



# Bibliografía sobre abuso o maltrato infantil

CITACIONES DE MEDLINE, LICACS Y OTRAS BASES DE DATOS  
2001-2005

# Child abuse or maltreatment Bibliography

CITATIONS FROM MEDLINE, LILACS AND OTHER DATABASES  
2001-2005

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## PREFACE

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The World Health Organization (WHO) estimates that globally 40 million children suffer from violence, and in the Region of the Americas and the Caribbean this includes all types of violence. The majority of minors who endure corporal punishment are between the ages of 2 and 7, and of these the most severely affected are between the ages of 3 and 5. Eighty-five percent of the deaths from abuse and maltreatment are reported as accidental or undetermined. For each death, it is estimated that 9 children are incapacitated; 71 million children suffer from serious injuries and innumerable victims with psychological sequelae. Child abuse and maltreatment includes all forms and physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.

Current data indicates that child abuse affects the physical health and development of thousands of children in Latin America and the Caribbean, beckoning the necessity for increased efforts in its identification, prevention and treatment, as well as in knowledge regarding its magnitude and research methodologies. The Integrated Management of Childhood Illnesses (IMCI) Strategy set forth by the Pan American Health Organization (PAHO) is one of tools currently available to respond to this need. IMCI contains information on prevention, promotion, evaluation, classification, and treatment of the major diseases and health issues that affect children during their first years of life, with the objective to reduce the risk of disease and to promote health, growth, and development during childhood.

IMCI adaptable to diverse realities, and therefore its contents can be modified to respond to the particular epidemiological patterns in each country, allowing for the inclusion of additional modules, including child abuse and maltreatment

The Child and Adolescent Health Unit of the Family and Community Health Area, in conjunction with the Risk Unit of the Sustainable Development and Environmental Area, of PAHO, has intensified work in capacity building and dissemination of the "Detection and Prevention of Child Abuse and Sexual Abuse of Children en the framework of IMCI" module. This document looks to fill the existing gap in the preparation of health care providers to detect and care for children victims of abuse and maltreatment

While there have been advances in advocacy and national and municipal plans to protect children and reduce abuse and, maltreatment it still is not possible to affirm that these have resulted in social, family, and institutional change. In line with the United Nations Report, in which it is stated that "no form of violence against children is acceptable," PAHO/WHO leads efforts and supports processes and projects. One such effort is the PAHO/GTZ interprogrammatic initiative "Promoting Youth Development and Violence Prevention" which has acted in Nicaragua, El Salvador, Honduras, Colombia, Peru, and Argentina since 2003 with financing by the German government (BMZ). Through this initiative there has been significant progress in the identification of a conceptual framework that supports the promotion of youth development and the prevention of violence, the systematization of effective practices, and the accumulation of evidence in youth development and violence prevention in Latin America.

Furthermore, based on these inputs, PAHO/GTZ has developed TEACH VIP Youth, a capacity building program available as a CD-Rom, an online course, or as a workshop. TEACH VIP Youth aims to improve the design and the evaluation of violence prevention programs. In addition, through this initiative national and local networks have been strengthened with participation of young people, training, and guided the decision-making on what interventions should or should not be considered for implementation. The

evidence documents elaborated through this initiative and the examples of cases can be reviewed at <http://www.paho.org/CDMEDIA/FCHGTZ/docsregionalesdocs.htm>.

The Networks of Buen Trato [Good Treatment] that function in several countries have been used to improve the responses to the problem. This type of network includes government and non-governmental entities and tries to strengthen the capacities and efficiency of each entity joining the effort. For example, experiences such as the "Casa Hogar UNACARI" (meaning the "his house" in the Yaqui dialect) in Hermosillo, Sonora, México, where nearly 200 boys and girls between the ages of 0 and 14 years old have suffered violence or have been abandoned by their mothers and fathers, provides shelter and comprehensive assistance that includes formal education, medical services, psychological support and recreation, in addition to the search for adoptive parents who will provide them with an adequate education and attention. ([http://www.difson.gob.mx/Sitio/programas\\_menores.aspx?prog=pUNACARI](http://www.difson.gob.mx/Sitio/programas_menores.aspx?prog=pUNACARI)).

Aware of the problem and for the need for information on the subject, in 2002 PAHO published the first bibliographic compendium on child abuse and maltreatment which includes more than 700 references and their respective summaries from publications from 1995 to 2000. Through the publication of this second volume of the Bibliography on Child Abuse and maltreatment, the Units of Child and Adolescent Health and Risk Assessment of PAHO wish continue contributing to the promotion of information and evidence on the situation of the child abuse in the Region of the Americas. For this second edition, publications from the years 2001 to 2005 have been compiled from MEDLINE, LILACS and other sources.

The first part of this publication concentrates on articles about the definition, signs, and symptoms of various forms of abuse and maltreatment; the following section contains references on the detection, diagnosis, and evaluation of the utility of these for providers who work with abused children; articles on practices and interventions have been grouped in order to facilitate their search for decision makers and researchers; publications on pornography and child sexual abuse, and other special topics such as street children, displaced persons due to wars and conflicts are listed after a section on the effects of the abuse and neglect, which includes publications on mental health, long-term effects of violence or abuse, resiliency, and aggressive behaviors. The last section compiles publications on human rights, laws, ethics, and policy. A list of Web pages is included at the end of the document.

This publication is for physicians, government institutions, and ministries of health, family, and child protection, academics, professors, researchers, and providers. We hope that it will contribute to the health and development of children, adolescents, and their families and provide additional support for efforts to reach the United Nations Millennium Development Goals (MDGs).

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## PRÓLOGO

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La Organización Mundial de la Salud (OMS) estima que 40 millones de niños sufren violencia en el mundo, y en la Región de las Américas y el Caribe ésta se da en todas sus formas. La mayoría de los menores sometidos a castigos corporales tienen entre 2 y 7 años de edad, y de ellos, el grupo más afectado fluctúa entre los 3 y 5. Un 85% de las muertes por maltrato son clasificadas como accidentales o indeterminadas, y por cada muerte, se calculan 9 incapacitados, 71 niños con lesiones graves e innumerables víctimas con secuelas psicológicas. El abuso o maltrato de menores es toda forma de maltrato físico y/o emocional, abuso sexual, abandono o trato negligente, explotación comercial o de otro tipo, del que resulte un daño real o potencial para la salud, la supervivencia, el desarrollo o la dignidad del niño en el contexto de una relación de responsabilidad, confianza o poder.

La información disponible indica que el maltrato es un problema que afecta la salud física y el desarrollo de miles de niños y niñas en América Latina y el Caribe, por lo cual es necesario avanzar en su detección, prevención y tratamiento, así como en el conocimiento de su magnitud, metodologías de información e investigación. En este sentido, la estrategia de Atención Integrada a las Enfermedades Prevalentes de la Infancia (AIEPI) de la Organización Panamericana de la Salud es una de las mejores herramientas disponibles en la actualidad, ya que incluye contenidos de prevención, promoción, evaluación, clasificación y tratamiento de las enfermedades y problemas de salud que con mayor frecuencia afectan a los niños durante sus primeros años de vida, con el objetivo de reducir los riesgos de enfermedad y para fomentar un crecimiento y desarrollo saludables durante la niñez.

La AIEPI se adapta a cada realidad, lo que contribuye a adecuar sus contenidos básicos a los patrones epidemiológicos de morbilidad y mortalidad de cada país, permitiendo incorporar contenidos adicionales. Entre ellos está el maltrato infantil.

Si bien hay avances en materia de abogacía y planes nacionales o municipales para proteger a los niños y niñas y reducir su abuso y maltrato, aún no es posible afirmar que aquello se refleje en transformaciones sociales, familiares e institucionales. Haciendo mención al informe de NNUU que indica que "ninguna forma de violencia contra la niñez es aceptable", OPS/OMS ha dirigido esfuerzos y ha apoyado procesos y proyectos, como OPS/GTZ que existe desde 2003 con financiamiento del Gobierno Alemán (BMZ). A través de él se ha implementado la iniciativa interprogramática de "Fomento del Desarrollo Juvenil y Prevención de la Violencia" en Nicaragua, El Salvador, Honduras, Colombia, Perú y Argentina, avanzándose significativamente en la identificación de un marco conceptual que apoye la promoción del desarrollo de los jóvenes y la prevención de la violencia, la sistematización de las prácticas exitosas, y la acumulación de evidencias sobre desarrollo juvenil y prevención de violencia en países de América Latina.

Asimismo, en base a estos insumos se ha desarrollado el curso de capacitación TEACH VIP Youth (en CD, Internet y presencial), destinado a mejorar el diseño y la evaluación de programas efectivos para la prevención de la violencia. Con esta iniciativa se han reforzado además las redes nacionales y locales con participación de jóvenes, capacitando y orientado la toma de decisiones sobre qué intervenciones deben ser o no consideradas para ser implementadas. Los documentos de evidencia de este proyecto y los ejemplos de casos se pueden revisar en <http://www.paho.org/CDMEDIA/FCHGTZ/docsregionalesdocs.htm>

Las Redes del Buen Trato que existen en varios países han servido para avanzar en la perspectiva de modificar la forma de atender el problema. Este tipo de redes incluyen a entidades de gobierno y no gubernamentales y buscan fortalecer las capacidades y eficiencia de cada entidad sumando esfuerzos. Experiencias como la Casa Hogar UNACARI (que significa "La casa de él" en dialecto Yaqui) en curso en

Hermosillo, Sonora, México, donde cerca de 200 niños y niñas de 0 a 14 años -que han sufrido violencia o han sido abandonados por sus madres y padres- disponen de albergue y asistencia integral que incluye educación formal, servicios médicos, apoyo psicológico y recreación, además de la búsqueda de padres adoptivos que les garanticen una adecuada educación y atención.

([http://www.difson.gob.mx/Sitio/programas\\_menores.aspx?prog=pUNACARI](http://www.difson.gob.mx/Sitio/programas_menores.aspx?prog=pUNACARI)).

Por esa razón, la Unidad de Salud del Niño y del Adolescente, Área Salud Familiar y Comunitaria, en conjunto con la Unidad de Riesgos, Programa de Prevención de Violencia y Lesiones, de OPS, ha intensificado el trabajo de capacitación y difusión del Módulo "Detección y prevención del maltrato infantil y abuso sexual en la niñez en el marco de AIEPI". Este documento busca llenar el vacío que aún existe en la preparación del personal de salud para detectar y tratar los niños víctimas de maltrato o abuso. Asimismo, en 2002 se publicó el primer compendio bibliográfico sobre maltrato y abuso infantil con más de 700 referencias, con sus respectivos resúmenes, correspondientes a publicaciones del período 1995 - 2000.

Con este segundo volumen de Bibliografía sobre Maltrato y Abuso Infantil, las Unidades de Salud del Niño y del Adolescente y de Prevención de Violencia de la OPS, desean contribuir a promover información y evidencia sobre la situación del maltrato infantil en la Región de las Américas. Para ello se han recopilado publicaciones de los años 2001 a 2005, tomadas de MEDLINE, LILACS y otras fuentes.

La primera parte se concentra en artículos sobre definición, signos y síntomas de diversas formas de abuso y maltrato; en el siguiente bloque se recopilan referencias sobre detección, diagnóstico y evaluación de utilidad práctica para quienes atienden a los niños y niñas maltratados; los artículos sobre prácticas e intervenciones se han agrupado para facilitar su búsqueda a tomadores de decisiones e investigadores; las publicaciones sobre pornografía y abuso sexual infantil, y otros como niños de la calle, desplazados de guerras y conflictos se enumeran después de los efectos del abuso y el maltrato, que recoge publicaciones sobre salud mental, efectos de larga duración en casos de violencia o maltrato, resiliencia y conductas agresivas. En la última parte se agruparon publicaciones sobre derechos humanos, leyes, ética y política. Una lista de páginas de Internet se añade al final.

Esta publicación está destinada a médicos, instituciones de gobierno, ministerios de salud, de familia y de protección de la niñez, académicos, profesores, investigadores y proveedores, y esperamos que sea un aporte para el desarrollo y la salud de los niños, adolescentes y sus familias, y una forma de alcanzar los Objetivos de Desarrollo del Milenio (ODM) de las Naciones Unidas.

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## c) Practices

### *Discipline of boys and girls*

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### **Evidence based projects**

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## d) Special situations

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## **Resilience**

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Notes: CORPORATE NAME: American Academy of Pediatrics. Committee on Psychosocial Aspects of Child and Family Health  
CORPORATE NAME: Task Force on Pain in Infants, Children, and Adolescents

Abstract: Acute pain is one of the most common adverse stimuli experienced by children, occurring as a result of injury, illness, and necessary medical procedures. It is associated with increased anxiety, avoidance, somatic symptoms, and increased parent distress. Despite the magnitude of effects that acute pain can have on a child, it is often inadequately assessed and treated. Numerous myths, insufficient knowledge among caregivers, and inadequate application of knowledge contribute to the lack of effective management. The pediatric acute pain experience involves the interaction of physiologic, psychologic, behavioral, developmental, and situational factors. Pain is an inherently subjective multifactorial experience and should be assessed and treated as such. Pediatricians are responsible for eliminating or assuaging pain and suffering in children when possible. To accomplish this, pediatricians need to expand their knowledge, use appropriate assessment tools and techniques, anticipate painful experiences and intervene accordingly, use a multimodal approach to pain management, use a multidisciplinary approach when possible, involve families, and advocate for the use of effective pain management in children.

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Consent for emergency medical services for children and adolescents. *Pediatrics* 2003; 111(3):703-6. Notes: CORPORATE NAME: Committee on Pediatric Emergency Medicine  
GENERAL NOTE: KIE: 30 refs.  
GENERAL NOTE: KIE: KIE Bib: informed consent/minors

Abstract: Pediatric patients frequently seek medical treatment in the emergency department (ED) unaccompanied by a legal guardian. Current state and federal laws and medical ethics recommendations support the ED treatment of minors with an identified emergency medical condition, regardless of consent issues. Financial reimbursement should not limit the minor patient's access to emergency medical care or result in a breach of patient confidentiality. Every clinic, office practice, and ED should develop policies and guidelines regarding consent for the treatment of minors. The physician should document all discussions of consent and attempt to seek consent for treatment from the family or legal guardian and assent from the pediatric patient. Appropriate medical care for the pediatric patient with an urgent or emergent condition should never be withheld or delayed because of problems with obtaining consent. This statement has been endorsed by the American College of Surgeons, the Society of Pediatric Nurses, the Society of Critical Care Medicine, the American College of Emergency Physicians, the Emergency Nurses Association, and the National Association of EMS Physicians.

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Court-ordered testing upheld for child sex offender. *AIDS Policy Law* 2004; 19(12):6.

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Drugs for the doctor's bag: 2--children. *Drug Ther Bull* 2005; 43(11):81-4.

Abstract: In September 2005, we published *Drugs for the doctor's bag: 1--Adults*, recognising the fact that there is still a need for most GPs to carry well-equipped bags, even though many have given up responsibility for out-of-hours services. Here we suggest medicines that a GP might want to have available for use in an emergency or for the acute treatment of children and adolescents, updating our previous advice. As with adults, it is not our intention to imply that every GP must carry every drug mentioned. Some of the drugs will probably only be used by rural GPs who do not have access to immediate emergency care. Whenever a medicine is first mentioned, our suggested formulation is included in brackets. Unless otherwise stated, the doses given are all from the BNF for Children. We enclose with this issue a card summarising parenteral doses (for adults and children) of drugs for medical emergencies; this card includes the BNF table of ideal weight for age.

Exposure. Court: HIV-positive hearsay did not prejudice trial outcome. *AIDS Policy Law* 2004; 19(15):6.

Exposure. HIV-positive sex offender loses character witness challenge. *AIDS Policy Law* 2004; 19(3):6.

Exposure. Predator label holds for HIV-positive offender. *AIDS Policy Law* 2005; 20(16):8.

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Hospitals tap into database for pediatric intensive care. *Data Strateg Benchmarks* 2002; 6(6):85-91.

I was addicted to everything. *J Mich Dent Assoc* 2004; 86(10):26-8, 30-1.

The implementation of the Fast Track program: an example of a large-scale prevention science efficacy trial. *J Abnorm Child Psychol* 2002; 30(1):1-17. Abstract: In 1990, the Fast Track Project was initiated to evaluate the feasibility and effectiveness of a comprehensive, multicomponent prevention program targeting children at risk for conduct disorders in four demographically diverse American communities (Conduct Problems Prevention Research Group [CPPRG], 1992). Representing a prevention science approach toward community-based preventive intervention, the Fast Track intervention design was based upon the available data base elucidating the epidemiology of risk for conduct disorder and suggesting key causal developmental influences (R. P. Weissberg & M. T. Greenberg, 1998). Critical questions about this approach to prevention center around the extent to which such a science-based program can be effective at (1) engaging community members and stakeholders, (2) maintaining intervention fidelity while responding appropriately to the local norms and needs of communities that vary widely in their demographic and cultural/ethnic composition, and (3) maintaining community engagement in the long-term to support effective and sustainable intervention dissemination. This paper discusses these issues, providing examples from the Fast Track project to illustrate the process of program implementation and the evidence available regarding the success of this science-based program at engaging communities in sustainable and effective ways as partners in prevention programming.

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Notes: CORPORATE NAME: Finnish Association of Child Psychiatrists

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Lecturer struck off after claiming child pornography was a teaching aid. *Nurs Times* 2001; 97(34):5.

Letting live, letting die. *Bull Med Ethics* 2004; (201):19-22.

Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; allowing to die/legal aspects

Libyan HIV trial is postponed. *Nurs Times* 2001; 97(39):7.

Management of child abuse in Hong Kong: results of a territory-wide inter-hospital prospective surveillance study. *Hong Kong Med J* 2003; 9(1):6-9. Notes: CORPORATE NAME: Hong Kong Medical Coordinators on Child Abuse Abstract: OBJECTIVES: To study suspected child abuse among children in hospital in terms of clinical characteristics and the outcome of multidisciplinary case conferences. DESIGN: Prospective observational study. SETTING: All public hospitals in Hong Kong with a paediatric department. METHODS: Anonymous data were prospectively collected from July 1997 to June 1999 using a standard report form for each case of suspected child abuse. The characteristics of the incidents and factors influencing the conclusion at the multidisciplinary case conference were studied. RESULTS: Data for 592 cases of suspected child abuse were evaluated. Two hundred and eighty-seven of the children were boys and 305 were girls. The mean age was 7.3 years (range, 0-16.7 years). Physical abuse, alone or in combination with other forms of maltreatment, accounted for 277 (86.6%) of the 320 substantiated cases. Either, or both, biological parents comprised 71.3% of the perpetrators. Seven (1.2%) children died. Of the 540 children about whom a multidisciplinary case conference was held, abuse was established for 281 (52.0%) children. Abuse was more likely to be established if the victim had been known to a childcare agency (odds ratio=2.2; 95% confidence interval, 1.4-3.5), the abuse was not sexual (odds ratio=2.7; 95% confidence interval, 1.4-5.0), or if the child was seen at a hospital that handled more than 100 cases of suspected abuse during the study period (odds ratio=3.6; 95% confidence interval, 2.4-5.4). CONCLUSION: Child abuse identified in the hospital setting is predominantly physical in nature and death is not uncommon. Appraisal of suspected child abuse by multidisciplinary case conference appears to be influenced by the region of Hong Kong in which the case was handled.

Miller v. HCA, Inc. *West's South West Report* 2003; 118:758-72. Notes: CORPORATE NAME: Texas Supreme Court GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; allowing to die/legal aspects; resuscitation orders; treatment refusal/minors

Mississippi Supreme Court allows patient's identity to be revealed. *Baptist Memorial Hospital v. Johnson. Hosp Law Newsl* 2001; 18(11):4-6.

Nepal legalizes abortion, bans child abuse. *NY Times (Print)* 2002; A5. Notes: GENERAL NOTE: KIE: KIE Bib:abortion/foreign countries; abortion/legal aspects

Nurse's hearsay testimony re sexual assault is admissible. *Nurs Law Regan Rep* 2001; 41(8):1.

Offender loses challenge of court-ordered HIV testing. *AIDS Policy Law* 2004; 19(17):7.

Opposing war in southwest Asia. *J Public Health Policy* 2002; 23(1):9-11. Notes: CORPORATE NAME: American Public Health Association

Order for HIV testing to hinge on fluid transmission. *AIDS Policy Law* 2004; 19(12):8.

Out-of-school suspension and expulsion. *American Academy of Pediatrics Committee on School Health. Pediatrics* 2003; 112(5):1206-9. Notes: CORPORATE NAME: American Academy of Pediatrics Committee on School Health Abstract: Suspension and expulsion from school are used to punish students, alert parents, and protect other students and school staff. Unintended consequences of these practices require more attention from health care professionals. Suspension and expulsion may exacerbate academic deterioration, and when students are provided with no immediate educational alternative, student alienation, delinquency, crime, and substance abuse may ensue. Social, emotional, and mental health support for students at all times in all schools can decrease the need for expulsion and suspension and should be strongly advocated by the health care community. This policy statement, however, highlights aspects of expulsion and suspension that jeopardize children's health and safety. Recommendations are targeted at pediatricians, who can help schools address the root causes of behaviors that lead to suspension and expulsion and can advocate for alternative disciplinary policies. Pediatricians can also share responsibility with schools to provide students with health and social resources.

Pathology of nonaccidental brain injury. *Arch Dis Child* 2001; 85(6):473.

The Pediatrician's role in family support programs. *Committee on Early Childhood and Adoption, and Dependent Care. Pediatrics* 2001; 107(1):195-7. Notes: CORPORATE NAME: American Academy of Pediatrics. Committee on Early Childhood and Adoption, and Dependent Care Abstract: Children's brain growth, general health, and development are directly influenced by emotional relationships during early childhood. Contemporary American life challenges families' abilities to promote successful developmental outcomes and emotional health for their children. Pediatricians are positioned to serve as family advisors and community partners in supporting the well-being of children and families. This statement recommends opportunities for pediatricians to develop their expertise in assessing the strengths and stresses in families, in counseling families about strategies and resources, and in

collaborating with others in their communities to support family relationships.

Pedophilia. Who are the men who "love" children in intolerable ways? And how can they be helped to change? *Harv Ment Health Lett* 2004; 20(7):1-4.

Poison treatment in the home. American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention. *Pediatrics* 2003; 112(5):1182-5. Notes: CORPORATE NAME: American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention

Abstract: The ingestion of a potentially poisonous substance by a young child is a common event, with the American Association of Poison Control Centers reporting approximately 1.2 million such events in the United States in 2001. The American Academy of Pediatrics (AAP) has long concerned itself with this issue and has made poison prevention an integral component of its injury prevention initiatives. A key AAP recommendation has been to keep a 1-oz bottle of syrup of ipecac in the home to be used only on the advice of a physician or poison control center. Recently, there has been interest regarding activated charcoal in the home as a poison treatment strategy. After reviewing the evidence, the AAP believes that ipecac should no longer be used routinely as a home treatment strategy, that existing ipecac in the home should be disposed of safely, and that it is premature to recommend the administration of activated charcoal in the home. The first action for a caregiver of a child who may have ingested a toxic substance is to consult with the local poison control center.

Policy statement: physicians should expand knowledge to ease children's pain. *Dent Today* 2001; 20(10):43.

Position statement. Child maltreatment. *J Pediatr Health Care* 2002; 16(1):30A-1A.

Predictor variables associated with positive Fast Track outcomes at the end of third grade. *J Abnorm Child Psychol* 2002; 30(1):37-52.

Abstract: Progress has been made in understanding the outcome effects of preventive interventions and treatments designed to reduce children's conduct problems. However, limited research has explored the factors that may affect the degree to which an intervention is likely to benefit particular individuals. This study examines selected child, family, and community baseline characteristics that may predict proximal outcomes from the Fast Track intervention. The primary goal of this study was to examine predictors of outcomes after 3 years of intervention participation, at the end of 3rd grade. Three types of proximal outcomes were examined: parent-rated aggression, teacher-rated oppositional-aggressive behavior, and special education involvement. The

relation between 11 risk factors and these 3 outcomes was examined, with separate regression analyses for the intervention and control groups. Moderate evidence of prediction of outcome effects was found, although none of the baseline variables were found to predict all 3 outcomes, and different patterns of prediction emerged for home versus school outcomes.

Prevalence of anemia among displaced and nondisplaced mothers and children--Azerbaijan, 2001. *MMWR Morb Mortal Wkly Rep* 2004; 53(27):610-4. Notes: CORPORATE NAME: Centers for Disease Control and Prevention (CDC)

Abstract: In the early 1990s, the war between Armenia and Azerbaijan over the Azeri region of Nagorno-Karabakh resulted in approximately 600,000 internally displaced persons and 200,000 refugees in Azerbaijan. After years of displacement and despite sustained humanitarian assistance, these internally displaced persons and refugees (IDP/Rs) are still coping with unfavorable living conditions and limited employment opportunities. Results of a 1996 CDC survey in Azerbaijan revealed high rates of malnutrition and anemia among both the IDP/R and resident populations and prompted further study of the nutritional status of these populations. This report summarizes results of a 2001 survey of IDP/R and non-IDP/R mothers and children with anemia in Azerbaijan. Findings indicated that more than one third of mothers and children were anemic, with no significant difference in the overall prevalence between IDP/R and non-IDP/R populations; however, among the IDP/R population, anemia was associated with various socioeconomic factors such as education, socioeconomic status (SES), and area of residence. Future studies should focus on identifying causes for the high rates of anemia in Azerbaijan and developing effective interventions such as iron supplementation and behavior modification.

Protection of human research subjects. Final rule. *Fed Regist* 2001; 66(219):56775-80.

Notes: CORPORATE NAME: Department of Health and Human Services (DHHS) GENERAL NOTE: KIE: KIE Bib: embryo and fetal research; human experimentation/minors; human experimentation/regulation; human experimentation/special populations

Abstract: The Department of Health and Human Services (DHHS) is withdrawing Subpart B of its human subjects protection regulations published on January 17, 2001 and is issuing this replacement rule. These regulations provide additional protections for pregnant women and human fetuses involved in research. The final rule continues the special protections for pregnant women and human fetuses that have existed since 1975 and makes limited changes in terminology referring to neonates, clarifies provisions for paternal consent when research is conducted involving fetuses, clarifies language that applies to research on newborns of uncertain viability, and

corrects technical errors.

Regional Infant and Child Mortality Review Committee  
2000 final report. *S D J Med* 2001; 54(11):448-51.

Risperidone treatment of autistic disorder: longer-term benefits and blinded discontinuation after 6 months. *Am J Psychiatry* 2005; 162(7):1361-9.  
Notes: CORPORATE NAME: Research Units on Pediatric Psychopharmacology Autism Network  
Abstract: OBJECTIVE: Risperidone is effective for short-term treatment of aggression, temper outbursts, and self-injurious behavior in children with autism. Because these behaviors may be chronic, there is a need to establish the efficacy and safety of longer-term treatment with this agent. METHOD: The authors conducted a multisite, two-part study of risperidone in children ages 5 to 17 years with autism accompanied by severe tantrums, aggression, and/or self-injurious behavior who showed a positive response in an earlier 8-week trial. Part I consisted of 4-month open-label treatment with risperidone, starting at the established optimal dose; part II was an 8-week randomized, double-blind, placebo-substitution study of risperidone withdrawal. Primary outcome measures were the Aberrant Behavior Checklist irritability subscale and the Clinical Global Impression improvement scale. RESULTS: Part I included 63 children. The mean risperidone dose was 1.96 mg/day at entry and remained stable over 16 weeks of open treatment. The change on the Aberrant Behavior Checklist irritability subscale was small and clinically insignificant. Reasons for discontinuation of part I included loss of efficacy (N=5) and adverse effects (N=1). The subjects gained an average of 5.1 kg. Part II included 32 patients. The relapse rates were 62.5% for gradual placebo substitution and 12.5% for continued risperidone; this difference was statistically significant. CONCLUSIONS: Risperidone showed persistent efficacy and good tolerability for intermediate-length treatment of children with autism characterized by tantrums, aggression, and/or self-injurious behavior. Discontinuation after 6 months was associated with a rapid return of disruptive and aggressive behavior in most subjects.

School health guidelines to prevent unintentional injuries and violence. *MMWR Recomm Rep* 2001; 50(RR-22):1-73.

Notes: CORPORATE NAME: Centers for Disease Control and Prevention  
Abstract: Approximately two thirds of all deaths among children and adolescents aged 5-19 years result from injury-related causes: motor-vehicle crashes, all other unintentional injuries, homicide, and suicide. Schools have a responsibility to prevent injuries from occurring on school property and at school-sponsored events. In addition, schools can teach students the skills needed to promote safety and prevent unintentional

injuries, violence, and suicide while at home, at work, at play, in the community, and throughout their lives. This report summarizes school health recommendations for preventing unintentional injury, violence, and suicide among young persons. These guidelines were developed by CDC in collaboration with specialists from universities and from national, federal, state, local, and voluntary agencies and organizations. They are based on an in-depth review of research, theory, and current practice in unintentional injury, violence, and suicide prevention; health education; and public health. Every recommendation is not appropriate or feasible for every school to implement. Schools should determine which recommendations have the highest priority based on the needs of the school and available resources. The guidelines include recommendations related to the following eight aspects of school health efforts to prevent unintentional injury, violence, and suicide: a social environment that promotes safety; a safe physical environment; health education curricula and instruction; safe physical education, sports, and recreational activities; health, counseling, psychological, and social services for students; appropriate crisis and emergency response; involvement of families and communities; and staff development to promote safety and prevent unintentional injuries, violence, and suicide.

Screening HIV-infected persons for tuberculosis--Cambodia, January 2004-February 2005. *MMWR Morb Mortal Wkly Rep* 2005; 54(46):1177-80.  
Notes: CORPORATE NAME: Centers for Disease Control and Prevention (CDC)  
Abstract: Worldwide, tuberculosis (TB) is one of the most common causes of death among persons infected with human immunodeficiency virus (HIV). The World Health Organization recommends screening HIV-infected persons for TB disease after HIV diagnosis, before initiation of highly active antiretroviral therapy (HAART), and during routine follow-up care. In 2003, health officials in Banteay Meanchey Province, Cambodia, in conjunction with CDC and the U.S. Agency for International Development (USAID), began a pilot project to increase TB screening among persons with HIV infection. Subsequently, CDC analyzed and evaluated data from the first 14 months of the project. This report summarizes the results of that analysis, which determined that, during January 2004--February 2005, among persons with HIV infection at voluntary counseling and confidential testing (VCCT) clinics, 37% were screened for TB disease, and 24% of those screened had TB disease diagnosed. On the basis of these findings, the Provincial Health Department (PHD) took action to increase awareness of the risk for TB among HIV-infected persons. During the 3 months after these measures were implemented, the TB screening rate among persons with HIV infection increased to 61%. Evaluation of projects like the one conducted in Banteay Meanchey Province can help

- develop an evidence-based approach for removing barriers to screening HIV-infected persons for TB.
- Silver and Bronze Achievement Awards. *Psychiatr Serv* 2003; 54(11):1532-8.
- Simple screen proves highly accurate in identifying children with special needs. *Clin Resour Manag* 2001; 2(12):186-8, 177.  
 Abstract: Research shows that the relatively small group of children with special health care needs accounts for more than 80% of all child-related health care costs, and there is plenty of evidence that the care of these children is a far cry from optimal. See what steps are being taken to give these children the attention they need, and check out a simple new tool designed to identify children with special health care needs.
- Some physical effects of emotional violence. *Harv Ment Health Lett* 2001; 17(10):8.
- The spanking debate. *Harv Ment Health Lett* 2002; 19(5):1-3.
- Study links childhood incidence of sexual abuse with dental fears. *Dent Today* 2003; 22(12):26, 28.
- Testing order remanded for man who groped granddaughters. *AIDS Policy Law* 2004; 19(16):3.
- Thirty thousand pregnant women sacked every year. *Pract Midwife* 2005; 8(3):8.
- Thompson v Connon. (2001) 75 ALJR 1570. *J Law Med* 2002; 10(1):25-6.
- US emergency nurses support colleague in child abuse case. *Emerg Nurse* 2003; 11(1):2-3.
- What have we learnt from the Alder Hey affair? Lack of information on transplant procedures is disturbing. *BMJ* 2001; 322(7301):1542.
- What is in Maria's best interests? *Bull Med Ethics* 2002; (176):3-4.  
 Notes: GENERAL NOTE: KIE: KIE Bib: informed consent/minors; treatment refusal/minors
- Abbing HD. Neonatal screening, new technologies, old and new legal concerns. *Eur J Health Law* 2004; 11(2):129-37.  
 Notes: GENERAL NOTE: KIE: 9 refs.  
 GENERAL NOTE: KIE: KIE Bib: mass screening
- Abbott D, Townsley R, Watson D. Multi-agency working in services for disabled children: what impact does it have on professionals? *Health Soc Care Community* 2005; 13(2):155-63.
- Abstract: Whilst agencies in many sectors have been encouraged to work together to better meet the needs of service users, multi-agency working is now a central feature of government policy. In relation to children's services, the National Service Framework, the English green paper, 'Every Child Matters' (DfES, 2003) and the Children Bill (DfES 2004) give a high priority to an integrated approach to service provision. This paper focuses on multi-agency working for disabled children with complex health-care needs, a group of children who, perhaps even more than most, require the many professionals who support them and their families, to work more closely together. Drawing on the findings from a 3-year qualitative research study, this paper examines the impact of working in a multi-agency service on professionals. Interviews with 115 professionals concluded that staff were overwhelmingly positive about working as part of a multi-agency service. They reported improvements to their working lives in areas such as professional development, communication, collaboration with colleagues, and relationships with families with disabled children. However, whilst professionals felt that they were able to offer families a more efficient service, there was concern that the overall impact of multi-agency working on disabled children and their families would be limited.
- Abbott M. Distinguishing SIDS from child abuse fatalities. *Pediatrics* 2001; 108(5):1237.
- Abramson JM, Wollan P, Kurland M, Yawn BP. Feasibility of school-based spirometry screening for asthma. *J Sch Health* 2003; 73(4):150-3.  
 Abstract: To determine the feasibility and value of spirometry in school-based asthma screening, spirometry testing was coupled with parent questionnaires in a school-based asthma screening project. Children in grades five to eight of the Catholic school system in Rochester, Minn., performed spirometry with coaching and data acquisition by nurses trained for this activity. Most students completed three tests. For each student, the best test was selected for interpretation. Tests were considered technically unacceptable for screening purposes if the FEV1 was less than 85% and the curve showed evidence of cough, delayed start, poor initial effort, incomplete effort, or non-reproducibility. Students with acceptable tests and FEV1 < 85% as predicted for age, race, and BMI were classified as appropriate for referral for further evaluation of potential asthma. A sensitivity analysis was conducted using different FEV1 thresholds for referral. Children (119, 17.6% of all) with known asthma based on parent-completed questionnaire were not considered for referral. Of the remaining 557 students screened, 535 had technically acceptable tests, and 498 had normal spirometry performance. Using a threshold for referral of FEV1 < 85%, 37 children were candidates for referral for further evaluation of potential asthma. Only four (11%)

of these also had questionnaire responses that made them candidates for referral. School-based spirometry screening for asthma is technically feasible but there is little overlap between those who are referral candidates based on spirometry data and those who are referral candidates based on parent-reported symptoms on screening questionnaires. Without further study, spirometry cannot be recommended for school-based asthma screening.

Abushama M, Ahmed B. Cesarean section on request. *Saudi Med J* 2004; 25(12):1820-3.  
Notes: GENERAL NOTE: KIE: 26 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care  
Abstract: Obstetricians are facing a tide of non-medically indicated requests for cesarean section. Risks and benefits of accepting cesarean section on request are discussed.

Acir N, Oztura I, Kuntalp M, Baklan B, Guzelis C. Automatic detection of epileptiform events in EEG by a three-stage procedure based on artificial neural networks. *IEEE Trans Biomed Eng* 2005; 52(1):30-40.  
Abstract: This paper introduces a three-stage procedure based on artificial neural networks for the automatic detection of epileptiform events (EVs) in a multichannel electroencephalogram (EEG) signal. In the first stage, two discrete perceptrons fed by six features are used to classify EEG peaks into three subgroups: 1) definite epileptiform transients (ETs); 2) definite non-ETs; and 3) possible ETs and possible non-ETs. The pre-classification done in the first stage not only reduces the computation time but also increases the overall detection performance of the procedure. In the second stage, the peaks falling into the third group are aimed to be separated from each other by a nonlinear artificial neural network that would function as a postclassifier whose input is a vector of 41 consecutive sample values obtained from each peak. Different networks, i.e., a backpropagation multilayer perceptron and two radial basis function networks trained by a hybrid method and a support vector method, respectively, are constructed as the postclassifier and then compared in terms of their classification performances. In the third stage, multichannel information is integrated into the system for contributing to the process of identifying an EV by the electroencephalographers (EEGers). After the integration of multichannel information, the overall performance of the system is determined with respect to EVs. Visual evaluation, by two EEGers, of 19 channel EEG records of 10 epileptic patients showed that the best performance is obtained with a radial basis support vector machine providing an average sensitivity of 89.1%, an average selectivity of 85.9%, and a false detection rate (per hour) of 7.5.

Adair PM, Pine CM, Burnside G *et al.* Familial and cultural perceptions and beliefs of oral hygiene and dietary

practices among ethnically and socio-economically diverse groups. *Community Dent Health* 2004; 21(1 Suppl):102-11.

Abstract: OBJECTIVE: The aim of this international study was to develop a valid and reliable psychometric measure to examine the extent to which parents' attitudes about engaging in twice-daily tooth brushing and controlling sugar snacking predict these respective behaviours in their children. A supplementary objective was to assess whether ethnic group, culture, level of deprivation or children's caries experience impact upon the relationships between oral health related behaviours, attitudes to these respective behaviours and to dental caries. CLINICAL SETTING: Nurseries, health centres and dental clinics in 17 countries. PARTICIPANTS: 2822 children aged 3 to 4 years and their parents. MAIN OUTCOME MEASURES: Dental examination of children and questionnaire to parents. RESULTS: Factor analysis identified 8 coherent attitudes towards toothbrushing, sugar snacking and childhood caries. Attitudes were significantly different in families from deprived and non-deprived backgrounds and in families of children with and without caries. Parents perception of their ability to control their children's toothbrushing and sugar snacking habits were the most significant predictor of whether or not favourable habits were reported. Some differences were found by site and ethnic group. CONCLUSIONS: This study supports the hypothesis that parental attitudes significantly impact on the establishment of habits favourable to oral health. An appreciation of the impact of cultural and ethnic diversity is important in understanding how parental attitudes to oral health vary. Further research should examine in a prospective intervention whether enhancing parenting skills is an effective route to preventing childhood caries.

Adams AM, Madhavan S, Simon D. Women's social networks and child survival in Mali. *Soc Sci Med* 2002; 54(2):165-78.

Abstract: This paper explores the influence of women's social networks on child survival through a comparative investigation of two ethnic groups in Mali, West Africa. Data are drawn from a study of women's social networks and health conducted during the period 1996-97. Separate samples of 500 ever-married women aged 15-49 were surveyed at two geographically distinct sites representing Bamanan and Fulbe populations respectively. Consistent with known differences in economic risk, household structure, and cultural norms, descriptive analysis reveals a greater probability of child death among the Fulbe, and a larger mean size of total, material, practical and cognitive networks among the Bamanan. Cox regression models are used to examine the association between social network size, function and composition and the odds of child death (1-5 years). Among the various biological, household and community-level variables tested in the basic model, spacing exerts an

expected negative effect on the odds of child death in both groups, while household SES predicts child survival only among Fulbe children. When variables representing the educational and psychosocial attributes of the mother are included, no effects are detected in either group. Controlling for these factors, the size of total, practical, cognitive and emotional networks are found to significantly increase the odds of child survival among the Fulbe only. Compositional variables, such as the extent to which natal kin, non-kin or husbands figure in a woman's network, nor the degree to which networks are located within household yield any significant results for the Fulbe. Among Bamanan women, however, the higher the proportion of network members living in the household, the lower the odds of child death. The paper concludes by discussing the methodological, conceptual and practical implications of these findings.

Adams JA. Evaluating children for possible sexual abuse. *Am Fam Physician* 2001; 63(5):843-4, 846.

Adams Larsen M, Tentis E. The art and science of disciplining children. *Pediatr Clin North Am* 2003; 50(4):817-40, viii-ix.

Abstract: A practical guide to working with parents on the discipline of their children is provided. Focus is specific to provide a practical tool of useful how-to information for the primary care provider who works with children and their families. This article focuses on basic principles and techniques that can be established within the office setting, so as to model for families, as well as to teach to families for use at home. This article also focuses on common applications to illustrate the use of these techniques. Finally, the art of consultation and referral is reviewed for situations that are assessed to be above and beyond the call of the primary practitioner.

Adams WG, Mann AM, Bauchner H. Use of an electronic medical record improves the quality of urban pediatric primary care. *Pediatrics* 2003; 111(3):626-32. Abstract: OBJECTIVE: To evaluate the quality of pediatric primary care, including preventive services, before and after the introduction of an electronic medical record (EMR) developed for use in an urban pediatric primary care center. METHODS: A pre-postintervention analysis was used in the study. The intervention was a pediatric EMR. Routine health care maintenance visits for children <5 years old were reviewed, and documentation during preintervention (paper-based, 1998) and postintervention visits (computer-based, 2000) was compared. RESULTS: A total of 235 paper-based visits and 986 computer-based visits met study criteria. Twelve clinicians (all attendings or nurse practitioners) contributed an average of 19.4 paper-based visits (range: 5-39) and 7 of these clinicians contributed an average of 141 computer-based visits each (range: 61-213). Computer-

based clinicians were significantly more likely to address a variety of routine health care maintenance topics including: diet (relative risk [RR]: 1.09), sleep (RR: 1.46), at least 1 psychosocial issue (RR: 1.42), smoking in the home (RR: 15.68), lead risk assessment (RR: 106.54), exposure to domestic or community violence (RR: 35.19), guns in the home (RR: 58.11), behavioral or social developmental milestones (RR: 2.49), infant sleep position (RR: 9.29), breastfeeding (RR: 1.99), poison control (RR: 3.82), and child safety (RR: 1.29). Trends toward improved lead exposure, vision, and hearing screening were seen; however, differences were not significant. Users of the system reported that its use had improved the overall quality of care delivered, was well-accepted by families, and improved guidance quality; however, 5 of 7 users reported that eye-to-eye contact with patients was reduced, and 4 of 7 reported that use of the system increased the duration of visits (mean: 9.3 minutes longer). All users recommended continued use of the system. CONCLUSION: Use of the EMR in this study was associated with improved quality of care. This experience suggests that EMRs can be successfully used in busy urban pediatric primary care centers and, as recommended by the Institute of Medicine, must play a central role in the redesign of the US health care system.

Adamsbaum C, Rolland Y, Husson B. [Pediatric neuroimaging emergencies.]. *J Neuroradiol* 2004; 31(4):272-80.

Abstract: The notion of emergency with regards to pediatric neuroimaging requires a strong knowledge of clinical indications. In children under 2 years of age, head trauma requires a CT scan in case of repeated or prolonged or rapidly increasing vomiting, focal signs, loss of consciousness, unusual behavior, seizures, clinical signs of skull fracture or polytrauma. The "shaken baby syndrome" is usually suspected in case of loss of consciousness or seizures before 8 months of age. The hematomas that are observed are subdural in location, diffuse and deeply located. Imaging is only mandatory for headache suggesting underlying space occupying lesion: permanent or increasing pain, nocturnal headache, headache during postural changes or efforts, associated to seizures or abnormal neurological examination. No imaging is indicated in case of first epileptic seizure associated to normal neurological examination and without any particular context. The presence of trauma, intracranial hypertension, persisting disturbances of consciousness or associated focal sign necessitates urgent neuroimaging. No imaging is indicated in case of typical febrile seizures, i.e. generalized, brief and occurring between 1 and 5 years of age. Spinal cord symptoms require immediate MRI evaluation. The most frequent tumor is neuroblastoma. In the absence of spinal tumor, brain abnormalities must be excluded (inflammatory disease). In neonates, CT scan or MRI must be readily performed in case of seizures or loss of

consciousness to exclude ischemic, traumatic or infectious lesions.

Addington J, Addington D. Patterns of premorbid functioning in first episode psychosis: relationship to 2-year outcome. *Acta Psychiatr Scand* 2005; 112(1):40-6. Abstract: OBJECTIVE: To determine how different patterns of premorbid functioning relate to outcome longitudinally. METHOD: Premorbid adjustment was assessed in 194 first-episode of psychosis subjects. Positive and negative symptoms, depression, substance misuse and social and cognitive functioning were assessed over 2 years. RESULTS: Four patterns of premorbid adjustment: stable-good, stable-intermediate, poor-deteriorating and deteriorating were identified. Relative to the stable-good group, the deteriorating and poor-deteriorating groups had significantly more positive symptoms at 1-year follow-up but not at 2-year follow-up and significantly more negative symptoms and significantly poorer social functioning at both 1 and 2-years. Only verbal fluency and memory differentiated between the groups with the stable-good group having a superior performance. CONCLUSION: Those who demonstrated poor or deteriorating functioning prior to the onset of acute psychosis have a poorer outcome up to at least 2 years in terms of negative symptoms and social functioning.

Adelson PD, Partington MD. Nonaccidental neurotrauma in children. Introduction. *Neurosurg Clin N Am* 2002; 13(2):ix-x.

Aden AS, Dahlgren L, Tarsitani G. Gendered experiences of conflict and co-operation in heterosexual relations of Somalis in exile in Gothenburg, Sweden. *Ann Ig* 2004; 16(1-2):123-39.

Abstract: Political upheaval and poverty at home has been forcing many Somalis to immigrate. These immigrants do not only leave their physical house, families, relatives, loved ones, friends, but also familiarities, culture, customs, and often they do end up in no man's land being between their own and new home culture. Available reports suggest that there are about 15,000 Somalis in Sweden and their majority came here from late 1989 to 1996. About one third these immigrants live in and around the city of Gothenburg. This paper explores and describes gendered experiences of conflict and co-operation in heterosexual relations of Somalis in exile in Gothenburg, Sweden. A qualitative sociological in-depth interviews with 6 women and 7 men was performed during May 1999 to January 2000. A follow up focus group interviews with 10 people (2 women and 8 men) was also carried on. The results show that both the Somali culture and Muslim religion do not support the children being taught sex education in schools or the names of the sex organs being pronounced other than to be used as metaphors. The girls, unlike their age group males, experience a very

painful and terrifying process during childhood in which their self-esteem is downgraded by means of serious degrading traditional active violence such as female genital mutilation and visible virginity control. The narratives tell stories in which Somali women are degraded and expected to obey in situations characterised by their man's arbitrariness. They are subject to a very extensive form of social control, which is especially pronounced on issues regarding sexuality. Their integrity as women is, consequently set aside. When Somali refugees came to Sweden some of them came to adopt much of the modern lifestyle and cultural norm systems, preferable young people and some of the females. Relating to a new culture with its new expectations on the norm obedience also created changes in self-esteem. Exile situation tends to generate horizontal conflicts, among spouses and between groups of people. It also tends to generate vertical conflicts because now generations stand up against each other and this is especially pronounced when it is about issues of sexuality and sexual relations. The young generations questions their parents authority. They are now living in new social context and perceive risks, as well as possibilities. Their new dreams and choices, however, do not fit their parents' expectations, which sometimes leads to big problems. From a traditional perspective these deviants lack of respect for traditions and the original culture. From a male perspective this means more specifically a lack of respect for male dominance and superiority.

Adeoye AO. Eye injuries in the young in Ile-Ife, Nigeria. *Niger J Med* 2002; 11(1):26-9. Abstract: One hundred and seventeen children aged 0-17 years treated for eye injuries at the Obafemi Awolowo University Teaching Hospital Ile-Ife, Nigeria were studied. Seventy-five were males and 42 were females with a mean age of 10 years 4 months. Injuries occurred with increasing frequency after the age of 4 years and were commonly sustained by children at play (50.4%); during corporal punishment (10.3%); assault (9.4%) and street hawking (9.4%). Causative agents were mostly sticks and twigs, followed by missiles and fall. Visual prognosis was best in patients with contusion injuries (48.3%) and worst in those with perforating eye injuries (30.5%). Blindness of the injured eye occurred in one-third of the patients and another 17.5% had significant visual impairment. This study shows a variation in the aetiology and visual outcome of eye injuries in the young. Strategies for the prevention of eye injuries are mainly health education, improved supervision of children at play, change in the method of corporal punishment and provision of protective devices for adolescents at work. Early diagnosis and prompt management will improve visual prognosis.

Adib Essali M. Intervention in child abuse and neglect: an emerging subspecialty in child and adolescent



psychiatry. *World Psychiatry* 2005; 4(3):160.

Agatonovic-Kustrin S, Glass BD, Wisch MH, Alany RG. Prediction of a stable microemulsion formulation for the oral delivery of a combination of antitubercular drugs using ANN methodology. *Pharm Res* 2003; 20(11):1760-5.

Abstract: **PURPOSE:** The aim of this project was to develop a colloidal dosage form for the oral delivery of rifampicin and isoniazid in combination with the aid of artificial neural network (ANN) data modeling. **METHODS:** Data from the 20 pseudoternary phase triangles containing miglyol 812 as the oil component and a mixture of surfactants or a surfactant/cosurfactant blend were used to train, test, and validate the ANN model. The weight ratios of individual components were correlated with the observed phase behavior using radial basis function (RBF) network architecture. The criterion for judging the best model was the percentage success of the model prediction. **RESULTS:** The best model successfully predicted the microemulsion region as well as the coarse emulsion region but failed to predict the multiphase liquid crystalline phase for cosurfactant-free systems indicating the difference in microemulsion behavior on dilution with water. **CONCLUSIONS:** A novel microemulsion formulation capable of delivering rifampicin and isoniazid in combination was created to allow for their differences in solubility and potential for chemical reaction. The developed model allowed better understanding of the process of microemulsion formation and stability within pseudoternary colloidal systems.

Agdamag DM, Kageyama S, Alesna ET *et al.* Rapid spread of hepatitis C virus among injecting-drug users in the Philippines: Implications for HIV epidemics. *J Med Virol* 2005; 77(2):221-6.

Abstract: From the trends of human immunodeficiency virus (HIV) epidemics in South and Southeast Asia, it was postulated that an HIV epidemic would start as a blood-borne infection among injecting-drug users in the Philippines. In 2002, 560 individuals were recruited in Metro Cebu, Philippines and tested for HIV, hepatitis C virus (HCV), and hepatitis B virus (HBV) infections. The seroprevalence of anti-HCV among injecting-drug users (70.1%, 61/87) was significantly higher than those among inhalation drug users (16.3%, 7/43;  $P = 0.00$ ; OR = 12), sex workers (0%, 0/130;  $P = 0.00$ ; OR = infinity), antenatal clinic attendees (0%, 0/100;  $P = 0.00$ ; OR = infinity), and students/health care workers (2%, 4/200;  $P = 0.00$ ; OR = 115). The seroprevalence of HBsAg among injecting-drug users (10.3%, 9/87) was significantly higher than those among sex workers (2.3%, 3/130;  $P = 0.01$ ; OR = 4.9), and antenatal clinic attendees (3%, 3/100;  $P = 0.04$ ; OR = 3.7), but was not statistically different from those among inhalation drug users (9.3%, 4/43;  $P = 0.9$ ) and students/health care workers (4.5%, 9/200;  $P = 0.06$ ). None of the study population was reactive to anti-HIV antibody. The HCV strains obtained from the injecting-

drug users belonged to either genotype 1a or 2b and the strains in each genotype clustered closely to each other. There was no dual infection with genotype 1a and 2b. These results suggest that the HCV infection in injecting-drug users may be emanating rapidly from limited number individuals in Metro Cebu, Philippines.

Aghaji MN. Exclusive breast-feeding practice and associated factors in Enugu, Nigeria. *West Afr J Med* 2002; 21(1):66-9.

Abstract: A cross-sectional questionnaire survey was conducted among 235 infant-mother pairs in five Baby Friendly pairs in five Baby Friendly Hospitals in Enugu-Nigeria in 1998. The aims were to study their breast-feeding practices and associated factors. The exclusive breast-feeding rate was 33.3% while the predominant breast-feeding rate was 50.2%. Factors associated with exclusive breast-feeding included infants' birth order ( $P = 0.015$ ), fathers' education ( $P = 0.0244$ ), mothers' education ( $P = 0.000001$ ), occupation ( $P = 0.0069$ ) and parity ( $P = 0.004$ ). However, the infants' age ( $P = 0.054$ ) and sex ( $P = 0.403$ ), mothers' age ( $P = 0.2005$ ), number of breast-feeding counseling attendances ( $P = 0.0883$ ) and the breast-feeding initiator ( $P = 0.473$ ) were comparable irrespective of breast-feeding practice. In the mothers' perspectives, the commonest reasons for not breastfeeding exclusively included; insufficient breast milk (58,37.0%) and the sociocultural practice of giving water to babies because of the hot climate (52,33.1%). For an improvement in the exclusive breast-feeding rate of this population, health workers should highlight to mothers the dangers of water supplementation and the dynamics of breastmilk supply through health education, home visits and the formation of community based lactation support groups.

Aharonson-Daniel L, Waisman Y, Dannon YL, Peleg K. Epidemiology of terror-related versus non-terror-related traumatic injury in children. *Pediatrics* 2003; 112(4):e280.

Notes: CORPORATE NAME: Members of the Israel Trauma Group

Abstract: **OBJECTIVE:** In the past 2 years hundreds of children in Israel have been injured in terrorist attacks. There is a paucity of data on the epidemiology of terror-related trauma in the pediatric population and its effect on the health care system. The objective of this study was to review the accumulated Israeli experience with medical care to young victims of terrorism and to use the knowledge obtained to contribute to the preparedness of medical personnel for future events. **METHODS:** Data on all patients who were younger than 18 years and were hospitalized from October 1, 2000, to December 31, 2001, for injuries sustained in a terrorist attack were obtained from the Israel National Trauma Registry. The parameters evaluated were patient age and sex, diagnosis, type, mechanism and severity of injury, interhospital transfer, stay in

intensive care unit, duration of hospitalization, and need for rehabilitation. Findings were compared with the general pediatric population hospitalized for non-terror-related trauma within the same time period. **RESULTS:** During the study period, 138 children were hospitalized for a terror-related injury and 8363 for a non-terror-related injury. The study group was significantly older (mean age: 12.3 years [standard deviation: 5.1] v 6.9 years [standard deviation: 5.3]) and sustained proportionately more penetrating injuries (54% [n = 74] vs 9% [n = 725]). Differences were also noted in the proportion of internal injuries to the torso (11% in the patients with terror-related trauma vs 4% in those with non-terror-related injuries), open wounds to the head (13% vs 6%), and critical injuries (Injury Severity Score of 25+; 25% vs 3%). The study group showed greater use of intensive care unit facilities (33% vs 8% in the comparison group), longer median hospitalization time (5 days vs 2 days), and greater need for rehabilitative care (17% vs 1%). **CONCLUSIONS:** Terror-related injuries are more severe than non-terror-related injuries and increase the demand for acute care in children.

Ahmad Z, Balsamo LM, Sachs BC, Xu B, Gaillard WD. Auditory comprehension of language in young children: neural networks identified with fMRI. *Neurology* 2003; 60(10):1598-605. Abstract: **OBJECTIVE:** The organization of neuronal systems that process language in young children is poorly understood. The authors used fMRI to identify brain regions underlying auditory comprehension in healthy young children. **METHODS:** Fifteen right-handed children (mean age 6.8 years) underwent fMRI at 1.5-T using blood oxygen level dependent echoplanar imaging. They listened to stories with a reverse speech control condition. Group data were analyzed with statistical parametric mapping. Individual subject data were analyzed with a region of interest approach based on t-maps. An asymmetry index ( $AI = [(L-R)/(L+R)]$ ) was calculated for each region. **RESULTS:** Group analysis showed significant activation in the left middle temporal gyrus (Brodmann area [BA] 21) and left superior temporal gyrus (BA 22) along the superior temporal sulcus extending back to the angular gyrus (BA 39). Individual maps showed lateralized activation in temporal regions ( $AI > 0.49 \pm 0.39$ ). There was minimal activation in the frontal lobe. There were no significant correlations between age and regional AI. **CONCLUSION:** Networks for auditory language processing are regionally localized and lateralized by age 5. These data may provide a means to interpret language fMRI studies performed in preparation for brain surgery, and may be employed to investigate the effect of chronic disease states, such as epilepsy, on language organization during critical periods for plasticity.

Ahmed AU, O'Halloran SM, Roland NJ, Starkey M, Wraith JE. Hearing loss due to mannosidosis and otitis

media with effusion. A case report and review of audiological assessments in children with otitis media with effusion. *J Laryngol Otol* 2003; 117(4):307-9. Abstract: A case of a child with mannosidosis and bilateral otitis media with effusion (OME) is reported here along with some discussion of relevant literature to emphasize the need for age appropriate audiometric assessment before and after insertion of grommets for glue ear (OME). There is a need for multidisciplinary teamwork in the management of children with hearing loss. If OME is treated surgically, age-appropriate hearing assessment is required before and after insertion of grommets. The need for audiological assessments will be relevant even if children had passed the newborn hearing screening test.

Aitken ME, Rowlands LA, Wheeler JG. Advocating for children's health at the state level: lessons learned. *Arch Pediatr Adolesc Med* 2001; 155(8):877-80. Abstract: This article documents the successful creation and promotion of a bill to fund a nurse home visitation program for high-risk mothers in Arkansas. It illustrates several key factors in successful advocacy by pediatricians working in an academic setting: a realistic time commitment; a community needs assessment, data assimilation, and review of existing resources; the identification and incorporation of stakeholders; a narrow focus on the area of greatest need; the backing of political partners; and favorable opportunities to advance child health issues.

Ajrouch KJ, Antonucci TC, Janevic MR. Social networks among blacks and whites: the interaction between race and age. *J Gerontol B Psychol Sci Soc Sci* 2001; 56(2):S112-8. Abstract: **OBJECTIVES:** This study examined the main and interactive effects of age and race on the core characteristics of social networks including size, frequency of contact, geographical proximity, and composition of network. **METHODS:** Respondents were drawn from a stratified probability sample of people aged 20-93 in the greater Detroit metropolitan area. Approximately 30% of the sample were African American, and people aged 60 and older were over-sampled (n = 1,382). The authors used hierarchical regression analysis to estimate the influence of race and age on each component of social network, controlling for marital status, gender, and education. An interaction term (Race x Age) was added to explore the extent to which age moderates any detected race differences. **RESULTS:** Older age was associated with smaller, less frequently seen, and less proximal networks that had a higher proportion of kin. Blacks and Whites were similar with regard to proximity, but Blacks had smaller networks, more contact with network members, and more family members in their networks. Race differences in frequency of contact and proportion of kin were moderated by age, such that the differences in these variables diminished with increasing age. **DISCUSSION:** A systematic analysis

of how age, race, and their interaction influence the characteristics of social networks furnishes important empirical knowledge about social networks among diverse groups. Such data may provide a context for how, and some explanation for why, support exchanges occur.

Akid M. Child protection. Baseline training is not enough. *Nurs Times* 2002; 98(7):8.

Akister J, Johnson K. Parenting issues that may be addressed through a confidential helpline. *Health Soc Care Community* 2002; 10(2):106-11. Abstract: This study identifies what parents might expect from a confidential helpline and highlights areas of parental concern in the task of child-rearing. A community sample of 424 families from four schools was collected. Although many issues raised concerned parents, those particularly cited were behaviour management, school bullying and drug and alcohol problems. It is clear that there is a perceived need by parents for input into the parenting process; parents were seeking information and advice rather than support. The question of which aspects of parenting can be developed, either through a helpline or other services, is discussed.

Akpede GO, Lawal RS, Momoh SO. Perception of voluntary screening for paediatric HIV and response to post-test counselling by Nigerian parents. *AIDS Care* 2002; 14(5):683-97.

Abstract: Nigeria may be taken to represent countries with an evolving HIV/AIDS epidemic. With particular reference to paediatric HIV, the voluntary testing of young children and their parents may provide an important entry point for the institution of control measures. However, there is a paucity of knowledge about how individuals perceive voluntary testing. This knowledge is important to the development of guidelines for counselling. To reduce this gap, 258 parents of hospitalized children (> 1 month to 15 years of age) were interviewed using a structured questionnaire. In addition, to complement the data, four examples of seropositive mother's responses during post-test counselling are presented and analyzed. In the survey, 223 (86%) parents were HIV/AIDS aware but only 88 (39%) of these parents could describe one or more route(s) of transmission and none described vertical transmission. Among the respondents, 153 (62%) of 248 would consent to the screening of self, and 195 (85%) of 230 to the screening of a hospitalized child if based on his/her clinical condition. Perceptions of good health and lack of exposure, and despair owing to lack of a specific treatment, were the common reasons for refusing consent. These represent some of the issues which would need to be addressed to increase the acceptance of voluntary testing. The fear of a break up of families with seropositive mothers but seronegative fathers was a major concern expressed

during post-test counselling. HIV-discordance among couples may be frequent and should be considered in the formulation of policies on counselling and voluntary testing.

Akshoomoff NA, Feroletto CC, Doyle RE, Stiles J. The impact of early unilateral brain injury on perceptual organization and visual memory. *Neuropsychologia* 2002; 40(5):539-61.

Abstract: Studies of young children with early unilateral brain injury have suggested that while hemispheric differences in visuospatial processing appear to be present early in development, the young brain is better able to compensate for injury than when the injury occurs later, after networks have been established. The aim of this study was to determine if this pattern continues later in development when these children are given a challenging task: the Rey-Osterrieth Complex Figure. Experiment 1 included longitudinal data from ten children with early left hemisphere (LH) injury and nine children with early right hemisphere (RH) injury. Injury was presumed to be due to a prenatal or perinatal stroke. Compared with typically developing children, both groups were poorer in copying the figure. With development, these children produced reasonably accurate drawings but continued to use the most immature and piecemeal strategy. In Experiment 2, copy and immediate memory drawings from the 19 children with early unilateral brain injury were collected at a single age (11-14 years). Eight of the ten children with LH injury organized their memory reproductions around the core rectangle but included relatively few additional details. In contrast, only two of the nine children with RH injury organized their memory reproductions around the core rectangle and all but one produced the figure in a piecemeal manner. The results from both studies demonstrate the continuation of subtle deficits in visuospatial analysis with development but also the continued capacity for compensation.

Al Abdulkareem A. Randomized, placebo-controlled trial. *Ann Saudi Med* 2004; 24(2):145; author reply 145; discussion 145.

Al-Mahroos F, Abdulla F, Kamal S, Al-Ansari A. Child abuse: Bahrain's experience. *Child Abuse Negl* 2005; 29(2):187-93.

Alati R, Najman JM, Kinner SA *et al.* Early predictors of adult drinking: a birth cohort study. *Am J Epidemiol* 2005; 162(11):1098-107.

Abstract: Few studies have explored early predictors of problem drinking in youth, and fewer still have simultaneously considered the role of biologic, familial, and intrapersonal factors. The present study explored early life course and later life course predictors of alcohol abuse and dependence in young adulthood. Data were taken from a cohort of 2,551

mothers and their children recruited as part of the longitudinal Mater University Study of Pregnancy and its outcomes (MUSP) carried out in Brisbane, Australia, from 1981 to 1984. Data were collected prenatally and then postnatally at 6 months and at 5, 14, and 21 years. A range of biologic, familial, and intrapersonal factors was considered. A series of logistic regression models with inverse probability weighting was used to explore pathways to problem drinking from adolescence to early adulthood. For males and females, no association was found between either birth factors or childhood factors and a lifetime diagnosis of alcohol disorders at age 21 years. Externalizing symptoms and maternal factors at age 14 years were significantly associated with alcohol problems. For youth aged 14 years, maternal moderate alcohol consumption accounted for the highest percentage of attributable risk among those exposed. Results show that exposure to maternal drinking in adolescence is a strong risk factor for the development of alcohol problems in early adulthood.

Alber TS. [Chlamydia trachomatis and Neisseria gonorrhoeae in sexually abused children in Jutland]. *Ugeskr Laeger* 2003; 165(5):481; author reply 481.

Albertyn R, Bickler SW, van As AB, Millar AJ, Rode H. The effects of war on children in Africa. *Pediatr Surg Int* 2003; 19(4):227-32. Abstract: There is no doubt that the effects of war extend to the most vulnerable members of society, including children. Although armed conflicts occur throughout the world, the African continent seems to be a particular background for civil and international wars. The aim of this study was to identify causes of conflict in Africa and to evaluate the effect of war on children and their health in order to make practical recommendations to health care workers dealing with children in the setting of war. All articles written in the past 5 years concerning "war" and "children" were identified by means of a literature search and internet review. Contrary to common belief, the causes of conflict are complicated and multi-factorial. The effects of war on childhood are disastrous and include severe negative effects on general paediatric health status. Short-term recommendations for health care workers working with children in war include supply of emergency medical infrastructures, basic health care, rehabilitation and education. Long-term recommendations include orchestrating the relief and support efforts from both national governments and international non-profit organisations and speeding up of economic recovery. The causes of conflict in Africa are complex and unlikely to be resolved soon. The effects of war on children are horrendous in many ways, but can be limited by providing timely and appropriate health care.

Albrecht A, Vinterbo SA, Ohno-Machado L. An Epicurean

learning approach to gene-expression data classification. *Artif Intell Med* 2003; 28(1):75-87. Abstract: We investigate the use of perceptrons for classification of microarray data where we use two datasets that were published in [Nat. Med. 7 (6) (2001) 673] and [Science 286 (1999) 531]. The classification problem studied by Khan et al. is related to the diagnosis of small round blue cell tumours (SRBCT) of childhood which are difficult to classify both clinically and via routine histology. Golub et al. study acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL). We used a simulated annealing-based method in learning a system of perceptrons, each obtained by resampling of the training set. Our results are comparable to those of Khan et al. and Golub et al., indicating that there is a role for perceptrons in the classification of tumours based on gene-expression data. We also show that it is critical to perform feature selection in this type of models, i.e. we propose a method for identifying genes that might be significant for the particular tumour types. For SRBCTs, zero error on test data has been obtained for only 13 out of 2308 genes; for the ALL/AML problem, we have zero error for 9 out of 7129 genes that are used for the classification procedure. Furthermore, we provide evidence that Epicurean-style learning and simulated annealing-based search are both essential for obtaining the best classification results.

Albrecht SA, Maloni JA, Thomas KK, Jones R, Halleran J, Osborne J. Smoking cessation counseling for pregnant women who smoke: scientific basis for practice for AWHONN's SUCCESS project. *J Obstet Gynecol Neonatal Nurs* 2004; 33(3):298-305. Abstract: OBJECTIVES: To review the literature addressing smoking cessation in pregnant women. To develop the project protocol for the Association of Women's Health, Obstetric and Neonatal Nurse's (AWHONN) 6th research-based practice project titled "Setting Universal Cessation Counseling, Education and Screening Standards (SUCCESS): Nursing Care of Pregnant Women Who Smoke." To evaluate the potential of systematic integration of this protocol in primary care settings in which women seek care at the preconception, pregnant, or postpartum stages. LITERATURE SOURCES: Computerized searches in MEDLINE and CINAHL, as well as references cited in articles reviewed. Key concepts in the searches included low-birth-weight infants and effects of prenatal smoking on the infant and the effects of preconception and prenatal smoking cessation intervention on premature labor and birth weight. LITERATURE SELECTION: Comprehensive articles, reports, and guidelines relevant to key concepts and published after 1964 with an emphasis on new findings from 1996 through 2002. Ninety-eight citations were identified as useful to this review. LITERATURE SYNTHESIS: Tobacco use among pregnant women and children's exposure to tobacco use (secondhand smoke) are associated with pregnancy complications

such as placental dysfunction (including previa or abruption), preterm labor, premature rupture of membranes, spontaneous abortions, and decreased birth weight and infant stature. Neonates and children who are exposed to secondhand smoke are at increased risk for developing otitis media, asthma, other respiratory disorders later in childhood; dying from sudden infant death syndrome; and learning disorders. The "5 A's" intervention and use of descriptive statements for smoking status assessment were synthesized into the SUCCESS project protocol for AWHONN's 6th research-based practice project. CONCLUSIONS: The literature review generated evidence that brief, office-based assessment, client-specific tobacco counseling, skill development, and support programs serve as an effective practice guideline for clinicians. Implementation and evaluation of the guideline is under way at a total of 13 sites in the United States and Canada.

Albright TA, Binns HJ, Katz BZ. Side effects of and compliance with malaria prophylaxis in children. *J Travel Med* 2002; 9(6):289-92. Abstract: BACKGROUND: We wanted to determine the frequency of side effects and compliance with mefloquine and chloroquine used for antimalarial prophylaxis in children 0 to 13 years compared with side effects in same-age children taking prophylactic chloroquine. METHODS: Subjects and treatment were identified by retrospective medical record review for children < or = 13 years not on other medications who visited a travel clinic between November 1997 and January 2000. Parents were interviewed via telephone in January through March 2000 regarding compliance and side effects. RESULTS: We reviewed 286 records and contacted 190 of 286 parents (66%). Of these, 177 (93%) parents had first-hand knowledge about the child's compliance with the medication regimen and were interviewed. Subjects were 47% male (median age 6.3 years), contacted a median of 12.4 months (range 2.8 to 28 months) following their clinic visit. Of these, 148 (84%) were prescribed mefloquine, and 29, chloroquine with 77% (136/177) taking the prescribed antimalarial. Most children (30 of 41 [73%]) not receiving their prophylaxis traveled unprotected to endemic area. Sixteen subjects (12% of those taking antimalarials) reported side effects. Eleven of 115 subjects (10%) who took mefloquine, and 5 of 22 subjects (23%) who took chloroquine reported a side effect. Side effects for mefloquine included diarrhea, anorexia, vivid dreams, headache, changes in sleep, hallucinations, and vomiting with 2 subjects stopping mefloquine after seeking medical care. Side effects for chloroquine were headache, nausea, and changes in sleep. No child stopped taking chloroquine. Groups reporting or not reporting a side effect were similar for gender, age, travel destination, antimalarial prescribed, and elapsed time from clinic visit to telephone contact. CONCLUSIONS: Side effects from antimalarial drug administration occurred in 10 to 23% of patients who

took their medication but rarely resulted in stopping prophylaxis. Prescribed antimalarials were sometimes never given. Appropriate counseling on side effects and reasons for faithful administration should accompany antimalarial prophylaxis.

Alechnowicz K, Chapman S. The Philippine tobacco industry: "the strongest tobacco lobby in Asia". *Tob Control* 2004; 13 Suppl 2:ii71-8. Abstract: OBJECTIVE: To highlight revelations from internal tobacco industry documents about the conduct of the industry in the Philippines since the 1960s. Areas explored include political corruption, health, employment of consultants, resisting pack labelling, and marketing and advertising. METHODS: Systematic keyword Minnesota depository website searches of tobacco industry internal documents made available through the Master Settlement Agreement. RESULTS: The Philippines has long suffered a reputation for political corruption where collusion between state and business was based on the exchange of political donations for favourable economic policies. The tobacco industry was able to limit the effectiveness of proposed anti-tobacco legislation. A prominent scientist publicly repudiated links between active and passive smoking and disease. The placement of health warning labels was negotiated to benefit the industry, and the commercial environment allowed it to capitalise on their marketing freedoms to the fullest potential. Women, children, youth, and the poor have been targeted. CONCLUSION: The politically laissez faire Philippines presented tobacco companies with an environment ripe for exploitation. The Philippines has seen some of the world's most extreme and controversial forms of tobacco promotion flourish. Against international standards of progress, the Philippines is among the world's slowest nations to take tobacco control seriously.

Alemi F, Haack M, Nemes S. Statistical definition of relapse: case of family drug court. *Addict Behav* 2004; 29(4):685-98.

Abstract: At any point in time, a patient's return to drug use can be seen either as a temporary event or as a return to persistent use. There is no formal standard for distinguishing persistent drug use from an occasional relapse. This lack of standardization persists although the consequences of either interpretation can be life altering. In a drug court or regulatory situation, for example, misinterpreting relapse as return to drug use could lead to incarceration, loss of child custody, or loss of employment. A clinician who mistakes a client's relapse for persistent drug use may fail to adjust treatment intensity to client's needs. An empirical and standardized method for distinguishing relapse from persistent drug use is needed. This paper provides a tool for clinicians and judges to distinguish relapse from persistent use based on statistical analyses of patterns of client's drug use. To accomplish this, a control chart is created for time-in-between relapses.

This paper shows how a statistical limit can be calculated by examining either the client's history or other clients in the same program. If client's time-in-between relapse exceeds the statistical limit, then the client has returned to persistent use. Otherwise, the drug use is temporary. To illustrate the method, it is applied to data from three family drug courts. The approach allows the estimation of control limits based on the client's as well as the court's historical patterns. The approach also allows comparison of courts based on recovery rates.

Alevizopoulos GA. Mentally disordered offenders as victims: from classic Greek poetry to modern psychiatry. *J Am Acad Psychiatry Law* 2003; 31(1):110-6.

Alexander T. GPs and child protection. *Br J Gen Pract* 2002; 52(482):764-5.

Alfredsson R, Svensson E, Trollfors B, Borres MP. Why do parents hesitate to vaccinate their children against measles, mumps and rubella? *Acta Paediatr* 2004; 93(9):1232-7.

Abstract: **BACKGROUND:** Thanks to a successful voluntary vaccination programme, measles, mumps and rubella are rare diseases in Sweden. Coverage among children 18 mo of age has been 99%, but the measles, mumps and rubella vaccination (MMR) has increasingly been questioned among parents. **AIM:** To study reasons why parents choose not to vaccinate their child against measles, mumps and rubella, and their opinions on vaccines and the diseases themselves. A secondary objective was to compare coverage at 18 mo of age based on parental report with the national statistics based on patient charts. **METHODS:** The official statistics were compared with patient charts for two birth cohorts in the city of Goteborg, Sweden. Out of these children born in 1995 and 1996, 300 unvaccinated and vaccinated children were identified. Their parents received a postal questionnaire assessing the parent's views on vaccines and childhood diseases. **RESULTS:** The documented vaccine coverage in this study was higher in 1995 and 1996 than official statistics indicated. The major reason, for both groups, for accepting respectively declining vaccination was strengthening the child's immune system. Parents with children unvaccinated against MMR were also more likely to have declined vaccination against diphtheria, polio, tetanus, *Haemophilus influenzae* and pertussis. One-third of the parents with a child unvaccinated against MMR had not yet made their final decision 3 y after the vaccine offer. Few parents, both with vaccinated and unvaccinated children, had acquired vaccine information from the Internet. Both groups believed that insufficient time was allocated for vaccine information and discussion at the Child Health Centre. **CONCLUSION:** Our study indicates that official statistics on MMR vaccination uptake

underestimate the number of vaccinated children. Vaccine safety is a major concern for many parents and needs to be addressed by healthcare professionals at institutions offering paediatric vaccinations.

Alidina S, Jarvis S, Nickoloff B, Tolkin J, Trypuc J. Connecting for change: networks as a vehicle for regional health reform the early experiences of the Child Health Network for the Greater Toronto Area. *Healthc Manage Forum* 2002; 15(2):41-5. Abstract: The Child Health Network (CHN) for the Greater Toronto Area (GTA) is a partnership of hospital, rehabilitation and community providers committed to developing a regional system to deliver high quality, accessible, family-centred care for mothers, newborns, children and youth. This article reviews the history and model of the CHN, assesses its achievements, and provides insights into the challenges and lessons learned by the network. Stemming from the CHN's commitment to quality, accessibility and efficiency, regionalization of maternal, newborn and children's services is emerging as a success story.

Alkan N, Baksu A, Baksu B, Goker N. Gynecological examinations for social and legal reasons in Turkey: hospital data. *Croat Med J* 2002; 43(3):338-41. Abstract: **AIM:** Women in Turkey are subjected to gynecologic examinations not only for legal reasons, such as sexual assault or violence against pregnant women, but also for various social reasons, such as suspicions of premarital intercourse, prostitution, loss of virginity, and pregnancy at the time of entering into a new marriage. The examinations are performed by general practitioners, forensic physicians, and gynecologists. This study presents social reasons for gynecologic examinations of women in Turkey. **METHOD:** We analyzed the reasons for gynecologic examination of 412 women at the 1st Obstetrics and Gynecology Department, Sisli Etfal Training and Research Hospital, between January 1, 1999 and June 30, 2001. **RESULTS:** Out of 27,376 women at the Department, 412 (1.5%) underwent gynecologic examination for social or legal reasons: 82 (19.9%) for entering into a new marriage, 41 (10.1%) for violence against pregnant women, 28 (6.7%) for sexual assault, 53 (12.8%) for suspicion of prostitution, and 208 (50.5%) for the determination of virginity. **CONCLUSION:** Gynecologic examinations for legal or social reasons in Turkey are still rather common. Medicolegal regulation of gynecological examinations should be changed to protect women's human rights.

Allasio D, Fischer H. Re: Shaken baby syndrome and hypothermia. *Child Abuse Negl* 2001; 25(11):1413-4.

Allmark P, Mason S, Gill AB, Megone C. Is it in a neonate's best interest to enter a randomised controlled trial? *J Med Ethics* 2001; 27(2):110-3. Notes: **GENERAL NOTE:** KIE: Allmark, Peter;

Mason, Su; Gill, A Bryan; Megone, Christopher  
GENERAL NOTE: KIE: 20 refs.  
GENERAL NOTE: KIE: KIE Bib: human experimentation/minors

Abstract: Clinicians are required to act in the best interest of neonates. However, it is not obvious that entry into a randomised controlled trial (RCT) is in a neonate's best interest because such trials often involve additional onerous procedures (such as intramuscular injections) in return for which the neonate receives unproven treatment or a placebo. On the other hand, neonatology needs to develop its evidence base, and RCTs are central to this task. The solution posited here is based on two points. First, "best interest" is not equivalent to "the best possible interest" only to "best interest within a certain realm". The realm of deliberation when asking the title question is the neonate's health. Deliberating in this realm may involve the exclusion from consideration of some factors that might be thought relevant (such as parental wealth). Furthermore, circumstances may dictate the need to deliberate on other factors that might be thought irrelevant (such as health care resources). Second, deciding on a neonate's best interest does not involve "putting oneself in its shoes". Rather, it involves asking in what it has an interest, or stake. These will include some things in which we all, as human beings, have a stake, such as medical progress. Putting these two points together, in the realm of health the answer to whether RCT entry is in a neonate's best interest is usually very finely balanced. Where this is the case, it is reasonable to invoke a broader notion of best interest and include a broader range of elements in which the neonate has a stake, including medical progress. In this way RCT entry can, usually, be said to be in a neonate's best interest.

Allsworth JE, Zierler S, Lapane KL, Krieger N, Hogan JW, Harlow BL. Longitudinal study of the inception of perimenopause in relation to lifetime history of sexual or physical violence. *J Epidemiol Community Health* 2004; 58(11):938-43.

Abstract: **STUDY OBJECTIVE:** To investigate of the extent to which violence over the life course accelerates the onset of perimenopause, as measured by menstrual changes. **DESIGN:** Prospective cohort study. **SETTING:** Boston, Massachusetts. **PARTICIPANTS:** 603 premenopausal women aged 36-45 years at baseline who completed a cross sectional survey on childhood and adult violence history. **MAIN OUTCOME MEASURE:** Time to perimenopause, defined as time in months from baseline interview to a woman's report of (1) an absolute change of at least seven days in menstrual cycle length from baseline or subjective report of menstrual irregularity; (2) a change in menstrual flow amount or duration; or (3) cessation of periods for at least three months, whichever came first. **MAIN RESULTS:** Experience of abuse was associated with delayed onset of menstrual changes indicative of onset of perimenopause. Women

reporting childhood or adolescent abuse entered perimenopause about 35% slower than women who reported no abuse (IRR(adj) = 0.65, 95% CI 0.45 to 0.95) after adjusting for age, age at menarche, ever live birth, ability to maintain living standard, smoking, BMI, and depression. There was a similar association among women who reported first abuse during adulthood (IRR(adj) = 0.72, 95% CI 0.28 to 1.80). These findings persisted when the cohort was restricted to non-depressed women (childhood/adolescent IRR(adj) = 0.57, 95% CI 0.36 to 0.90; adulthood IRR(adj) = 0.63, 95% CI 0.23 to 1.77). **CONCLUSIONS:** This study is the first longitudinal analysis of the timing of perimenopause to show an association with a history of physical or sexual abuse. Further study of the relation between violence and reproductive aging is needed.

