Analgesics & Antipyretics for the management of fever and pain in children, according to parents' experiences

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Abstract (300 word limit)

Background

Fever in children is the most common symptoms managed by health care professionals. Fever concerns the parents to an extent that even a minimal rise in temperature prompts them to administer antipyretics to their children that if not used optimally can lead to adverse drug reactions (ADRs).

Aims

To determine whether in, retrospect, parents had witnessed any ADRs related to use of antipyretics and analgesics in their children and to assess parents' experiences toward antipyretics and analgesics use.

Method:

A cross-sectional survey was conducted in four specialised and tertiary hospitals in Jeddah City, Kingdom of Saudi Arabia. A questionnaire was issued to all the parents who had signed the consent and agreed to take part in the study anonymously.

Results

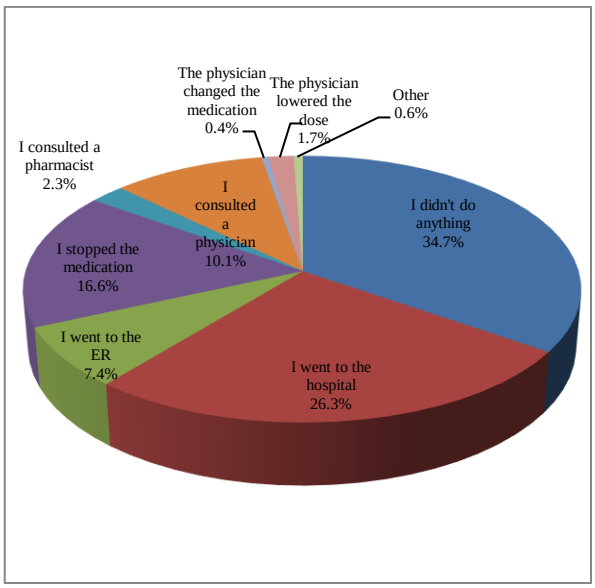
Six-hundred and sixty-one parents provided information on the occurrence of ADRs in their children, 31.5% of children had experienced ADRs, loss of appetite (23%) and stomachache (20.3%) were the most commonly reported symptoms, from all ADRs reported, 71.8% parents described them as 'slight', however 18% agreed that these symptoms were 'annoying, 6.7% of children had experienced significant symptoms, 16.6% had stopped taking the medication and 26.3% went to the hospital. Forty percent of parents believed that the medication used has caused these adverse symptoms; in their opinion Paracetamol (Acetaminophen) was responsible for these ADRs, 26.5% of parents obtained these medications without prescription, 14% consulted family and friends before using the medications.

Conclusion

One-third of parents believe that analgesics and antipyretics caused ADRs in their children, although the majority of ADRs were mild, however a significant number of harmful ADRs were occurred. This study adds further weight to the call for increase awareness of parents for safe and optimal use of antipyretics and analgesics in children.

Image

Figure 1 showed the parents' decision when they witnessed ADRs in their children post analgesics or antipyretics treatment.



Recent Publications (minimum 5)

Tobaiqy M, Stewart D, Helms PJ , Williams J, Crum J, Steer C, McLay J.
Parental reporting of adverse drug reactions associated with attention-deficit hyperactivity disorder (ADHD) medications in children attending specialist paediatric clinics in the UK. 2011, Drug safety 34 (3), 211-219.

De S, Tong A, Isaacs D, Craig JC. Parental perspectives on evaluation and management of fever in young infants: an interview study. Arch Dis Child. 2014;99(8):717–23. doi: 10.1136/archdischild-2013-305736.

Zyoud SH, Al-Jabi SW, Nabulsi MM, Tubaila MF, Sweileh WM, Awang R, et al. The validity and reliability of the parent fever management scale: a study from Palestine. Matern Child Health J.2015;19(8):1890–7.

Tzimenatos L, Bond GR. Severe injury or death in young children from therapeutic errors: a summary of 238 cases from the American Association of Poison Control Centers. ClinToxicol. 2009;47(4):348–54.

Tobaiqy M, Stewart D, Helms PJ, Bond C, Lee AJ , Bateman N, McCaig D.
A pilot study to evaluate a community pharmacy–based monitoring system to identify adverse drug reactions associated with paediatric medicines use. 2010, European journal of clinical pharmacology 66 (6), 627-632.



Biography (150 word limit)

Dr. Mansour Tobaiqy is an Assistant Professor of Clinical Pharmacology in the Faculty of Medicine, University of Jeddah, he is also the general supervisor of the Human Resources Development Centre in the same University, he obtained a PhD degree in Medicine and Therapeutics from the School of Medicine University of Aberdeen, UK, he is also a visiting professor at RGU, UK. Dr. Tobaiqy has done several researches on the safety medicines in children and pharmacovigilance in general.

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Notes/Comments: