptomatic adrenal suppression (AS). If a positive response was received, a case report form (CRF) was completed by the responding physician, capturing demographic and medical information. CRFs were reviewed independently by the principal investigators to ensure that there was agreement regarding confirmed cases.

RESULTS. During 2 years of surveillance, 80% of pediatricians participated in the surveillance program. There were 115 cases of symptomatic adrenal suppression (AS) reported, with 46 cases being confirmed. The estimated annual incidence of symptomatic AS is 0.35/100 000 children aged 0–18 years (95% CI 0.26–0.47). More than one-third of the children presented with growth failure, highlighting the importance of growth monitoring in children treated with glucocorticoids (GC). More than one-quarter had nonspecific symptoms such as fatigue, lethargy, nausea, anorexia, vomiting, abdominal pain, and myalgias. Several children exhibited features of Cushing's syndrome. Six children presented with adrenal crisis, one of whom later died. Although GC administration by any route has the potential to result in adrenal suppression, 80% of the children with symptomatic AS were receiving

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Pediatrics 2017;140;S222

DOI: 10.1542/peds.2017-2475HHHH

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