Almogly G, Luria T, Richter E *et al.* Can external signs of trauma guide management?: Lessons learned from suicide bombing attacks in Israel. *Arch Surg* 2005; 140(4):390-3.

Abstract: **BACKGROUND:** Following a suicide bombing attack, scores of victims suffering from a combination of blast injury, penetrating injury, and burns are brought to local hospitals. **OBJECTIVE:** To identify external signs of trauma that would assist medical crews in recognizing blast lung injury (BLI) and effectively triaging salvageable and nonsalvageable victims. **DESIGN:** Retrospective analysis of all 15 suicide bombing attacks that occurred in Israel from April 1994 to August 1997. **SETTING:** National survey. **PATIENTS:** One hundred fifty-three victims died and 798 were injured as a result of 15 attacks. Medical records were reviewed for external signs of trauma, such as burns and penetrating injuries, and the presence of BLI. **Main Outcome Measure** The odds ratio for BLI and death. **RESULTS:** Three settings were targeted: buses, semiconfined spaces, and open spaces. Sixty survivors (7.5%) suffered from BLI, which was more common in buses (37 of 260) than semiconfined spaces (14 of 279) and open spaces (9 of 259) (P<.001). Victims with BLI were more likely to suffer from penetrating injury to the head or torso, burns covering more than 10% of the body surface area, and skull fractures (odds ratios, 4, 11.6, and 55.8, respectively; P<.001). Victims who died at the scene were more likely to suffer from burns, open fractures, and amputations in comparison with survivors (odds ratios, 6.5, 18.6, and 50.1, respectively; P<.001). **CONCLUSIONS:** Following a suicide bombing attack, external signs of trauma should be used to triage victims to the appropriate level of care both at the scene and in the hospital. Triage of salvageable and nonsalvageable victims should take into account the presence of amputations, burns, and open fractures.

Alpert EJ. Domestic violence and clinical medicine: learning from our patients and from our fears. *J Gen Intern Med* 2002; 17(2):162-3.

Alter MJ. Do patients who fail to complete a hepatitis A or hepatitis B vaccination series have to restart it? *Cleve Clin J Med* 2003; 70(3):234.

Altshuler SJ. Drug-endangered children need a collaborative community response. *Child Welfare* 2005; 84(2):171-90.

Abstract: The United States is facing an epidemic of the use of methamphetamine drugs. Child welfare has not yet addressed the needs of the children living in so-called "meth homes." These children are endangered not only from the chemicals involved, but also from parental abuse and neglect. Communities are recognizing the need for interagency collaboration to address the consequences of this epidemic. Spokane, Washington, has created a Drug-Endangered Children Project, whose mission is to implement a collaborative response among law enforcement, prosecutorial, medical, and social service professionals to the needs of drug-endangered children. This article presents the findings from the evaluation of the first year of the project, including a baseline assessment of the needs of drug-endangered children and the extent of community-based collaboration achieved. This article makes recommendations for future community-based partnerships to improve the well-being of drug-endangered children.

Alvarado BE, Zunzunegui MV, Delisle H. [Validation of food security and social support scales in an Afro-Colombian community: application on a prevalence study of nutritional status in children aged 6 to 18 months]. *Cad Saude Publica* 2005; 21(3):724-36. Abstract: We conducted a cross-sectional study on 193 mothers of children 6 to 18 months of age in an African-Colombian community, with the objectives: (1) to adapt and validate the Community Childhood Hunger Identification Project scale, the DUKE-UNC-11 social support scale, and the Quebec Longitudinal Study of Child Development (QLSCD) partner support scale, and (2) to identify any existent relationship between nutritional status in infancy and both food insecurity and social support. We determined construct validity using factor analysis and theoretical models-based non-parametric correlations. Length-for-age and weight-for-length Z-results were calculated. Factor analyses reduced the hunger scale to one factor, the DUKE-UNC-11 scale to two factors, and the QLSCD scale to one factor. The Cronbach's alpha test ranged between 0.70 and 0.90. Both food insecurity and social support scales were correlated with mother's social conditions, and social support was positively associated with social networks and mother's self-perceived health status. Food insecurity, emotional-social support, and partner's negative support were associated with lower height-to-age and therefore a higher ratio of chronic malnutrition. The study supports the appropriateness of the instruments to measure the expressed concepts.

Aman MG, De Smedt G, Derivan A, Lyons B, Findling RL. Double-blind, placebo-controlled study of risperidone for the treatment of disruptive behaviors in children with subaverage intelligence. *Am J Psychiatry* 2002; 159(8):1337-46.

Notes: CORPORATE NAME: Risperidone Disruptive Behavior Study Group

Abstract: OBJECTIVE: The short-term efficacy and safety of risperidone in the treatment of disruptive behaviors was examined in a well-characterized cohort of children with subaverage intelligence. METHOD: In this 6-week, multicenter, double-blind, parallel-group study of 118 children (aged 5-12 years) with severely disruptive behaviors and subaverage intelligence (IQ between 36 and 84, inclusive), the subjects received 0.02-0.06 mg/kg per day of risperidone oral solution or placebo. The a priori primary efficacy measure was the change in score from baseline to endpoint on the conduct problem subscale of the Nisonger Child Behavior Rating Form. RESULTS: The risperidone group showed significantly greater improvement than did the placebo group on the conduct problem subscale of the Nisonger Child Behavior Rating Form from week 1 through endpoint (change in score of -15.2 and -6.2, respectively). Risperidone was also associated with significantly greater improvement than placebo on all other Nisonger Child Behavior Rating Form subscales at endpoint, as well as on the Aberrant Behavior Checklist subscales for irritability, lethargy/social withdrawal, and hyperactivity; the Behavior Problems Inventory aggressive/destructive behavior subscale; a visual analogue scale of the most troublesome symptom; and the Clinical Global Impression change score. The most common adverse effects reported during risperidone treatment were headache and somnolence. The extrapyramidal symptom profile of risperidone was comparable to that of placebo. Mean weight increases of 2.2 kg. and 0.9 kg occurred in the risperidone and placebo groups, respectively. CONCLUSIONS: Risperidone was effective and well tolerated for the treatment of severely disruptive behaviors in children with subaverage IQ.

Ambalavanan N, Carlo WA. Comparison of the prediction of extremely low birth weight neonatal mortality by regression analysis and by neural networks. *Early Hum Dev* 2001; 65(2):123-37.

Abstract: AIMS: To compare the prediction of mortality in individual extremely low birth weight (ELBW) neonates by regression analysis and by artificial neural networks. STUDY DESIGN: A database of 23 variables on 810 ELBW neonates admitted to a tertiary care center was divided into training, validation, and test sets. Logistic regression and neural network models were developed on the training set, validated, and outcome (mortality) predicted on the test set. Stepwise regression identified significant variables in the full set. Regression models and neural networks were then tested using data sets



with only the identified significant variables, and then with variables excluded one at a time. RESULTS: The area under the curve (AUC) of receiver operating characteristic (ROC) curves for neural networks and regression was similar (AUC 0.87+/-0.03; p=0.31). Birthweight or gestational age and the 5-min Apgar score contributed most to AUC. CONCLUSIONS: Both neural networks and regression analysis predicted mortality with reasonable accuracy. For both models, analyzing selected variables was superior to full data set analysis. We speculate neural networks may not be superior to regression when no clear non-linear relationships exist.

Ambalavanan N, Carlo WA, Bobashev G *et al.* Prediction of death for extremely low birth weight neonates. *Pediatrics* 2005; 116(6):1367-73. Notes: CORPORATE NAME: National Institute of Child Health and Human Development Neonatal Research Network Abstract: OBJECTIVE: To compare multiple logistic regression and neural network models in predicting death for extremely low birth weight neonates at 5 time points with cumulative data sets, as follows: scenario A, limited prenatal data; scenario B, scenario A plus additional prenatal data; scenario C, scenario B plus data from the first 5 minutes after birth; scenario D, scenario C plus data from the first 24 hours after birth; scenario E, scenario D plus data from the first 1 week after birth. METHODS: Data for all infants with birth weights of 401 to 1000 g who were born between January 1998 and April 2003 in 19 National Institute of Child Health and Human Development Neonatal Research Network centers were used (n = 8608). Twenty-eight variables were selected for analysis (3 for scenario A, 15 for scenario B, 20 for scenario C, 25 for scenario D, and 28 for scenario E) from those collected routinely. Data sets censored for prior death or missing data were created for each scenario and divided randomly into training (70%) and test (30%) data sets. Logistic regression and neural network models for predicting subsequent death were created with training data sets and evaluated with test data sets. The predictive abilities of the models were evaluated with the area under the curve of the receiver operating characteristic curves. RESULTS: The data sets for scenarios A, B, and C were similar, and prediction was best with scenario C (area under the curve: 0.85 for regression; 0.84 for neural networks), compared with scenarios A and B. The logistic regression and neural network models performed similarly well for scenarios A, B, D, and E, but the regression model was superior for scenario C. CONCLUSIONS: Prediction of death is limited even with sophisticated statistical methods such as logistic regression and nonlinear modeling techniques such as neural networks. The difficulty of predicting death should be acknowledged in discussions with families and caregivers about decisions regarding initiation or continuation of care.

Anagol P. The emergence of the female criminal in India: infanticide and survival under the Raj. *Hist Workshop J* 2002; (53):73-93.

Anda RF, Whitfield CL, Felitti VJ *et al.* Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatr Serv* 2002; 53(8):1001-9.

Abstract: OBJECTIVE: The study examined how growing up with alcoholic parents and having adverse childhood experiences are related to the risk of alcoholism and depression in adulthood. METHODS: In this retrospective cohort study, 9,346 adults who visited a primary care clinic of a large health maintenance organization completed a survey about nine adverse childhood experiences: experiencing childhood emotional, physical, and sexual abuse; witnessing domestic violence; parental separation or divorce; and growing up with drug-abusing, mentally ill, suicidal, or criminal household members. The associations between parental alcohol abuse, the adverse experiences, and alcoholism and depression in adulthood were assessed by logistic regression analyses. RESULTS: The risk of having had all nine of the adverse childhood experiences was significantly greater among the 20 percent of respondents who reported parental alcohol abuse. The number of adverse experiences had a graded relationship to alcoholism and depression in adulthood, independent of parental alcohol abuse. The prevalence of alcoholism was higher among persons who reported parental alcohol abuse, no matter how many adverse experiences they reported. The association between parental alcohol abuse and depression was accounted for by the higher risk of having adverse childhood experiences in alcoholic families. CONCLUSIONS: Children in alcoholic households are more likely to have adverse experiences. The risk of alcoholism and depression in adulthood increases as the number of reported adverse experiences increases regardless of parental alcohol abuse. Depression among adult children of alcoholics appears to be largely, if not solely, due to the greater likelihood of having had adverse childhood experiences in a home with alcohol-abusing parents.

Anderson M, Kaufman J, Simon TR *et al.* School-associated violent deaths in the United States, 1994-1999. *JAMA* 2001; 286(21):2695-702.

Notes: CORPORATE NAME: School-Associated Violent Deaths Study Group Abstract: CONTEXT: Despite the public alarm following a series of high-profile school shootings that occurred in the United States during the late 1990s, little is known about the actual incidence and characteristics of school-associated violent deaths. OBJECTIVE: To describe recent trends and features of school-associated violent deaths in the United States. DESIGN, SETTING, AND SUBJECTS: Population-based surveillance study of data collected from media databases, state and local agencies, and police and

school officials for July 1, 1994, through June 30, 1999. A case was defined as a homicide, suicide, legal intervention, or unintentional firearm-related death of a student or nonstudent in which the fatal injury occurred (1) on the campus of a public or private elementary or secondary school, (2) while the victim was on the way to or from such a school, or (3) while the victim was attending or traveling to or from an official school-sponsored event. MAIN OUTCOME MEASURES: National estimates of risk of school-associated violent death; national trends in school-associated violent deaths; common features of these events; and potential risk factors for perpetration and victimization. RESULTS: Between 1994 and 1999, 220 events resulting in 253 deaths were identified; 202 events involved 1 death and 18 involved multiple deaths (median, 2 deaths per multiple-victim event). Of the 220 events, 172 were homicides, 30 were suicides, 11 were homicide-suicides, 5 were legal intervention deaths, and 2 were unintentional firearm-related deaths. Students accounted for 172 (68.0%) of these deaths, resulting in an estimated average annual incidence of 0.068 per 100 000 students. Between 1992 and 1999, the rate of single-victim student homicides decreased significantly ( $P = .03$ ); however, homicide rates for students killed in multiple-victim events increased ( $P = .047$ ). Most events occurred around the start of the school day, the lunch period, or the end of the school day. For 120 (54.5%) of the incidents, respondents reported that a note, threat, or other action potentially indicating risk for violence occurred prior to the event. Homicide offenders were more likely than homicide victims to have expressed some form of suicidal behavior prior to the event (odds ratio [OR], 6.96; 95% confidence interval [CI], 1.96-24.65) and been bullied by their peers (OR, 2.57; 95% CI, 1.12-5.92). CONCLUSIONS: Although school-associated violent deaths remain rare events, they have occurred often enough to allow for the detection of patterns and the identification of potential risk factors. This information may help schools respond to this problem.

Andersson A, Eden P, Lindgren D *et al.* Gene expression profiling of leukemic cell lines reveals conserved molecular signatures among subtypes with specific genetic aberrations. *Leukemia* 2005; 19(6):1042-50. Abstract: Hematologic malignancies are characterized by fusion genes of biological/clinical importance. Immortalized cell lines with such aberrations are today widely used to model different aspects of leukemogenesis. Using cDNA microarrays, we determined the gene expression profiles of 40 cell lines as well as of primary leukemias harboring 11q23/MLL rearrangements, t(1;19)[TCF3/PBX1], t(12;21)[ETV6/RUNX1], t(8;21)[RUNX1/CBFA2T1], t(8;14)[IGH@/MYC], t(8;14)[TRA@/MYC], t(9;22)[BCR/ABL1], t(10;11)[PICALM/MLLT10], t(15;17)[PML/RARA], or inv(16)[CBFB/MYH11]. Unsupervised classification revealed that hematopoietic cell lines of diverse origin, but with the

same primary genetic changes, segregated together, suggesting that pathogenetically important regulatory networks remain conserved despite numerous passages. Moreover, primary leukemias cosegregated with cell lines carrying identical genetic rearrangements, further supporting that critical regulatory pathways remain intact in hematopoietic cell lines. Transcriptional signatures correlating with clinical subtypes/primary genetic changes were identified and annotated based on their biological/molecular properties and chromosomal localization. Furthermore, the expression profile of tyrosine kinase-encoding genes was investigated, identifying several differentially expressed members, segregating with primary genetic changes, which may be targeted with tyrosine kinase inhibitors. The identified conserved signatures are likely to reflect regulatory networks of importance for the transforming abilities of the primary genetic changes and offer important pathogenetic insights as well as a number of targets for future rational drug design.

Andersson N, Cockcroft A, Ansari N *et al.* Household cost-benefit equations and sustainable universal childhood immunisation: a randomised cluster controlled trial in south Pakistan. *BMC Public Health* 2005; 5:72. Abstract: BACKGROUND: Household decision-makers decide about service use based largely on the costs and perceived benefits of health interventions. Very often this leads to different decisions than those imagined by health planners, resulting in under-utilisation of public services like immunisation. In the case of Lasbela district in the south of Pakistan, only one in every ten children is immunised despite free immunisation offers by government health services. METHODS/DESIGN: In 32 communities representative of Lasbela district, 3344 households participated in a baseline survey on early child health. In the 18 randomly selected intervention communities, we will stimulate discussions on the household cost-benefit equation, as measured in the baseline. The reference (control) communities will also participate in the three annual follow-up surveys, feedback of the general survey results and the usual health promotion activities relating to immunisation, but without focussed discussion on the household cost-benefit equations. DISCUSSION: This project proposes knowledge translation as a two-way communication that can be augmented by local and international evidence. We will document cultural and contextual barriers to immunisation in the context of household cost-benefit equations. The project makes this information accessible to health managers, and reciprocally, makes information on immunisation effects and side effects available to communities. We will measure the impact of this two-way knowledge translation on immunisation uptake.

Andrade LO, Baretta IC, Gomes CF, Canuto OM. Public health policies as guides for local public policies: the experience of Sobral-Ceara, Brazil. *Promot Educ* 2005;

Suppl 3:28-31.

Abstract: The accelerated urbanisation process that Brazil has gone through in the last 50 years has given rise to daunting challenges for public managers, especially in terms of local public policy management for the building of "healthy cities". In Sobral, a municipality of 173,000 inhabitants in Ceara in the North-eastern region of Brazil, a number of municipal policies were initiated beginning in 1997, many in partnership with the federal and state governments. They were inspired by the vision of a healthy and equitable city and were marked by strategic planning and the implementation of intersectoral projects. This article lays out some of the actions and their results, including an increase in the public supply of drinking water from 65% to 97% of households; an increase in sewage networks from 7% to 65%; an increase in public refuse collection from 42% to 90%; the expansion of green areas; the construction of nine kilometres of bicycle paths; the universalisation of integral health care through the Family Health Strategy through a network with specialised out-patient and hospital services; and a 148% increase in the number of children enrolled in primary school. These initiatives also resulted in the improvement of quality of life indicators, including a reduction in infant mortality from 61.4 to 19.0 per thousand live births, a drop in the mortality rate from traffic accidents from 33.40 per 100,000 inhabitants in 2001 to 15.25 in 2003; and a jump in literacy rates among children in the first cycle of primary school from 40 to 90.7%. In the present article, the authors describe some of the successful strategies and projects initiated between 1997 and 2003, and discuss how this experience could be reproduced in other communities across Brazil and around the world.

Andrade RC, Silva VA, Assumpcao FB Jr. Preliminary data on the prevalence of psychiatric disorders in Brazilian male and female juvenile delinquents. *Braz J Med Biol Res* 2004; 37(8):1155-60. Abstract: The aim of the present investigation was to study the prevalence of psychiatric disorders in a sample of delinquent adolescents of both genders and to compare the prevalence between genders. A total of 116 adolescents (99 males and 17 females) aged 12 to 19 on parole in the State of Rio de Janeiro were interviewed using the screening interview based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children -- Present and Lifetime (KSADS-PL). Data were collected between May 2002 and January 2003. Of 373 male and 58 female adolescents present in May 2002 in the largest institution that gives assistance to adolescents on parole in the city of Rio de Janeiro, 119 subjects were assessed (three of them refused to participate). Their average age was 16.5 years with no difference between genders. The screening interview was positive for psychopathology for most of the sample, with the frequencies of the suggested more prevalent psychiatric

disorders being 54% for attention-deficit/hyperactivity disorder, 77% for conduct disorder, 41% for oppositional defiant disorder, 57% for anxiety disorder 57, 60% for depressive disorder 60, 63% for illicit drug abuse, and 58% for regular alcohol use. Internalizing disorders (depressive disorders, anxiety disorders and phobias) were more prevalent in the female subsample. There was no significant difference in the prevalence of illicit drug abuse between genders. There were more male than female adolescents on parole and failure to comply with the sentence was significantly more frequent in females. The high prevalence of psychopathology suggested by this study indicates the need for psychiatric treatment as part of the prevention of juvenile delinquency or as part of the sentence. However, treatment had never been available for 93% of the sample in this study.

Andreassen M, Lajer M, Lau M, Moesgaard K, Poulsen S, Ramsing P. [Recovered memories--agreed and disagreed]. *Ugeskr Laeger* 2004; 166(48):4394.

Andronikou S, Bertelsmann J. CT scanning--essential for conservative management of paediatric blunt abdominal trauma. *S Afr Med J* 2002; 92(1):35-8.

Andrzejak RG, Widman G, Lehnertz K, Rieke C, David P, Elger CE. The epileptic process as nonlinear deterministic dynamics in a stochastic environment: an evaluation on mesial temporal lobe epilepsy. *Epilepsy Res* 2001; 44(2-3):129-40. Abstract: The theory of deterministic chaos addresses simple deterministic dynamics in which nonlinearity gives rise to complex temporal behavior. Although biological neuronal networks such as the brain are highly complicated, a number of studies provide growing evidence that nonlinear time series analysis of brain electrical activity in patients with epilepsy is capable of providing potentially useful diagnostic information. In the present study, this analysis framework was extended by introducing a new measure  $\xi$ , designed to discriminate between nonlinear deterministic and linear stochastic dynamics. For the evaluation of its discriminative power,  $\xi$  was extracted from intracranial multi-channel EEGs recorded during the interictal state in 25 patients with unilateral mesial temporal lobe epilepsy. Strong indications of nonlinear determinism were found in recordings from within the epileptogenic zone, while EEG signals from other sites mainly resembled linear stochastic dynamics. In all investigated cases, this differentiation allowed to retrospectively determine the side of the epileptogenic zone in full agreement with results of the presurgical workup.

Angeles-Llerenas A, Bello MA, Dirce G, Salinas MA. [Argentina, Brazil and Mexico. Biomedical research and the defense of a single standard of attention in developing countries]. *Rev Invest Clin* 2004;

56(5):675-85.

Abstract: In the Helsinki Declaration, which established the ethical principles for research with human subjects, article 5 states, "...concern about the well-being of human beings should always come before the interests of science and of society..." Research proposals should include this commitment, both in developed and developing countries. In countries like Argentina, Brazil and Mexico, much of the population experience situations of great injustice, including a lack of equal access to health care. In some cases, sectors of the pharmaceutical industry may see these deficiencies as offering opportunities for carrying out research and achieving economic profits, something which carries the risk of perpetuating and even intensifying the unjust situations and violations of human rights--these population groups already suffer from. This situation implies the need for commitment to and ethical reflection upon human rights related to health. Agreements are needed between the actors involved in health research: sources of funding, researchers, public policy makers, and the study subjects themselves, in order to protect the latter's rights, including continuity of medical treatment for research subjects, when necessary.

Angelides S. Historicizing affect, psychoanalyzing history: pedophilia and the discourse of child sexuality. *J Homosex* 2003; 46(1-2):79-109. Abstract: Within the last two decades in Australia, Britain, and the United States, we have seen a veritable explosion of cultural panic regarding the problem of pedophilia. Scarcely a day passes without some mention in the media of predatory pedophiles or organized pedophile networks. Many social constructionist historians and sociologists have described this incitement to discourse as indicative of a moral panic. The question that concerns me in this article is: If this incitement to discourse is indicative of a moral panic, to what does the panic refer? I begin by detailing, first, how social constructionism requires psychoanalytic categories in order to understand the notion of panic, and second, how a psychoanalytic reading of history might reveal important unconscious forces at work in the current pedophilia "crisis" that our culture refuses to confront. Here, I will suggest a repressed discourse of child sexuality is writ large. I will argue that the hegemonic discourse of pedophilia is contained largely within a neurotic structure and that many of our prevailing responses to pedophilia function as a way to avoid tackling crucial issues about the reality and trauma of childhood sexuality.

Ani C, Garralda E. Developing primary mental healthcare for children and adolescents. *Curr Opin Psychiatry* 2005; 18(4):440-4. Abstract: PURPOSE OF REVIEW: Governmental initiatives to enhance child and adolescent mental healthcare are giving renewed impetus to work in primary care. This review identifies and discusses

critically new findings in this area. RECENT FINDINGS: Research reviews and new studies continue to highlight the burden of unidentified and hence untreated psychopathology among children attending primary care. Expression of parental concern appears to provide important help in improving recognition. Shared protocols have been developed for primary care use for clinical conditions such as attention deficit hyperactivity disorder, but adherence to protocols is still limited. Randomized controlled trials have shown the feasibility and efficacy of suitably adapted therapeutic interventions for adolescent depression in primary healthcare and in educational settings. Surveys indicate a significant amount of child and adolescent mental health work by social services in countries such as the UK, and attest to the usefulness of protocols to attend to children in foster care. The new role of primary mental health worker has the potential to help support the interface between primary and specialist child and adolescent mental health services. SUMMARY: There is increased interest in further clarifying and enhancing the role of primary care child and adolescent mental health services.

Annas GJ. Conjoined twins--the limits of law at the limits of life. *N Engl J Med* 2001; 344(14):1104-8. Notes: GENERAL NOTE: KIE: Annas, George J GENERAL NOTE: KIE: 22 refs. GENERAL NOTE: KIE: KIE Bib: informed consent/minors; patient care/minors

Annas GJ. Extremely preterm birth and parental authority to refuse treatment--the case of Sidney Miller. *N Engl J Med* 2004; 351(20):2118-23. Notes: GENERAL NOTE: KIE: 13 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; resuscitation orders; treatment refusal/minors

Annas GJ. The right to health and the nevirapine case in South Africa. *N Engl J Med* 2003; 348(8):750-4. Notes: GENERAL NOTE: KIE: 20 refs. GENERAL NOTE: KIE: KIE Bib: AIDS; health care/foreign countries; health care/rights

Annas GJ. Testing poor pregnant patients for cocaine--physicians as police investigators. *N Engl J Med* 2001; 344(22):1729-32. Notes: GENERAL NOTE: KIE: Annas, George J GENERAL NOTE: KIE: 19 refs. GENERAL NOTE: KIE: KIE Bib: prenatal injuries

Anthuber S, Hepp H. [Child and adolescent gynecology. Introduction to the focal topic 'Child and adolescent gynecology']. *Gynakol Geburtshilfliche Rundsch* 2003; 43(3):129-30. Abstract: Valuable knowledge from the subspecialty of child and adolescent gynecology is of considerable

importance for the clinically active pediatrician and gynecologist. Focal topics such as sexual violence to children and young adults, undesired pregnancies and pregnancy termination should not only be made known in the media, but also to specialists, so that successful prevention and treatment can be carried out. Furthermore, endocrinological problems and genital malformations in adolescence should be detectable and treatable.

Aouina H, El Gharbi L, Fakhfakh R *et al.* [Smoking cessation program in Tunisia: experience of a respiratory service.]. *Int J Tuberc Lung Dis* 2002; 6(12):1123-7.

Abstract: A tobacco cessation programme was recently introduced into medical practice in Tunisia. The medical staff in the pulmonary disease ward at Charles Nicolle Hospital, Tunis, has been the first to implement such a programme for people motivated to quit smoking. This programme has been run for 3 years in the respiratory disease out-patient department. It acts essentially against psychological and pharmacological dependence on tobacco. The results obtained were very encouraging: 298 smokers have participated in this programme. The global success rate at 12 months of tobacco withdrawal was about 25% for people who were followed up, and 17% for the whole sample. Medical help for smoking cessation should be more widely promoted in Tunisia to increase the number of smokers who consult and improve the quality of medical intervention.

Appelbaum PS. Law & psychiatry: Third-party suits against therapists in recovered-memory cases. *Psychiatr Serv* 2001; 52(1):27-8.

Appelbaum PS. The 'quiet' crisis in mental health services. *Health Aff (Millwood)* 2003; 22(5):110-6. Abstract: The failure of insurers and managed care organizations to reimburse providers of mental health services for the costs of care has led to a crisis in access to these services. Using the situation in Massachusetts as a case example, this paper explores the impact of this defunding. Unable to sustain continued losses, hospitals are closing psychiatric units, and outpatient services are contracting or closing altogether. The situation has been compounded by the withdrawal of many practitioners from managed care networks and cuts in public-sector mental health services. Unless purchasers demand effective coverage of mental health treatment, mental health services will likely continue to wither away.

Arachchi JK, Sumanasena SP, de Silva KS. Clinical examination in paediatrics at final MBBS: views of children and their parents. *Ceylon Med J* 2003; 48(1):12-4.

Abstract: INTRODUCTION: The final examination in paediatrics for medical undergraduates in Sri Lanka

consists of a written and a clinical component. Each candidate at the clinical component sees one long case and two short cases. OBJECTIVES: To assess the views of the bystanders regarding their sick children participating at a clinical examination, and to evaluate the children's perceptions of the clinical component. METHODS: An interviewer-administered questionnaire was discussed separately with the participating children and their bystanders at the final year examination in paediatrics of the Faculty of Medicine, Colombo, in 1999. RESULTS: 116 patients participated at the clinical examination in paediatrics. 107 (92%) of the bystanders were the children's mothers. Informed consent had not been obtained for use in the examination from 59 (51%) of the children's mothers. Seven (6%) were not satisfied with the way their children were handled by the candidates, and 25 (21.5%) showed concern about the number of candidates examining their child. Bystanders who participated at the long cases were inconvenience more than those in the short cases. 34 children above the age of 5 years were also interviewed. An explanation regarding the examination had not been given to 31 (92%) of them. Six children (17%) said they were examined for too long. A majority of the bystanders welcomed the payments received and all of them were satisfied with the medical students' conduct and politeness. All of them agreed that this form of clinical examination was a good method of evaluating a student's professional competence. CONCLUSIONS: Several aspects of the clinical component of the final examination in paediatrics for medical undergraduates need to be improved to minimise the inconvenience experienced by the children and their parents.

Arana E, Marti-Bonmati L, Bautista D, Paredes R. [Diagnosis of calvarial lesions. Feature selection by neural network and logistic regression]. *Neurocirugia (Astur)* 2003; 14(5):377-84.

Abstract: OBJECTIVES: To establish the minimum set of features needed in the diagnosis of calvarial lesions using computed tomography (CT) and to assess the accuracy of logistic regression (LR) and artificial neural networks (NN) for their diagnosis. MATERIAL AND METHODS: 167 patients with calvarial lesions as the only known disease were enrolled. The clinical and CT data were used for LR and NN models. Both models were tested with the jackknife method. The final results of each model were compared using the area under ROC curves (A<sub>2</sub>). RESULTS: The lesions were 73.1 % benign and 26.9% malignant. There was no statistically significant difference between LR and NN in differentiating malignancy. In characterizing the histologic diagnoses, NN was statistically superior to LR. Important NN features needed for malignancy classification were age and edge definition, and for the histologic diagnoses matrix, marginal sclerosis and age. CONCLUSIONS: A minimum four features is needed to diagnose these lesions, not being important patients' symptoms. NNs offer wide possibilities over

statistics for the calvarial lesions study besides a superior diagnostic performance.

Arana E, Marti-Bonmati L, Bautista D, Paredes R. Qualitative diagnosis of calvarial metastasis by neural network and logistic regression. *Acad Radiol* 2004; 11(1):45-52.

Abstract: **RATIONALE AND OBJECTIVES:** To simplify the diagnostic features used by an artificial neural network compared with logistic regression (LR) in the diagnosis of calvarial metastasis with computed tomography and analyze their accuracy. **MATERIALS AND METHODS:** Twenty-one of 167 patients with calvarial lesions were found to have metastasis. Clinical and computed tomography data were used for LR and neural network models. Both models were tested with the leave-one-out method. The final results of each model were compared using the area under receiver operating characteristic curve (Az). **RESULTS:** The neural network identified metastasis significantly more successfully than LR with an Az of 0.9324 +/- 0.0386 versus 0.9192 +/- 0.0373, P = .01. The most important features selected by the LR and neural network were age and edge definition. **CONCLUSION:** Neural networks offer wide possibilities over statistics for the study of calvarial metastases other than their minimum clinical and radiologic features for diagnosis.

Arcos E, Uarac M, Molina I, Repossi A, Ulloa M. [Impact of domestic violence on reproductive and neonatal health]. *Rev Med Chil* 2001; 129(12):1413-24. Abstract: **BACKGROUND:** Domestic violence can have an important influence on mother and child health. **AIM:** To assess the consequences of remote and actual, emotional or physical, domestic violence on the reproductive and newborn health in pregnant women. **MATERIAL AND METHODS:** A longitudinal epidemiological observation from an Urban Primary Health Care Center from Valdivia, Chile, in 1998. Two cohorts were studied: Pregnant women that experienced domestic violence (index group) and pregnant women not exposed to domestic violence (control group). Women were followed during pregnancy and at labor. The newborn was also assessed. **RESULTS:** The index group had a higher relative risk (RR) for impending abortion (RR 1.44, 95% confidence interval (CI): 1.07-1.93), hypertensive syndrome of pregnancy (RR 1.5, 95% CI: 1.18-1.96), intrahepatic cholestasis (RR 1.5, 95% CI: 1.1-1.94). Women that experienced violence during pregnancy had a higher risk of urinary tract infection (RR 2.88, 95% CI: 1.28-6.43), intrauterine growth retardation (RR 3.7, 95% CI: 1.77-7.93) and intrahepatic cholestasis. Newborns from the index group had lower weight, size and gestational age. **CONCLUSIONS:** Domestic violence is associated with hypertension during pregnancy and intrauterine growth retardation. The incorporation of bio-psychological evaluation and monitoring systems could attenuate the consequences

of domestic violence.

Argyropoulos C, Nikiforidis GC, Theodoropoulou M *et al.* Mining microarray data to identify transcription factors expressed in naive resting but not activated T lymphocytes. *Genes Immun* 2004; 5(1):16-25. Abstract: Transcriptional repressors controlling the expression of cytokine genes have been implicated in a variety of physiological and pathological phenomena. An unknown repressor that binds to the distal NFAT element of the interleukin-2 (IL-2) gene promoter in naive T-helper lymphocytes has been implicated in autoimmune phenomena and has emerged as a potentially important factor controlling the latency of HIV-1. The aim of this paper was the identification of this repressor. We resorted to public microarray databases looking for DNA-binding proteins that are present in naive resting T cells but are downregulated when the cells are activated. A Bayesian data mining statistical analysis uncovered 25 candidate factors. Of the 25, NFAT4 and the oncogene ets-2 bind to the common motif AAGGAG found in the HIV-1 LTR and IL-2 probes. Ets-2 binding site contains the three G's that have been shown to be important for binding of the unknown factor; hence, we considered it the likeliest candidate. Electrophoretic mobility shift assays confirmed cross-reactivity between the unknown repressor and anti-ets-2 antibodies, and cotransfection experiments demonstrated the direct involvement of Ets-2 in silencing the IL-2 promoter. Designing experiments for transcription factor analysis using microarrays and Bayesian statistical methodologies provides a novel way toward elucidation of gene control networks.

Arie S. WHO takes up issue of child abuse. *BMJ* 2005; 331(7509):129.

Ariza AJ, Greenberg RS, Unger R. Childhood overweight: management approaches in young children. *Pediatr Ann* 2004; 33(1):33-8. Abstract: Management of overweight in young children may be our best opportunity for confronting the nationwide epidemic of childhood obesity. Doing so will require all health care providers to improve their identification, assessment, and guidance on this issue. As a group, we must make it a priority to obtain height and weight measurements on every child and to interpret them correctly. We must be comprehensive in our medical investigation in order to uncover identifiable causes and recognize comorbidities. Most of all, we must motivate families, as a whole, to confront this issue with us by increasing physical activity, decreasing sedentary behaviors, and improving eating practices. As health professionals in a society that is not yet poised to fight this epidemic, we must lead the way.

Armour KL, Callister LC. Prevention of triplets and higher

order multiples: trends in reproductive medicine. *J Perinat Neonatal Nurs* 2005; 19(2):103-11.

Abstract: In the United States and throughout the world, today's healthcare providers are challenged by the risks of multiple gestation pregnancy. Assisted reproductive technologies (ARTs) often used to treat infertility raise ethical issues including informed consent, veracity, and nonmalificence. In the United States, there is the need to improve maternal and fetal/neonatal mortality and morbidity by proposing legislation regulating ART and supporting single embryo transfers with no more than 2 such transfers. Beginning with the diagnosis of infertility, providers have a responsibility to educate, inform, and treat infertile couples. From the moment pregnancy with multiples is confirmed, these families are faced with incredible stressors including decision making on multifetal or selective reduction. Full disclosure of risks involved throughout the course of care should be discussed and documented in the record and plan of care. Currently in the United States, legislation does not regulate ART, including ovulation induction/enhancement and in vitro fertilization. Although the United States does have self-regulation via limited reporting through their professional organization and the Centers for Disease Control and Prevention, an unlimited number of embryos may be transferred. Unfortunately, many healthcare providers have not recognized the responsibility and burden placed on families and society as a whole. Lack of regulation means women may become pregnant with high order multiples, which raises serious moral and ethical issues.

Armstrong DB, Cole WG. Can child accidents be prevented in your community? *Am J Public Health* 2004; 94(6):940, 942.

Armstrong K, Kerns KA. The assessment of parent needs following paediatric traumatic brain injury. *Pediatr Rehabil* 2002; 5(3):149-60.

Abstract: The paediatric version of the Family Needs Questionnaire was administered to parents of children with traumatic brain injuries (TBI) a year or more post-injury. Parents of diabetic children (DIAB) and parents of orthopaedically (ORTHO) injured children were included as control groups. Parents rated items on their importance and how well these needs have been met. The ORTHO group rated significantly fewer items as important relative to the TBI and DIAB groups (who endorsed a similar number of items). Of those items rated as important, TBI parents' needs were more likely to remain unmet relative to both the DIAB and the ORTHO groups: out of 28 items rated as important, TBI parents report that 19 needs are still unmet. DIAB and ORTHO parents more consistently reported their needs as met. Needs most often rated as unmet for TBI parents include the needs for health/medical information, professional support, community support networks, and the need to be involved in their child's

care. These results present important findings for TBI rehabilitation professionals. Future studies need to investigate whether TBI parents' needs are unmet because of the lack of community resources, or if available resources do not adequately target the needs of the TBI parents.

Armstrong TD, Costello EJ. Community studies on adolescent substance use, abuse, or dependence and psychiatric comorbidity. *J Consult Clin Psychol* 2002; 70(6):1224-39.

Abstract: A literature review on community studies of adolescent substance use, abuse, or dependence (SU/AID) and psychiatric comorbidity yielded 22 articles from 15 studies with information on rates, specificity, timing, and differential patterns of comorbidity by gender, race/ethnicity, and other factors. Results revealed that 60% of youths with SU/AID had a comorbid diagnosis, and conduct disorder (CD) and oppositional defiant disorder (not attention-deficit/hyperactivity disorder) were most commonly associated with SU/AID, followed by depression. Child psychopathology (particularly CD) was associated with early onset of substance use and abuse in later adolescence. The authors suggest that available data relevant to SU/AID and psychiatric comorbidity can be used to better address such questions.

Arnold EM, Kirk RS, Roberts AC, Griffith DP, Meadows K, Julian J. Treatment of incarcerated, sexually-abused adolescent females: an outcome study. *J Child Sex Abus* 2003; 12(1):123-39.

Abstract: This study examined the psychosocial functioning of 100 adolescent females (ages 12-17) sentenced to secure care in a southeastern state and the impact of gender-specific, cognitive-behavioral therapy (CBT) intervention on the psychosocial functioning of subjects who reported a history of sexual abuse. The Multidimensional Adolescent Assessment Scale (MAAS) was used to assess psychosocial functioning. Pre-test scores on the MAAS revealed significantly higher scores on 12 of 16 dimensions of psychosocial functioning and higher rates of serious criminal behavior for youth who subsequently disclosed sexual abuse histories as compared to those without such histories. At post-test, statistically significant improvements in psychosocial functioning were observed on 14 of 16 MAAS subscales for those who received the CBT intervention. Thus, incarcerated female adolescents who reported a history of sexual abuse demonstrated more impairment in their functioning as compared to those without a reported history of sexual abuse and responded positively to gender-specific, CBT-based intervention.

Arnold LE. Turn-of-the-century ethical issues in child psychiatric research. *Curr Psychiatry Rep* 2001; 3(2):109-14.

Abstract: National concern in 2000 about increased psychoactive drug prescription for preschoolers accentuated the 1990s thrust for more pharmacologic research in children. Preschoolers are prescribed potent drugs without adequate evidence for efficacy or safety at this plastic age of the rapidly developing brain. Implementation of needed preschool research poses special ethical complications. Children with mental disorder qualify for special protection under both rubrics. Parental informed consent is crucial for preschoolers, who appear incapable of assent because of their preoperational, magical, animistic, egocentric thinking, with inability to comprehend relative risks and benefits. Whether they can dissent is an open question. Possibly for research with direct benefit outweighing the risk, parental permission/consent could override attempted preschooler dissent. Subject recompense should be adjusted for age differences in perception of amount, although parent reimbursement needs to be realistic. Insurance for research risk is desirable. Placebo controls appear justified for preschoolers because there is little evidence base to say that a proven effective treatment already exists. Disruptive behavior disorders, including attention-deficit/hyperactivity, have enough evidence of preschool diagnostic validity to justify therapeutic trials. In preschool pharmacologic research, a brief trial of a nonpharmacologic treatment should precede the drug trial to ensure that placebo responders and responders to the alternative treatment are not exposed to drug risk.

Arnold RW. Macular hole without hemorrhages and shaken baby syndrome: practical medicolegal documentation of children's eye trauma. *J Pediatr Ophthalmol Strabismus* 2003; 40(6):355-7.

Arntzen A, Nybo Andersen AM. Social determinants for infant mortality in the Nordic countries, 1980-2001. *Scand J Public Health* 2004; 32(5):381-9. Abstract: AIM: Social equity in health is an important goal of public health policies in the Nordic countries. Infant mortality is often used as an indicator of the health of societies, and has decreased substantially in the Nordic welfare states over the past 20 years. To identify social patterns in infant mortality in this context the authors set out to review the existing epidemiological literature on associations between social indicators and infant mortality in Denmark, Finland, Norway, and Sweden during the period 1980-2000. METHODS: Nordic epidemiological studies in the databases ISI Web of Science, PubMed, and OVID, published between 1980 and 2000 focusing on social indicators of infant, neonatal, and postneonatal mortality, were identified. The selected keywords on social indicators were: education, income, occupation, social factors, socioeconomic status, social position, and social class. RESULTS: Social inequality in infant mortality was reported from Denmark, Finland, Norway, and Sweden, and it was found that these

increased during the study period. Post-neonatal mortality showed a stronger association with social indicators than neonatal mortality. Some studies showed that neonatal mortality was associated with social indicators in a non-linear fashion, with high rates of mortality in both the lowest and highest social strata. The pattern differed, however, between countries with Finland and Sweden showing consistently less social inequalities than Denmark and Norway. While the increased inequality shown in most studies was an increase in relative risk, a single study from Denmark demonstrated an absolute increase in infant mortality among children born to less educated women. CONCLUSIONS: Social inequalities in infant mortality are observed in all four countries, irrespective of social indicators used in the studies. It is, however, difficult to draw inferences from the comparisons between countries, since different measures of social position and different inclusion criteria are used in the studies. Nordic collaborative analyses of social gradients in infant death are needed, taking advantage of the population-covering registers in longitudinal designs, to explore the mechanisms behind the social patterns in infant mortality.

Arons J. "In a black hole": the (negative) space between longing and dread: Home-based psychotherapy with a traumatized mother and her infant son. *Psychoanal Study Child* 2005; 60:101-27. Abstract: This paper offers fragments from the first year of a home-based mother-baby psychotherapy, in which I attempted to help a traumatized and dissociated mother to emotionally engage with her infant son. The treatment was organized in part around certain developmental objectives common to both attachment and psychoanalytic theory. These include: The ability to name and metabolize feelings, to evoke a soothing maternal introject, and to relate to the partner's mind as a separate, understandable center of initiative and intention. In addition, attachment theory, with its emphasis on the critical psychobiological role of containing fear and distress in infancy, was a useful guide in formulating the treatment. The paper reviews research findings on mother-infant pairs described as frightened-disorganized, discusses some of the challenges encountered in home-based mother-infant psychotherapy and then discusses the case of Mary and John. The case illustrates how mother-infant psychotherapy may interrupt the intergenerational transmission of disorganized attachment by working within the couple to name, metabolize and flexibly respond to painful, dissociated or frightening experiences.

Arseneault L, Cannon M, Murray R, Poulton R, Caspi A, Moffitt TE. Childhood origins of violent behaviour in adults with schizophreniform disorder dagger. *Br J Psychiatry* 2003; 183:520-5. Abstract: BACKGROUND: People with psychosis have an elevated risk of violence. AIMS: To examine



whether violent behaviour in adults with psychosis can be accounted for by psychotic symptoms or physical aggression in childhood. **METHOD:** We used data from a prospective longitudinal study of a complete birth cohort born in New Zealand. When cohort members were 26 years old, information was obtained on past-year psychiatric diagnosis of schizophreniform disorder and on violent behaviour. Childhood psychotic symptoms were measured at age 11 years using a diagnostic interview, and childhood physical aggression was assessed by teachers when cohort members were aged 7, 9 and 11 years. **RESULTS:** Participants with schizophreniform disorder were more likely to be violent than participants without, even after controlling for sociodemographic variables and concurrent substance dependence disorders. Childhood psychotic symptoms were a strong risk factor for violence in adults with schizophreniform disorder, as was childhood physical aggression, although to a lesser extent. **CONCLUSIONS:** Violence by individuals with schizophreniform disorder could be prevented by monitoring early signs of psychotic symptoms and by controlling childhood physical aggression.

Arterburn T. Using hidden cameras to monitor suspected parental abuse. *J Healthc Prot Manage* 2001; 17(2):80-7.

**Abstract:** In using hidden cameras to monitor suspected parental abuse a security requirement or an invasion of privacy? Covert surveillance of patients suspected of having Munchausen syndrome by proxy at an Atlanta children's hospital resulted in considerable media scrutiny when researchers published their findings. This article presents details of the research, the involvement of security officers, and the reactions of local authorities and health officials.

Aryan HE, Jandial R, Bennett RL, Masri LS, Lavine SD, Levy ML. Gunshot wounds to the head: gang- and non-gang-related injuries and outcomes. *Brain Inj* 2005; 19(7):505-10.

**Abstract:** **PRIMARY OBJECTIVE:** This study examined the differences between gang and non-gang-related incidents of penetrative missile injuries in terms of demographics, motivation, intra-cranial pathology, transit time, injury time and clinical outcome. **RESEARCH DESIGN:** Retrospective and prospective chart review. **METHODS AND PROCEDURES:** Between 1985-1992, 349 patients with penetrating missile injuries to the brain presenting to LAC-USC were studied. **EXPERIMENTAL INTERVENTIONS:** Inclusion criteria were implemented to keep the cohort as homogenous as possible. Patients excluded were those with multiple gunshot wounds, non-penetrating gunshot wounds to the head, systemic injuries and cases in which the motivation for the incident was unknown. **MAIN OUTCOMES AND RESULTS:** Gang-related shooting slightly out-numbered non-gang-related incidents. Demographic analysis showed both a male and Hispanic predominance for both gang-

and non-gang-related victims and significant differences in gender, race and age. Occipital entrance sites were more common in the gang-related vs temporal entrance sites in the non-gang-related. Mean transit time to the emergency department for gang-related shootings was less than non-gang-related shootings (24.4 vs 27.8 minutes). Most shooting incidents took place between 6pm and 3am. No difference between survival and outcome was noted between gang and non-gang victims. **CONCLUSIONS:** Significant differences were found between gang- and non-gang-related shooting victims in terms of demographics, entrance site and transit time. No difference was found between injury time, survival and outcome between gang and non-gang populations.

Asamura H, Yamazaki K, Mukai T *et al.* Case of shaken baby syndrome in Japan caused by shaking alone. *Pediatr Int* 2003; 45(1):117-9.

Ashby SL, Rich M. Video killed the radio star: the effects of music videos on adolescent health. *Adolesc Med Clin* 2005; 16(2):371-93, ix.

**Abstract:** Since its inception half a century ago, rock and roll has been the music of youth and rebellion, of freedom, and of idealism. Popular music has been a reflection of, and inspiration for, youth movements, fads, and lifestyles that can include health risk behaviors, such as sex, drugs, and interpersonal violence. This article summarizes the health-related content of music videos, and discusses associations between music videos and adolescent health risks.

Asherson P. Attention-Deficit Hyperactivity Disorder in the post-genomic era. *Eur Child Adolesc Psychiatry* 2004; 13 Suppl 1:150-70.

**Notes:** CORPORATE NAME: IMAGE Consortium **Abstract:** **BACKGROUND:** ADHD is a common and complex genetic disorder. Genetic risk factors are expected to be multiple, have small effect sizes when considered individually and to interact with each other and with environmental factors. **OBJECTIVE:** To describe the difficulties involved in the genetic investigation of such a complex disorder and give a perspective for the future. **METHODS:** Review based on empirical literature and project description. **RESULTS:** Considerable progress has been achieved through the association analysis of candidate gene loci. Linkage scans using affected sibling pairs have identified a number of potential loci that may lead to the identification of novel genes of moderate effect size. Quantitative trait locus (QTL) approaches provide powerful complementary strategies that have the potential to link the categorical disorder to continuously distributed traits associated more closely with underlying genetic liability in the general population. Success in identifying some associated genes has been complemented by functional studies that seek to understand the mode of action of such

genes. CONCLUSION: Progress in understanding the mechanisms involved has not been straightforward and many inconsistencies have arisen. In order to take advantage of the potential for progress that stems from the genetic findings it will be important to draw upon a variety of approaches and experimental paradigms. A functional genomic approach to ADHD means that investigation of gene function is carried out at various levels of analysis, not only at the level of molecular and cellular function but also at the level of psychological processes, neuronal networks, environmental interactions and behavioural outcomes.

Assel MA, Landry SH, Swank PR, Steelman L, Miller-Loncar C, Smith KE. How do mothers' childrearing histories, stress and parenting affect children's behavioural outcomes? *Child Care Health Dev* 2002; 28(5):359-68.

Abstract: BACKGROUND: Information is needed to understand the role of low to moderate levels of mothers' emotional stress and child characteristics (i.e. prematurity) on parenting behaviours and their impact on children's behaviour that might be deemed 'challenging' but not 'disordered'. METHODS: The direct and indirect relations of maternal childrearing history and emotional stress, and observed parenting practices when children were 3 years of age on 4-year child behavioural outcomes was examined in a sample of low-income families with a term (n=112) or preterm (n=180) child. Parenting practices included displays of warmth and restrictiveness when interacting with their children. Child outcomes at 4 years included observation of social initiations with their mothers and maternal report of social and attentional problems. RESULTS: A Structural Equation Model building approach guided by specific hypotheses indicated that preterm as compared to full-term children had more maternal reported social and attentional problems but did not differ in observed social initiating skills. Greater negative maternal childrearing history indirectly influenced social initiating skills through its direct influence on maternal emotional stress. Greater maternal emotional stress directly influenced mothers' parenting that, in turn, directly influenced social initiating. Prematurity and a more negative childrearing history had a direct negative influence on the maternal report of social and attentional behavioural outcomes. CONCLUSIONS: These findings delineate the effects of prematurity and maternal parenting on the behaviour of 4-year-old-children and extend current knowledge of the influence of parental emotional stress on parenting. Even milder levels can negatively influence parenting, and in turn, contribute to children's less well developed social skills. The issues raised in this study could help with the identification and prioritization of medical and psychological services.

Astrakas LG, Teicher M, Tzika AA. Activation of attention networks using frequency analysis of a simple auditory-motor paradigm. *Neuroimage* 2002;

15(4):961-9.

Abstract: The purpose of this study was to devise a paradigm that stimulates attention using a frequency-based analysis of the data acquired during a motor task. Six adults (30-40 years of age) and one child (10 years) were studied. Each subject was requested to attend to "start" and "stop" commands every 20 s alternatively and had to respond with the motor task every second time. Attention was stimulated during a block-designed, motor paradigm in which a start-stop commands cycle produced activation at the fourth harmonic of the motor frequency. We disentangled the motor and attention functions using statistical analysis with subspaces spanned by vectors generated by a truncated trigonometric series of motor and attention frequency. During our auditory-motor paradigm, all subjects showed activation in areas that belong to an extensive attention network. Attention and motor functions were coactivated but with different frequencies. While the motor-task-related areas were activated with slower frequency than attention, the activation in the attention-related areas was enhanced every time the subject had to start or end the motor task. We suggest that although a simple block-designed, auditory-motor paradigm stimulates the attention network, motor preparation, and motor inhibition concurrently, a frequency-based analysis can distinguish attention from motor functions. Due to its simplicity the paradigm can be valuable in studying children with attention deficit disorders.

Aszodi I. [Contribution to the publication "Sexual crimes against minors" by Roland Csorba et al.]. *Orv Hetil* 2004; 145(44):2260; author reply 2260-1.

Ateah CA, Parkin CM. Childhood experiences with, and current attitudes toward, corporal punishment. *Can J Commun Ment Health* 2002; 21(1):35-46. Abstract: The purpose of the present study was to determine, in a Canadian sample, the extent to which corporal or physical punishment use continues, personal experiences, and current attitudes. Of the 436 participants, 75% reported receiving physical punishment as children. Approximately 40% of participants agreed that corporal punishment is necessary as a means of discipline. Since parental attitude toward physical punishment has been determined to be an important predictor in its use with children, the authors recommend that parent education programming must include information related to its risks.

Atinmo T. Nutritional problems of Africa--the future of a continent: an overview. *Forum Nutr* 2003; 56:281-2.

August GJ, Hektner JM, Egan EA, Realmuto GM, Bloomquist ML. The early risers longitudinal prevention trial: examination of 3-year outcomes in aggressive children with intent-to-treat and as-intended

- analyses. *Psychol Addict Behav* 2002; 16(4 Suppl):S27-39.
- Abstract: The effects of participation following a 3-year preventive intervention trial targeting elementary school children with early-onset aggressive behavior were evaluated. Intent-to-treat analyses revealed that program participants, compared with controls, showed greater gains in social skills, academic achievement, and parent discipline, with mean scores in the normative range on the latter two constructs. As-intended participation in the Family Program, which included separate parent and child education and skills-training groups, was associated with improved parent discipline practices and gains in children's social skills, with level of child aggression moderating gains in academic achievement. Recommended level of FLEX family support contact time was associated with gains in academic achievement, concentration problems, and social skills, with parents of severely aggressive children showing greater reductions in parent distress.
- Augustyn M, Groves BM. Training clinicians to identify the hidden victims: children and adolescents who witness violence. *Am J Prev Med* 2005; 29(5 Suppl 2):272-8. Abstract: In this article, we will provide an overview of the effects of witnessing violence on children and adolescents, discuss the importance of health clinicians inquiring about violence in the lives of children, and discuss the role of the clinician in educating parents about children's responses to violence. In addition, we will describe training resources that improve clinicians' skills at identifying and responding to children and their parents.
- Augustyn M, Saxe G, McAlister Groves B, Zuckerman B. Silent victims: a decade later. *J Dev Behav Pediatr* 2003; 24(6):431-3.
- Austin JK, Dunn DW, Johnson CS, Perkins SM. Behavioral issues involving children and adolescents with epilepsy and the impact of their families: recent research data. *Epilepsy Behav* 2004; 5 Suppl 3:S33-41. Abstract: OBJECTIVE: Using data from a larger study on new-onset seizures, we reported preliminary findings concerning relationships between family factors and child behavioral problems at baseline and 24 months. We also explored which baseline and changes in family factors were associated with changes in child behavioral problems over the 24-month period. METHODS: Subjects were 224 children and their primary caregivers. Data were collected using structured telephone interviews and analyzed using multiple regression. RESULTS: Deficient family mastery and parent confidence in managing their child's discipline were associated with behavior problems at baseline and at 24 months; they also predicted child behavior problems over time. Decreasing parent confidence in disciplining their child was associated with increasing child behavior problems. Decreases in parent emotional support of the child were associated with increases in child internalizing problems. CONCLUSION: Child behavior problems, family environment, and parenting behaviors should be assessed when children present to the clinical setting with new-onset seizures.
- Austin S. Community-building principles: implications for professional development. *Child Welfare* 2005; 84(2):105-22. Abstract: This article reviews a Think Tank meeting among child welfare practitioners at the 2003 Building Communities for 21st-Century Child Welfare Symposium. The Child Welfare League of America's focus on community building is recognition of the vital importance of promoting and fostering collaboration with community members to enhance the well-being of children, families, and communities. The Think Tank participants responded to four questions concerning the knowledge, policies, and strategies that are needed for the development of strategies for community building and child welfare. This article highlights several of the findings of the preconference, which addressed the challenges and opportunities inherent in community-building practices and discusses the key principles that emerged from the Think Tank. The article emphasizes implications for professional education and cites selected examples of innovative community-building initiatives with families.
- Autti-Ramo I. Foetal alcohol syndrome--a multifaceted condition. *Dev Med Child Neurol* 2002; 44(2):141-4.
- Autti-Ramo I, Autti T, Korkman M, Kettunen S, Salonen O, Valanne L. MRI findings in children with school problems who had been exposed prenatally to alcohol. *Dev Med Child Neurol* 2002; 44(2):98-106. Abstract: This study examined 17 children (nine males, eight females; mean age 13 years) with prenatal alcohol exposure of various durations. The aim of the study was to detect specific brain morphological alterations by means of MRI and to see if findings correlated with particular cognitive deficits. Of the 17 children, five had been exposed to heavy maternal consumption of alcohol (over 10 drinks/week) during the first trimester only; four had been exposed during the first and second trimester; and eight had been exposed throughout pregnancy. Five children had alcohol related neurobehavioural disorder, seven were diagnosed as having foetal alcohol effects and five were diagnosed as having foetal alcohol syndrome. Hypoplasia of the vermis was observed in 10 children and malformed posterior vermis in one additional child. Five children had hypoplastic cerebellar hemispheres. Hypoplasia of the corpus callosum was observed in two children. Small hippocampi were observed in three children and wide cortical sulci in six. No specific structural anomaly correlated with a particular neuropsychological deficit. In this study,

deviations in the development of the vermis was the most sensitive morphological indicator of the effects of prenatal alcohol exposure. It was seen in every diagnostic group including children who had been exposed during only the first trimester of pregnancy.

Avery JK. Informed consent lacking? *J Ark Med Soc* 2005; 101(12):356-7.

Avidan V, Hersch M, Armon Y *et al.* Blast lung injury: clinical manifestations, treatment, and outcome. *Am J Surg* 2005; 190(6):927-31. Abstract: BACKGROUND: Blast lung injury (BLI) is a major cause of morbidity after terrorist bomb attacks (TBAs) and is seen with increasing frequency worldwide. Yet, many surgeons and intensivists have little experience treating BLI. Jerusalem sustained 31 TBAs since 1983, resulting in a local expertise in treating BLI. METHODS: A retrospective study of clinical and radiologic characteristics, management, and outcome of victims of TBAs sustaining BLI who were admitted to ICU during December 1983 to February 2004. Long-term outcome was determined by a telephone interview. RESULTS: Twenty-nine patients met inclusion criteria. Hypoxia and pulmonary infiltrates in chest x-ray were *sine qua non* for the diagnosis. Seventy-six percent required mechanical ventilation, all within 2 hours of admission. One patient died. Seventy-six percent had no long-term sequelae. CONCLUSIONS: Most patients with significant BLI injury require mechanical ventilation. Late deterioration is rare. Death because of BLI in patients who survived the explosion is unusual. Timely diagnosis and correct treatment result in excellent outcome.

Aynalem G, Mendoza P, Frederick T, Mascola L. Who and why? HIV-testing refusal during pregnancy: implication for pediatric HIV epidemic disparity. *AIDS Behav* 2004; 8(1):25-31. Abstract: To identify characteristics of pregnant women who refuse HIV testing and determine predictive factors and the reasons for refusal, we conducted face-to-face interviews of pregnant women at prenatal clinics of public and private hospitals. We found 8% (n=65) of 826 pregnant women interviewed refused HIV testing. In bivariate analysis, foreign-born pregnant women residing in Los Angeles County were twice more likely to refuse HIV testing than U.S.-born pregnant women (odds ratio [OR] = 1.97, 95% confidence interval [CI] 1.11-3.49,  $p < .05$ ). In a multivariate stepwise logistic regression model analysis, variables that were independent predictors of HIV testing refusal during pregnancy were being foreign-born (OR = 2.11, 95% CI 1.07-4.38), not receiving general information about HIV (OR = 7.48, 95% CI 1.86-30.01), and not receiving specific information about HIV and pregnancy (OR = 3.54, 95% CI 1.91-6.57). The most common reasons for

testing refusal were being in a monogamous relationship for foreign-born women (41%) and already being tested for U.S.-born women (65%).

Azar ST, Cote LR. Sociocultural issues in the evaluation of the needs of children in custody decision making. What do our current frameworks for evaluating parenting practices have to offer? *Int J Law Psychiatry* 2002; 25(3):193-217.

Azar ST, Nix RL, Makin-Byrd KN. Parenting schemas and the process of change. *J Marital Fam Ther* 2005; 31(1):45-58.

Abstract: Parents' childrearing behaviors are guided by schemas of the caregiving role, their functioning in that role, what children need in general, and what their own children are like in particular. Sometimes, however, parenting schemas can be maladaptive because they are too rigid or simple, involve inappropriate content, or are dominated by negative affect. In this article, we describe parenting schemas and provide an overview of empirical work documenting the characteristics of maladaptive parenting schemas. We review how intervention practices common to multiple therapeutic approaches (cognitive-behavior therapy, family therapy, parent training, attachment-based interventions, and psychoanalytic parent-infant psychotherapy) attempt to modify schemas to promote more optimal functioning among parents. We highlight how research in cognitive science may explain, in part, treatment effectiveness.

Bach KP, Schouten-van Meeteren AY, Smit LM, Veenhuizen L, Gemke RJ. [Intracranial hemorrhages in infants: child abuse or a congenital coagulation disorder?]. *Ned Tijdschr Geneeskd* 2001; 145(17):809-13.

Abstract: In children with head injuries the severity of the neurological symptoms should concord with the patient's history and signs of neurotrauma on examination. Discrepancies between the (hetero)anamnesis and physical examination on the one hand and neurological findings on the other may indicate child abuse. The presence of both old and new intracranial haemorrhages in the absence of proportional trauma is generally considered as evidence for child abuse. However, these symptoms may also be the first manifestation of a congenital coagulation disorder. Three children, two girls aged 8 and 5 months and a boy aged 6 months were presented with alarming neurological symptoms due to intracranial haemorrhages without external signs of head trauma. The first girl had 'shaken baby' syndrome while the other 2 had congenital coagulation disorders (haemophilia B and factor V deficiency, respectively). All three recovered, the last two with remaining one-sided neurological deficits. Child abuse and congenital coagulation disorders may present with similar neurological symptoms and radiological findings. In

these patients coagulation tests are mandatory and--if abnormal--enable early substitution of deficits and prevent inappropriate suspicion or accusation of caretakers.

Bachanas PJ, Morris MK, Lewis-Gess JK *et al.* Psychological adjustment, substance use, HIV knowledge, and risky sexual behavior in at-risk minority females: developmental differences during adolescence. *J Pediatr Psychol* 2002; 27(4):373-84. Abstract: OBJECTIVE: To assess developmental differences in the psychological functioning, substance use, coping style, social support, HIV knowledge, and risky sexual behavior of at-risk, minority adolescent girls; to assess developmental differences in psychosocial correlates of risky sexual behavior in older and younger adolescents. METHOD: Participants included 164 minority teens, ages 12-19, who were receiving medical care in an adolescent primary care clinic. Teens completed measures of psychological adjustment, substance use, coping style, social support, religious involvement, and HIV knowledge and attitudes. In addition, they answered questions regarding their sexual history, family situation, school status, and psychiatric and legal history. RESULTS: Younger teens (ages 12-15) reported more symptoms of depression and earlier sexual debuts than older teens (ages 16-19). However, older teens reported significantly more substance use and were more likely to have been pregnant and to have contracted a sexually transmitted disease (STD) than younger teens. Older teens also reported more religious involvement and using more adaptive coping strategies than younger teens. Developmental differences in the correlates of risky behaviors were also found between younger and older teens. Specifically, conduct problems and substance use were significantly associated with risky sexual behavior for younger teens, but not for older teens. Similarly, younger teens whose peers were engaging in risky behaviors reported engaging in more risky sexual behaviors; however, these same relations were not found for older teens. CONCLUSIONS: Young minority adolescents exhibiting conduct problems and using substances seem to be at highest risk for contracting HIV and STDs as a result of risky sexual behavior. Prevention interventions should target teens in high-risk environments during late elementary school or early middle school to encourage teens to delay intercourse, practice safer sex, and avoid drug and alcohol use. An interdisciplinary model of care in primary care settings is clearly indicated to provide these services to at-risk youths.

Baeza-Herrera C, Garcia-Cabello LM, Dominguez-Perez ST, Atzin-Fuentes JL, Rico-Mejia E, Mora-Hernandez F. [Battered child syndrome. Surgical implications]. *Cir Cir* 2003; 71(6):427-33. Abstract: INTRODUCTION: Major trauma, specially abdominal and thoracic trauma due to child abuse is a serious, but fortunately infrequent problem which

carries unacceptably high mortality. MATERIAL AND METHODS: We reviewed our experience with childhood trauma due to battered child syndrome in our hospital to learn the extent, circumstances, presentations, and consequences of this kind of events. Our hospital is the most important center for traumatized child care in Mexico. RESULTS: After our study, mild trauma due to child abuse accounted for 35 and major trauma accounted for 50 cases. In the former group, 10 patients with fractures were observed; 21 were male patients. Children were abused by father or stepfather in the 21 cases, and by the mother in six. There was delay in seeking immediate medical attention treatment in all patients. In the second group, there were ruptures of small bowel in 27, of the colon in four patients, pancreas in three, and esophagus in two. Lung, pleura, bladder, spleen and other anatomic structures also were affected. Five patients died. Similarity between the two patient groups studied indicates both the widespread nature of child abuse and the need to suspect this diagnosis whenever a child is present with unexplained shock or peritonitis, specially if there is anemia or bilious emesis. Delay in diagnosis contributed to mortality.

Baggens CA. The institution enters the family home: home visits in Sweden to new parents by the child health care nurse. *J Community Health Nurs* 2004; 21(1):15-27. Abstract: The purpose of this study is to investigate interactional patterns in the dialogue that occurs during home visits of the nurse to new parents, to find out whether there are similarities between home visits and visits to the child health care centers, and to discuss this in relation to what is emphasized as important in home visits. Audiotaped conversations of encounters during 5 home visits to new parents and interviews with parents and nurses were collected and analyzed qualitatively. Results show that the interactions were orchestrated by the nurse, and operated on an agenda that was task-oriented. The interaction was dominated by the nurse, and thus was asymmetrical. It seemed that the nurse was attentive to what the parents brought up in the discussions and responded to their worries very thoroughly, in accordance with the ideology. However, sometimes the parents were not even involved in the nurse's activities.

Bailey BN, Delaney-Black V, Hannigan JH, Ager J, Sokol RJ, Covington CY. Somatic complaints in children and community violence exposure. *J Dev Behav Pediatr* 2005; 26(5):341-8. Abstract: Somatic complaints of children in primary care settings often go unexplained despite attempts to determine a cause. Recent research has linked violence exposure to stress symptomatology and associated somatic problems. Unknown, however, is whether specific physical symptom complaints can be attributed, at least in part, to violence exposure. Urban African-American 6- and 7-year-old children (N = 268), residing with their biological mothers, recruited

before birth, and without prenatal exposure to hard illicit drugs participated. Children and mothers were evaluated in our hospital-based research laboratory, with teacher data collected by mail. Community violence exposure (Things I Have Seen and Heard), stress symptomatology (Levonn), and somatic complaints (teacher-and self-report items) were assessed. Additional data collected included prenatal alcohol exposure, socioeconomic status, domestic violence, maternal age, stress, somatic complaints and psychopathology, and child depression, abuse, and gender. Community violence witnessing and victimization were associated with stress symptoms ( $r = .26$  and  $.25$ , respectively,  $p < .001$ ); violence victimization was related to decreased appetite ( $r = .16$ ,  $p < .01$ ), difficulty sleeping ( $r = .21$ ,  $p < .001$ ), and stomachache complaints ( $r = .13$ ,  $p < .05$ ); witnessed violence was associated with difficulty sleeping ( $r = .13$ ,  $p < .05$ ) and headaches ( $r = .12$ ,  $p < .05$ ). All associations remained significant after control for confounding. Community violence exposure accounted for 10% of the variance in child stress symptoms, and children who had experienced community violence victimization had a 28% increased risk of appetite problems, a 94% increased risk of sleeping problems, a 57% increased risk of headaches, and a 174% increased risk of stomachaches. Results provide yet another possibility for clinicians to explore when treating these physical symptoms in children.

Bailey C, Pain R. Geographies of infant feeding and access to primary health-care. *Health Soc Care Community* 2001; 9(5):309-17.

Abstract: Although the benefits of breastfeeding to mother and infant are now well established, within Britain initiation rates are low and have changed little since 1980. This is despite many health promotion initiatives aiming to increase breastfeeding. In this paper we discuss some of the findings of an exploratory qualitative research study of infant feeding decisions in Newcastle upon Tyne, England, where health professionals are actively seeking to increase local breastfeeding initiation and duration rates. Our findings suggest that for health promotion initiatives to be effective across all social groups, there needs to be (i) a socio-cultural understanding of different social groups' access to and interpretation of pre- and postnatal formal breastfeeding support health services, and (ii) more appreciation of how mothers' informal support networks impact on their access to, interpretation and use of formal breastfeeding support.

Bailey R, Rhee KB. Reach Out and Read: promoting pediatric literacy guidance through a transdisciplinary team. *J Health Care Poor Underserved* 2005; 16(2):225-30.

Bailo Diallo A, De Serres G, Beavogui AH, Lapointe C, Viens P. Home care of malaria-infected children of less

than 5 years of age in a rural area of the Republic of Guinea. *Bull World Health Organ* 2001; 79(1):28-32. Abstract: OBJECTIVES: To assess the ability of mothers in a rural area of the Republic of Guinea to identify fever in their children, and to estimate the proportion of children who received antimalarial drugs. METHODS: Children under 5 years of age in 41 villages were selected by a two-step cluster sampling technique. During home visits we examined the children and questioned their mothers about the child's symptoms and treatment. FINDINGS: Of 784 children examined, 23% were febrile and more than half of them also had a positive smear result for Plasmodium. Mothers reported 63% of children with a temperature  $>$  or  $= 37.5$  degrees C as sick. Among all children reported as feverish by their mother, 55% had a normal temperature ( $< 37.5$  degrees C). In contrast, a temperature  $>$  or  $= 37.5$  degrees C was found in 38% of children identified as sick but afebrile by their mother and in 13% of children considered healthy. Among febrile children, 18% were given chloroquine at home or had consulted at the health centre or a dispensary. CONCLUSION: In areas where malaria is endemic, recognition of fever and its presumptive treatment with antimalarial drugs is an essential part of the strategy of the World Health Organization (WHO) to reduce the morbidity due to this disease. This population study shows that mothers often failed to identify fever in their children and to consult or to provide antimalarial treatment. Without great efforts to improve home care, it is unlikely that the morbidity and mortality due to malaria in young children will be greatly reduced.

Baird JK, Owusu Agyei S, Utz GC *et al.* Seasonal malaria attack rates in infants and young children in northern Ghana. *Am J Trop Med Hyg* 2002; 66(3):280-6. Abstract: The incidence density of infection and disease caused by Plasmodium falciparum in children aged six to 24 months living in the holoendemic Sahel of northern Ghana was measured during the wet and dry seasons of 1996 and 1997. At the beginning of each season, a cohort composed of 259 and 277 randomly selected children received supervised curative therapy with quinine and Fansidar and primaquine for those with normal glucose-6-phosphate dehydrogenase activity. The 20 weeks of post-therapy follow-up consisted of three home visits weekly and examination of Giemsa-stained blood films once every two weeks. Blood films were also taken from children brought to clinic with illness. The incidence density of parasitemia after radical cure was 4.7 infections/person-year during the dry season and 7.1 during the wet season (relative risk = 1.51, 95% confidence interval [CI] = 1.25-1.81;  $P = 0.00001$ ). Although the mean parasitemia count at time of reinfection in the dry season (3,310/microl) roughly equaled that in the wet season (3,056/microl;  $P = 0.737$ ), the risk ratio for parasitemia  $> 20,000$ /microl during the wet season was 1.71 (95% CI = 1.2-2.4;  $P = 0.0025$ ). The risk ratio for parasitemia  $> 20,000$ /microl with fever during the wet season was 2.45 (95% CI =

1.5-4.1;  $P = 0.0002$ ). The risk ratio for anemia (hemoglobin  $< 8$  g/dl) at first post-radical cure parasitemia showed no difference between seasons (1.0; 95% CI = 0.73-1.4;  $P = 0.9915$ ). We did not see seasonal differences in anemia known to exist in this region, probably because the longitudinal cohort design using first parasitemia as an end point prevented the subjects from developing the repeated or chronic infections required for anemia induction. These findings bear upon the design of malaria drug and vaccine trials in holoendemic areas.

Bakare RA, Oni AA, Umar US *et al.* Pattern of sexually transmitted diseases among commercial sex workers (CSWs) in Ibadan, Nigeria. *Afr J Med Med Sci* 2002; 31(3):243-7.

Abstract: The purpose of this study was to determine the pattern of STDs among commercial sex workers (CSWs) in Ibadan, Nigeria. The subjects were 169 CSWs randomly selected from 18 brothels, majority of who were examined and investigated in their rooms. Another 136 women without symptoms who visited the special treatment clinic, University College Hospital, Ibadan were selected as a normal control group. Vaginal candidiasis was the most common STD diagnosed in both CSWs and the control group. The other STDs in their order of frequency were HIV infection 34.3%, non-specific vaginosis 24.9%, trichomoniasis 21.9% and gonorrhoea and "genital ulcers" had an incidence of 16.6% each. Other important conditions were tinea cruris 18.9%, scabies 7.7% genital warts 6.5% and 4.1% of them had syphilis sero-positivity. All the 13 CSWs that had scabies, the 4 (36.4%) with genital warts and the 19 (67.9%) with "genital ulcers" had HIV infection. While there was no significant difference between the CSWs with vaginal candidiasis, gonorrhoea, trichomoniasis and the control group, the HIV positivity was significantly higher ( $P < 0.001$ ) in CSWs than in the control subjects. These findings suggest that women who exchange sexual services for money can no longer be ignored, and should therefore be identified and made to participate in STD prevention and control programmes.

Baker AJ, Tabacoff R, Tornusciolo G, Eisenstadt M. Calculating number of offenses and victims of juvenile sexual offending: the role of posttreatment disclosures. *Sex Abuse* 2001; 13(2):79-90. Abstract: This research was designed to compare data obtained from agency records at three treatment programs for juvenile male sex offenders with information available from clinicians once youth and their families had been in treatment for at least 6 months. Results revealed that over the course of treatment, youth and their families disclosed information about additional victims and offenses, physical and sexual abuse of the offenders, and several aspects of a violent and sexualized family environment. Over half the boys reported additional victims or additional offenses or both. There were significant

increases in the number of reports of physical abuse, witnessing of domestic violence, living in a sexual environment, maternal sexual victimization, maternal victimization of domestic violence, and fathers being perpetrators of domestic violence. These data clearly support the hypotheses of the study and have important implications for both clinical practice and future research in this area.

Baker DR. A public health approach to the needs of children affected by terrorism. *J Am Med Womens Assoc* 2002; 57(2):117-8, 121.

Abstract: The devastating terrorist incidents of Pan Am Flight 103, the Oklahoma City bombing, the bombings of the embassies in Kenya and Tanzania, and the World Trade Center attack of September 11, 2001, have forever changed America. These terrorist acts have deeply shaken the sense of safety, security, and well-being of our surviving children and families. These terrorist acts may also have increased the public health risks of substance abuse and mental illness for our children. The Substance Abuse and Mental Health Services Administration is responsible for strengthening prevention and treatment of substance abuse and mental illness in children and families. America's children may exhibit a wide range of emotional, physical, and psychological reactions following natural and man-made disasters. Large-scale disasters witnessed by children all underscore the need for a broad mental health and substance abuse public health approach. This approach is critical for our children's well-being.

Baker E, Croot K, McLeod S, Paul R. Psycholinguistic models of speech development and their application to clinical practice. *J Speech Lang Hear Res* 2001; 44(3):685-702.

Abstract: This article presents an introduction to psycholinguistic models of speech development. Two specific types of models are addressed: box-and-arrow models and connectionist or neural network models. We review some historical and some current models and discuss recent applications of such models to the management of speech impairment in children. We suggest that there are two ways in which a psycholinguistic approach can influence clinical practice: by directly supplementing a speech-language pathologist's repertoire of assessment and treatment approaches and by offering a new way to conceptualize speech impairment in children.

Baker-Henningham H, Powell C, Walker S, Grantham-McGregor S. The effect of early stimulation on maternal depression: a cluster randomised controlled trial. *Arch Dis Child* 2005; 90(12):1230-4. Abstract: AIM: To determine the effect of early childhood stimulation with undernourished children and their mothers on maternal depression. METHODS: Mothers of 139 undernourished children (weight for

age  $<$  or  $= -1.5$  z-scores) aged 9-30 months were recruited from 18 government health centres in the parishes of Kingston, St Andrew, and St Catherine, Jamaica. They received weekly home visits by community health aides for one year. Mothers were shown play activities to do with their child using home made materials, and parenting issues were discussed. Frequency of maternal depressive symptoms was assessed by questionnaire. Child development was also measured. **RESULTS:** Mothers in the intervention group reported a significant reduction in the frequency of depressive symptoms ( $b = -0.98$ ; 95% CI  $-1.53$  to  $-0.41$ ). The change was equivalent to 0.43 SD. The number of home visits achieved ranged from 5 to 48. Mothers receiving  $>$  or  $= 40$  visits and mothers receiving 25-39 visits benefited significantly from the intervention ( $b = -1.84$ , 95% CI  $-2.97$  to  $-0.72$ , and  $b = -1.06$ , 95% CI  $-2.02$  to  $-0.11$ , respectively) while mothers receiving  $< 25$  visits did not benefit. At follow up, maternal depression was significantly negatively correlated with children's developmental quotient for boys only. **CONCLUSIONS:** A home visiting intervention with mothers of undernourished children, with a primary aim of improving child development, had significant benefits for maternal depression. Higher levels of maternal depression were associated with poorer developmental levels for boys only.

Baker JP. Many are giving up trying to hold the space for women and their babies. *Midwifery Today Int Midwife* 2002; (62):46.

Bakshi D, Sharief N. Selective neonatal BCG vaccination. *Acta Paediatr* 2004; 93(9):1207-9. Abstract: **AIMS:** To assess the implementation of the "Selective Neonatal BCG Immunisation Policy", and to study the causes of non-compliance, or failure of uptake of BCG immunization. **METHODS:** The Birth Register data were used to generate a list of babies born in the catchment area of Basildon and Thurrock NHS Trust between 1 January 2001 and 31 December 2001 who were eligible for BCG immunization. The Community Child Health computer was used to generate information about their BCG immunization status. **RESULTS:** 201 children were included in the study. One hundred and seventy-one children had received BCG immunization in the neonatal period, out of which 169 had received it before discharge from the hospital. Two children were immunized in the community in the neonatal period. Thus, 85% of the newborns eligible for BCG immunization received their vaccination in the neonatal period. **CONCLUSIONS:** The current "Neonatal BCG Immunisation Policy" is effective, and there is a high uptake of the vaccine in the neonatal period within the hospital itself. Newborn infants who do not receive BCG immunization in hospital rarely get immunized in the community.

Balatsouras D, Korres S, Kandiloros D, Ferekidis E, Economou C. Newborn hearing screening resources on the Internet. *Int J Pediatr Otorhinolaryngol* 2003; 67(4):333-40.

Abstract: Starting as a small military and academic network, the Internet has gradually evolved into a worldwide web, which connects most local networks as well as millions of personal computers from individual users. It is of interest to the medical practitioner, that ever more biomedical resources are becoming available on-line to assist in clinical medicine, research and education. In this paper a detailed list of the World Wide Web sites accessible through the Internet is provided, in which data about newborn hearing screening may be found. Web resources of medical equipment and suppliers and sites including otoacoustic emissions topics, are presented as well. This review is intended to present the wealth of the accessible information on the Internet and to promote further presentation on the web of any available hearing screening data from hospitals and Audiology Departments in which such programs are implemented.

Baldry AC. Animal abuse among preadolescents directly and indirectly victimized at school and at home. *Crim Behav Ment Health* 2005; 15(2):97-110.

Abstract: **BACKGROUND:** Animal abuse by preadolescents has been associated with their later family violence and/or criminal behaviour; less is known about animal abuse and concurrent experience of being a victim at home and/or school, or of contemporaneous aggression to peers. **AIMS:** To establish the prevalence of animal abuse among Italian preadolescents and its relationship with experience of abuse at home and school (direct and witnessed), and to peer abuse (bullying). **METHOD:** An Italian community sample of 268 girls and 264 boys (aged 9-12) completed a self-reported questionnaire about victimization at home and school, animal abuse and bullying. **RESULTS:** Two in five preadolescents admitted abusing animals at least once in their life, and one in three bullying peers at school, with a higher prevalence among boys. Over three-quarters of all participants reported at least one type of victim experience: one-third had experienced inter-parental violence; over one-third had themselves been abused by one or both parents; two in five had been directly or indirectly victimized at school. Individual tests of association suggested gender differences. Multivariate regression analyses conducted separately for boys and girls showed that the independent variable accounted for more than 25% of the variance for the girls, but less than 10% for the boys. Experiences of abuse were the key independent variables for the girls; other expressions of aggression were the key variables for the boys. **DISCUSSION AND CONCLUSIONS:** The results suggest that discovery of animal abuse should prompt further enquiries about other problems that a child may have. Detection of animal abuse by a child could offer an early opportunity for intervention to



alleviate internalized damage or other aggressive behaviour.

Baldwin A. Nurses must take a stand against violence. *Nurs N Z* 2001; 7(3):2.

Baleta A. South African government threatens to ban nevirapine. Move would take away option for treating vertical HIV transmission. *Lancet* 2003; 362(9382):451.

Ball HL. Breastfeeding, bed-sharing, and infant sleep. *Birth* 2003; 30(3):181-8.  
Abstract: BACKGROUND: Expectations for infant sleep development and for the appropriate degree of parental proximity for infant sleep are culturally weighted and historically shifting aspects of parenting behavior, and are known to affect breastfeeding prevalence and duration. This paper examined how new parents managed night-time feeding in the first 4 months, with a particular focus on the relationship between breastfeeding, infant sleep location, and sleep bout duration. METHODS: Sleep logs and semistructured interviews were used with a sample of 253 families in North Tees, United Kingdom, to explore how parents responded to their infant's sleep patterns, how breastfeeding parents managed night-time feeding, and whether bed-sharing was a common strategy. RESULTS: A clear relationship between breastfeeding and parent-infant bed-sharing was demonstrated. Some evidence indicated that bed-sharing may promote breastfeeding. CONCLUSIONS: An understanding of the role of infant feeding practice on infant sleep and parental caregiving at night is a crucial element in breastfeeding promotion and enhancement of infant health. Health professionals should discuss safe bed-sharing practices with all parents.

Ballantyne R. Gastric reflux support network helps parents. *Nurs N Z* 2004; 10(3):4.

Balon JA. Common factors of spontaneous self-extubation in a critical care setting. *Int J Trauma Nurs* 2001; 7(3):93-9.

Abstract: A prospective, concurrent study was conducted of all patients who self-extubated in a mixed critical care setting during a 14-month period. The purpose of the study was to identify the incidence and common factors associated with spontaneous self-extubation (SSE). A total of 75 cases of SSE occurred in 68 patients who had an incidence of 38.5 SSEs per 100 intubated days. The analysis of common factors of the total population found the following: 60 cases (80%) were restrained; 44 cases (59%) required reintubation; 66 cases (88%) followed commands or localized painful stimuli at the time of SSE; and 67 cases (89%) elicited spontaneous eye opening or opened eyes to verbal command at the time of SSE.

Only 18 cases (24%) had analgesia administered within 1 to 2 hours of SSE. Twenty-four cases (32%) had anxiolytics administered within 4 hours of SSE. Of the 56 cases of SSE that were witnessed, 43 cases (73% of those observed) were considered deliberate rather than accidental. The practice of using intravenous boluses on an "as needed" dosing frequency for administering sedation and analgesia was a common factor in SSE. Adequate doses of sedation and analgesia delivered by continuous infusion may prevent SSE in alert, intubated patients.

Banaschewski T, Brandeis D, Heinrich H, Albrecht B, Brunner E, Rothenberger A. Association of ADHD and conduct disorder--brain electrical evidence for the existence of a distinct subtype. *J Child Psychol Psychiatry* 2003; 44(3):356-76.  
Abstract: BACKGROUND: To evaluate the impact of psychopathological comorbidity with oppositional defiant/conduct disorder (ODD/CD) on brain electrical correlates in children with attention deficit hyperactivity disorder (ADHD) and to study the pathophysiological background of comorbidity of ADHD+ODD/CD. METHOD: Event-related potentials (ERPs) were recorded during a cued continuous performance test (CPT-A-X) in children (aged 8 to 14 years) with ICD-10 diagnoses of either hyperkinetic disorder (HD; n = 15), hyperkinetic conduct disorder (HCD; n = 16), or ODD/CD (n = 15) and normal children (n = 18). HD/HCD diagnoses in all children were fully concordant with the DSM-IV diagnosis of ADHD-combined type. ERP-microstates, i.e., time segments with stable brain electrical map topography were identified by adaptive segmentation. Their characteristic parameters and behavioral measures were further analyzed. RESULTS: Children with HD but not comorbid children showed slower and more variable reaction times compared to control children. Children with HD and ODD/CD-only but not comorbid children displayed reduced P3a amplitudes to cues and certain distractors (distractor-X) linked to attentional orienting. Correspondingly, global field power of the cue-CNV microstate related to anticipation and preparation was reduced in HD but not in HCD. Topographical alterations of the HD occurred already in the cue-P2/N2 microstate. In sum, the comorbid group was less deviant than both the HD-group and the ODD/CD-group. CONCLUSIONS: The findings suggest that HD children (ADHD-combined type without ODD/CD) suffer from a more general deficit (e.g., suboptimal energetical state regulation) including deficits of attentional orienting and response preparation than just a responseinhibitory deficit, backing the hypothesis of an involvement of a dysregulation of the central noradrenergic networks. The results contradict the hypothesis that ADHD+ODD/CD represents an additive co-occurrence of ADHD and ODD/CD and strongly suggest that it represents a separate pathological entity as considered in the ICD-10 classification system, which differs from both HD and

ODD/CD-only.

Bandak FA. Shaken baby syndrome: a biomechanics analysis of injury mechanisms. *Forensic Sci Int* 2005; 151(1):71-9.

Abstract: Traumatic infant shaking has been associated with the shaken baby syndrome (SBS) diagnosis without verification of the operative mechanisms of injury. Intensities for SBS have been expressed only in qualitative, unsubstantiated terms usually referring to acceleration/deceleration rotational injury and relating to falls from great heights onto hard surfaces or from severe motor vehicle crashes. We conducted an injury biomechanics analysis of the reported SBS levels of rotational velocity and acceleration of the head for their injury effects on the infant head-neck. Resulting forces were compared with experimental data on the structural failure limits of the cervical spine in several animal models as well as human neonate cadaver models. We have determined that an infant head subjected to the levels of rotational velocity and acceleration called for in the SBS literature, would experience forces on the infant neck far exceeding the limits for structural failure of the cervical spine. Furthermore, shaking cervical spine injury can occur at much lower levels of head velocity and acceleration than those reported for the SBS. These findings are consistent with the physical laws of injury biomechanics as well as our collective understanding of the fragile infant cervical spine from (1) clinical obstetric experience, (2) automotive medicine and crash safety experience, and (3) common parental experience. The findings are not, however, consistent with the current clinical SBS experience and are in stark contradiction with the reported rarity of cervical spine injury in children diagnosed with SBS. In light of the implications of these findings on child protection and their social and medico-legal significance, a re-evaluation of the current diagnostic criteria for the SBS and its application is suggested.

Bang AT, Bang RA, Baitule S, Deshmukh M, Reddy MH. Burden of morbidities and the unmet need for health care in rural neonates--a prospective observational study in Gadchiroli, India. *Indian Pediatr* 2001; 38(9):952-65.

Abstract: BACKGROUND: Majority of the neonates in developing countries are born and cared for in rural homes but the available information is mostly hospital based. OBJECTIVES: To estimate: (i) the incidence of various neonatal morbidities and associated case fatality in home-cared rural neonates, (ii) proportion of neonates with indications for health care, and (iii) the proportion who actually receive it. DESIGN: Prospective observational study. SETTING: Rural homes. METHODS: Neonates in 39 study villages in the Gadchiroli district (Maharashtra, India) were observed during one year (1995-96) by 39 trained female village health workers at birth and during neonatal period (0-28 days) by making eight home

visits. A physician checked the data and the morbidities were diagnosed by a computer program. Vital statistics in these villages was independently collected. RESULTS: Out of 1016 live births, 95% occurred at home and 763 (75%) neonates were observed. The agreement between observations by health workers and physician was 92%. Total 48.2% neonates suffered high risk morbidities (associated case fatality >10%), 72.2% suffered low risk morbidities, and 17.9% gained inadequate weight (less than 300 g). Seventeen percent neonates developed clinical picture suggestive of sepsis. Though 54.4% neonates had indications for health care and 38 out of total 40 neonatal deaths occurred in these, only 2.6% received medical attention. The neonatal mortality rate was 52.4/1000 live births. CONCLUSION: Nearly half of the neonates in rural homes developed high risk morbidities ten times the neonatal morbidity rate and needed health care but practically none received it. The magnitude of care gap suggests an urgent need for developing home-based neonatal care to reduce neonatal morbidities and mortality

Bang AT, Bang RA, Reddy HM, Deshmukh MD, Baitule SB. Reduced incidence of neonatal morbidities: effect of home-based neonatal care in rural Gadchiroli, India. *J Perinatol* 2005; 25 Suppl 1:S51-61.

Abstract: OBJECTIVE: We found a high burden of morbidities in a cohort of neonates observed in rural Gadchiroli, India. We hypothesised that interventions would reduce the incidence of neonatal morbidities, including the seasonal increase observed in many of them. This article reports the effect of home-based neonatal care on neonatal morbidities in the intervention arm of the field trial by comparing the early vs late periods, and the possible explanation for this effect. METHODS: During 3 years (1995 to 1998), trained village-health-workers (VHWs) in 39 villages prospectively collected data by making home visits during pregnancy, home-delivery and during neonatal period. We estimated the incidence and burden of neonatal morbidities over the 3 years from these data. In the first year, the VHWs made home visits only to observe. From the second year, they assisted mothers in neonatal care and managed the sick neonates at home. Health education of mothers and family members, individually and in group, was added in the third year. We measured the coverage of interventions over the 3 years and evaluated maternal knowledge and practices on 21 indicators in the third year. The effect on 17 morbidities was estimated by comparing the incidence in the first year with the third year. RESULTS: The VHWs observed 763 neonates in the first year, 685 in the second and 913 in the third year. The change in the percent incidence of morbidities was (i) infections, from 61.6 to 27.5 (-55%;  $p < 0.001$ ), (ii) care-related morbidities (asphyxia, hypothermia, feeding problems) from 48.2 to 26.3 (-45%;  $p < 0.001$ ); (iii) low birth weight from 41.9 to 35.2 (-16%;  $p < 0.05$ ); (iv) preterm birth and congenital anomalies remained

unchanged. The mean number of morbidities/100 neonates in the 3 years was 228, 170 and 115 (a reduction of 49.6%;  $p < 0.001$ ). These reductions accompanied an increasing percent score of interventions during 3 years: 37.9, 58.4 and 81.3, thus showing a dose-response relationship. In the third year, the proportion of correct maternal knowledge was 78.7% and behaviours was 69.7%. The significant seasonal increase earlier observed in the incidence of five morbidities reduced in the third year. **CONCLUSION:** The home-based care and health education reduced the incidence and burden of neonatal morbidities by nearly half. The effect was broad, but was especially pronounced on infections, care-related morbidities and on the seasonal increase in morbidities.

Bang AT, Paul VK, Reddy HM, Baitule SB. Why do neonates die in rural Gadchiroli, India? (Part I): primary causes of death assigned by neonatologist based on prospectively observed records. *J Perinatol* 2005; 25 Suppl 1:S29-34. **Abstract:** **OBJECTIVE:** To determine the primary causes of death in home-cared rural neonates by using prospectively kept health records of neonates and a neonatologist's clinical judgment. **STUDY DESIGN:** In the first year (1995 to 1996) of the field trial in Gadchiroli, India, trained village health workers observed neonates in 39 villages by attending home deliveries and making eight home visits during days 0 to 28. The recorded data were validated in the field by a physician. An independent neonatologist assigned the most probable single primary cause of death based on these recorded data. **FINDINGS:** A total of 763 neonates were observed, of whom 40 died (NMR 52.4/1000). The primary causes of death were sepsis/pneumonia 21 (52.5%), asphyxia 8 (20%), prematurity <32 weeks 6 (15%), hypothermia 1 (2.5%), and other/not known 4 (10%). Most of the prematurity or asphyxia deaths occurred during the first 3 days of life. All 21 sepsis/pneumonia deaths occurred during days 4 to 28. A similar picture existed in England before the antibiotic era. **CONCLUSION:** Sepsis/pneumonia is the primary cause in half the deaths in rural neonates cared for at home in Gadchiroli, followed by asphyxia and prematurity. Infections cause a larger proportion of deaths in neonates in the community compared to the reported proportion in hospital-based studies.

Bang AT, Reddy HM, Baitule SB, Deshmukh MD, Bang RA. The incidence of morbidities in a cohort of neonates in rural Gadchiroli, India: seasonal and temporal variation and a hypothesis about prevention. *J Perinatol* 2005; 25 Suppl 1:S18-28. **Abstract:** **BACKGROUND:** The incidence of morbidities among home-cared neonates in rural areas has not been studied. **OBJECTIVES:** To estimate the incidence of various neonatal morbidities and the associated risk of death in home-cared neonates in rural setting. To estimate the variation in the incidence of

neonatal morbidities by season and by day of life. To identify the scope for prevention of morbidities and suggest a hypothesis. **STUDY DESIGN:** A prospective observational study nested in the first year of the field trial in rural Gadchiroli, India. Trained village health workers in 39 villages observed neonates at the time of birth and in subsequent eight home visits up to 28 days. We diagnosed 20 neonatal morbidities by using clinical definitions. The data were analyzed for the incidence, case fatality, and relative risk of death and for the seasonal and day-wise variation in the incidence of morbidities. **RESULTS:** We observed total 763 neonates in 1 year. The incidence of morbidities was a mean of 2.2 morbidities per neonate. The case fatality in 13 morbidities was >10%. Only 2.6% neonates were seen or treated by a physician, and 0.4% were hospitalized. Hypothermia, fever, upper respiratory symptoms, umbilical and skin infections, and conjunctivitis showed statistically significant seasonal variation. Although the morbidities were concentrated in the first week of life, new cases continued to appear throughout the neonatal period. Various morbidities showed different distribution of incidence during 1 to 28 days. **CONCLUSIONS:** A large burden of disease occurs in rural home-cared neonates, and many morbidities are associated with high case fatality. Some morbidities show strong seasonal and day-wise variation in incidence, indicating poor care at home. We hypothesize that changes in practices and better home-based care will prevent the seasonal and temporal increase in morbidities. Some morbidities may not be preventable and will need early detection and treatment. Therefore, frequent home visits by a health worker are necessary to identify sick neonates.

Banks JB. Childhood discipline: challenges for clinicians and parents. *Am Fam Physician* 2002; 66(8):1447-52. **Abstract:** Although childhood discipline is an important issue for parents, this topic is seldom emphasized by family physicians during well-child examinations. Behavior problems are relatively common but frequently under-recognized by physicians. Opportunities to counsel parents about safe, effective methods of discipline are therefore missed. Discipline should be instructive and age-appropriate and should include positive reinforcement for good behavior. Punishment is only one aspect of discipline and, in order to be effective, it must be prompt, consistent, and fair. Time-out is frequently used to correct younger children, but because it is often enforced improperly, it loses its effectiveness. Corporal punishment is a controversial but common form of discipline that is less effective than some other types of punishment. Its use is linked to child and spouse abuse, as well as to future substance use, violent crime, poor self-esteem, and depression. Despite the possible negative effects of corporal punishment, it is still widely accepted in our society. Since discipline plays an important role in the social and emotional development of children, physicians should be trained

to discuss this issue with parents during routine well-child examinations.

Bannon MJ, Carter YH. Paediatricians and child protection: the need for effective education and training. *Arch Dis Child* 2003; 88(7):560-2.

Bansal R, John S, Ling PM. Cigarette advertising in Mumbai, India: targeting different socioeconomic groups, women, and youth. *Tob Control* 2005; 14(3):201-6.

Abstract: **BACKGROUND:** Despite a recent surge in tobacco advertising and the recent advertising ban (pending enforcement at the time of this study), there are few studies describing current cigarette marketing in India. This study sought to assess cigarette companies' marketing strategies in Mumbai, India. **METHODS:** A two week field study was conducted in Mumbai in September 2003, observing, documenting, and collecting cigarette advertising on billboards, storefronts and at point of sale along two major thoroughfares, and performing a content analysis of news, film industry, and women's magazines and three newspapers. **RESULTS:** Cigarette advertising was ubiquitous in the environment, present in news and in film magazines, but not in women's magazines or the newspapers. The four major advertising campaigns all associated smoking with aspiration; the premium brands targeting the higher socioeconomic status market utilised tangible images of westernization and affluence whereas the "bingo" (low priced) segment advertisements invited smokers to belong to a league of their own and "rise to the taste" using intangible images. Women were not depicted smoking, but were present in cigarette advertisements--for example, a woman almost always accompanied a man in "the man with the smooth edge" Four Square campaign. Advertisements and product placements at low heights and next to candies at point of sale were easily accessible by children. In view of the imminent enforcement of the ban on tobacco advertisements, cigarette companies are increasing advertising for the existing brand images, launching brand extensions, and brand stretching. **CONCLUSION:** Cigarette companies have developed sophisticated campaigns targeting men, women, and children in different socioeconomic groups. Many of these strategies circumvent the Indian tobacco advertising ban. Understanding these marketing strategies is critical to minimise the exploitation of loopholes in tobacco control legislation.

Banyard VL, Williams LM, Siegel JA. Understanding links among childhood trauma, dissociation, and women's mental health. *Am J Orthopsychiatry* 2001; 71(3):311-21.

Abstract: Interrelationships among pathological dissociation, child and adult trauma exposure, and adult mental health symptoms were examined in a sample of low-income, mostly African-American women.

Dissociation was significantly related to both trauma exposure and mental health symptoms but did not mediate this relationship. Implications for research and practice are discussed.

Bappal B, George M, Nair R, Khusaiby SA, De Silva V. Factitious hypoglycemia: a tale from the Arab world. *Pediatrics* 2001; 107(1):180-1.

Abstract: The mother is usually the one who narrates the patient's history to the pediatrician. Listening and eliciting the parent's story is an art. One of the essential attributes of a good pediatrician is the readiness to believe the parent's story. Mothers are good historians and careful observers. The axiom that the mother is always right is true in most instances. However, occasionally the clinician is deliberately misled by the storyteller, resulting in numerous and potentially dangerous diagnostic investigations. We describe a boy with recurrent hypoglycemic coma in whom the diagnosis of factitious hypoglycemia was delayed as it is believed to be nonexistent in our community. We emphasize that in all patients with recurrent hypoglycemia, estimation of C-peptide and insulin should be performed even when the clinical settings are not in favor of the diagnosis of Munchausen syndrome by proxy. Munchausen syndrome by proxy, hypoglycemia.

Barath A. Psychological status of Sarajevo children after war: 1999-2000 survey. *Croat Med J* 2002; 43(2):213-20.

Abstract: **AIM:** To make a survey of children's health and psychosocial needs after the 1992-1995 war in Sarajevo, Bosnia and Herzegovina. **METHODS:** Representative samples of school-age children (n=310) from 6 public schools in the Sarajevo Canton, their parents (n=280), and teachers (n=156) were surveyed by means of self-administered questionnaires and standardized psychometric scale (Ryan-Wengers Schoolagers Coping Strategies Inventory). The survey was conducted in October-November 1999, approximately four years after the war. **RESULTS:** At the time of survey, well-being of children in Sarajevo was still heavily impacted by many various unhealthy life conditions and psychosocial stressors. Many school-age children lived in unhealthy and dangerous environment, including overcrowded living conditions (40%), unsafe playgrounds (68%), and no access to sports fields (52%). Most felt unsafe on streets (74%), many (73%) coped with one or more school problems, and even 84% were ill at least once during the past 12 months. General poverty was the prime stressor (common variance explained: 23.5%), followed by school- and health-related risks (common variance explained: 17.0%). At the third place were family-associated risk factors impacting children's health and development, such as overcrowded living conditions and lack of social support within their own family (common variance explained: 10.5%). Parents and teachers also lived and worked in stressful life

conditions and were concerned for both their children's and their own well-being. Despite all that, most children tended to use healthy strategies in coping with stressful events in their everyday lives. CONCLUSION: The reinforcement of children with positive (healthy) coping skills and strengthening of their social support networks seems to be the most important intervention strategy to help the war-traumatized children in Bosnia and Herzegovina.

Barber WH. Psychosocial dynamics of the US Catholic Church sexual abuse crisis. *Int J Soc Psychiatry* 2005; 51(4):329-39.

Abstract: BACKGROUND: This paper presents open systems analysis of the organizational dynamics of the US Catholic Church sexual abuse crisis. Most of the current literature on the crisis assigns culpability to various parties involved--in most cases to bishops and Church officials in Rome. This analysis offers a way of understanding events that goes beyond assigning culpability on the part of Church leaders. MATERIAL AND DISCUSSION: As an open system, a church is a system of interdependent, purposive activities, one that survives and develops through interchanges with its environment including the society of which it is a part. Key elements in this discussion include the dynamics that result from the idiosyncratic church structures and processes, and the apparent preoccupation with sexual matters, all of which are imbedded in a religious belief system and a high dependency culture. CONCLUSIONS: The picture is of a church experiencing the catastrophe of thousands of cases accusing priests of sexual abuse of young people, of an institution that has lost its capacity for openness as it is overwhelmed by the heaped-on needs of members from a flood of constituencies. Key elements in this discussion include the description of the Church as an open system, the notions of primary task, sentient group life, a high dependency culture and the unconscious motivation operating in individuals, groups and the total Church enterprise.

Barbour V. Retaining trust. *Lancet* 2001; 357(9253):328. Notes: GENERAL NOTE: KIE: Barbour, Virginia GENERAL NOTE: KIE: 2 refs. GENERAL NOTE: KIE: KIE Bib: informed consent; organ and tissue donation

Barbu S. Stability and flexibility in preschoolers' social networks: a dynamic analysis of socially directed behavior allocation. *J Comp Psychol* 2003; 117(4):429-39.

Abstract: The author studied preschoolers' social networks by investigating the allocation of children's social investment within and across time in a classroom of a French nursery school during an academic year. Observations of children's social exchanges during free play revealed that social behaviors were directed toward particular group members. After an important

turnover in the peer group at the beginning of the school year, the social network became more structured. Children's strong associations were mostly same sex and small sized. Even if the stability of children's connections remained low, it increased over time. High-frequency partners as well as same-sex partners were more likely to be maintained over time. These findings as well as conceptual and methodological issues are discussed from a developmental perspective.

Barbui T, Barosi G, Grossi A *et al.* Practice guidelines for the therapy of essential thrombocythemia. A statement from the Italian Society of Hematology, the Italian Society of Experimental Hematology and the Italian Group for Bone Marrow Transplantation. *Haematologica* 2004; 89(2):215-32. Abstract: BACKGROUND AND OBJECTIVES: The Italian Society of Hematology (SIE) and the two affiliated Societies (SIES and GITMO) commissioned a project to develop guidelines for the therapy of essential thrombocythemia (ET) using evidence-based knowledge and consensus formation techniques. DESIGN AND METHODS: Key questions on the optimal management of ET patients were formulated by an Advisory Council (AC) and approved by an Expert Panel (EP) composed of 7 senior hematologists. The AC systematically reviewed the published literature from 1980 to August 2002, and articles were graded according to their internal validity and quality. Using the Delphi technique, the EP was asked to answer the key questions according to the available evidence. From September 2002 to March 2003, four Consensus Conferences were held in accordance with the Nominal Group Technique with the goal of solving residual disagreement on recommendations. RESULTS: The EP provided recommendations on when to start platelet-lowering therapy, the most appropriate platelet-lowering agent, the use of anti-platelet therapy, and the management of women in childbearing age and of pregnant women. INTERPRETATION AND CONCLUSIONS: By using evidence and consensus, recommendations for the treatment of key problems in ET have been issued. Statements are graded according to the strength of the supporting evidence and uncertainty is explicitly declared.

Barden RC. Commentary: Informed consent in psychotherapy--a multidisciplinary perspective. *J Am Acad Psychiatry Law* 2001; 29(2):160-6. Notes: GENERAL NOTE: KIE: 31 refs. GENERAL NOTE: KIE: KIE Bib: informed consent; mental health

Bardenheier B, Yusuf H, Schwartz B, Gust D, Barker L, Rodewald L. Are parental vaccine safety concerns associated with receipt of measles-mumps-rubella, diphtheria and tetanus toxoids with acellular pertussis,

or hepatitis B vaccines by children? *Arch Pediatr Adolesc Med* 2004; 158(6):569-75. Abstract: OBJECTIVES: To identify parental perceptions regarding vaccine safety and assess their relationship with the immunization status of children. Design, Setting, and PARTICIPANTS: Case-control study based on a survey of a sample of households participating in the 2000-2001 National Immunization Survey, a quarterly random-digit-dialing sample of US children aged 19 to 35 months. Three groups of case children not up-to-date for 3 vaccines were compared with control children who were up-to-date for each respective vaccine. Main Outcome Measure Measles-containing or measles-mumps-rubella, diphtheria and tetanus toxoids and pertussis or diphtheria and tetanus toxoids with acellular pertussis, and hepatitis B vaccination coverage. RESULTS: Among those sampled from the 2000-2001 National Immunization Survey, the household response rate was 2315 (52.1%) of 4440. Most respondents (>90%) in all groups believed vaccinations are important. In each case-control group, there was no significant difference between the percentage of case and control parents expressing general vaccine safety (range, 53.5%-64.1%). However, case parents were more likely to have asked that their child not be vaccinated for reasons other than illness (range, 10.2%-13.7% vs range, 2.9%-5.3%, respectively) and to believe their children received too many vaccinations (range, 3.4%-7.6% vs range, 0.8%-1.0%, respectively). Among the case-control group receiving a measles-containing or measles-mumps-rubella vaccination, only a small percentage of parents knew about the alleged association between autism and measles-mumps-rubella vaccinations (8.2%), and case parents were more likely to believe it than control parents (4.4% vs 1.5%, respectively;  $\chi^2(2) P = .04$ ). CONCLUSIONS: Despite belief in the importance of immunization by a vast majority of parents, the majority of parents had concerns regarding vaccine safety. Strategies to address important misperceptions about vaccine safety as well as additional research assessing vaccine safety are needed to ensure public confidence.

Barkin S, Kreiter S, DuRant RH. Exposure to violence and intentions to engage in moralistic violence during early adolescence. *J Adolesc* 2001; 24(6):777-89. Abstract: This study examined young adolescents' intentions to use moralistic violence and their violence exposure, examining male-female differences. Sixth-grade students ( $n=702$ ) from Georgia middle schools servicing impoverished communities participated. Data were obtained on the students' exposure to violence, family structure and education level, church attendance, gang interest, drug use, and depression status. The dependent variable, intention to use moralistic violence, was measured with an 11-item scale. Linear regression models were run separately for males and females. Males had significantly higher mean intention to use moralistic violence than females

( $p=0.002$ ). Males reported being exposed to violence more than females, but exposure decreased as attendance to religious services increased. For these 11-12-year-olds, unconventional peer social norms, such as witnessing violence, increased their intention to use violence while involvement in conventional activities, such as church attendance, decreased it. The protective effect was greater for males than females.

Barlow J, Parsons J, Stewart-Brown S. Preventing emotional and behavioural problems: the effectiveness of parenting programmes with children less than 3 years of age. *Child Care Health Dev* 2005; 31(1):33-42. Abstract: BACKGROUND: Emotional and behavioural problems in children under 3 years of age have a high prevalence, and parenting practices have been shown to be strongly associated with their development. A number of recent systematic reviews have shown that group-based parenting programmes can be effective in improving the emotional and behavioural adjustment of older children (aged 3-10 years). The aim of this review was to establish whether there is evidence from controlled trials that group-based parenting programmes are effective in improving the emotional and behavioural adjustment of children less than 3 years of age, and their role in the primary prevention of emotional and behavioural problems. METHODS: English and non-English language articles published between January 1970 and July 2001 were retrieved using a keyword search of a number of electronic databases. RESULTS: Five studies were included and two meta-analyses were conducted, the first combining data from parent reports and the second combining data from independent observations of children's behaviour. The combined parent reports showed a non-significant difference favouring the intervention group, while the combined independent observations showed a significant difference favouring the intervention group. CONCLUSION: It is concluded that this review points to the potential of parenting programmes to improve the emotional and behavioural adjustment of children less than 3 years of age, but that there is insufficient evidence from controlled trials to assess whether the short-term benefit is maintained over time, or the role that such programmes might play in the primary prevention of emotional and behavioural problems. This review points to the need for further primary preventive research on this important public health issue.

Barlow K, Thompson E, Johnson D, Minns RA. The neurological outcome of non-accidental head injury. *Pediatr Rehabil* 2004; 7(3):195-203. Abstract: PURPOSE: The literature regarding the outcome of non-accidental head injury (NAHI) is scarce and lacks specific detail even though it is generally considered to be poor. The purpose of this study is to review the literature to date and report the neurological outcome of these children in detail. METHODS: A cross-sectional and prospective study

of children admitted to hospital with NAHI in Scotland. RESULTS: Twenty-five children were enrolled and 68% of children were neurologically abnormal at an average follow-up of 59 months. A wide range of abnormalities and outcomes was seen. Speech and language difficulties were present in 64% including autistic spectrum disorder. Cranial nerve abnormalities were present in 20%. Visual deficits and epilepsy compounded learning difficulties in 25% of survivors. Consent for follow-up was more likely to be obtained where the perpetrator was known. CONCLUSIONS: The spectrum and degree of severity of neurological abnormalities in survivors of NAHI is extremely variable, with the majority of these children being moderate or severely abnormal. These children require the support of a multi-disciplinary team in the community. Further study regarding the process of follow-up, where complex medicolegal issues exist, are needed in order to facilitate maximum neurological development.

Barnea A, Rassis A, Zaidel E. Effect of neurofeedback on hemispheric word recognition. *Brain Cogn* 2005; 59(3):314-21.

Abstract: We applied SMR/theta neurofeedback (NF) training at central sites of 20 Israeli children aged 10-12 years, half boys and half girls. Half of the subjects received C3 training and the other half C4 training, consisting of 20 half-hour sessions. We assessed the effects of training on lateralized lexical decision in Hebrew. The lateralized lexical decision test reveals an independent contribution of each hemisphere to word recognition (Barnea, Mooshagian, & Zaidel, 2003). Training increased accuracy and sensitivity. It increased left hemisphere (LH) specialization under some conditions but it did not affect interhemispheric transfer. Training did affect psycholinguistic processing in the two hemispheres, differentially at C3 and C4. Training also increased hemispheric independence. There were surprising sex differences in the effects of training. In boys, C4 training improved LH accuracy, whereas in girls C3 training improved LH accuracy. The results suggest that the lateralized NF protocol activates asymmetric hemispheric control circuits which modify distant hemispheric networks and are organized differently in boys and girls.

Barnes-Boyd C, Fordham Norr K, Nacion KW. Promoting infant health through home visiting by a nurse-managed community worker team. *Public Health Nurs* 2001; 18(4):225-35.

Abstract: This article describes the Resources, Education and Care in the Home program (REACH-Futures), an infant mortality reduction initiative in the inner city of Chicago built on the World Health Organization (WHO) primary health care model and over a decade of experience administering programs to reduce infant mortality through home visits. The program uses a nurse-managed team, which includes community residents selected, trained, and integrated

as health advocates. Service participants were predominately African American families. All participants were low-income and resided in inner-city neighborhoods with high unemployment, high teen birth rates, violent crime, and deteriorated neighborhoods. Outcomes for the first 666 participants are compared to a previous home-visiting program that used only nurses. Participant retention rates were equivalent overall and significantly higher in the first months of the REACH-Futures program. There were two infant deaths during the course of the study, a lower death rate than the previous program or the city. Infant health problems and developmental levels were equivalent to the prior program and significantly more infants were fully immunized at 12 months. The authors conclude that the use of community workers as a part of the home-visiting team is as effective as the nurse-only team in meeting the needs of families at high risk of poor infant outcomes. This approach is of national interest because of its potential to achieve the desired outcomes in a cost-effective manner.

Barnes L. Afghanistan. *Midwifery Today Int Midwife* 2005; (75):14-6.

Barnes L, Risko W, Nethersole S, Maypole J. Integrating complementary and alternative medicine into pediatric training. *Pediatr Ann* 2004; 33(4):256-63. Abstract: The Center for Pediatric Integrative Medical Education and Boston Healing Landscape Project represent diverse approaches to integrative medicine and its practice. The relationship and collegial collaboration between the two programs illustrates the extent to which they complement one another. Both recognize the importance of curriculum geared to different levels of learners and of interventions introduced across the full curriculum. Both use case-based learning, although each focuses on different kinds of CAM and different case models. The Center for Pediatric Integrative Medical Education promotes interactive didactics with hands-on, direct experiential learning. The BHLP applies active-learning pedagogy, through experiential learning and its teaching case model. Both programs understand that, given the ongoing interaction among medical students, residents, fellows, and faculty, each group's training in CAM must reinforce the others for a larger system to change.

Barnow S, Lucht M, Freyberger HJ. [Alcohol problems in adolescence with reference to high risk children of alcoholic parents. Results of a family study in Mecklenburg Vorpommern]. *Nervenarzt* 2002; 73(7):671-9.

Abstract: In earlier studies, children of alcoholics (COAs) reported more alcohol and drug problems and higher levels of maladaptive behaviour and psychiatric distress than non-COAs. However, increased exposure to drugs and alcohol among COAs does not fully explain this phenomenon. In our family-based study

design, we were able to investigate specific risk factors for alcohol problems in adolescence. In a first step, we compared a variety of psychosocial risk factors in 90 adolescents (12-18 years of age) from families with at least one alcohol-abusing parent with those of 90 adolescents of parents without alcohol disorders. In a second step, we investigated the meaning of all included risk factors for alcohol problems of the adolescents. Our results give some support to the existence of a lower extent of emotional warmth and support by parents of children in the COA sample. Moreover, males of the COA group reported more parental rejection and higher values on measures of attention problems and anxiety/depression than controls, whereas there were no such differences between females of the COA group and their control counterparts. Additionally, logistic regression analysis revealed that only the membership in a substance-using peer group and higher age are important risk factors for alcohol problems during adolescence. Considering our results, it is of great importance (a) to identify families at risk at the earliest possible stage and (b) to develop intervention and prevention programs further for parents and children to increase social competence and protect children at risk from later alcohol abuse.

Barnow S, Schuckit M, Smith TL, Preuss U, Danko G. The relationship between the family density of alcoholism and externalizing symptoms among 146 children. *Alcohol Alcohol* 2002; 37(4):383-7. Abstract: AIMS: To evaluate the prevalence of externalizing symptoms, such as attention problems, aggression and delinquency in the offspring of alcoholics. METHODS: A total of 146 children were divided into three groups with no (group 1, n = 28), one or two (group 2, n = 103) and three or more (group 3, n = 15) first- or second-degree relatives with an alcohol use disorder. RESULTS AND CONCLUSIONS: The group comparisons revealed that the children of group 3 had significantly higher values for the Child Behavior Checklist scales of attention and delinquent behavioural problems. The results remained significant after controlling for some additional factors such as antisocial personality disorder and drug dependence in the parents.

Barnow S, Schuckit MA, Lucht M, John U, Freyberger HJ. The importance of a positive family history of alcoholism, parental rejection and emotional warmth, behavioral problems and peer substance use for alcohol problems in teenagers: a path analysis. *J Stud Alcohol* 2002; 63(3):305-15. Abstract: OBJECTIVE: The purpose of this study was to test a hypothetical model of alcohol problems in German adolescents. Among 180 offspring, family history of alcoholism, parenting styles, behavioral and emotional problems, peer-group characteristics, feelings of self-esteem, behavioral problems and psychiatric comorbidity of the parents were examined. METHOD: Data were generated from the Study of

Health in Pomerania (SHIP), in which families were randomly selected if 12-18 year old biological offspring were members of the household; a smaller group of subjects was selected from local outpatient treatment centers. Members of 133 families, including 180 (50.6% male) offspring who were appropriate for the current analyses, received personal semistructured diagnostic interviews and several self-rating questionnaires. Analyses compared offspring with alcohol problems (AP; n = 40) and with no alcohol problems (NAP; n = 140), and used structural equation modeling to test a hypothetical model. RESULTS: The comparisons revealed that the AP group had significantly more behavioral problems (e.g., aggression/delinquency), more perceived parental rejection and less emotional warmth, a higher amount of alcohol consumption, were more likely to associate with substance-using peers and more often received a diagnosis of conduct disorder or antisocial personality disorder. Whereas the family history of alcoholism did not differ significantly between groups, parents of offspring with an alcohol use disorder had significantly more additional diagnoses on DSM-IV Axis I. The evaluation of the model supported the importance of aggression/delinquency and association with substance-using peers for alcohol problems in people. An additional diagnosis in the parents was directly and indirectly (through aggression/delinquency) related to alcohol problems of the adolescents. CONCLUSIONS: The data indicate that alcohol problems in the offspring are associated with several domains of influence in their environment. Prospective studies measuring both biological and environmental factors using sufficient sample sizes will be needed for optimal understanding of the development of alcohol problems in youth.

Baron JH. Corporal punishment of children in England and the United States: current issues. *Mt Sinai J Med* 2005; 72(1):45-6.

Abstract: Proverbs has eight sets of instructions on beating children, but that book does not contain the often cited proverbial "spare the rod and spoil the child." This form of discipline, which is thousands of years old, has only recently been abandoned and forbidden in many states in the US, and in much of Europe. It is still legal in Britain and some US states, and remains a controversial issue.

Barr R, Vieira A, Rovee-Collier C. Bidirectional priming in infants. *Mem Cognit* 2002; 30(2):246-55.

Abstract: In associative priming, the direct activation of one concept indirectly activates others that are associated with it, depending on the directionality of the association. We asked whether associative priming in preverbal infants is bidirectional. Infants associated a puppet imitation task with an operant train task by watching an adult model target actions on the puppet in the incidental context of the train. Later, priming of the forgotten memory of the train task reactivated the infants' memory of the puppet task (Experiment 1), and



priming of the infants' forgotten memory of the puppet task reactivated their memory of the train task (Experiment 2). The finding that associative priming was bidirectional offers new insights into the nature of the mnemonic networks formed early in infancy. Additionally, the fact that the present association was formed rapidly and incidentally suggests that a fast mapping, general learning mechanism, like that posited to mediate word-object learning, was responsible for its encoding.

Barrera M Jr, Biglan A, Taylor TK *et al.* Early elementary school intervention to reduce conduct problems: a randomized trial with Hispanic and non-Hispanic children. *Prev Sci* 2002; 3(2):83-94. Abstract: Children's aggressive behavior and reading difficulties during early elementary school years are risk factors for adolescent problem behaviors such as delinquency, academic failure, and substance use. This study determined if a comprehensive intervention that was designed to address both of these risk factors could affect teacher, parent, and observer measures of internalizing and externalizing problems. European American (n = 116) and Hispanic (n = 168) children from 3 communities who were selected for aggressiveness or reading difficulties were randomly assigned to an intervention or no-intervention control condition. Intervention families received parent training, and their children received social behavior interventions and supplementary reading instruction over a 2-year period. At the end of intervention, playground observations showed that treated children displayed less negative social behavior than controls. At the end of a 1-year follow-up, treated children showed less teacher-rated internalizing and less parent-rated coercive and antisocial behavior than controls. The study's limitations and implications for prevention are discussed.

Barrett P, Healy L, March JS. Behavioral avoidance test for childhood obsessive-compulsive disorder: a home-based observation. *Am J Psychother* 2003; 57(1):80-100. Abstract: Obsessive-compulsive disorder (OCD) is one of the most debilitating of the anxiety disorders. As our knowledge about this childhood condition continues to grow, there is a need for controlled treatment-outcome trials with precise assessments that are sensitive to treatment change, to guide the development of effective interventions. To evaluate the efficacy of a treatment protocol, it is necessary to have reliable and sensitive measures of OCD symptoms, including measures of obsessions, compulsions, and related levels of distress and avoidance. Whilst structured diagnostic interviews, semistructured clinical interviews, and self-report measures have been widely used in the assessment of childhood OCD, related levels of behavioral distress and avoidance have not been measured in treatment-outcome trials. This study investigated the sensitivity of a behavioral avoidance

test (BAT), conducted in the home environment, in assessing treatment-outcome effects for children and adolescents with OCD following a 14-week cognitive-behavioral therapy (CBT) family intervention, in comparison to children in an 8-week "waitlist" control group. The results of the current study strongly support the sensitivity of a standardized BAT in assessing treatment-related changes in children and adolescents with OCD. Implications and future directions for research are discussed.

Barron CE, Jenny C. Forensic pediatrics. *Med Health R I* 2005; 88(9):318-20.

Barry CT, Frick PJ, Killian AL. The relation of narcissism and self-esteem to conduct problems in children: a preliminary investigation. *J Clin Child Adolesc Psychol* 2003; 32(1):139-52. Abstract: Investigated several possible models to explain the seemingly discrepant relations between self-esteem and conduct problems, as both low self-esteem and exaggerated levels of self-esteem, thought to be captured by narcissism, have been associated with aggressive and antisocial behavior. Our sample consisted of 98 nonreferred children (mean age = 11.9 years; SD = 1.68 years) recruited from public schools to oversample children at risk for severe aggressive and antisocial behavior. Results indicated that certain aspects of narcissism (i.e., those indicating a need to be evaluated well by, and obtain status over, others) were particularly predictive of maladaptive characteristics and outcomes such as low self-esteem, callous-unemotional (CU) traits, and conduct problems. In addition, the relation between narcissism and conduct problems was moderated by self-esteem level, such that children with relatively high levels of narcissism and low self-esteem showed the highest rates of conduct-problem symptoms.

Barsky AJ, Peekna HM, Borus JF. Somatic symptom reporting in women and men. *J Gen Intern Med* 2001; 16(4):266-75.

Abstract: Women report more intense, more numerous, and more frequent bodily symptoms than men. This difference appears in samples of medical patients and in community samples, whether or not gynecologic and reproductive symptoms are excluded, and whether all bodily symptoms or only those which are medically unexplained are examined. More limited, but suggestive, literature on experimental pain, symptom reporting in childhood, and pain thresholds in animals are compatible with these findings in adults. A number of contributory factors have been implicated, supported by varying degrees of evidence. These include innate differences in somatic and visceral perception; differences in symptom labeling, description, and reporting; the socialization process, which leads to differences in the readiness to acknowledge and disclose discomfort; a sex differential in the incidence

of abuse and violence; sex differences in the prevalence of anxiety and depressive disorders; and gender bias in research and in clinical practice. General internists need to keep these factors in mind in obtaining the clinical history, understanding the meaning and significance that symptoms hold for each patient, and providing symptom relief.

Bartels A, Zeki S. The neural correlates of maternal and romantic love. *Neuroimage* 2004; 21(3):1155-66. Abstract: Romantic and maternal love are highly rewarding experiences. Both are linked to the perpetuation of the species and therefore have a closely linked biological function of crucial evolutionary importance. Yet almost nothing is known about their neural correlates in the human. We therefore used fMRI to measure brain activity in mothers while they viewed pictures of their own and of acquainted children, and of their best friend and of acquainted adults as additional controls. The activity specific to maternal attachment was compared to that associated to romantic love described in our earlier study and to the distribution of attachment-mediating neurohormones established by other studies. Both types of attachment activated regions specific to each, as well as overlapping regions in the brain's reward system that coincide with areas rich in oxytocin and vasopressin receptors. Both deactivated a common set of regions associated with negative emotions, social judgment and 'mentalizing', that is, the assessment of other people's intentions and emotions. We conclude that human attachment employs a push-pull mechanism that overcomes social distance by deactivating networks used for critical social assessment and negative emotions, while it bonds individuals through the involvement of the reward circuitry, explaining the power of love to motivate and exhilarate.

Bartels V. [Crisis intervention in child sexual abuse]. *Prax Kinderpsychol Kinderpsychiatr* 2005; 54(6):442-56. Abstract: The impact of sexual abuse on children's development of attachment behaviour is especially disastrous when the abuse happens early in childhood, and when it lasts over a long period of time, and in case the abuser is closely related to the child. These early traumatic experiences regularly result in damages to the mental, physical and emotional development of a child. The main task of youth welfare is to protect children against maltreatment. For being able to do so it is significant to emphasize a scientific approach to the hypothesis-based risk evaluation and the conceptualization of intervention. In order to come to a sound conclusion the agencies and professionals involved in a case of child abuse have to collaborate professionally. Potential misunderstandings between the collaborating partners in this procedure will be discussed, as well as the way out of the labyrinth.

Barth RP. Research outcomes of prenatal substance

exposure and the need to review policies and procedures regarding child abuse reporting. *Child Welfare* 2001; 80(2):275-96. Abstract: Research on the outcomes of drug-exposed children evinces elevated developmental risks from the interaction of subtle biological vulnerabilities and compromised parenting. States, however, have generally not reviewed the procedures and policies they developed in the early 1990s when there was less research and experience with these children. At that time the gravest risks related to perinatal substance exposure seemed to be excessively punitive treatment of mothers by over-zealous criminal justice prosecutors. This article clarifies policy options for reporting and serving children who are born testing positive for controlled substances and also calls for strengthening existing state policies regarding child abuse reporting and response.

Barton C, Finlay F. Bruising in preschool children with special needs. *Arch Dis Child* 2005; 90(12):1318; author reply 1318.

Bartsch C, Risse M, Nagelmeier IE, Weiler G. [Deaths in preschool and school age--a retrospective analysis from a medicolegal point of view]. *Arch Kriminol* 2004; 214(1-2):30-6. Abstract: At the Department of Legal Medicine in Giessen all forensic autopsies from the years 1990 until 2001 were investigated under the aspect of "death in preschool and school age between 3 and 16 years of age." Out of 69 deaths 19% were due to a natural and 81% to an unnatural cause of death. Both groups (3 to 6 and 7 to 16 years of age) were analyzed retrospectively with regard to age and circumstances of death and compared with the literature. The purpose of the differentiating evaluation is to furnish ideas how to prevent violent deaths of children.

Barzegari M, Ghaninezhad H, Mansoori P, Taheri A, Naraghi ZS, Asgari M. Computer-aided dermoscopy for diagnosis of melanoma. *BMC Dermatol* 2005; 5:8. Abstract: BACKGROUND: Computer-aided dermoscopy using artificial neural networks has been reported to be an accurate tool for the evaluation of pigmented skin lesions. We set out to determine the sensitivity and specificity of a computer-aided dermoscopy system for diagnosis of melanoma in Iranian patients. METHODS: We studied 122 pigmented skin lesions which were referred for diagnostic evaluation or cosmetic reasons. Each lesion was examined by two clinicians with naked eyes and all of their clinical diagnostic considerations were recorded. The lesions were analyzed using a microDERM dermoscopy unit. The output value of the software for each lesion was a score between 0 and 10. All of the lesions were excised and examined histologically. RESULTS: Histopathological examination revealed melanoma in six lesions.

Considering only the most likely clinical diagnosis, sensitivity and specificity of clinical examination for diagnosis of melanoma were 83% and 96%, respectively. Considering all clinical diagnostic considerations, the sensitivity and specificity were 100% and 89%. Choosing a cut-off point of 7.88 for dermoscopy score, the sensitivity and specificity of the score for diagnosis of melanoma were 83% and 96%, respectively. Setting the cut-off point at 7.34, the sensitivity and specificity were 100% and 90%. **CONCLUSION:** The diagnostic accuracy of the dermoscopy system was at the level of clinical examination by dermatologists with naked eyes. This system may represent a useful tool for screening of melanoma, particularly at centers not experienced in the field of pigmented skin lesions.

Bassarath L. Medication strategies in childhood aggression: a review. *Can J Psychiatry* 2003; 48(6):367-73. **Abstract:** **OBJECTIVE:** To review studies of psychopharmacological management of aggression in common childhood psychiatric disorders. **METHOD:** Using OVID software, we searched Medline for studies that were undertaken in the last 30 years. Controlled and uncontrolled data are summarized for each condition. **RESULTS:** A paucity of evidence-based information currently exists. Even so, specific indications from the existing literature can be suggested for several classes of psychotropics, particularly in conduct disorder (CD), attention-deficit hyperactivity disorder (ADHD), mood disorders, and other conditions. **CONCLUSIONS:** Clinicians can use findings from reviewed controlled and, where necessary, uncontrolled studies to inform pharmacologic practice. This review offers suggestions for future research directions that will aid clinical practice.

Bateman C. A case of national child neglect? *S Afr Med J* 2003; 93(10):738-9.

Bates J. Who will protect the innocent from smoke? *Nurs Stand* 2005; 20(5):34.

Bates JE, Viken RJ, Alexander DB, Beyers J, Stockton L. Sleep and adjustment in preschool children: sleep diary reports by mothers relate to behavior reports by teachers. *Child Dev* 2002; 73(1):62-74. **Abstract:** Prior literature suggests that there may be relations between children's sleep disorders or inadequate amounts of sleep and behavioral adjustment. Most relevant studies concern clinical populations, however, and relatively few concern community populations. Moreover, previous studies have not addressed empirically the possible role of family functioning as a factor in the relation between children's sleep and adjustment. The present study, conducted in a predominantly low-income, community sample (N = 202), measured 4- to 5-year-old children's

sleep patterns through daily logs kept by mothers, and measured family stress and parenting practices through detailed, multifaceted interviews and incidental observations of parent-child interactions. Children's adjustment, both positive and negative, was measured through preschool teacher reports on multiple occasions. A structural equation model showed that disrupted child sleep patterns (variability in reported amount of sleep, variability in bedtime, and lateness of bedtime) predicted less optimal adjustment in preschool, even after considering the roles of family stress and family management practices.

Battaglia TA, Finley E, Liebschutz JM. Survivors of intimate partner violence speak out: trust in the patient-provider relationship. *J Gen Intern Med* 2003; 18(8):617-23.

**Abstract:** **OBJECTIVE:** To identify characteristics that facilitate trust in the patient-provider relationship among survivors of intimate partner violence (IPV). **DESIGN:** Semistructured, open-ended interviews were conducted to elicit participants' beliefs and attitudes about trust in interactions with health care providers. Using grounded theory methods, the transcripts were analyzed for common themes. A community advisory group, composed of advocates, counselors and IPV survivors, helped interpret themes and interview excerpts. Together, key components of trust were identified. **SETTING:** Eastern Massachusetts. **PARTICIPANTS:** Twenty-seven female survivors of IPV recruited from community-based IPV organizations. **MAIN RESULTS:** Participants' ages ranged from 18 to 56 years, 36% were African American, 32% Hispanic, and 18% white. We identified 5 dimensions of provider behavior that were uniquely important to the development of trust for these IPV survivors: 1) communication about abuse: provider was willing to openly discuss abuse; 2) professional competency: provider asked about abuse when appropriate and was familiar with medical and social histories; 3) practice style: provider was consistently accessible, respected confidentiality, and shared decision making; 4) caring: provider demonstrated personal concern beyond biomedical role through nonjudgmental and compassionate gestures, empowering statements, and persistent, committed behaviors; 5) emotional equality: provider shared personal information and feelings and was perceived by the participant as a friend. **CONCLUSIONS:** These IPV survivors identified dimensions of provider behavior that facilitate trust in their clinical relationship. Strengthening these provider behaviors may increase trust with patients and thus improve disclosure of and referral for IPV.

Bauchner H, Sharfstein J. Failure to report ethical approval in child health research: review of published papers. *BMJ* 2001; 323(7308):318-9. **Notes:** **GENERAL NOTE:** KIE: Bauchner, Howard; Sharfstein, Joshua

GENERAL NOTE: KIE: 5 refs.  
GENERAL NOTE: KIE: KIE Bib: human experimentation/minors

Baumann TK. Proxy consent and a national DNA databank: an unethical and discriminatory combination. *Iowa Law Rev* 2001; 86(2):667-701.  
Notes: GENERAL NOTE: KIE: Baumann, Teresa K  
GENERAL NOTE: KIE: 197 fn.  
GENERAL NOTE: KIE: KIE Bib: genetic screening; informed consent/minors; mass screening

Baxendale J, Hesketh A. Comparison of the effectiveness of the Hanen Parent Programme and traditional clinic therapy. *Int J Lang Commun Disord* 2003; 38(4):397-415.

Abstract: BACKGROUND: Both direct (clinician to child) and indirect (clinician to carer) approaches are currently used in the management of children with language delay, but there is as yet little evidence about their relative effects or resource implications. AIMS: This research project compared the Hanen Parent Programme (HPP) in terms of its effectiveness and consequent suitability for an inner-city UK population with clinic-based, direct intervention. METHODS & PROCEDURES: Thirty-seven children aged 2;06-3;06 years with a diagnosis of language impairment and their parents took part in the research project. The children were allocated on a geographical basis to receive therapy either as part of an HPP or in a clinic. Nineteen children and their families took part in one of the five Hanen groups that ran successively over 16 months; 18 children and their families received clinic-based intervention. The children's language was assessed using the PLS-3 (UK version) and from an analysis of audio-taped parent and child interaction at three assessment points, one pretherapy and two post-therapy over 12 months. Two parent language measures were also analysed. OUTCOMES & RESULTS: Significant gains in language scores were shown by 71% of the children over 12 months. There were no statistically significant differences in child language scores between the two therapy groups at any assessment point. However, the HPP was twice as intensive (in terms of therapist time) as clinic therapy based on average group size, which has resource implications. CONCLUSIONS. Results suggest that there are parent and child factors that need consideration when choosing an appropriate intervention programme for a child with language impairment. Parental expectations, existing interaction style and the level of child language may be important influencing factors.

Bayona J, Chavez-Pachas AM, Palacios E, Llaro K, Sapag R, Becerra MC. Contact investigations as a means of detection and timely treatment of persons with infectious multidrug-resistant tuberculosis. *Int J Tuberc Lung Dis* 2003; 7(12 Suppl 3):S501-9.

Abstract: SETTING: Two regions of metropolitan Lima, Peru. OBJECTIVE: To determine the outcomes of two contact investigation strategies used in therapy enrollment cohorts of patients with multidrug-resistant tuberculosis (MDR-TB). DESIGN: From 28 August 1996 to 31 December 1999, 91 index patients received individualized MDR-TB therapy (Group A), and from 1 October 1997 to 31 December 1999, another 101 index patients received a standardized MDR-TB regimen (Group B). We conducted a retrospective chart review and home visits to identify secondary cases among close contacts of both of these groups. Group A secondary cases with MDR-TB received therapy based on the drug susceptibility profile of their infecting strain, while Group B secondary cases received standard short-course therapy. RESULTS: Among 945 close contacts, 72 secondary TB cases (8%) were found. Of 42 who had drug-susceptibility testing, 35 (84%) were MDR-TB, but only seven (17%) had the same drug susceptibility profile as the index case. Cure exceeded 80% in Group A secondary cases, while only half of Group B secondary cases were cured (RR 1.6, 95%CI 1.1-2.2). CONCLUSION: Contact investigation protocols coupled with enrollment in MDR-TB therapy are a useful means of detecting and promptly treating persons with infectious MDR-TB. In settings with endemic MDR strains of *Mycobacterium tuberculosis*, effective therapy of contacts of MDR-TB patients requires knowledge of drug susceptibility for each contact with active disease.

Beard J. Iron deficiency alters brain development and functioning. *J Nutr* 2003; 133(5 Suppl 1):1468S-72S.  
Abstract: Iron deficiency anemia in early life is related to altered behavioral and neural development. Studies in human infants suggest that this is an irreversible effect that may be related to changes in chemistry of neurotransmitters, organization and morphology of neuronal networks, and neurobiology of myelination. The acquisition of iron by the brain is an age-related and brain-region-dependent process with tightly controlled rates of movement of iron across the blood-brain barrier. Dopamine receptors and transporters are altered as are behaviors related to this neurotransmitter. The growing body of evidence suggests that brain iron deficiency in early life has multiple consequences in neurochemistry and neurobiology.

Beauchesne MA, Kelley BR, Patsdaughter CA, Pickard J. Attack on America: children's reactions and parents' responses. *J Pediatr Health Care* 2002; 16(5):213-21.  
Abstract: INTRODUCTION: When disaster strikes, as it did September 11, 2001, children react to both the actual event and their parents' distress. The purpose of this study was to find out how children were affected by these recent events and how parents responded to their children's concerns. This study is a sequel to a previous study on parents' and children's perceptions to the President Clinton situation and the Starr Report. METHOD: Eighty-eight school-aged children and 51

parents were recruited for this descriptive, qualitative study that used community-based snowball sampling. Parents and children were asked a series of questions about the attacks on the World Trade Center and Pentagon, including how they heard about it and how it made them feel. **RESULTS:** Children's responses indicated feelings of fear about their safety and their future; wanting to take revenge; feeling sad and disappointed; and empathy for the victims. Parents realized they had to comfort their children in spite of their own feelings of dismay. Many parents reported difficulty in reacting to their child's concerns regarding fairness and justice. **DISCUSSION:** Pediatric nurse practitioners need to understand parents' and children's responses to such events in order to provide optimal health care, support, and counseling within the context of normal growth and development.

Beck A, Daley D, Hastings RP, Stevenson J. Mothers' expressed emotion towards children with and without intellectual disabilities. *J Intellect Disabil Res* 2004; 48(Pt 7):628-38.

**Abstract:** **OBJECTIVES:** To identify factors associated with maternal expressed emotion (EE) towards their child with intellectual disability (ID). **DESIGN AND METHOD:** A total of 33 mothers who had a child with ID and at least one child without disabilities between the ages of 4 and 14 years participated in the study. Mothers completed self-assessment questionnaires which addressed their sense of parenting competence, beliefs about child-rearing practices, and their reports of behavioural and emotional problems of their child with ID. Telephone interviews were conducted to assess maternal EE towards the child with ID and towards a sibling using the Five Minute Speech Sample (FMSS; Magana et al. 1986), and also to assess the adaptive behaviour of the child with ID using the Vineland Adaptive Behaviour Scale (VABS; Sparrow et al. 1984). **RESULTS:** Mothers with high EE towards their child with ID were more satisfied with their parenting ability, and their children had more behaviour problems. Analysis of differential maternal parenting, through comparisons of EE towards their two children, showed that mothers were more negative towards their child with ID for all domains of the FMSS except dissatisfaction. **CONCLUSIONS:** A small number of factors associated with maternal EE towards children with ID were identified. Differences in maternal EE towards their child with ID and their other child suggest that EE is child-driven rather than a general maternal characteristic. Implications of the data for future research are discussed.

Beckaya A. Reluctance in child protection must be for several reasons. *BMJ* 2004; 328(7442):767.

Beech BA. GP involvement in child protection. *Br J Gen Pract* 2002; 52(481):677-8.

Belal SY, Taktak AF, Nevill AJ, Spencer SA, Roden D, Bevan S. Automatic detection of distorted plethysmogram pulses in neonates and paediatric patients using an adaptive-network-based fuzzy inference system. *Artif Intell Med* 2002; 24(2):149-65. **Abstract:** Despite the fact that pulse oximetry has become an essential technology in respiratory monitoring of neonates and paediatric patients, it is still fraught with artefacts causing false alarms resulting from patient or probe movement. As the shape of the plethysmogram has always been considered as a useful visual indicator for determining the reliability of SaO<sub>2</sub> numerical readings, automation of this observation might benefit health care providers at the bedside. We observed that the systolic upstroke time (t(1)), the diastolic time (t(2)) and heart rate (HR) extracted from the plethysmogram pulse constitute features, which can be used for detecting normal and distorted plethysmogram pulses. We developed a technique for classifying plethysmogram pulses into two categories: valid and artefact via implementations of fuzzy inference systems (FIS), which were tuned using an adaptive-network-based fuzzy inference system (ANFIS) and receiver operating characteristics (ROC) curves analysis. Features extracted from a total of 22,497 pulse waveforms obtained from 13 patients were used to systematically optimise the FIS. A further 2843 waveforms obtained from another eight patients were used for testing the system, and visually classified into 1635 (58%) valid and 1208 (42%) distorted segments. For the optimum system, the area under the ROC curve was 0.92. The system was able to classify 1418 (87%) valid segments and 897 (74%) distorted segments correctly. The calculations of the system's performance showed 87% sensitivity, 81% accuracy and 74% specificity. In comparison with the 95% confidence interval (CI) thresholding method, the fuzzy system showed higher specificity (P=0.008, P<0.01), and no significant difference was found between the two methods in terms of sensitivity (P=0.720, P>0.05) and accuracy (P=0.053, P>0.05). We therefore conclude that the algorithm used in this system has some potential in detecting valid and distorted plethysmogram pulse. However, further evaluation is needed using larger patient groups.

Beling J, Hudson SM, Ward T. Female and male undergraduates' attributions for sexual offending against children. *J Child Sex Abus* 2001; 10(2):61-82. **Abstract:** This study examined gender differences in undergraduates' attributions for child sex offending. One hundred and sixty-four undergraduates were asked to give the reasons why they think men sexually offend against children and to rate them using Benson's Attributional Scale across four dimensions: stability, locus, controllability and globality. A Grounded Theory methodology was applied to these reasons and a set of nine categories derived from the data. The results showed that undergraduates' reasons for child sexual abuse strongly parallel contemporary scientific

theories of abuse, and that there were significant gender differences in the frequency with which participants cited various types of reasons given for sexual abuse. Females endorsed significantly more victim reasons than males, and also more power and control reasons than did males. In contrast, males endorsed significantly more sexual reasons for offending than did females. Furthermore, significant gender differences were found between the ways in which participants construed the reasons for sexual abuse, with females seeing the phenomenon as significantly more stable and internal than males. No significant gender differences were found on the dimensions of controllability and globality.

Belizan JM, Cafferata ML, Belizan M. Child survival. *Lancet* 2003; 362(9387):916-7.

Bell L. Patterns of interactions in multidisciplinary child protection teams in New Jersey. *Child Abuse Negl* 2001; 25(1):65-80.

Abstract: OBJECTIVE: The objective of this study was to gain an understanding of how multidisciplinary team members in child protection worked together within the team, meeting to provide assessments of, and services to, children and families. METHOD: Fifteen multidisciplinary child-protection teams in New Jersey were observed during one meeting of each team. The interaction among team members was recorded and analyzed using a structured observation method, Bales' Interaction Process Analysis. RESULTS: There was a wide variation in participation among team members, with some contributing nothing to the meeting and others contributing a great deal. In some teams, participation by members was more equal than others. Some professional groups and agencies contributed very little to any meeting while others contributed a great deal to many meetings. CONCLUSIONS: Professionals are members of multidisciplinary teams because they are expected to contribute to the investigation of child maltreatment cases and to the planning for further work with cases. However, the findings from this study suggest that there is a considerable degree of inequality in levels of participation in multidisciplinary meetings. It is particularly noticeable that staff from the prosecutor's offices participate in every meeting and either the agency as a whole or individual members of it dominate many of the meetings.

Bell NS, Harford T, McCarroll JE, Senier L. Drinking and spouse abuse among U.S. Army soldiers. *Alcohol Clin Exp Res* 2004; 28(12):1890-7.

Abstract: BACKGROUND: This study examines the relationship between typical weekly drinking and perpetration of spouse abuse as well as the relationship between the perpetrator's typical weekly drinking and alcohol use during the abuse event among U.S. Army male soldiers. METHODS: Cases include all active

duty, male, enlisted Army spouse abusers identified in the Army's Central Registry who had also completed an Army Health Risk Appraisal Survey (HRA) between 1991 and 1998 (N = 9534). Cases were matched on sex, rank, and marital status with 21,786 control subjects who had also completed an HRA. RESULTS: In multivariate logistic regression models, heavy drinkers (22 or more drinks per week) were 66% more likely to be spouse abusers than were abstainers (odds ratio 1.66; 95% confidence interval 1.40-1.96). In addition, self-reported moderate and heavy drinkers were three times as likely and light drinkers (1-7 drinks per week) were twice as likely as nondrinkers to be drinking during the time of the abuse event. CONCLUSION: Self-reported heavy drinking is an independent risk factor for perpetration of spouse abuse among male, enlisted Army soldiers. Even 5 years or more after ascertainment of typical drinking habits, there is a significant association between self-reported heavy drinking and alcohol involvement at the time of the spouse abuse event. Personnel who work with perpetrators and victims of spouse abuse should be trained carefully to query about current and typical drinking patterns.

Bellavance M, Beland MJ, van Doesburg NH, Paquet M, Ducharme FM, Cloutier A. Implanting telehealth network for paediatric cardiology: learning from the Quebec experience. *Cardiol Young* 2004; 14(6):608-14.

Abstract: The implementation committee of the Quebec Child Telehealth Network was formed in 1997, with a mandate to build a network dedicated to the diagnosis of congenital cardiac disease via telemedicine. We devised criteria for selection to determine which peripheral centres would be linked by telemedicine to the university-based services for paediatric cardiology provided in the Canadian Province of Quebec. The criteria included: distance from a university centre, number of births per year, and presence of an already-established outreach clinic for paediatric cardiology. The Quebec Network became operational in 2000, and was composed of 32 peripheral centres and 4 university centres. A total of 363 transmissions of echocardiograms occurred over a 3-year period from January 2000 to December 2002. Peripheral centres located at a distance greater than 100 kilometres from a university centre were 8.5 times more likely to use the network. Criteria other than distance did not influence whether or not a peripheral centre used the network. Cardiac abnormalities were identified in almost two-thirds of the transmissions. The use of the Quebec Network resulted in the avoidance of transfers or clinic visits to university hospitals in seven-tenths of cases. We conclude that distance greater than 100 kilometres from a centre offering subspecialty services in paediatric cardiology is the most important criterion for choosing the peripheral centres that are most likely to use a telehealth network. In its first three years of operation,

the telehealth network had a major impact on the delivery of paediatric cardiac care, improving access to subspecialty services across the province.

Bellotti T, Luo Z, Gammerman A, Van Delft FW, Saha V. Qualified predictions for microarray and proteomics pattern diagnostics with confidence machines. *Int J Neural Syst* 2005; 15(4):247-58. Abstract: We focus on the problem of prediction with confidence and describe a recently developed learning algorithm called transductive confidence machine for making qualified region predictions. Its main advantage, in comparison with other classifiers, is that it is well-calibrated, with number of prediction errors strictly controlled by a given predefined confidence level. We apply the transductive confidence machine to the problems of acute leukaemia and ovarian cancer prediction using microarray and proteomics pattern diagnostics, respectively. We demonstrate that the algorithm performs well, yielding well-calibrated and informative predictions whilst maintaining a high level of accuracy.

Belsito KM, Law PA, Kirk KS, Landa RJ, Zimmerman AW. Lamotrigine therapy for autistic disorder: a randomized, double-blind, placebo-controlled trial. *J Autism Dev Disord* 2001; 31(2):175-81. Abstract: In autism, glutamate may be increased or its receptors up-regulated as part of an excitotoxic process that damages neural networks and subsequently contributes to behavioral and cognitive deficits seen in the disorder. This was a double-blind, placebo-controlled, parallel group study of lamotrigine, an agent that modulates glutamate release. Twenty-eight children (27 boys) ages 3 to 11 years (M = 5.8) with a primary diagnosis of autistic disorder received either placebo or lamotrigine twice daily. In children on lamotrigine, the drug was titrated upward over 8 weeks to reach a mean maintenance dose of 5.0 mg/kg per day. This dose was then maintained for 4 weeks. Following maintenance evaluations, the drug was tapered down over 2 weeks. The trial ended with a 4-week drug-free period. Outcome measures included improvements in severity and behavioral features of autistic disorder (stereotypies, lethargy, irritability, hyperactivity, emotional reciprocity, sharing pleasures) and improvements in language and communication, socialization, and daily living skills noted after 12 weeks (the end of a 4-week maintenance phase). We did not find any significant differences in improvements between lamotrigine or placebo groups on the Autism Behavior Checklist, the Aberrant Behavior Checklist, the Vineland Adaptive Behavior scales, the PL-ADOS, or the CARS. Parent rating scales showed marked improvements, presumably due to expectations of benefits.

Ben Abraham R, Rudick V, Weinbroum AA. Practical guidelines for acute care of victims of bioterrorism:

conventional injuries and concomitant nerve agent intoxication. *Anesthesiology* 2002; 97(4):989-1004. Notes: CORPORATE NAME: Department of Anesthesiology and Critical Care Medicine, Tel Aviv Sourasky Medical Center and the Sackler Faculty of Medicine

Benda BB. Gender differences in life-course theory of recidivism: a survival analysis. *Int J Offender Ther Comp Criminol* 2005; 49(3):325-42. Abstract: This study of 300 women and 300 men graduates of a boot camp finds that there are noteworthy gender differences in predictors of tenure in the community without criminal recidivism in a 5-year follow-up. The Cox proportional hazards models show that urban residence, childhood and recent abuses, living with a criminal partner, selling drugs, stress, depression, fearfulness, and suicidal thoughts are stronger positive predictors of recidivism for women than for men. Men are more likely to return to prison because of criminal peer associations, carrying weapons, alcohol abuse, and aggressive feelings. Job satisfaction and education lengthen time in the community more for men than women, whereas the number of children and relationships are more important to tenure in the community for women. The implications for the findings for theory are discussed.

Benda BB. Life-course theory of readmission of substance abusers among homeless veterans. *Psychiatr Serv* 2004; 55(11):1308-10. Abstract: This study examined outcomes of 310 female and 315 male homeless veterans who were admitted to a Department of Veterans Affairs inpatient program for dual diagnoses of a substance use disorder and another mental illness. Participants were surveyed to determine gender differences for types of transforming experiences and for types of abuse as predictors of readmission within two years. Predictors were selected primarily from life-course theory and were analyzed with Cox's proportional hazards model. Transforming experiences, such as enhanced ego identity and spiritual well-being, attenuated the effects of childhood abuses, combat exposure, and depression for both genders. Transforming experiences also reduced the risk of readmission that was associated with aggression for men and abuse that occurred either in the military or recently for women.

Benecke M, Rodriguez y Rowinski M. [Luis Alfredo Garavito Cubillos: criminal and legal aspects of serial homicide with over 200 victims]. *Arch Kriminol* 2002; 210(3-4):83-94. Abstract: This is the first scientific report on the crimes of the homosexual paedophile sadist Luis Alfredo Garavito Cubillos, based on a research stay of the authors in Columbia, and including discussions with the investigators, and the offender. Between 1992 and 1999, Garavito killed more than 200 children in the

core age span between 8 and 13 years (as an exception, 6 to 16 years). His modus operandi remained stable. During daytime, he lured children of a lower social status out of crowded parts of the city into hidden areas that were overgrown with high plants. Garavito promised either payment for easy work, or drugs, or made other socially believable offers. The children were tied up, tortured, raped, and killed by at least one cut in the lateral part of the neck, or by decapitation. During the killings, Garavito was drunk. Even after his arrest (for attempted sexual abuse under a wrong identity) it was not immediately possible to track his crimes since Garavito had frequently changed his places of stay and his jobs. He also grew different hairdos and used wrong names. During his still ongoing confessions, he directs the investigators correctly to all scenes of crime spread over large parts of Columbia. In our report, we give an overview over the course of investigations, hint to similarities in the cases of the German serial killer Denke (1920's) and homosexual paedophile serial killer Jurgen Bartsch (1960's), and give preliminary impressions on the offender's personality. Furthermore, the violent environment and juridical peculiarities in Columbia are discussed. In spite of a total penalty of 2600 years in prison, it is formally well possible that Garavito will be released out of prison within the next 10 to 20 years, i.e. even before the maximum sentence of 40 years will be over.

Benger JR, McCabe SE. Burns and scalds in pre-school children attending accident and emergency: accident or abuse? *Emerg Med J* 2001; 18(3):172-4. Abstract: OBJECTIVES: To assess how frequently and adequately information relating to the possibility of non-accidental injury (NAI) is documented and considered by doctors assessing pre-school children with burns and scalds in the accident and emergency (A&E) department, and to determine the effect of introducing a routine reminder mechanism into the A&E notes, coupled with an improved programme of NAI education and awareness. METHODS: The records of 100 pre-school children attending an A&E department with a burn or scald were reviewed against nine pre-determined standards. Changes in policy were instituted, through a programme of education and the use of a reminder checklist, and the next 100 cases re-audited against the same checklist. RESULTS: Groups one and two were similar in their demographic characteristics. The reminder checklist was included in 60% of group two notes, and when included was completed in 97%. The child protection register was rarely consulted. There was a statistically significant increase in recording the following: time that the injury had occurred, the consistency of the history, the compatibility of the injury with the history given, the consideration of the possibility of NAI, the general state and behaviour of the child and the presence or absence of any other injuries. The rate of referral for a further opinion regarding the possibility of NAI

increased from 0 to 3%, but failed to reach statistical significance. CONCLUSIONS: Prevailing awareness and documentation regarding the possibility of NAI was found to be poor, but a programme of intervention combining education and the use of a reminder checklist improved both awareness and documentation of NAI, as well as referral rates for further assessment. This strategy may prove applicable to children of all ages and injury types, reducing the number of cases of child abuse that are overlooked in the A&E department.

Bensley L, Ruggles D, Simmons KW *et al.* General population norms about child abuse and neglect and associations with childhood experiences. *Child Abuse Negl* 2004; 28(12):1321-37. Abstract: BACKGROUND: A variety of definitions of child abuse and neglect exist. However, little is known about norms in the general population as to what constitutes child abuse and neglect or how perceived norms may be related to personal experiences. METHODS: We conducted a random-digit-dialed telephone survey of 504 Washington State adults. Respondents were asked whether they believed each of 34 behaviors, identified in focus groups as possibly physically, sexually or emotionally abusive or neglectful, constituted abuse or neglect. Then, they were asked whether they had experienced 33 of the behaviors. RESULTS: Five of the six behaviors with the highest levels of consensus were for sexual abuse, whereas only one emotionally abusive behavior had a high level of consensus (95% agreement). Consensus that spanking constituted abuse increased with severity. Those respondents who reported experiencing a particular behavior were significantly less likely to believe the behavior abusive for 11 of the 33 behaviors and more likely to believe the behavior abusive for two of the behaviors. Where comparisons were possible, there was a high level of consensus that behaviors identified as abusive in Child Protective Service operational definitions constituted abuse. CONCLUSIONS: Self-reported childhood experiences were associated with perceived norms about child abuse. A better understanding of community norms about child abuse and neglect may be helpful in communicating with the public or allow for better targeting of educational messages through the media, parenting education classes, and so forth.

Benzies KM, Harrison MJ, Magill-Evans J. Parenting and childhood behavior problems: mothers' and fathers' voices. *Issues Ment Health Nurs* 2004; 25(1):9-24. Abstract: Through thematic analysis of interviews, we explored parents' perceptions of their child's behaviors and their own parenting. A purposive sample of four mothers and four fathers who reported behavior problems for their 7(1/2) year-old-child was selected from a larger study. Parents appraised their child positively despite episodic behavior problems, and described parenting in the context of financial



difficulties, marital conflict, chronic illness, lack of support for parenting, and abuse in the parent's family of origin. Data suggest a need for timely mental health services to assist parents with managing their child's behaviors within the context of the family's situation.

Beran TN, Violato C. A model of childhood perceived peer harassment: analyses of the Canadian National Longitudinal Survey of Children and Youth Data. *J Psychol* 2004; 138(2):129-47. Abstract: The authors developed a model of childhood perceived peer harassment, using several personality, peer, and familial characteristics of victims, and tested it with children 10 to 11 years old (N = 3,434) drawn from the Canadian National Survey of Children and Youth, which is a stratified random sample of 22,831 households in Canada. A 3-step analytic procedure with 3 separate subsamples of the children was used to explore psychosocial correlates of peer harassment. Results from the latent variable path analysis (comparative fit index = .90) showed that victims are likely to feel anxious and disliked by their peers. Their parents reported using high levels of control and low levels of warmth with their children and reported high levels of depression and marital conflict themselves. These results are discussed from a social-cognitive perspective.

Bergen HA, Martin G, Richardson AS, Allison S, Roeger L. Sexual abuse and suicidal behavior: a model constructed from a large community sample of adolescents. *J Am Acad Child Adolesc Psychiatry* 2003; 42(11):1301-9. Abstract: OBJECTIVE: To investigate relationships between self-reported sexual abuse, depression, hopelessness, and suicidality in a community sample of adolescents. METHOD: In 1995, students (mean age 13 years) from 27 high schools in Australia (n = 2,603) completed a questionnaire including measures of depressive symptoms (Center for Epidemiologic Studies Depression Scale), hopelessness, sexual abuse, and suicidality. Data analysis included logistic regression. RESULTS: Sexual abuse is associated with suicidality, both directly and indirectly through hopelessness and depressive symptoms in the model developed. High suicide risk (behavior exceeding thoughts such as plans and threats, or deliberate self-injury) is strongly correlated with suicide attempts (odds ratio 28.8, 95% CI 16-52,  $p < .001$ ). Hopelessness is associated with high suicide risk only, whereas depressive symptoms are associated with high suicide risk and attempts. Hopelessness is more strongly associated with sexual abuse in boys than girls. Depressive symptoms are more strongly associated with high suicide risk in girls than boys. Controlling for other variables, sexual abuse is independently associated with suicide attempts in girls but not boys. CONCLUSIONS: Clinical assessment should consider gender differences in relationships between sexual abuse, depressive symptoms, hopelessness, and

suicidality. Sexually abused girls may be at increased risk of attempting suicide, independent of other psychopathology.

Bergeret J. Homosexuality or homoeroticism? 'Narcissistic eroticism'. *Int J Psychoanal* 2002; 83(Pt 2):351-62. Abstract: It may be dangerous for a psychoanalyst to let him/herself be influenced by the social and media pressure that proposes the use of the term 'homosexual' to describe the affective functioning of a homophile, for this assumes--from the outset--that it is of a truly sexual nature. However, following certain Freudian writings and the works of Ferenczi in 1911, we know the different mechanisms of the narcissistic register that come into play in the quite particular relational behaviour that should more relevantly be called 'homoeroticism'. On the other hand, our diagnostic and therapeutic approach will benefit from not considering, at the outset, all the economically and psychogenetically very different varieties of homoeroticism, male or female, latent or manifest, in too global a fashion, with reference also to the Freudian concept of psychic bisexuality. The French psychoanalytical research team working with the author has focused on these important issues for a number of years now. This article aims to give a fairly brief account of its work, with the objective of opening up a discussion amongst psycho-analysts, within the framework of Freudian thought.

Berkovitz IH, Sinclair E. Training programs in school consultation. *Child Adolesc Psychiatr Clin N Am* 2001; 10(1):83-92. Abstract: The need to train psychiatrists in school consultation is important to approach mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. There is a major national impetus to improve academic achievement and literacy, which can be amplified by addressing the social, emotional, and mental health needs of children and youth. Training in school consultation allows the psychiatrist to better understand a critical institution in each child's life and also provides technical assistance and training to school personnel, which facilitates networking between programs and individuals involved in or interested in school mental health. Each of the described programs approaches consultation from a specific focus that varies in time commitment, placement options, and frequency and order of didactic presentations. There is no conclusive available evidence as to which program is most effective, since such evaluation depends on the overall goals of the consultation program itself.

