Psychosocial checklist

A one-page questionnaire might help providers identify pediatric psychosocial problems early, thereby providing more effective use of capitated resources in a managed-care environment, according to a report in the July Archives of Pediatric and Adolescent Medicine.

Parents of 72 patients, ages 6 to 12, filled out the Pediatric Symptom Checklist (PSC) questionnaire, evaluating their child's psychosocial functioning. Questions weighed children's well-being against poverty, single parenthood, stress and abuse risk factors, as well as a family history of substance abuse, mental illness and incarceration. Participating families came in equal numbers from private upper-middle-class private practices, urban health maintenance organizations and inner-city clinics. Pediatricians conducted separate psychosocial evaluations.

Children from single-parent and/or low-income families were more likely to have psychosocial problems, PSC results showed. The number of PSC risk factors outweighed the importance of any one factor in determining psychosocial dysfunction. Middle- and upper-class parents tended to overreport their children's behavioral and emotional problems, while lower-class parents tended to underreport.

Pediatricians found 28 percent of their patients needing psychosocial counseling, whereas the PSC identified 58 percent as needing counseling candidates. Pediatricians' rate of identification was lowest for children from single-parent and low-income families. Researchers concluded that the 35-question PSC, completed and scored before parents meet with pediatricians, might effectively identify psychosocially dysfunctional children in a time-constrained healthcare setting.

Bed-wetting gene

Scientists have identified a specific gene responsible for primary nocturnal enuresis, or nighttime bed-wetting, according to researchers at the Danish Centre for Genome Research in Copenhagen, Denmark.

The hereditary condition has been linked to a genetic marker near chromosome 13, researchers reported. Scientists studied 400 families over two to three generations and found the genetic marker in 90 percent of families with bed-wetting histories. Past research has shown that children have a 68 percent chance of bed-wetting if both parents had the condition, and a 44 percent chance if one parent has a bed-wetting history.

Wheezeing and breastfeeding

Nonallergic breastfed children are less likely to have recurrent wheezing at age 6 than children who were not breastfed, according to results reported in the July Archives of Pediatric and Adolescent Medicine.

Researchers tracked infant feeding and lower-respiratory-tract infection histories for 988 children from birth to age 6. Recurrent wheezing (four or more episodes in the past year) manifested in 3.1 percent of breastfed children at age 6, compared to 9.7 percent of nonbreastfed 6-year-olds. A history of lower-respiratory-tract infections during an infant's first six months did not increase the likelihood of recurrent wheezing, nor did breastfeeding length. Infants breastfed for one month showed no greater risk for recurrent wheezing than infants breastfed for six months. Eleven percent of recurrent wheezing among 6-year-olds studied was attributed to lack of breastfeeding.

Artificial surfactant and ARDS

Children with adult respiratory distress syndrome (ARDS) from traumatic lung injuries might stabilize more quickly with immediate artificial surfactant therapy, according to a study in the June Pediatric Emergency Care.

Physicians gave artificial surfactant to 143 consecutive, sick children, ages 11 months to 10 years, who experienced near-drowning, burns, lung injury or severe pneumonia. Outcomes were measured against five historical pediatric ARDS controls. Although controls and test subjects showed no statistical difference in survival outcomes, ARDS patients tended to stabilize breathing earlier if surfactant was administered within six hours of injury, researchers reported.

Bone loss during breastfeeding

The bone loss that breastfeeding women experience is temporary, caused by menstrual-period suspension rather than calcium lost in breast milk, according to a study in the July issue of Obstetrics & Gynecology.

Researchers conducted a six-month study of 105 lactating women and 91 nonlactating controls. Fifty-five of the lactating women enrolled in the study two weeks after giving birth; 40 enrolled at four to six months postpartum and discontinued breastfeeding within two months of the study.

Breastfeeding mothers experienced a 3.9 percent lumbar-spine bone loss and a