

More kids kept safe from household medicines, ER trend says

September 7 2015, by Lindsey Tanner

New research suggests parents are doing a better job of keeping household medicines out of the hands of young children.

Emergency room visits by children who swallowed medicine while unsupervised have declined substantially, reversing an earlier trend, the study found. By contrast, ER visits for bad reactions from medicines meant for kids and given by parents increased during the same time.

Here are five things to know about the study, published Monday in *Pediatrics*:

THE BASICS

Researchers from the federal Centers for Disease Control and Prevention analyzed nationally representative data for 2004 through 2013 from a government surveillance system involving [emergency room visits](#) for bad drug reactions in kids aged 6 or younger. During those 10 years, there were about 640,000 ER visits involving [young children](#) who'd swallowed medicine they'd found around the house, and slightly fewer visits—about 623,000—involving medicine intended for children and given by parents or other caregivers.

THE TRENDS

ER visits for unsupervised medicine use increased from 54,140 in 2004 to almost 76,000 in 2010, but then fell each following year, to about

60,000 visits in 2013. Visits for parent-given medicine exposure climbed steadily throughout those years, from almost 47,000 to 70,400.

THE MEDICINES

In the unsupervised group, the most common prescription drugs involved were opioids including the anti-addiction drug buprenorphine and painkillers, along with sedatives and anti-anxiety medicines. Over-the-counter vitamins, alternative medicines and acetaminophen painkillers in pills or syrups were also commonly used.

In the supervised group, antibiotics were most commonly involved. There were no intentional poisonings.

BAD REACTIONS

The study did not list what symptoms the children had, but the implicated drugs can cause such reactions as drowsiness, breathing problems, vomiting, choking and allergic reactions including severe skin rashes.

Nearly 20 percent of ER visits for unsupervised medicine exposures resulted in hospitalization, versus 6 percent of visits involving parent-given medicine. Information on specific outcomes or any deaths was not included, although liver damage and deaths from accidental overdoses involving acetaminophen-containing syrups have been reported in other studies.

REASONS & RECOMMENDATIONS

Lead study author Maribeth Lovegrove, a CDC researcher, said possible reasons for the increases include rising rates of medicine use, use of antibiotics for colds and other viruses, for which the drugs are

ineffective, and parents taking children to the ER rather than a doctor's office.

Improvements in child-resistant packaging likely contributed to the decline in visits for unsupervised medicine use, but better efforts are needed, the researchers said. They noted that some newer packaging doesn't rely on parents to remember to replace child-resistant caps. These include barriers that restrict flow of liquid medicines, and single-dose pill packages.

Lovegrove said parents should remember to relock safety caps on medicine bottles and return all medicines to a safe location after every use.

"Never tell [children medicine](#) is candy so they'll take it," and remind babysitters and other visitors to keep purses, bags, or coats containing medicines out of reach and sight, she advised.

More information: Pediatrics: www.pediatrics.org

CDC: tinyurl.com/pwwhgvo

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