Berl MM, Balsamo LM, Xu B *et al.* Seizure focus affects regional language networks assessed by fMRI. *Neurology* 2005; 65(10):1604-11. Abstract: OBJECTIVE: To investigate the degree of language dominance in patients with left and right

hemisphere seizure foci compared to normal volunteers using a fMRI reading comprehension task. **METHODS:** Fifty patients with complex partial epilepsy, aged 8 to 56 years and 33 normal volunteers, aged 7 to 34 had fMRI (1.5 T) and neuropsychological testing. Participants silently named an object described by a sentence compared to a visual control. Data were analyzed with region of interest (ROI) analysis based on t maps for inferior frontal gyrus (IFG), midfrontal gyrus (MFG), and Wernicke area (WA). Regional asymmetry indices (AIs) were calculated  $[(L - R)/(L + R)]$ ; AI > 0.20 was deemed left dominant and AI < 0.20 as atypical language. **RESULTS:** Left hemisphere focus patients had a higher likelihood of atypical language than right hemisphere focus patients (21% vs 0%,  $\chi^2 < 0.002$ ). Left hemisphere focus patients, excluding those with atypical language, had lower regional AI in IFG, MFG, and WA than controls. Right hemisphere focus patients were all left language dominant and had a lower AI than controls in WA and MFG, but not for IFG. AI in MFG and WA were similar between left hemisphere focus/left language patients and right hemisphere focus patients. Patients activated more voxels than healthy volunteers. Lower AIs were attributable to greater activation in right homologous regions. Less activation in the right-side WA correlated with better verbal memory performance in right focus/left hemisphere-dominant patients, whereas less strongly lateralized activation in IFG correlated better with Verbal IQ in left focus/left hemisphere-dominant patients. **CONCLUSIONS:** Patients had lower asymmetry indices than healthy controls, reflecting increased recruitment of homologous right hemisphere areas for language processing. Greater right hemisphere activation may reflect greater cognitive effort in patient populations, the effect of epilepsy, or its treatment. Regional activation patterns reflect adaptive efforts at recruiting more widespread language processing networks that are differentially affected based on hemisphere of seizure focus.

Berlin L. Errors of omission. *AJR Am J Roentgenol* 2005; 185(6):1416-21.

Berlin L. Iodine-131 and the pregnant patient. *AJR Am J Roentgenol* 2001; 176(4):869-71.

Berliner L. Shame in child maltreatment: contributions and caveats. *Child Maltreat* 2005; 10(4):387-90. Abstract: This special section is a collection of papers that investigates the role of shame in children with abuse histories. Relationships are found between abuse-specific shame or general shame proneness and a variety of outcomes. However, the relationships are not consistent. The utility of these findings will be enhanced by studies that use common measurement approaches and address similar outcomes, as well specific tests of intervention approaches that target

shame.

Berliner L, Hyman I, Thomas A, Fitzgerald M. Children's memory for trauma and positive experiences. *J Trauma Stress* 2003; 16(3):229-36. Abstract: Characteristics of children's memory for a trauma and for a positive event were compared and relationships of memory characteristics to trauma symptoms examined in 30 children who experienced a traumatic event. Results revealed that memories for trauma tended to have less sensory detail and coherence, yet have more meaning and impact than did memories for positive experiences. Sexual traumas, offender relationship, and perceived life threat were associated with memory characteristics. Few relationships between memory characteristics and trauma symptoms were found. Therapist ratings of child memory characteristics were correlated with some child trauma memory characteristic reports. These results are consistent with other studies. Possible explanations include divided attention during the traumatic event and cognitive avoidance occurring after the event.

Bernard-Opitz V, Kwook KW, Sapuan S. Epidemiology of autism in Singapore: findings of the first autism survey. *Int J Rehabil Res* 2001; 24(1):1-6. Abstract: The report describes the results of a survey conducted on 176 parents of children with autism in Singapore. The ages of the children ranged from 3 to 12 years. The survey focused on the child's background, behaviour problems and skill profile, the home and school situation as well as the linguistic and social background. It was noted that the Singapore population confirms the international distribution regarding a predominance of boys over girls and a low incidence of birth complications. A positive trend noted was the fact that 60% of the children were diagnosed before the age of 3 years. Discussion focuses on possible risk factors and psychosocial adversities for autism such as a high frequency of caregivers who are foreign maids, the use of multiple languages and the high level of punitive educational practices. The possible influence of psychosocial deprivation on child development is discussed.

Bernstein AE. Interview criteria for assessing allegations of sexual abuse in children and adults. *J Am Acad Psychoanal Dyn Psychiatry* 2004; 32(2):399.

Berntsen D, Rasmussen SR, Smith SF, Willadsen J. [Problematic report about recovered memories]. *Ugeskr Laeger* 2004; 166(41):3623.

Berntsen D, Smith SF, Rasmussen SR, Willadsen J. [Recovered memories]. *Ugeskr Laeger* 2004; 166(36):3116; author reply 3116-7.

Berntsson LT, Kohler L. Quality of life among children aged

2-17 years in the five Nordic countries. Comparison between 1984 and 1996. *Eur J Public Health* 2001; 11(4):437-45.

**Abstract:** **BACKGROUND:** The aim of the study was to analyse children's quality of life (QoL) in the five Nordic countries from 1984 to 1996, a period in which major economic recessions occurred. **METHODS:** The study design was cross-sectional based on a random sample of 3000 children in each country, aged 2 to 17 years, totalling 15,000 in 1984 and 15,000 in 1996. The data were collected by mailed questionnaires. QoL was analysed for three spheres of life: external, interpersonal, personal including both factual and perceived variables. The external sphere represented the socio-economic conditions for the child's family, the interpersonal sphere the structure and the function of the child's social networks and the personal sphere the psychological well-being of the child. **RESULTS:** The total QoL for Nordic children from 1984 to 1996 increased, but there were differences in the development of QoL between the countries. The objective QoL became better, at the same time the subjective QoL worsened, except in Denmark and Iceland. The external QoL became better, whereas the interpersonal QoL was nearly unchanged but there were differences in the development between countries. The personal QoL worsened slightly except for children in Iceland. The ranking between countries changed. Danish children had the highest subjective and Norwegian children the highest objective and external QoL. Swedish children had the highest personal QoL. Children 7-12 years had the highest QoL. Girls had a tendency to higher QoL in all ages. **CONCLUSION:** Nordic children still enjoy a high standard of living in spite of economic constraints, and the prerequisites for a high QoL are fulfilled. Further research is suggested for clarifying the complex background of these results.

Berra S, Sabulsky J, Rajmil L, Passamonte R, Pronsato J, Butinof M. Correlates of breastfeeding duration in an urban cohort from Argentina. *Acta Paediatr* 2003; 92(8):952-7.

**Abstract:** **AIM:** To analyse factors associated with the duration of breastfeeding in a representative cohort of mothers and children, including socio-demographic and cultural characteristics, breastfeeding antecedents, perinatal factors and perinatal healthcare practices. **METHODS:** The study was conducted in the city of Cordoba, between 1993 and 1998. Mother-child binomials from all public and private hospitals were asked to participate. Follow-up consisted of home visits at 30 d, 6, 12, 24, 36, 48 and 50 mo. Information was obtained on 650 healthy newborns. Cessation of breastfeeding during the first 24 mo of life was analysed using the Kaplan-Meier method, and factors associated with weaning were studied using Cox's proportional risk regression. **RESULTS:** The median duration of breastfeeding was 4 mo. Factors associated with weaning were: the introduction of artificial

formulas within 30 d postpartum [relative risk (RR) = 2.27; 95% confidence interval (CI) = 1.82-2.82]; breastfeeding of a previous child for less than 6 mo (RR = 1.64; 95% CI = 1.32-2.02); delay in the first mother-child contact for over 90 min (RR = 1.50; 95% CI = 1.17-1.93); mother's having completed primary or partially completed secondary education (RR = 1.40; 95% CI = 1.01-1.92) or completed secondary education or higher (RR = 1.59; 95% CI = 1.14-2.22); primiparous mother (RR = 1.39; 95% CI = 1.12-1.74) and; the mother recalling having been breastfed for less than 6 mo (RR = 1.27; 95% CI = 1.01-1.61). **CONCLUSIONS:** The purpose of strategies to promote breastfeeding should be to eliminate inappropriate care practices, such as delay in the first mother-child contact, as well as reducing the impact of other factors leading to the introduction of artificial milk. Moreover, mothers need more and better support from professionals and peers.

Berry M, Cash SJ, Mathiesen SG. Validation of the Strengths and Stressors Tracking Device with a child welfare population. *Child Welfare* 2003; 82(3):293-318.

**Abstract:** The Strengths and Stressors Tracking Device (SSTD) is a rapid assessment measure of family well-being that assesses the particular strengths and needs of families at intake to help guide case planning and evaluate the effectiveness of treatment. The device assesses families from an ecological perspective in the domains of environmental conditions, social support, caregiver skills, and child well-being, and may be used at multiple points during treatment to assess change. SSTD has high internal consistency in all domains, distinguishes between physical abuse and neglect, and is sensitive to specific changes made by families across the duration of treatment.

Berry RM. Informed consent law, ethics, and practice: from infancy to reflective adolescence. *HEC Forum* 2005; 17(1):64-81.

Notes: **GENERAL NOTE:** KIE: KIE Bib: informed consent

Bertrand D. Staying abreast of the benefits of nursing. *J Natl Med Assoc* 2003; 95(2):107-8.

Bess G, Allen J, Deters PB. The evaluation life cycle: a retrospective assessment of stages and phases of the circles of care initiative. *Am Indian Alsk Native Ment Health Res* 2004; 11(2):30-41.

**Abstract:** A life cycle metaphor characterizes the evolving relationship between the evaluator and program staff. This framework suggests that common developmental dynamics occur in roughly the same order across groups and settings. There are stage-specific dynamics that begin with Pre-History, which characterize the relationship between the grantees and evaluator. The stages are: (a) Pre-History, (b) Process,

(c) Development, (d) Action, (e) Findings-Compilation, and (f) Transition. The common dynamics, expectations, and activities for each stage are discussed.

Bhagavan SV, Raghu V. Utility of check dams in dilution of fluoride concentration in ground water and the resultant analysis of blood serum and urine of villagers, Anantapur District, Andhra Pradesh, India. *Environ Geochem Health* 2005; 27(1):97-108. Abstract: High levels of fluoride (beyond 1.5 ppm) in ground water as source of drinking water are common in many parts of Andhra Pradesh, India, causing fluorosis. The study carried out in endemic Nalgonda District, Andhra Pradesh, has indicated that the fluoride-rich ground water present in the wells located down stream and close to the surface water bodies is getting diluted by the low-fluoride surface water. Encouraged by this result, check dams were constructed upstream of the identified marginally high fluoride bearing ground water zones in Anantapur District to reduce fluoride levels as an alternate solution for safe drinking water. In this paper, an attempt is made to study the utility and effect of these check dams in dilution of fluoride concentration in drinking water and its resultant impact on the health aspects of certain villagers of Anantapur District through the analysis of their blood serum and urine. Ground water samples from three fluoride-affected villages, blood and urine of males and females from the same villages were collected and analyzed for fluoride using ion selective electrode method. The results indicated that the fluoride levels in blood serum and urine of males in the age group of 5-11 years are found to be the highest. The concentration of fluoride in ground water is directly proportional to the concentration of fluoride in blood serum and urine. The concentration of fluoride in ground water with depth of the aquifer is a function of lithology, amount and duration of rainfall, rate of infiltration, level of ground water exploitation in the area etc. The construction of check dams upstream of the identified marginally high fluoride waters will not only cause additional recharge of ground water but also reduces the fluoride concentration eventually improving the health of the villagers.

Bhandari N, Bahl R, Nayyar B, Khokhar P, Rohde JE, Bhan MK. Food supplementation with encouragement to feed it to infants from 4 to 12 months of age has a small impact on weight gain. *J Nutr* 2001; 131(7):1946-51. Abstract: It is unclear whether a substantial decline in malnutrition among infants in developing countries can be achieved by increasing food availability and nutrition counseling without concurrent morbidity-reducing interventions. The study was designed to determine whether provision of generous amounts of a micronutrient-fortified food supplement supported by counseling or nutritional counseling alone would

significantly improve physical growth between 4 and 12 mo of age. In a controlled trial, 418 infants 4 mo of age were individually randomized to one of the four groups and followed until 12 mo of age. The first group received a milk-based cereal and nutritional counseling; the second group monthly nutritional counseling alone. To control for the effect of twice-weekly home visits for morbidity ascertainment, similar visits were made in one of the control groups (visitation group); the fourth group received no intervention. The median energy intake from nonbreast milk sources was higher in the food supplementation group than in the visitation group by 1212 kJ at 26 wk ( $P < 0.001$ ), 1739 kJ at 38 wk ( $P < 0.001$ ) and 2257 kJ at 52 wk ( $P < 0.001$ ). The food supplementation infants gained 250 g (95% confidence interval: 20--480 g) more weight than did the visitation group. The difference in the mean increment in length during the study was 0.4 cm (95% confidence interval: -0.1--0.9 cm). The nutritional counseling group had higher energy intakes ranging from 280 to 752 kJ at different ages ( $P < 0.05$  at all ages) but no significant benefit on weight and length increments. Methods to enhance the impact of these interventions need to be identified.

Bhandari N, Mazumder S, Bahl R, Martinez J, Black RE, Bhan MK. Use of multiple opportunities for improving feeding practices in under-twos within child health programmes. *Health Policy Plan* 2005; 20(5):328-36. Notes: CORPORATE NAME: Infant Feeding Study Group

Abstract: OBJECTIVES: In a community randomized trial, we aimed to promote exclusive breastfeeding and appropriate complementary feeding practices in under-twos to ascertain the feasibility of using available channels for nutrition counselling, their relative performance and the relationship between intensity of counselling and behaviour change. We also assessed whether using multiple opportunities to impart nutrition education adversely affected routine activities. METHODS: We conducted a community randomized, controlled effectiveness trial in rural Haryana, India, with four intervention and four control communities. We trained health and nutrition workers in the intervention communities to counsel mothers at multiple contacts on breastfeeding exclusively for 6 months and on appropriate complementary feeding practices thereafter. The intervention was not just training health and nutrition workers in counselling but included community and health worker mobilization. FINDINGS: In the intervention group, about 32% of caregivers were counselled by traditional birth attendants at birth. The most frequent sources of counselling from birth to 3 months were immunization sessions (45.1%) and home visits (32.1%), followed closely by weighing sessions (25.5%); from 7 to 12 months, home visits (42.6%) became more important than the other two. An increase in the number of channels through which caregivers were counselled was positively associated with exclusive breastfeeding

prevalence at 3 months ( $p = 0.002$ ), consumption of milk/cereal gruel or mix use at 9 months ( $p = 0.004$ ) and 18 months ( $p = 0.003$ ), undiluted milk at 9 months ( $p < 0.0001$ ) and 24 hour non-breast-milk energy intakes at 18 months ( $p = 0.023$ ), after controlling for potential confounding factors. Intervention areas, compared with the control, had higher coverage for vitamin A (45% vs. 11.5%) and iron folic acid (45% vs. 0.4%) supplementation. **CONCLUSIONS:** Using multiple available opportunities and workers for counselling caregivers was feasible, resulted in high coverage and impact, and instead of disrupting ongoing services, resulted in their improvement.

Bhatia S, Dranyi T, Rowley D. Tuberculosis among Tibetan refugees in India. *Soc Sci Med* 2002; 54(3):423-32. **Abstract:** Tuberculosis (TB) is a major public health problem among Tibetan refugees in India. To determine the incidence of and risk factors for TB among Tibetan refugees in India, data on TB were included in the demographic and health surveillance project carried out by the Tibetan government-in-exile in Dharamsala from 1994 to 1996. Risk factor and morbidity data were determined by baseline and monthly follow-up home visits, and reported TB was confirmed by clinic records. The surveillance covered approximately 90% of the refugees in civilian settlements and approximately 70% of the monks in monasteries. In the settlement population, TB incidence was extraordinarily high in the settlement population, 10.9/1,000 in 1994, but decreased to 7.7/1,000 in 1996. Incidence rates varied between regions, age groups, and occupational groups, being highest in the Doon Valley (14.8/1,000), in sweater sellers (16.7/1,000), and in the unemployed (23/1,000). Among monastery monks, incidence rates were even higher than in the settlements, averaging 17.2/1,000 over the 3-year period. The proportion of patients without sputum results and variation in the proportion of smear positive cases indicated inadequate use and poor quality of laboratory services. India's Revised National Tuberculosis Control Program, based on WHO recommendations, has been highly successful in pilot districts and is being extended to the whole country. This program should be adopted promptly by the health care system serving Tibetan refugees and vigorously implemented among the refugee population.

Bhatikar SR, DeGroff C, Mahajan RL. A classifier based on the artificial neural network approach for cardiologic auscultation in pediatrics. *Artif Intell Med* 2005; 33(3):251-60. **Abstract:** **OBJECTIVE:** This research work was aimed at developing a reliable screening device for diagnosis of heart murmurs in pediatrics. This is a significant problem in pediatric cardiology because of the high rate of incidence of heart murmurs in this population (reportedly 77-95%), of which only a small fraction arises from congenital heart disease. The screening devices currently available (e.g. chest X-ray,

electrocardiogram, etc.) suffer from poor sensitivity and specificity in detecting congenital heart disease. Thus, patients with heart murmurs today are frequently assessed by consultation as well with advanced imaging techniques. The most prominent among these is echocardiography. However, echocardiography is expensive and is usually only available in healthcare centers in major cities. Thus, for patients being evaluated with a heart murmur, developing a more accurate screening device is vital to efforts in reducing health care costs. **METHODS AND MATERIAL:** The data set was collected from incoming pediatrics at the cardiology clinic of The Children's Hospital (Denver, Colorado), on whom echocardiography had been performed to identify congenital heart disease. Recordings of approximately 10-15s duration were made at 44,100Hz and the average record length was approximately 60,000 points. The best three cycles with respect to signal quality sounds were extracted from the original recording. The resulting data comprised 241 examples, of which 88 were examples of innocent murmurs and 153 were examples of pathological murmurs. The selected phonocardiograms were subject to the digital signal processing (DSP) technique of fast Fourier transform (FFT) to extract the energy spectrum in frequency domain. The spectral range was 0-300Hz at a resolution of 1Hz. The processed signals were used to develop statistical classifiers and a classifier based on our in-house artificial neural network (ANN) software. For the latter, we also tried enhancements to the basic ANN scheme. These included a method for setting the decision-threshold and a scheme for consensus-based decision by a committee of experts. **RESULTS:** Of the different classifiers tested, the ANN-based classifier performed the best. With this classifier, we were able to achieve classification accuracy of 83% sensitivity and 90% specificity in discriminating between innocent and pathological heart murmurs. For the problem of discrimination between innocent murmurs and murmurs of the ventricular septal defect (VSD), the accuracy was higher, with sensitivity of 90% and specificity of 93%. **CONCLUSIONS:** An ANN-based approach for detection and identification of congenital heart disease in pediatrics from heart murmurs can result in an accurate screening device. Considering that only a simple feature set was used for classification, the results are very encouraging and point out the need for further development using improved feature set with more potent diagnostic variables.

Bhatikar SR, Mahajan RL, DeGroff C. A novel paradigm for telemedicine using the personal bio-monitor. *Biomed Sci Instrum* 2002; 38:59-70. **Abstract:** The foray of solid-state technology in the medical field has yielded an arsenal of sophisticated healthcare tools. Personal, portable computing power coupled with the information superhighway open up the possibility of sophisticated healthcare management that will impact the medical field just as much. The full

synergistic potential of three interwoven technologies: (1) compact electronics, (2) World Wide Web, and (3) Artificial Intelligence is yet to be realized. The system presented in this paper integrates these technologies synergistically, providing a new paradigm for healthcare. Our idea is to deploy internet-enabled, intelligent, handheld personal computers for medical diagnosis. The salient features of the 'Personal Bio-Monitor' we envisage are: (1) Utilization of the peripheral signals of the body which may be acquired non-invasively and with ease, for diagnosis of medical conditions; (2) An Artificial Neural Network (ANN) based approach for diagnosis; (3) Configuration of the diagnostic device as a handheld for personal use; (4) Internet connectivity, following the emerging bluetooth protocol, for prompt conveyance of information to a patient's health care provider via the World Wide Web. The proposal is substantiated with an intelligent handheld device developed by the investigators for pediatric cardiac auscultation. This device performed accurate diagnoses of cardiac abnormalities in pediatrics using an artificial neural network to process heart sounds acquired by a low-frequency microphone and transmitted its diagnosis to a desktop PC via infrared. The idea of the personal biomonitor presented here has the potential to streamline healthcare by optimizing two valuable resources: physicians' time and sophisticated equipment time. We show that the elements of such a system are in place, with our prototype. Our novel contribution is the synergistic integration of compact electronics' technology, artificial neural network methodology and the wireless web resulting in a revolutionary new paradigm for healthcare management.

Bialystok E, Martin MM. Attention and inhibition in bilingual children: evidence from the dimensional change card sort task. *Dev Sci* 2004; 7(3):325-39. Abstract: In a previous study, a bilingual advantage for preschool children in solving the dimensional change card sort task was attributed to superiority in inhibition of attention (Bialystok, 1999). However, the task includes difficult representational demands to encode and interpret the task stimuli, and bilinguals may also have profited from superior representational abilities. This possibility is examined in three studies. In Study 1, bilinguals outperformed monolinguals on versions of the problem containing moderate representational demands but not on a more demanding condition. Studies 2 and 3 demonstrated that bilingual children were more skilled than monolinguals when the target dimensions were perceptual features of the stimulus and that the two groups were equivalent when the target dimensions were semantic features. The conclusions are that bilinguals have better inhibitory control for ignoring perceptual information than monolinguals do but are not more skilled in representation, confirming the results of the original study. The results also identify the ability to ignore an obsolete display feature as the critical difficulty in

solving this task.

Bidiwala S, Pittman T. Neural network classification of pediatric posterior fossa tumors using clinical and imaging data. *Pediatr Neurosurg* 2004; 40(1):8-15. Abstract: A neural network was developed that utilizes both clinical and imaging (CT and MRI) data to predict posterior fossa tumor (PFT) type. Data from 33 children with PFTs were used to develop and test the system. When all desired information was available, the network was able to correctly classify 85.7% of the tumors. In cases with incomplete data, it was able to correctly classify 72.7% of the tumors. In both instances, the diagnoses made by the network were more likely to be correct than those made by the neuroradiologists.

Bierman KL, Coie JD, Dodge KA *et al.* Using the Fast Track randomized prevention trial to test the early-starter model of the development of serious conduct problems. *Dev Psychopathol* 2002; 14(4):925-43. Notes: CORPORATE NAME: Conduct Problems Prevention Research Group Abstract: The Fast Track prevention trial was used to test hypotheses from the Early-Starter Model of the development of chronic conduct problems. We randomly assigned 891 high-risk first-grade boys and girls (51% African American) to receive the long-term Fast Track prevention or not. After 4 years, outcomes were assessed through teacher ratings, parent ratings, peer nominations, and child self-report. Positive effects of assignment to intervention were evident in teacher and parent ratings of conduct problems, peer social preference scores, and association with deviant peers. Assessments of proximal goals of intervention (e.g., hostile attributional bias, problem-solving skill, harsh parental discipline, aggressive and prosocial behavior at home and school) collected after grade 3 were found to partially mediate these effects. The findings are interpreted as consistent with developmental theory.

Bigman Z, Pratt H. Time course and nature of stimulus evaluation in category induction as revealed by visual event-related potentials. *Biol Psychol* 2004; 66(2):99-128. Abstract: Category induction involves abstraction of features common to two or more stimuli. We predicted that category induction affects processing of each stimulus, before completion of perceptual analysis. Event-related potentials (ERPs) were recorded from ten 11-13-year olds while they were performing visual category-induction tasks. Subjects viewed a series of two geometric shapes belonging to the same perceptual category (size, color, or shape), defined by one or two shared features, and decided if a probe stimulus shared membership in that category. Large frontal N120, frontal-central N300 and smallest P450 were elicited by the first stimulus; number of shared features affected P150, N170, and P450 amplitudes to the

second stimulus. Principal Component Analysis (PCA) indicated networks of frontal, parietal and occipital activity, different to each stimulus. Results suggest that in young adolescents category induction affects early stages of stimulus processing. Processing is based on selective analysis of stimuli for shared features, not exhaustive examination of all features of all stimuli.

Billick SB. Preserving balance in forensic psychiatry. *J Am Acad Psychiatry Law* 2001; 29(4):372-3.

Billings J. Management matters: strengthening the research base to help improve performance of safety net providers. *Health Care Manage Rev* 2003; 28(4):323-34.

Abstract: It is becoming increasingly apparent that some disparities in health outcomes for vulnerable populations relate to performance of providers. Based on analysis of Medicaid claims records, large differences in performance among primary care providers are documented for New York City patients, suggesting the need for better evidence in making management decisions.

Bilukha O, Hahn RA, Crosby A *et al*. The effectiveness of early childhood home visitation in preventing violence: a systematic review. *Am J Prev Med* 2005; 28(2 Suppl 1):11-39.

Notes: CORPORATE NAME: Task Force on Community Preventive Services

Birch LL, Davison KK. Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatr Clin North Am* 2001; 48(4):893-907.

Abstract: Although a large body of research has assessed direct genetic links between parent and child weight status, relatively little research has assessed the extent to which parents (particularly parents who are overweight) select environments that promote overweight among their children. Parents provide food environments for their children's early experiences with food and eating. These family eating environments include parents' own eating behaviors and child-feeding practices. Results of the limited research on behavioral mediators of familial patterns of overweight indicate that parents' own eating behaviors and their parenting practices influence the development of children's eating behaviors, mediating familial patterns of overweight. In particular, parents who are overweight, who have problems controlling their own food intake, or who are concerned about their children's risk for overweight may adopt controlling child-feeding practices in an attempt to prevent overweight in their children. Unfortunately, research reveals that these parental control attempts may interact with genetic predispositions to promote the development of problematic eating styles and childhood overweight. Although the authors have argued that behavioral

mediators of family resemblances in weight status, such as parents' disinhibited or binge eating and parenting practices are shaped largely by environmental factors, individual differences in these behaviors also have genetic bases. A primary public health goal should be the development of family-based prevention programs for childhood overweight. The findings reviewed here suggest that effective prevention programs must focus on providing anticipatory guidance on parenting to foster patterns of preference and food selection in children more consistent with healthy diets and promote children's ability to self-regulate intake. Guidance for parents should include information on how children develop patterns of food intake in the family context. Practical advice for parents includes how to foster children's preferences for healthy foods and how to promote acceptance of new foods by children. Parents need to understand the costs of coercive feeding practices and be given alternatives to restricting food and pressuring children to eat. Providing parents with easy-to-use information regarding appropriate portion sizes for children is also essential as are suggestions on the timing and frequency of meals and snacks. Especially during early and middle childhood, family environments are the key contents for the development of food preferences, patterns of food intake, eating styles, and the development of activity preferences and patterns that shape children's developing weight status. Designing effective prevention programs will, however, require more complete knowledge than currently available regarding behavioral intermediaries that foster overweight, including the family factors that shape activity patterns, meals taken away from home, the impact of stress on family members' eating styles, food intake, activity patterns, and weight gain. The research presented here provides an example of how ideas regarding the effects of environmental factors and behavioral mediators on childhood overweight can be investigated. Such research requires the development of reliable and valid measures of environmental variables and behaviors. Because childhood overweight is a multifactorial problem, additional research is needed to develop and test theoretic models describing how a wide range of environmental factors and behavioral intermediaries can work in concert with genetic predispositions to promote the development of childhood overweight. The crucial test of these theoretic models will be in preventive interventions.

Birchall M, Bailey D, King P. Effect of process standards on survival of patients with head and neck cancer in the south and west of England. *Br J Cancer* 2004; 91(8):1477-81.

Notes: CORPORATE NAME: South West Cancer Intelligence Service Head and Neck Tumour Panel  
Abstract: The aim of the study was to compare standards for the process of care and 2-year survival between two cohorts of patients with head and neck cancer in the south and west of England. A total of 566

and 727 patients presented in 1996-97 and 1999-2000, respectively. The median number of cases treated per surgeon was 4 (1997, range 1-26) and 4 (2000, 1-23) and per radiotherapist was 10 (1-51) and 19 (1-70). For all 'nontemporal' standards, the overall standard increased, without reaching minimum high targets, while most 'waiting times' increased. Overall 2-year survival was 64.1% in 1997 and 65.1% in 2000. There was no difference in survival between networks (range 56-68, 1997, log-rank test 4.1,  $P=0.4$ ; 62-69, 2000, log-rank test 1.26,  $P=0.69$ ). Patients assessed by a multidisciplinary clinic exhibited improved survival (1997:  $P=0.1$ ; 2000: hazard ratio 0.7,  $P=0.02$ ), as did those with a pretreatment chest X-ray (hazard ratio 0.7,  $P=0.03$ ). Despite an increased incidence, standards for the process of care for patients with head and neck cancer improved between 1996 and 2000, while waiting times increased and 2-year survival rates remained unaltered. Two out of five networks demonstrated centralisation of services between audits. Being seen in a multidisciplinary clinic correlated strongly with patient survival.

Bish JP, Ferrante SM, McDonald-McGinn D, Zackai E, Simon TJ. Maladaptive conflict monitoring as evidence for executive dysfunction in children with chromosome 22q11.2 deletion syndrome. *Dev Sci* 2005; 8(1):36-43. Abstract: Using an adaptation of the Attentional Networks Test, we investigated aspects of executive control in children with chromosome 22q11.2 deletion syndrome (DS22q11.2), a common but not well understood disorder that produces non-verbal cognitive deficits and a marked incidence of psychopathology. The data revealed that children with DS22q11.2 demonstrated greater difficulty than controls in locating and processing target items in the presence of distracters. Importantly, children with DS22q11.2 showed a deficit in the ability to monitor and adapt to stimulus conflict. These data provide evidence of inadequate conflict adaptation in children with DS22q11.2, a problem that is also present in schizophrenia. The findings of specific executive dysfunction in this group may provide a linkage between particular genetic abnormalities and the development of psychopathology.

Bitzer J. [Sexual aggression against girls and adult women--causes and consequences]. *Ther Umsch* 2005; 62(4):217-22.

Abstract: The causes of sexual aggression are multiple. Bioevolutionary rooted behavioral dispositions (sexual aggressiveness of men as a reproductive strategy) are enforced by specific male dominated structures of society and socially determined stereotypes of female roles which deter women from self determination of their sexuality; these macrosocial factors combine with individual conditions of socialization, in which violence plays an important role. With respect to the consequences of sexual aggression primary victimization (the trauma itself with physical and

psychological harm) can be distinguished from secondary victimization (devaluation and mistrust in the social environment). The degree of negative health outcomes depends on risk factors like previous abuse, severity of the violent act, and lack of social support. Prevention must aim at changes of societal conditions that enhance sexual aggression and the establishment of programs for men and women at risk in which techniques of control of sexual aggression, attenuation and inhibition can be learnt.

Black J, Zenel JA. Child abuse by intentional iron poisoning presenting as shock and persistent acidosis. *Pediatrics* 2003; 111(1):197-9.

Abstract: A case of intentional iron poisoning presented to our hospital. The patient's persistent acidosis and the team's observation of maternal indifference indicated the diagnosis. This case should alert physicians to a potential source for intentional poisoning that is present in most homes with young infants.

Black MM, Sazawal S, Black RE, Khosla S, Kumar J, Menon V. Cognitive and motor development among small-for-gestational-age infants: impact of zinc supplementation, birth weight, and caregiving practices. *Pediatrics* 2004; 113(5):1297-305.

Abstract: OBJECTIVE: Infants who are born small for gestational age (SGA) are at risk for developmental delays, which may be related to deficiencies in zinc, an essential trace metal, or to deficiencies in their ability to elicit caregiver responsiveness (functional isolation hypothesis). The objective of this study was to evaluate at 6 and 10 months of age the impact of a 9-month supplementation trial of 5 mg of zinc on the development and behavior of infants who were born SGA and to evaluate infants' ability to elicit responsive caregiver behavior. METHODS: A randomized, controlled trial of zinc supplementation was conducted among 200 infants in a low-income, urban community in Delhi, India. Infants were recruited when they were full term ( $>36$  weeks) and SGA (birth weight  $<10$ th percentile weight-for-gestational age). Infants were randomized to receive daily supplements of a micronutrient mix (folate, iron, calcium, phosphorus, and riboflavin) with or without 5 mg of zinc sulfate. The supplement was administered by field workers daily from 30 days to 9 months of age. At 6 and 10 months, infant development and behavior were measured in a clinical setting using the Bayley Scales of Infant Development II. Caregiver responsiveness, observed on an Indian version of the Home Observation for Measurement of the Environment scale, was measured during a home visit at 10 months. During both the clinic and home visits, caregivers reported on their infant's temperament. RESULTS: There were no direct effects of zinc supplementation on the infants' development or behavior at either 6 or 10 months. In a subgroup analysis among the zinc-supplemented infants, lower birth weight infants were



perceived to be more temperamentally difficult than higher weight infants; in the control group, birth weight was not associated with temperament. Heavier birth weight infants had better scores on all measures of development and behavior at 6 months and on changes in mental and motor development from 6 to 10 months, compared with lighter birth weight infants. Boys had better weight gain and higher scores on mental development and emotional regulation than girls. Infants who were from families of higher socioeconomic status (indexed by parental education, house size, and home ownership) had higher scores on mental development and orientation/engagement (exploratory behavior) than infants who were from families of lower socioeconomic status. In keeping with the functional isolation hypothesis, caregiver responsiveness was associated with infant irritability, controlling for socioeconomic status, gender, birth weight, and weight gain. Responsive mothers were more likely to perceive their infants to be temperamentally easy than less responsive mothers. **CONCLUSION:** Possible explanations for the lack of effects of zinc supplementation on infant development and behavior include 1) subtle effects of zinc supplementation that may not have been detected by the Bayley Scales, 2) interference with other nutritional deficiencies, or 3) no impact of zinc deficiency on infants' development and behavior. The link between birth weight and irritability among infants in the zinc supplementation group suggests that the response to zinc supplementation may differ by birth weight, with irritability occurring among the most vulnerable infants. Longer term follow-up studies among zinc-supplemented infants are needed to examine whether early supplementation leads to developmental or behavioral changes that have an impact on school-age performance. The relationship between infant irritability and low maternal responsiveness lends support to the functional isolation hypothesis and the importance of asking caregivers about infant temperament.

Black MM, Siegel EH, Abel Y, Bentley ME. Home and videotape intervention delays early complementary feeding among adolescent mothers. *Pediatrics* 2001; 107(5):E67.

**Abstract:** **BACKGROUND:** The American Academy of Pediatrics, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the World Health Organization recommend that infants receive only breast milk or formula for the first 4 to 6 months of life, followed by the introduction of complementary foods. Despite these recommendations, many infants, particularly those with adolescent mothers, receive solid foods (often cereal mixed with formula in a bottle) and liquids other than formula or breast milk in the first few weeks of life. Decisions on early feeding are often guided by grandmothers and influenced by beliefs that infants need complementary food to counteract signals of hunger, reduce crying,

and sleep through the night. **OBJECTIVE:** This investigation evaluated the efficacy of an intervention to delay the early introduction of complementary feeding among first-time, black, adolescent mothers living in multigenerational households. The intervention focused on reducing the cultural barriers to the acceptance of the recommendations of the American Academy of Pediatrics, WIC, and World Health Organization on complementary feeding by highlighting 3 topics: 1) recognition of infants' cues; 2) nonfood strategies for managing infant behavior; and 3) mother-grandmother negotiation strategies. The intervention was delivered through a mentorship model in which a videotape made by an advisory group of black adolescent mothers was incorporated into a home-visiting program and evaluated through a randomized, controlled trial. **METHODS:** One hundred eighty-one first-time, low-income, black mothers <18 years old, living in multigenerational households were recruited from 3 urban hospitals. Infants were born at term, with birth weight appropriate for gestational age and no congenital problems. Shortly after delivery, mothers and grandmothers completed a baseline assessment and mothers were randomized into an intervention or control group. Intervention group mothers received home visitation every other week for 1 year. At 3 months, a subset of 121 adolescent mothers reported on their infant's intake through a food frequency questionnaire. Mothers who fed their infant only breast milk, formula, or water were classified as optimal feeders. Mothers who provided complementary foods other than breast milk, formula, or water were classified as less optimal feeders. **RESULTS:** Sixty-one percent of the infants received complementary foods before 3 months old. Multivariate hierarchical logistic regression was used to evaluate the determinants of being in the optimal versus less optimal feeders group. After controlling for infant age and family income, mothers of infants in the optimal feeders group were more likely to report accurate messages from WIC regarding the timing of complementary food and nearly 4 times more likely to be in the intervention group. The most common complementary food was cereal mixed with formula in the bottle. **CONCLUSIONS:** The success of this relatively brief intervention demonstrates the importance of using ecological theory and ethnographic research to design interventions that enable participants to alter their behavior in the face of contradictory cultural norms. The intervention focused on interpreting infants' cues, nonfood methods of managing infant behavior, and mother-grandmother negotiations. It was delivered through methods that were familiar and acceptable to adolescent mothers—a mentorship model incorporating home visits and videotape. The skill-oriented aspects of the intervention delivered in a culturally sensitive context may have enabled the young mothers to follow the guidelines that they received from WIC and from their pediatricians. Strategies, such as those used in this intervention, may be effective in promoting other caregiving

recommendations, thereby enabling providers to meet the increasing demands from parents for advice regarding children's early growth and development.

Black S, Andersen K, Loane MA, Wootton R. The potential of telemedicine for home nursing in Queensland. *J Telemed Telecare* 2001; 7(4):199-205. Abstract: The potential for telemedicine in home nursing was examined by retrospectively reviewing the case-notes relating to home visits made by nurses in Queensland. The case-notes of 166 clients were randomly selected from 10 domiciliary nursing centres run by the Blue Care nursing organization in south-east Queensland. Two experienced community registered nurses independently undertook a retrospective review of the case-notes. Each reviewer made an independent judgement as to whether any of the home nursing visits in the episode of care could have been conducted by telemedicine. Visits requiring hands-on care were deemed to be unsuitable for telemedicine. A total of 12,630 home visits were reviewed. The median number of visits per client was 27 (range 1-722). The mean age of the clients was 72 years (range 2-93 years). A total of 1521 home visits (12%) were judged suitable for telemedicine. There was no significant difference in suitability between males (13%) and females (12%). Care interventions suitable for telemedicine were more likely to be those of a supportive, educational or review nature. Forty per cent of clients lived up to 5 km from the home nursing centre, 33% lived 5-10 km from the centre and 27% lived over 10 km from the centre. The results of the present study confirm the potential for telemedicine in home nursing in Australia.

Blader JC. Symptom, family, and service predictors of children's psychiatric rehospitalization within one year of discharge. *J Am Acad Child Adolesc Psychiatry* 2004; 43(4):440-51. Abstract: OBJECTIVE: To investigate predictors of readmission to inpatient psychiatric treatment for children aged 5 to 12 discharged from acute-care hospitalization. METHOD: One hundred nine children were followed for 1 year after discharge from inpatient care. Time to rehospitalization was the outcome of interest. Predictors of readmission, examined via the Cox proportional hazards model, were symptom and family factors assessed at admission, aspects of psychiatric treatment, and demographic variables. RESULTS: The Kaplan-Meier rehospitalization risk within 1 year of discharge, taking into account known readmissions and censored observations, was 0.37. Most readmissions (81%) occurred within 90 days of discharge. Four variables contributed simultaneously to predicting readmission risk. More severe conduct problems, harsh parental discipline, and disengaged parent-child relations conferred a higher risk for rehospitalization; these risks were attenuated when parents disclosed higher stress in their parenting roles. CONCLUSIONS: Findings showed that psychiatric rehospitalization of children is common, most likely in

the trimester after discharge, and highly related to both child symptoms and family factors measurable at admission. Results suggest that efforts to improve postdischarge outcomes of children should target the initial period following inpatient care, address vigorously the complex treatment needs of those with severe conduct problems, and aim to improve parent-child relations.

Blair PS, Ball HL. The prevalence and characteristics associated with parent-infant bed-sharing in England. *Arch Dis Child* 2004; 89(12):1106-10. Abstract: AIMS: To investigate the characteristics of parent-infant bed-sharing prevalence in England. METHODS: Data on night-time sleeping practices from a two year, local, longitudinal study and a three-year, national, cross-sectional study were obtained. A total of 261 infants in North Tees were followed up at 1 and 3 months of age, as were 1095 infants aged 1 week to 1 year from five English health regions. RESULTS: Data from both studies found that almost half of all neonates bed-shared at some time with their parents (local = 47%, 95% CI 41 to 54; national = 46%, 95% CI 34 to 58), and on any one night in the first month over a quarter of parents slept with their baby (local = 27%, 95% CI 22 to 33; national = 30%, 95% CI 20 to 42). Bed-sharing was not related to younger mothers, single mothers, or larger families, and was not more common in the colder months, at weekends, or among the more socially deprived families; in fact bed-sharing was more common among the least deprived in the first months of life. Breast feeding was strongly associated with bed-sharing, both at birth and at 3 months. Bed-sharing prevalence was uniform with infant age from 3 to 12 months; on any one night over a fifth of parents (national = 21%, 95% CI 18 to 24) slept with their infants. CONCLUSION: Bed-sharing is a relatively common practice in England, not specific to class, but strongly related to breast feeding.

Blair RJ. Neurocognitive models of aggression, the antisocial personality disorders, and psychopathy. *J Neurol Neurosurg Psychiatry* 2001; 71(6):727-31. Abstract: This paper considers neurocognitive models of aggression and relates them to explanations of the antisocial personality disorders. Two forms of aggression are distinguished: reactive aggression elicited in response to frustration/threat and goal directed, instrumental aggression. It is argued that different forms of neurocognitive model are necessary to explain the emergence of these different forms of aggression. Impairments in executive emotional systems (the somatic marker system or the social response reversal system) are related to reactive aggression shown by patients with "acquired sociopathy" due to orbitofrontal cortex lesions. Impairment in the capacity to form associations between emotional unconditioned stimuli, particularly distress cues, and conditioned stimuli (the violence inhibition mechanism model) is related to the

instrumental aggression shown by persons with developmental psychopathy.

Blair Y, Macpherson LM, McCall DR, McMahon AD, Stephen KW. Glasgow nursery-based caries experience, before and after a community development-based oral health programme's implementation. *Community Dent Health* 2004; 21(4):291-8.

Abstract: OBJECTIVE: To develop and evaluate NHS-based strategies likely to improve dental health and reduce inequalities in pre-5-year-old's oral health in Greater Glasgow, Scotland, by ecological study of community-based oral health promotion programmes in two of the area's most socio-economically deprived communities. BASIC RESEARCH DESIGN: Following an initial health service-based Oral Health Needs Assessment (OHNA) in a severely deprived community, culturally relevant dental health promotion interventions were initiated with multidisciplinary collaborative networks. Ecological studies to monitor dental health involved cross-sectional caries epidemiology of nursery children aged 36-59 months at baseline (1995/96), after two (1997/98) and four years (1999/00), in the G22 (pilot) and G33 post code areas. These areas had similar socio-economic status (SES), i.e. severe social deprivation. RESULTS: At the outset, mean dmft scores in the pilot area for the age groups 36-47 months and 48-59 months were respectively 3.9 (95% CI 2.8 5.1) and 5.9 (95% CI 5.1-6.8), with the proportions of caries-free children being 38% and 17%, respectively. Reductions in mean dmft of 46% for the 36-47 month-olds and 37% for the 48-59 month-olds occurred in the pilot public health programme area over the four-year period; the proportions of caries-free children increased to 51% and 40%, respectively. During the first two years of the programme, increases in the mean dmft of 36-47 month- and 48-59 month-olds in the G33 (comparator) area were recorded. However, this trend was reversed significantly two years later following the introduction of a similar community development-based caries-prevention programme. CONCLUSION: While not being able to attribute causation, a programme of community development to promote the dental health of pre-school children residing in two socio-economically disadvantaged areas of Glasgow was associated with significant improvements in the dental health of these pre-school populations.

Blanchard EB, Scharff L. Psychosocial aspects of assessment and treatment of irritable bowel syndrome in adults and recurrent abdominal pain in children. *J Consult Clin Psychol* 2002; 70(3):725-38. Abstract: This article presents a selective review of psychosocial research on irritable bowel syndrome (IBS) in adults and on a possible developmental precursor, recurrent abdominal pain (RAP), in children. For IBS the authors provide a summary of epidemiology, of the psychological and psychiatric

disturbances frequently found among IBS patients, and of the possible role of early abuse in IBS. A review of the psychosocial treatments for IBS finds strong evidence to support the efficacy of hypnotherapy, cognitive therapy, and brief psychodynamic psychotherapy. The research relating RAP to IBS is briefly reviewed, as is the research on its psychological treatment. Cognitive-behavioral therapy that combines operant elements and stress management has the strongest support as a treatment for RAP.

Blandon-Gitlin I, Pezdek K, Rogers M, Brodie L. Detecting deception in children: an experimental study of the effect of event familiarity on CBCA ratings. *Law Hum Behav* 2005; 29(2):187-97.

Abstract: The CBCA is the most commonly used deception detection technique worldwide. Pezdek et al. (2004) used a quasi-experimental design to assess children's accounts of a traumatic medical procedure; CBCA ratings were higher for descriptions of familiar than unfamiliar events. This study tested this effect using an experimental design and assessed the joint effect of familiarity and veracity on CBCA ratings. Children described a true or a fabricated event. Half described a familiar event; half described an unfamiliar event. Two CBCA-trained judges rated transcripts of the descriptions. CBCA scores were more strongly influenced by the familiarity than the actual veracity of the event, and CBCA scores were significantly correlated with age. CBCA results were compared with results from other measures. Together with the results of K. Pezdek et al. (2004) these findings suggest that in its current form, CBCA is of limited utility as a credibility assessment tool.

Blank D. [Injury control from the perspective of contextual pediatrics]. *J Pediatr (Rio J)* 2005; 81(5 Suppl):S123-36.

Abstract: OBJECTIVE: To describe the relationship between injury control and contextual pediatrics. SOURCES OF DATA: Quasi-systematic review of MEDLINE, SciELO and LILACS databases, using combinations of the words contextual, community, injury, accident and violence; and non-systematic review of book chapters and classic articles. SUMMARY OF THE FINDINGS: Safety depends on the interaction of family habits, cultural patterns and surroundings. Contextual pediatrics sees the child, the family, and the community as a continuum; health diagnosis (sequential observation of problems and assets) is one of its cornerstones. Changing intrapersonal factors for injuries requires the use of both passive and active strategies. Family and cultural risk factors for injury: home overcrowding, moving, poverty, and young, illiterate and unemployed parents. The main neighborhood factors: material deprivation and traffic. Cultural factors: illiteracy, unsafe products, lack of mass transportation, handguns, workplaces without safety rules, faulty community organization, lack of communication between social sectors,

inadequate legislation, low priority for safety among government actions, lack of economic resources, and low academic commitment with the field of safety. CONCLUSIONS: The pediatrician's roles include strengthening of the longitudinal relationship with families, integrated interdisciplinary work, constructive intervention, partnership with community, counseling on injury risks pertaining to each developmental stage, by using lists with explicit processes and contents, and by handing out written materials. Active advocacy for safety promotion in different environments, besides the clinical setting.

Blank M. Building the community school movement: vision, organization, and leadership. *New Dir Youth Dev* 2005; (107):99-104, table of contents. Abstract: On a local level, creating and sustaining community schools requires leadership from local government, schools, businesses, and nonprofit organizations. These groups must provide the fuel and direction to move the community school strategy forward along a common vision and with strategic methods for financing. At the federal level, it must continue to build constituency for community schools if it is to succeed, although the community school movement has made great strides in recent years. There is not now a coherent federal framework to support the community school vision. The proposed Full Services Community Schools legislation would build a national constituency and legislate key principles advocated by the Coalition for Community Schools: developing districtwide community school strategies, focusing on results, and improving coordination of funding streams.

Block RW. Fillers. *Pediatrics* 2004; 113(2):432-3; author reply 432-3.

Bloomfield L, Kendall S, Applin L *et al.* A qualitative study exploring the experiences and views of mothers, health visitors and family support centre workers on the challenges and difficulties of parenting. *Health Soc Care Community* 2005; 13(1):46-55. Abstract: Successive policy documents have referred to the need to support parents as an approach to reducing social exclusion, behaviour problems among young people and crime rates. Much of the rhetoric focuses on professional intervention, and there is less attention paid to the views and experiences of parents themselves. The present study explores the experiences and views of mothers, health visitors and family support centre workers who work with parents on the challenges and difficulties of parenting children under the age of 6 years. It provides an appreciation of their views on effective parenting and how parents can be helped to feel more effective in the parenting role. Focus groups, which were exploratory and interactive in form, were conducted across three primary care trusts in Hertfordshire, UK. Three samples were purposively selected in order to examine the range and

diversity of experiences and views about parenting, and included the parents of children up to the age of 6 years, health visitors and family support centre workers. The mothers were those waiting to attend a parenting programme, and included first-time mothers and those with more than one child. The health visitors and family support workers had a range of experience in working with parents and children, and included those who were facilitating parenting programmes and those who were not. A number of themes emerged surrounding the challenges and difficulties of parenting and effective parenting, including expectations of others, establishing routines, play, behavioural issues and discipline, empathy, and communication. Similar themes emerged from all groups; however, there were qualitative differences between parents and professionals in the way in which these issues were expressed. Key statements from the parent focus groups have been developed into self-efficacy statements, which will be used as input to the development of a tool to measure the effectiveness of parenting programmes.

Bloss E, Wainaina F, Bailey RC. Prevalence and predictors of underweight, stunting, and wasting among children aged 5 and under in western Kenya. *J Trop Pediatr* 2004; 50(5):260-70.

Abstract: The health and nutritional status of children aged 5 and under was assessed in three villages in Siaya District of western Kenya. A cross-sectional survey was conducted among 121 adults and 175 children during July 2002. Primary caretakers were interviewed during home visits to assess agricultural and sanitation resources, child feeding practices, and the nutritional status of their children aged 5 years and under. Through anthropometry, the prevalence of underweight, stunting and wasting were determined: 30 per cent were underweight, 47 per cent were stunted, and 7 per cent were wasted. Predictors of undernutrition were analysed using logistic regression controlling for age, sex, and SES, and four major findings emerged. First, children in their second year of life were more likely to be underweight and stunted. Second, children who were introduced to foods early had an increased risk of being underweight. Third, up-to-date vaccinations were protective against stunting, while reports of having upper respiratory infections or other illness in the past month predicted underweight. Finally, living with non-biological parents significantly increased risk of stunting. Emphasis should be placed on current immunization, prolonging exclusive breastfeeding, and improving access to nutrient-rich foods among adopted children and their families via community-based nutrition interventions.

Blum JD, Talib N, Carstens P, Nasser M, Tomkin D, McAuley A. Rights of patients: comparative perspectives from five countries. *Med Law* 2003; 22(3):451-71.

Notes: GENERAL NOTE: KIE: 18 fn.

GENERAL NOTE: KIE: KIE Bib: health care/economics; patients' rights  
Abstract: Recognition and articulation of patient rights are core issues in the medical jurisprudence of most nations. While the nature of rights in medical care may vary from country to country, reflecting the idiosyncrasies of domestic law and health delivery, there are commonalities in this area of law that cut across borders. This paper presents five case studies in the patient rights area from Malaysia, Ireland, South Africa, Indonesia and the United States, respectively. The case discussions range from ongoing and fundamental concerns over broad patient rights issues, such as access to health care and informed consent, to rights concerns of those suffering from HIV/AIDS, to a novel consideration over ethical and legal issues concerning ownership of infant organs. It is the hope of the authors that individually, and collectively, the cases will provide helpful insights into this core area of medical law.

Blumberg D. Stage model of recovery for chemically dependent adolescents: part 1--methods and model. *J Psychoactive Drugs* 2004; 36(3):323-45.  
Abstract: This qualitative study, presented in two parts, refines the model of how chemically dependent adolescents initiate and engage in the recovery process. Part 1 describes the research process and results used to derive the model. The model was derived from theory grounded in verbatim reports of 30 chemically dependent participants who first attempted recovery from chemical dependence during adolescence. The constant comparative method of grounded theory was used to analyze the data. This stage model of adolescent recovery includes the using/precontemplation, transition, early recovery, and ongoing recovery stages; the transition stage is divided into contemplation and action phases. The stages, phases, and significant events are similar, but not identical to, those presented in adult-based models of recovery from chemical dependence. In Part 2, the resulting theory is compared with extant theories on stages of recovery in chemically dependent adults, treatment implications for the adolescent population are reviewed, and topics for further research are suggested.

Bodegard G. Pervasive loss of function in asylum-seeking children in Sweden. *Acta Paediatr* 2005; 94(12):1706-7.  
Abstract: Presently, a couple of hundred children from traumatized asylum-seeking families in Sweden have developed severe loss of mental and physical functions without evidence of underlying disease. Of the 23 treated children treated at this clinic, 15 have recovered, three are improving and five are under initial care. Communication within the family is crucial from both pathogenic and salutogenic perspectives. A permanent residence permit, correcting the underlying situation of threat and insecurity, is a condition for

good results from psychiatric treatment. In Sweden there is a lack of consensus and conflicting political and medical perspectives prevail regarding the "apathetic" children. CONCLUSION: Children living under unbearable life conditions can develop life-threatening depression-withdrawal stress reactions well known as pervasive refusal syndrome (PRS). This is also true of children in traumatized asylum-seeking families. Excellent results are achieved when the family's underlying fear and hopelessness can be erased and the treatment focuses on the traumatic experiences.

Bogard KL. Affluent adolescents, depression, and drug use: the role of adults in their lives. *Adolescence* 2005; 40(158):281-306.

Abstract: The present study examined the association between adult supports to whom affluent youth turn when personally troubled or upset and their self-reported depression and drug use. The sample consisted of 374 affluent seventh graders. Perceived parental closeness played a mediating role in reducing depressive symptomology and drug use. Contrary to hypothesized predictions, other adult supports showed neither mediating nor moderating effect on adjustment. The data show that the presence of other adult supports in the context of low parental closeness actually exacerbates, not moderates, maladjustment. Since this finding is contradictory to the support literature with various populations, which shows the importance of social supports for psychological well-being, the particularity of this population and their potential challenges are highlighted.

Bogels SM, van Oosten A, Muris P, Smulders D. Familial correlates of social anxiety in children and adolescents. *Behav Res Ther* 2001; 39(3):273-87.

Abstract: Retrospective studies suggest a relationship between parental rearing practices and social phobia. The present study investigated whether socially anxious children perceive their current parental rearing as rejecting, overprotective, and lacking emotional warmth, and as emphasizing the importance of other's opinion, and de-emphasizing social initiatives and family sociability. Furthermore, we examined whether parents of socially anxious children report to rely on such rearing practices, and suffer themselves from social fears. A regression analysis as well as extreme group comparisons were applied. Little support was found for the presumed role of the assessed family rearing aspects in the development of social anxiety in children. Solely family sociability (children's and mothers' report) and children's perception of overprotection of the mother predicted social anxiety in the regression analysis. Given the influence of the mentioned rearing practices, social anxiety of the mother still significantly predicted social anxiety of the child. In the extreme group comparisons, differences in the expected direction were found between socially anxious and normal children on parental rejection, emotional warmth, and family sociability. However,

the lack of differences between socially anxious and clinical control children suggests that these variables do not form a specific pathway to social fears.

these findings for the study of disclosure of traumatic events, facial expression, and the links between morality and emotion.

Bohn DK, Tebben JG, Campbell JC. Influences of income, education, age, and ethnicity on physical abuse before and during pregnancy. *J Obstet Gynecol Neonatal Nurs* 2004; 33(5):561-71. Abstract: OBJECTIVE: To examine the influence of socioeconomic status, education, ethnicity, and age on the prevalence of intimate partner abuse before and during pregnancy. DESIGN: Retrospective correlational analysis. SETTING: Data were collected at six postpartum maternity settings. PARTICIPANTS: 1,004 women from six ethnic groups. MAIN OUTCOME MEASURE: Prevalence of intimate partner violence. RESULTS: 15.9% of study participants reported physical abuse by their current partner and 5.2% reported abuse during pregnancy. Decreased income, not having a high school education, and ethnicity were significantly related to current abuse and abuse during pregnancy in bivariate analyses. Having less than a high school education emerged as the most significant predictor of both abuse variables in multivariate analyses. African American and Puerto Rican women had the highest incidence of abuse in their current relationship. No significant differences were found in rates of abuse during pregnancy among women from different ethnic groups. CONCLUSIONS: The results of this analysis support the notion that abuse is most prevalent among the most disadvantaged women. However, it is not income per se, but rather the highly related variables of education and ethnicity that have the largest effect. Abuse occurs frequently among all women, warranting universal screening during health care encounters. Further research is needed to evaluate relationships between education, ethnicity, income, and abuse.

Bonanno GA, Keltner D, Noll JG *et al.* When the face reveals what words do not: facial expressions of emotion, smiling, and the willingness to disclose childhood sexual abuse. *J Pers Soc Psychol* 2002; 83(1):94-110. Abstract: For survivors of childhood sexual abuse (CSA), verbal disclosure is often complex and painful. The authors examined the voluntary disclosure-nondisclosure of CSA in relation to nonverbal expressions of emotion in the face. Consistent with hypotheses derived from recent theorizing about the moral nature of emotion, CSA survivors who did not voluntarily disclose CSA showed greater facial expressions of shame, whereas CSA survivors who voluntarily disclosed CSA expressed greater disgust. Expressions of disgust also signaled sexual abuse accompanied by violence. Consistent with recent theorizing about smiling behavior, CSA nondisclosers made more polite smiles, whereas nonabused participants expressed greater genuine positive emotion. Discussion addressed the implications of

Bond C. Positive Touch and massage in the neonatal unit: a British approach. *Semin Neonatol* 2002; 7(6):477-86. Abstract: There is now a general trend towards a more baby friendly, family centred approach in the Neonatal Unit. Aspects of that approach-including positive touch and massage- are gaining in popularity. This has caused much debate due to the ambiguity surrounding the implementation and validity of the interventions. Here the impact of these complementary practices (not to be confused with complementary therapies) is discussed. A review of the author's approach and potential guidelines for implementation is provided.

Bonnier C, Mesples B, Carpentier S, Henin D, Gressens P. Delayed white matter injury in a murine model of shaken baby syndrome. *Brain Pathol* 2002; 12(3):320-8. Abstract: Shaken baby syndrome, a rotational acceleration injury, is most common between 3 and 6 months of age and causes death in about 10 to 40% of cases and permanent neurological abnormalities in survivors. We developed a mouse model of shaken baby syndrome to investigate the pathophysiological mechanisms underlying the brain damage. Eight-day-old mouse pups were shaken for 15 seconds on a rotating shaker. Animals were sacrificed at different ages after shaking and brains were processed for histology. In 31-day-old pups, mortality was 27%, and 75% of survivors had focal brain lesions consisting of hemorrhagic or cystic lesions of the periventricular white matter, corpus callosum, and brainstem and cerebellar white matter. Hemorrhagic lesions were evident from postnatal day 13, and cysts developed gradually between days 15 and 31. All shaken animals, with or without focal lesions, had thinning of the hemispheric white matter, which was significant on day 31 but not earlier. Fragmented DNA labeling revealed a significant increase in cell death in the periventricular white matter, on days 9 and 13. White matter damage was reduced by pre-treatment with the NMDA receptor antagonist MK-801. This study showed that shaking immature mice produced white matter injury mimicking several aspects of human shaken baby syndrome and provided evidence that excess release of glutamate plays a role in the pathophysiology of the lesions.

Bonnier C, Mesples B, Gressens P. Animal models of shaken baby syndrome: revisiting the pathophysiology of this devastating injury. *Pediatr Rehabil* 2004; 7(3):165-71. Abstract: To better understand outcomes after early brain injuries, studies must address multiple variables including age at injury, the mechanisms and severity of injury, environmental factors (before and after injury)

and developmental factors. Animal models are helpful for elucidating these different aspects. First, this paper describes a new model of shaken baby syndrome (SBS) in mice, without impact or hypoxia. Mortality was 27%; 75% of survivors had focal brain lesions consisting of haemorrhagic or cystic lesions of the white matter, corpus callosum and cerebellum. All shaken animals, with and without focal lesions, showed delayed white matter atrophy. White matter damage and atrophy were reduced by pre-treatment with an NMDA receptor antagonist, indicating that excess glutamate release contributed to the pathophysiology of the lesions. Secondly, it discusses data on neuroprotection after early brain injuries; drugs targeting the NMDA receptors cannot be used in clinical practice but indirect neuroprotection strategies including anti-NO, anti-free radicals and trophic factors hold promise for limiting the excitotoxic white matter damage induced by early injury, in particular caused by shaking, during brain development. Thirdly, it describes two experimental models in which SBS outcomes are determined when the trauma is combined with environmental influences, namely medications during the acute phase, most notably anti-epileptic drugs and rearing conditions.

Bonnier C, Nassogne MC, Saint-Martin C, Mesples B, Kadhim H, Sebire G. Neuroimaging of intraparenchymal lesions predicts outcome in shaken baby syndrome. *Pediatrics* 2003; 112(4):808-14. Abstract: OBJECTIVE: Studies of long-term outcome on nonaccidental head injury (NAHI) in young children have shown severe neurodevelopmental sequelae in most cases. For improving the knowledge of outcome and for identifying prognostic factors, additional clinical and cerebral imaging data are needed. The aim of this study was to describe clinical and imaging features over time and to consider their value for predicting neurodevelopmental outcome. METHODS: A retrospective medical record review was conducted of 23 children with confirmed NAHI, for whom an extended follow-up of 2.5 to 13 years (mean: 6 years) was contemplated. Glasgow Coma Scale scores, severity of retinal hemorrhages, presence of skull fractures, cranial growth deceleration, and sequential neuroimaging data (computed tomography and/or magnetic resonance imaging) were compared with patterns of clinical evolution assessed by the Glasgow Outcome Scale. RESULTS: Clinical outcome showed that 14 (61%) children had severe disabilities, 8 (35%) had moderate disabilities, and 1 (4%) was normal. A low initial Glasgow Coma Scale score, severe retinal hemorrhages, presence of skull fracture, and cranial growth deceleration were significantly associated with poor developmental outcome. Eighteen of the 23 patients had abnormal magnetic resonance imaging scans. This examination disclosed atrophy when performed beyond 15 days of injury. Atrophy seemingly resulted from various brain lesions, namely, contusions, infarcts, and other lesions within the white

matter. Presence of intraparenchymal brain lesions within the first 3 months was significantly associated with neurodevelopmental impairment. Severity of motor and cognitive dysfunctions was related to the extent of intraparenchymal lesions. CONCLUSIONS: Early clinical and radiologic findings in NAHI are of prognostic value for neurodevelopmental outcome.

Bonu S, Rani M, Razum O. Global public health mandates in a diverse world: the polio eradication initiative and the expanded programme on immunization in sub-Saharan Africa and South Asia. *Health Policy* 2004; 70(3):327-45.

Abstract: BACKGROUND: The circulation of wild poliovirus is expected to cease soon due to the success of the global polio eradication initiative. Thereafter, intensified polio eradication efforts such as National Immunisation Days (NIDs) will most likely be discontinued. As a consequence, the expanded programme on immunization (EPI) will no longer enjoy extra inputs from the polio eradication initiative. We investigated whether today's EPIs are ensuring universal and equitable vaccine coverage; and whether the removal of extra inputs associated with the implementation of NIDs is likely to affect EPI coverage and equity. METHODS: Using data from Demographic and Health Surveys conducted in 15 countries of South Asia and Africa during 1990-2001, we examined absolute levels of EPI coverage; changes in EPI coverage after the introduction of NIDs; and relative coverage according to urban versus rural residence, higher versus lower education of mothers, and wealthiest vs. poorest population segment. RESULTS: Polio and non-polio antigen coverage increased in seven countries during the study period. Substantial inequalities in coverage of non-polio antigens persist, however, translating into inequities in the risk of contracting vaccine preventable diseases. In some African countries, routine EPI coverage and/or equity declined during the study period. In these countries, any positive effect of NIDs on the EPI coverage must have been small, relative to the negative effects of declining economies or deteriorating health systems. In Nigeria, Zimbabwe, Kenya and Malawi, even polio coverage declined, in spite of the introduction of NIDs. CONCLUSION: As additional inputs associated with polio eradication will cease, routine EPI services need to be strengthened substantially in order to maintain levels of population immunity against polio and to improve social equity in the coverage of non-polio EPI antigens. Our findings imply that this aim will require additional inputs, particularly in African countries.

Bonuck KA, Trombley M, Freeman K, McKee D. Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months. *Pediatrics* 2005; 116(6):1413-26. Abstract: OBJECTIVE: To determine whether an

individualized, prenatal and postnatal, lactation consultant intervention resulted in increased cumulative intensity of breastfeeding up to 52 weeks. DESIGN: The randomized, nonblinded, controlled trial recruited women from prenatal care. Baseline prenatal interviews covered demographic data and breastfeeding experience, intention, and knowledge. Interviews at 1, 2, 3, 4, 6, 8, 10, and 12 months after birth collected data on weekly feeding patterns, infant illness, and infant health care use. SETTING: Two community health centers serving low-income, primarily Hispanic and/or black women. PARTICIPANTS: The analytic sample included 304 women (intervention: n = 145; control: n = 159) with > or = 1 postnatal interview. INTERVENTION: Study lactation consultants attempted 2 prenatal meetings, a postpartum hospital visit, and/or home visits and telephone calls. Control subjects received the standard of care. OUTCOME MEASURES: Cumulative breastfeeding intensity at 13 and 52 weeks, based on self-reports of weekly feeding, on a 7-level scale. RESULTS: The intervention group was more likely to breastfeed through week 20 (53.0% vs 39.3%). Exclusive breastfeeding rates were low and did not differ according to group. In multivariate analyses, control subjects had lower breastfeeding intensity at 13 weeks (odds ratio [OR]: 1.90; 95% confidence interval [CI]: 1.13-3.20) and 52 weeks (OR: 2.50; 95% CI: 1.48-4.21). US-born control subjects had lowest breastfeeding intensity at 13 weeks (OR: 5.22; 95% CI: 2.43-11.22) and 52 weeks (OR: 5.25; 95% CI: 2.44-11.29). There were no significant differences in breastfeeding intensity among the US-born intervention, foreign-born intervention, and foreign-born control groups. CONCLUSIONS: This "best-practices" intervention was effective in increasing breastfeeding duration and intensity. Breastfeeding promotion should focus on US-born women and exclusive breastfeeding.

Boonyapisit K, Najm I, Klem G *et al.* Epileptogenicity of focal malformations due to abnormal cortical development: direct electrocorticographic-histopathologic correlations. *Epilepsia* 2003; 44(1):69-76.

Abstract: PURPOSE: Malformations due to abnormal cortical development (MCDs) are common pathologic substrates of medically intractable epilepsy. The in situ epileptogenicity of these lesions as well as its relation to histopathologic changes remains unknown. The purpose of this study was to correlate the cellular patterns of MCDs with the expression of focal cortical epileptogenicity as assessed by direct extraoperative electrocorticographic (ECoG) recordings by using subdural grids. METHODS: Fifteen patients with drug-resistant focal epilepsy due to pathologically confirmed MCD who underwent subdural electrode placement for extraoperative seizure localization and cortical mapping between 1997 and 2000 were included in the study. Areas of interictal spiking and ictal-onset patterns were identified and separated during surgery

for further pathologic characterization (cellular and architectural). Three pathologic groups were identified: type I; architectural disorganization with/without giant neurons, type IIA; architectural disorganization with dysmorphic neurons, and type IIB; architectural disorganization, dysmorphic neurons, and balloon cells (BCs). The focal histopathologic subtypes of MCDs in cortical tissue resected were then retrospectively correlated with in situ extraoperative ECoG patterns. RESULTS: Cortical areas with histopathologic subtype IIA showed significantly higher numbers of slow repetitive spike pattern in comparison with histopathologic type I (p = 0.007) and normal pathology (p = 0.002). The ictal onset came mainly from cortical areas with histopathologic type IIA (nine of 15 patients). None of the seizures originated from neocortical areas that showed BC-containing MCD (type IIB). CONCLUSIONS: This study shows that areas containing BCs are less epileptogenic than are closely located dysplastic regions. These results suggest a possible protective effect of BCs or a severe disruption in the neuronal networks in BCs containing dysplastic lesions. Further studies are needed to elucidate the nature and the potential role(s) of balloon cells in MCD-induced epileptogenicity.

Booth JR, Burman DD, Meyer JR, Gitelman DR, Parrish TB, Mesulam MM. Development of brain mechanisms for processing orthographic and phonologic representations. *J Cogn Neurosci* 2004; 16(7):1234-49. Abstract: Developmental differences in the neurocognitive networks for lexical processing were examined in 15 adults and 15 children (9- to 12-year-olds) using functional magnetic resonance imaging (fMRI). The lexical tasks involved spelling and rhyming judgments in either the visual or auditory modality. These lexical tasks were compared with nonlinguistic control tasks involving judgments of line patterns or tone sequences. The first main finding was that adults showed greater activation than children during the cross-modal lexical tasks in a region proposed to be involved in mapping between orthographic and phonologic representations. The visual rhyming task, which required conversion from orthography to phonology, produced greater activation for adults in the angular gyrus. The auditory spelling task, which required the conversion from phonology to orthography, also produced greater activation for adults in the angular gyrus. The greater activation for adults suggests they may have a more elaborated posterior heteromodal system for mapping between representational systems. The second main finding was that adults showed greater activation than children during the intra-modal lexical tasks in the angular gyrus. The visual spelling and auditory rhyming did not require conversion between orthography and phonology for correct performance but the adults showed greater activation in a system implicated for this mapping. The greater activation for adults suggests that they have more interactive convergence between



representational systems during lexical processing.

Booth JR, Burman DD, Meyer JR *et al.* Larger deficits in brain networks for response inhibition than for visual selective attention in attention deficit hyperactivity disorder (ADHD). *J Child Psychol Psychiatry* 2005; 46(1):94-111.

Abstract: **BACKGROUND:** Brain activation differences between 12 control and 12 attention deficit hyperactivity disorder (ADHD) children (9- to 12-year-olds) were examined on two cognitive tasks during functional magnetic resonance imaging (fMRI). **METHOD:** Visual selective attention was measured with the visual search of a conjunction target (red triangle) in a field of distracters and response inhibition was measured with a go/no-go task. **RESULTS:** There were limited group differences in the selective attention task, with control children showing significantly greater intensity of activation in a small area of the superior parietal lobule region of interest. There were large group differences in the response inhibition task, with control children showing significantly greater intensity of activation in fronto-striatal regions of interest including the inferior, middle, superior and medial frontal gyri as well as the caudate nucleus and globus pallidus. **CONCLUSION:** The widespread hypoactivity for the ADHD children on the go/no-go task is consistent with the hypothesis that response inhibition is a specific deficit in attention deficit hyperactivity disorder.

Borg E. The legal status of the fetus. *Can Nurse* 2005; 101(8):19.

Borjesson B, Paperin C, Lindell M. Maternal support during the first year of infancy. *J Adv Nurs* 2004; 45(6):588-94.

Abstract: **BACKGROUND:** Mental health problems among children and adolescents are becoming more visible and some research indicates that they are increasing. Several studies suggest that social support counteracts the increasing risk of ill-health in families with children. However, there is a lack of studies which focus on the support that expectant mothers and parents might need. **AIM:** The aim of the study was to describe mothers' experiences of pregnancy, labour and homecoming, support needs, and sources of support in their role as parents. **METHODS:** One hundred and twenty-two mothers participated in the study by answering a questionnaire consisting of 37 questions. Data were analysed using descriptive statistics, chi-square tests and content analysis. **FINDINGS:** Mothers of infants had a great need to talk about their experiences of labour soon afterwards and over the following months. Most of the mothers had generally received support from their partners. However, in some situations, other people in their networks, and maternity and child health services had been more supportive than partners. **DISCUSSION:** The study

highlights how important it is for expectant mothers and new mothers to be confirmed in their mothering role. Nurses in the maternity and child health services have an important task to support people in becoming and being parents, with regard to their emotional state. There is a need for more resources within these services for establishing parent groups, including groups for fathers. This could improve parents' physical, psychological and emotional health, and decrease their need for health and social services.

Borowsky IW, Mozayeny S, Stuenkel K, Ireland M. Effects of a primary care-based intervention on violent behavior and injury in children. *Pediatrics* 2004; 114(4):e392-9.

Abstract: **OBJECTIVE:** Although many major health care organizations have made recommendations regarding physicians' roles in preventing youth violence, the efficacy of violence prevention strategies in primary care settings remains to be empirically tested. **METHODS:** We conducted a randomized, controlled trial to evaluate the effects of an office-based intervention on children's violent behaviors and violence-related injuries. Children 7 to 15 years of age who presented at 8 pediatric practices and scored positive on a brief psychosocial screening test (n = 224) were randomly assigned to an intervention group (clinicians saw the screening test results during the visit and a telephone-based parenting education program was made available to clinicians as a referral resource for parents) or a control group (clinicians did not see the screening test results). **RESULTS:** Compared with control subjects, at 9 months after study enrollment, children in the intervention group exhibited decreases in aggressive behavior (adjusted mean difference: -1.71; 95% confidence interval [CI]: -2.89 to -0.53), delinquent behavior (adjusted mean difference: -0.71; 95% CI: -1.28 to -0.13), and attention problems (adjusted mean difference: -1.02; 95% CI, -1.77 to -0.26) on the Child Behavior Checklist. Children in the intervention group had lower rates of parent-reported bullying (adjusted odds ratio: 4.43; 95% CI: 1.87-10.52), physical fighting (adjusted odds ratio: 1.79; 95% CI: 1.11-2.87), and fight-related injuries requiring medical care (adjusted odds ratio: 4.70; 95% CI: 1.33-16.59) and of child-reported victimization by bullying (adjusted odds ratio: 3.23; 95% CI: 1.96-5.31). **CONCLUSIONS:** A primary care-based intervention that includes psychosocial screening and the availability of a parenting education resource can decrease violent behavior and injury among youths.

Bosch X. Spain makes plans to combat sex tourism. *Lancet* 2004; 363(9408):542.

Boschaart AN, Biló RA. [Child abuse--the approach in the hospital]. *Ned Tijdschr Geneesk* 2005; 149(29):1605-7.

Abstract: It is estimated that at least 50,000 children are victims of child abuse each year in The Netherlands. Approximately 40 of these children die. Doctors, in cooperation with other disciplines, have a role in signalling child abuse in hospitals. Education must improve and enhance the knowledge and skills in this field. Hospital directors should facilitate education to achieve and maintain this knowledge and enable it to be put into practice. Better signalling procedures will result in quicker and more adequate treatment of these children. The number of fatal cases will then decrease as well.

Bosshard G, Nilstun T, Bilsen J *et al.* Forgoing treatment at the end of life in 6 European countries. *Arch Intern Med* 2005; 165(4):401-7.  
Notes: CORPORATE NAME: European End-of-Life Consortium  
GENERAL NOTE: KIE: 23 refs.  
GENERAL NOTE: KIE: KIE Bib: allowing to die  
Abstract: BACKGROUND: Modern medicine provides unprecedented opportunities in diagnostics and treatment. However, in some situations at the end of a patient's life, many physicians refrain from using all possible measures to prolong life. We studied the incidence of different types of treatment withheld or withdrawn in 6 European countries and analyzed the main background characteristics. METHODS: Between June 2001 and February 2002, samples were obtained from deaths reported to registries in Belgium, Denmark, Italy, the Netherlands, Sweden, and Switzerland. The reporting physician was then sent a questionnaire about the medical decision-making process that preceded the patient's death. RESULTS: The incidence of nontreatment decisions, whether or not combined with other end-of-life decisions, varied widely from 6% of all deaths studied in Italy to 41% in Switzerland. Most frequently forgone in every country were hydration or nutrition and medication, together representing between 62% (Belgium) and 71% (Italy) of all treatments withheld or withdrawn. Forgoing treatment estimated to prolong life for more than 1 month was more common in the Netherlands (10%), Belgium (9%), and Switzerland (8%) than in Denmark (5%), Italy (3%), and Sweden (2%). Relevant determinants of treatment being withheld rather than withdrawn were older age (odds ratio [OR], 1.53; 95% confidence interval [CI], 1.31-1.79), death outside the hospital (death in hospital: OR, 0.80; 95% CI, 0.68-0.93), and greater life-shortening effect (OR, 1.75; 95% CI, 1.27-2.39). CONCLUSIONS: In all of the participating countries, life-prolonging treatment is withheld or withdrawn at the end of life. Frequencies vary greatly among countries. Low-technology interventions, such as medication or hydration or nutrition, are most frequently forgone. In older patients and outside the hospital, physicians prefer not to initiate life-prolonging treatment at all rather than stop it later.

Bostock L. Pathways of disadvantage? Walking as a mode of transport among low-income mothers. *Health Soc Care Community* 2001; 9(1):11-8.  
Abstract: Research shows that lack of car ownership is associated with poorer health. It is often assumed that the reason for this observed relationship is that access to a car--or not--reflects access to household assets. Consequently, lack of car ownership is used as a standard marker of low socio-economic status. However, little attention has been paid to the experience of carlessness in the context of disadvantaged lives. This paper argues that "no access to a car" is not only an indicator of low socio-economic status but of walking as a mode of transport. These arguments are illustrated by data from a study of 30 low-income mothers with young children. Although walking is promoted as both an excellent and inexpensive form of exercise, these data suggest that reliance on walking can have negative effects on the welfare of families. The paper draws on qualitative data to describe the ways in which carlessness restricts access to health and social care resources such as food shops, health-care services and social networks. It also explores the impact of walking on the well being of mothers and their day-to-day relationships with children. This is compounded by walking through areas that are neglected and depressed. The paper concludes that strategies to reduce social exclusion must recognise the contradictory health effects of walking and aim to regenerate the physical fabric of social housing estates as well as improve public transport options.

Bostrom BA. In re A (children): in the Royal Courts of Justice (England). *Issues Law Med* 2001; 17(2):183-93.  
Notes: GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal/minors  
Abstract: HELD: The proposed operation to separate conjoined twins resulting in the death of one of the twins is lawful. Although Mary's death is foreseeable as an inevitable consequence of the operation, the invasive surgery is intended and necessary to save Jodie's life. Mary's death is not a purpose or intention of the surgery, and she will die only because her body, on its own, was never viable.

Bostrom BA. Miller v. HCA, Inc. *Issues Law Med* 2003; 19(2):171-3.  
Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; informed consent/minors

Botash AS. From curriculum to practice: implementation of the child abuse curriculum. *Child Maltreat* 2003; 8(4):239-41.

Botkin JR. Preventing exploitation in pediatric research. *Am J Bioeth* 2003; 3(4):31-2.  
Notes: GENERAL NOTE: KIE: 8 refs.

GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors

Boulard G. The meth menace: battling the fast-paced spread of methamphetamine may mean attacking it from several fronts. *State Legis* 2005; 31(5):14-8.

Boulet MC, Ethier LS, Couture G. [Life events and trauma in chronic negligent mothers]. *Sante Ment Que* 2004; 29(1):221-42.

