PEDIATRIC NEWS

Dice and Stowe Elected to PPAG Board of Directors

Cindy D. Stowe, PharmD, earned her Bachelor of Science in Pharmacy (1990) and Doctor of Pharmacy Degree (1991) from the University of Kentucky. She completed a Clinical Pharmacy Residency and a Pediatric Pharmacy Practice Residency at the University of Kentucky Medical Center from 1991-1993. Following residency training, Dr. Stowe completed a Pediatric Pharmacotherapy Research Fellowship at The University of Tennessee, Memphis and Le Bonheur Children's Medical Center (1993-1995).

Dr. Cindy D. Stowe

Dr. Stowe joined the faculty of the University of Arkansas for Medical Sciences in the fall of 1995. She is currently an Associate Professor in the College of Pharmacy's Department of Pharmacy Practice. In addition, Dr. Stowe has a secondary appointment in the College of Medicine, Department of Pediatrics, Section of Pediatric Clinical Pharmacology and Toxicology where she holds the title of Associate Professor and co-directs the Therapeutic Drug Monitoring Service at Arkansas Children's Hospital. Dr. Stowe's research interest centers primarily on drug therapy in children and educational evaluation. She has served for two and half years as the Associate Pharmacologist and continues as a sub-investigator for the University of Arkansas for Medical Sciences and Arkansas Children's Hospital's National Institutes of Child Health and Human Development Pediatric Pharmacology Center Grant.

James E. Dice, PharmD, is currently the Director of Pharmacy at Children's Hospital of The King's Daughters in Norfolk, VA. Previously, he held the same position at the Children's Hospital of Pittsburgh and a faculty appointment with the School of Pharmacy at the University of Pittsburgh. Formerly, he had been the Assistant Director of Pharmacy at the Children's National Medical Center in Washington, DC and prior to that was Assistant Professor of Pharmacy and Pediatrics at the University of Oklahoma Health Science Center. He received his B.S. degree in Pharmacy in 1977 from the Philadelphia College of Pharmacy & Science and his Doctor of Pharmacy degree from the University of Tennessee Health Science Center in 1980. Dr. Dice completed a residency in hospital pharmacy at Medical College of Virginia Hospitals and a residency in Pediatric Pharmacy Practice at The University of Tennessee Health Science Center and Le Bonheur Children's Medical Center. Dr. Dice has been a member of PPAG since its inception and has presented at several PPAG annual meetings. His particular interest areas are administration, clinical management, sterile & non-sterile compounding, nutrition support and neonatology.

Dr. James E. Dice

Recommendations for Blood Pressure Screening in Children

CHICAGO -A new report from The National High Blood Pressure Education Program Working Group on Children calls attention to the role of hypertension in the current epidemic of obesity in children, and underscores the need for intervention. The report, published as a supplement to the August issue of Pediatrics (2004;114:555-76), urges primary care physicians to begin screening children for high blood pressure at age 3. This document updates the previous 1996 guidelines and is the fourth from this group.

According to Bonita Falkner, MD, chair of the working group, "The strong association of high blood pressure with obesity and the marked increase in the prevalence of childhood obesity indicate that both hypertension and prehypertension are becoming a significant health issue in the young." The guidelines recommend therapeutic lifestyle changes such as weight reduction, regular physical activity and restriction of sedentary activity to help prevent increases in blood pressure.

It is now widely accepted that cardiovascular health—or the lack thereof—originates in childhood. And today, nearly all primary care pedia-

tricians measure blood pressure in children. But many doctors are still not familiar with the best way to evaluate and treat children with high blood pressure.

According to Dr. Falkner, "The evaluation of hypertension in children should also include assessments for additional risk factors such as diabetes and cholesterol disorders. In addition, physicians should take a sleep history due to an association of sleep apnea with overweight and high blood pressure."

In addition to children 3 years of age and older, the report recommends that blood pressure be measured in children younger than 3 years who were preterm infants, had a low birth weight and who had a difficult or prolonged hospital stay, as well as in children who have congenital heart disease, who are receiving medications that might increase their blood pressure, or who have any other condition that might lead to high blood pressure.

FDA Statement on Recommendations of the Psychopharmacologic Drugs and Pediatric Advisory Committees

The Food and Drug Administration (FDA) generally supports the recommendations that were recently made to the agency by the Psychopharmacologic Drugs and Pediatric Advisory Committees regarding reports of an increased risk of suicidality (suicidal thoughts and actions) associated with the use of certain antidepressants in pediatric patients. FDA has begun working expeditiously to adopt new labeling to enhance the warnings associated with the use of antidepressants and to bolster the information provided to patients when these drugs are dispensed.

In summary, the members of the advisory committees:

- endorsed FDA's approach to classifying and analyzing the suicidal events and behaviors observed in controlled clinical trials and expressed their view that the new analyses increased their confidence in the results;
- concluded that the finding of an increased risk of suicidality in pediatric patients applied to all the drugs studied (Prozac, Zoloft, Remeron, Paxil, Effexor, Celexa Wellbutrin, Luvox and Serzone) in controlled clinical trials;
- recommended that any warning related to an increased risk of suicidality in pediatric patients should be applied to all antidepressant drugs, including those that have not been studied in controlled clinical trials in pediatric patients, since the available data are not adequate to exclude any single medication from an increased risk;
- reached a split decision (15-yes, 8-no) regarding recommending a "black-box" warning related to an increased risk for suicidality in pediatric patients for all antidepressant drugs;
- endorsed a patient information sheet ("Medication Guide") for this class of drugs to be provided to the patient or their caregiver with every prescription;
- recommended that the products not be contraindicated in this country because the Committees thought access to these therapies was important for those who could benefit; and
- recommended that the results of controlled pediatric trials of depression be included in the labeling for antidepressant drugs.

The Bi-Annual 17th National Conference on "Advances in Perinatal and Pediatric Nutrition" will be held at Fairchild Auditorium, Stanford University July 18-20, 2005. The Course Director is John Kerner, MD, Director of Nutrition, Department of Pediatrics, Stanford University Medical Center. The program is sponsored by Symposia Medicus in Pleasant Hill, California, in association with The Center for Pediatric Gastrointestinal Diseases and Nutrition- Lucile Packard Children's Hospital/Stanford University Medical Center. The program is supported in part by an educational grant from the Nestle Nutrition Institute. Registration for the three full day conference is $225 for early registration (received on/before June 6, 2005) or $275 for regular registration (received after June 6, 2005). Daily tuition will be $150. For further information, contact Symposia Medicus, 399 Taylor Blvd., Suite 201, Pleasant Hill, CA 94523-2200. Phone (800) 327-3161 or FAX (925) 969-1795 or see website at www.symposiamedicus.org.