

## More U.S. kids landing in ICU from opioids

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(HealthDay)—A growing number of U.S. kids are ending up in the intensive care unit after overdosing on prescription painkillers or other opioids, a new study finds.



Researchers found that between 2004 and 2015, the number of children and teens admitted to a pediatric <u>intensive care unit</u> for an <u>opioid</u> <u>overdose</u> nearly doubled. That included teenagers who'd abused the drugs, and <u>young children</u> who'd accidentally gotten hold of them.

"These admissions are entirely preventable," said lead researcher Dr. Jason Kane, of the University of Chicago Comer Children's Hospital. "These kids shouldn't be there."

The findings, reported online March 5 in the journal *Pediatrics*, offer the latest look at the U.S. <u>opioid</u> epidemic.

An estimated 2.4 million Americans have an opioid use disorder, according to federal estimates. That includes abuse of <u>prescription</u> <u>painkillers</u> such as Vicodin and OxyContin, as well as illegal drugs like heroin.

But while the focus is usually on adults, children have become "the second wave of victims," Kane said.

One recent study found that a growing number of children and teenagers are showing up in emergency rooms dependent on opioids. In 2013, roughly 135 kids per day were testing positive for <u>opioid dependence</u> in the nation's ERs, according to the study.

The new study looked at <u>pediatric intensive care</u> unit (ICU) admissions, which would capture the most serious overdose cases. Some kids landed there in respiratory distress, in need of a ventilator, Kane said. Others needed medications to raise their blood pressure from dangerously low levels.

The findings are based on records from 31 U.S. children's hospitals. Between 2004 and 2015, there were more than 3,600 children and



teenagers admitted to the hospital for an opioid overdose—and 43 percent of them had to be taken the ICU.

In contrast, the study found, only 12 percent of children hospitalized for any reason had to be admitted to the ICU.

Over time, ICU admissions for opioids rose: from 367 kids for the years 2004-2007, to 643 between 2012 and 2015. Most were teenagers, but about one-third were children younger than 6—who would have accidentally gotten their hands on someone's medication, Kane said.

Close to 2 percent of children who overdosed ultimately died.

The findings highlight another tragic side of the nation's opioid epidemic crisis, Kane said: "Almost 2 percent of these kids died of a completely preventable illness."

The findings also point to a drain on health care resources, he added. "There are only about 4,000 pediatric ICU beds nationwide," Kane said.

His team found that over time, the cost of care for each child actually dipped—from over \$6,200, to over \$4,500. "Pediatric ICUs have found a way to care for them at less cost," Kane said.

But, he added, since the sheer number of kids needing care rose, the overall financial burden increased.

Dr. Sheryl Ryan is chief of adolescent medicine at Penn State Health Milton S. Hershey Medical Center.

"This epidemic is not limited to adults," said Ryan, who wrote an editorial published with the study.



What can parents do? Ryan said that when they have legitimate prescriptions for opioids, they need to keep the medication out of the sight and reach of young children.

In one study finding, it turned out that about one-fifth of young <u>children</u> who landed in the ICU had ingested methadone. Methadone can be a drug of abuse, but it's also legitimately prescribed to treat opioid dependence.

So, Ryan said, it is important for providers who prescribe methadone to talk with patients about safely using the medication at home.

But parents of older kids also need to keep a watchful eye over any prescription opioids, Ryan stressed. For instance, they could use a "lockbox" to store the medication, she said.

And parents should never hang on to any extra painkiller pills—but dispose of them appropriately, Ryan advised. In some communities, she noted, police departments have drug take-back programs where people can take their unused opioid prescriptions.

More generally, Ryan said, it's vital for parents to look at their own behavior. If your kids see you inebriated after too much alcohol, she noted, that can send a message that substance abuse is acceptable.

Parents should also start talking to their kids about substance abuse early on, Ryan said—around the ages of 8 to 10.

"I think parents often underestimate the power of communicating their values to their kids," she said. "But it's so important."

**More information:** Jason Kane, M.D., assistant professor, pediatrics, interim chief, critical care, University of Chicago Medicine Comer



Children's Hospital; Sheryl Ryan, M.D., chief, division of adolescent medicine, Penn State Health Milton S. Hershey Medical Center, Hershey, Pa.; March 5, 2018, *Pediatrics*, online

For advice on protecting kids from opioid misuse, visit the <u>American Academy of Pediatrics</u>.

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