Abstract: The present study examines more closely the chronic behaviors of maltreating mothers. Events that these mothers have experienced during childhood are examined, experiences including abuse, placement, separation, bereavement, rejection, neglect, lack of love and role reversal. Signs of unresolved trauma found in the discourse of mothers, such as dissociation, are also studied. It is proposed that negligent mothers from the chronic group will evoke more negative experiences and/or more intense negative experiences which occurred during childhood than the mothers from the transitory group. The chronic group will also show more signs of dissociation. From a six years follow-up study, a sample of 20 mothers was recruited from the Child Protection Services, including the cases of 10 chronic maltreating mothers and 10 transitory maltreating mothers. Two main measures were used: the Child Abuse Potential Inventory (CAPI) and the Adult Attachment Interview (AAI) (Main et Goldwyn, 1998). The experiences from childhood and complete discourse in AAI were analysed with the method used by Main et Goldwyn (1998). Non parametric analysis indicate that mothers from the chronic group evoke more negative and very negative childhood experiences than the mothers from the transitory group. Content analysis show that chronic maltreating mothers relate having gone through more potentially traumatic events such as foster care placements, separations and abuse. The analysis of the Adult Attachment Interview according to Main and Goldwyn's system demonstrate that the majority of the chronic maltreating mothers have two times more unresolved traumas.

Boulvain M, Perneger TV, Othenin-Girard V, Petrou S, Berner M, Irion O. Home-based versus hospital-based postnatal care: a randomised trial. *BJOG* 2004; 111(8):807-13.

Abstract: OBJECTIVE: To compare a shortened hospital stay with midwife visits at home to usual hospital care after delivery. DESIGN: Randomised controlled trial. SETTING: Maternity unit of a Swiss teaching hospital. POPULATION: Four hundred and fifty-nine women with a single uncomplicated pregnancy at low risk of caesarean section. METHODS: Women were randomised to either home-based (n= 228) or hospital-based postnatal care (n= 231). Home-based postnatal care consisted of early discharge from hospital (24 to 48 hours after delivery)

and home visits by a midwife; women in the hospital-based care group were hospitalised for four to five days. MAIN OUTCOME MEASURES: Breastfeeding 28 days postpartum, women's views of their care and readmission to hospital. RESULTS: Women in the home-based care group had shorter hospital stays (65 vs 106 hours,  $P < 0.001$ ) and more midwife visits (4.8 vs 1.7,  $P < 0.001$ ) than women in the hospital-based care group. Prevalence of breastfeeding at 28 days was similar between the groups (90% vs 87%,  $P = 0.30$ ), but women in the home-based care group reported fewer problems with breastfeeding and greater satisfaction with the help received. There were no differences in satisfaction with care, women's hospital readmissions, postnatal depression scores and health status scores. A higher percentage of neonates in the home-based care group were readmitted to hospital during the first six months (12% vs 4.8%,  $P = 0.004$ ). CONCLUSIONS: In low risk pregnancies, early discharge from hospital and midwife visits at home after delivery is an acceptable alternative to a longer duration of care in hospital. Mothers' preferences and economic considerations should be taken into account when choosing a policy of postnatal care.

Boy A, Salihu HM. Intimate partner violence and birth outcomes: a systematic review. *Int J Fertil Womens Med* 2004; 49(4):159-64.

Abstract: OBJECTIVE: There is a lack of comprehensive information on the relationship between domestic physical and emotional violence and pregnancy outcomes. Accordingly, we undertook this systematic review of the literature to examine the evidence on the association between physical and emotional abuse and pregnancy outcomes. STUDY DESIGN AND METHOD: A comprehensive literature search was carried out using pertinent key words that would retrieve any research article pertaining to the topic. This was supplemented by cross-referencing of the articles. A total of 296 articles were found; case reports and articles that failed to satisfy the study inclusion criteria were removed and 30 articles were included in the review. RESULTS: Overall, adverse pregnancy outcomes, including low birth weight, maternal mortality and infant mortality are significantly more likely among abused than nonabused mothers. Abused pregnant mothers present more often than nonabused mothers with kidney infections, gain less weight during pregnancy, and are more likely to undergo operative delivery. Fetal morbidity, such as low birth weight, preterm delivery, and small size for gestational age are more frequent among abused than nonabused gravidas. The risk for maternal mortality is three times as high for abused mothers. Black abused mothers are 3-4 times as likely to die as their white counterparts. Unmarried victims are also three times as likely to die as married abused mothers. Intimate partner violence is also responsible for increased fetal deaths in affected pregnancies (about 16.0 per 1000). CONCLUSION: Intimate

partner violence is often a life-threatening event to both the mother and the fetus. This, in addition to the heightened level of fetomaternal morbidity and mortality, represents clear-cut justification for routine systematic screening for the presence of abuse during pregnancy.

Boyes-Watson C. Seeds of change: using peacemaking circles to build a village for every child. *Child Welfare* 2005; 84(2):191-208.

Abstract: Roca, Inc., a grassroots human development and community organization, has adopted the peacemaking circle as a tool in its relationship building with youth, communities, and formal systems. Circles are a method of communication derived from aboriginal and native traditions. In Massachusetts, the Department of Social Services and the Department of Youth Services are exploring the application of the circle in programming with youth and families. By providing a consistent structure for open, democratic communication, peacemaking circles enhance the formation of positive relationships in families, communities, and systems. The outcome is a stronger community with greater unity across truly diverse participants. This article presents the theory and practice of peacemaking circles, the lessons and challenges of implementing circles in formal organizations, and the potential of the circle to support a strengths-based and community-based approach to child welfare.

Boyle RJ, Salter R, Arnander MW. Ethics of refusing parental requests to withhold or withdraw treatment from their premature baby. *J Med Ethics* 2004; 30(4):402-5; discussion 406-9.

Notes: GENERAL NOTE: KIE: 52 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants

Abstract: In the United Kingdom women have access to termination of pregnancy for maternal reasons until 24 weeks' completed gestation, but it is accepted practice for children born at or beyond 25 weeks' gestation to be treated according to the child's perceived best interests even if this is not in accordance with parental wishes. The authors present a case drawn from clinical practice which highlights the discomfort that parents may feel about such an abrupt change in their rights over their child, and argue that parents should have greater autonomy over treatment decisions regarding their prematurely born children.

Brach C, Lewit EM, VanLandeghem K *et al.* Who's enrolled in the State Children's Health Insurance Program (SCHIP)? An overview of findings from the Child Health Insurance Research Initiative (CHIRI). *Pediatrics* 2003; 112(6 Pt 2):e499.

Notes: CORPORATE NAME: Child Health Insurance Research Initiative

Abstract: BACKGROUND: The State Children's

Health Insurance Program (SCHIP) was enacted in 1997 to provide health insurance coverage to uninsured low-income children from families who earned too much to be eligible for Medicaid. OBJECTIVES: To develop a "baseline" portrait of SCHIP enrollees in 5 states (Alabama, Florida, Kansas, Indiana, and New York) by examining: 1) SCHIP enrollees' demographic characteristics and health care experiences before enrolling in SCHIP, particularly children with special health care needs (CSHCN), racial and ethnic minority children, and adolescents; 2) the quality of the care adolescents received before enrollment; and 3) the changes in enrollee characteristics as programs evolve and mature. METHODS: Each of 5 projects from the Child Health Insurance Research Initiative (CHIRI) surveyed new SCHIP enrollees as identified by state enrollment data. CHIRI investigators developed the CHIRI common core (a set of survey items from validated instruments), which were largely incorporated into each survey. Bivariate and multivariate analyses were conducted to ascertain whether there were racial and ethnic disparities in access to health care and differences between CSHCN and those without. Current Population Survey data for New York State were used to identify secular trends in enrollee characteristics. RESULTS: Most SCHIP enrollees (65% in Florida to 79% in New York) resided in families with incomes < or =150% of the federal poverty level. Almost half of SCHIP enrollees lived in single-parent households. A majority of SCHIP parents had not had education beyond high school, and in 2 states (Alabama and New York) approximately 25% had not completed high school. The vast majority of children lived in households with a working adult, and in a substantial proportion of households both parents worked. Children tended to be either insured for the entire 12 months or uninsured the entire 12 months before enrolling in SCHIP. Private insurance was the predominant form of insurance before enrollment in SCHIP in most states, but 23.3% to 51.2% of insured children had Medicaid as their most recent insurance. HEALTH CARE USE AND UNMET NEEDS BEFORE SCHIP: The vast majority of all SCHIP enrollees had a usual source of care (USC) during the year before SCHIP. The proportion of children who changed their USC after enrolling in SCHIP ranged from 29% to 41.3%. A large proportion of SCHIP enrollees used health services during the year before SCHIP, with some variability across states in the use of health care. Nevertheless, 32% to almost 50% of children reported unmet needs. CSHCN: The prevalence of CSHCN in SCHIP (between 17% and 25%) in the study states was higher than the prevalence of CSHCN reported in the general population in those states. In many respects, CSHCN were similar to children without special health care needs, but CSHCN had poorer health status, were more likely to have had unmet needs, and were more likely to use the emergency department, mental health care, specialty care, and acute care in the year before enrolling in

SCHIP than children without special health care needs. **RACE AND ETHNICITY:** A substantial proportion of SCHIP enrollees were black non-Hispanic or Hispanic children (Alabama: 34% and <1%; Florida: 6% and 26%; Kansas: 12% and 15%; and New York: 31% and 45%, respectively). Minority children were poorer, in poorer health, and less likely to have had a USC or private insurance before enrolling in SCHIP. The prevalence and magnitude of the disparities varied among the states. **QUALITY OF CARE FOR ADOLESCENTS:** Seventy-three percent of adolescent SCHIP enrollees engaged in one or more risk behaviors (ie, feeling sad or blue; alcohol, tobacco, and drug use; having sexual intercourse; and not wearing seat belts). Although almost 70% of adolescents reported having had a preventive care visit the previous year, a majority of them did not receive counseling in each of 4 counseling areas. Controlling for other factors, having a private, confidential visit with the physician was associated with an increased likelihood (2-3 times more likely) that the adolescent received counseling for 3 of 4 counseling areas. **TRENDS OVER TIME:** New York SCHIP enrollees in 2001, compared with 1994 enrollees in New York's SCHIP-precursor child health insurance program, were more likely to be black or Hispanic, older, from New York City, and from families with lower education, income, and employment levels. A greater proportion of 2001 enrollees was uninsured for some time in the year before enrollment, was insured by Medicaid, and lacked a USC. Secular trends in the low-income population in the state did not seem to be responsible for these differences. Program modifications during this time period that may be related to the shift in enrollee characteristics include changes to benefits, outreach and marketing efforts, changes in the premium structure, and the advent of a single application form for multiple public programs. **CONCLUSIONS:** SCHIP enrollees are a diverse group, and there was considerable variation among the 5 study states. Overall, SCHIP enrollees had substantial and wide-ranging health care needs despite high levels of prior contact with the health care system. A sizable minority of SCHIP enrollees has special health care needs. There is racial and ethnic diversity in the composition of enrollees as well, with racial and ethnic disparities present. The quality of care adolescents received before enrollment in SCHIP was suboptimal, with many reporting unmet health care needs and not receiving recommended counseling. The characteristics of SCHIP enrollees can be expected to change as SCHIP programs evolve and mature. **POLICY IMPLICATIONS:** 1) Benefits should be structured to meet the needs of SCHIP enrollees, which are comparable to Medicaid enrollees' needs in many respects. 2) Provider networks will have to be broad if continuity of care is to be achieved. 3) Multiple outreach strategies should be used, including using providers to distribute information about SCHIP. 4) The quality of care delivered to vulnerable populations

(eg, minority children, CSHCN, and adolescents) should be monitored. 5) States and health plans should actively promote quality health care with the goal of improving the care received by SCHIP enrollees before enrollment. 6) States will have to craft policies that fit their local context. 7) Collecting baseline information on SCHIP enrollees on a continuous basis is important, because enrollee characteristics and needs can change, and many vulnerable children are enrolling in SCHIP.

Braden K, Swanson S, Di Scala C. Injuries to children who had preinjury cognitive impairment: a 10-year retrospective review. *Arch Pediatr Adolesc Med* 2003; 157(4):336-40.

**Abstract:** **OBJECTIVE:** To determine differences between hospitalized injured children who had preinjury cognitive impairments (IMPs) and children who had no preinjury cognitive conditions (NO). **DESIGN:** Comparative analysis, excluding fatalities, of patients with IMP (n = 371) with patients with NO (n = 58 745), aged from 0 to 19 years. **MAIN OUTCOME MEASURES:** Demographics, injury characteristics, injury nature and severity, use of resources, disability, and disposition at discharge from acute care. **DATA SOURCE:** Medical records of children injured between January 1, 1989, and December 31, 1998, submitted to the National Pediatric Trauma Registry, Boston, Mass. **RESULTS:** Compared with children with NO, children with IMPs were more likely to be boys (72.5% vs 64.3%), to be older (53.1% vs 40.0%, aged 10-19 years), to be victims of child abuse (5.9% vs 1.6%), and to be individuals with self-inflicted injuries (2.2% vs 0.1%). They were more likely to be injured as pedestrians (19.9% vs 13.8%), less likely to be injured in sport activities (2.7% vs 6.9%), and less likely to sustain a penetrating injury (3.8% vs 8.3%). They were more likely to sustain injuries to multiple body regions (57.4% vs 43.7%) and the head (62.0% vs 45.1%), and to be severely injured. They were more likely to be admitted to the intensive care unit (52.6% vs 25.2), and their mean length of stay was twice as long (9.9 vs 4.8 days). They were also more likely to develop impairments from the current injury (46.6% vs 41.0%) and more likely to be discharged to a rehabilitation facility (11.1% vs 2.3%). The IMPs became worse in 75 children. **CONCLUSIONS:** Preinjury cognitive impairments in a pediatric population had a significant effect on the causes, nature, severity of injury, and outcomes. Targeted prevention programs should consider the characteristics of this population.

Bradley JE, Jackson JA. Immunity, immunoregulation and the ecology of trichuriasis and ascariasis. *Parasite Immunol* 2004; 26(11-12):429-41. **Abstract:** Immune responses to human roundworm (*Ascaris lumbricoides*) and whipworm (*Trichuris trichiura*) and their role in controlling worm populations are reviewed. Recent immunoepidemiological data implicate T(H)2-mediated responses in limiting *A. lumbricoides* and *T.*

trichiura populations. Reinfection studies further suggest that IL-5 cytokine responses are negatively associated with adult recruitment in *T. trichiura* but not *A. lumbricoides* and may therefore be involved in negative intraspecific and interspecific interactions mediated through the host immune system. The importance of inducible immunoregulatory networks in the ecology of the host-parasite relationship is considered, with particular regard to possible manipulative strategies by the parasites. This aspect of the worms' interaction with the host immune system is both poorly known and potentially central to an understanding of parasite population dynamics and the evolutionary pressures that have shaped present-day host-parasite associations. Some possible implications of worm-mediated immunomodulation for the occurrence of bystander infectious diseases in human populations and the management of de-worming programmes are also discussed.

Bradley R. The child with a chronic condition: parents teach advanced practice nursing students. *J Nurs Educ* 2001; 40(4):180-2.

Bradley RG, Follingstad DR. Group therapy for incarcerated women who experienced interpersonal violence: a pilot study. *J Trauma Stress* 2003; 16(4):337-40. Abstract: This study evaluated effectiveness of group therapy for incarcerated women with histories of childhood sexual and/or physical abuse. The intervention was based on a two-stage model of trauma treatment and included Dialectical Behavior Therapy skills and writing assignments. We randomly assigned 24 participants to group treatment (13 completed) and 25 to a no-contact comparison condition (18 completed). We evaluated treatment effects, using the Beck Depression Inventory, Inventory of Interpersonal Problems, and Trauma Symptom Inventory. The data demonstrate significant reductions in PTSD, mood, and interpersonal symptoms in the treatment group.

Brahmbhatt H, Bishai D, Wabwire-Mangen F, Kigozi G, Wawer M, Gray RH. Polygyny, maternal HIV status and child survival: Rakai, Uganda. *Soc Sci Med* 2002; 55(4):585-92.

Notes: CORPORATE NAME: Rakai Project Group  
Abstract: The objective of this research was to assess the association of child mortality with polygyny and maternal HIV status through a prospective community-based study in Rakai district, Uganda. We sought to test whether there was an indirect evidence that polygynous households in an HIV prevalent area may divert resources away from the children of HIV-infected mothers in favor of children with better survival prospects. We test this theory using data from a follow-up study which collected detailed behavioral and medical information at 10-month intervals on a cohort of over 4000 pregnant women and their infants (5300 person years of observation). Cox proportional

hazards models estimated the mortality hazard (RR) associated with polygyny for children of HIV-negative and HIV-positive mothers. HIV prevalence in the full cohort of mothers was 11.9%, and 23% of mothers lived in polygynous households. Multivariate analysis showed an increased hazard of child mortality if the mother was HIV-positive (RR = 1.75,  $p < 0.001$ ). Maternal education reduced mortality, whereas low birth weight increased mortality risk. Polygyny was associated with an increase in the hazard of child mortality in the full sample (RR = 1.36,  $p < 0.001$ ) and in mothers who were HIV-positive (RR = 2.17,  $p < 0.001$ ), but not in HIV-negative mothers. Being born to an HIV-positive mother increased mortality risk and polygyny accentuated a child's risk of death. Polygyny had no significant effect on the survival of children with HIV-negative mothers. Polygynous households, where not all wives may have HIV, could be diverting resources away from the children of the infected wives.

Brajsa-Zganec A. The long-term effects of war experiences on children's depression in the Republic of Croatia. *Child Abuse Negl* 2005; 29(1):31-43. Abstract: OBJECTIVE: The aim of the study was to investigate whether different levels of depressive symptoms in early adolescent boys and girls could be predicted on the basis of war experiences, perceived available social support (instrumental support, support to self-esteem, belonging and acceptance) and extraversion. METHODS: The sample consisted of 583 children ages 12 to 15 years; 283 children were displaced from different parts of Croatia for a period of approximately three and a half years. The following instruments were administered: Questionnaire on Children's Stressful and Traumatic War Experiences, Reynolds Adolescent Depression Scale, Junior Eysenck Personality Questionnaire, and Interpersonal Support Evaluation List. RESULTS: Regression analyses showed that more war experiences were related to more depressive symptoms for boys only. The greater extent of perceived available social support for boys (instrumental support, support to self-esteem, belonging and acceptance) related to fewer depressive symptoms. For girls, perceived instrumental support and self-esteem were related to fewer depressive symptoms. Predictors in the boys' sample accounted for 35% of the variance in the results on the depression scale, and 27% in the girls' sample. CONCLUSIONS: We conclude that boys suffer more from the long-term effects of war than girls. In situations where children cannot be shielded from stressful events, such as war, a greater level of perceived social support is related to fewer depressive symptoms both for boys and girls in early adolescence.

Brambilla P, Hardan AY, di Nemi SU *et al.* The functional neuroanatomy of autism. *Funct Neurol* 2004; 19(1):9-17.

Abstract: Autism is a neurodevelopmental syndrome characterized by impaired social and executive

functions. Functional magnetic resonance imaging (fMRI) is a non-invasive technique that allows investigation of the neural networks underlying cognitive impairments in autism. In this article, brain imaging studies investigating the functional brain anatomy of autism are reviewed. Face recognition, theory of mind and executive functions have all been explored in functional neuroimaging studies involving autistic patients. The available literature suggests an involvement of abnormal functional mechanisms in face recognition, mentalization and executive functions in adults with high-functioning autism or Asperger's syndrome, possibly due to brain maturation abnormalities, and resulting in dysfunctional reciprocal cortico-subcortical connections. Future functional neuroimaging research should investigate subgroups of autistic children and adolescents longitudinally and attempt to integrate genetic, cognitive and empirical approaches. Such studies will be instrumental in furthering understanding of the pathophysiology of autism and in exploring the importance of dimensional measures of the broader phenotype currently defined as autism.

Bramwell R, Weindling M. Families' views on ward rounds in neonatal units. *Arch Dis Child Fetal Neonatal Ed* 2005; 90(5):F429-31.

Notes: CORPORATE NAME: FVWR Research Team  
Abstract: OBJECTIVE: To discover parental preferences about visiting during ward rounds. DESIGN: Survey using a short structured interview SETTING AND PARTICIPANTS: Families of babies cared for in a regional neonatal intensive care unit. RESULTS: Eighty six respondents, no refusals. Sixty three had visited during a ward round, and 13 had come in especially for the round. About half had overheard conversations about other babies or thought discussions about their baby had been overheard. Concerns about these experiences were only expressed by respondents who had actually experienced overhearing. Parents and families had little information about the ward round, held diverse views, and expressed different priorities. They described a mixture of concerns about communication, practicalities, and issues of ethics and principle. Confidentiality was a matter of concern for some, but many parents expected some sharing of information between families on the unit. CONCLUSIONS: Units should consider: the information they have for parents about ward rounds; the possibility that consultations may be overheard; the opportunities for parents to communicate with the clinical team.

Brandon S, Clarke D, George A, Jensen J, Interns T, Paul C. A survey of attitudes to parent-doctor conflicts over treatment for children. *N Z Med J* 2001; 114(1145):549-52.

Abstract: AIMS: To investigate professional and public attitudes to the intervention of the law when parents and doctors disagree about the medical treatment of

children. METHODS: A cross-sectional survey of academic staff at the University of Otago. Random samples of academic medical practitioners and non-Health Sciences academic staff completed written questionnaires, including open and closed questions. Questions focussed on the Liam Williams-Holloway (W-H) and Tovia Laufau (TL) cases. RESULTS: The response rate was 107/164 (65%) of eligible staff. Support for doctors seeking treatment orders was strong (77% in the W-H case, and in the TL case, 70% believed an order should have been sought). Women were less likely than men to support a treatment order, significantly in the W-H case. There were no significant differences between medical and non-medical respondents. Court processes were viewed as confrontational and a last resort only after mediation failed. Scientific evidence was rated as the most important consideration in treatment decisions, followed by likely outcome, establishment of trust between parents and doctors, and the age of the child. CONCLUSIONS: Among this highly educated group there was strong support for seeking treatment orders in the child's best interests. But various mediation options were preferred and should be explored further. More evidence is needed on the success of treatment orders and on the attitudes of a more representative sample of the population.

Brann LS, Skinner JD. More controlling child-feeding practices are found among parents of boys with an average body mass index compared with parents of boys with a high body mass index. *J Am Diet Assoc* 2005; 105(9):1411-6.

Abstract: OBJECTIVE: To determine if differences existed in mothers' and fathers' perceptions of their sons' weight, controlling child-feeding practices (ie, restriction, monitoring, and pressure to eat), and parenting styles (ie, authoritarian, authoritative, and permissive) by their sons' body mass index (BMI). DESIGN: One person (L.S.B.) interviewed mothers and boys using validated questionnaires and measured boys' weight and height; fathers completed questionnaires independently. SUBJECTS/SETTING: Subjects were white, preadolescent boys and their parents. Boys were grouped by their BMI into an average BMI group (n=25; BMI percentile between 33rd and 68th) and a high BMI group (n=24; BMI percentile > or = 85th). STATISTICAL ANALYSES PERFORMED: Multivariate analyses of variance and analyses of variance. RESULTS: Mothers and fathers of boys with a high BMI saw their sons as more overweight (mothers P=.03, fathers P=.01), were more concerned about their sons' weight (P<.0001, P=.004), and used pressure to eat with their sons less often than mothers and fathers of boys with an average BMI (P<.0001, P<.0001). In addition, fathers of boys with a high BMI monitored their sons' eating less often than fathers of boys with an average BMI (P=.006). No differences were found in parenting by boys' BMI groups for either mothers or fathers. CONCLUSIONS:

More controlling child-feeding practices were found among mothers (pressure to eat) and fathers (pressure to eat and monitoring) of boys with an average BMI compared with parents of boys with a high BMI. A better understanding of the relationships between feeding practices and boys' weight is necessary. However, longitudinal research is needed to provide evidence of causal association.

Brannon RB, Strother EA. Child abuse & neglect. The responsibility of the dental community. *LDA J* 2005; 64(3):6-9, 15.

Bratzke H. Research in forensic neurotraumatology. *Forensic Sci Int* 2004; 144(2-3):157-65. Abstract: Over the past 100 years forensic research in neurotraumatology was focusing on the genesis, e.g. biomechanis, and the origin of epidural, subdural, subarachnoidal, intracerebral and brain stem haemorrhage, particularly under aspects to enable the differential diagnosis of bleeding due to non-traumatic diseases. Moreover the estimation of the age of brain injuries has important criminological implications (survival time following traumatic forces to the head, alibi etc.). Beside these main fields of research, aspects of expertise in special areas such as head trauma due to child abuse, capability to act despite severe brain injuries and research on cervical trauma are reviewed.

Brave Heart MY. The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration. *J Psychoactive Drugs* 2003; 35(1):7-13.

Abstract: Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. This article will explain HT theory and the HTR, delineate the features of the HTR and its grounding in the literature, offer specific Native examples of HT and HTR, and will suggest ways to incorporate HT theory in treatment, research and evaluation. The article will conclude with implications for all massively traumatized populations.

Bravo M, Ribera J, Rubio-Stipeć M *et al.* Test-retest reliability of the Spanish version of the Diagnostic Interview Schedule for Children (DISC-IV). *J Abnorm Child Psychol* 2001; 29(5):433-44.

Abstract: The test-retest reliability of the Spanish Diagnostic Interview Schedule for Children (DISC-IV) is presented. This version was developed in Puerto Rico in consultation with an international bilingual committee, sponsored by NIMH. The sample (N = 146) consisted of children recruited from outpatient mental health clinics and a drug residential treatment facility. Two different pairs of nonclinicians administered the DISC twice to the parent and child respondents. Results indicated fair to moderate agreement for parent reports on most diagnoses. Relatively similar agreement levels were observed for last month and last year time frames. Surprisingly, the inclusion of impairment as a criterion for diagnosis did not substantially change the pattern of results for specific disorders. Parents were more reliable when reporting on diagnoses of younger (4-10) than older children. Children 11-17 years old were reliable informants on disruptive and substance abuse/dependence disorders, but unreliable for anxiety and depressive disorders. Hence, parents were more reliable when reporting about anxiety and depressive disorders whereas children were more reliable than their parents when reporting about disruptive and substance disorders.

Bredemeyer SL. Implementation of the SIDS guidelines in midwifery practice. *Aust J Midwifery* 2004; 17(4):17-21.

Abstract: The literature suggests that midwives strongly influence parenting practices immediately after birth and during early postnatal management of the newborn. Midwives must therefore be aware of the current evidence and public health recommendations for reducing the risk of Sudden Infant Death Syndrome (SIDS) and provide consistent information about use of the supine position. Midwives must also include information about environmental factors that are also known to increase the risk of SIDS such as exposure to cigarette smoke, covering the infant's face during sleep and other potential unsafe sleeping practices such as co-sleeping and bed sharing with their infant. The position midwives use to settle infants and place them for sleep is an important example for parents. The position favoured by midwives when placing a newborn to sleep will have a significant impact on parental practice after discharge home. A standardised evidenced based approach to the SIDS Guidelines immediately after birth will facilitate consistency in practice and uniformity in the message parents are given about safe sleeping practices for their newborn infant.

Breiner SJ. RE: Response and an additional comment on "the Legacy of the Clergy Abuse Scandal" (D. Finkelhor, 2003). *Child Abuse Negl* 2004; 28(12):1251-2.

Bremner JD, Vythilingam M, Anderson G *et al.* Assessment of the hypothalamic-pituitary-adrenal axis over a 24-



hour diurnal period and in response to neuroendocrine challenges in women with and without childhood sexual abuse and posttraumatic stress disorder. *Biol Psychiatry* 2003; 54(7):710-8. Abstract: BACKGROUND: Preclinical studies showed that early stress results in long-term alterations in the hypothalamic-pituitary-adrenal (HPA) axis. We performed a comprehensive assessment of the HPA axis in women with and without a history of early childhood sexual abuse and posttraumatic stress disorder (PTSD). METHODS: Fifty-two women with and without a history of early childhood sexual abuse and PTSD underwent a comprehensive assessment of the HPA axis, including measurement of cortisol in plasma every 15 min over a 24-hour period and cortisol and corticotropin (ACTH) following corticotropin-releasing factor (CRF) and ACTH challenge. RESULTS: Abused women with PTSD had lower levels of cortisol during the afternoon hours (12:00-8:00 PM) of a 24-hour period compared with non-PTSD women. Their ACTH response to a CRF challenge was blunted compared with nonabused non-PTSD (but not abused non-PTSD) women. There were no differences in cortisol response to CRF and ACTH challenges between the groups. Increased PTSD symptom levels were associated with low afternoon cortisol levels. CONCLUSIONS: These findings suggest that early abuse is associated with increased CRF drive as evidenced by decreased pituitary sensitivity to CRF, whereas in abuse with PTSD there is a specific hypocortisolemia that is most pronounced in the afternoon hours.

Bremner JD, Vythilingam M, Vermetten E *et al.* Neural correlates of declarative memory for emotionally valenced words in women with posttraumatic stress disorder related to early childhood sexual abuse. *Biol Psychiatry* 2003; 53(10):879-89. Abstract: BACKGROUND: Animal studies have shown that early stressors result in lasting changes in structure and function of brain areas involved in memory, including hippocampus and frontal cortex. Patients with childhood abuse-related posttraumatic stress disorder (PTSD) have alterations in both declarative and nondeclarative memory function, and imaging studies in PTSD have demonstrated changes in function during stimulation of trauma-specific memories in hippocampus, medial prefrontal cortex, and cingulate. The purpose of this study was to assess neural correlates of emotionally valenced declarative memory in women with early childhood sexual abuse and PTSD. METHODS: Women with early childhood sexual abuse-related PTSD (n = 10) and women without abuse or PTSD (n = 11) underwent positron emission tomographic (PET) measurement of cerebral blood flow during a control condition and during retrieval of neutral (e.g., "metal-iron") and emotionally valenced (e.g., "rape-mutilate") word pairs. RESULTS: During retrieval of emotionally valenced word pairs, PTSD patients showed greater decreases in blood flow

in an extensive area, which included orbitofrontal cortex, anterior cingulate, and medial prefrontal cortex (Brodmann's areas 25, 32, 9), left hippocampus, and fusiform gyrus/inferior temporal gyrus, with increased activation in posterior cingulate, left inferior parietal cortex, left middle frontal gyrus, and visual association and motor cortex. There were no differences in patterns of brain activation during retrieval of neutral word pairs between patients and control subjects. CONCLUSIONS: These findings are consistent with dysfunction of specific brain areas involved in memory and emotion in PTSD. Regions implicated in this study of emotionally valenced declarative memory are similar to those from prior imaging studies in PTSD using trauma-specific stimuli for symptom provocation, adding further supportive evidence for a dysfunctional network of brain areas involved in memory, including hippocampus, medial prefrontal cortex, and cingulate, in PTSD.

Brennan PO. *Oliver Twist*, textbook of child abuse. *Arch Dis Child* 2001; 85(6):504-5.

Brennan RA. A nurse-managed universal newborn hearing screen program. *MCN Am J Matern Child Nurs* 2004; 29(5):320-5.

Abstract: Hearing loss is one of the most common major birth defects, yet the average age for identifying significant hearing loss in children in the United States is 30 months. Hearing loss directly affects a child's ability to develop normal language skills, impairs his or her ability to communicate with others in the environment, and has been shown to correlate with poor academic performance. However, if hearing loss is detected early and interventions are begun before 6 months of age, children with hearing loss develop language, cognitive, and speech skills comparable to their non-hearing-impaired peers. Only 38 states mandate universal newborn hearing screening before discharge from the hospital. This article describes an institutional universal hearing screening program developed by nursing, which collaborated with physicians, audiologists, and otolaryngologists. Careful planning, including a thorough literature review, networking with area hospitals, and dialoging with experts in the field led to a successful program. The outcomes from this program compare favorably to nationally published data.

Bretherton I, Lambert JD, Golby B. Involved fathers of preschool children as seen by themselves and their wives: accounts of attachment, socialization, and companionship. *Attach Hum Dev* 2005; 7(3):229-51. Abstract: Studies of infant-father attachment and other aspects of father-child relationships burgeoned during the 1980s and 90s, in step with new expectations for greater father participation in childrearing, but less is known about how involved fathers experience themselves as attachment figures, socialization agents,

and playmates/companions of their young children. In an attempt to investigate these topics from a relationship perspective, we administered the Parent Attachment Interview (PAI) to 49 married fathers from dual career families who, based on current literature, were expected to be active participants in caring for and interacting with their preschool children. The 22 open-ended PAI questions were designed to probe fathers' thoughts and feelings about parent-child attachment, but also elicited extensive descriptions of other aspects of fathering, including socialization and companionship. In addition, fathers reflected on similarities and differences between the father- and mother-child relationships, and these accounts were compared with corresponding discussions by their wives. Among new issues raised by the study were the role of affection in attachment relationships, evidence for the attachment hierarchy construct, issues of parental self-control in relation to discipline, conceptual overlaps between attachment and other aspects of parenting, and the diverse meanings of father-mother differences and disagreements in the three domains of parenting addressed in this study.

Bretherton I, Page TF. Shared or conflicting working models? Relationships in postdivorce families seen through the eyes of mothers and their preschool children. *Dev Psychopathol* 2004; 16(3):551-75. Abstract: Marvin and Stewart and Byng-Hall proposed that effective family collaboration requires family members to construct "shared family working models," and that the renegotiation of these working models during family transitions is facilitated by family members' "interactional awareness" (ability to be perceptive observers of family relationships). We apply these constructs to data collected from 71 mothers and their 4.5- to 5.0-year-old preschool children, 2 years after parental divorce. Maternal representations of the father as coparent and ex-spouse, and of father- and mother-child relationships were assessed via two interviews. A family story completion task captured child representations of mother-child and father-child, coparental and ex-spousal interactions. Maternal accounts of mother-child conversations illustrated the negotiation of shared working models. Primarily qualitative analyses contrasting maternal and child perspectives are presented in the first section. Then we use regression analyses to predict children's story themes from maternal representations of flexible, sensitive, and effective discipline-related interactions; maternal depressive symptoms; and perception of the child's father. Finally, we identify gender differences in children's enactments of divorce-related and child-empathy themes. We conclude by considering how our findings could be used to assist post-divorce families in constructing shared rather than conflicting working models of family relations.

Brett S. Aprenderás a no llorar: niños combatientes en Colombia. Bogotá, CO: Human Rights Watch,

2003:90.

Abstract: El reclutamiento de niños por parte de la guerrilla y las fuerzas paramilitares ha aumentado significativamente en los últimos años. Ninguna de las partes ha hecho un esfuerzo serio por detener esta práctica. En ocasiones, tanto la guerrilla como los paramilitares han ofrecido la desmovilización de niños para obtener condiciones favorables en las negociaciones con el gobierno. No sólo se trata de un intento flagrante de negociar una ventaja política con cuestiones innegociables, sino que ninguna de estas promesas se ha cumplido hasta ahora. Cada una de las fuerzas irregulares en conflicto continúa violando claramente sus propios reglamentos sobre la edad mínima para el reclutamiento. Es más, el Estado no ha protegido a los niños mediante la aplicación de la legislación colombiana, que prohíbe el reclutamiento de menores de 18 años, y las autoridades judiciales no han procesado penalmente a los responsables de esta aborrecible práctica.

Brewer VR, Fletcher JM, Hiscock M, Davidson KC. Attention processes in children with shunted hydrocephalus versus attention deficit-hyperactivity disorder. *Neuropsychology* 2001; 15(2):185-98. Abstract: Children with congenital hydrocephalus, children with attention deficit-hyperactivity disorder, and normal controls were evaluated with measures of focused attention (Visual Orienting and Detection Task), sustained attention (continuous performance test), and attention shifting (Wisconsin Card Sorting Test). Components from these tasks have been linked to attention systems mediated by anterior or posterior brain networks. Children with congenital hydrocephalus showed an inability to focus and shift attention, which specifically implicated impairment of the disengage and move components of the posterior brain attention system. Children with attention deficit-hyperactivity disorder displayed the expected performance patterns on measures of focused attention once their difficulties with sustained attention were taken into account. However, they showed problems with shifting and sustaining attention, which are commonly associated with the anterior brain attention system.

Briffa T. Intersex surgery disregards children's human rights. *Nature* 2004; 428(6984):695. Notes: GENERAL NOTE: KIE: KIE Bib: patient care/minors

Brill C, Fiorentino N, Grant J. Covictimization and inner city youth: a review. *Int J Emerg Ment Health* 2001; 3(4):229-39. Abstract: Covictimization represents a real and present danger to inner city youth. This paper reviews the scope of this problem and a potential emergency mental health response.

Brinton B, Fujiki M. Social competence in children with language impairment: making connections. *Semin Speech Lang* 2005; 26(3):151-9. Abstract: Children with language problems frequently experience social difficulty. This is the case not only for children diagnosed as having impairments such as autism spectrum disorder, Asperger syndrome (AS), or mental retardation but also for children falling into diagnostic categories traditionally considered to be primarily language based (e.g., language impairment, learning disability). In considering what interventions might be most effective, it is important to consider how various aspects of development are connected. This article describes causal networks in which various factors influence the relationship between language deficits and social difficulties. Case descriptions of Joseph, an adolescent with language impairment, and Cari, a 6-year-old diagnosed with AS, illustrate the complexity of this relationship and demonstrate how intervention might be designed to facilitate positive social communication outcomes.

Brisch KH, Bechinger D, Betzler S, Heinemann H. Early preventive attachment-oriented psychotherapeutic intervention program with parents of a very low birthweight premature infant: results of attachment and neurological development. *Attach Hum Dev* 2003; 5(2):120-35.

Abstract: The birth of a very small preterm infant (< or = 1500 grams) can be a traumatizing experience for many parents. A developmental risk model is presented that is the background to an early attachment-oriented preventive psychotherapeutic intervention. This comprehensive parent-centered intervention program is composed of supportive group psychotherapy, attachment-oriented focal individual psychotherapy, a home visit and video-based sensitivity training. The intervention aims at improving parental coping, the process of attachment and parent-infant interaction. In a prospective longitudinal design mothers were randomly assigned to a control (N = 44) and an intervention group (N = 43) after preterm delivery. Results show that the percentage of secure (control vs. intervention group: 77.8% vs. 59.4%) and insecure (control vs. intervention group: 8.3% vs. 31.3% avoidant, 13.9% vs. 9.4% ambivalent) attachment quality in high-risk preterm infants is comparable to results from studies with term infants. There was no significant statistical difference in terms of quality of attachment of the preterm infants between the control group and the intervention group. However, only in the control group, impaired neurological development corresponded significantly with an insecure quality of attachment, but not in the intervention group, although there were significantly more neurologically impaired infants in the intervention group. This result is discussed as an effect of the intervention program.

Brock J, Brown CC, Boucher J, Rippon G. The temporal binding deficit hypothesis of autism. *Dev Psychopathol*

2002; 14(2):209-24. Abstract: Frith has argued that people with autism show "weak central coherence," an unusual bias toward piecemeal rather than configurational processing and a reduction in the normal tendency to process information in context. However, the precise cognitive and neurological mechanisms underlying weak central coherence are still unknown. We propose the hypothesis that the features of autism associated with weak central coherence result from a reduction in the integration of specialized local neural networks in the brain caused by a deficit in temporal binding. The visuo-perceptual anomalies associated with weak central coherence may be attributed to a reduction in synchronization of high-frequency gamma activity between local networks processing local features. The failure to utilize context in language processing in autism can be explained in similar terms. Temporal binding deficits could also contribute to executive dysfunction in autism and to some of the deficits in socialization and communication.

Brockington I. Diagnosis and management of post-partum disorders: a review. *World Psychiatry* 2004; 3(2):89-95.

Abstract: This paper reviews the psychiatry of the puerperium, in the light of work published during the last eight years. Many distinct disorders are seen. In addition to various psychoses and a heterogeneous group of depressions, there are specific anxiety, obsessional and stress-related disorders. It is important to identify severe disorders of the mother-infant relationship, which usually respond to treatment, but have pernicious effects if untreated. The complexity of post-partum psychiatry requires the deployment of multidisciplinary specialist teams, which can handle the challenges of therapy, prevention, training, research and service development.

Brocklehurst P, McGuire W. Evidence based care. *BMJ* 2005; 330(7481):36-8.

Brodie M, Laing IA, Keeling JW, McKenzie KJ. Ten years of neonatal autopsies in tertiary referral centre: retrospective study. *BMJ* 2002; 324(7340):761-3.

Abstract: OBJECTIVES: To measure the neonatal autopsy rate at a tertiary referral centre and identify trends over the past decade. To identify factors that may influence the likelihood of consent being given for autopsy. To examine any discordance between diagnoses before death and at autopsy. DESIGN: Retrospective review of patients' records. Setting: Tertiary neonatal referral centre affiliated to university. OUTCOME MEASURES: Sex, gestational age, birth weight, type of delivery, and length of stay in neonatal unit for baby. Maternal age, marital status, history of previous pregnancies, and details of who requested permission for autopsy. Concordance between diagnoses before death and at autopsy. RESULTS: An

autopsy was performed in 209/314 (67%) cases. New information was obtained in 50 (26%) autopsies. In six (3%) cases this information was crucial for future counselling. In 145 (74%) there was complete concordance between the clinical cause of death and the findings at autopsy. From 1994 onwards the autopsy rate in the neonatal unit fell. The only significant factor associated with consent for autopsy was increased gestational age. **CONCLUSIONS:** Important extra information can be gained at neonatal autopsies. This should help parents to make an informed decision when they are asked to give permission for their baby to have an autopsy. These findings are of particular relevance in view of the recent negative publicity surrounding neonatal autopsies and the general decline in the neonatal autopsy rate over the decade studied.

Brodsky BS, Oquendo M, Ellis SP, Haas GL, Malone KM, Mann JJ. The relationship of childhood abuse to impulsivity and suicidal behavior in adults with major depression. *Am J Psychiatry* 2001; 158(11):1871-7. **Abstract:** **OBJECTIVE:** This study investigated whether a higher frequency of reported childhood trauma would be found in depressed adults with higher levels of trait impulsivity, aggression, and suicidal behavior. **METHOD:** In 136 depressed adult inpatients, the authors assessed trait impulsivity, aggression history, and number of lifetime suicide attempts as well as the medical lethality and the intent to die associated with the most lethal attempt. These variables were then compared between those with and those without a reported history of childhood physical or sexual abuse. **RESULTS:** Subjects who reported an abuse history were more likely to have made a suicide attempt and had significantly higher impulsivity and aggression scores than those who did not report an abuse history. Impulsivity and aggression scores were significantly higher in subjects with a history of at least one suicide attempt. A logistic regression analysis revealed that abuse history remained significantly associated with suicide attempt status after adjustment for impulsivity, aggression history, and presence of borderline personality disorder. Among those who attempted suicide, there were no significant differences in severity of suicidal behavior between those with and without a childhood history of abuse. **CONCLUSIONS:** Abuse in childhood may constitute an environmental risk factor for the development of trait impulsivity and aggression as well as suicide attempts in depressed adults. Alternatively, impulsivity and aggression may be inherited traits underlying both childhood abuse and suicidal behavior in adulthood disorders. Additional research is needed to estimate the relative contributions of heredity and environmental experience to the development of impulsivity, aggression, and suicidal behavior.

Brody BA. Ethical issues in clinical trials in developing countries. *Stat Med* 2002; 21(19):2853-8.

Notes: GENERAL NOTE: KIE: 17 refs. GENERAL NOTE: KIE: KIE Bib: AIDS/human experimentation; human experimentation/foreign countries; human experimentation/research design **Abstract:** The vertical transmission trials conducted in a variety of developing countries by researchers from more developed countries illustrate a variety of crucial ethical issues. Three crucial issues are the injustice of the use of placebo control groups, the coerciveness of the offer to participate, and the exploitation of Third World countries. This paper examines each of these issues separately. It develops a new standard for when such control groups are acceptable. It concludes that the issue of coercive offers is not well founded. It also concludes that concerns about exploitation are better addressed by assurances about the future care of the subjects in the trial than by assurances of availability of the drugs in the country in general.

Brody GH, Ge X. Linking parenting processes and self-regulation to psychological functioning and alcohol use during early adolescence. *J Fam Psychol* 2001; 15(1):82-94.

**Abstract:** A longitudinal transactional model was tested linking parenting and youth self-regulation to youths' psychological functioning and alcohol-use behavior. Participants included one hundred twenty 12-year-olds, their mothers, and their fathers from whom three waves of data were collected at 1-year intervals. Teachers provided assessments of self-regulation, and parenting was assessed from multiple perspectives, including youth reports, parent reports, and observer ratings. Youths reported their psychological functioning and alcohol-use behavior. The data supported the model. Parenting and youth self-regulation were stable across time, and self-regulation was linked with changes in harsh-conflicted parenting from Wave 1 to Wave 2. Parenting at Wave 2 was associated with youth self-regulation. Youth self-regulation at Wave 2 mediated the paths from parenting practices at Wave 2 to youth psychological functioning and alcohol use at Wave 3.

Brody GH, Kim S, Murry VM, Brown AC. Longitudinal direct and indirect pathways linking older sibling competence to the development of younger sibling competence. *Dev Psychol* 2003; 39(3):618-28. **Abstract:** A 4-wave longitudinal model tested direct and indirect links between older sibling (OS; M = 11.7 years) and younger sibling (YS; M = 9.2 years) competence in 152 rural African American families. Data were collected at 1-year intervals. At each wave, different teachers assessed OS competence, YS competence, and YS self-regulation. Mothers reported their own psychological functioning; mothers and YSs reported parenting practices toward the YS. OS competence was stable across time and was linked with positive changes in mothers' psychological functioning from Wave 1 to Wave 2. Mothers' Wave 2 psychological functioning was associated with involved-supportive parenting of the YS at Wave 3. OS

- Wave 2 competence and Wave 3 parenting were indirectly linked with Wave 4 YS competence, through Wave 3 YS self-regulation. Structural equation modeling controlled for Wave 1 YS competence; thus, the model accounted for change in YS competence across 3 years.
- Brody GH, Kim S, Murry VM, Brown AC. Protective longitudinal paths linking child competence to behavioral problems among African American siblings. *Child Dev* 2004; 75(2):455-67. Abstract: A 4-wave longitudinal design was used to examine protective links from child competence to behavioral problems in first- (M=10.97 years) and second- (M=8.27 years) born rural African American children. At 1-year intervals, teachers assessed child behavioral problems, mothers reported their psychological functioning, and both mothers and children reported parenting practices. Structural equation modeling indicated that child competence was linked with residualized positive changes in mothers' psychological functioning from Wave 1 to Wave 2. Mothers' psychological functioning and child competence at Wave 2 forecast involved-supportive parenting at Wave 3, which was associated negatively with externalizing and internalizing problems at Wave 4. The importance of replicating processes leading to outcomes among children in the same study is discussed.
- Brook JS, Brook DW, Whiteman M. Maternal correlates of toddler insecure and dependent behavior. *J Genet Psychol* 2003; 164(1):72-87. Abstract: The present study was designed to examine the relationship between characteristics of mothers and their toddler's insecure and dependent behavior. The authors studied 254 2-year-old toddlers and their mothers via a structured questionnaire administered to the mothers in their homes. The extent to which insecure and dependent behavior is related to the domains of maternal child rearing, maternal personality traits, parental marital relations, and maternal drug use was assessed. Using Pearson correlations and hierarchical multiple regression analyses, the authors found that the maternal child-rearing and maternal personality domains have a direct effect on the toddlers' insecure and dependent behavior. The maternal child-rearing domain also served as a mediator for the domains of the maternal personality attributes, parents' marital relations, and maternal drug use. There also was evidence suggesting an indirect effect of maternal personality attributes on the toddlers' insecure and dependent behavior, which is mediated by the domain of maternal child-rearing practices. Implications for the prevention of insecure and dependent behavior in toddlers are discussed.
- Brook JS, Whiteman M, Zheng L. Intergenerational transmission of risks for problem behavior. *J Abnorm Child Psychol* 2002; 30(1):65-76. Abstract: The intergenerational transmission of risk factors for problem behaviors was examined across three generations. Two hundred fifty-four 2-year-old toddlers, one or two of their parents, and one grandmother of each toddler were studied. Grandmothers and parents were individually interviewed. Data were analyzed for the male and female toddlers combined. Correlations and hierarchical multiple regression analyses were performed. Findings indicate that the grandmother-parent relationship, parental personality attributes, marital harmony, and drug use and the parent-toddler relationship, predict the toddlers' behavior. The investigation provides evidence for a longitudinal, intergenerational process whereby the grandmother-parent relationship and the parents' personality and behavioral attributes are transmitted across generations through their association with the parent-child relationship.
- Brook JS, Zheng L, Whiteman M, Brook DW. Aggression in toddlers: associations with parenting and marital relations. *J Genet Psychol* 2001; 162(2):228-41. Abstract: This study examined the relation among parenting factors, marital relations, and toddler aggression. A structured questionnaire was administered to both parents of 254 2-year-olds. The authors used correlation and hierarchical multiple regression analyses to assess the extent to which certain personality traits, drug use, parenting style, and marital conflicts were related to the toddlers' aggressive behavior. Results showed that the maternal child-rearing and parental aggression domains had a direct effect on toddler aggression. The domain of maternal child rearing also served as a mediator for the domains of marital relations, paternal child rearing, parental aggression, and parental drug use. The findings indicated that maternal child-rearing practices, personality attributes, and drug use were more important than paternal attributes in relation to toddler aggression. Implications for prevention among families at risk are discussed.
- Brook WC. Wireless-case history. *Monitoring med mobile. Health Manag Technol* 2005; 26(6):26, 28. Abstract: A pediatric trauma center leverages its wireless infrastructure to help improve patient outcomes with innovations including a point-of-care medication administration system.
- Brooke PS. Legal questions. Sexual discrimination: no good knight. *Nursing (Lond)* 2002; 32(10):90.
- Brooke PS. Legal questions. Suspected child abuse: disturbing disclosures. *Nursing (Lond)* 2002; 32(10):92.
- Brophy M, Dunn J. What did mummy say? Dyadic

- interactions between young "hard to manage" children and their mothers. *J Abnorm Child Psychol* 2002; 30(2):103-12.
- Abstract: Thirty preschoolers rated as "hard to manage" on Goodman's (R. Goodman, 1997) Strengths and Difficulties Questionnaire (SDQ), and a group of matched control children were observed and recorded on audiotape at home, interacting with their mothers (Time 1). At the 18-month follow-up home visits (Time 2), the children and mothers were filmed across 4 observation settings. Mother-child interactions were rated on affect, control, responsiveness and "connectedness" of communication. At Time 1, mothers of the "hard to manage" group used more negative control and engaged in fewer connected conversations than did mothers in the control group. At Time 2, mothers of the "hard to manage" group displayed higher levels of negative control and lower levels of positive control. These results are discussed in terms of the importance of examining connected communication and different observation contexts when examining dyadic mother-child interactions.
- Brosnan CA, Upchurch SL, Meininger JC, Hester LE, Johnson G, Eissa MA. Student nurses participate in public health research and practice through a school-based screening program. *Public Health Nurs* 2005; 22(3):260-6.
- Abstract: Obesity has reached epidemic proportions among children in minority populations, placing them at risk for diabetes and hypertension. The importance of educating a generation of nurses who have the knowledge, skills, and passion to address this public health need is crucial to the profession and to America's health. This article describes the use of a Community Partnership Model to frame baccalaureate nursing students' (B.S.N.) service learning within the context of a research study to screen middle- and high-school students for health risks. The missions of education, research, and practice are linked together in the model by three processes: evidence-based practice, service learning, and scholarly teaching. The aim of the project was early identification of obesity, hypertension, and type 2 diabetes and their predictors in a high-risk student population, between 12 and 19 years of age. Early evidence indicates that the model is feasible and effective for directing student learning and addressing public health problems in the community.
- Bross DC. Protecting children from maltreatment in a hospital setting. *Child Abuse Negl* 2001; 25(12):1551-3.
- Brotman LM, Gouley KK, Chesir-Teran D, Dennis T, Klein RG, Shrout P. Prevention for preschoolers at high risk for conduct problems: immediate outcomes on parenting practices and child social competence. *J Clin Child Adolesc Psychol* 2005; 34(4):724-34.
- Abstract: This study investigated the immediate impact of an 8-month center- and home-based prevention program for preschoolers at high risk for conduct problems. We report immediate program effects on observed and self-rated parenting practices and observed child behavior with peers. Ninety-nine preschool-age siblings of adjudicated youths and their families were randomly assigned to an enhanced version of the Incredible Years Series (Webster-Stratton, 1989; n = 50) or to a no-intervention control condition (n = 49). In an intent-to-treat design, the intervention yielded significant effects on negative parenting, parental stimulation for learning, and child social competence with peers. Improvements in negative parenting, stimulation for learning, and child social competence support the potential of the intervention to prevent later conduct problems in high-risk children.
- Brotman LM, Klein RG, Kamboukos D, Brown EJ, Coard SI, Sosinsky LS. Preventive intervention for urban, low-income preschoolers at familial risk for conduct problems: a randomized pilot study. *J Clin Child Adolesc Psychol* 2003; 32(2):246-57.
- Abstract: Conducted a pilot study to test the feasibility of a prevention program for promoting parenting in families of preschoolers at high risk for behavior problems. Risk status was based on a family history of antisocial behavior and residence in a low-income, urban community. Thirty preschoolers (ages 2 1/2 to 5) and their parents were randomly assigned to a 1-year, home- and clinic-based intervention or to a no-intervention control condition. Despite families' multiple risk factors, high rates of attendance and satisfaction were achieved. Relative to controls, intervention parents were observed to be significantly more responsive and use more positive parenting practices. Results support the feasibility of engaging high-risk families in an intensive prevention program. The meaningful changes achieved in parenting suggest that a preventive approach is promising for families with multiple risk factors.
- Brouh Y, Paut O, Lena G, Paz-Paredes A, Camboulives J. [Shaken baby syndrome: improvement of cerebral blood flow velocity after a subdural external derivation in a six-month old infant]. *Ann Fr Anesth Reanim* 2002; 21(8):676-80.
- Abstract: The shaken baby syndrome is a severe form of child abuse. The intracranial injuries are associated with a high morbidity and mortality rates. A 6 month-old healthy infant presented at home a cardiorespiratory arrest. After a cardiopulmonary resuscitation, radiological survey showed sub-dural haematomas and retinal haemorrhages, without a history of trauma. The diagnosis of shaken baby syndrome was made. Despite medical management and a fontanelle tap, clinical signs of intracranial hypertension worsened. Transcranial Doppler examination found the cerebral blood flow velocities to be decreased while the pulsatility index was increased.

A sub-dural-external drainage allowed the cerebral blood flow to increase and the pulsatility index to decrease. We conclude that transcranial Doppler examination can be helpful for the clinician caring children presenting a shaken baby syndrome.

Brown C. Fractures and child abuse. *Nursing (Lond)* 2004; 34(12):8.

Brown JV, Demi AS, Celano MP, Bakeman R, Kobrynski L, Wilson SR. A home visiting asthma education program: challenges to program implementation. *Health Educ Behav* 2005; 32(1):42-56. Abstract: This study describes the implementation of a nurse home visiting asthma education program for low-income African American families of young children with asthma. Of 55 families, 71% completed the program consisting of eight lessons. The achievement of learning objectives was predicted by caregiver factors, such as education, presence of father or surrogate father in the household, and safety of the neighborhood, but not by child factors, such as age or severity of asthma as implied by the prescribed asthma medication regimen. Incompatibility between the scheduling needs of the families and the nurse home visitors was a major obstacle in delivering the program on time, despite the flexibility of the nurse home visitors. The authors suggest that future home-based asthma education programs contain a more limited number of home visits but add telephone follow-ups and address the broader needs of low-income families that most likely function as barriers to program success.

Brown RL, Brunn MA, Garcia VF. Cervical spine injuries in children: a review of 103 patients treated consecutively at a level 1 pediatric trauma center. *J Pediatr Surg* 2001; 36(8):1107-14. Abstract: PURPOSE: Cervical spine (C-spine) injuries occur infrequently in children but may be associated with significant disability and mortality. The purpose of this study was to review the experience of a level 1 pediatric trauma center to determine the epidemiology, risk factors, mechanisms, levels, types of injury, comorbid factors, and outcomes associated with these potentially devastating injuries. METHODS: A retrospective analysis of 103 consecutive C-spine injuries treated at a level 1 pediatric trauma center over a 9(1/2)-year period (January 1991 through August 2000) was performed. RESULTS: The mean age was 10.3 +/- 5.2 years, and the male-to-female ratio was 1.6:1. The most common mechanism of injury was motor vehicle related (52%), followed by sporting injuries (27%). Football injuries accounted for 29% of all sports-related injuries. Sixty-eight percent of all children sustained injuries to C1 to C4; 25% to C5 to C7; and 7% to both. Spinal cord injury without radiographic abnormality (SCIWORA) occurred in 38%. Five patients had complete cord lesions involving

the lower C-spine (C4 to C7); 4 of these were motor vehicle related, and all 4 patients died. Isolated C-spine injuries occurred in 43%, whereas 38% had associated closed head injuries (CHI). The overall mortality rate was 18.5%, most commonly motor vehicle related (95%), occurring in younger children (mean and median age 5 years) and associated with upper C-spine injuries (74%) and CHI (89%). C1 dislocations occurred in younger children (mean age, 6.6 years), most often as a result of motor vehicle-related trauma (especially pedestrians) and were associated with the highest injury severity score (ISS), longest length of stay (LOS), most CHIs, and the highest mortality rate (50%). C-spine fractures with or without SCI occurred most commonly as a result of falls and dives. Sporting injuries occurred almost exclusively in adolescent boys (mean age, 13.8 years) and were isolated injuries associated with a relatively low ISS and shorter LOS. Interestingly, 75% of sporting injuries showed SCIWORA, and all infants suffering from child abuse had SCIWORA. CONCLUSIONS: Mechanisms of injury are age related, with younger children sustaining C-spine injuries as a result of motor vehicle-related trauma and older adolescents commonly injured during sporting activities. C-spine injuries in children most commonly involve the upper C-spine, but complete lesions of the cord are associated more frequently with lower C-spine injuries. The type of C-spine injury is related to the mechanism of injury: SCIWORA is associated with sporting activities and child abuse, C-spine dislocations most commonly result from motor vehicle-related trauma (especially among pedestrians), and C-spine fractures occur most commonly as a result of falls and dives. Predictors of mortality include younger age, motor vehicle-related mechanism, C1 dislocations, high ISS greater than 25, and associated CHI. A high index of suspicion for SCIWORA is essential when evaluating adolescents with neck trauma associated with sporting injuries or victims of child abuse.

Brown TE. Atomoxetine and stimulants in combination for treatment of attention deficit hyperactivity disorder: four case reports. *J Child Adolesc Psychopharmacol* 2004; 14(1):129-36. Abstract: Atomoxetine and stimulants have both been demonstrated effective as single agents for treatment of attention deficit hyperactivity disorder in children, adolescents, and adults. However, attention deficit hyperactivity disorder symptoms in some patients do not respond adequately to single-agent treatment with these medications, each of which is presumed to impact dopaminergic and noradrenergic networks by alternative mechanisms in different ratios. Four cases are presented to illustrate how atomoxetine and stimulants can be utilized effectively in combination to extend duration of symptom relief without intolerable side effects or to alleviate a wider range of impairing symptoms than either agent alone. This combined pharmacotherapy appears effective for some patients

who do not respond adequately to monotherapy, but because there is virtually no research to establish safety and effectiveness of such strategies, careful monitoring is needed.

Brugge D, Carranza L, Steinbach S, Wendel A, Hyde J. Environmental management of asthma at Massachusetts managed care organizations. *J Public Health Manag Pract* 2001; 7(5):36-45. Abstract: Asthma management staff at eight Massachusetts managed care organizations (MCOs) were interviewed to learn the extent of inclusion of environmental prevention strategies in their asthma disease management policies. Six of the plans had formal asthma disease management programs, all reported to be based on the National Heart Lung and Blood Institute guidelines, but none followed these guidelines in their entirety. Three MCOs provided for home visits that included addressing environmental factors for severe asthmatics. Despite the limited role that MCOs appear to play in environmental prevention of asthma, the authors identify opportunities and encourage efforts to expand these programs.

Bruguera M, Sanchez Tapias JM. [Viral hepatitis in immigrants and in adopted children. A problem of unknown magnitude in Spain]. *Med Clin (Barc)* 2001; 117(15):595-6.

Brumley DE, Hawks RW, Gillcrist JA, Blackford JU, Wells WW. Successful implementation of community water fluoridation via the community diagnosis process. *J Public Health Dent* 2001; 61(1):28-33. Abstract: OBJECTIVES: This paper describes the community diagnosis process and how it was used to implement community water fluoridation in Tennessee. METHODS: Public health dental staff developed a survey instrument to collect community-specific data on the oral health status of schoolchildren. Key survey findings were presented to county health councils who were determining and prioritizing the health needs of their communities. RESULTS: Community-specific data showed higher caries levels in children without access to an optimally fluoridated community water supply. Presentation of local survey findings to county health councils resulted in fluoridation being a high-priority health issue in several counties. With health council support, opposition to fluoridation by utility district officials was overcome when decision makers were challenged with local survey findings. The community diagnosis process resulted in the successful fluoridation of six community water systems serving a total of 33,000 residents. CONCLUSIONS: The community diagnosis approach was successful in implementing community water fluoridation in geographic areas historically opposed to this public health measure. The success of these fluoridation initiatives was attributed to: (1) current, community-specific assessments of children's oral health; (2)

identification of communities with disparate oral health needs, problems, and resources; and (3) effective presentation of community-specific oral health survey data to community leaders, stakeholders, and decision makers.

Brummer S. Streamlined support. Centralized desktop management improves IT service at an Atlanta-based children's healthcare system. *Health Manag Technol* 2004; 25(4):22-4.

Brunod R, Cazenave B, Angele C. [Outcome of small girls, victims of incest]. *Rev Med Suisse Romande* 2001; 121(7):513-6.

Bryan E. The impact of multiple preterm births on the family. *BJOG* 2003; 110 Suppl 20:24-8. Abstract: Multiple births are important contributors to the preterm and low birthweight population and the numbers of twin births have been steadily rising since the early 1980s in all developed countries. This is largely due to the increased use of ovulation induction and multi-embryo transfer in the treatment of subfertility. Parents of preterm twins have been shown to be less responsive to their infants than those with singletons. Parental stress with twins has also been demonstrated by the higher incidence of maternal depression and of child abuse in multiple birth families. Furthermore, siblings of twins are more likely to have behaviour problems. Mortality and long-term morbidity rates are greatly increased amongst multiple birth children. The problems of the single surviving twin and the unaffected co-twin of a disabled child are often underestimated as is the complexity of the bereavement of parents who still have surviving multiples. Addressing the cause of the epidemic of iatrogenic multiple births is likely to be the single most effective way to reduce the number of preterm infants and the long-term problems to which they are prone.

Brzozowska A. [Child maltreatment as a risk factor for suicidal behavior--a literature review]. *Psychiatr Pol* 2004; 38(1):29-36. Abstract: Based on a review of studies done in the last 20 years the author presents recent knowledge on the possible relationship between child maltreatment and suicidal behaviour in childhood, adolescence and adulthood.

Buchanan GR, Journeycake JM, Adix L. Severe chronic idiopathic thrombocytopenic purpura during childhood: definition, management, and prognosis. *Semin Thromb Hemost* 2003; 29(6):595-603. Abstract: Chronic idiopathic thrombocytopenic purpura (ITP) can be categorized as mild, moderately severe, or severe. Severe chronic ITP during childhood is a rare disorder characterized by clinically significant mucocutaneous hemorrhage, usually in the setting of marked thrombocytopenia. It can cause substantial



morbidity and rarely mortality. Many patients improve with time or even fully recover, but for those whose quality of life is negatively influenced by hemorrhage or side effects of conventional therapy (corticosteroids, intravenous immunoglobulin G, or anti-D), splenectomy is recommended. If splenectomy is unsuccessful or not feasible, other drug treatments are available, but few efficacy data exist, and the toxicity and cost of these treatments can be appreciable. Their use is best avoided outside of clinical trials conducted in specialty centers or in multi-institutional networks.

Buchko B. Should newborn nursery viewing windows be eliminated? Writing for the PRO position. *MCN Am J Matern Child Nurs* 2002; 27(5):262.

Buckley ME, Klein DN, Durbin CE, Hayden EP, Moerk KC. Development and validation of a Q-sort procedure to assess temperament and behavior in preschool-age children. *J Clin Child Adolesc Psychol* 2002; 31(4):525-39.

Abstract: Few broad observational measures of preschool-age children's temperament and behavior currently exist. Studied the Child Temperament and Behavior Q-Set (CTBQ-Set) as a naturalistic observation measure to tap the major domains of temperament and behavior in preschoolers. Pairs of observers rated the behavior of a community sample of preschoolers during 2 independent home visits using q-sort methodology. The CTBQ-Set scales displayed good levels of internal consistency and convergent and discriminant content saturation. The scales displayed good interrater reliability at each observation and moderate test-retest stability between observations. The construct validity of the CTBQ-Set scales was supported by correlations with mothers' ratings of their children's behavior using the Child Behavior Checklist for 2- and 3-year-olds (CBCL/2-3) and the Children's Behavior Questionnaire. The CTBQ-Set shows promise as an observer-rated measure of preschoolers' behavior and temperament in their natural home environment.

Buijs R, Olson J. Parish nurses influencing determinants of health. *J Community Health Nurs* 2001; 18(1):13-23.

Abstract: How are the concepts health, health promotion, faith community, and health determinants connected? How can a nurse draw on the unique features of a faith community to promote health? In this article, we explore the relations among these concepts and consider the answers to these questions. Parish nurses provide a concrete example of the interactions among these concepts. They are often hired by faith communities to intentionally promote health within and beyond the faith community. Increasingly, faith communities are being used as settings for health promotion interventions. We describe examples of how a parish nurse can influence 2 determinants of health: social support and healthy

child development.

Bulgan T, Gilbert CE. Prevalence and causes of severe visual impairment and blindness in children in Mongolia. *Ophthalmic Epidemiol* 2002; 9(4):271-81. Abstract: BACKGROUND: Reliable epidemiological data on the prevalence and causes of visual loss in children are difficult to obtain, but are essential for planning. No such data are available from Mongolia. AIM: To determine the prevalence and causes of severe visual impairment and blindness (SVI/BL) in children from a defined area of Mongolia, using several methods of identification. METHODS: Children with presenting visual acuities of <6/60 in the better eye who lived in 10 of the 18 provinces (Aimaks) were identified 1) by family doctors 2) in the school for the blind 3) by visiting eye departments in the capital. All eligible children were examined (or data extracted from hospital records) and the cause of visual loss determined using the WHO classification system. RESULTS: Sixty-four children with SVI/BL before refraction were identified who lived in the 10 study Aimaks. They were recruited by family doctors (52); by home visits (3); from hospital records (4); or from the school for the blind (5). The prevalence of SVI/BL before refraction was 0.19/1,000 children (95% CI 0.16-0.22), decreasing to 0.16/1,000 after refraction (95% CI 0.13-0.19) but there was considerable variation from Aimak to Aimak. The major causes of SVI/BL were lesions of the lens (34%), central nervous system disorders (19%), lesions of the whole globe (e.g. microphthalmos) (14%), and retinal conditions (12.5%). Hereditary factors were responsible for 27% of causes, and 17% of children were blind following acquired conditions of childhood. The underlying cause could not be determined in 48%. The causes of SVI/BL was analysed in a further 16 children who lived outside the study Aimaks to compare the causes in children in special education with those not in schooling, and by age. CONCLUSION: The prevalence estimate obtained was lower than anticipated, and possible reasons are discussed. The pattern of causes of SVI/BL is similar to that in children in schools for the blind in China, but is very different from other Asian countries. Meningococcal meningitis was the most common preventable cause of SVI/BL, and immunisation is being considered. Other preventable causes were rare, and the majority of children needing surgical intervention had already been identified and referred for treatment. The control of blindness in children could possibly be improved by better management of conditions requiring surgery, and by the provision of low vision devices.

Bullough VL. Children and adolescents as sexual beings: a historical overview. *Child Adolesc Psychiatr Clin N Am* 2004; 13(3):447-59, v. Abstract: This article provides a historical overview of attitudes toward the sexual and erotic behavior of children and adolescents. It includes an examination of

the conflicting attitudes of historians toward childhood and the living conditions and attitudes that influenced childhood sexual development. Attitudes have varied from an emphasis on childhood innocence to fears of childhood sinfulness, from children being regarded as asexual creatures to being extremely sexual, and from being little adults to regarding childhood as unique and different. Although there have always been observers of childhood sexuality, and much adult interest in it, research into the topic mainly is a twentieth century development. Sigmund Freud was a pioneer in recognizing children as sexual beings; however, research since his time has challenged and modified his assumptions. Whatever their discipline, however, there is general agreement that sexuality is part of childhood development.

Bundy AL. Aligning systems to create full-service schools: the Boston experience, so far. *New Dir Youth Dev* 2005; (107):73-80, table of contents. Abstract: Leaders of full-service schools in Boston seek to expand the number and increase the impact of Boston's full-service schools, catalyzing a realignment of public resources and an expansion of private investment. The Full-Service Schools Roundtable, led by a dynamic staff and supported by the mayor and the superintendent of schools, is a steadily growing coalition of educators, public agencies, human service providers, and community leaders. Challenges for the Roundtable are to build the public will to invest in full-service schools; secure leadership from stakeholders; share accountability across sectors so that schools prioritize youth development and health, and service providers share responsibility for school success; and become a political force, championing the strategic realignment of public investments based on child outcomes.

Burchfield DJ. Postnatal steroids to treat or prevent chronic lung disease in preterm infants. *Pediatrics* 2003; 111(1):221-2; author reply 221-2.

Burgard S. Does race matter? Children's height in Brazil and South Africa. *Demography* 2002; 39(4):763-90. Abstract: I examine racial differences in child stunting in mid-1990s South Africa and Brazil, two multiracial societies with different histories of legal support for racial discrimination. Using data from nationally representative household samples linked to community-level measures, the analysis shows that racial inequality in the distribution of socioeconomic resources across households and communities explains much of the racial difference in stunting in both countries. Even after these factors are controlled, however, the results indicate that in South Africa, nonwhite children are still at greater risk of growth faltering than are white children. The nature of socioeconomic and racial differences in children's growth is examined, and major determinants are

discussed. These findings suggest that although state-sanctioned racism may help to explain the greater racial inequality in stunting in South Africa than in Brazil, the eradication of a disadvantage for nonwhites will depend on changes in the same fundamental socioeconomic inequalities that characterize both nations.

Burgess IF, Brown CM, Lee PN. Treatment of head louse infestation with 4% dimeticone lotion: randomised controlled equivalence trial. *BMJ* 2005; 330(7505):1423.

Abstract: OBJECTIVE: To evaluate the efficacy and safety of 4% dimeticone lotion for treatment of head louse infestation. DESIGN: Randomised controlled equivalence trial. SETTING: Community, with home visits. PARTICIPANTS: 214 young people aged 4 to 18 years and 39 adults with active head louse infestation. INTERVENTIONS: Two applications seven days apart of either 4.0% dimeticone lotion, applied for eight hours or overnight, or 0.5% phenothrin liquid, applied for 12 hours or overnight. OUTCOME MEASURES: Cure of infestation (no evidence of head lice after second treatment) or reinfestation after cure. RESULTS: Cure or reinfestation after cure occurred in 89 of 127 (70%) participants treated with dimeticone and 94 of 125 (75%) treated with phenothrin (difference -5%, 95% confidence interval -16% to 6%). Per protocol analysis showed that 84 of 121 (69%) participants were cured with dimeticone and 90 of 116 (78%) were cured with phenothrin. Irritant reactions occurred significantly less with dimeticone (3/127, 2%) than with phenothrin (11/125, 9%; difference -6%, -12% to -1%). Per protocol this was 3 of 121 (3%) participants treated with dimeticone and 10 of 116 (9%) treated with phenothrin (difference -6%, -12% to -0.3%). CONCLUSION: Dimeticone lotion cures head louse infestation. Dimeticone seems less irritant than existing treatments and has a physical action on lice that should not be affected by resistance to neurotoxic insecticides.

Burgio GR, Gluckman E, Locatelli F. Ethical reappraisal of 15 years of cord-blood transplantation. *Lancet* 2003; 361(9353):250-2.

Notes: GENERAL NOTE: KIE: 22 refs. GENERAL NOTE: KIE: KIE Bib: blood donation Abstract: Since the first successful use of cord blood as source of haemopoietic stem cells for transplantation in 1988, more than 2000 patients with malignant or non-malignant disorders have been treated with this procedure. Collection and storage of cord blood has prompted ethical considerations, mainly dealing with the issues of autonomy in making decisions about donation of cord blood, and of privacy and confidentiality in the tests required before use of placental cells for transplantation. The ethical implications of possible storage of cord-blood cells for autologous use has also been discussed. Preimplantation selection of HLA-matched embryos to

- obtain a donor of cells for cord-blood transplantation of a sibling with a life-threatening disease has raised the issue of the extent to which this approach complies with the principles of bioethics.
- Burmahl B. The picture of health. *Health Facil Manage* 2003; 16(1):12-7.
- Burnand G. Integrative aspects of problem theory: a review of applications. *Genet Soc Gen Psychol Monogr* 2002; 128(2):101-38.  
 Abstract: It is argued that people work on 6 interrelated general problems, called key problems, which are necessarily simply conceived and therefore open to a priori identification. Key problems demand separate attention, and, with children below 9 years of age and again between 10 and 17 years of age, and with adults in long-term groups, they receive attention 1 by 1, as focal problems, with intervening transitional phases, in a fixed sequence. Isolated societies stress 1 focal problem, and families and individuals tend to do the same. Humor and elated play worsen the problem. Brain lateralization helps in separating work on the 1st key problem from work on other problems, and failure to accomplish this contributes to mental disorder. The theory can be fitted to aspects of brain activity (as shown in the electroencephalograph), such as the change with age in theta coherence growth rate.
- Burnside E, Startup M, Byatt M, Rollinson L, Hill J. The role of overgeneral autobiographical memory in the development of adult depression following childhood trauma. *Br J Clin Psychol* 2004; 43(Pt 4):365-76.  
 Abstract: **OBJECTIVE:** Overgeneral autobiographical memory (AM) has been associated with episodes of clinical depression in adults and also with reported experience of childhood sexual abuse (CSA). This study investigated whether AM has a role in the development of adult depression in survivors of CSA and whether it is related to circumstances of CSA. **METHOD:** A community sample of women who reported a history of CSA (N = 41) completed the autobiographical memory test and were interviewed about any adult episodes of depression using the Schedule for Affective Disorders and Schizophrenia-Lifetime. **RESULTS:** Women who reported episodes of depression recalled fewer categoric memories in response to cue words than those who reported no episodes of depression. Correlations indicated that the number of categoric memories recalled for all cue words was associated with early abuse and greater duration of abuse. **CONCLUSIONS:** Relationships between AM and the age, and duration of abuse are consistent with previous findings of a relationship between CSA and AM. Categoric AM appears to serve as a defence against distressing memories. However, this suggestion needs to be tested with prospective studies showing whether AM recall style becomes more specific as a result of an episode of depression.
- Burrow AL, Finley GE. Transracial, same-race adoptions, and the need for multiple measures of adolescent adjustment. *Am J Orthopsychiatry* 2004; 74(4):577-83.  
 Abstract: Using a multimeasure approach, the current study investigated 12 indices of academic, familial, psychological, and health outcomes for 4 groups of transracial and same-race adopted adolescents. A secondary analysis of the National Longitudinal Study of Adolescent Health data showed that Asian adolescents adopted by White parents had both the highest grades and the highest levels of psychosomatic symptoms, whereas Black adolescents adopted by Black parents reported the highest levels of depression. Intriguingly, and by contrast, Black adoptees reported higher levels of self-worth than non-Black adoptees. The implications of the findings for future investigations of transracial adoption are discussed.
- Busari JO, Weggelaar NM. How to investigate and manage the child who is slow to speak. *BMJ* 2004; 328(7434):272-6.
- Bush T, Curry SJ, Hollis J *et al.* Preteen attitudes about smoking and parental factors associated with favorable attitudes. *Am J Health Promot* 2005; 19(6):410-7.  
 Abstract: **PURPOSE:** To describe youth smoking-related attitudes and evaluate the effects of parental factors on child adoption of positive attitudes about smoking. **DESIGN:** This study used baseline and 20-month data from a family-based smoking-prevention study (82.9% completed both surveys). **SETTING:** Telephone recruitment from two health maintenance organizations. **SUBJECTS:** Children aged 10 to 12 years and one parent of each child (n=418 families) were randomly assigned to a frequent assessment cohort (12.5% of participants). **Intervention.** Families received a mailed smoking-prevention packet (parent handbook, videotape about youth smoking, comic book, pen, and stickers), outreach telephone counselor calls to the parent, a newsletter, and medical record prompts for providers to deliver smoking-prevention messages to parents and children. **MEASURES:** Demographics, tobacco status, attitudes about smoking (Teenage Attitudes and Practices Survey), family discussions about tobacco, family cohesiveness (family support and togetherness), parent involvement, parent monitoring, and parenting confidence. **Results.** One-third of the children endorsed beliefs that they could smoke without becoming addicted, and 8% to 10% endorsed beliefs on the benefits of smoking. Children's positive attitudes about smoking were associated with lower family cohesiveness (p = .01). Parental use of tobacco was the only significant predictor of children's positive attitudes about tobacco at 20 months (p = .03). **CONCLUSIONS:** Children as young as 10 years underestimate addictive properties of smoking, which may place them at risk for future smoking. Parental use of tobacco and family cohesiveness are important factors in the formulation of preteen attitudes about smoking.

Bushman BJ, Bonacci AM. Violence and sex impair memory for television ads. *J Appl Psychol* 2002; 87(3):557-64.

Abstract: Participants watched a violent, sexually explicit, or neutral TV program that contained 9 ads. Participants recalled the advertised brands. They also identified the advertised brands from slides of supermarket shelves. The next day, participants were telephoned and asked to recall again the advertised brands. Results showed better memory for people who saw the ads during a neutral program than for people who saw the ads during a violent or sexual program both immediately after exposure and 24 hr later. Violence and sex impaired memory for males and females of all ages, regardless of whether they liked programs containing violence and sex. These results suggest that sponsoring violent and sexually explicit TV programs might not be a profitable venture for advertisers.

Bussen S, Rehn M, Haller A, Weichert K, Dietl J. [Genital findings in sexually abused prepubertal girls]. *Zentralbl Gynakol* 2001; 123(10):562-7.

Abstract: Genital findings in sexually abused prepubertal girls. Childhood sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Essential to the diagnosis of sexual abuse is an awareness of the problem and acknowledgement of its manifestations. The evaluation of the sexually abused girl usually is performed in a pediatric and adolescent gynecology outpatient department. Thus, the gynecologist will be part of a multidisciplinary approach to the problem and will need to be competent in the basic skills of history taking, physical examination, selection of laboratory tests and differential diagnosis. Findings secondary to sexual abuse are often subtle. Acute tears or bruising are rare, because force is seldom part of sexual acts committed against a child. A vaginal opening of greater than 5 mm is not common and may indicate vaginal penetration. An intact hymen not necessarily exclude vaginal intercourse. Lack of physical evidence never rules out abuse because sexual acts may leave no physical findings.

Bussing R, Zima BT, Gary FA *et al.* Social networks, caregiver strain, and utilization of mental health services among elementary school students at high risk for ADHD. *J Am Acad Child Adolesc Psychiatry* 2003; 42(7):842-50.

