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Participation in activities at home and in the community following surgery for back conditions

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Participation in activities at home and in the community following surgery for back conditions: Participation in sports, physical activity, and community activities is important for the physical and socio-emotional health of children. For children with scoliosis, levels of participation may be different from their peers; to encourage participation, psychosocial factors may need to be explored. Furthermore, it needs to be clear that if the activities of children and adolescents with scoliosis engage in change after surgery, and if there are any guidelines which exist to tell them what activities they can and cannot engage in? To answer these queries, methods included writing a literature review to examine studies that addressed the physical and community activities engaged in by children who underwent surgery for scoliosis. Children from a scoliosis clinic completed a questionnaire related to the activities they engaged in post-surgery. A select number of these same children were interviewed for follow-up information related to their participation in activities.

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Assessment of off-label and unlicensed drug prescriptions in children: Discrepancies between FDA and ANSM guidelines

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The main objectives of this study were to assess the incidence of off-label (OL) and/or unlicensed (UL) prescriptions in a sample of Lebanese pediatric patients using FDA and ANSM regulations, to analyze the divergences between both regulations and to identify drugs most commonly involved in OL-UL utilization. This study was a retrospective analysis (500 pediatric files) conducted in a Lebanese university hospital in 3 pediatric wards: Chronic diseases, acute diseases, and pediatric intensive care unit. Each medicine was assessed twice, using FDA and ANSM regulations, to determine if it was an OL or UL prescription. The frequency of OL-UL drug was significantly different between pediatric wards ($P<0.001$) with the highest incidence occurring in the intensive care unit. It was also significantly related to the presenting complaint ($P<0.001$) with the most frequent OL-UL prescriptions occurring for cancer (oncology) admissions. Age was significantly related to OL-UL frequency (highest incidence in children between 0 and 1 year). The number of drugs prescribed per patient ranged between 1 and 20 (average 4.13±2.6). The incidence of OL-UL prescriptions was significantly higher in patients treated with a greater number of medicines ($P<0.001$). 58.9% of drugs prescriptions were authorized according to ANSM and 50.7% according to FDA regulations; 11.1 % (ANSM) and 15.8% (FDA) were unlicensed; these percentages were 30.2 and 33.5 respectively for OL use (where OL for the indication were the most common). The highest % of OL-UL prescriptions was seen with the following groups: blood and blood forming organs, genitourinary system and sex hormones, and alimentary tract and metabolism. Divergence between FDA and ANSM was mainly observed for OL medicines. UL prescriptions assessed according to both regulations showed similar results. For 40.8% to 41.7% of UL prescriptions, an authorized alternative was available. This study highlights the need for prescribers to continuously examine official regulations' updates in order to avoid using an OL-UL drug whenever it is evitable and calls for a better harmonization between worldwide official guidelines concerning drugs used in children to reduce risk factors for adverse drug reactions.

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