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1. [Curr Probl Dermatol](#). 2009;38:137-59. Epub 2009 Jul 28.

Therapies for childhood psoriasis.

Trueeb RM.

Department of Dermatology, University Hospital of Zurich, Zurich, Switzerland. ralph.trueeb@usz.ch

Abstract

With a prevalence of 2% of the general population of Europe and North America, psoriasis represents one of the most common and significant dermatologic disorders. While it has been claimed that psoriasis is uncommon in children, in fact 27% of cases manifest before the age of 16 years; moreover, psoriasis represents 4.1% of all dermatoses seen in children under the age of 16 years. Both recognition and treatment of psoriasis in children represent unique challenges. Early diagnosis and appropriate management are particularly important in children to lessen long-term disease-related psychosocial problems and comorbidities. Psoriasis in childhood is a disease of many forms, which may change over time. It may be difficult to recognize, since the frequencies of some types of patterns of psoriasis differ between adults and children, and some clinical features are distinctive to the pediatric age group. Management involves education of the child and parents concerning the nature of the disease and the effects of treatment. Environmental triggers should be sought and eliminated, particularly infection, trauma, and stress. The treatment options available are basically the same as for adults, but special care should be taken in order not to endanger the development or the future health of the child. In children, treatment modalities are limited because of safety concerns and/or poor compliance associated with messy and time-consuming therapies. Randomized controlled clinical trials involving children under the age of 12 years suffering from psoriasis have been reported only for 2 topical treatments, namely, calcipotriol and corticosteroids. Phototherapy and systemic therapy with methotrexate, acitretin and cyclosporin have limited use because of lower tolerability in children and cumulative toxicities. For this reason, treatments of psoriasis with the newer biologic agents, particularly the soluble tumor necrosis factor receptor fusion protein etanercept, are emerging. Finally, it is important to acknowledge that topical and systemic treatments are only part of a 'total care' package combining treatment, disease-specific education, and psychological support to cope with a possible lifelong skin condition. Copyright (c) 0381 S. Karger AG, Basel.

PMID: 19710554 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

2. [Pediatr Blood Cancer](#). 2007 Apr;48(4):435-40.

Influence of low-energy laser in the prevention of oral mucositis in children with cancer receiving chemotherapy.

Cruz LB, Ribeiro AS, Rech A, Rosa LG, Castro CG Jr, Brunetto AL.

Pediatric Oncology Unit, Federal University of Rio Grande do Sul, Porto Alegre, Brazil. lcruz@hcpa.ufrgs.br

Abstract

BACKGROUND: This study assessed the use of low-energy laser in the prevention or reduction of the severity of oral mucositis. **PROCEDURE:** A randomized clinical trial was carried out. Patients from 3 to 18 years of age treated with chemotherapy or hematopoietic stem-cell transplantation between May, 2003 and February, 2005 were eligible. The intervention group received laser application for 5 days following the start of chemotherapy. The grade of oral mucositis was assessed by the WHO per NCI-CTC common toxicity criteria and the assessments were made on days 1, 8 and 15 by a trained examiner blind to the intervention. **RESULTS:** Sixty patients were evaluable for analysis; thirty-nine (65%) were males, 35 (58%) patients had a diagnosis of leukemia or lymphoma, and 25 (42%) had solid tumors. The mean age was 8.7 +/- 4.3 years. Twenty-nine patients were randomized in the laser group and 31 in the control group. On day 1, no patients presented with mucositis. On day 8, of 20 patients (36%) who developed mucositis, 13 of them were from the laser group and 7 from the control group. On day 15, of 24 patients (41%) who developed mucositis, 13 of them were from the laser group and 11 from the control group. There was no significant difference between groups concerning the grades of mucositis on day 8 ($P = 0.234$) or on day 15 ($P = 0.208$). **CONCLUSIONS:** This study showed no evidence of benefit from the prophylactic use of low-energy laser in children and adolescents with cancer treated with chemotherapy when optimal dental and oral care was provided.

PMID: 16862549 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances

3. Biol Psychiatry. 2006 Jun 1;59(11):1021-8. Epub 2006 Jan 10.
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Pharmacotherapy of depressed children and adolescents: current issues and potential directions.

[274]

Vasa RA, Carlino AR, Pine DS.

Department of Psychiatry, Johns Hopkins University School of Medicine. vasa@kenedykrieger.org

Abstract

The recent deliberations by the U.S. Food and Drug Administration (FDA) regarding the relationship between antidepressants and suicidality in children have incited debates about the safety of these medications for the treatment of pediatric depression. In light of these events, this review discusses four issues pertaining to pharmacotherapy for pediatric depression. First, we summarize pertinent data from randomized controlled trials of antidepressants for pediatric depression. These data provide strong support for fluoxetine and modest support for the other antidepressants. Second, we examine the outcome of the FDA meta-analysis of the data on antidepressant-induced suicidality, with specific emphasis on the methodological limitations of this analysis. Third, we consider the collective implications of the antidepressant efficacy and suicidality data on clinical practice. Specifically, we present several compelling arguments that justify the continued use of antidepressants for pediatric depression, despite the inherent limitations of these medications. Finally, we review several pathophysiological factors that might provide insights into treatment response and impact the design of future pharmacotherapy studies of depression. These factors relate to diagnostic heterogeneity, developmental consistency, and psychobiology. Potentially novel pharmacotherapies are also discussed.

PMID: 16406250 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances

4. J Am Acad Child Adolesc Psychiatry. 1997 Jun;36(6):816-21.

A controlled trial of light therapy for the treatment of pediatric seasonal affective disorder.

[275]

Swedo SE, Allen AJ, Glod CA, Clark CH, Teicher MH, Richter D, Hoffman C, Hamburger SD, Dow S, Brown C, Rosenthal NE.

Department of Psychiatry, McLean Hospital, Belmont, MA, USA.

Abstract

OBJECTIVE: To evaluate the efficacy of light therapy for the treatment of pediatric seasonal affective disorder (SAD). **METHOD:** 28 children (aged 7 to 17 years) at two geographically distinct sites were enrolled in a double-blind, placebo-controlled, crossover trial of bright-light treatment. Subjects initially entered a week-long baseline period during which they wore dark glasses for an hour a day. They were then randomly assigned to receive either active treatment (1 hour of bright-light therapy plus 2 hours of dawn simulation) or placebo (1 hour of clear goggles plus 5 minutes of low-intensity dawn simulation) for 1 week. The treatment phase was followed by a second dark-glasses phase lasting 1 to 2 weeks. After this phase, the children received the alternate treatment. Response was measured using the parent and child versions of the Structured Interview Guide for the Hamilton Depression Rating Scale, Seasonal Affective Disorders version (SIGH-SAD). **RESULTS:** Data were analyzed as change from baseline. SIGH-SAD-P total depression scores were significantly decreased from baseline during light therapy compared with placebo (one-way analysis of variance, $\rho = .009$), and no differences were found between the placebo and control phases. Subscores of atypical and typical depression were also significantly decreased during the active treatment ($\rho = .004$ and $.028$, respectively). A similar trend was noted with the SIGH-SAD-C, but this did not reach significance. At the end of the study, 78% of the parents questioned and 80% of the children questioned rated light therapy as the phase during which the child "felt best." **CONCLUSION:** Light therapy appears to be an effective treatment for pediatric SAD.

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Publication Types, MeSH Terms, Grant Support