Abstract: OBJECTIVE: This study explores whether parental support networks vary by sociodemographic factors among children at high risk for attention-deficit/hyperactivity disorder (ADHD) and whether network characteristics influence the receipt of mental health treatment for the child. METHOD: A school district-wide, two-phase screening study design was

used to identify 266 children at high risk for ADHD. Parents completed standardized instruments assessing network structure and function, DSM-IV diagnoses of disruptive disorders, caregiver strain, and treatment receipt, and children self-reported internalizing symptoms. Relationships were examined with analysis of variance and multivariate prediction, adjusting for sociodemographic characteristics, psychopathology, and parental strain. RESULTS: Network characteristics varied by race and socioeconomic status (SES), but not by child gender. African-American and disadvantaged parents reported smaller network sizes, but more frequent contact and higher levels of support than their white and high-SES counterparts. High levels of instrumental support lowered the odds of ADHD treatment during the 12 months before (OR =.7,  $p < .001$ ) and after (OR =.7,  $p < .001$ ) the network assessment interview. In contrast, parental strain increased the likelihood of ADHD treatment during both periods. CONCLUSIONS: Clinicians should anticipate high levels of caregiver strain and low levels of instrumental support among their patients' parents and address the potential high need for respite care in treatment plans.

Busza J, Castle S, Diarra A. Trafficking and health. *BMJ* 2004; 328(7452):1369-71.

Butchart A, Engstrom K. Sex- and age- specific relations between economic development, economic inequality and homicide rates in people aged 0-24 years: a cross-sectional analysis. *Bull World Health Organ* 2002; 80(10):797-805.

Abstract: OBJECTIVE: To test whether relations between economic development, economic inequality, and child and youth homicide rates are sex- and age-specific, and whether a country's wealth modifies the impact of economic inequality on homicide rates. METHODS: Outcome variables were homicide rates around 1994 in males and females in the age ranges 0-4, 5-9, 10-14, 15-19 and 20-24 years from 61 countries. Predictor variables were per capita gross domestic product (GDP), GINI coefficient, percentage change in per capita gross national product (GNP) and female economic activity as a percentage of male economic activity. Relations were analysed by ordinary least squares regression. FINDINGS: All predictors explained significant variances in homicide rates in those aged 15-24. Associations were stronger for males than females and weak for children aged 0-9. Models that included female economic inequality and percentage change in GNP increased the effect in children aged 0-9 and the explained variance in females aged 20-24. For children aged 0-4, country clustering by income increased the explained variance for both sexes. For males aged 15-24, the association with economic inequality was strong in countries with low incomes and weak in those with high incomes. CONCLUSION: Relations between economic factors and child and youth homicide rates varied with age and

- sex. Interventions to target economic factors would have the strongest impact on rates of homicide in young adults and late adolescent males. In societies with high economic inequality, redistributing wealth without increasing per capita GDP would reduce homicide rates less than redistributions linked with overall economic development.
- Bute M. Congenital heart disease and treatment options. *Case Manager* 2004; 15(2):56-8; quiz 59.
- Butler-Sloss DE. The role of the law in the care of sick children. *Med Sci Law* 2003; 43(2):93-7.
- Butler-Sloss E, Hall A. Expert witnesses, courts and the law. *J R Soc Med* 2002; 95(9):431-4.
- Butz AM, Pulsifer M, Marano N, Belcher H, Lears MK, Royall R. Effectiveness of a home intervention for perceived child behavioral problems and parenting stress in children with in utero drug exposure. *Arch Pediatr Adolesc Med* 2001; 155(9):1029-37. Abstract: OBJECTIVE: To determine if a home-based nurse intervention (INT), focusing on parenting education/skills and caregiver emotional support, reduces child behavioral problems and parenting stress in caregivers of in utero drug-exposed children. DESIGN: Randomized clinical trial of a home-based INT. SETTINGS: Two urban hospital newborn nurseries; homes of infants (the term infant is used interchangeably in this study with the term child to denote those from birth to the age of 36 months); and a research clinic in Baltimore, Md. PARTICIPANTS: In utero drug-exposed children and their caregivers (N = 100) were examined when the child was between the ages of 2 and 3 years. Two groups were studied: standard care (SC) (n = 51) and INT (n = 49). INTERVENTION: A home nurse INT consisting of 16 home visits from birth to the age of 18 months to provide caregivers with emotional support and parenting education and to provide health monitoring for the infant. MAIN OUTCOME MEASURES: Scores on the Child Behavior Checklist and the Parenting Stress Index. RESULTS: Significantly more drug-exposed children in the SC group earned t scores indicative of significant emotional or behavioral problems than did children in the INT group on the Child Behavior Checklist Total (16 [31%] vs 7 [14%]; P = .04), Externalizing (19 [37%] vs 8 [16%]; P = .02), and Internalizing (14 [27%] vs. 6 [12%]; P = .05) scales and on the anxiety-depression subscale (16 [31%] vs. 5 [10%]; P = .009). There was a trend (P = .06) in more caregivers of children in the SC group reporting higher parenting distress than caregivers of children in the INT group. CONCLUSIONS: In utero drug-exposed children receiving a home-based nurse INT had significantly fewer behavioral problems than did in utero drug-exposed children receiving SC (P = .04). Furthermore, those caregivers receiving the home-based INT reported a trend toward lower total parenting distress compared with caregivers of children who received SC with no home visits.
- Byard RW, Donald TG. Initial neurologic presentation in young children sustaining inflicted and unintentional fatal head injuries. *Pediatrics* 2005; 116(6):1608; author reply 1608-9.
- Byock I. The ethics of loving care. *Health Prog* 2004; 85(4):12-9, 57. Notes: GENERAL NOTE: KIE: 31 refs. GENERAL NOTE: KIE: KIE Bib: terminal care
- Byrne MW. Conducting research as a visiting scientist in a women's prison. *J Prof Nurs* 2005; 21(4):223-30. Abstract: Incarcerated populations have disparities in health risks and illness conditions meriting study, but the history of prison research is marred by unethical conduct. Ethical participation strategies are discussed in the context of studies implemented by the author in a state prison system. This study used ethnographic approaches, observed adherence to federal and institutional review board regulations and corrections department directives, and maintained continuous communication with vested interests to provide entry and long-term access for studies on female prisoners and their civilian infants. A culture clash between the punitive restrictive environment that serves the custody-control-care mission of corrections systems and the open inquiry environment needed for conduct of health research exists. Federal regulations protect prisoners as human subjects but additional vigilance and communication by researchers are required. Gaining and maintaining access to prison inmates for nursing research are leadership challenges that can be met within the caring and collaborative paradigm of nursing.
- Caan W. GP involvement in child protection. *Br J Gen Pract* 2002; 52(481):678.
- Cackett P, Fleck B, Mulhivill A. Bilateral fourth-nerve palsy occurring after shaking injury in infancy. *J AAPOS* 2004; 8(3):280-1. Abstract: The shaken baby syndrome is a serious form of child abuse that typically results in serious short- and long-term neurological sequelae. Isolated cranial nerve palsies have been reported after shaking injuries in infants. We report a child with bilateral fourth cranial nerve palsy that developed after a shaking injury.
- Cadoret RJ, Langbehn D, Caspers K *et al.* Associations of the serotonin transporter promoter polymorphism with aggressivity, attention deficit, and conduct disorder in an adoptee population. *Compr Psychiatry* 2003; 44(2):88-101. Abstract: Prior studies of the Iowa Adoption cohorts

have demonstrated that the degree of adoptee aggressiveness and conduct disorder has a significant genetic component. Other studies have implicated the neurotransmitter serotonin or polymorphisms in the serotonin transporter gene (5HTT) as an important source of variability in "externalizing" behaviors such as aggressivity, conduct disorder, and attention deficit-hyperactivity disorders (ADHD). Following this lead, we genotyped a subgroup of adoptees (n = 87) at high risk for these kinds of disorders with respect to the serotonin-transporter-linked promoter region (5HTTLPR) polymorphism, and used ordinal logistic regression to conduct an association study. Primary analysis failed to detect a main effect between 5HTTLPR status and subscales of aggressivity, conduct disorder, or attention deficit. However, when biologic parent status and sex of proband were considered, certain interactions between 5HTTLPR and other genetic risk factors were evident. One type of interaction with the LL variant of 5HTTLPR increased externalizing behavior in individuals with antisocial biologic parentage; a second interaction with one or more 5HTTLPR short variants (SS or SL) appeared to increase externalizing behaviors in conjunction with a genetic diathesis for alcoholism. Gender of adoptee also appeared to interact with 5HTTLPR. Male individuals with the short variant were more likely to have higher symptom counts for conduct disorder, aggressivity, and ADHD. In contrast, among females, the short variant (SS, SL) was associated with lower levels of such behavior. The results support the hypothesis that gene-biological family history interactions are involved in the externalizing behaviors studied and constitute interesting findings for future replication.

Caffo E, Forresi B, Lievers LS. Impact, psychological sequelae and management of trauma affecting children and adolescents. *Curr Opin Psychiatry* 2005; 18(4):422-8.

Abstract: PURPOSE OF REVIEW: In this review we examine the most recent literature on the impact, psychological sequelae and management of trauma affecting children and adolescents. We focus on consequences of early traumatic events in childhood, adolescence and adulthood; mediating variables (risk and protective factors) intervention strategies and available treatments. RECENT FINDINGS: Increasingly often, mental health professionals are being asked to address the needs of children and adolescents who have been exposed to traumatic events, either as individuals or in groups. Studies on a wide range of age groups, populations and types of trauma revealed that traumatized children and adolescents are at high risk for developing a range of different behavioural, psychological and neurobiological problems. Social support may have a protective effect on the relationship between exposure to traumatic events and psychosocial symptoms. SUMMARY: Several recent studies analyze a wide

range of early traumatic events that may be directly or indirectly experienced by youth. These studies raise many fundamental questions such as validity of current diagnostic criteria for post-traumatic stress disorder, comorbidity with anxiety, depressive disorders and childhood traumatic grief symptoms. Vulnerability and protective factors, mainly gender, age and social support are considered. A common problem in research into the impact of trauma on children is the presence of many limitations: studies are often retrospective, use self-report questionnaires and the results may not be generalizable (i.e. they are trauma or population specific). There is a lack of well designed studies, addressing in particular treatments for post-traumatic symptoms in children and adolescents.

Cahn ES, Gray C. Using the coproduction principle: no more throwaway kids. *New Dir Youth Dev* 2005; (106):27-37, 4.

Abstract: Youth development does not take place only in institutions or even primarily in institutions. It takes place in the core economy-the economy of family, neighborhood, and community. Major challenges include rebuilding the kind of village it takes to raise a child and enabling a child to be part of that rebuilding. Another challenge is to make sure that any external incentives that are provided to youth are linked to activities that build self-esteem and convey a definition of value that is different from that established by money and market price. This chapter provides an introduction to time banking and to coproduction, approaches to youth development that enable youth to participate as major players, as opposed to recipients, in the reshaping of their lives and communities.

Cairncross S, Shordt K, Zacharia S, Govindan BK. What causes sustainable changes in hygiene behaviour? A cross-sectional study from Kerala, India. *Soc Sci Med* 2005; 61(10):2212-20.

Abstract: This study was designed and the field work carried out by a non-governmental organisation (NGO) responsible for implementing hygiene promotion. The sustainability of changed hygiene behaviour was studied at various periods up to nine years after the conclusion of a multifaceted hygiene promotion intervention in Kerala, India. Various methods including a questionnaire to assess knowledge, spot observation, demonstration of skills on request, and household pocket voting were used and compared for the measurement of the hygiene outcome. Pocket voting gave the lowest prevalence of good practice, which we infer to be the more accurate. Good handwashing practice was reported by more than half the adults in intervention areas, but < 10% in a control area. Handwashing prevalence showed no association with the elapsed time since the interventions, indicating that behaviour change had occurred and persisted. Recall of participation in health education classes was significantly associated with good hygiene as indicated by women's handwashing practice (OR 2.04, CI 1.05-

3.96) and by several other outcomes, suggesting that the classes were an effective component of the intervention. The evidence for a specific impact on behaviour from home visits and an awareness campaign is less strong, although the home visits had influenced knowledge. The finding of an association between interventions and male handwashing, in ecological analysis (comparing administrative areas i.e. panchayats) but not at individual level, suggests that the effect of the interventions on men may have been indirect, via women or neighbours, underlining the need to direct interventions at men as well as women. The finding that hygiene behaviour persisted for years implies that hygiene promotion is a more cost-effective health intervention than previously supposed.

Calandrillo SP. Vanishing vaccinations: why are so many Americans opting out of vaccinating their children? *Univ Mich J Law Reform* 2004; 37(2):353-440. Notes: GENERAL NOTE: KIE: 526 fn. GENERAL NOTE: KIE: KIE Bib: immunization Abstract: Vaccinations against life-threatening diseases are one of the greatest public health achievements in history. Literally millions of premature deaths have been prevented, and countless more children have been saved from disfiguring illness. While vaccinations carry unavoidable risks, the medical, social and economic benefits they confer have led all fifty states to enact compulsory childhood vaccination laws to stop the spread of preventable diseases. Today, however, vaccines are becoming a victim of their success--many individuals have never witnessed the debilitating diseases that vaccines protect against, allowing complacency toward immunization requirements to build. Antivaccination sentiment is growing fast in the United States, in large part due to the controversial and hotly disputed link between immunizations and autism. The internet worsens fears regarding vaccination safety, as at least a dozen websites publish alarming information about the risks of vaccines. Increasing numbers of parents are refusing immunizations for their children and seeking legally sanctioned exemptions instead, apparently fearing vaccines more than the underlying diseases that they protect against. A variety of factors are at play: religious and philosophical beliefs, freedom and individualism, misinformation about risk, and overperception of risk. State legislatures and health departments now face a difficult challenge: respecting individual rights and freedoms while also safeguarding the public welfare. Nearly all states allow vaccination exemptions for religious reasons and a growing number provide "philosophical" opt-outs as well. However, in all but a handful of jurisdictions, neither objection is seriously documented or verified. Often, the law requires a parent to do no more than simply check a box indicating she does not wish her child to receive immunizations. The problem is exacerbated by financial incentives schools have to encourage students to opt out of vaccinations. The rise in parents opting

out has caused the AMA grave concern, with many experts decrying the rise of so-called "exemptions of convenience." In some areas, nearly one out of five children have not received their recommended vaccines. The consequences are serious not only for those unprotected children, but for the rest of society as well. "Herd immunity" is threatened as more and more parents free ride off of the community's dwindling immunity, and outbreaks of diseases thought to have been conquered have already occurred. Lawsuits against vaccine manufacturers threaten them with bankruptcy, costs are being externalized onto the healthcare and legal systems, and vulnerable populations are suffering harm or even death. In the interests of social welfare, state legislatures and health departments should consider methods to ensure that the exemption process is carefully tailored to prevent check-the-box opt-outs of convenience, while still allowing exemptions for those with earnest and informed convictions or medical reasons.

Caldas AF Jr, Burgos ME. A retrospective study of traumatic dental injuries in a Brazilian dental trauma clinic. *Dent Traumatol* 2001; 17(6):250-3. Abstract: The purpose of this retrospective study was to analyse data from the records of patients seen in the dental trauma emergency clinic in a general hospital in the city of Recife, Brazil, during the years 1997-1999, according to sex, age, cause, number of injured teeth, type of tooth and type of trauma. The records of all patients seen by dentists were collected. Altogether, 250 patients from 1 to 59 years of age presenting 403 dental injuries were examined and/or treated. The causes of dento-alveolar trauma were classified in five categories: home injuries, street injuries, school injuries, sports activities, violence. The type of trauma was classified by dentists working at the dental trauma clinic on the basis of Andreasen's classification. The gender difference in the number of cases of trauma was statistically significant (males 63.2% vs females 36.8) ( $P < 0.0001$ ). Fracture in enamel only (51.6%) and fractures in dentine (40.8%) were the most commonly occurring types of injury. Injuries were most frequently diagnosed as serious among the youngest patients (up to 15 years of age); 82.4% of intrusive luxation cases were diagnosed in the 1-5 years age group. The main causes of tooth injury were falls (72.4%), collisions with objects (9.2%), violence (8.0%), traffic accidents (6.8%) and sports (3.6%). Trauma caused by violence was found to be statistically significant in the 6-15 years age group ( $P < 0.0005$ ).

Caldwell BA, Redeker N. Sleep and trauma: an overview. *Issues Ment Health Nurs* 2005; 26(7):721-38. Abstract: Sleep disturbance is common after traumatic events of various types, such as combat, physical trauma, and sexual abuse, and closely intertwined with Posttraumatic Stress Disorder (PTSD), a common outcome of severe and prolonged trauma. This paper reviews the current literature on the significance and

characteristics of sleep disturbance occurring in the context of trauma, examines the relationship between sleep disturbance and PTSD, identifies gaps in knowledge relative to the role of sleep disturbance in trauma and PTSD, and discusses the implications of this body of knowledge for clinical practice.

Callaghan P, Greenberg L, Brasseux C, Ottolini M. Postpartum counseling perceptions and practices: what's new? *Ambul Pediatr* 2003; 3(6):284-7. Abstract: **BACKGROUND:** The in-hospital postpartum period is a critical opportunity for health care providers to enhance maternal understanding of newborn care, yet few studies have determined whether health care providers' educational priorities match those of new mothers. **OBJECTIVE:** To document how well pediatricians' perceptions of educational priorities for counseling about care of the newborn match those of new mothers during the postpartum hospitalization, and to determine whether pediatricians' actual counseling practices reflected maternal priorities. **DESIGN:** Cross-sectional study of perceived educational needs with direct observation of pediatrician counseling practices. **SETTING:** A suburban Washington, DC, community hospital. **PARTICIPANTS AND INTERVENTION:** All pediatricians on staff and a convenience sample of postpartum mothers were asked to rate the importance of newborn counseling issues using lists generated from focus groups and interviews. Pediatricians were observed while counseling mothers, and their postpartum counseling practices were scored using a template derived from the rating procedure. **MAIN OUTCOME MEASURES:** Comparison of pediatricians' and mothers' perceptions of educational priorities and the description of pediatricians' actual counseling practice. **RESULTS:** Mothers listed 9 issues as "very important" and expected the pediatrician to address health problems, especially jaundice, feeding, testing, pain medications for circumcision, behavior, and when to call the pediatrician for concerns or to schedule well-child care. Pediatricians and mothers agreed on 6 out of 11 very important issues. Pediatricians were observed to discuss an average of 8 issues per session, especially those they rated as very important, but they frequently failed to mention safety, sleep position, when to call for advice, testing, infant behavior, or circumcision issues. **CONCLUSION:** Mothers desire to learn a significant amount of information regarding the care of their newborn before hospital discharge. Although pediatricians discussed more issues than in a previously reported study of postpartum counseling, they still fell short of maternal expectations. Pediatricians must ensure that other sources of information, such as nurses, media, and reinforcement at postpartum well-child visits, supplement the information they provide in their in-hospital counseling sessions.

Calonge N. Community interventions to prevent violence: 392

translation into public health practice. *Am J Prev Med* 2005; 28(2 Suppl 1):4-5.

Calzada EJ, Eyberg SM. Self-reported parenting practices in Dominican and Puerto Rican mothers of young children. *J Clin Child Adolesc Psychol* 2002; 31(3):354-63.

Abstract: Explored self-reported parenting in a Hispanic sample of mothers living in the mainland United States using a cultural framework. Participants were 130 immigrant or first-generation Dominican and Puerto Rican mothers with a child between the ages of 2 and 6 years. Mothers completed questionnaires related to their parenting behavior and also filled out a detailed demographic form and a measure of acculturation. Results suggested that both Dominican and Puerto Rican mothers engage in high levels of praise and physical affection and low levels of harsh, inconsistent, and punitive parenting behaviors. Dominican and Puerto Rican parenting was similar on measures of authoritarian and permissive parenting, but differences emerged on a measure of authoritative parenting and when parenting was considered at the more detailed level of individual behaviors. Parenting was related to several demographic characteristics, including father's education level and child age; more specifically, higher paternal education and younger age of the child were related to higher levels of authoritative parenting by mothers. Parenting and acculturation were generally not related. Discussion focused on a culturally sensitive interpretation of normative parenting among Dominican and Puerto Rican mothers.

Calzada JI, Kerr NC. Traumatic hyphemas in children secondary to corporal punishment with a belt. *Am J Ophthalmol* 2003; 135(5):719-20.

Abstract: **PURPOSE:** To report the severity of ocular injury in seven children with traumatic hyphemas resulting from the accidental striking of the child in the face with a belt during the administration of corporal punishment. **DESIGN:** Observational case series. **METHODS:** We retrospectively reviewed the records of all patients (n = 7, aged 4 to 14 years) with traumatic hyphemas secondary to belt injuries evaluated by the senior author between 1989 to 2002 at Le Bonheur Children's Medical Center, a regional pediatric referral hospital in Memphis, Tennessee. **RESULTS:** Anterior segment injuries ranged from small hyphemas with normal intraocular pressure and no vision loss to injuries with severe elevations of intraocular pressure and permanent, significant loss of vision. **CONCLUSIONS:** Ocular injury to a child can result from trauma inflicted with a belt by a parent or caretaker during corporal punishment and may result in permanent loss of vision.

Cameron P. Do homosexual teachers account for about half of news stories of molestations of pupils? *A Boston*



Globe replication. *Psychol Rep* 2002; 90(1):173-4. Abstract: Homosexual interaction was involved in 11 (48%) of 23 and 10 (45%) of 22, that is, about half of two nationwide databases of newspaper stories about teachers sexual involvement with pupils reported by Cameron and Cameron in 1998. Whether this relationship holds at a local level was examined by searching all indexed 'sex crimes' in the Boston Globe from 1991 through 1998 for local stories about sex between pupil and teacher. Of the 21 teachers in 20 stories, 11 (52%) interacted homosexually with pupils. Thus it appears that nationally and locally, as reported in newspapers, about half of the molestations by teachers are homosexual.

Cameron P, Landess T, Cameron K. Homosexual sex as harmful as drug abuse, prostitution, or smoking. *Psychol Rep* 2005; 96(3 Pt 2):915-61. Abstract: In 2003, the U.S. Supreme Court said same-sex sexual activity could not be prohibited by law. Analyzing data from the 1996 National Household Survey of Drug Abuse (N= 12,381) and comparing those who engaged in four recreational activities-homosexual sex, illegal drug use, participation in prostitution, and smoking --against those who abstained, participants (1) were more frequently disruptive (e.g., more frequently criminal, drove under the influence of drugs or alcohol, used illegal drugs, took sexual risks), (2) were less frequently productive (e.g., less frequently had children in marriage, more frequently missed work), and (3) generated excessive costs (e.g., more promiscuous, higher consumers of medical services). Major sexuality surveys have reported similar findings for homosexuals. Societal discrimination inadequately accounts for these differences since parallel comparisons of black and white subsamples produced a pattern unlike the differences found between homosexuals and nonhomosexuals.

Campbell E, Ross LF. Parental attitudes regarding newborn screening of PKU and DMD. *Am J Med Genet A* 2003; 120(2):209-14. Notes: GENERAL NOTE: KIE: 28 refs. GENERAL NOTE: KIE: KIE Bib: genetic screening; mass screening Abstract: The ability to perform predictive genetic testing of children raises ethical concerns. Current guidelines support the screening of newborns for conditions in which early treatment reduces morbidity and mortality, and oppose most other predictive genetic screening and testing in childhood. Little is known, however, about parental attitudes. We conducted focus groups to gain information on the attitudes, beliefs, and concerns of parents about newborn screening and testing for both treatable and untreatable conditions that present in childhood. Respondents across racial groups support mandatory newborn screening for treatable conditions like phenylketonuria (PKU), citing lack of parental knowledge, and concerns about

immature parental decision-makers. Parents do, however, want more information. Citing a variety of psychosocial concerns, respondents believe that parents should have access to predictive genetic testing for childhood onset conditions, even when there are no proven treatments. Respondents want this information to make reproductive and non-reproductive plans and decisions. Although respondents varied in their personal interest in testing, overwhelmingly they believed that the decisions belong to the parents. Professional guidelines that proscribe predictive testing for untreatable childhood onset conditions should be re-examined in light of consumer attitudes.

Campbell H. Informed consent in neonatal randomised trials. *Lancet* 2001; 357(9266):1445. Notes: GENERAL NOTE: KIE: Campbell, Harry GENERAL NOTE: KIE: 2 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors

Campbell JC. Abuse during pregnancy: a quintessential threat to maternal and child health--so when do we start to act? *CMAJ* 2001; 164(11):1578-9.

Campbell MA, Porter S, Santor D. Psychopathic traits in adolescent offenders: an evaluation of criminal history, clinical, and psychosocial correlates. *Behav Sci Law* 2004; 22(1):23-47. Abstract: Although a large body of research has established the relevance of psychopathy to adult offenders, its relevance to adolescent offenders is far less clear. The current study evaluated the clinical, psychosocial and criminal correlates of psychopathic traits in a sample of 226 male and female incarcerated adolescent offenders. According to an 18-item version of the Psychopathy Checklist-Youth Version (PCL-YV; Forth, Kosson, & Hare, 2003), only 9.4% exhibited a high level of psychopathic traits (PCL-YV >=25). Consistent with past research, higher PCL-YV scores were positively associated with self-reported delinquency and aggressive behavior and were unrelated to emotional difficulties. Although higher PCL-YV scores were associated with the experience of physical abuse, the only psychosocial factor to predict PCL-YV scores was a history of non-parental living arrangements (e.g. foster care). In terms of criminality, a violent/versatile criminal history was positively associated with psychopathic traits. However, PCL-YV scores were unrelated to participants' official criminal records for total, non-violent, violent, and technical violation convictions. In conclusion, the data partially support the construct validity of psychopathy with adolescent offenders, but some inconsistencies with prior adult and adolescent psychopathy research were evident. These issues are discussed.

Campbell N. In that case: a Lead Maternity Carer (LMC) is

discussing newborn health checks with a pregnant woman and her partner. Response. *N Z Bioeth J* 2003; 4(1):36-8.

Notes: GENERAL NOTE: KIE: KIE Bib: informed consent/minors; mass screening

Campos-Outcalt D. How does HIPAA affect public health reporting? *J Fam Pract* 2004; 53(9):701-4.

Canabarro ST, Eidt OR, Aerts DR. [Pediatric injuries at home]. *Rev Gaucha Enferm* 2004; 25(2):257-65. Abstract: Physical trauma occurred at home with children from zero to six years of age is a descriptive study outlining an epidemiologic case series that aims at characterising trauma and the situations in which it occurs. Subjects were 120 individuals legally responsible for hospitalized children of the mentioned age in the second semester of 2002. The study detected the necessity of implanting an information system in ambulatory care units and hospitals in order to get knowledge about several relevant variables, as sorts, frequency, circumstances and causes for the traumas. The necessity of an educational approach to prevention was also strongly evidenced.

Canahuati J, Joya de Suarez MJ. Supporting breastfeeding: current status and future challenges. *Child Welfare* 2001; 80(5):551-62. Abstract: Although breastfeeding is an optimal source of nutrition that promotes the health and development of infants, rates of breastfeeding have been declining. International conventions and strategies, such as the Innocenti Declaration and the 10 Steps to Successful Breastfeeding, are helping to educate society about the benefits of breastfeeding and to create supports for mothers and their children, but advocacy and education are still needed

Candib LM, Gelberg L. How will family physicians care for the patient in the context of family and community? *Fam Med* 2001; 33(4):298-310. Abstract: Difficulties caring for patients in the context of family and community stem from problems of power and vulnerability. Patients are disempowered in relation to physicians and to the medical care system. Physicians are disempowered in their ability to provide comprehensive relationship-centered care to individuals and families because of economic constraints on medical care and limits on continuity of care. Individual patients are also vulnerable to abuses of power within their families because of physical and sexual abuse; the recognition of such abuses and appropriate interventions for them requires awareness of the gender ideology that underlies interpersonal abuses of power. Families and communities can be disempowered because of vulnerabilities related to race, ethnicity, poverty, and homelessness. The additive effects of these vulnerabilities have created health disparities that are a hallmark of inequities in

our country's medical system. Opportunities to teach students to recognize and address these disparities abound within medical education. Participatory training and educational action projects can prepare learners to lead us toward a more just and egalitarian medical system with the potential to change the context of family and community in which we care for patients. However, systematic commitment from educational programs is necessary to produce activated clinicians, teachers, and researchers to achieve these changes.

Caniano DA. Ethical issues in the management of neonatal surgical anomalies. *Semin Perinatol* 2004; 28(3):240-5. Abstract: This article provides a framework for thinking about three areas in neonatal surgery that contain potential moral and ethical concerns for pediatric surgeons and the parents of a newborn and/or fetus with a surgical anomaly. The utilization of life-sustaining therapy for neonates has made survival possible for many infants with serious birth defects. Sometimes the use of these treatments is problematic in terms of their actual benefit to the infant and the potential for enhancing their future quality of life. Second, the prenatal diagnosis of congenital anomalies has made counseling of the prospective parents a routine part of pediatric surgical practice and raises the issue of how best to advise and support a couple whose fetus has a significant birth defect. Finally, pediatric surgeons have a responsibility to their patients and society to provide the highest quality of care. This may involve participation in multi-institutional clinical trials, so that the optimal care of a surgical neonate with a congenital or acquired condition is ascertained by rigorous prospective research evaluation.

Canino IA, Inklan JE. Culture and family therapy. *Child Adolesc Psychiatr Clin N Am* 2001; 10(3):601-12. Abstract: Children and families constitute an ever-increasing culturally diverse group in this country. Together with incentives in multicultural education and the evidence of the impact of different cultural values in the media, these groups have become more visible, more complex, and harder to study. Culture is defined as dynamic and expressive of shared values and behaviors. Cultural patterns may be situation specific and change according to contextual demands (rural versus urban youth) or may be population specific (the culture of gay youth versus heterosexual youth). Some people also ascribe to cultural beliefs, but these do not necessarily translate to behaviors. Families and their children vary in their level of acculturation and developmentally vary in their level of ethnic identification. Child-rearing patterns and parenting approaches are constantly in flux, as are gender roles and, increasingly, religious affiliations. Clinicians are challenged to treat these families and often find the cultural dissonance with their own native culture and theoretical approaches as obstacles for the appropriate assessment and treatment interventions. As the field of family therapy has developed, so have culturally

- sensitive and competent approaches in the field of mental health. These approaches must be integrated into the multiplicity of other factors that define normality and psychopathology and be studied further in the context of their relevance and efficacy for special groups of children and families who suffer with specific disorders. In the meantime, cultural awareness and competence will continue to help clinicians understand better the impact of values and patterns in family cycles, family organization, child-rearing practices, and the expression of symptoms in family systems.
- Canivet C. [Infant crying--a safety risk?]. *Lakartidningen* 2005; 102(23):1805-7.  
 Abstract: A Dutch study is described, in which the occurrence of potentially detrimental parental actions induced by infant crying were assessed and thereafter related to various factors, including the parents' judgment that the crying was "excessive". commentary in the same *Lancet* issue questions whether this might be interpreted as a "blaming of the victim" process. Official Swedish and international statistics on child abuse, especially a recent UNICEF report, are summarized. The co-occurrence of spouse and child abuse is briefly discussed. Southall and co-workers' report on covert video recordings of life threatening child abuse is related, as well as some of the public reactions following it, and a proposed new categorization of child abuse.
- Cannell J, Hudson JI, Pope HG Jr. Standards for informed consent in recovered memory therapy. *J Am Acad Psychiatry Law* 2001; 29(2):138-47.  
 Notes: GENERAL NOTE: KIE: KIE Bib: fraud and misconduct; informed consent; mental health  
 Abstract: Malpractice suits against therapists for either instilling or recovering false memories of sexual abuse have increased in the last few years and some of the awards have been large. Failure to give informed consent, that is, failing to inform patients concerning the risk of recovering false memories, is one of the main allegations increasingly made against therapists in recovered memory cases. In the landmark case on informed consent, *Canterbury v. Spence* fashioned a standard of disclosure that focused on how material the potential warnings were to the patient's decision and specifically stated the standard would be set by the law, not by the profession. The court ruled that the "risk or cluster of risks" must be disclosed to the patient in a manner that meets the patient's "informational needs." A review of relevant literature shows that a substantial body of information existed by the early 1990s that warned psychotherapists about the risk of false reports of sexual and physical abuse. This article concludes that the "risk or cluster of risks" that must be disclosed to a patient recovering repressed memories in psychotherapy should have included warnings about recovering false memories.
- Cannon A. Rome: can we talk? *US News World Rep* 2002; 132(14):23-4.
- Capaldi DM, Conger RD, Hops H, Thornberry TP. Introduction to special section on three-generation studies. *J Abnorm Child Psychol* 2003; 31(2):123-5.  
 Abstract: Interest in lifespan research and cross-generational associations in parenting practices and child behaviors has grown rapidly in recent years. The four papers presented in this journal test three key intergenerational research questions regarding intergenerational continuities for externalizing behaviors, using different 3-generational samples.
- Capaldi DM, Pears KC, Patterson GR, Owen LD. Continuity of parenting practices across generations in an at-risk sample: a prospective comparison of direct and mediated associations. *J Abnorm Child Psychol* 2003; 31(2):127-42.  
 Abstract: A prospective model of parenting and externalizing behavior spanning 3 generations (G1, G2, and G3) was examined for young men from an at-risk sample of young adult men (G2) who were in approximately the youngest one third of their cohort to become fathers. It was first predicted that the young men in G2 who had children the earliest would show high levels of antisocial behavior. Second, it was predicted that G1 poor parenting practices would show both a direct association with the G2 son's subsequent parenting and a mediated effect via his development of antisocial and delinquent behavior by adolescence. The young fathers had more arrests and were less likely to have graduated from high school than the other young men in the sample. Findings were most consistent with the interpretation that there was some direct effect of parenting from G1 to G2 and some mediated effect via antisocial behavior in G2.
- Capone A Jr. Lens-sparing vitreous surgery for infantile amblyogenic vitreous hemorrhage. *Retina* 2003; 23(6):792-5.  
 Abstract: PURPOSE: To report on a series of infants with amblyogenic vitreous and/or subinternal limiting membrane hemorrhage managed by lens-sparing vitrectomy. DESIGN: Retrospective case series studying retinal attachment status and visual acuity. RESULTS: Eleven eyes sustained vitreous hemorrhage as a consequence of shaken baby syndrome, 1 due to hyaloidal canal hemorrhage extending into the vitreous, 1 due to Terson syndrome, 1 due to birth trauma, and 2 due to a presumed coagulation disorder. Age of the patients at the time of surgery ranged from 2 to 23 months (age adjusted for prematurity). Follow-up ranged from 7 to 81 months (mean, 28 months). Ten eyes had visual improvement. Two infants with shaken baby syndrome had bilateral nonrecordable flash visual evoked potential before surgery; one eye of one infant had a better than expected visual outcome after surgery. One eye sustained a retinal tear without

detachment. One eye in an infant with severe shaken baby syndrome and traumatic retinopathy developed a total rhegmatogenous retinal detachment with proliferative vitreoretinopathy. CONCLUSIONS: Infantile amblyogenic vitreous hemorrhage may be effectively managed by lens-sparing vitreous surgery. Visual outcome of shaken baby syndrome may be limited as a consequence of structural damage to the retina, optic nerve, or posterior visual pathways.

Carbaugh SF. Family teaching toolbox. Preventing shaken baby syndrome. *Adv Neonatal Care* 2004; 4(2):118-9.

Cardona M, Garcia HI, Giraldo CA *et al.* [Homicides in Medellin, Colombia, from 1990 to 2002: victims, motives and circumstances]. *Cad Saude Publica* 2005; 21(3):840-51.

Abstract: In Medellin, Colombia, homicide has been the first cause of morbidity and mortality for 20 years. Medellin has the highest homicide rates of all major cities in Latin America. This study describes the victims, motives, and circumstances in homicides in Medellin from 1990 to 2002. The period included 55,365 homicides, of which 1,394 were randomly studied. Of this sample, 93.6% (95%CI: 92.2%-94.8%) were males, 77.0% (95%CI: 75.0%-79.5%) less than 35 years of age, one-fourth had consumed alcohol, and nine out of ten were killed with firearms. The main motives were revenge and armed robbery. 37.0% (95%CI: 34.0%-41.0%) of the victims lived in the lowest socioeconomic stratum of the city. Characteristics of homicides in Medellin have remained unchanged since the 1980s, when the most violent period in the city's history began. The most heavily affected groups are young males who live and die in poor neighborhoods, and the murders are individual acts that leave no wounded behind.

Carey LK, Nicholson BC, Fox RA. Maternal factors related to parenting young children with congenital heart disease. *J Pediatr Nurs* 2002; 17(3):174-83. Abstract: The purpose of this study was to compare the early child-rearing practices between mothers of young children with congenital heart disease (CHD) and mothers of healthy children. In addition, maternal stress, parental developmental expectations, and the early behavioral and emotional development of their children were explored. Maccoby's (1992) socialization theory emphasizing the reciprocal nature of mother-child interactions provided the framework for this study. Findings from quantitative self-report measures and videotaped parent-child interactions showed a remarkable similarity between mothers of children with CHD and mothers of healthy children. In contrast, qualitative data revealed important differences with mothers of CHD children reporting high levels of vigilance with their children. The important role of promoting the principle of normalization among mothers of children with CHD and ensuring a

sufficient support system is discussed.

Carlson GA, Mick E. Drug-induced disinhibition in psychiatrically hospitalized children. *J Child Adolesc Psychopharmacol* 2003; 13(2):153-63. Abstract: OBJECTIVE: To examine rates and predictors of drug-induced behavioral disinhibition (DIBD) in psychiatrically hospitalized children. METHODS: DIBD was examined in 267 children psychiatrically hospitalized for at least 4 weeks. Age, gender, diagnosis, and medication were covariates. DIBD was defined as dramatic increase in aggression identified by increased time-outs while on medication. RESULTS: Twenty (7.5%) children met our criteria. Attention deficit hyperactivity disorder, pervasive developmental disorder, and selective serotonin reuptake inhibitor use appeared to increase the risk, and older age and stimulant use decreased the risk of DIBD. However, it was often difficult to distinguish true DIBD from the behavioral fluctuations of these disturbed children. Fifteen percent of children subsequently improved on the same regimen, 40% improved when the offending drug was stopped and another treatment was started, and the remainder had adverse response to many medications. CONCLUSIONS: DIBD is a complex phenomenon that does not lend itself to simple conclusions and requires further study.

Carlson M. What the nuns didn't know. Could they have uncovered abuse? Not in a culture that kept them in the dark. *Time* 2002; 159(15):84.

Caroli M, Argentieri L, Cardone M, Masi A. Role of television in childhood obesity prevention. *Int J Obes Relat Metab Disord* 2004; 28 Suppl 3:S104-8. Abstract: OBJECTIVE: To assess the role of television as tool for childhood obesity prevention. METHOD: Review of the available literature about the relationship between television and childhood obesity, eating habits and body shape perception. RESULTS: The reviewed studies showed the following: television watching replaces more vigorous activities; there is a positive correlation between time spent watching television and being overweight or obese on populations of different age; obesity prevalence has increased as well as the number of hours that TV networks dedicate to children; during the last 30 y, the rate of children watching television for more than 4 h per day seems to have increased; children are exposed to a large number of important unhealthy stimulations in terms of food intake when watching television; over the last few years, the number of television food commercials targeting children have increased especially when it comes to junk food in all of its forms; the present use of food in movies, shows and cartoons may lead to a misconception of the notion of healthy nutrition and stimulate an excessive intake of poor nutritional food; and obese subjects shown in television programmes are

in a much lower percentage than in real life and are depicted as being unattractive, unsuccessful and ridiculous or with other negative traits and this is likely to result in a worsening of the isolation in which obese subjects are often forced. The different European countries have different TV legislations. CONCLUSION: The usual depiction of food and obesity in television has many documented negative consequences on food habits and patterns. The different national regulations on programs and advertising directed to children could have a role in the different prevalence of childhood obesity in different European countries. Television could be a convenient tool to spread correct information on good nutrition and obesity prevention.

Carrera JM, Di Renzo GC. Mother-infant health promotion in developing countries: how can the developed world help developing countries? *J Matern Fetal Neonatal Med* 2004; 15(3):145-6.

Carroll JL. Developmental plasticity in respiratory control. *J Appl Physiol* 2003; 94(1):375-89. Abstract: Development of the mammalian respiratory control system begins early in gestation and does not achieve mature form until weeks or months after birth. A relatively long gestation and period of postnatal maturation allows for prolonged pre- and postnatal interactions with the environment, including experiences such as episodic or chronic hypoxia, hyperoxia, and drug or toxin exposures. Developmental plasticity occurs when such experiences, during critical periods of maturation, result in long-term alterations in the structure or function of the respiratory control neural network. A critical period is a time window during development devoted to structural and/or functional shaping of the neural systems subserving respiratory control. Experience during the critical period can disrupt and alter developmental trajectory, whereas the same experience before or after has little or no effect. One of the clearest examples to date is blunting of the adult ventilatory response to acute hypoxia challenge by early postnatal hyperoxia exposure in the newborn. Developmental plasticity in neural respiratory control development can occur at multiple sites during formation of brain stem neuronal networks and chemoafferent pathways, at multiple times during development, by multiple mechanisms. Past concepts of respiratory control system maturation as rigidly predetermined by a genetic blueprint have now yielded to a different view in which extremely complex interactions between genes, transcriptional factors, growth factors, and other gene products shape the respiratory control system, and experience plays a key role in guiding normal respiratory control development. Early-life experiences may also lead to maladaptive changes in respiratory control. Pathological conditions as well as normal phenotypic diversity in mature respiratory control may have their roots, at least in part, in developmental plasticity.

Carter MC, Perzanowski MS, Raymond A, Platts-Mills TA. Home intervention in the treatment of asthma among inner-city children. *J Allergy Clin Immunol* 2001; 108(5):732-7.

Abstract: BACKGROUND: In Atlanta, as in other major urban areas of the United States, asthma is a leading cause of school absenteeism, emergency department use, and hospitalization. Recent guidelines for asthma management recommend reducing exposure to relevant allergens, but neither the feasibility nor the efficacy of this form of treatment has been established for children living in poverty. OBJECTIVE: We sought to investigate allergen avoidance as a treatment for asthma among inner-city children. METHODS: One hundred four children with asthma living in the city of Atlanta were enrolled into a controlled trial of avoidance without being skin tested. The children were randomized to an active avoidance group, a placebo avoidance group, and a second control group for which no house visits occurred until the end of the first year. Avoidance included bed and pillow covers, hot washing of bedding, and cockroach bait. Eighty-five children completed the study, and the outcome was measured as unscheduled clinic visits, emergency department visits, and hospitalization for asthma, as well as changes in mite and cockroach allergen levels. RESULTS: There was a significant decrease in acute visits for asthma among children whose homes were visited ( $P < .001$ ). However, there was no significant difference between the active and placebo homes either in the effect on asthma visits or in allergen concentrations. When the children with mite allergy were considered separately, there was a significant correlation between decreased mite allergen and change in acute visits ( $P < .01$ ). The avoidance measures for cockroach allergen appeared to be ineffective, and the changes observed did not correlate with changes in visits. CONCLUSIONS: Applying allergen avoidance as a treatment for asthma among children living in poverty is difficult because of multiple sensitivities and problems applying the protocols in this environment. The current results demonstrate that home visiting positively influences the management of asthma among families living in poverty. Furthermore, the results for children with mite allergy strongly suggest that decreasing relevant allergen exposure should be an objective of treatment in this population.

Carty H. Commentary on: A survey of non-accidental injury imaging in England, Scotland and Wales and Observational study of skeletal surveys in suspected non-accidental injury. *Clin Radiol* 2003; 58(9):694-5.

Casagrande KM. Children not meant to be: protecting the interests of the child when abortion results in live birth. *Quinnipiac Health Law J* 2002; 6(1):19-55. Notes: GENERAL NOTE: KIE: 164 fn. GENERAL NOTE: KIE: KIE Bib: abortion/legal aspects; allowing to die/infants; allowing to die/legal

- aspects
- Casamassimo PS. Dental disease prevalence, prevention, and health promotion: the implications on pediatric oral health of a more diverse population. *Pediatr Dent* 2003; 25(1):16-8.
- Caspi A, Sugden K, Moffitt TE *et al*. Influence of life stress on depression: moderation by a polymorphism in the 5-HTT gene. *Science* 2003; 301(5631):386-9. Abstract: In a prospective-longitudinal study of a representative birth cohort, we tested why stressful experiences lead to depression in some people but not in others. A functional polymorphism in the promoter region of the serotonin transporter (5-HT T) gene was found to moderate the influence of stressful life events on depression. Individuals with one or two copies of the short allele of the 5-HT T promoter polymorphism exhibited more depressive symptoms, diagnosable depression, and suicidality in relation to stressful life events than individuals homozygous for the long allele. This epidemiological study thus provides evidence of a gene-by-environment interaction, in which an individual's response to environmental insults is moderated by his or her genetic makeup.
- Casseron W, Genton P. DOPA-sensitive dystonia-plus syndrome. *Dev Med Child Neurol* 2005; 47(3):200-3. Abstract: We report on two sisters with a childhood-onset form of predominantly axial dystonia with marked diurnal fluctuations. Onset of clinical features was at approximately 6 years of age. Associated features included marked fatigue, slight facial dysmorphism, short stature, obesity, and learning disability\*. Dystonia and fatigue responded to 3,4-dihydroxyphenylalanine (DOPA) therapy, with recurrence of symptoms upon withdrawal; the efficacy has been maintained over 7 years. Other symptoms were not influenced. There was no other case in the family (which included an older, healthy brother), except for non-specific fatigue without dystonia in the mother, and there was no significant family history except for obesity on the father's side. These observations are discussed in relation to the classical descriptions of Segawa syndrome, and to more recent reports of childhood onset, age-related, and transient benign paroxysmal tonic upgaze and ataxia. The combination of symptoms, their sensitivity to DOPA, and their persistence throughout childhood constitute, to our knowledge, a new clinical entity, which we propose to categorize as a DOPA-sensitive dystonia-plus syndrome.
- Castellano E, Bodner G. From the theory of seduction to traumatic seduction: incest. *Int J Psychoanal* 2002; 83(Pt 2):504-7.
- Castiglia PT. Shaken baby syndrome. *J Pediatr Health Care* 2001; 15(2):78-80.
- Castledine G. Interim suspension and a nurse who videoed children at play. *Br J Nurs* 2002; 11(16):1055.
- Castledine G. The repercussions of the organ retention scandal. *Br J Nurs* 2001; 10(4):275. Notes: GENERAL NOTE: KIE: KIE Bib: fraud and misconduct; organ and tissue donation
- Castro MX, Soares AM, Fonseca W, Rey LC, Guerrant RL, Lima AA. Common infectious diseases and skin test anergy in children from an urban slum in northeast Brazil. *Braz J Infect Dis* 2003; 7(6):387-94. Abstract: BACKGROUND: Acute respiratory infection (ARI), diarrheal disease (DD) and infective dermatitis (ID) are important causes of morbidity in children under five, in Northeast Brazil. Objectives: (a) to evaluate the morbidity of ARI, DD and ID; and (b) to determine their association with cellular immunity in poor urban children from Fortaleza, Brazil. MATERIALS AND METHODS: A prospective cohort study. At enrollment, multipuncture skin-tests (Multitest CMI) were performed and interpreted according to standard procedures. Children were followed for infectious diseases by weekly home visits. RESULTS: Seventy-one children aged 6 to 21 months were recruited in an ongoing cohort of newborns. A mean of 39 (6 to 63) home visits per child were made, which detected 184.5 symptomatic days per child-year of observation. ARI was present in 62% of the days of illness (6,378 out of 10,221), DD in 23% (2,296 days), ID in 6% (597) and other infections in 4% (373). Episodes per child-year were: 10 for ARI, 7 for DD and 1 for ID. Twelve (17%) out of 71 children were anergic. The incidences of ARI, DD and ID were similar in responsive versus anergic children. The mean duration of ID in anergy was 8.5 days, while it was 4.3 in the responsive group (P=0.007). Anergy was independent of age, sex and nutritional status. CONCLUSIONS: A high incidence of ARI and DD was found in these poor urban children. Skin-test responsiveness was not related to malnutrition, nor to morbidity due to ARI and DD, however anergic children had a longer duration of infective dermatitis.
- Catalano R, Lind S, Rosenblatt A, Novaco R. Economic antecedents of foster care. *Am J Community Psychol* 2003; 32(1-2):47-56. Abstract: Individual and ecological research suggests that rising unemployment may affect the incidence of violence through two countervailing mechanisms suggested by frustration-aggression theory. The first, or provocation effect, assumes increased violence among persons who feel anger because they believe their job loss was arbitrary. The second, or inhibition effect, posits less violence among employed persons who attempt to reduce their chances of job loss by curtailing behavior objectionable to employers. The literature also reports that these mechanisms affect victimization measured as foster care sought by the state for abused

children. The foster care finding, although consistent with theory and important for basic as well as applied reasons, arises from methods that cannot rule out several rival hypotheses. We revisit this research and apply improved methods to test the reported association in Los Angeles and San Francisco counties. We find that, as implied by the provocation and inhibition mechanisms, differences in monthly prevalence of foster care placements increase with modest increases in unemployment but decline when unemployment becomes much higher than usual levels.

Catalano RF, Haggerty KP, Oesterle S, Fleming CB, Hawkins JD. The importance of bonding to school for healthy development: findings from the Social Development Research Group. *J Sch Health* 2004; 74(7):252-61.

Cather JC, Cather JC. A child with nonscarring alopecia. *Proc (Bayl Univ Med Cent)* 2005; 18(3):269-72.

Catlin A. Thinking outside the box: prenatal care and the call for a prenatal advance directive. *J Perinat Neonatal Nurs* 2005; 19(2):169-76.  
Abstract: The concept of advance directives is well-known in the care of adults as a mechanism for choosing in advance the extent of medical interventions desired in clinical situations, particularly life-extending interventions such as ventilation support and drugs to maintain cardiopulmonary status. Infants born extremely prematurely often require life-supporting measures for which their parents or guardians report feeling unprepared to make decisions about. Current prenatal care does not include an educational component that teaches women about the length of gestation needed for a healthy viability, survivorship, and outcome without major impairment. Women who go into preterm labor are asked to make immediate decisions during times of crisis without any formal education base for this decision making. Feminist ethics (the philosophical stance that articulates that women's moral experience is worthy of respect and disallows women's subordination) (Becker LB, Becker CB, eds. *Feminist ethics*. In: *Encyclopedia of Ethics*. New York: Routledge Press; 2001) requires that healthcare decisions be based on education, context, and particular situations. The purpose of this article is to examine the current content of typical prenatal care and education and to suggest an additional educational component to prenatal care-education of women about infant viability and the planning of future decisions if a nonviable or critically ill newborn is delivered. A prenatal discussion and parental/family directive is suggested.

Catov JM, Marsh GM, Youk AO, Huffman VY. Asthma home teaching: two evaluation approaches. *Dis Manag* 2005; 8(3):178-87.  
Abstract: The aim of this research was to measure the

impact of home-based teaching on reducing asthma admissions and emergency department (ED) visits for Medicaid-managed care patients utilizing two different study design methods. This was an historical-prospective study utilizing health plan administrative data, including membership files and medical claims. We identified 381 patients aged 2-56 with hospitalizations or ED visits for asthma. These high risk asthma members were recruited for a home-based teaching program to prevent future hospitalizations or ED visits. We evaluated program effectiveness using two quasi-experimental research designs: a "one-group pre/post-test design," where enrolled members served as their own control, and a more rigorous "untreated control group design with pre/post test," where results for enrolled members and a similar control group were compared pre/post test. Poisson regression models were used to investigate the dependence of member rates for asthma-related events on program enrollment, age, sex, race, and geographic region. Using the pre/post test design, members enrolled in the home-based teaching program demonstrated statistically significant reductions in hospital admissions and ED visits ( $p < 0.001$ ). The untreated control group design, however, found no association between utilization and enrollment in the home-based teaching program ( $p = 0.510$ ). Small differences were detected for subgroups. A marginally statistically significant impact of the program was found for Whites, but not for Blacks. The quasi-experimental design that utilized an external control group provided an approach that more accurately explained true disease management program impact. In addition, this approach allowed for subgroup analyses to detect opportunities for program improvement.

Caughy MO, O'Campo PJ, Randolph SM, Nickerson K. The influence of racial socialization practices on the cognitive and behavioral competence of African American preschoolers. *Child Dev* 2002; 73(5):1611-25.

Abstract: The association between parent racial socialization and child competence was examined in a socioeconomically diverse sample of African American preschoolers living in an urban setting. Interviews were conducted in the homes of 200 families. Racial socialization was assessed by parent report as well as by observation of the sociocultural context of the home, and child outcomes were assessed using the Kaufman Assessment Battery for Children and the Child Behavior Checklist. Results indicated that African American parents who provided homes that were rich in African American culture had preschool children who had greater amounts of factual knowledge and better developed problem-solving skills. African American parents who socialized their preschool children to be proud of their heritage reported fewer problem behaviors.

Caulfield H. Right to life. *Nurs Stand* 2001; 15(18):26.

Cavet J, Sloper P. The participation of children and young people in decisions about UK service development. *Child Care Health Dev* 2004; 30(6):613-21. Abstract: BACKGROUND: The involvement of children and young people in decisions regarding service development is well supported in government policy and underpinned by the UN Convention on the Rights of the Child. Information on the extent, nature and outcomes of children and young people's participation can inform further development in this area. METHODS: Systematic literature searches, plus contact with professional networks, were used to gather and review evidence on children and young people's participation. RESULTS: There is a rapidly developing body of information describing and analysing innovative practices in this field. However, there is also a smaller, but substantial, amount of evidence demonstrating the limited extent of current involvement. A good deal of guidance is now available about how to promote the involvement of children and young people. However, the basis of this advice is not always clear, and more evidence about children's views and their experience of participation in public decision-making is required. Issues identified as barriers to change included adult attitudes and intransigence, lack of training for key adults, lack of clarity leading to tokenism, the nature of organizations (i.e. their formality, complexity, bureaucracy and internal politics) and the short-term nature of much funding. The evidence suggests that good practice includes a listening culture among staff, clarity, flexibility, adequate resources, skills development and training for staff and participating children and young people, inclusion of marginalized groups, feedback and evaluation. There is only limited evidence that children and young people's involvement in public decision-making leads to more appropriate services, although there is evidence that participating children and young people benefit in terms of personal development and that staff and organizations learn more about their views. CONCLUSIONS: The value of the participation of children and young people in public decision-making is now well accepted, and is recognized in the standards set in the Children's National Service Framework. However, there is an urgent need for internal and external evaluations of children's involvement.

Celia F. Cutaneous anthrax: an overview. *Dermatol Nurs* 2002; 14(2):89-92. Abstract: The recent acts of bioterrorism have raised new questions about this uncommon disease. Clinicians are puzzled as to why some of the victims exposed to *Bacillus anthracis* spores developed the cutaneous form of the disease and others the inhalational form. Despite these questions, cutaneous anthrax remains relatively simple to treat effectively. The real clinical challenge lies in the diagnosis, especially being able to distinguish it from a spider bite.

Cerasoli G, Zondini M, Pocecco M. Home care for diabetic children: keeping children out of hospital. *Acta Biomed Ateneo Parmense* 2003; 74 Suppl 1:41-4. Abstract: This article examines how home care for diabetic children resident in the Azienda Sanitaria Locale (Local Health Centre) of Cesena is organised. It outlines the tasks the Diabetes Health Visitor Nurse carries out, the times and ways of execution, and the methods for analysing the effectiveness of the service. Finally, some of the results achieved through the activation of this new service have been included, among which the fact that the average number of days a child is kept in hospital at the clinical onset of diabetes has dropped from 10 to 5.

Cespedes-Londono JE, Jaramillo-Perez I, Castano-Yepes RA. [The impact of social security system reform on health services equity in Colombia]. *Cad Saude Publica* 2002; 18(4):1003-24. Abstract: To evaluate the impact on access to, and use of, health services in Colombia's new national health insurance system, the authors compared two cross sections of the population: before (1993) and after (1997), with the approval of Act 100, creating the General System for Social Security in Health (SGSSS). Two equity indicators were assessed: concentration curves (CC) and concentration indices (CI), summarizing the distribution of access to health care and utilization of health care services provided by the SGSSS according to income deciles. Between 1993 and 1997, the CI for access to insurance halved from 0.34 to 0.17; simultaneously, coverage increased from 23% to 57%, especially among the poorest segments of the population, where it increased from 3.7% to 43.7% as a result of subsidies provided by local governments. The CI for utilization of health care services did not vary significantly. Increased disease prevalence and utilization of services among the insured, due to biased selection of risks and moral hazards, were also documented. These findings suggest a positive impact by the Reform on inequalities in access to health care insurance; however, a similar effect on inequities in utilization of health services is not clear.

Ceylan A, Ertem M, Korukluoglu G *et al.* An epidemic caused by measles virus type D6 in Turkey. *Turk J Pediatr* 2005; 47(4):309-15. Abstract: In this study, the extent of measles outbreak was investigated in the Idil and Cizre counties of Sirnak Province. New cases determined in patients who applied to primary care clinics and those detected during home visits were evaluated. In 2001, a total of 2,143 cases reported in Sirnak Province were signified as a probable outbreak. Three hundred and thirty-three patients in Cizre and 219 patients in Idil applied to the primary care clinics. Of the cases, in Cizre 8.4% (n=28) and in Idil 6.4% (n=14) were infants aged nine months and younger who had not yet been vaccinated. Totally, 17 new cases (8 in Cizre and 9 in Idil) in the exanthema phase were determined during home visits



and these were considered as outbreak cases. Virus isolation was achieved in 12 cases. All isolates were sent to the Centers for Disease Control (CDC) for genotyping and classified as D6 group. In conclusion, measles epidemics are still seen in our country. Therefore, measles outbreaks necessitate intensive intervention by physicians who are employed in primary health care services.

Chabrol H, Teissedre F, Saint-Jean M, Teisseyre N, Roge B, Mullet E. Prevention and treatment of post-partum depression: a controlled randomized study on women at risk. *Psychol Med* 2002; 32(6):1039-47. Abstract: BACKGROUND: Research is needed to evaluate the efficacy of prevention and treatment for post-partum depression. METHOD: Subjects were screened with the Edinburgh Post-natal Depression Scale (EPDS) at the obstetric clinic. Mothers at risk (N = 258) (EPDS scores > or = 9) were randomly assigned to a prevention/treatment group or a control group. The prevention group received one cognitive-behavioural prevention session during hospitalization. At 4 to 6 weeks post-partum, subjects were screened again with the EPDS, after drop-out rates (refusals plus no return of the second EPDS) of 25.4% (33/130) in the intervention group and 10.9% (14/128) in the control group. Mothers with probable depression (EPDS scores > or = 11) were assessed using the Hamilton Depression Rating Scale (HDRS) and the Beck Depression Inventory (BDI). Mothers with major depression continued in the treatment group (N = 18) or in the control group (N = 30). Treated subjects received a cognitive-behavioural programme of between five and eight weekly home-visits. RESULTS: Compared with the control group, women in the prevention group had significant reductions in the frequency of probable depression (30.2 % v. 48.2%). Recovery rates based on HDRS scores of < 7 and BDI scores of < 4 were also significantly greater in the treated group than in the control group. CONCLUSIONS: The study suggests that this programme for prevention and treatment of post-partum depression is reasonably well-accepted and efficacious.

Chaffin M, Silovsky JF, Funderburk B *et al.* Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *J Consult Clin Psychol* 2004; 72(3):500-10. Abstract: A randomized trial was conducted to test the efficacy and sufficiency of parent-child interaction therapy (PCIT) in preventing re-reports of physical abuse among abusive parents. Physically abusive parents (N=110) were randomly assigned to one of three intervention conditions: (a) PCIT, (b) PCIT plus individualized enhanced services, or (c) a standard community-based parenting group. Participants had multiple past child welfare reports, severe parent-to-child violence, low household income, and significant levels of depression, substance abuse, and antisocial

behavior. At a median follow-up of 850 days, 19% of parents assigned to PCIT had a re-report for physical abuse compared with 49% of parents assigned to the standard community group. Additional enhanced services did not improve the efficacy of PCIT. The relative superiority of PCIT was mediated by greater reduction in negative parent-child interactions, consistent with the PCIT change model.

Chahine Z, van Straaten J, Williams-Isom A. The New York City neighborhood-based services strategy. *Child Welfare* 2005; 84(2):141-52. Abstract: The New York City Administration for Children's Services (ACS) instituted a neighborhood-based services system through the realignment of all foster care, preventive, and protective services along community district lines. ACS, with its community partners, also formed neighborhood-based networks to improve service coordination and collaboration among key community stakeholders and to shape a multisystem strategy tailored to each district informed by child welfare data. Based on analysis of neighborhood-specific census tract child welfare data, ACS initiated the Community Partnership to Strengthen Families project to address the disproportionate number of foster care placements originating from a small group of high-need communities, including Manhattan's Central Harlem. This article describes examples of specific strategies based on the Central Harlem experience.

Chamberlin RW. Developing a statewide network of family resource centers in New Hampshire: lessons learned. *Pediatr Rev* 2003; 24(8):285-8.

Chambers TL. An open letter to Doctors Mather and Bannon. *Arch Dis Child* 2005; 90(3):236-7.

Chan YL, Chu WC, Wong GW, Yeung DK. Diffusion-weighted MRI in shaken baby syndrome. *Pediatr Radiol* 2003; 33(8):574-7. Abstract: We present the characteristic CT and MRI findings of a 2-month-old girl with shaken baby syndrome. Diffusion-weighted MR imaging performed 8 days after the insult established the presence of injury to the white matter in the corpus callosum and subcortical white matter in the temporo-occipitoparietal region. Diffusion-weighted MR imaging is valuable in the diagnostic work-up of suspected shaken baby syndrome, as injury to the white matter can be demonstrated days after the injury.

Chandler S, Christie P, Newson E, Prevezer W. Developing a diagnostic and intervention package for 2- to 3-year-olds with autism: outcomes of the frameworks for communication approach. *Autism* 2002; 6(1):47-69. Abstract: The aim of the research was to develop and evaluate a model of good practice which would make an explicit link between diagnosis and intervention,

and so give parents a very clear rationale for the autism-specific yet individualized programme that they were carrying out. It employed an action research design, which essentially is responsive to participants, thus developing a user-friendly model of service. The programme was based on the developmental perspective that the pragmatics of language are the precursors of speech itself and enable both communication and relationship between child and parents. Since these are impaired in autism they should therefore be prioritized in early intervention. Ten children aged 1:10 to 2:9 at assessment, and with a diagnosis of autism, underwent an intervention based on home visits, modelling, workshops and written information, with parents as 'therapists' in naturally occurring situations. Within 18 months all children made substantial progress in social interaction and expressive communication, including gestural and verbal communication.

Chang DC, Cornwell EE 3rd, Sutton ER, Yonas MA, Allen F. A multidisciplinary youth violence-prevention initiative: impact on attitudes. *J Am Coll Surg* 2005; 201(5):721-3.

**Abstract:** **BACKGROUND:** In a previous report, enhanced resource commitment at a Level I trauma center was associated with improved outcomes for most major categories of injured patients, except those with gunshot wounds, which disproportionately affected the young (ages 15 to 24 years). We hypothesized that a primary violence-prevention initiative geared toward changing attitudes about interpersonal conflict among at-risk youths can be effective. **STUDY DESIGN:** Between May 2002 and November 2003, 97 youths (mean age 12.6 years) were recruited from one of two Police Athletic League centers in the catchment area of our Level I trauma center. Participant attitudes about interpersonal conflicts were surveyed with six previously validated scales before and after a hospital tour with a video and slide presentation graphically depicting the results of gun violence. Mean differences in scores between pre- and postintervention surveys were assessed. **RESULTS:** Of the 97 participants, 48 (49.4%) completed the intervention program with both the pre- and postintervention tests, with a mean of 25.8 days between tests. There was a statistically significant reduction in the Beliefs Supporting Aggression scale (mean -0.38 U; 95% CI, -0.23 to -0.54;  $p < 0.01$ ), and a trend toward reduced Likelihood of Violence (mean -0.17 U; 95% CI, 0.01 to -0.34;  $p = 0.06$ ). **CONCLUSIONS:** A multidisciplinary violence-prevention outreach program can produce short-term improvement in beliefs supporting aggression among at-risk youth. Longterm impact of this attitude change needs to be examined in future studies.

Chang DC, Knight VM, Ziegfeld S, Haider A, Paidas C. The multi-institutional validation of the new screening index for physical child abuse. *J Pediatr Surg* 2005;

40(1):114-9.

**Abstract:** **BACKGROUND/PURPOSE:** There is currently no evidence-based screening instrument to assist in the detection of physical child abuse patients. The screening index for physical child abuse (SIPCA) was previously developed as a potentially new tool for this need. It is a scale that assigns point values, on the basis of variable weights from logistic regression models, to age and patterns of injuries (including fracture of base or vault of skull, contusion of eye, rib fracture, intracranial bleeding, multiple burns), with higher scores indicating greater suspicion for abuse. The purpose of this study is to validate this new tool in another independent data set. **METHODS:** A cross-sectional hospital discharge database from 1961 hospitals in 17 states is used ( $n = 58558$ ). Children aged 14 years or younger with International Classification of Diseases, Ninth Revision, Clinical Modification codes 800 to 959 are included for analysis. Child abuse cases are identified by E codes and certain International Classification of Diseases, Ninth Revision, Clinical Modification codes in the 995.5x range. Screening index for physical child abuse performance is evaluated by discrimination (receiver operating characteristic) and goodness of fit (pseudo  $r^2$ ). **RESULTS:** A total of 447 abused patients (0.76%) was identified. The receiver operating characteristic of SIPCA in this data set is 0.89 as compared with 0.86 in the development data set. The pseudo  $r^2$  of SIPCA in this data set is 0.26 as compared with 0.28 in the development data set. A SIPCA score of 3 has a sensitivity of 86.6% and a specificity of 80.5% for detecting physical abuse; raising the threshold to a score of 4 improves the specificity to 93.1% but at a loss of sensitivity to 71.8%. **CONCLUSIONS:** The validity of the new SIPCA instrument is supported by its performance in an independently derived data set. A score of 3 on SIPCA represents a balanced trade off in the sensitivity and specificity of the instrument in detecting physical abuse and is an optimal threshold above which to begin considering abuse in differential diagnosis. Application of the instrument could assist clinicians in detecting physical child abuse cases among pediatric trauma patients.

Chapman AL, Specht MW, Cellucci T. Factors associated with suicide attempts in female inmates: the hegemony of hopelessness. *Suicide Life Threat Behav* 2005; 35(5):558-69.

**Abstract:** In this study factors associated with past suicide attempts in female inmates were examined. Female inmate participants ( $N = 105$ ) were given structured diagnostic assessments of antisocial and borderline personality disorders and substance dependence, as well as measures of depression, hopelessness, problem-focused coping styles, and reasons for living. There was a high lifetime prevalence of past suicide attempts (38.1%). Suicide attempts were positively associated with personality disorders, hopelessness, depression, childhood physical/emotional

abuse, and family history of suicide and mood disorders, and negatively associated with income, reasons for living, and problem-focused coping. Controlling for hopelessness, borderline personality disorder and family history of suicide attempts were the only variables that remained uniquely associated with suicide attempts.

Chapman MV, Wall A, Barth RP. Children's voices: the perceptions of children in foster care. *Am J Orthopsychiatry* 2004; 74(3):293-304. Abstract: Scant research exists on how abused and neglected children view the foster care experience and how these perceptions vary by demographic characteristics and placement type. Data come from a national probability sample of children placed in child welfare supervised foster care for at least 1 year. These findings indicate that children generally feel positively toward their out-of-home care providers and maintain hope for reunification with their biological family. Differences are present between children in family foster care, group care, and kinship care placements.

Chassin L, Presson CC, Rose J, Sherman SJ, Davis MJ, Gonzalez JL. Parenting style and smoking-specific parenting practices as predictors of adolescent smoking onset. *J Pediatr Psychol* 2005; 30(4):333-44. Abstract: OBJECTIVE: To test whether parenting style and smoking-specific parenting practices prospectively predicted adolescent smoking. METHODS: Three hundred eighty-two adolescents (age 10-17 years, initial nonsmokers, 98% non-Hispanic whites) and their parents were interviewed, with smoking also assessed 1-2 years later. RESULTS: Adolescents from disengaged families (low acceptance and low behavioral control) were most likely to initiate smoking. Adolescents' reports of parents' smoking-related discussion was related to lowered smoking risk for adolescents with nonsmoking parents, but unrelated to smoking onset for adolescents with smoking parents. Smoking-specific parenting practices did not account for the effects of general parenting styles. CONCLUSIONS: Both parenting style and smoking-specific parenting practices have unique effects on adolescent smoking, although effects were largely confined to adolescents' reports; and for smoking-specific parenting practices, effects were confined to families with nonsmoking parents. Interventions that focus only on smoking-specific parenting practices may be insufficient to deter adolescent smoking.

Chatonnet F, Dominguez del Toro E, Thoby-Brisson M *et al.* From hindbrain segmentation to breathing after birth: developmental patterning in rhombomeres 3 and 4. *Mol Neurobiol* 2003; 28(3):277-94. Abstract: Respiration is a rhythmic motor behavior that appears in the fetus and acquires a vital importance at birth. It is generated within central pattern-generating neuronal networks of the hindbrain. This region of the

brain is of particular interest since it is the most understood part with respect to the cellular and molecular mechanisms that underlie its development. Hox paralogs and Hox-regulating genes *kreisler/mafB* and *Krox20* are required for the normal formation of rhombomeres in vertebrate embryos. From studies of rhombomeres r3 and r4, the authors review mechanisms whereby these developmental genes may govern the early embryonic development of para-facial neuronal networks and specify patterns of motor activities operating throughout life. A model whereby the regional identity of progenitor cells can be abnormally specified in r3 and r4 after a mutation of these genes is proposed. Novel neuronal circuits may develop from some of these misspecified progenitors while others are eliminated, eventually affecting respiration and survival after birth.

Chatterji P, Markowitz S. The impact of maternal alcohol and illicit drug use on children's behavior problems: evidence from the children of the national longitudinal survey of youth. *J Health Econ* 2001; 20(5):703-31. Abstract: This study uses Children of the National Longitudinal Survey of Youth to test for evidence of a causal relationship between maternal alcohol, marijuana, and cocaine use, and children's behavior problems. Ordinary least squares (OLS) results provide strong evidence that substance use is associated with behavior problems. However, OLS estimation fails to account for unobserved factors that may be correlated with substance use and child behavior. To account for this problem, mother-child and family fixed-effects models are tested. The results suggest that maternal illicit drug use is positively associated with children's behavior problems, while alcohol use has a less consistent impact.

Chattopadhyay A, McKaig RG. Social development of commercial sex workers in India: an essential step in HIV/AIDS prevention. *AIDS Patient Care STDS* 2004; 18(3):159-68.

Abstract: India has the highest number of HIV/AIDS cases in the world. Current HIV/AIDS prevention strategies are based on regular and appropriate condom use. However, most commercial sex workers (CSWs), who form the core/high-risk groups toward whom the prevention strategy is directed, are disempowered and socioeconomically marginalized. This does not allow them to insist on condom use by the client, especially in absence of governmental structural support. This paper discusses HIV/AIDS prevention issues that relate to CSWs in India; issues that play a vital role in initiation, perpetuation, and expansion of economic activity of CSWs; and those factors that influence the HIV/AIDS preventive practices of CSWs. This paper argues that CSWs can be empowered and emancipated; that HIV/AIDS control and prevention efforts in India must recognize that ad hoc promotion of condom use or similar such programs will not be effective to control HIV/AIDS; and that more extensive

developmental work aimed at betterment of living conditions of CSWs is required for effective HIV/AIDS prevention.

Chaudhuri N. Interventions to improve children's health by improving the housing environment. *Rev Environ Health* 2004; 19(3-4):197-222. Abstract: Young children spend more than 90% of their time in the household environment--a likely place of exposure to hazardous substances. In the developing world, childhood diarrheal disease and acute lower respiratory infections represent a large portion of the global burden of disease and are strongly related to housing conditions. In the developed world, allergies and asthma are also strongly linked to housing conditions. Therefore, intervention to improve housing is essential to improve and maintain children's health. This paper will review several factors that have been shown to mediate housing and health relations, including psychosocial, environmental, socioeconomic, behavior-cultural, and physiological factors, and will provide examples of intervention to improve child health, with housing as a focus. Environmental contaminants found in the household include biological (for example, vector-borne diseases, dustmites, mold, water- and sanitation-related), chemical (for example, lead, volatile organic compounds, asbestos) or physical (for example, radon, electric and magnetic fields). Socioeconomic factors include household income, the ability to obtain adequate and appropriate housing, and the ability to implement ongoing preventative maintenance. Housing tenure has been used as a proxy for socioeconomic status and shown some relation with health outcome. Socioeconomic factors can be relevant to the ability of households to create social networks that affect health. Psychosocial factors, including stress and depression, can also be related to housing type or design. Behavioral-cultural factors include practices that might influence exposure to chemical, biological, or radiation hazards like time-activity patterns, including gender relations and household decision-making patterns. Physiological factors include genetics or the nutritional and immune status of household members, which can influence the extent to which other housing factors like biological or chemical contaminants adversely affect children. Examples of intersectoral interventions and strategies to improve child health globally, with housing and health as a focus, include integrated pest-management programs to control vector-borne diseases like malaria and Chagas disease and energy-efficiency programs to improve thermal comfort and to reduce the presence of allergens like mold and dustmites. Other interventions include housing and health policy, regulation and standard setting, education, training, and participation.

Chauvel PY. From epilepsy genes to epileptogenic networks: the missing links. *Curr Opin Neurol* 2004; 17(2):139-40.

Chege MN, Kabiru EW, Mbithi JN, Bwayo JJ. Childcare practices of commercial sex workers. *East Afr Med J* 2002; 79(7):382-9.

Abstract: OBJECTIVE: To determine the childcare practices of commercial sex workers (CSWs). DESIGN: A descriptive cross-sectional survey was conducted between July and December 2000 during which a structured questionnaire was administered. SETTING: Kibera slum, Nairobi, Kenya. SUBJECTS: Three hundred eighty five CSWs and four focus group discussions (FGDs) held. Health cards from 126 under five years old children belonging to the respondents were reviewed for immunization status and regularity of growth monitoring. RESULTS: The mean age of the 385 CSWs surveyed was 32 +/- 7 years and mean duration of sex work was 6 +/- 4 years. The mean number of living children was 3.4 +/- 2 and 81.2% of the mothers lived with their children. Three quarters of the CSWs practised prostitution at home. The most common daily childcare activities by the mothers were food preparation (96.2%) and washing children's clothes (91.3%). Overall 96.8% of their under-five years old children were fully immunized and 80% of their under one year old children had their growth monitored monthly. About three quarters of the mothers with adolescent children educated them on HIV/STDs. Health seeking behaviour for the children was hampered by health care cost (71.4%) and consumption of alcohol by the mothers. Like other mothers, the CSWs encouraged their adolescent children to take up some adult roles such as maintaining a clean house (93.3%). However only 2.0% took time to converse or counsel the children. Focus group discussions (FGDs) with the CSWs showed that children were left unattended at night while the mothers went out in search of clients. Efforts to provide better education for the children were undermined by lack of funds (52.2%) and truancy (46.6%). One third of the study population had invested for the future maintenance of their children. CONCLUSION: There was more emphasis on physical, rather than psychological aspect of childcare. The practice of living with the children ensured that earnings from the sex trade were used for the immediate needs of the children such as food. However this practice had a negative influence on the children as the majority of the respondents conducted their sexual business at home with little or no privacy. Health seeking behaviour for the children was hampered by lack of funds and to some extent alcohol consumption by the mothers. Efforts to invest in the education of their children were undermined by lack of funds and truancy.

Chemtob CM, Nakashima JP, Hamada RS. Psychosocial intervention for postdisaster trauma symptoms in elementary school children: a controlled community field study. *Arch Pediatr Adolesc Med* 2002; 156(3):211-6.

Abstract: CONTEXT: Natural disasters negatively

affect children's emotional and behavioral adjustment. Although treatments to reduce psychological morbidity following disasters are needed, it has been difficult to conduct treatment research in postdisaster environments because of the sensitivity of victims to perceived intrusiveness and exploitation. **OBJECTIVE:** To evaluate the efficacy of a public health--inspired intervention combining school-based screening and psychosocial treatment to identify and treat children with persistent disaster-related trauma symptoms. **DESIGN:** To identify children with continued high levels of trauma-related symptoms 2 years after a major disaster, we conducted a community-wide school-based screening of disaster-exposed public elementary school children. Children with the highest levels of trauma-related symptoms were randomly assigned to 1 of 3 consecutively treated cohorts. Children in the cohorts awaiting treatment served as wait-list controls. Within each cohort, children were randomly assigned to either individual or group treatment to allow comparison of the efficacy of the 2 treatment modalities. **SETTING:** All 10 public elementary schools on the island of Kauai (one of the Hawaiian Islands) 2 years after Hurricane Iniki. **PARTICIPANTS:** All 4258 children in second through sixth grade were screened. The 248 children with the highest levels of psychological trauma symptoms were selected for treatment. **INTERVENTION:** Children were randomly assigned to either individual or group treatment provided by specially trained school-based counselors. Treatment comprised 4 sessions. **MAIN OUTCOME MEASURES:** The Kauai Reaction Inventory, a self-report measure of trauma symptoms, and the Child Reaction Inventory, a semistructured clinical interview for posttraumatic stress disorder symptoms. **RESULTS:** After treatment, children reported significant reductions in self-reported trauma-related symptoms. This symptom reduction was maintained at the 1-year follow-up. Clinical interviews also indicated that treated children had fewer trauma symptoms compared with untreated children. **CONCLUSIONS:** School-based community-wide screening followed by psychosocial intervention seems to effectively identify and reduce children's disaster-related trauma symptoms and may facilitate psychological recovery. While group and individual treatments did not differ in efficacy, fewer children dropped out of the group treatment. This approach may be applicable to screening and treating children exposed to a variety of large-scale disasters.

Chen C. Rebellion against the polio vaccine in Nigeria: implications for humanitarian policy. *Afr Health Sci* 2004; 4(3):205-7. Abstract: Polio eradication has been top on the agenda of various international humanitarian organizations since 1988. Caused by a virus that enters through the mouth, poliomyelitis attacks the nervous system, and can lead to irreversible paralysis or death. Children under five years of age are most at risk, and the oral

polio vaccine, OPV, is administered as a drop often on a lump of sugar placed in the child's mouth. Given multiple times, the vaccine may protect a child for life!. In this essay, the Nigerian scenario serves as a case study of community involvement and trust in international humanitarian policy. The underlying causes of the rebellion and its long term impact on immunization programs in the region as well around the world are of interest and relevance to students, teachers and practitioners of public health.

Chen JQ, Han P, Dunne MP. [Child sexual abuse: a study among 892 female students of a medical school]. *Zhonghua Er Ke Za Zhi* 2004; 42(1):39-43. Abstract: **OBJECTIVE:** This study was designed to ascertain the prevalence of child sexual abuse (CSA) among female students of a medical school and to explore the impact of CSA on the mental health and health related risk behaviors of the victims being sexually abused and to provide useful reference for CSA prevention. **METHODS:** A cross-sectional survey was carried out among 892 female students from a medical school by anonymous self-administered questionnaire during Oct. 2002. The questionnaire used for this study mainly included (1) general demographic information; (2) sexual experiences; (3) 12 forms of CSA. In this study, cases of CSA were defined as those who answered positively to one or more of the 12 questions relating to childhood sexual experiences (including non-physical contact CSA and physical contact CSA) occurring before age 16 with a person when a child did not want to. (4) Center for Epidemiologic Studies (CES)-Depression Scale; (5) Self Esteem Scale; (6) Risk Behaviors; (7) Health status' self-evaluation. Survey procedures were designed to protect students' privacy by allowing anonymous and voluntary participation. Students were seated separately, completed the self-administered questionnaire in their classrooms during a regular class period. Respondents were encouraged to participate in this survey, but given the sensitive nature of the subject, they could skip portion of the questionnaire if they were not comfortable with the questions. The completed questionnaires were sealed in envelopes by students themselves (the envelope was distributed with questionnaire at the same time), and then collected together. Data were analysed by using the Statistical Package for the Social Sciences software. Frequency, percentage, Chi-square test and t-test of statistics were used to analyze the CSA prevalence and explore the influence of CSA on mental health of students. **RESULTS:** Among 892 female students, 25.6% reported having experienced CSA (any one of 12 forms non-physical contact and physical contact CSA) before the age of 16 years. The median age at first episode was 12 years. Comparing the rates of CSA of female students in different parents' education level, between one-child in a family and more than one-child in a family, among rural area, county and city, there were no significant differences. Compared to the students

who had not experienced CSA, the students who had experienced CSA reported higher levels of depression (CES-D score 18.78 vs. 16.68,  $t = 2.81$ ,  $P = 0.005$ ), lower levels of health status self-evaluation (score 3.53 vs. 3.78,  $t = 2.94$ ,  $P = 0.003$ ); higher proportion of subjects who reported drinking alcohol and having ever smoked during the past 30 days (drinking 32.7% vs. 22.9%,  $\chi(2) = 8.51$ ,  $P = 0.004$ ; smoking 8.8% vs. 4.4%,  $\chi(2) = 6.17$ ,  $P = 0.013$ ); a higher percentage engaged in sexual intercourse (19.3% vs. 5.9%,  $\chi(2) = 33.48$ ,  $P = 0.000$ ); ever seriously considered attempting suicide (23.7% vs. 15.4%,  $\chi(2) = 8.09$ ,  $P = 0.004$ ), making a plan about how would attempt suicide (17.9% vs. 9.7%,  $\chi(2) = 10.62$ ,  $P = 0.001$ ), being threatened or injured by someone with a weapon such as a knife, or club on school property (3.5% vs. 1.1%,  $\chi(2) = 6.17$ ,  $P = 0.013$ ), being involved in physical fight (16.7% vs. 5.6%,  $\chi(2) = 27.05$ ,  $P = 0.000$ ) during the 12 months preceding the survey. **CONCLUSIONS:** The results further showed that the CSA of girls in our country is not uncommon, as reported before in our country and in the other countries and is associated with poor mental health and risky behaviors. The findings highlight the urgent need for the further research into CSA epidemiological characteristics, health services for the victims abused sexually, sexual abuse prevention programs in schools and the general community in China.

Chervin RD, Dillon JE, Archbold KH, Ruzicka DL. Conduct problems and symptoms of sleep disorders in children. *J Am Acad Child Adolesc Psychiatry* 2003; 42(2):201-8.

**Abstract:** **OBJECTIVE:** Conduct problems and hyperactivity are frequent among children referred for sleep-disordered breathing (SDB), restless legs syndrome, or periodic leg movements during sleep (PLMS), but children not referred to sleep centers have received little study. **METHOD:** Parents of children aged 2 to 14 years were surveyed at two general clinics between 1998 and 2000. A Pediatric Sleep Questionnaire generated validated scores for SDB and PLMS. The Conners Parent Rating Scale (CPRS-48) produced an age- and sex-adjusted Conduct Problem Index (CPI) and Hyperactivity Index. **RESULTS:** Parents of about 1,400 children were approached; those of 872 (62%) completed the surveys. Bullying and other specific aggressive behaviors were generally two to three times more frequent among 114 children at high risk for SDB than among the remaining children. An association between high CPI and SDB scores ( $p < .0001$ ) retained significance after adjustment for sleepiness, high Hyperactivity Index, stimulant use, or PLMS scores. Analogous results were obtained for the association between high CPI and PLMS scores. **CONCLUSIONS:** Conduct problems were associated with symptoms of SDB, restless legs syndrome, and PLMS. Although these results cannot prove a cause-and-effect relationship, assessment for sleep disorders may provide a new treatment opportunity for some

aggressive children.

Cheung R, Nelson W, Advincula L, Young Cureton V, Canham DL. Understanding the culture of Chinese children and families. *J Sch Nurs* 2005; 21(1):3-9. **Abstract:** Providing appropriate health care to a client can be accomplished only in an environment that is sensitive to the cultural values and beliefs of the client. As the population of first- and second-generation Chinese immigrants increases in the United States, the need to develop culturally sensitive health care becomes significant. Chinese immigrants and their families have become an important part of American society, including the school setting. The school nurse, who regularly works with students and families, should work in a manner that allows Chinese immigrants to maintain their cultural values and beliefs, while providing appropriate care for the student. The Chinese culture is unique and holds values and beliefs that contrast with those of the Western culture. A school nurse who understands and incorporates the Chinese culture will be better able to develop a positive interaction with the family and make arrangements for culturally appropriate care.

Chi TC, Hinshaw SP. Mother-child relationships of children with ADHD: the role of maternal depressive symptoms and depression-related distortions. *J Abnorm Child Psychol* 2002; 30(4):387-400.

**Abstract:** We investigated the Depression-->Distortion hypothesis by examining the effects of maternal depressive symptoms on cross-informant discrepancies in reports of child behavior problems and several measures of parent-child relationship. The sample included ninety-six 6 to 10-year-old children diagnosed with ADHD-Combined Type, and their mothers, who provided baseline data before participating in a randomized clinical trial. Measures incorporated child characteristics, self-reports of maternal depressive symptoms, parenting practices, and laboratory mother-child interactions. Elevations in maternal depressive symptoms were associated with maternal reports of negative parenting style but not with observed laboratory interactions. Mothers' levels of depressive symptoms predicted negative biases in their reports of their child's ADHD symptoms, general behavior problems, and their own negative parenting style. Whereas levels of depressive symptoms did not predict observed parenting behaviors, maternal distortions did predict problematic parent-child interactions. Exploratory analyses showed a marginally significant mediation effect of the relationship between maternal depressive symptomatology and reports of negative parenting by depressive distortions. We discuss implications of linkages between depressive symptoms in mothers, depression-related distortions, and mother-child relationships for research and intervention in developmental psychopathology.

Chiarello LA, O'Neil M, Dichter CG *et al.* Exploring physical therapy clinical decision making for children with spastic diplegia: survey of pediatric practice. *Pediatr Phys Ther* 2005; 17(1):46-54. Abstract: PURPOSE: The purpose of this special interest report is to describe the outcomes of a research round table discussion regarding the physical therapy management of mobility for children with spastic diplegia. DESCRIPTION: Sixty-two pediatric physical therapists and physical therapists assistants participated in focus groups during the Research Round Table at the American Physical Therapy Association (APTA) 1999 Combined Sections Meeting. A case description of a child with spastic diplegia and guiding questions were used to facilitate discussion. SUMMARY OF EXPERIENCE: Common practices in patient management across the child's life-span emerged from the discussion. Practices in examination, evaluation and prognosis, and intervention differed depending on the age and function of the child and the family's needs. In general, therapists reported that younger children receive examinations that include standardized tests of development and ongoing intervention with a frequency of one to five times per week. In contrast, older children receive therapy services on an episodic basis that address their specific needs. The elements of patient management served as a useful framework for exploring decision making. IMPORTANCE TO PEDIATRIC PHYSICAL THERAPY: The information compiled from this project needs to be validated through systematic inquiry. Therapists may, however, use the practices reported here to reflect on their clinical decision making and to identify questions for further exploration. This descriptive document is the first step in the development of a guideline for evidence-based practice. The development of such a clinical guideline could serve as an education tool for novice therapists, a program evaluation tool to ensure quality care, and a foundation for future research to promote evidence-based practice.

Chiczewski D, Kelly M. Munchausen syndrome by proxy. The importance of behavioral characteristics in recognition and investigation. *Emerg Med Serv* 2002; 31(10):117-9.

Abstract: Munchausen Syndrome by Proxy is a serious form of child abuse/maltreatment that often leads to death. Unfortunately, it is sometimes recognized only after a child dies. Police and EMS personnel are mandated reporters of child abuse; however, it is important to understand the differences in behaviors and characteristics found in Munchausen syndrome, as opposed to other forms of abuse.

Chien WC, Pai L, Lin CC, Chen HC. Epidemiology of hospitalized burns patients in Taiwan. *Burns* 2003; 29(6):582-8.

Abstract: Previous studies based on either single hospital data or sampling of specific groups of hospitalized burns victims in Taiwan have provided

only minimal epidemiological information. The study is designed to provide additional data on the epidemiology of hospitalized burns patients in Taiwan. Data were obtained from the Burn Injury Information System (BIIS), which brings together information supplied by 34 contracted hospitals. The study time course spanned a 2-year period from July 1997 to June 1999. Patient characteristics (age, sex, education level, etc.), causes and severity of injuries, and medical care measures were explored. A total of 4741 patients were registered with BIIS over the study period. The majority of hospitalized patients (67%) were male. The age distribution of burns patients showed peaks occurring at the age groups of 0-5 and 35-44 years. Over the time course of a day, burn injuries occurred more frequently from 10:00 to 12:00 h and 16:00 to 18:00 h. Injuries suspected as the result of suicide, homicide or child abuse accounted for 4.8% of hospitalized cases. More than 48% of the burns occurred in the home. The leading type of burn injury was scalding, followed by naked flame, explosion, electrical burns, and chemical burns due to caustic or corrosive substances. The mean percent total body surface area (%TBSA) for adults was 19%, and for young children was 12%. The average length of hospital stay was 18 days. In conclusion, children under 5 years and adults between 35 and 44 years of age are two high-risk groups for burn injuries. Corresponding to meal preparation time, hot substances such as boiling water, hot soup, etc. are the most common agents responsible for scalds. Prevention programs for reducing the risk of burn injuries during cooking and eating are required, especially for parents with young children.

Chilcoat HD, Breslau N. Low birth weight as a vulnerability marker for early drug use. *Exp Clin Psychopharmacol* 2002; 10(2):104-12.

Abstract: Using prospective data from a community-based sample, the authors tested (a) whether low birth weight (LBW) was a vulnerability marker for children's early drug use and (b) whether the antecedents and sequelae of LBW may act as mediators or confounders in the pathway to early drug use. A total of 823 children and their mothers--473 LBW (<2,500 g) and 350 normal birth weight (NBW)--were assessed when the children were 6 years old and again when they were 11 years old. The incidence of drug use was higher in LBW versus NBW boys (relative odds = 2.0, 95% confidence interval = 1.2-2.6), but there was no difference in incidence for girls. The increased risk for LBW boys remained after adjustment for IQ, externalizing problems, attention-deficit/hyperactivity disorder, and maternal smoking. These findings suggest that LBW is a useful vulnerability marker for early drug use among boys, independent of the antecedents and sequelae of LBW.

Chiu YN. Exploring the issue of abused hyperactive children in Taiwan. *Acta Paediatr Taiwan* 2005; 46(1):1-2.

Cho S, Shin MS. Neural network based automatic diagnosis of children with brain dysfunction. *Int J Neural Syst* 2001; 11(4):361-9.

Abstract: This paper proposes the use of multilayer perceptron for brain dysfunction diagnosis. The performance of MLP was better than that of Discriminant Analysis and Decision Tree classifiers, with an 85% accuracy rate in an experimental test involving 332 subjects. In addition, the neural network employing Bayesian learning was able to identify the most important input variable. These two results demonstrate that the neural network can be effectively used in the diagnosis of children with brain dysfunction.

Chomchai C, Na Manorom N, Watanarungsan P, Yossuck P, Chomchai S. Methamphetamine abuse during pregnancy and its health impact on neonates born at Siriraj Hospital, Bangkok, Thailand. *Southeast Asian J Trop Med Public Health* 2004; 35(1):228-31.

Abstract: To ascertain the impact of intrauterine methamphetamine exposure on the overall health of newborn infants at Siriraj Hospital, Bangkok, Thailand, birth records of somatic growth parameters and neonatal withdrawal symptoms of 47 infants born to methamphetamine-abusing women during January 2001 to December 2001 were compared to 49 newborns whose mothers did not use methamphetamines during pregnancy. The data on somatic growth was analyzed using linear regression and multiple linear regression. The association between methamphetamine use and withdrawal symptoms was analyzed using the chi-square. Home visitation and maternal interview records were reviewed in order to assess for child-rearing attitude, and psychosocial parameters. Infants of methamphetamine-abusing mothers were found to have a significantly smaller gestational age-adjusted head circumference (regression coefficient = -1.458,  $p < 0.001$ ) and birth weight (regression coefficient = -217.9,  $p < 0.001$ ) measurements. Methamphetamine exposure was also associated with symptoms of agitation (5/47), vomiting (11/47) and tachypnea (12/47) when compared to the non-exposed group ( $p < 0.001$ ). Maternal interviews were conducted in 23 cases and showed that: 96% of the cases had inadequate prenatal care (<5 visits), 48% had at least one parent involved in prostitution, 39% of the mothers were unwilling to take their children home, and government or non-government support were provided in only 30% of the cases. In-utero methamphetamine exposure has been shown to adversely effect somatic growth of newborns and cause a variety of withdrawal-like symptoms. These infants are also psychosocially disadvantaged and are at greater risk for abuse and neglect.

Chow LM, Friedman JN, Macarthur C *et al.* Peripherally inserted central catheter (PICC) fracture and embolization in the pediatric population. *J Pediatr* 2003; 142(2):141-4.

Abstract: OBJECTIVES: To document and characterize fracture and embolization of peripherally inserted central catheters (PICCs) in the pediatric population and define predisposing features for these complications. STUDY DESIGN: A case series was assembled by examining the records of PICC insertions in a single tertiary care pediatric hospital over a 6-year period. A control group was selected by simple random sampling of eligible PICC insertions. RESULTS: Among approximately 1650 PICCs, 11 children were identified with a fractured line, requiring invasive retrieval. Patient characteristics did not reveal any specific risk factors compared with the control group. Likewise, catheter size, site, and medications infused through the line were not significant predisposing factors for fracture. However, duration of placement and a line complication (blockage of the line or leaking at the insertion site) were significantly associated with catheter fractures. In all cases, the embolized line fragment was successfully retrieved by percutaneously inserted catheters and snares. No major complications arose from these fractured catheters. CONCLUSIONS: Fracture and embolization of PICCs occur and may pose a potential risk of serious consequences. It is prudent to list PICC fracture as a rare but potentially serious complication of this device when obtaining informed consent for its insertion.

Christensen CL, Bowen DJ, Hart A Jr, Kuniyuki A, Saleeba AE, Campbell MK. Recruitment of religious organisations into a community-based health promotion programme. *Health Soc Care Community* 2005; 13(4):313-22.

Abstract: Programmes concerned with health promotion activities frequently rely on community organisations to deliver health behaviour change interventions. This paper presents data on the recruitment of religious organisations (ROs) into a research project focused on dietary change. The authors contacted the membership list of a local multi-denominational religious umbrella organisation by mail. The recruitment process consisted of a screening survey followed by an informational meeting with RO representatives, with additional meetings as necessary. The ROs were surveyed by telephone, and the initial and follow-up meetings were held at a location convenient to the RO representatives, often the RO's building. For this paper, the unit of analysis is the RO. The ROs approached during the recruitment process were of a variety of faiths and denominations. All were located within the metropolitan area of Seattle, WA, USA. The screening survey was used to determine RO eligibility, and collect further information on the RO and its membership. The survey included questions adapted from previous RO surveys and questions developed by the project team. The recruitment strategy yielded a 26% enrollment rate of eligible ROs. In comparison to eligible ROs, those that did not meet the eligibility criteria were less stable, smaller and had a membership that was less white, less college-



educated and more working class. The size of the RO and the number of years that the religious leader had been with the RO were the strongest predictors of the RO's interest in participating in the project. These data will be helpful in recruiting community organisations into health promotion programmes.

Christianson A, Modell B. Medical genetics in developing countries. *Annu Rev Genomics Hum Genet* 2004; 5:219-65.

Abstract: Since Watson & Crick's 1953 description of the structure of DNA, significant progress has been achieved in the control of congenital disorders, most of which has benefited industrialized countries. Little advantage accrued to developing nations, most of which in the same time frame achieved a significant epidemiological transition, resulting in congenital disorders attaining public health significance. The burden of congenital disorders in these lower-resource countries is high and they need to develop medical genetic services. We present a new pragmatic approach for the care and prevention of congenital disorders in these countries, pioneered initially by the World Health Organization.

Chronis AM, Lahey BB, Pelham WE Jr, Kipp HL, Baumann BL, Lee SS. Psychopathology and substance abuse in parents of young children with attention-deficit/hyperactivity disorder. *J Am Acad Child Adolesc Psychiatry* 2003; 42(12):1424-32. Abstract: OBJECTIVE: To compare the prevalence of psychological disorders in parents of young children with and without attention-deficit/hyperactivity disorder (ADHD) and comorbid disruptive behavior disorders (DBD). METHOD: Subjects included 98 three- to seven-year-old children with DSM-IV ADHD (68 with ADHD and comorbid oppositional defiant or conduct disorder [ADHD+ODD/CD]) and 116 non-ADHD comparison children recruited in 1995-96 during the first wave of a longitudinal study. Biological mothers were administered interviews to assess ADHD and DBD in their children and mood, anxiety, and substance use disorders in themselves. In addition, they were queried about symptoms of childhood ADHD and DBD, and antisocial personality disorder in themselves and their children's biological fathers. RESULTS: Child ADHD was associated with increased rates of maternal and paternal childhood ADHD relative to comparison children. Child ADHD+ODD/CD was associated with maternal mood disorders, anxiety disorders, and stimulant/cocaine dependence, and paternal childhood DBD. Mothers of children with ADHD+ODD/CD also reported increased drinking problems in their children's fathers. CONCLUSIONS: These findings indicate that many young children with ADHD, particularly those with comorbid ODD/CD, require comprehensive services to address both their ADHD and the mental health needs of their parents.

Chu SY, Barker LE, Smith PJ. Racial/ethnic disparities in preschool immunizations: United States, 1996-2001. *Am J Public Health* 2004; 94(6):973-7. Abstract: OBJECTIVES: We examined current racial/ethnic differences in immunization coverage rates among US preschool children. METHODS: Using National Immunization Survey data from 1996 through 2001, we compared vaccination coverage rates between non-Hispanic White, non-Hispanic Black, Hispanic, and Asian preschool children. RESULTS: During the 6-year study period, the immunization coverage gap between White and Black children widened by an average of 1.1% each year, and the gap between White and Hispanic children widened by an average of 0.5% each year. The gap between White and Asian children narrowed by an average of 0.8% each year. CONCLUSIONS: Racial/ethnic disparities in preschool immunization coverage rates have increased significantly among some groups; critical improvements in identifying, understanding, and addressing race/ethnicity-specific health care differences are needed to achieve the Healthy People 2010 goal of eliminating disparities.

Chung S, Shannon M. Hospital planning for acts of terrorism and other public health emergencies involving children. *Arch Dis Child* 2005; 90(12):1300-7. Abstract: In today's world the increased potential of terrorist attacks places unique burdens and consequences on health care workers. Hospitals and hospital personnel must now be prepared to react immediately to such events. They must also implement, in advance, policies to protect their own health care personnel while providing care to victims. In this review, we discuss the four major forms of mass casualty terrorism (biological, chemical, nuclear, and thermomechanical) including clinical signs and symptoms for each, the impact on health care personnel, and special considerations for children. We will then outline key principles of hospital preparation with regard to paediatrics in anticipation of such emergencies.

Chvetzoff G, Garnier M, Perol D *et al.* Factors predicting home death for terminally ill cancer patients receiving hospital-based home care: the Lyon comprehensive cancer center experience. *J Pain Symptom Manage* 2005; 30(6):528-35. Abstract: This study aimed to determine factors favoring home death for cancer patients in a context of coordinated home care. A retrospective study was conducted among patients followed up by the home care coordinating unit of the cancer center of Lyon. The main endpoint was place of death. Univariate analysis included general characteristics (age, gender, rural or urban residence, disease), Karnofsky Index (KI), type of care at referral (chemotherapy, palliative care, or other supportive care), and coordinating medical oncologist (MCO) home visits. Significant factors were used in a logistic regression analysis. Of

250 patients, 90 (36%) had home death. Low KI and MCO home visit were correlated with home death (odds ratio, respectively, 2.1 and 3.1). These results indicate that health care support favors home death. A hospital-based home care unit is effective for bridging the gap between community and hospital. MCO home visits offer concrete support to health care professionals, patients, and relatives.

Cicchetti D, Rogosch FA. The impact of child maltreatment and psychopathology on neuroendocrine functioning. *Dev Psychopathol* 2001; 13(4):783-804. Abstract: Cortisol regulation was investigated in a sample of school-aged maltreated (n = 167) and demographically comparable low-income nonmaltreated (n = 204) boys and girls in the context of a day camp research program. The presence of clinical-level internalizing and clinical-level externalizing symptomatology was determined through adult report and child self report. Children who exhibited clinical-level internalizing problems only, clinical-level externalizing problems only, and comorbid clinical-level internalizing and externalizing problems were identified. Clinical-level cases were more prevalent among the maltreated children. Maltreated children with clinical-level internalizing problems were distinguished by higher morning, afternoon, and average daily cortisol levels across the week of camp attendance. In contrast, nonmaltreated boys with clinical-level externalizing problems emerged as distinct in terms of low levels of morning and average daily levels of cortisol. Maltreated children with comorbid clinical-level internalizing and externalizing problems were more likely not to show the expected diurnal decrease in cortisol. The findings are discussed in terms of the joint impact of maltreatment and different forms of psychopathology on neuroendocrine regulation.

Cicchetti D, Rogosch FA, Maughan A, Toth SL, Bruce J. False belief understanding in maltreated children. *Dev Psychopathol* 2003; 15(4):1067-91. Abstract: False belief understanding was investigated in maltreated (N = 203), low socioeconomic status (SES) nonmaltreated (N = 143), and middle SES nonmaltreated (N = 172) 3- to 8-year-old children. Contrasts among the three groups provided an opportunity to examine the impact of family contextual influences on theory of mind development. Specifically, child maltreatment served as an "experiment of nature" in order to elucidate theory of mind abilities. Two false belief tasks and language assessments were administered. Among children with a verbal mental age of 49 months or greater, maltreatment was related to delays in the development of theory of mind, beyond the influence of chronological age and SES. The occurrence of maltreatment during the toddler period, onset during the toddler years, and physical abuse were features of maltreatment associated with delay in the development

of theory of mind. Findings are discussed in terms of the influence of harsh caregiving on the development of theory of mind. Implications for the understanding of normal developmental processes are highlighted.

Cignacco E. Between professional duty and ethical confusion: midwives and selective termination of pregnancy. *Nurs Ethics* 2002; 9(2):179-91; discussion 191-3.

Notes: GENERAL NOTE: KIE: 12 refs. GENERAL NOTE: KIE: KIE Bib: abortion/attitudes; nursing ethics

Abstract: This qualitative study describes midwives' experiences in relation to termination of pregnancy for fetal abnormalities, and their corresponding professional and ethical position. Thirteen midwives working in a university clinic were interviewed about their problems in this respect. The information gathered was evaluated by using qualitative content analysis. The study focused on the emotional experience of the midwives, their professional position, and ethical conflict. In this situation, midwives are faced with a conflict between the woman's right to self-determination on one hand and the right to life of the child on the other. This conflict causes a high level of emotional stress and, subsequently, professional identity problems. Although questions concerning the child's right to life are generally suppressed, the ethical principle of the woman's right to self-determination is rationalized. Although this process of rationalization seems to present a false ethical decision, it enables midwives to continue with their daily professional duties. As far as orientating midwives to the value of these women's right to self-determination is concerned, it must be assumed that they have made an ethical decision to which they have given insufficient thought. This problem is exacerbated by the fact that midwives are largely excluded from the decision-making process of the parents in question. They cannot therefore help in this process in a valuable and responsible way by providing clear information and proposing objective criteria. In relation to the tasks they are expected to fulfill, these midwives revealed that they were in a state of professional confusion.

Cinq-Mars C, Wright J, Cyr M, McDuff P. Sexual at-risk behaviors of sexually abused adolescent girls. *J Child Sex Abus* 2003; 12(2):1-18.

Abstract: The present study investigated sexual at-risk behaviors of sexually abused adolescent girls. Variables of interest were presence of consensual sexual activity, age at first consensual intercourse, number of sexual partners, condom use, and pregnancies. Participants were 125 sexually abused adolescent girls aged 12 to 17 years. Results showed that severity of sexual abuse (e.g., penetration, multiple perpetrators, physical coercion, multiple incidents of abuse) was related to a greater number of sexual at-risk behaviors. For instance, adolescents with a history of sexual abuse involving penetration were 13 times as

likely to have been pregnant. Although family characteristics were significantly associated with being sexually active, their effect proved non-significant in the final hierarchical regression. Regression analyses clearly showed that the likelihood of engaging in sexual at-risk behaviors increased as a function of the number of severity factors.

Clark C. An argument for considering parental smoking in child abuse and neglect proceedings. *J Contemp Health Law Policy* 2002; 19(1):225-46.

Clark DB, Cornelius J. Childhood psychopathology and adolescent cigarette smoking: a prospective survival analysis in children at high risk for substance use disorders. *Addict Behav* 2004; 29(4):837-41. Abstract: Children of parents with substance use disorders (SUDs) have been shown to demonstrate an increased risk for cigarette smoking in adolescence. In this prospective study, we hypothesized that adolescent cigarette smoking risk would be accounted for by childhood disruptive behavior disorders and parent cigarette smoking. Preadolescent children (ages 10-12 years) of fathers with SUD considered at high average risk (HAR; n=274) and children of fathers without SUD or major psychopathology considered at low average risk (LAR; n=298) participated in structured interviews to determine mental disorder diagnoses and substance use history. Both parents were assessed. The age of onset of daily tobacco use was determined in three follow-up assessments conducted through late adolescence. Conduct disorder (CD) and parental smoking predicted earlier daily cigarette smoking, and mediated the relationship between risk status and offspring daily cigarette smoking. Through the identification of childhood characteristics predicting daily cigarette smoking in adolescence, these results may facilitate targeting of early childhood preventive interventions.

Clark DB, Cornelius JR, Kirisci L, Tarter RE. Childhood risk categories for adolescent substance involvement: a general liability typology. *Drug Alcohol Depend* 2005; 77(1):13-21.

Abstract: Childhood risks for adolescent substance involvement include parental substance use disorders (SUDs), psychological dysregulation and early tobacco and alcohol experimentation. This study was designed to identify childhood risk categories predicting accelerated adolescent substance involvement across drug types and stages. The index subjects were 560 children recruited from high risk (n = 266) or low risk (n = 294) families based on fathers' SUDs. Assessments were conducted at approximately ages 11 (baseline), 13, 16, and 19 years. Childhood predictors included parent SUDs, early tobacco or alcohol use (i.e., substance use), and neurobehavior disinhibition (ND) as determined by indicators of cognitive, affective and behavioral disinhibition. A cluster

analysis defined five risk categories based on baseline characteristics as follows: (1) High (n = 31; 100% had both parents with SUDs, 100% had early substance use, and the mean ND score = 58.9); (2) Intermediate-High (n = 76; 45% had one parent with SUD, 100% early substance use and ND = 51.9); (3) Intermediate (n = 76; 100% both parents with SUDs, 0% early substance use and ND = 51.4); (4) Intermediate-Low (n = 161; 100% with one SUD parent; 0% early substance use and ND = 49.9) and; (5) Low (n = 216; no parental SUD, no early substance use and ND = 47.5). Compared with all other groups, children in the High risk group had significantly accelerated substance involvement across all substance types and stages. The ordering of risk categories from low to high was also consistent for all substance involvement outcomes. The findings indicate that these five risk categories constitute general liability classes for adolescent substance involvement, and may identify homogeneous groups of children requiring distinct preventive interventions.

Clark DB, Winters KC. Measuring risks and outcomes in substance use disorders prevention research. *J Consult Clin Psychol* 2002; 70(6):1207-23. Abstract: Assessment planning in substance use disorder prevention research entails the identification of measurement domains and the selection of corresponding instruments needed to fulfill specific project goals. The study design, developmental periods examined, feasibility constraints, and anticipated statistical analyses are important considerations in optimally designing the assessment protocol. As a conceptual framework to organize the domains considered here as examples, the multifactorial model of complex disorders with elaborations emphasized by the discipline of developmental psychopathology is applied. Risks reviewed include family history, childhood maltreatment, peer relationships, and psychopathology. The substance involvement dimensions germane as outcomes include substance type, consumption quantity and frequency, and substance-related problems. Comprehensive diachronic evaluation over critical developmental periods provides the technical foundation for etiology and intervention research.

Clark DB, Wood DS, Martin CS, Cornelius JR, Lynch KG, Shiffman S. Multidimensional assessment of nicotine dependence in adolescents. *Drug Alcohol Depend* 2005; 77(3):235-42.

Abstract: Despite the critical importance of adolescent smoking, the assessment of nicotine dependence during this developmental period has been the subject of relatively little research. In this study, 301 adolescents (ages 12 through 18 years) reporting daily smoking were recruited for a project on alcohol use disorders (AUDs). The sample included 140 females and 161 males, 251 subjects from clinical and 50 from community sources, and 176 subjects with AUDs at the

baseline assessment. Subjects were evaluated with the Nicotine Dependence Syndrome Scale (NDSS), the Fagerstrom Test for Nicotine Dependence (FTND) and a determination of average number of cigarettes per day (cigarettes/day). A varimax factor analysis of 27 NDSS items revealed four factors: (1) Drive/Tolerance (13 items; Cronbach alpha = 0.91); (2) Continuity (five items; Cronbach alpha = 0.67); (3) Priority (three items; Cronbach alpha = 0.64); (4) Stereotypy (five items; Cronbach alpha = 0.66). The NDSS total score, refined by the removal of four items, was also examined (23 items; Cronbach alpha = 0.90). Predicting cigarettes/day at follow-up, initial smoking rate was the best predictor, with the FTND and NDSS Total score showing significant and similar predictive validity. The NDSS Total showed incremental validity in the prediction of smoking progression in a model including demographic characteristics, initial smoking rate and FTND. The findings suggest that the NDSS has acceptable psychometric properties when applied to adolescents, complementing smoking rate and FTND in a multidimensional smoking assessment.

Clark PA. The ethics of mandatory HIV testing of all pregnant women. *Linacre Q* 2003; 70(1):2-17. Notes: GENERAL NOTE: KIE: 38 refs. GENERAL NOTE: KIE: KIE Bib: AIDS/testing and screening

Clark PA. Medical futility in pediatrics: is it time for a public policy? *J Public Health Policy* 2002; 23(1):66-89. Notes: GENERAL NOTE: KIE: 49 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die; allowing to die/infants Abstract: For the past decade, there has been a debate raging within the medical, ethical, and legal communities focusing on the issue of medical futility. What has fueled the fires of this multi-faceted debate is the patient rights movement and the perception that the right to self-determination extends not only to the refusal of medical treatments but to demands for overtreatment. The medical specialities of Pediatrics and Neonatology further complicate this issue because despite the dramatic technological advances in these areas, diagnostic and prognostic certainty for many medical conditions remains illusive. As a result, surrogates have to decide whether children with various congenital anomalies, diseases, and genetic defects should be treated aggressively if at all. This uncertainty has led to conflicts between physicians and families about whether certain medical treatments are futile and thus not in the best interest of the child. From a legal and ethical perspective, one way to resolve these conflicts would be a specific process-based public policy approach to futility determinations on a case-by-case basis. The medical futility policy proposed as a public policy protects the patient's right to self-determination; the physician's right of professional integrity; society's concern for the just

allocation of scarce medical resources; and is securely rooted in the ethical tradition of promoting and defending human dignity.

Clark PA. What residents are not learning: observations in an NICU. *Acad Med* 2001; 76(5):419-24. Notes: GENERAL NOTE: KIE: 5 refs. GENERAL NOTE: KIE: KIE Bib: patient care/minors Abstract: In light of the November 1999 report of the Institute of Medicine on medical errors as a leading cause of death and injury, and the July 2000 report of the Accreditation Council for Graduate Medical Education citing violations of work-hour standards for residents and interns, there is a clear need for substantial changes in residency training. The author, a clinical bioethicist, uses his extended observations at a neonatal intensive care unit (NICU) of a major U.S. teaching hospital to outline specific concerns about residents' and interns' training, medical and otherwise, that create unnecessary hazards and other difficulties in the medical care of children. These concerns-which arise from constructive criticisms he makes of specific NICU procedures, methods, approaches, and policies-apply directly to training residents in several areas of medicine and more generally to all residents' training, and echo many of the issues stated in the reports mentioned above. The author maintains that a well-rounded medical education, fostering not only clinical skills but others (e.g., skills in teaching; in communication; in collaborating with nurses, social workers, and others; in working with families; in showing compassion; in dealing with confidentiality issues; in using common sense; in being the patient's advocate), is crucial for producing well-rounded physicians. He emphasizes that in order for such a well-rounded education to occur, the residency program-which in many cases means the attending physicians-must teach and model these varied skills and attitudes to their trainees.

Clark S. Roy Meadow. *Lancet* 2005; 366(9484):449-50.

Clark SJ, Wilkinson DR. Decision making by the child protection team of a medical center. *Health Soc Work* 2003; 28(4):322-3.

Clarke D, Howells J, Wellingham J, Gribben B. Integrating healthcare: the Counties Manukau experience. *N Z Med J* 2003; 116(1169):U325. Abstract: In 1998, Counties Manukau District Health Board (CMDHB) was experiencing rapidly increasing demands on its secondary services. It was finding it increasingly difficult to meet the health needs of its relatively deprived population. There was widespread evidence of "systems failure", with poor coordination of primary and secondary services. A strategic plan was devised to meet identified priorities and this was subsequently implemented with extensive community involvement. A "disruptive change" model was

utilised. Thirty separate projects were undertaken to improve coordination and integration of health services. Brief summaries of all projects are presented, and full evaluations were performed of major projects. Factors critical to project success were: dedicated and effective leadership; involvement of clinical staff; early engagement of the Maori and Pacific community; careful selection of stakeholders; reassurance for providers about privacy issues; close monitoring of project progress; realistic timeframes; and adequate initial funding. CMDHB believes that the critical factor to success in improving the performance of the health sector will be the ability of our key leaders in primary and secondary care, in both management and clinical roles, to adopt a systems view to problem analysis and solution building

Clarke EE. The experience of starting a poison control centre in Africa--the Ghana experience. *Toxicology* 2004; 198(1-3):267-72.  
Abstract: The need for a poison centre in Ghana has been well demonstrated over the years as evidenced by the occurrence of a variety of cases of poisoning. Important causes are accidental poisoning from mishandling of pesticides, accidental poisoning among children from kerosene and pesticide ingestion due to unsafe storage methods in the home, use of herbal potions of unknown composition, overdoses of certain pharmaceuticals for illegal abortion, and accidental food poisonings. Bites from venomous animals particularly snakes are also common. Though preparations toward the establishment of a poison control centre started in mid 1999, it was not until early 2002 that the operations of a modest information centre commenced. Major roles the centre are currently performing include providing: an information service for health professionals on management advice in cases of poisoning; training for primary health personnel in the management of common poisonings; training for agricultural personnel in prevention and first aid management of pesticide poisoning; public awareness education and information programmes for prevention of poisoning. Some of the important challenges being faced include ensuring adequate sensitization on the need for centers particularly among health professionals, difficulties in acquiring adequate numbers of and appropriate training for staff of the centre, dedicated phone lines, literature and timely acquisition of toxicological data-bases. Others are poor networking among centers in the region and the absence of clinical and laboratory toxicology services dedicated to managing poisonings. The key lessons learned include the need for multi-sectoral involvement and support from the onset, the need to learn from experiences of established centers and the need to model requirements to suit local conditions without compromising the effectiveness of services.

Clarke P. Why do you want this job? Interview by Renate Thome. *Nurs Stand* 2001; 15(41):18-9.

Claudon M, Upton J, Burrows PE. Diffuse venous malformations of the upper limb: morphologic characterization by MRI and venography. *Pediatr Radiol* 2001; 31(7):507-14.  
Abstract: OBJECTIVES: To define the morphologic abnormalities in patients presenting with diffuse pure venous malformations (VM) of the upper extremity. SUBJECTS AND METHODS: A retrospective review of MRI and venography was performed on five patients, aged 6 months to 20 years, with extensive VM of the upper limbs. Abnormalities of major conducting veins were categorized as varicosities, stenoses, and asymmetrical pouches; anomalous venous spaces were classified into confluent lakes, interconnecting channels and spongelike plexiform networks. MRI and venographic data were reviewed separately and then simultaneously in order to establish correlation between types, location, and extent of lesions. RESULTS: In all patients, the percentage of replacement of normal tissues by VM was shown by MRI to be significantly higher in the distal limb than in the proximal limb. Involvement of multiple tissue layers was seen in all cases, including, with a decreasing rate, muscles, tendons, interosseous membrane of the forearm, and bone. Venography showed superficial varicosities, frequently associated with stenoses and assymetric pouches in all patients. Interconnecting channels and venous lakes were noted in half of the segments, typically in muscle and other deep locations, and subcutaneous spongelike lesions were seen in two patients. MRI provided a more accurate evaluation of tissue extent. Venograms better demonstrated morphological details and provided more information about the venous drainage. Direct comparison of MR images with venograms helped to identify and characterize venous lesions on cross-sectional MR data. CONCLUSION: Diffuse VM of the upper extremity are most extensive distally, and all tissues layers can be involved, each with a characteristic morphologic appearance. The morphology of different components of the VM is related to the nature of the surrounding tissue.

Claus C, Lidberg L. Ego-boundary disturbances in sadomasochism. *Int J Law Psychiatry* 2003; 26(2):151-63.

Clayton EW. Ethical, legal, and social implications of genomic medicine. *N Engl J Med* 2003; 349(6):562-9.  
Notes: GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; genetic screening

Cleaver JE. Cancer in xeroderma pigmentosum and related disorders of DNA repair. *Nat Rev Cancer* 2005; 5(7):564-73.  
Abstract: Nucleotide-excision repair diseases exhibit cancer, complex developmental disorders and neurodegeneration. Cancer is the hallmark of xeroderma pigmentosum (XP), and neurodegeneration

and developmental disorders are the hallmarks of Cockayne syndrome and trichothiodystrophy. A distinguishing feature is that the DNA-repair or DNA-replication deficiencies of XP involve most of the genome, whereas the defects in CS are confined to actively transcribed genes. Many of the proteins involved in repair are also components of dynamic multiprotein complexes, transcription factors, ubiquitylation cofactors and signal-transduction networks. Complex clinical phenotypes might therefore result from unanticipated effects on other genes and proteins.

Clements PT, Averill JB. Patterns of knowing as a method of assessment and intervention for children exposed to family-member homicide. *Arch Psychiatr Nurs* 2004; 18(4):143-50.

Abstract: The patterns of knowing identified by Carper in 1978, specifically empirics, aesthetics, ethics, and personal knowing, continue to be applied to the expanding role of nursing. Sociopolitical knowing and unknowing add important dimensions, as well. Knowing is an individual process and a metamorphosis of interplay among theory, research, and practice. These patterns of knowing are inherently applicable to any specialty within the profession of nursing. As nursing specialties such as forensic nursing emerge, the patterns of knowing can provide a foundational approach to comprehensive assessment and intervention for victims of interpersonal violence. As an example, forensic nurses confronted with children who have witnessed family-member homicide can use all of the patterns of knowing for comprehensive nursing assessment and intervention.

Cloitre M, Koenen KC, Cohen LR, Han H. Skills training in affective and interpersonal regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse. *J Consult Clin Psychol* 2002; 70(5):1067-74.

Abstract: Fifty-eight women with posttraumatic stress disorder (PTSD) related to childhood abuse were randomly assigned to a 2-phase cognitive-behavioral treatment or a minimal attention wait list. Phase 1 of treatment included 8 weekly sessions of skills training in affect and interpersonal regulation; Phase 2 included 8 sessions of modified prolonged exposure. Compared with those on wait list, participants in active treatment showed significant improvement in affect regulation problems, interpersonal skills deficits, and PTSD symptoms. Gains were maintained at 3- and 9-month follow-up. Phase 1 therapeutic alliance and negative mood regulation skills predicted Phase 2 exposure success in reducing PTSD, suggesting the value of establishing a strong therapeutic relationship and emotion regulation skills before exposure work among chronic PTSD populations.

Cloud J. *Pedophilia*. *Time* 2002; 159(17):42-6, 48.

Cloutier A, Finley J. Telepediatric cardiology practice in Canada. *Telemed J E Health* 2004; 10(1):33-7. Abstract: Telemedicine was introduced in Canadian pediatric cardiology practice in 1987 in the Maritime provinces with real-time echocardiography transmissions. This early experience was adopted progressively by other provinces, and, with technological progress, many different applications are now available. Telemedicine has now become an essential tool in providing access to one of the 15 pediatric cardiology centers for the entire Canadian population from coast to coast. This includes teleconsultations and surgical discussions. Additionally, a teleeducation program links all 15 centers for professional education. Indeed, 16 years after its introduction, telemedicine has become an essential component in the delivery of pediatric cardiology. We will likely see further development in this field consistent with technological advances and patient demand as well as expanded networks and newer applications.

Clubb PA, Browne DC, Humphrey AD, Schoenbach V, Meyer B, Jackson M. Violent behaviors in early adolescent minority youth: results from a "middle school youth risk behavior survey". *Matern Child Health J* 2001; 5(4):225-35. Notes: CORPORATE NAME: RSVPP Steering Committee

Abstract: OBJECTIVES: To describe the prevalence and characteristics of violence and violence-related behaviors among six populations of U.S. minority adolescents in grades 6-8. METHODS: Six thousand four hundred non-White adolescents were recruited from six sites that were part of a collaborative project. Surveys were administered either during the school day or at community facilities. All students at each site were asked 10 questions about recent violence-related behaviors (including use of threats, fighting, weapon carrying, and weapon use). Prevalence of each violence-related behavior was reported within and across sites, and stratified by race/ethnicity, gender, age, and other characteristics expected to influence the behaviors. RESULTS: Sixty-six percent (66%) of the middle school students sampled reported being involved in some type of recent fighting and/or weapon-related behaviors. Sixty-one percent (61%) indicated some form of fighting behavior in the past 3 months (threatening to beat someone up, physical fighting, and/or being hurt in a fight). Thirty percent (30%) of participating youth reported one or more weapon-related behaviors (threatening to use a weapon, carrying a weapon, using a weapon, and/or being cut, stabbed or shot at). Reported gun carrying among males varied depending upon site, but was as high as 20%. Grade in school was positively associated with reported violent behaviors. Adolescents who reported living full-time with a parent or parent figure, and those who reported religious observance or beliefs, were less likely to report violence involvement. All

violence-related behaviors were more common among male than female adolescents. CONCLUSIONS: Violence prevention efforts should begin in elementary school and continue throughout adolescence. Programs should be prepared to provide services or referrals to victims of violence, implement programs tailored toward females as well as males, and build partnerships with churches and other community organizations in which youth are involved.

Coates J. Recommending particular treatment options: the vitamin K experience. *N Z Med J* 2001; 114(1131):215.

Coates J, Findlay B, Hill J. Obtaining consent for epidural analgesia for women in labour. *N Z Med J* 2001; 114(1126):72-3.

Notes: GENERAL NOTE: KIE: 12 refs.  
GENERAL NOTE: KIE: KIE Bib: informed consent

Coatsworth JD, Santisteban DA, McBride CK, Szapocznik J. Brief Strategic Family Therapy versus community control: engagement, retention, and an exploration of the moderating role of adolescent symptom severity. *Fam Process* 2001; 40(3):313-32.  
Abstract: This study extends a program of research investigating the effectiveness of Brief Strategic Family Therapy to engage and retain families and/or youth in treatment. The study contrasted Brief Strategic Family Therapy (BSFT) with a Community Comparison (CC) condition selected to represent the common engagement and treatment practices of the community; 104 families were randomly assigned to BSFT or CC. Results indicate that families assigned to BSFT had significantly higher rates of engagement (81% vs. 61%), and retention (71% vs. 42%). BSFT was also more effective than CC in retaining more severe cases. Post hoc analyses of treatment effectiveness suggest that BSFT was able to achieve comparable treatment effects despite retaining more difficult cases. We discuss these results from a public health perspective, and highlight the study's contribution to a small but growing body of literature that suggests the benefits of a family-systems paradigm for engagement and retention in treatment.

Coburn D. Beyond the income inequality hypothesis: class, neo-liberalism, and health inequalities. *Soc Sci Med* 2004; 58(1):41-56.

Abstract: This paper describes and critiques the income inequality approach to health inequalities. It then presents an alternative class-based model through a focus on the causes and not only the consequences of income inequalities. In this model, the relationship between income inequality and health appears as a special case within a broader causal chain. It is argued that global and national socio-political-economic trends have increased the power of business classes and lowered that of working classes. The neo-liberal

policies accompanying these trends led to increased income inequality but also poverty and unequal access to many other health-relevant resources. But international pressures towards neo-liberal doctrines and policies are differentially resisted by various nations because of historically embedded variation in class and institutional structures. Data presented indicates that neo-liberalism is associated with greater poverty and income inequalities, and greater health inequalities within nations. Furthermore, countries with Social Democratic forms of welfare regimes (i.e., those that are less neo-liberal) have better health than do those that are more neo-liberal. The paper concludes with discussion of what further steps are needed to "go beyond" the income inequality hypothesis towards consideration of a broader set of the social determinants of health.

Coch D, Sanders LD, Neville HJ. An event-related potential study of selective auditory attention in children and adults. *J Cogn Neurosci* 2005; 17(4):605-22.  
Abstract: In a dichotic listening paradigm, event-related potentials (ERPs) were recorded to linguistic and nonlinguistic probe stimuli embedded in 2 different narrative contexts as they were either attended or unattended. In adults, the typical N1 attention effect was observed for both types of probes: Probes superimposed on the attended narrative elicited an enhanced negativity compared to the same probes when unattended. Overall, this sustained attention effect was greater over medial and left lateral sites, but was more posteriorly distributed and of longer duration for linguistic as compared to nonlinguistic probes. In contrast, in 6- to 8-year-old children the ERPs were morphologically dissimilar to those elicited in adults and children displayed a greater positivity to both types of probe stimuli when embedded in the attended as compared to the unattended narrative. Although both adults and children showed attention effects beginning at about 100 msec, only adults displayed left-lateralized attention effects and a distinct, posterior distribution for linguistic probes. These results suggest that the attentional networks indexed by this task continue to develop beyond the age of 8 years.

Cochran C, Skillman GD, Rathge RW, Moore K, Johnston J, Lochner A. A rural road: exploring opportunities, networks, services, and supports that affect rural families. *Child Welfare* 2002; 81(5):837-48.

Abstract: The Great Plains Rural Collaborative project explored rural poverty through the experiences of people living at or below 185% of poverty. Researchers collected information through qualitative and quantitative research methods. They designed focus group questions to identify obstacles rural families face when trying to access economic opportunities, social networks, and services and supports. The article highlights the salient findings.

Cocu M, Thorne C, Matusa R *et al.* Mother-to-child transmission of HIV infection in Romania: results from an education and prevention programme. *AIDS Care* 2005; 17(1):76-84.

Abstract: A pilot prevention of mother-to-child transmission (PMTCT) programme was implemented in Constanta County, Romania, between 2000 and 2002. The programme consisted of clinician training, routine antenatal HIV counselling and testing and the care of HIV-infected pregnant women and their infants. A total of 11,423 pregnant women (10,192 (89%) white Europeans, 862 (7.5%) Roma, 369 (3.2%) Central Asians) were tested during the pilot, at a median of 24 weeks' gestation. Rapid HIV testing at delivery was introduced during the pilot, to supplement the antenatal testing, both of which required informed consent. Overall seroprevalence was 1.75 per 1,000 (95% confidence interval (CI) 1.07-2.70 per 1,000). HIV infection was associated with having a high-risk partner, prostitution and non-Caucasian ethnicity. Twelve infected women completed their pregnancies, of whom seven received antenatal antiretroviral therapy (ART); all neonates received prophylactic ART and five were delivered by elective caesarean section. Three infants were HIV-infected, giving a vertical transmission rate of 25% (95% CI 5.49-57.2%); all three were born to mothers not identified as infected until delivery, and who therefore received no antenatal ART. A key challenge for PMTCT in Romania will be the prompt identification of pregnant HIV-infected women, to allow the optimum application of interventions.

Coggan C, Hooper R, Adams B. Self-reported injury rates in New Zealand. *N Z Med J* 2002; 115(1161):U167. Abstract: AIM: The study aimed to obtain baseline information on the incidence and nature of self-reported injuries in New Zealand. METHODS: A cross-sectional survey was conducted of approximately 400 randomly-selected households from each of 13 Territorial Local Authorities across New Zealand, giving a total sample size of 5282. Respondents were asked if anyone in their household had been treated by a medical doctor in the previous twelve months for any injuries and, if so, details of the injury event were recorded. RESULTS: Forty one per cent of households reported that someone in the household had sustained an injury. The most common types of injuries were falls (33%), sports-related injuries (28%) and injuries caused by lifting an object (16%). Only eight per cent of the injuries required overnight hospitalisation. CONCLUSION: The findings from this study indicate that the total burden of injury in New Zealand is much larger than estimated by routinely-collected injury hospitalisation data.

Cohen AD, Kaplan DM, Shapiro J, Levi I, Vardy DA. Health provider determinants of nonattendance in pediatric otolaryngology patients. *Laryngoscope* 2005; 115(10):1804-8.

Abstract: INTRODUCTION: Nonattendance for otolaryngology appointments disrupts the management of medical care and leads to ineffective use of resources. The determinants of nonattendance in pediatric otolaryngology patients have not been well documented. OBJECTIVES: To investigate health provider determinants of nonattendance in pediatric otolaryngology patients. STUDY DESIGN: We assessed the effects of waiting time for an appointment and the timing of the appointment (during the day, week, and year) on nonattendance proportions during a 1 year period. Chi square tests were used to analyze statistically significant differences of categorical variables. Logistic regression was used for multivariate analyses. RESULTS: A total of 2,628 pediatric visits were included in the study. The overall proportion of nonattendance at the pediatric otolaryngology clinic was 33.0%. Nonattendance proportions were 32.7% between 7 AM and 9 AM; 28.3% between 9 AM and 2 PM, and 36.5% between 2 PM and 8 PM ( $P < .001$ ). The proportion of nonattendance was 24.1% when there was a short waiting time for an appointment (0-7 days), and 36.3% when there was an intermediate waiting time (7-15 days), and 36.6% when there was a long waiting time (15 days and above) ( $P < .001$ ,  $P < .012$ , respectively). CONCLUSIVE: Health provider determinants of nonattendance in pediatric otolaryngology clinic appointments include the waiting time for an appointment and the hour of the appointment within the day.

Cohen-Almagor R. Euthanasia and law in the Netherlands: reflections on Dutch perspectives. *Synth Philos* 2002; 17(1):135-55.

Notes: GENERAL NOTE: KIE: 49 fn. GENERAL NOTE: KIE: KIE Bib: euthanasia/attitudes; euthanasia/legal aspects; suicide Abstract: During the summer of 1999, twenty-eight interviews with some of the leading authorities on the euthanasia policy were conducted in the Netherlands. The discussion begins with providing some background information on the guidelines for conducting euthanasia. Next, I explain the research methodology and move on to discuss the interviewees' responses to the question whether it is preferable to legislate euthanasia. The interviewees exhibited split views on the issue. Some were in favor of legislation for instrumental and symbolic reasons. Others utilized different instrumental and symbolic reasons to argue against legislation. Three interviewees preferred to wait for some years before changing the law.

Cohen JA, Mannarino AP. Addressing attributions in treating abused children. *Child Maltreat* 2002; 7(1):82-6.

Cohen JA, Perel JM. Adolescent weight loss during treatment with olanzapine. *J Child Adolesc Psychopharmacol* 2004; 14(4):617-20.



Abstract: Antipsychotic medications are increasingly used in adolescents for a variety of psychiatric difficulties, including psychosis, bipolar disorder, and aggression. Weight gain is a significant side effect of neuroleptics, which may limit adolescents' compliance with these medications. This report presents a case of significant weight loss while on olanzapine, with a body mass index (BMI) falling from 25 to 19.5 during 8 months of treatment. Possible mechanisms for this effect are discussed.

Cohen MH, Kemper KJ, Stevens L, Hashimoto D, Gilmour J. Pediatric use of complementary therapies: ethical and policy choices. *Pediatrics* 2005; 116(4):e568-75. Abstract: OBJECTIVE: Many pediatricians and parents are beginning to integrate use of complementary and alternative medical (CAM) therapies with conventional care. This article addresses ethical and policy issues involving parental choices of CAM therapies for their children. METHODS: We conducted a literature search to assess existing law involving parental choice of CAM therapies for their children. We also selected a convenience sample of 18 states of varying sizes and geographic locations. In each state, we inquired within the Department of Health and Human Services whether staff were aware of (1) any internal policies concerning these issues or (2) any cases in the previous 5 years in which either (a) the state initiated proceedings against parents for using CAM therapies for their children or (b) the department received telephone calls or other information reporting abuse and neglect in this domain. We asked the American Academy of Pediatrics and the leading CAM professional organizations concerning any relevant, reported cases. RESULTS: Of the 18 state Departments of Health and Human Services departments surveyed, 6 reported being aware of cases in the previous 5 years. Of 9 reported cases in these 6 states, 3 involved restrictive dietary practices (eg, limiting children variously to a watermelon or raw foods diet), 1 involved dietary supplements, 3 involved children with terminal cancer, and 2 involved religious practices rather than CAM per se. None of the professional organizations surveyed had initiated proceedings or received telephone calls regarding abuse or neglect concerning parental use of CAM therapies. CONCLUSIONS: Pediatric use of CAM therapies raises complex issues. Clinicians, hospitals, state agencies, courts, and professional organizations may benefit from a policy framework to help guide decision making.

Coleman WL, Garfield C. Fathers and pediatricians: enhancing men's roles in the care and development of their children. *Pediatrics* 2004; 113(5):1406-11. Notes: CORPORATE NAME: American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health Abstract: Research substantiates that fathers' interactions with their children can exert a positive influence on their children's development. This report

suggests ways pediatricians can enhance fathers' caregiving involvement by offering specific, culturally sensitive advice and how pediatricians might change their office practices to support and increase fathers' active involvement in their children's care and development.

Coles J. Doing retrospective child sexual abuse research safely and ethically with women: is it possible? Two perspectives. *Monash Bioeth Rev* 2004; 23(2):S50-9. Notes: GENERAL NOTE: KIE: 26 fn. GENERAL NOTE: KIE: KIE Bib: behavioral research/special populations

Colgrove J, Bayer R. Could it happen here? Vaccine risk controversies and the specter of derailment. *Health Aff (Millwood)* 2005; 24(3):729-39. Abstract: Controversy over vaccine safety has achieved high visibility over the past decade. At the same time, however, levels of coverage for routinely recommended childhood vaccines in the United States are at their highest ever. We examine this apparent paradox. We consider the ways in which concerns over vaccine safety have emerged and diffused through the popular media, legislative hearings, and Internet-based activism. As a case study, we review the controversy over the alleged connection between autism and the measles-mumps-rubella (MMR) vaccine and consider why it had a dramatic effect on the vaccine's acceptance in Great Britain but virtually none in the United States.

Collin-Vezina D, Cyr M. [Current understanding about intergenerational transmission of child sexual abuse]. *Child Abuse Negl* 2003; 27(5):489-507. Abstract: OBJECTIVE: The aim of this article is to review what is currently understood about intergenerational transmission of child sexual abuse (CSA). METHOD: CSA transmission is discussed first from the point of view of men CSA survivors who become sexually abusive, and then from the perspective of mothers who survived CSA whose children have been sexually abused. Mechanisms that may help us understand how CSA is transmitted from one generation to another are described. More specifically, focus is given to those mechanisms that might differentiate CSA survivors who break the cycle of abuse from those who perpetuate it. RESULTS: In light of the research reviewed, it seems that the transmission of CSA is far from inevitable, since one-third of sexually abusive men and half of sexually abused children's mothers mentioned having been sexually abused in their childhood. Because of the retrospective method used in many studies, causal links could not be established. However, some mechanisms have been proposed in order to better understand the phenomenon of CSA. Severity of abuse, attachment relationships with parental figures, as well as dissociative symptoms that follow the abuse were

identified. Dissociative symptomatology appeared to be a determining factor in understanding the cycle of CSA. CONCLUSIONS: More studies on CSA transmission are needed to understand the mechanisms that are involved in that cycle, as well as to develop effective strategies to treat and prevent CSA.

Collings SJ. Lexical redescription of child sexual abuse in the South African English-language press. *Psychol Rep* 2002; 91(1):28.

Abstract: Content analysis of 1,044 child sexual abuse reports over an 8-yr. period in the South African English-language press indicated that 8.5% (n=89) of reports use the language of consensual sexual activity to describe the abuse, with this percentage remaining constant over the 8-yr. period reviewed.

Collins CC, Grella CE, Hser YI. Effects of gender and level of parental involvement among parents in drug treatment. *Am J Drug Alcohol Abuse* 2003; 29(2):237-61.

Abstract: Most studies of parents in drug treatment have focused exclusively on mothers, and few studies have examined the effects of parents' level of involvement with their children on the parents' drug use and psychological functioning, either before or after treatment. This study examined mothers and fathers (n = 331) who were parents of children under the age of 18; participants were sampled from 19 drug treatment programs across four types of treatment modalities in Los Angeles County. A majority of each group (57% of 214 mothers and 51% of 117 fathers) were classified as being highly involved with their children. At the baseline assessment, higher parental involvement was related to lower levels of addiction severity, psychological severity, and symptoms of psychological distress, and to higher levels of self-esteem and perception of parenting skills. In general, fathers had higher levels of alcohol and drug-use severity than did mothers, but fathers who were more involved with their children showed lower levels of addiction severity than fathers who were less involved. Parental involvement at baseline was unrelated to drug use at the 12-month follow-up, although parents who were less involved with their children reported experiencing more stressors. Given the association of parental involvement with lower levels of addiction severity and psychological distress at baseline, treatment protocols should build upon the positive relationships of parents with their children, and seek to improve those of less-involved parents.

Collins CT, Ryan P, Crowther CA, McPhee AJ, Paterson S, Hiller JE. Effect of bottles, cups, and dummies on breast feeding in preterm infants: a randomised controlled trial. *BMJ* 2004; 329(7459):193-8.

Abstract: OBJECTIVE: To determine the effect of artificial teats (bottle and dummy) and cups on breast feeding in preterm infants. DESIGN: Randomised

controlled trial. SETTING: Two large tertiary hospitals, 54 peripheral hospitals. PARTICIPANTS: 319 preterm infants (born at 23-33 weeks' gestation) randomly assigned to one of four groups: cup/no dummy (n = 89), cup/dummy (n = 72), bottle/no dummy (n = 73), bottle/dummy (n = 85). Women with singleton or twin infants < 34 weeks' gestation who wanted to breastfeed were eligible to participate. INTERVENTIONS: Cup or bottle feeding occurred when the mother was unable to be present to breast feed. Infants randomised to the dummy groups received a dummy on entry into the trial. MAIN OUTCOME MEASURES: Full breast feeding (compared with partial and none) and any breast feeding (compared with none) on discharge home. Secondary outcomes: prevalence of breast feeding at three and six months after discharge and length of hospital stay. RESULTS: 303 infants (and 278 mothers) were included in the intention to treat analysis. There were no significant differences for any of the study outcomes according to use of a dummy. Infants randomised to cup feeds were more likely to be fully breast fed on discharge home (odds ratio 1.73, 95% confidence interval 1.04 to 2.88, P = 0.03), but had a longer length of stay (hazard ratio 0.71, 0.55 to 0.92, P = 0.01). CONCLUSIONS: Dummies do not affect breast feeding in preterm infants. Cup feeding significantly increases the likelihood that the baby will be fully breast fed at discharge home, but has no effect on any breast feeding and increases the length of hospital stay.

Colombo L, Laudanna A, De Martino M, Brivio C. Regularity and/or consistency in the production of the past participle? *Brain Lang* 2004; 90(1-3):128-42.

Abstract: In the present study we have investigated the acquisition of the past participle of Italian verbs of the second (including mostly irregular verbs) and third (including mostly regular verbs) conjugations in school age children, and with simulations with an artificial neural network. We aimed to verify the extent to which children are sensitive to regularity, as opposed to the consistency in the mapping from the infinitive to the past participle. In particular, we predicted that children would learn at some point that verbs of the second conjugation tend to be irregular, and therefore they would be more likely to produce irregularizations for verbs of this class, compared to the verbs of the third conjugation. However, they should also show sensitivity to the phonological mapping consistency within each subclass, learning to produce correct forms on the basis of phonological similarity. In contrast, children should be more likely to produce regular forms for verbs of the third conjugation. Thus, a larger regularity effect would be expected for verbs of the third than of the second conjugation, leading to the prediction of a regularity by conjugation interaction.

Colon de Marti L. Youth violence: understanding and prevention: strategies of intervention. Part II. P R

Health Sci J 2001; 20(1):51-6. Abstract: Youth violence is a complex problem. The recent youth related violent incidents are of great impact taking in consideration the emotional costs to victims, their families and to the health and safety of citizens; as well as the economic cost to society. It is a major public health concern that requires participation, collaboration and integration of efforts from parents, citizens and professionals from different disciplines.

Colson ER, McCabe LK, Fox K *et al.* Barriers to following the back-to-sleep recommendations: insights from focus groups with inner-city caregivers. *Ambul Pediatr* 2005; 5(6):349-54. Abstract: BACKGROUND: African American infants have a higher incidence of SIDS and increased risk of being placed in the prone position for sleep. OBJECTIVE: To determine new barriers and more information about previously identified barriers that interfere with adherence to the Back-to-Sleep recommendations among inner-city, primarily African Americans. DESIGN/METHODS: We conducted 9 focus groups with caregivers of infants and young children from women, infants, and children centers and clinics in New Haven and Boston. Themes were identified using standard qualitative techniques. RESULTS: Forty-nine caregivers participated, of whom 86% were African American, 6% were Hispanic, 4% were white, and 4% were other. Four themes were identified: 1) Safety: Participants chose the position for their infants based on which position they believed to be the safest. Some participants did not choose to put their infants in the supine position for sleep because they feared their infants would choke; 2) Advice: Participants relied on the advice of more experienced female family members. Health care providers were not uniformly a trusted source of advice; 3) Comfort: Participants made choices about their infants sleeping positions based on their perceptions of whether the infants appeared comfortable. Participants thought that their infants appeared more comfortable in the prone position; 4) Knowledge: Some participants had either limited or erroneous knowledge about the Back-to-Sleep recommendations. CONCLUSIONS: We identified multiple barriers to adherence to recommendations regarding infant sleep position. Data obtained from these focus groups could be used to design educational interventions aimed at improving communication about and adherence to the Back-to-Sleep recommendations.

Colunga E, Smith LB. The emergence of abstract ideas: evidence from networks and babies. *Philos Trans R Soc Lond B Biol Sci* 2003; 358(1435):1205-14. Abstract: What is abstraction? In our view, abstraction is generalization. Specifically, we propose that abstract concepts emerge as the natural product of associative learning and generalization by similarity. We support this proposal by presenting evidence for two ideas: first, that children's knowledge about how categories

are organized and how words refer to them can be explained as learned generalizations over specific experiences of words referring to categories; and second, that the path of concepts from concrete to more abstract can be observed throughout development and that even in their more abstract form, concepts retain some of their original sensory basis. We illustrate these two facts by examining, in two kinds of learners--networks and young children--the development of three abstract ideas: (i) the idea of word; (ii) the idea of object; and (iii) the idea of substance.

Colunga E, Smith LB. From the lexicon to expectations about kinds: a role for associative learning. *Psychol Rev* 2005; 112(2):347-82. Abstract: In the novel noun generalization task, 2 1/2-year-old children display generalized expectations about how solid and nonsolid things are named, extending names for never-before-encountered solids by shape and for never-before-encountered nonsolids by material. This distinction between solids and nonsolids has been interpreted in terms of an ontological distinction between objects and substances. Nine simulations and behavioral experiments tested the hypothesis that these expectations arise from the correlations characterizing early learned noun categories. In the simulation studies, connectionist networks were trained on noun vocabularies modeled after those of children. These networks formed generalized expectations about solids and nonsolids that match children's performances in the novel noun generalization task in the very different languages of English and Japanese. The simulations also generate new predictions supported by new experiments with children. Implications are discussed in terms of children's development of distinctions between kinds of categories and in terms of the nature of this knowledge.

Comeau AM, Eaton RB. Successes of newborn screening programs. *Science* 2002; 295(5552):44-5.

Compton SN, Burns BJ, Helen LE, Robertson E. Review of the evidence base for treatment of childhood psychopathology: internalizing disorders. *J Consult Clin Psychol* 2002; 70(6):1240-66. Abstract: This article reviews the empirical literature on psychosocial, psychopharmacological, and adjunctive treatments for children between the ages of 6 and 12 with internalizing disorders. The aim of this review was to identify interventions that have potential to prevent substance use disorders in adolescence by treating internalizing disorders in childhood. Results suggest that a variety of behavioral, cognitive-behavioral, and pharmacological interventions are effective in reducing symptoms of childhood depression, phobias, and anxiety disorders. None of the studies reviewed included substance abuse outcomes. Thus, little can be said about the relationship between early treatment and the prevention of later substance

use. The importance of evaluating the generalizability of research-supported interventions to community settings is highlighted and recommendations for future research are offered.

Comtois KA, Tisdall WA, Holdcraft LC, Simpson T. Dual diagnosis: impact of family history. *Am J Addict* 2005; 14(3):291-9.

Abstract: Psychiatric outpatients with severe and persistent mental illness and a current or past substance use disorder (N = 89) were interviewed. Information from the Family Informant Schedule and Criteria was configured in three ways to capture the degree of familial substance abuse: biological parents only, all first-degree biological relatives, and all caregivers. All three configurations predicted the severity of lifetime drug abuse on the Inventory of Drug Use Consequences, controlling for any gender and non-substance-related Axis I diagnosis. Differences in means represent low to very low substance abuse severity for those without family history and low to medium severity for those with family history. The clinical implications are discussed.

Conaglen HM. Sexual content induced delay: a reexamination investigating relation to sexual desire. *Arch Sex Behav* 2004; 33(4):359-67.

Abstract: This article reports the utility of an information processing approach to examine whether there is a relationship between sexual content induced delay and levels of sexual desire as determined by self-report questionnaires. We tested this idea using a partial replication of the J. H. Geer and H. S. Bellard (1996) protocol demonstrating sexual content induced delay (SCID) in responding to sexual versus neutral words. In addition, the experiment examined whether SCID was different in people with varying levels of sexual desire. It was hypothesized that persons with low levels of sexual desire might respond more slowly to sexual word cues than others. Words with equal frequency of usage and similar word length were chosen from among those used in the Geer and Bellard study. The experiment was conducted with 171 volunteers who completed sexual desire questionnaires, lexical decision making tasks, and word ratings. The SCID effect was demonstrated by both men and women in the study with no significant variation between the sexes. In accordance with prediction, it was found that persons with lower levels of sexual desire responded more slowly to sexual stimuli than other participants, and rated sexual words as less familiar, less acceptable, and less positive emotionally to them. These findings have implications for understanding how emotional content contributes to SCID. They also suggest that further exploration of these ideas, perhaps using other stimulus modalities, may be helpful in advancing understanding of responses to sexual cues, and the potential implications that may have in better understanding sexual desire.

Concha-Eastman A, Espitia VE, Espinosa R, Guerrero R. [Epidemiology of homicides in Cali, Colombia, 1993-1998: six years of a population-based model]. *Rev Panam Salud Publica* 2002; 12(4):230-9. Abstract: OBJECTIVES: To demonstrate the usefulness of an effective and timely information model, underscore the seriousness of the problem of homicides, and point out the need to apply this type of model as well as comprehensive prevention projects, such as Desarrollo, Seguridad y Paz (DESESPAZ). From 1993 to 1998, 11 457 homicides were registered in Cali, Colombia, through an epidemiological surveillance model established under DESESPAZ by the mayor's office in Cali. METHODS: Beginning in January 1993, a work group organized by DESESPAZ reviewed and standardized the variables that different institutions gathered about the victims, their assailants, and the facts surrounding each case, and issued a weekly summary bulletin for the mayor and other local authorities. RESULTS: Between 1983 and 1994, the homicide rate increased from 23 to 124 per 100 000 inhabitants. Subsequently, rates went down in 1995, 1996, and 1997 to 112, 102, and 86,1 per 100 000, respectively, and again rose slightly in 1998 to 88 per 100 000. Even though people of all ages, including children under 5, have been victims of violence, the most affected group is that of men between the ages of 20 and 34. The ratio of men to women has varied from 14.3:1 to 9.2:1. In terms of numbers, percentages, and rates, low-income groups are the most seriously affected, although the highest-income groups have had rates as high as 160 per 100 000. A firearm was used in over 80% of homicides, and the crime was most often committed at night and on a weekend. A suspect was identified in only a few cases (8% to 21%). The bivariate analysis revealed a positive association with alcohol consumption by the victim, as well as with the use of firearms by the assailant (OR: 3.1; 95% CI: 2.6 to 3.6). Cases that occurred during a fight between individuals or during group fighting showed an association with the use of a sharp weapon and with alcohol consumption by the victim (OR: 1.9; 95% CI: 1.4 to 2.6). CONCLUSIONS: A map shows the homicide distribution by neighborhood, and the benefits of a population-based surveillance model are discussed, particularly their usefulness for identifying risk factors and the measures that can be applied to prevent and control this form of violence.

Conger RD, Wallace LE, Sun Y, Simons RL, McLoyd VC, Brody GH. Economic pressure in African American families: a replication and extension of the family stress model. *Dev Psychol* 2002; 38(2):179-93. Abstract: This study of 422 two-caregiver African American families, each with a 10-11-year-old focal child (54% girls), evaluated the applicability of the family stress model of economic hardship for understanding economic influences on child development in this population. The findings generally replicated earlier research with European American

families. The results showed that economic hardship positively relates to economic pressure in families. Economic pressure was related to the emotional distress of caregivers, which in turn was associated with problems in the caregiver relationship. These problems were related to disrupted parenting practices, which predicted lower positive child adjustment and higher internalizing and externalizing symptoms. The results provide significant support for the family stress model of economic hardship and its generalizability to diverse populations.

Conkiss W. A place to go where someone cares. *CDS Rev* 2003; 96(7):12.

Connell CL, Lofton KL, Yadrick K, Rehner TA. Children's experiences of food insecurity can assist in understanding its effect on their well-being. *J Nutr* 2005; 135(7):1683-90.  
Abstract: An understanding of the experience of food insecurity by children is essential for better measurement and assessment of its effect on children's nutritional, physical, and mental health. Our qualitative study explored children's perceptions of household food insecurity to identify these perceptions and to use them to establish components of children's food insecurity experience. Children (n = 32; 11-16 y old) from after school programs and a middle school in low-income areas participated in individual semistructured in-depth interviews. Children as young as 11 y could describe behaviors associated with food insecurity if they had experienced it directly or indirectly. Using the constant comparative method of qualitative data analysis, children's descriptions of behaviors associated with food insecurity were categorized into components of quantity of food, quality of food, psychological aspects, and social aspects described in the household food insecurity literature. Aspects of quantity included eating less than usual and eating more or eating fast when food was available. Aspects of quality included use of a few kinds of low-cost foods. Psychological aspects included worry/anxiety/sadness about the family food supply, feelings of having no choice in the foods eaten, shame/fear of being labeled as poor, and attempts to shield children. Social aspects of food insecurity centered on using social networks to acquire food or money and social exclusion. These results provide valuable information in understanding the effect of food insecurity on children's well-being especially relative to the social and emotional aspects of well-being.

Connors NA, Bradley RH, Mansell LW *et al.* Children of mothers with serious substance abuse problems: an accumulation of risks. *Am J Drug Alcohol Abuse* 2003; 29(4):743-58.  
Abstract: This study examines the life circumstances and experiences of 4084 children affected by maternal addiction to alcohol or other drugs. The paper will

address the characteristics of their caregivers, the multiple risk factors faced by these children, their health and development, and their school performance. Data were collected from mothers at intake into 50 publicly funded residential substance abuse treatment programs for pregnant and parenting women. Findings from this study suggest that children whose mothers abuse alcohol or other drugs confront a high level of risk and are at increased vulnerability for physical, academic, and socioemotional problems. Children affected by maternal addiction are in need of long-term supportive services.

Connor DF, Glatt SJ, Lopez ID, Jackson D, Melloni RH Jr. Psychopharmacology and aggression. I: A meta-analysis of stimulant effects on overt/covert aggression-related behaviors in ADHD. *J Am Acad Child Adolesc Psychiatry* 2002; 41(3):253-61.  
Abstract: OBJECTIVE: To determine by meta-analysis the effect size for stimulants on overt and covert aggression-related behaviors in children with attention-deficit/hyperactivity disorder (ADHD), separately from stimulant effects on the core symptoms of ADHD. METHOD: A review of the literature from 1970 to 2001 revealed 28 studies meeting inclusion/exclusion criteria for meta-analysis. These studies yielded 28 independent effects of overt aggression and 7 independent effects of covert aggression. RESULTS: The overall weighted mean effect size was 0.84 for overt and 0.69 for covert aggression related behaviors in ADHD. Comorbid conduct disorder is associated with diminishing stimulant effect size for overt aggression. CONCLUSION: Stimulant effects for aggression-related behaviors in ADHD have effect sizes similar to those for the core symptoms of ADHD.

Conroy S, McIntyre J. The use of unlicensed and off-label medicines in the neonate. *Semin Fetal Neonatal Med* 2005; 10(2):115-22.  
Abstract: The use of unlicensed and off-label medicines in neonates in intensive care is common and widespread. Up to 93% of babies receive at least one unlicensed or off-label medicine during their stay in intensive care. Such practice is an essential part of their care and should be done based on the best evidence available. However, problems arise - on an every-day basis - because of the lack of appropriate information and licensed medicine formulations for neonates. These problems include the selection of appropriate medicine and dose, administration and the increased risk of medication errors. Initiatives to improve the situation are underway in the US and are proposed in Europe. However, more urgent action is required to stop these babies continuing to be deprived of their basic human rights to safe, effective and high-quality therapy.

Coohy C. Battered mothers who physically abuse their children. *J Interpers Violence* 2004; 19(8):943-52.  
Abstract: The purpose of this study is to understand

why some battered mothers physically abuse their children. Mothers who were battered and physically abused their children (the co-occurrence group) were compared with mothers who were neither battered nor physically abused, who were only battered, and who only abused (N = 184). The mothers in the co-occurrence group were more likely than the mothers who did not physically abuse their children to have been severely assaulted by their own mothers as children, have had poorer quality relationships with and receive less support from their mothers, have more stressors, and have known their partners for less time. These differences were not found between the mothers in the co-occurrence and abuse-only groups. In the multivariate analysis, having been assaulted by one's own mother as a child--not being battered by one's partner--was the most potent predictor for whether a mother physically abused her child.

Coohy C. The relationship between familism and child maltreatment in Latino and Anglo families. *Child Maltreat* 2001; 6(2):130-42. Abstract: Familism, or familismo, refers to attitudes, behaviors, and family structures operating within an extended family system and is believed to be the most important factor influencing the lives of Latinos. Because of the complexity of the construct, this article begins by separating out and defining each dimension of familism, and then clarifies its relationship to the broader literature on social networks, social support, and child maltreatment. The analysis tests whether each dimension of familism is related to child maltreatment within and between 35 abusive Latino, 35 nonabusive Latino, 51 abusive Anglo, and 51 nonabusive Anglo families. Nonabusing Latinas appear to have a higher level of familism than the other three groups of mothers. However; when intraethnic comparisons were made, nonabusive Anglos, compared with abusive Anglos, had higher levels of familism on several variables. Hence, familism seems to characterize families--Latino and Anglo--who do not maltreat their children.

Cook JA, Heflinger CA, Hoven CW *et al.* A multi-site study of Medicaid-funded managed care versus fee-for-service plans' effects on mental health service utilization of children with severe emotional disturbance. *J Behav Health Serv Res* 2004; 31(4):384-402.

Abstract: Although Medicaid-funded managed care arrangements are commonly used in the delivery of mental health and substance abuse services to low-income children and youth, little is known about the effectiveness of such efforts. This article examines differences in mental health services utilization between children and youth with severe emotional disturbance covered by Medicaid-funded managed care behavioral health plans and those covered by fee-for-service plans. Data are from a federally funded multi-site study. In multivariate analyses controlling for child

and caregiver demographic and clinical factors, enrollment in a managed care behavioral health plan was associated with lower inpatient/residential, psychiatric medication, and nontraditional services utilization. No difference was found in outpatient services utilization. Medicaid-funded managed care behavioral health plans appear to reduce use of some types of mental health services, but it is important to address the question of whether low-income children's enrollment in such programs deprives them of needed services.

Cooksey EC, Mott FL, Neubauer SA. Friendships and early relationships: links to sexual initiation among American adolescents born to young mothers. *Perspect Sex Reprod Health* 2002; 34(3):118-26. Abstract: CONTEXT: Preadolescent friendships and early teenage dating relationships have implications for adolescent sexual initiation that may differ by race and gender. METHODS: Data on participants in the National Longitudinal Survey of Youth and their children are used to profile friendship and dating patterns among a sample of youth born to relatively young mothers. Logistic regression analyses examine whether these patterns predict early sexual initiation, and whether there are differences associated with gender and race. RESULTS: As youth moved from late childhood to mid-adolescence, they shifted from having almost exclusively same-sex, same-grade friends to having more relationships with persons who are of the opposite sex and older. By ages 15-16, 34% had had sexual intercourse; the proportion was significantly higher among blacks (45%) than among others (31%). Most adolescents reported neither frequent dating nor a steady partner by ages 15-16, although the prevalence of such reports was related to friendship patterns in late childhood. Twelve percent of youth who initiated sex in early adolescence did so outside of a dating relationship. For most subgroups examined, the odds of initiating intercourse during early adolescence were associated with going steady, but not with frequency of dating. CONCLUSIONS: Prior social networking is an important element in predicting early sexual activity. Overall, youth whose mothers gave birth at young ages remain sexually inexperienced into middle adolescence, but certain subgroups are more likely than others to initiate early sexual activity.

Coombes R. Past failures prompt drive for innovation to tackle child abuse. *Nurs Times* 2002; 98(39):11.

Cooper MC. A 6-month-old with bilateral swollen, painful, and deformed hands. *J Emerg Nurs* 2004; 30(4):384-7.

Copping C. Reawakened trauma. *Nurs Stand* 2005; 20(13):32-3.

Cornelius MD, Leech SL, Goldschmidt L, Day NL. Is

prenatal tobacco exposure a risk factor for early adolescent smoking? A follow-up study. *Neurotoxicol Teratol* 2005; 27(4):667-76. Abstract: Recent reports indicate a relation between prenatal tobacco exposure (PTE) and offspring smoking. Many of these reports have been retrospective or have not included important variables such as other prenatal substance exposures, maternal and child psycho-social characteristics, mother's current smoking, and friends' smoking. No prior study has examined the timing of PTE. In this prospective study of a birth cohort of 567 14-year-olds, we examined the relation between trimester-specific PTE, offspring smoking, and other correlates of adolescent smoking. Average age of the adolescents was 14.8 years (range: 13.9-16.6 years), 51% were female, 54% were African-American. Data on maternal tobacco and other substance use were collected both prenatally and postnatally, 51% of the mothers were prenatal smokers and 53% smoked when their children were 14 years. PTE in the third trimester significantly predicted offspring smoking (ever/never, smoking level, age of onset) when demographic and other prenatal substances were included in the analyses. PTE remained a significant predictor of the level of adolescent smoking when maternal and child psychological characteristics were added to the model. When more proximal measures of the child's smoking were included in the model, including mother's current smoking and friends' smoking, PTE was no longer significant. Significant predictors of adolescent smoking at age 14 were female gender, Caucasian race, child externalizing behavior, maternal anxiety, and child depressive symptoms. Although direct effects of PTE on offspring smoking behavior have previously been reported from this study and by others, by early-adolescence, this association is not significant after controlling for the more proximal covariates of adolescent smoking such as mother's current smoking and peer smoking.

Corrigan JD, Bogner JA, Mysiw WJ, Clinchot D, Fugate L. Life satisfaction after traumatic brain injury. *J Head Trauma Rehabil* 2001; 16(6):543-55. Abstract: OBJECTIVE: To investigate correlates of life satisfaction after traumatic brain injury (TBI). DESIGN: Prospective, longitudinal study of patients with TBI studied 1 and 2 years after injury. SETTING: A specialized inpatient TBI rehabilitation unit in a midwestern academic medical center. SUBJECTS: Two hundred eighteen consecutive patients admitted for rehabilitation, at least 14 years of age, with a primary diagnosis of TBI, consented to participate, and interviewed 1 and/or 2 years after injury (112 interviewed both years, 58 at year 1 only, 48 at year 2 only). MAIN OUTCOME MEASURES: Satisfaction With Life Scale. RESULTS: Stepwise multiple regressions accounted for statistically significant, but small, proportions of variance. Not having a preinjury history of substance abuse and having gainful

employment at the time of follow-up were associated with higher life satisfaction both 1 and 2 years after injury. Motor independence at rehabilitation discharge was also associated at 1 year. Current social integration and the absence of depressed mood were associated at 2 years. Life satisfaction was relatively stable between years. Change that did occur was associated with marital status and depressed mood 2 years after injury. CONCLUSIONS: Life satisfaction after TBI seems to be related to attaining healthy and productive lifestyles. Future research should investigate other factors that affect life satisfaction to increase prediction and appreciate all influences on subjective well being after TBI.

Cortese MM, Diaz PS, Samala U *et al.* Underimmunization in Chicago children who dropped out of WIC. *Am J Prev Med* 2004; 26(1):29-33. Abstract: BACKGROUND: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves a large proportion of Chicago infants, but some discontinue participation before age 1 year. To determine if children who remained active at WIC immunization-linked sites after their first birthday were more likely to be immunized by ages 19 and 25 months than those who dropped out, a retrospective cohort study was conducted. METHODS: Four Chicago WIC sites that used monthly voucher pick-up were chosen. Children born from July 1, 1997 to September 30, 1997 who attended these sites were eligible (N=1142). The cohort was divided into two groups: (1) active group (46%), who had a WIC visit on or after their first birthday; and (2) inactive group (54%), who had their last WIC visit before their first birthday. Children were enrolled through home visits. RESULTS: The records for 200 children were analyzed. By age 19 months, 65 (84%) of 77 active children had received one dose of measles-mumps-rubella vaccine (MMR), compared to 82 (67%) of 123 inactive children (risk ratio [RR]=1.3; 95% confidence interval [CI], 1.1- 1.5). By age 25 months, 64 (83%) active children had received four doses of diphtheria-tetanus-pertussis vaccine (DTP), one MMR, and three doses of Haemophilus influenzae type b vaccine (Hib), compared with 64 (52%) inactive children (RR=1.6; 95% CI, 1.3-2.0). CONCLUSIONS: In this cohort, children active in WIC after their first birthday were more likely to be immunized by ages 19 and 25 months, compared with those who were no longer active. Chicago children who drop out of WIC may represent those at highest risk for underimmunization and may require special strategies to improve coverage.

Cory CZ, Jones BM. Can shaking alone cause fatal brain injury? A biomechanical assessment of the Duhaime shaken baby syndrome model. *Med Sci Law* 2003; 43(4):317-33. Abstract: A biomechanical model of a one-month old baby was designed and tested by Duhaime and co-workers in 1987 in an attempt to assess the

biomechanics of the shaken baby syndrome (SBS). The study implied that pure shaking alone cannot cause fatal head injuries, a factor which has been applied in criminal courts. In an attempt to test the validity of the model a preliminary study was undertaken in which a replica was constructed and tested. The broad description of the design and construction of the Duhaime model allowed for variations and therefore uncertainties in its reproduction. It was postulated therefore that differences in certain parameters may increase angular head accelerations. To further investigate this observation, an adjustable replica model was developed and tested. The results indicated that certain parameter changes in the model did in fact lead to an increase in angular head acceleration. When these parameter changes were combined and an injurious shake pattern was employed, using maximum physical effort, the angular head acceleration results exceeded the original Duhaime et al. (1987) results and spanned two scaled tolerance limits for concussion. Additionally, literature suggests that the tolerance limits used to assess the shaking simulation results in the original study may not be reliable. Results from our study were closer to the internal head injury, subdural haematoma, tolerance limits. A series of end point impacts were identified in the shake cycles, therefore, an impact-based head injury measure (Head Injury Criterion - HIC) was utilized to assess their severity. Seven out of ten tests conducted resulted in HIC values exceeding the tolerance limits (critical load value, Sturtz, 1980) suggested for children. At this present stage the authors conclude that it cannot be categorically stated, from a biomechanical perspective, that pure shaking cannot cause fatal head injuries in an infant. Parameters identified in this study require further investigation to assess the accuracy of simulation and increase the biofidelity of the models before further conclusions can be drawn. There must now be sufficient doubt in the reliability of the Duhaime et al. (1987) biomechanical study to warrant the exclusion of such testimony in cases of suspected shaken baby syndrome.

Costello EJ, Pine DS, Hammen C *et al.* Development and natural history of mood disorders. *Biol Psychiatry* 2002; 52(6):529-42.  
Abstract: To expand and accelerate research on mood disorders, the National Institute of Mental Health (NIMH) developed a project to formulate a strategic research plan for mood disorder research. One of the areas selected for review concerns the development and natural history of these disorders. The NIMH convened a multidisciplinary Workgroup of scientists to review the field and the NIMH portfolio and to generate specific recommendations. To encourage a balanced and creative set of proposals, experts were included within and outside this area of research, as well as public stakeholders. The Workgroup identified the need for expanded knowledge of mood disorders in children and adolescents, noting important gaps in

understanding the onset, course, and recurrence of early-onset unipolar and bipolar disorder. Recommendations included the need for a multidisciplinary research initiative on the pathogenesis of unipolar depression encompassing genetic and environmental risk and protective factors. Specifically, we encourage the NIMH to convene a panel of experts and advocates to review the findings concerning children at high risk for unipolar depression. Joint analyses of existing data sets should examine specific risk factors to refine models of pathogenesis in preparation for the next era of multidisciplinary research. Other priority areas include the need to assess the long-term impact of successful treatment of juvenile depression and known precursors of depression, in particular, childhood anxiety disorders. Expanded knowledge of pediatric-onset bipolar disorder was identified as a particularly pressing issue because of the severity of the disorder, the controversies surrounding its diagnosis and treatment, and the possibility that widespread use of psychotropic medications in vulnerable children may precipitate the condition. The Workgroup recommends that the NIMH establish a collaborative multisite multidisciplinary Network of Research Programs on Pediatric-Onset Bipolar Disorder to achieve a better understanding of its causes, course, treatment, and prevention. The NIMH should develop a capacity-building plan to ensure the availability of trained investigators in the child and adolescent field. Mood disorders are among the most prevalent, recurrent, and disabling of all illnesses. They are often disorders of early onset. Although the NIMH has made important strides in mood disorders research, more data, beginning with at-risk infants, children, and adolescents, are needed concerning the etiology and developmental course of these disorders. A diverse program of multidisciplinary research is recommended to reduce the burden on children and families affected with these conditions.

Cotton JL, Gallaher KJ, Henry GW. Accuracy of interpretation of full-length pediatric echocardiograms transmitted over an integrated services digital network telemedicine link. *South Med J* 2002; 95(9):1012-6.  
Abstract: BACKGROUND: Transmission of echocardiograms via telemedicine links has allowed remote hospitals direct access to pediatric cardiology subspecialty care. This study assessed the accuracy of echocardiogram interpretation across an integrated services digital network (ISDN) telemedicine link. METHODS: Telemedicine systems were installed between Cape Fear Valley Medical Center neonatal intensive care unit and University of North Carolina Hospitals. One board-certified pediatric cardiologist interpreted 105 full-length echocardiograms that were videotaped and then transmitted over the system. Six months later, the same cardiologist reinterpreted the 105 original videotape studies from the off-site hospital and results were compared with the interpretations of



the transmitted data. RESULTS: Interpretation of transmitted echocardiograms did not differ significantly from the original studies for diagnosis, evaluation of left ventricular function, valve function evaluation, and the presence of a ductus arteriosus. Minor differences in qualitative parameters were seen. CONCLUSION: Transmission of full-length echocardiograms over the ISDN telemedicine link is comparable to videotape review. There was no loss of significant clinical information, and the minor discrepancies noted did not impact management decisions.

Cottrell D, Boston P. Practitioner review: The effectiveness of systemic family therapy for children and adolescents. *J Child Psychol Psychiatry* 2002; 43(5):573-86.

Abstract: BACKGROUND: Systemic family therapy has become a widely used intervention in child and adolescent mental health services over the last twenty years. METHODS: This paper reviews the development of systemic family therapy, briefly describes the theory and techniques associated with the most prominent contemporary strands of systemic practice, and examines the empirical justification for using systemic family therapies with children and adolescents. RESULTS: There is a paucity of well-designed randomised controlled trials of systemic therapies with children and adolescents and those trials that do exist evaluate older structural and strategic therapies. Methodological limitations of existing research include the use of unrepresentative participants, small sample sizes and wide age ranges. There is a lack of credible no-treatment or alternative treatment controls, tests of clinical as opposed to statistical significance, and conceptually relevant outcome measures that examine underlying interactional mechanisms. The term 'family therapy' encompasses a wide range of interventions and it is not always clear what treatment intervention has been delivered. Nevertheless, there is good evidence for the effectiveness of systemic family therapies in the treatment of conduct disorders, substance misuse and eating disorders, and some support for their use as second-line treatments in depression and chronic illness. CONCLUSIONS: Systemic family therapy is an effective intervention for children and adolescents but further well-designed outcome studies are needed using clearly specified, manualised forms of treatment and conceptually relevant outcome measures.

Coughlan MD, Fieggen AG, Semple PL, Peter JC. Craniocerebral gunshot injuries in children. *Childs Nerv Syst* 2003; 19(5-6):348-52. Abstract: INTRODUCTION: Despite the worldwide increase in the incidence of gunshot injuries, there are few large published series on craniocerebral gunshot injuries in children. MATERIALS AND METHODS: The records of 30 consecutive children who were treated for craniocerebral gunshot injuries at the Red

Cross War Memorial Children's Hospital from 1989 to 2002 were reviewed retrospectively. The circumstances of the injury, clinical status, CT findings, complications, and outcome were assessed. RESULTS: The median age was 7 years. Seventy-seven percent of the victims were boys. The majority of the children were injured in the crossfire of civilian violence. The initial management consisted of debridement under local anesthesia in 16 children and neurosurgical procedures under general anesthesia were performed in 14. Sixteen children sustained transhemispheric injuries, 5 bihemispheric injuries, 5 tangential injuries, and 4 transventricular injuries. All 3 children with a GCS <4 died within 72 h of admission. Three of the 7 children with GCS 4-7 died but there were no deaths in those children whose GCS was >7 post-resuscitation. Motor deficits, cranial nerve palsies, and visual field defects were very common. Early post-traumatic seizures were the commonest complication (18%). CONCLUSION: Children with higher post-resuscitation GCSs fared better than adults in terms of mortality but not necessarily morbidity. As in the case with adults, the GCS after resuscitation is a very good prognostic indicator of mortality.

Coulter A. After Bristol: putting patients at the centre. *BMJ* 2002; 324(7338):648-51.

Coulton CJ, Korbin J, Chan T, Su M. Mapping residents' perceptions of neighborhood boundaries: a methodological note. *Am J Community Psychol* 2001; 29(2):371-83.

Abstract: Neighborhood influences on children and youth are the subjects of increasing numbers of studies, but there is concern that these investigations may be biased, because they typically rely on census-based units as proxies for neighborhoods. This pilot study tested several methods of defining neighborhood units based on maps drawn by residents, and compared the results with census definitions of neighborhoods. When residents' maps were used to create neighborhood boundary definitions, the resulting units covered different space and produced different social indicator values than did census-defined units. Residents' agreement about their neighborhoods' boundaries differed among the neighborhoods studied. This pilot study suggests that discrepancies between researcher and resident-defined neighborhoods are a possible source of bias in studies of neighborhood effects.

Coupland NJ. Social phobia: etiology, neurobiology, and treatment. *J Clin Psychiatry* 2001; 62 Suppl 1:25-35. Abstract: Social phobia is a common and often disabling condition, with an etiology that is not established. There is evidence at several levels for an interplay of biological and psychological processes in social phobia. Genetic studies show that both genetic and environmental factors are important, with evidence pointing to associations with 2 genetic conditions,

autism and fragile X syndrome. Behavioral inhibition has emerged as an important precursor to social phobia and possibly to other anxiety disorders. Epidemiologic and clinical studies have suggested that factors within the family environment, such as overprotection, overcontrol, modeling of anxiety, criticism, and in some cases abuse, can play a role in the development of social phobia. During childhood, complex interactions between brain system disturbances that mediate responses to negative social cues and factors in the social setting may lead to the development of a distorted set of internal "blueprints" for social behavior. The impact of severe social anxiety on brain systems that mediate behavioral change may prevent patients from learning better "blueprints." These can be taught through cognitive-behavioral therapies. The effective control of social anxiety with medications enables patients to recover; whether recovery can last after discontinuation of medications may depend on whether a new "blueprint" has been developed and whether stable changes in affected brain systems have occurred. Neuroimaging techniques are at the early stage of identifying abnormalities at the neurotransmitter and systems levels.

Cournos F. The trauma of profound childhood loss: a personal and professional perspective. *Psychiatr Q* 2002; 73(2):145-56.

Abstract: Profound loss in childhood as a precipitant for symptoms of posttraumatic stress disorder has been a largely neglected subject. There is now some literature to suggest that severe loss and the absence of care may be as predictive of psychological distress in children as events that are more frequently studied, such as exposure to natural disasters and physical or sexual abuse. This paper combines the author's personal experience as an orphaned child who was placed in foster care with a discussion of this emerging literature to examine the relationship between childhood loss and trauma symptoms. An awareness of the traumatic nature of severe losses in childhood could help caregivers and mental health professionals deal more effectively with such children.

Cousins DA, Barrett I, Kaplan CA. Medicolegal issues in paediatric practice: proceedings of the 4th Northern Regional Paediatric Colloquium. *Med Sci Law* 2004; 44(1):75-9.

Abstract: Ethical dilemmas frequently arise in paediatric practice. Given the nature of the speciality, these issues are pertinent to both the medical and legal professions. It is of potential benefit for the professions to meet and discuss such cases outwith the immediate clinical setting. A series of such meetings have been held in the Northern region. We report the proceedings of the fourth meeting. Four cases were presented and the issues arising were debated. The key points from each discussion are described.

Coutinho SB, de Lira PI, de Carvalho Lima M, Ashworth A. Comparison of the effect of two systems for the promotion of exclusive breastfeeding. *Lancet* 2005; 366(9491):1094-100.

Abstract: **BACKGROUND:** Promotion of breastfeeding is an important child-survival intervention, yet little is known about which promotional strategies are the most effective. We aimed to compare the effects on rates of breastfeeding of two systems for promotion of breastfeeding in Brazil--a hospital-based system and the same system combined with a programme of home visits. **METHODS:** In February, 2001, maternity staff from two hospitals in Pernambuco, Brazil, were trained according to the Baby-Friendly Hospital Initiative (BFHI). In a randomised trial between March and August, 2001, 350 mothers giving birth at these hospitals were assigned ten postnatal home visits to promote and support breastfeeding (n=175) or no home visits (n=175). Breastfeeding practices were studied on days 1, 10, 30, 60, 90, 120, 150, and 180 by researchers unaware of group allocation. The primary outcome measure was the rate of exclusive breastfeeding from birth to 6 months. Analyses were by intention to treat. **FINDINGS:** The hospital-training intervention achieved a high rate (70%) of exclusive breastfeeding in the hospitals, but this rate was not sustained at home and at 10 days of age only 30% of infants were exclusively breastfed. The patterns of exclusive breastfeeding in the two trial groups for days 10-180 differed significantly (p<0.0001), with a mean aggregated prevalence of 45% among the group assigned home visits compared with 13% for the group assigned none. **INTERPRETATION:** The BFHI achieves high rates of exclusive breastfeeding in hospital; however, in Brazil at least, the rates fall rapidly thereafter. Reliance on the BFHI as a strategy for breastfeeding promotion should be reassessed. A combination of promotional systems (hospital-based and in the community) is needed.

Covington CY. A review of "The National Breastfeeding Policy in Nigeria: the working mother and the law". *Health Care Women Int* 2005; 26(7):555-60.

Cowal K, Shinn M, Weitzman BC, Stojanovic D, Labay L. Mother-child separations among homeless and housed families receiving public assistance in New York City. *Am J Community Psychol* 2002; 30(5):711-30.

Abstract: We examined the incidence, characteristics, and predictors of separations of children from mothers in 543 poor families receiving public assistance, 251 of whom had experienced homelessness during the previous 5 years. Forty-four percent of the homeless mothers and 8% of housed mothers were separated from one or more children. A total of 249 children were separated from 110 homeless families and 34 children from 23 housed families. Children were placed with relatives and in foster care but were rarely returned to their mothers. Maternal drug dependence,

domestic violence, and institutionalization predicted separations, but homelessness was the most important predictor, equivalent in size to 1.9 other risk factors. We infer that policies regarding child welfare and substance abuse treatment should be changed to reduce unnecessary placements. Studies of homeless children who remain with families may be biased if separated children are excluded.

Cowan FM, Langhaug LF, Mashungupa GP *et al.* School based HIV prevention in Zimbabwe: feasibility and acceptability of evaluation trials using biological outcomes. *AIDS* 2002; 16(12):1673-8. Notes: CORPORATE NAME: Regai Dzive Shiri Project

Abstract: OBJECTIVE: To determine the feasibility and acceptability of conducting a community randomized trial (CRT) of an adolescent reproductive health intervention (ARHI) using biological measures of effectiveness. SETTING: Four secondary schools and surrounding communities in rural Zimbabwe. METHODS: Discussions were held with pupils, parents, teachers and community leaders to determine acceptability. A questionnaire and urine sampling survey was undertaken among Form 1 and 2 pupils. Studies were undertaken to inform likely participation and follow up in a future CRT. A community survey of 16-19-year-olds was conducted to determine levels of secondary school attendance and likely HIV prevalence at final follow up in the event of a trial. RESULTS: Form 1 and 2 pupils aged 12-18 years (n = 723; median age, 15 years) participated in the research. Prevalences of HIV, Chlamydia and gonorrhoea were 3.6% [95% confidence interval (CI), 2.3-5.3%], 0.4% (95% CI, 0.1-1.3%) and 1.9% (95% CI, 1.0-3.3%) respectively. There was poor correlation between biological evidence of sexual experience and questionnaire responses, due to concerns about confidentiality. Only 13% (95% CI, 4-27%) of those infected with HIV and/or a sexually transmitted disease admitted to having had sex. In the community survey of 573 adolescents aged 16-19 years, 6.6% (95% CI, 3.9-10.3%) of females and 5.1% (95% CI, 2.9-8.2%) of males were HIV positive. High participation and retention rates are achievable within a trial in this setting. CONCLUSIONS: It is acceptable and feasible to conduct randomized trials to establish the effectiveness of ARHIs. However, self-reported behavioural outcomes will probably be biased, emphasizing the importance of using externally validated biological outcome measures to determine effectiveness.

Cowley C. The conjoined twins and the limits of rationality in applied ethics. *Bioethics* 2003; 17(1):69-88. Notes: GENERAL NOTE: KIE: 24 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors Abstract: In this article I consider the case of the surgical separation of conjoined twins resulting in the immediate and predictable death of the weaker one.

The case was submitted to English law by the hospital, and the operation permitted against the parents' wishes. I consider the relationship between the legal decision and the moral reasons adduced in its support, reasons gaining their force against the framework of much mainstream normative ethical theory. I argue that in a few morally dilemmatic situations, such as a legalistic-theoretical approach cannot plausibly accommodate certain irreducible and ineliminable features of the ethical experience of any concrete individual implicated in the situation, and that this failure partly undermines its self-appointed role of guiding such an individual's conduct. For example, the problem as experienced by the judge and by the parents might not be the same problem at all, and some of their respective reasons may be mutually unintelligible or impotent. I certainly do not argue for a rejection of law or of moral theory; I merely challenge their implicit claim to comprehensiveness and their fixation with an idealised and putatively universal rationality modelled on converging scientific enquiry. Finally, I claim that at least in the twins' case there may be insufficient normative robustness to the conclusions reached, or indeed reachable, by the court in a situation where intuitions and moral reasons pull in fundamentally incommensurable directions; as such, there may be room for an acknowledgement of the spiritual, through a humble abstention from making a decision--which is not to be confused with deciding to do nothing.

Coyer SM. Mothers recovering from cocaine addiction: factors affecting parenting skills. *J Obstet Gynecol Neonatal Nurs* 2001; 30(1):71-9. Abstract: OBJECTIVE: To identify factors that may influence parenting by mothers who are recovering from cocaine addiction. DESIGN: Exploratory descriptive, with in-depth unstructured interviews. SETTING: Interviews were conducted in the woman's home or in a treatment center. PARTICIPANTS: A convenience sample of 11 women recovering from cocaine addiction who were mothers of children 3 years of age and younger. RESULTS: A content analysis was used to analyze the interview data. Two themes, personal/psychologic factors and environmental/contextual factors, and four subthemes emerged. They identify issues that may affect parenting by mothers being treated for cocaine addiction. Subthemes included low self-esteem, difficulty developing a maternal identity, isolation from friends and family, and chronic life stress. CONCLUSION: This study provides a better understanding of the sources contributing to vulnerability in the parenting role for mothers recovering from cocaine addiction and will assist nurses in providing care for these mothers and their children.

Craig M. Perinatal risk factors for neonaticide and infant homicide: can we identify those at risk? *J R Soc Med* 2004; 97(2):57-61.

Craissati J, McClurg G, Browne K. The parental bonding experiences of sex offenders: a comparison between child molesters and rapists. *Child Abuse Negl* 2002; 26(9):909-21.

Abstract: **OBJECTIVE:** It has often been hypothesized that because of a lack of early satisfactory attachments, sex offenders grow up unable to form relationships with adults, which makes them susceptible to pursue intimacy in maladaptive ways. This research aims to empirically examine the parental bonding patterns for a group of sex offenders, comparing child molesters and rapists. **METHOD:** Seventy-six men convicted of a sexual offense (57 child molesters and 19 rapists) completed the parental bonding instrument (PBI), and were assessed by means of a semi-structured clinical interview. **RESULTS:** Affectionless control style of parental bonding was highly prevalent amongst the sex offenders. There was some suggestion that low parental care was associated with childhood abuse and disturbances, particularly for child molesters. High overprotection in mothers was linked with parental separation and sex play with male peers in childhood. **CONCLUSIONS:** There is a need to replicate the study with non-sexual offenders as a comparison group, and to establish whether the PBI provides a useful adjunct to studies of adult romantic attachment in sex offenders.

Crandon IW, Bruce CA, Harding HE. Civilian cranial gunshot wounds: a Jamaican experience. *West Indian Med J* 2004; 53(4):248-51.

Abstract: Gunshot injuries are an escalating social and medical dilemma in many Western and some developing countries. Of 40 patients arriving at the University Hospital of the West Indies (UHWD), Jamaica, from 1993 to 1998, with gunshot wounds of the head, 30 were admitted. Six of those admitted died within 24 hours, five with poor Glasgow Coma scores. Ten patients had surgery, two of whom died. Six complications occurred: two patients each developed an infection, cerebrospinal fluid fistula or seizures. All patients were victims of an assault and all had intracranial penetration, the most common sites of which were facial and frontal. Median hospital stay was eleven days. The Glasgow Coma Score on admission was a good prognostic indicator. Fourteen patients had associated injuries, four of which were in the neck. Surgery was considered inappropriate for moribund patients and those with inaccessible bone and bullet fragments. Young males were the most common victims of this devastating form of assault.

Creed J, Ruffin JE, Ward M. A weekend camp for bereaved siblings. *Cancer Pract* 2001; 9(4):176-82.

Abstract: **PURPOSE:** The purpose of this article is to describe a weekend bereavement camp for children age 6 to 18 years who have lost a brother or sister to cancer. A description of the planning for the camp and the weekend program is included. **OVERVIEW:** Camp New Horizons is a weekend camp for children age 6 to

18 years who have lost a sibling to cancer. At the camp, the children are divided into age-appropriate groups and spend time, through various activities, learning about the grief process to reduce their feelings of isolation, to express grief appropriately, and to move forward in the grief process. Similar programs, as well as the uniqueness of this program, are discussed. **CLINICAL IMPLICATIONS:** Camp New Horizons has met many of the educational and support needs of bereaved siblings. Networks of support and friendship have formed that allow the children to reach out to one another when needed. Parents and children have increased their communication about the death in their family, thus accepting their feelings and increasing support in the family system. Continued collaboration between centers will create ongoing support for the healthcare professionals and the programs they provide.

Crisp BR, Lister PG. Child protection and public health: nurses' responsibilities. *J Adv Nurs* 2004; 47(6):656-63.

Abstract: **BACKGROUND:** Health care workers have been recognized as having a key role in the protection and care of Scotland's children, particularly in respect of identification and detection of child abuse. Nurses, especially health visitors, are often the first professionals to suspect that child abuse has taken place. While previous research has found that health visitors have primarily perceived their role as that of providing support and advice to vulnerable families, there are pressures on them to fulfil a more narrow surveillance role. Concurrent with a lack of clarity about the role of health visitors in child protection, there has been increasing recognition that other nurses can also make an important contribution, including those who do not work directly with children. **AIMS:** The aim of the study was to explore nurses' understanding of their professional responsibilities in relation to child protection, and the potential for nurses to be involved in the protection of children from abuse. **METHODS:** A qualitative interview-based design was used, and 99 nurses working in an National Health Service trust in a Scottish city were interviewed, either individually or in groups, about their professional involvements in child protection issues. Interview data were subjected to thematic analysis. **FINDINGS:** There was lack of consensus among interviewees about the nursing remit in child protection issues, particularly with respect to the extent to which nurses should actively seek to detect cases of child abuse. An emphasis on identification and detection was not easily accepted by many nurses, and was perceived by some to be a change from their more traditional role of supporting families, as well as being potentially in conflict with some public health responsibilities. **CONCLUSION:** In spite of the perception of some nurses that there is a sharp divide between child protection work and public health interventions, many of the child protection roles identified by nurses, such

as supporting families, parenting education and service development, are clearly within the ambit of contemporary notions of public health. Furthermore, it is clear that there is a role in child protection for a much wider group of nurses than health visitors.

Crockenberg SC, Leerkes EM. Parental acceptance, postpartum depression, and maternal sensitivity: mediating and moderating processes. *J Fam Psychol* 2003; 17(1):80-93.

Abstract: Mothers (n = 92), fathers (n = 84), and their infants (60% male) participated in a longitudinal study of postpartum depression and maternal sensitivity. Mothers completed questionnaire measures of remembered parental acceptance, depressive symptoms, and infant distress to novelty and limits. Mothers and partners reported on marital aggression and avoidance. Maternal sensitivity was observed in the laboratory at 6 months. Characteristics of mothers, partners, and infants combined to predict postpartum depression and maternal sensitivity. Remembered parental rejection predicted postpartum depressive symptoms with prenatal depression controlled; self-esteem mediated this effect. Paternal acceptance buffered against postpartum depression when infants were highly reactive and when partners were aggressive. Paternal acceptance reduced the impact of postpartum depression on maternal sensitivity; having an aggressive marital partner exacerbated the effect.

Crook PD, Aguilera JF, Threlfall EJ *et al.* A European outbreak of *Salmonella enterica* serotype Typhimurium definitive phage type 204b in 2000. *Clin Microbiol Infect* 2003; 9(8):839-45.

Abstract: OBJECTIVE: To describe the clinical, epidemiologic and microbiological features of a large outbreak of infection with a multiresistant *Salmonella enterica* serotype Typhimurium definitive type DT204b infection involving at least 392 people in five European countries. METHODS: Icelandic public-health doctors responded to a report on an Internet news site of an outbreak of infection with a multiresistant strain of Typhimurium DT104 in England by contacting the Public Health Laboratory Service (PHLS) Communicable Disease Surveillance Centre (CDSC). An international alert was sent out through Enter-net. All strains from England & Wales, The Netherlands, Scotland and Germany, and 17 of the outbreak isolates from Iceland, were phage-typed, screened for antimicrobial resistance, and subjected to molecular typing. Hypothesis-generating interviews were conducted, followed by case-control studies performed in Iceland and England. RESULTS: Isolates from cases in Iceland, England and Wales, The Netherlands, Scotland and Germany were identified as Typhimurium DT204b. The antimicrobial resistance pattern was ACGNeKSSuTTmNx CpL. All strains tested displayed an identical plasmid profile. Strains from five cases in England & Wales and five cases in Iceland possessed identical pulsed-field profiles.

Although a common source was suspected, only Iceland implicated imported lettuce as a vehicle, with an analytic epidemiologic study (OR = 40.8; P = 0.005; 95% CI 2.7-3175). CONCLUSION: The identification of international outbreaks, necessary for investigation and control, can be facilitated by standardized phage-typing techniques, the electronic transfer of molecular typing patterns, formal and informal links established through international surveillance networks, and the early reporting of national outbreaks to such networks.

Cropper S, Hopper A, Spencer SA. Managed clinical networks. *Arch Dis Child* 2002; 87(1):1-4; discussion 1-4.

Cross R, Gregory S. Giving children a 'voice'. *Emerg Nurse* 2002; 10(6):11-5.

Cross TP, Leavey J, Mosley PR, White AW, Andreas JB. Outcomes of specialized foster care in a managed child welfare services network. *Child Welfare* 2004; 83(6):533-64.

Abstract: This study (N = 384) presents results from outcome measurement in a services network providing specialized foster care (SFC) to children in child protective service custody. A majority of participants improved on most outcomes. Global improvement was associated with increased length of stay up to two years, five months, and with younger age, fewer problems, and, paradoxically, the presence of a trauma history. Results suggest the value of SFC within managed services and of research using outcome measurement systems.

Crown L. Intimate partner violence. *Tenn Med* 2005; 98(10):462-3.

Crunelli V, Leresche N. Childhood absence epilepsy: genes, channels, neurons and networks. *Nat Rev Neurosci* 2002; 3(5):371-82.

Abstract: Childhood absence epilepsy is an idiopathic, generalized non-convulsive epilepsy with a multifactorial genetic aetiology. Molecular-genetic analyses of affected human families and experimental models, together with neurobiological investigations, have led to important breakthroughs in the identification of candidate genes and loci, and potential pathophysiological mechanisms for this type of epilepsy. Here, we review these results, and compare the human and experimental phenotypes that have been investigated. Continuing efforts and comparisons of this type will help us to elucidate the multigenetic traits and pathophysiology of this form of generalized epilepsy.

Cruz R, Travis JW, Glick LB. Circumcision as human-rights violation: assessing Benatar and Benatar. *Am J Bioeth* 2003; 3(2):W7.

Notes: GENERAL NOTE: KIE: 25 refs.

GENERAL NOTE: KIE: KIE Bib: patient care/minors

Crystal DS, Ostrander R, Chen RS, August GJ. Multimethod assessment of psychopathology among DSM-IV subtypes of children with attention-deficit/hyperactivity disorder: self-, parent, and teacher reports. *J Abnorm Child Psychol* 2001; 29(3):189-205. Abstract: Using data based on self-, parent, and teacher reports, we assessed various aspects of psychopathology in a large sample of control children and those with ADHD. Confirmatory factor analysis was employed to extract response bias from latent constructs of aggression, anxiety, attention problems, depression, conduct disorder, and hyperactivity. These latent constructs were then entered into logistic regression equations to predict membership in control versus ADHD groups, and to discriminate between ADHD subtypes. Results of the regression equations showed that higher levels of attention problems and aggression were the best predictors of membership in the ADHD group relative to controls. Logistic regression also indicated that a higher degree of aggression was the only significant predictor of membership in the ADHD-Combined group compared to the ADHD-Inattentive group. However, when comorbid diagnoses of Oppositional Defiant Disorder and Conduct Disorder were controlled for in the logistic regression, greater hyperactivity rather than aggression was the sole variable with which to distinguish the ADHD-Combined from the ADHD-Inattentive subtype. Results are discussed in the context of the DSM-IV ADHD nosology and the role of instrument and source bias in the diagnosis of ADHD.

Cuijpers P, Jonkers R, de WI, de JA. The effects of drug abuse prevention at school: the 'Healthy School and Drugs' project. *Addiction* 2002; 97(1):67-73. Abstract: AIMS: To examine the effects of the 'Healthy School and Drugs' project, a Dutch school-based drug prevention project that was developed in the late 1980s and disseminated during the 1990s. This programme is currently being used by 64-73% of Dutch secondary schools and it is estimated that at least 350000 high school students receive this intervention each year. DESIGN, SETTING AND PARTICIPANTS: A quasi-experimental study in which students of nine experimental (N = 1156) schools were compared with students of three control schools (N = 774). The groups were compared before the intervention, 1 year later, 2 years later and 3 years later. MEASUREMENTS: Self-report measures of tobacco, alcohol and marijuana use, attitudes towards substance use, knowledge about substances and self-efficacy. FINDINGS: Some effects on the use of tobacco, alcohol and cannabis were found. Two years after the intervention, significant effects could still be shown on alcohol use. Effects of the intervention were also found on knowledge, but there was no clear evidence for any effects on attitude towards substance use and on self-efficacy.

CONCLUSIONS: This study shows the Healthy School and Drugs project as implemented in Holland may have some effect on drug use in the children exposed to it.

Culbert A, Davis DJ. Parental preferences for neonatal resuscitation research consent: a pilot study. *J Med Ethics* 2005; 31(12):721-6. Abstract: OBJECTIVE: Obtaining informed consent for resuscitation research, especially in the newborn, is problematic. This study aimed to evaluate parental preferences for hypothetical consent procedures in neonatal resuscitation research. DESIGN: Mail-out survey questionnaire. Setting/ PARTICIPANTS: Randomly selected parents who had received obstetrical or neonatal care at a tertiary perinatal centre. MAIN OUTCOME MEASURES: Parental levels of comfort (Likert-type scale 1-6) regarding different methods of obtaining consent in hypothetical resuscitation research scenarios. RESULTS: The response rate was 34%. The respondents were a group of highly educated women with a higher family income than would be expected in the general population. In terms of results, parents valued the impact the research would have on their baby and the importance of a positive interaction with the physicians conducting the research study. Parents felt most comfortable with prospective consent in the setting of prenatal classes or prenatal visits with a physician, but they were somewhat uncomfortable with prospective consent upon admission to hospital after labour had begun. Parents were uncomfortable with waived consent, deferred consent, and opting out, no matter when during the pregnancy consent was requested. CONCLUSION: This pilot study reports parental preferences for prenatal information and consent for such research trials of neonatal resuscitation. A low response rate and potentially skewed demographics of the respondents prevent generalisability of this result. Interview studies should be performed to better determine parental preferences for informed consent in a more representative population.

Cullen KW, Baranowski T, Rittenberry L, Cosart C, Hebert D, de Moor C. Child-reported family and peer influences on fruit, juice and vegetable consumption: reliability and validity of measures. *Health Educ Res* 2001; 16(2):187-200. Abstract: Family, peers and other environmental factors are likely to influence children's dietary behavior but few measures of these phenomena exist. Questionnaires to measure family and peer influences on children's fruit, juice and vegetable (FJV) consumption were developed and pilot tested with an ethnically diverse group of Grade 4-6 children. Principal components analyses revealed subscales with acceptable internal consistencies that measured parent and peer FJV modeling, normative beliefs, normative expectations, perceived peer FJV norms, supportive and permissive parenting practices, food rules,

permissive eating, and child food preparation. Internal consistencies were adequate to high, but test-re-test correlations often were low. Children also completed questionnaires on FJV availability and accessibility in the home, and food records for 2 days in the classroom. Parental modeling, peer normative beliefs and FV availability were significantly correlated with FJV consumption. Further research with these scales is warranted.

Culverwell T. The parent's perspective. *Proc Nutr Soc* 2005; 64(3):339-43.

Abstract: The present paper gives an insight from a parent's perspective into the roles of health professionals and service providers in the daily management of a child with complex needs that include enteral feeding. It focuses on the case of a 9-year-old boy and discusses some aspects of his diagnosis and treatment, and the support received. It highlights the need for a multi-agency approach based around the child, in which parents are consulted, the opinions of professionals from the different disciplines are valued by other professionals and professionals do not issue conflicting advice but share knowledge before giving advice. There should be national accessibility to support services and a standardised training programme for carers. Better communication between parents, carers, health professionals and service providers and working together can reduce the stress for the patient and carer, and put less strain on much-needed resources.

Cummings EM, Goeke-Morey MC, Papp LM. Everyday marital conflict and child aggression. *J Abnorm Child Psychol* 2004; 32(2):191-202.

Abstract: Children's immediate aggressive responding to exposure to marital conflict was examined. Participants were 108 families with 8- to 16-year-old children (53 boys, 55 girls), with diary records of children's reactions to marital conflict in the home completed by 103 mothers (n = 578 records) and 95 fathers (n = 377 records) during a 15-day period. Child responses to analog presentations of marital conflict tactics were also obtained. Exposure to destructive conflict tactics and negative parental emotionality increased the likelihood of aggressive behavior in children when they witnessed marital conflict, whereas constructive conflict tactics and positive parental emotionality decreased the probability of aggression. Conflict topics presumed to be threatening to the child (child- or marital-related) also heightened the likelihood of aggression. Aggressive responding to conflict in both home and laboratory predicted externalizing behavior problems. Fathers' and mothers' separate diary reports, and child responses to analog presentation of conflict, provided generally consistent findings. An exposure hypothesis for marital conflict as an influence on child aggression is discussed.

Cunha AJ, dos Santos SR, Martines J. Integrated care of childhood disease in Brazil: mothers' response to the recommendations of health workers. *Acta Paediatr* 2005; 94(8):1116-21.

Abstract: AIM: To describe the process of follow-up in primary care facilities where the Integrated Management of Childhood Illness (IMCI) strategy was implemented. IMCI was developed by WHO and UNICEF as an integrated approach to manage sick children under 5 y of age and aims to reduce mortality and morbidity. METHODS: From August 2001 to February 2002, 229 sick children who had a health condition included in the IMCI case management guidelines were seen in six family healthcare facilities in Brazil. We analysed the care provided to 153 children who were recommended for a 2- or 5-d follow-up visit. Children who did not return were visited and assessed at home. RESULTS: Only 87 children (56.9%) timely returned for follow-up: 70 had improved, eight presented the same health conditions, five were worse and four had a new problem. The main reasons given for not returning for follow-up were: the child had improved (35.1%) and other family priorities (47.4%). Home visits showed that, although most children had improved (n=49), some had a new health problem and one child was sick enough to be referred. Prescription of antibiotics was associated with increased probability of returning for a follow-up visit (RR =1.64 [1.22-2.20], p=0.001). CONCLUSION: Adherence to follow-up was just over 50%, mostly because the condition had already resolved, but some children were still sick and needed intervention. Training on counselling on the recognition of danger signs and when to return for a follow-up visit must be reinforced.

Cunningham CE, McHolm A, Boyle MH, Patel S. Behavioral and emotional adjustment, family functioning, academic performance, and social relationships in children with selective mutism. *J Child Psychol Psychiatry* 2004; 45(8):1363-72.

Abstract: This study addressed four questions which parents of children with selective mutism (SM) frequently ask: (1) Is SM associated with anxiety or oppositional behavior? (2) Is SM associated with parenting and family dysfunction? (3) Will my child fail at school? and (4) Will my child make friends or be teased and bullied? In comparison to a sample of 52 community controls, 52 children with SM were more anxious, obsessive, and prone to somatic complaints. In contrast, children with SM were less oppositional and evidenced fewer attentional difficulties at school. We found no group differences in family structure, economic resources, family functioning, maternal mood difficulties, recreational activities, or social networks. While parents reported no differences in parenting strategies, children with SM were described as less cooperative in disciplinary situations. The academic (e.g., reading and math) and classroom cooperative skills of children with SM did not differ

from controls. Parents and teachers reported that children with SM had significant deficits in social skills. Though teachers and parents rated children with SM as less socially assertive, neither teachers nor parents reported that children with SM were victimized more frequently by peers.

Cunningham G. Ethics and genetics. *N Engl J Med* 2003; 349(19):1870-2; author reply 1870-2.  
Notes: GENERAL NOTE: KIE: 1 ref.  
GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; genetic screening

Cunningham M, Zayas LH. Reducing depression in pregnancy: designing multimodal interventions. *Soc Work* 2002; 47(2):114-23.  
Abstract: Research indicates that high levels of stress, low social support networks, and depression during pregnancy have a powerful negative effect on maternal functioning and infant developmental outcomes. Low-income, inner-city women from ethnic minority groups, whose levels of depression have been documented as higher than their white counterparts, are at increased risk, as are their infants. This article reviews the relevant research literature and proposes that "bundling" several social work treatments intended to reduce or prevent depression, expand social networks, and enhance mothers' knowledge of child development is more effective than any single approach. Joining treatments into one intervention approach offers multiple treatments for multiple problems and can be designed to be evaluated.

Cunningham PB, Henggeler SW. Implementation of an empirically based drug and violence prevention and intervention program in public school settings. *J Clin Child Psychol* 2001; 30(2):221-32.  
Abstract: Describes the implementation of a collaborative preventive intervention project (Healthy Schools) designed to reduce levels of bullying and related antisocial behaviors in children attending two urban middle schools serving primarily African American students. These schools have high rates of juvenile violence, as reflected by suspensions and expulsions for behavioral problems. Using a quasi-experimental design, empirically based drug and violence prevention programs, Bullying Prevention and Project ALERT, are being implemented at each middle school. In addition, an intensive evidence-based intervention, multisystemic therapy, is being used to target students at high risk of expulsion and court referral. Hence, the proposed project integrates both universal approaches to prevention and a model that focuses on indicated cases. Targeted outcomes, by which the effectiveness of this comprehensive school-based program will be measured, are reduced youth violence, reduced drug use, and improved psychosocial functioning of participating youth.

Cunningham RM, Vaidya RS, Walton M, Maio RF. Training emergency medicine nurses and physicians in youth violence prevention. *Am J Prev Med* 2005; 29(5 Suppl 2):220-5.

Abstract: Adolescents seen in an urban Emergency Department (ED) are more likely to die from violence than from any other illness or condition for which they seek care in the ED. Most injured patients presenting to our nation's EDs are treated and released, even after a firearm-related injury. These youth who are discharged from the ED will not interface with resources on the inpatient trauma unit. The current standard of care in the ED involves no referral for violence-related prevention services. Despite the fact that ED physicians and nurses frequently medically manage victims of violent assault, there are few courses on youth violence prevention (YVP) framed from the viewpoint of emergency healthcare providers, and ED staff remain relatively uneducated as a specialty on the identification, assessment, and referral resources available for early intervention and prevention. This article focuses on the development and in-depth description of a case-based, 1-hour continuing medical education presentation for ED physicians, residents, and nursing staff on YVP. This presentation is aimed to increase awareness of the role of ED personnel in YVP and to provide basic knowledge and skills needed to begin to incorporate YVP into routine clinical practice in an Emergency Department setting.

Cunningham SM. The joint contribution of experiencing and witnessing violence during childhood on child abuse in the parent role. *Violence Vict* 2003; 18(6):619-39.  
Abstract: This article examines adult respondents' abuse of children as a consequence of their own childhood experiences of abuse, both direct experiences of childhood violence (hitting) and exposure to interparental violence (witnessing). In particular, the study examines the extent to which these factors function interactively: Are both experience and exposure necessary or is either sufficient to increase disproportionately the probability of child abuse? Using data from the Second National Family Violence Survey, results of a logistic regression analysis show that either or both factors produced higher than average and relatively similar rates of child abuse. Only respondents with neither form of family violence reported lower than average rates of abuse of their own children. The analysis controlled for gender, race, family income, and family structure; race was the only control variable to be significantly associated with child abuse. Finally, no control variable modified the interaction between the family violence variables.

Curry M, Bristol J. The effects of childhood sexual abuse on adherence and health. *Focus* 2003; 18(5):5-6.

Curzon M. Non-accidental injury (NAI). Editorial. *Eur J Paediatr Dent* 2003; 4(2):58.



Cuttini M. Intrapartum prevention of meconium aspiration syndrome. *Lancet* 2004; 364(9434):560-1.

Czeizel AE, Puho E. Maternal use of nutritional supplements during the first month of pregnancy and decreased risk of Down's syndrome: case-control study. *Nutrition* 2005; 21(6):698-704; discussion 774. Abstract: OBJECTIVE: We studied the association between the use of nutritional supplements during the first gestational month and the origin of Down's syndrome. METHODS: We compared 781 subjects with Down's syndrome caused by pure trisomy 21 with their matched controls who had no defect. We also compared subjects who had Down's syndrome with groups of 22 843 patient controls (i.e., subjects with other congenital abnormalities) and 38 151 population controls (without defects). Subjects with Down's syndrome and other congenital abnormalities were identified in the large population-based dataset of the Hungarian Congenital Abnormality Registry between 1980 and 1996, and matched population controls were selected from the National Birth Registry. There were three sources of exposure data: 1) prospective and medically recorded data based on prenatal logbooks, 2) retrospective maternal information based on questionnaires, and 3) home visits in non-respondent cases of Down's syndrome and congenital abnormalities. A possible association between the use of nutritional supplements, mainly folic acid and antioxidant vitamins C and E, during the first month of pregnancy and the incidence of Down's syndrome was studied. RESULTS: A significant protective effect was seen with large doses of folic acid (approximately 6 mg/d) and iron (150-300 mg/d of ferrous sulfate) during the first gestational month against Down's syndrome (adjusted odds ratio 0.4, 95% confidence interval 0.2 to 0.7 for both). In general, folic acid and iron were used together, so it was difficult to separate these effects due to the limited number of subjects and controls. Only iron alone showed a protective effect against Down's syndrome (odds ratio 0.4, 95% confidence interval 0.1 to 0.9). The use of antioxidant vitamins was a rare event in the first month of pregnancy. CONCLUSION: Pharmacologic doses of folic acid and iron appear to have a preventive effect against Down's syndrome.

D'Amour D, Goulet L, Labadie JF, Bernier L, Pineault R. Accessibility, continuity and appropriateness: key elements in assessing integration of perinatal services. *Health Soc Care Community* 2003; 11(5):397-404. Abstract: A trend toward the reduction in the length of hospital stays has been widely observed. This increasing shift is particularly evident in perinatal care. A stay of less than 48 hours after delivery has been shown to have no negative effects on the health of either the mother or the baby as long as they receive an adequate follow-up. This implies a close integration between hospital and community health services. The present article addresses the following questions: To

what extent are postnatal services accessible to mothers and neonates? Are postnatal services in the community in continuity with those of the hospital? Are the services provided by the appropriate source of care? The authors conducted a telephone survey among 1158 mothers in a large urban area in the province of Quebec, Canada. The results were compared to clinical guidelines widely recognised by professionals. The results show serious discrepancies with these guidelines. The authors found a low accessibility to services: less than half of the mothers received a home visit by a nurse. In terms of continuity of care, less than 10% of the mothers received a follow-up telephone call within the recommended time frame and only 18% benefited from a home visit within the recommended period. Finally, despite guidelines to the contrary, hospitals continue to intervene after discharge. This results in a duplication of services for 44.7% of the new-borns. On the other hand, 40.7% are not seen in the recommended period after hospital discharge at all. These results raise concerns about the integration of services between agencies. Following earlier work, the present authors have grouped explanatory factors under four dimensions: the strategic dimension, particularly leadership; the structural dimension, including the size of the network; the technological dimension, with respect to information transmission system; and the cultural dimension, which concerns the collaboration process and the development of relationships based on trust.

D'Angelo SL. Child testimony in sexual abuse cases. When children testify in court. *J Pediatr Adolesc Gynecol* 2002; 15(3):170-4.

D'Antuono M, Louvel J, Kohling R *et al.* GABAA receptor-dependent synchronization leads to ictogenesis in the human dysplastic cortex. *Brain* 2004; 127(Pt 7):1626-40.

Abstract: Patients with Taylor's type focal cortical dysplasia (FCD) present with seizures that are often medically intractable. Here, we attempted to identify the cellular and pharmacological mechanisms responsible for this epileptogenic state by using field potential and K<sup>+</sup>-selective recordings in neocortical slices obtained from epileptic patients with FCD and, for purposes of comparison, with mesial temporal lobe epilepsy (MTLE), an epileptic disorder that, at least in the neocortex, is not characterized by any obvious structural aberration of neuronal networks. Spontaneous epileptiform activity was induced in vitro by applying 4-aminopyridine (4AP)-containing medium. Under these conditions, we could identify in FCD slices a close temporal relationship between ictal activity onset and the occurrence of slow interictal-like events that were mainly contributed by GABAA receptor activation. We also found that in FCD slices, pharmacological procedures capable of decreasing or increasing GABAA receptor function abolished or potentiated ictal discharges, respectively. In addition,

the initiation of ictal events in FCD tissue coincided with the occurrence of GABAA receptor-dependent interictal events leading to [K+]o elevations that were larger than those seen during the interictal period. Finally, by testing the effects induced by baclofen on epileptiform events generated by FCD and MTL slices, we discovered that the function of GABAB receptors (presumably located at presynaptic inhibitory terminals) was markedly decreased in FCD tissue. Thus, epileptiform synchronization leading to in vitro ictal activity in the human FCD tissue is initiated by a synchronizing mechanism that paradoxically relies on GABAA receptor activation causing sizeable increases in [K+]o. This mechanism may be facilitated by the decreased ability of GABAB receptors to control GABA release from interneuron terminals.

Daane DM. Child and adolescent violence. *Orthop Nurs* 2003; 22(1):23-9; quiz 30-1.

Abstract: Although the juvenile violent crime rate has decreased steadily during the past 5 years, the problem of violence and violence-related behaviors in the lives of our children and adolescents remains. The incidence of violent victimization against children and violence and violence-related behavior by today's youth is related to a variety of factors. Exposure to violence in the home, school, community, or video games and other entertainment significantly influences aggressive behaviors among children and adolescents. Other childhood violence predictors include alcohol and drug use, gender, and low self-esteem. The childhood violence risk indicators have implications for child and adolescent violence prevention and intervention programs. Nurses who recognize dangerous and potentially dangerous behavior in children and adolescents are better able to provide violence prevention and intervention services and referrals to children at risk or in danger. Because orthopaedic nurses often see adolescents who have already sustained injury from violence, identification of those at risk is particularly important.

Dahl LB, Hasvold P, Arild E, Hasvold T. Heart murmurs recorded by a sensor based electronic stethoscope and e-mailed for remote assessment. *Arch Dis Child* 2002; 87(4):297-301; discussion 297-301.

Abstract: **BACKGROUND:** Heart murmurs are common in children, and they are often referred to a specialist for examination. A clinically innocent murmur does not need further investigation. The referral area of the University Hospital is large and sparsely populated. A new service for remote auscultation (telemedicine) of heart murmurs in children was established where heart sounds and short texts were sent as an attachment to e-mails. **AIM:** To assess the clinical quality of this method. **METHODS:** Heart sounds from 47 patients with no murmur (n = 7), with innocent murmurs (n = 20), or with pathological murmurs (n = 20) were recorded using a sensor based stethoscope and e-mailed to a remote computer. The

sounds were repeated, giving 100 cases that were randomly distributed on a compact disc. Four cardiologists assessed and categorised the cases as having "no murmur", "innocent murmur", or "pathological murmur", recorded the assessment time per case, their degree of certainty, and whether they recommended referral. **RESULTS:** On average, 2.1 minutes were spent on each case. The mean sensitivity and specificity were 89.7% and 98.2% respectively, and the inter-observer and intra-observer variabilities were low (kappa 0.81 and 0.87), respectively. A total of 93.4% of cases with a pathological murmur and 12.6% of cases with an innocent murmur were recommended for referral. **CONCLUSION:** Telemedical referral of patients with heart murmurs for remote assessment by a cardiologist is safe and saves time. Skilled auscultation is adequate to detect patients with innocent murmurs.

Dahl S, Hauff E. [Treatment of psychologically traumatised patients]. *Tidsskr Nor Laegeforen* 2003; 123(23):3437; author reply 3437-8.

Dake JA, Price JH, Telljohann SK. The nature and extent of bullying at school. *J Sch Health* 2003; 73(5):173-80. Abstract: In elementary schools, the prevalence of bullying ranges from 11.3% in Finland to 49.8% in Ireland. The only United States study of elementary students found that 19% were bullied. Bullying behavior declines as students progress through the grades. School bullying is associated with numerous physical, mental, and social detriments. A relationship also exists between student bullying behavior and school issues such as academic achievement, school bonding, and absenteeism. Prevention of school bullying should become a priority issue for schools. The most effective methods of bullying reduction involve a whole school approach. This method includes assessing the problem, planning school conference days, providing better supervision at recess, forming a bullying prevention coordinating group, encouraging parent-teacher meetings, establishing classroom rules against bullying, holding classroom meetings about bullying, requiring talks with the bullies and victims, and scheduling talks with the parents of involved students. Finally, this review suggests further studies needed to help ameliorate the bullying problem in US schools.

Dalton R. Journal will publish accused scientist's work. *Nature* 2001; 409(6820):548.

Daniell C. Veterinarians and SPCAs: an essential partnership. *Can Vet J* 2002; 43(3):188-90.

Dannetun E, Tegnell A, Hermansson G, Giesecke J. Parents' reported reasons for avoiding MMR vaccination. A telephone survey. *Scand J Prim Health Care* 2005; 23(3):149-53.

Abstract: OBJECTIVE: During the second half of the 1990s and the first years of the 2000s a declining coverage for MMR vaccination in two-year-olds was observed in Sweden. The aim was to assess reasons for postponement or non-vaccination. DESIGN: A telephone survey using a structured questionnaire on parents' attitudes regarding their choice to postpone or abstain from vaccinating their child. SETTING: The County of Ostergotland in Sweden. SUBJECTS: A total of 203 parents of children who had no registered date for MMR vaccination at a Child Health Centre. MAIN OUTCOME MEASURES: Parental reasons for non-vaccination. RESULTS: In all, 26 of the 203 children had received MMR vaccination but this had not been registered. Of those not vaccinated, 40% of the parents had decided to abstain and 60% to postpone vaccination. Fear of side effects was the most common reason for non-vaccination in both groups. The main source of information was the media followed by the Child Health Centre. Parents with a single child more often postponed vaccination and those who abstained were more likely to have had a discussion with a doctor or nurse about MMR vaccine. CONCLUSION: Postponers and abstainers may have different reasons for their decision. The role of well-trained healthcare staff in giving advice and an opportunity to discuss MMR vaccination with concerned parents is very important.

Danvers L, Freshwater D, Cheater F, Wilson A. Providing a seamless service for children with life-limiting illness: experiences and recommendations of professional staff at the Diana Princess of Wales Children's Community Service. *J Clin Nurs* 2003; 12(3):351-9. Abstract: The Diana Children's Community Teams (DCCTs), a new nurse-led service funded by the Department of Health, were established to provide care in the community as an alternative to hospital for children with life-threatening/life-limiting illnesses and their families. This paper presents selected findings highlighting the professionals' experiences which formed part of the evaluation of the Diana, Princess of Wales Children's Community Service in Leicester, Leicestershire and Rutland. The Diana Service in Leicestershire attempts to encompass both parental empowerment and interagency collaboration. By working in partnership with the children and their families, the team provides an integrated and multiprofessional community-based service. This paper particularly concentrates on the perceptions and recommendations from the Diana team itself. Three independently managed Community Nursing Services existed in Leicestershire prior to the Diana teams; a Paediatric Macmillan Service, a Children's Community Nursing Service and a Respite Service. The Leicestershire DCCT integrated the three nursing services into a single team. This team has moved away from a traditional uniprofessional service structure by encompassing a wider team of multiprofessionals, including a cultural link worker, an occupational

therapist, a physiotherapist, a play specialist and a team of trained counsellors, working in partnership to provide a quality service for families. \* The evaluation, which used a longitudinal multimethod process analysis based on an action research framework, suggests that children with complex and life-limiting illnesses and their families benefit greatly from an effective seamless service. This paper recommends a framework of care that may be relevant to other teams of children's community services across the country. This service has been judged by the impact it has had on the families who use it and the professionals employed within it.

Dapretto M, Lee SS, Caplan R. A functional magnetic resonance imaging study of discourse coherence in typically developing children. *Neuroreport* 2005; 16(15):1661-5.

Abstract: Using functional magnetic resonance imaging and a previously validated activation paradigm, we investigated the neural networks involved in detecting discourse coherence in a sample of typically developing children. Study participants listened to short question-answer dialogues and determined whether the answers made sense. Consistent with prior adult findings, when this decision involved an implicit appraisal of the conversation logic, frontotemporal activity was strongly left lateralized. In contrast, when this determination involved detecting a change in the conversation topic, activity in frontotemporal regions was bilateral, with a right hemisphere bias. Despite behavioral performance differences, children and adults showed remarkably similar activation profiles when making sense of conversation, indicating that the neural architecture subserving this fundamental communicative function is established relatively early during normal development.

Darbyshire P, Oster C, Carrig H. Children of parent(s) who have a gambling problem: a review of the literature and commentary on research approaches. *Health Soc Care Community* 2001; 9(4):185-93.

Abstract: Problem gambling is becoming an increasingly widespread and damaging social and health problem. As opportunities for gambling become more accessible, especially through lotteries and electronic gaming machines, it is likely that more people will develop serious gambling problems. Given the worldwide increasing spending on gambling activities and the increasing number of problem gamblers, it is unfortunate but likely that the children who grow up in problem gambling families will become an important area of concern for child health and social workers. Considerable research has been undertaken into problem gambling and the adult problem gambler, but within the gambling and child health literature there is almost no recognition of the experiences of children who live in problem-gambling families. Drawing on the findings of the landmark Productivity Commission Report, this review explores

the marked increase in gambling and its social effects, especially from the Australian perspective. The damaging social effects of problem gambling on families and children are reviewed and the comparative invisibility of children and young people in such research is discussed. The pervasive influence of developmentalism is critiqued and highlighted in relation to the exclusion of children's perspectives from our research understandings. The review concludes by proposing that adoption of some of the emerging 'new paradigm' approaches to childhood and children's experiences could markedly enhance our understandings of the lives and experiences of this significant group of children and young people.

Das Eiden R, Leonard KE, Morrisey S. Paternal alcoholism and toddler noncompliance. *Alcohol Clin Exp Res* 2001; 25(11):1621-33.  
Abstract: **BACKGROUND:** This study examined the effect of fathers' alcoholism and associated risk factors on toddler compliance with parental directives at 18 and 24 months of age. **METHODS:** Participants were 215 families with 12-month-old children, recruited through birth records, who completed assessments of parental substance use, family functioning, and parent-child interactions at 12, 18, and 24 months of child age. Of these families, 96 were in the control group, 89 families were in the father-alcoholic-only group, and 30 families were in the group with two alcohol-problem parents. Child compliance with parents during cleanup situations after free play was measured at 18 and 24 months. The focus of this paper is on four measures of compliance: committed compliance, passive noncompliance, overt resistance, and defiance. **RESULTS:** Sons of alcohol-problem parents exhibited higher rates of noncompliance compared with sons of nonalcoholic parents. Sons in the two-alcohol-problem parent group seemed to be following a trajectory toward increasing rates of noncompliance. Daughters in the two-alcohol-problem parent group followed an opposite pattern. Other risk factors associated with parental alcohol problems also predicted compliance, but in unexpected ways. **CONCLUSIONS:** Results indicate that early risk for behavioral undercontrol is present in the toddler period among sons of alcoholic fathers, but not among daughters.

David S, Durif-Bruckert C, Durif-Varembont JP *et al.* Perinatal care regionalization and acceptability by professionals in France. *Rev Epidemiol Sante Publique* 2005; 53(4):361-72.  
Abstract: **BACKGROUND:** For twenty years, most of industrial countries developed recommendations on regionalization of perinatal care. Perinatal regionalization is particularly aimed at improving morbidity and mortality outcomes of low birth weight newborns by transferring pregnant women to the maternity units having a medical or neonatal environment suited to the risks incurred by mothers or babies. Perinatal regionalization cannot be effective

without being well accepted by the majority of professionals. The objectives of this study were then to identify professionals' expectations and objections to perinatal regionalisation and to compare them from a professional group to another one. **METHODS:** Professionals of 3 French perinatal networks were under consideration: the Rhone, the Auvergne and the Gard-Lozere networks. The study included two stages: 1) a psychosociological qualitative study, based on professionals' interviews, aimed at identifying main concerns of professionals and developing a questionnaire; then 2) an epidemiological quantitative study, using this questionnaire within French networks. In the questionnaire, 8 dimensions explored the professionals' views: constraints related to regulation aspects and to the setting up of maternity units care levels, risk of loss of professionals' competence and prestige, consequences on medical practices, on inter-professional relationship, on work organization and financial aspects, and related to the new role of 'private practice' professionals, legal consequences. **RESULTS:** The response rate of the epidemiological study was 80%. The results permitted to construct 8 dimension scores describing the reasons of poor acceptability of regionalization. After taking into account the age, the sex, the network and the juridical status of the institution, the study revealed a significant poorer acceptability of regionalization by most of medical specialty groups (anesthetists, obstetricians, midwives and "private practice" professionals) compared with neonatologists, or by "private" professionals (professionals working in private clinics and "private practice" professionals) compared with professionals working in university or community hospitals. The study described also network setting up conditions related to its functioning. **CONCLUSION:** By identifying clearly professionals' objections and expectations, this study should facilitate improvement in the organization of studied perinatal networks.

Davies JK, Bledsoe JM. Prenatal alcohol and drug exposures in adoption. *Pediatr Clin North Am* 2005; 52(5):1369-93, vii.  
Abstract: Prenatal alcohol and drug exposures are a significant concern in many domestic and international adoptions. This article addresses the following substance exposures for children: alcohol, opiates, tobacco, marijuana, cocaine, and methamphetamines. For each substance, we review the teratogenicity of the exposure and identify the spectrum of neurodevelopmental issues that can present in children exposed to this substance. Diagnosis of the spectrum of fetal alcohol outcomes is also discussed. When possible, we provide country-specific statistics on exposure risks for adopted children.

Davies P. Thanks to Jesse. *Can Nurse* 2002; 98(7):6-7.

Davila GW. Informed consent for obstetrics management: a

urogynecologic perspective. *Int Urogynecol J Pelvic Floor Dysfunct* 2001; 12(5):289-91.  
Notes: GENERAL NOTE: KIE: KIE Bib: informed consent

Abstract: Obstetric management has been modified for conditions with acute, short-term consequences (i.e. breech presentation). It is timely to address those conditions related to the vaginal birth process which may have a delayed but significant negative impact on the mother's quality of life (i.e. urinary and fecal incontinence) but which may be reduced by selectively avoiding the vaginal birth process. The known possible consequences, and other associated risks and benefits, should be discussed with the pregnant patient and her spouse, in order to allow their input into the obstetric decision-making process and to individualize management. Urogynecologists are in a unique, no-conflict-of-interest position to further the acceptance of the concept of obstetrical informed consent. Cesarean delivery should not be seen as a failure of obstetric management, but rather as a safe and acceptable option to the vaginal delivery process, chosen after completing an informed decision-making process.

Davis A. Transatlantic lessons. *Nurs Stand* 2005; 19(41):69-70.

Davis D, Loftus E, Follette WC. Commentary: How, when, and whether to use informed consent for recovered memory therapy. *J Am Acad Psychiatry Law* 2001; 29(2):148-59.  
Notes: GENERAL NOTE: KIE: 70 refs.  
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Davis DS. Child's right to an open future. *Hastings Cent Rep* 2002; 32(5):6; author reply 6.  
Notes: GENERAL NOTE: KIE: KIE Bib: genetic counseling

Davis E, Waters E, Wake M *et al.* Population health and wellbeing: identifying priority areas for Victorian children. *Aust New Zealand Health Policy* 2005; 2:16.  
Abstract: BACKGROUND: Population health information, collected using soundly-designed methodologies, is essential to inform policy, research, and intervention programs. This study aimed to derive policy-oriented recommendations for the content of a health and wellbeing population survey of children 0-12 years living in Victoria, Australia. RESULTS: Qualitative interviews were conducted with 54 academic and policy stakeholders, selected to encompass a wide breadth of expertise in areas of public health and inter-sectoral organisations relevant to child health outcomes, including universities, government and non-government agencies across Victoria. These stakeholders were asked to provide advice on strategic priorities for child health information (data) using a structured interview

technique. Their comments were summarised and the major themes were extracted. The priority areas of health and wellbeing recommended for regular collection include obesity and its determinants, pregnancy and breastfeeding, oral health, injury, social and emotional health and wellbeing, family environment, community, health service utilisation, illness, and socioeconomic position. Population policy questions for each area were identified. CONCLUSION: In contrast to previous population survey programs nationally and internationally, this study sought to extract contemporary policy-oriented domains for inclusion in a strategic program of child health data collection, using a stakeholder consultation process to identify key domains and policy information needs. The outcomes are a rich and relevant set of recommendations which will now be taken forward into a regular statewide child health survey program.

Davis L, Mohay H, Edwards H. Mothers' involvement in caring for their premature infants: an historical overview. *J Adv Nurs* 2003; 42(6):578-86.  
Abstract: BACKGROUND: Advances in technology have resulted in increasing survival rates even for extremely premature infants. While sophisticated medical management is vital to infant survival, research has found that social factors and care giving processes are important predictors of infants' later outcome. Consequently, evidence is accumulating to demonstrate the fundamental role of mothers and families to the optimal developmental outcome of premature infants. AIM: The aim of the work reported here was to undertake an historical overview of premature infant care practices to increase neonatal nurse's knowledge of the crucial role of mothers and families in the care of their premature infants. Understanding past practice and current trends can provide neonatal nurses with critical insight which will assist in formulating current and future care. METHOD: Research and historical articles focusing on maternal involvement in preterm infant care from the development of the incubator to the present time were examined. A search of the literature between 1960 and 2002 was conducted using the MEDLINE, CINAHL and PSYCLIT databases. The search terms were premature infant, neonatal intensive care, history, and maternal care. FINDINGS: Three major themes were identified which reflect the development of neonatal care. Firstly, over the last century advances in medical and public health practice saw a decline in mortality rates for mothers and infants. Secondly, the application of this new knowledge resulted in the institutionalization and professionalization of obstetric and neonatal care which, in turn, resulted in the isolation of infants from their mothers. Finally, concurrent advances in infant research emphasized the importance of mother-infant relationships to infants' developmental outcome, resulting in greater flexibility in hospital practices regarding parental contact with their infants. CONCLUSION: As biomedical advances

in technology continue to help smaller, sicker premature infants to survive, neonatal nurses are strategically placed to promote positive outcomes for infants and their families through the integration of social science and behavioural research into nursing practice.

Davison KK, Birch LL. Predictors of fat stereotypes among 9-year-old girls and their parents. *Obes Res* 2004; 12(1):86-94.

Abstract: **OBJECTIVE:** To assess familial links in fat stereotypes and predictors of stereotypes among girls and their parents. **RESEARCH METHODS AND PROCEDURES:** Fat stereotypes were assessed using a questionnaire developed for this study. Participants indicated the extent to which they agreed with nine statements about thin people (e.g., thin people are smart) and the same statements about fat people (e.g., fat people are smart). Predictors of fat stereotypes that were examined include weight status (BMI; girls and parents), education (parents), income (parents), self-investment in physical appearance (parents), maladaptive eating attitudes (girls), and parenting practices and peer interactions focused on body shape and weight loss (girls). **RESULTS:** Girls and parents exhibited fat stereotypes. Fathers who were more educated and had a higher family income were more likely to endorse fat stereotypes, as were mothers and fathers with a high investment in their physical appearance. Although no associations were found between girls' and parents' fat stereotypes, girls were more likely to endorse fat stereotypes when interactions with parents and peers focused on body shape and weight loss. Girls were also more likely to endorse fat stereotypes when they reported higher levels of maladaptive eating attitudes. No associations were found between weight status and fat stereotypes. **DISCUSSION:** Although there was no association between girls' and parents' fat stereotypes, girls were more likely to express negative attitudes about obesity and obese persons when parenting practices and interactions with peers promoted a lean body type, suggesting that there may be an implicit link between the lean ideal and fat stereotypes.

Davison KK, Cutting TM, Birch LL. Parents' activity-related parenting practices predict girls' physical activity. *Med Sci Sports Exerc* 2003; 35(9):1589-95. Abstract: **PURPOSE:** Using a sample of 180 9-yr-old girls and their parents, this study examined (a) parents' activity-related parenting strategies and similarities and differences in such strategies for mothers and fathers, and (b) links between activity-related parenting strategies and girls' physical activity patterns. **METHODS:** Measures of girls' physical activity included the Children's Physical Activity scale, participation in organized sports, and physical fitness. We developed a questionnaire to assess ways in which parents promote physical activity among their children. **RESULTS:** Exploratory and confirmatory factor

analyses identified two factors for each parent including logistic support of girls' activity (i.e., enrolling girls in sports and driving them to events) and parents' explicit modeling (i.e., the extent to which parents used their own behavior to encourage their daughters to be active). Mothers reported significantly higher levels of logistic support than fathers, whereas fathers reported higher levels of explicit modeling than mothers. Although mothers and fathers tended to report different methods of support, both methods were associated with higher physical activity among girls. Finally, girls reported significantly higher levels of physical activity when at least one parent reported high levels of overall support in comparison to no parents; no significant differences were identified for support from one versus two parents. **CONCLUSION:** Results from this study indicate the positive contribution that parents can have on activity practices of their young daughters.

Davison KK, Francis LA, Birch LL. Links between parents' and girls' television viewing behaviors: a longitudinal examination. *J Pediatr* 2005; 147(4):436-42. Abstract: **OBJECTIVE:** This longitudinal study examines links between parents' television (TV)-related parenting practices and their daughter's daily TV viewing hours. **STUDY DESIGN:** Participants included 173 non-Hispanic white girls and their parents who were examined when girls were age 9 and 11 years. Girls' daily TV viewing hours, mothers' and fathers' daily TV viewing hours, parents' use of TV as a recreational activity, family TV co-viewing, and parents' restriction of girls' access to TV were assessed. **RESULTS:** Approximately 40% of girls exceeded the TV-viewing recommendations (ie, < or =2 hours/day). Girls watched significantly more TV when their parents were high-volume TV viewers, relied heavily on TV as a recreational activity, watched TV with them, and failed to limit their access to TV. A parenting risk score was calculated by collapsing information across all parenting variables. In comparison with girls exposed to 1 or fewer parenting risk factors at age 9, girls exposed to 2 or more parenting risk factors were 5 to 10 times more likely to exceed TV viewing recommendations at age 9 and 11. **CONCLUSIONS:** Efforts to reduce TV viewing among children should encourage parents to limit their own TV viewing, reduce family TV viewing time, and limit their children's access to TV.

Dawes RM. The problem of child sexual abuse. *Science* 2005; 309(5738):1182-5; author reply 1182-5.

Dawley K, Beam R. "My nurse taught me how to have a healthy baby and be a good mother:" nurse home visiting with pregnant women 1888 to 2005. *Nurs Clin North Am* 2005; 40(4):803-15, xiii. Abstract: Nurse home visiting with pregnant women and new mothers in the early decades of the twentieth

century was designed to improve birth and newborn outcomes, hasten Americanization of immigrant mothers, and improve their parenting skills. Today the Nurse Family Partnership home visitation program improves newborn and child outcomes by positively influencing maternal role attainment and significantly decreasing maternal smoking and other substance abuse, child abuse and neglect, and children's emergency room visits. It also improves life possibilities for vulnerable young women by decreasing the interval and frequency of subsequent pregnancies and reduces dependence on welfare by increasing workforce participation. This article reviews the history of home visits by nurses to pregnant women and demonstrates the benefits achieved by these programs today.

Dawson A. The determination of 'best interests' in relation to childhood vaccinations. *Bioethics* 2005; 19(2):188-205.

Notes: GENERAL NOTE: KIE: 37 fn.  
GENERAL NOTE: KIE: KIE Bib: immunization; informed consent/minors

Abstract: There are many different ethical arguments that might be advanced for and against childhood vaccinations. In this paper I will explore one particular argument that focuses on the idea that childhood vaccinations are justifiable because they are held to be in the best interests of a particular child. Two issues arise from this idea. The first issue is how best interests are to be determined in the case of childhood vaccinations. The second issue is what follows from this to justify potential interventions within the family in relation to such vaccinations. I argue that best interests must be characterised objectively in such situations and that this means that, in at least some cases, parental decision-making about vaccinating their children may be overridden.

Dawson A. The determination of the best interests in relation to childhood immunisation. *Bioethics* 2005; 19(1):72-89.

Notes: GENERAL NOTE: KIE: 37 fn.  
GENERAL NOTE: KIE: KIE Bib: immunization; informed consent/minors

Abstract: There are many different ethical arguments that might be advanced for and against childhood vaccinations. In this paper I explore one particular argument that focuses on the idea that such vaccinations are justifiable because they are held to be in the best interests of a particular child. Two issues arise from this idea. The first issue is how best interests are to be determined in this case. The second issue is what follows from this to justify potential interventions within the family in relation to such vaccinations. I argue that best interests must be characterised objectively in such situations and that this means that, in at least some cases, parental decision-making about vaccinating their children may be overridden.

Dayan L. Transmission of *Neisseria gonorrhoeae* from a toilet seat. *Sex Transm Infect* 2004; 80(4):327.

De Arellano MA, Waldrop AE, Deblinger E, Cohen JA, Danielson CK, Mannarino AR. Community outreach program for child victims of traumatic events: a community-based project for underserved populations. *Behav Modif* 2005; 29(1):130-55. Abstract: Behavioral and cognitive behavioral treatment interventions have been shown to be effective for the treatment of trauma-related problems in children. However, many children and families in need of treatment do not have adequate access to services and do not have access to effective, evidence-based treatment services. The present article describes a community-based program that provides in-home and in-school treatment services, based on behavioral and cognitive behavioral approaches to addressing trauma-related emotional and behavioral problems in children.

De Bellis MD. Abuse and ACTH response to corticotropin-releasing factor. *Am J Psychiatry* 2002; 159(1):157; author reply 157-8.

De Bellis MD. Developmental traumatology: a contributory mechanism for alcohol and substance use disorders. *Psychoneuroendocrinology* 2002; 27(1-2):155-70. Abstract: Early childhood traumatic experiences, such as childhood maltreatment, are associated with an enhanced risk of adolescent and adult alcohol and substance use disorders (defined as DSM-IV alcohol or substance abuse or dependence). Maltreated children and adolescents manifest dysregulation of major biological stress response systems including adverse influences on brain development. Dysregulation of biological stress response systems may lead to an enhanced vulnerability for psychopathology, particularly posttraumatic stress disorder (PTSD) and depression. These negative affect disorders may put a child at increased risk for adolescent or young adult onset alcohol or substance use disorders. Thus, studies in developmental traumatology may prove to be critical in the effort to attempt to link the neurobiology of maltreatment-related PTSD with the neurobiology of alcohol and substance use disorders and in developing early strategies for the prevention of adolescent and adult alcohol and substance use disorders.

De Bellis MD. Developmental traumatology: the psychobiological development of maltreated children and its implications for research, treatment, and policy. *Dev Psychopathol* 2001; 13(3):539-64. Abstract: In this review, a developmental traumatology model of child maltreatment and the risk for the intergenerational cycle of abuse and neglect using a mental health or posttraumatic stress model was described. Published data were reviewed that support the hypothesis that the psychobiological sequelae of child maltreatment may be regarded as an

environmentally induced complex developmental disorder. Data to support this view, including the descriptions of both psychobiological and brain maturation studies in maltreatment research, emphasizing the similarities and differences between children, adolescents, and adults, were reviewed. Many suggestions for important future psychobiological and brain maturation research investigations as well as public policy ideas were offered.

De Bellis MD, Broussard ER, Herring DJ, Wexler S, Moritz G, Benitez JG. Psychiatric co-morbidity in caregivers and children involved in maltreatment: a pilot research study with policy implications. *Child Abuse Negl* 2001; 25(7):923-44.

Abstract: OBJECTIVE: The purpose of this study was to determine the lifetime incidence of mental disorders in caregivers involved in maltreatment and in their maltreated child. METHODS: Lifetime DSM-III-R and IV psychiatric diagnoses were obtained for 53 maltreating families, including at least one primary caregiver and one proband maltreated child or adolescent subject (28 males, 25 females), and for a comparison group of 46 sociodemographically, similar nonmaltreating families, including one proband healthy child and adolescent subject (22 males, 22 females). RESULTS: Mothers of maltreated children exhibited a significantly greater lifetime incidence of anxiety disorders (especially post-traumatic stress disorder), mood disorders, alcohol and/or substance abuse or dependence disorder, suicide attempts, and comorbidity of two or more psychiatric disorders, compared to control mothers. Natural fathers or mothers' live-in mates involved in maltreatment exhibited a significantly greater lifetime incidence of an alcohol and/or substance abuse or dependence disorder compared to controls. The majority of maltreated children and adolescents reported anxiety disorders, especially post-traumatic stress disorder (from witnessing domestic violence and/or sexual abuse), mood disorders, suicidal ideation and attempts, and disruptive disorders. Most maltreated children (72%) suffered from comorbidity involving both emotional and behavioral regulation disorders. CONCLUSIONS: Families involved in maltreatment manifest significant histories of psychiatric comorbidity. Policies which target identification and treatment of comorbidity may contribute to breaking the intergenerational transmission of maltreatment.

De Bellis MD, Keshavan MS, Frustaci K *et al.* Superior temporal gyrus volumes in maltreated children and adolescents with PTSD. *Biol Psychiatry* 2002; 51(7):544-52.

Abstract: BACKGROUND: The structure and function of the superior temporal gyrus (STG), a structure involved in receptive and nonverbal auditory and language processing, is understudied in posttraumatic stress disorder (PTSD). Event-related potential abnormalities were previously reported in PTSD,

implicating the existence of dysfunction in the primary auditory cortex and adjacent anterior auditory cortex of the STG in adult PTSD. METHODS: Anatomic magnetic resonance imaging (MRI) volumetric analysis of the superior temporal gyrus were performed in 43 maltreated children and adolescents with PTSD and 61 nonmaltreated healthy control subjects. RESULTS: Unadjusted STG gray matter volumes were larger in maltreated subjects with PTSD than in control subjects, whereas STG white matter volumes were smaller in maltreated subjects with PTSD than in control subjects. After adjusting for differences in cerebral volume, right, left, and total superior temporal gyrus volumes were relatively larger in PTSD subjects compared with control subjects. After covarying for differences in cerebral gray matter volumes, regression analysis showed that PTSD subjects had significantly greater STG gray matter volumes in most, and in particularly right-sided STG measurements. Furthermore, findings of significant side-by-diagnosis interactions for STG and STG gray but not white matter STG volumes suggest that there is a more pronounced right > left asymmetry in total and posterior STG volumes but a loss of the left > right asymmetry seen in total, anterior, and posterior STG gray matter volumes in PTSD subjects compared with control subjects. CONCLUSIONS: These STG findings may suggest developmental alterations in maltreatment-related pediatric PTSD.

de Bode S, Firestone A, Mathern GW, Dobkin B. Residual motor control and cortical representations of function following hemispherectomy: effects of etiology. *J Child Neurol* 2005; 20(1):64-75.

Abstract: Fifteen posthemispherectomy children were examined to assess residual motor function of the paretic side using the 74-point Fugl-Meyer Assessment of Motor Recovery scale. The degree of residual motor control differed for upper and lower extremities, with hand function being most severely impaired. Posthemispherectomy motor outcomes also differed as a function of etiology: cortical dysplasia, perinatal infarct, and Rasmussen's encephalitis. Children whose intractable seizures resulted from perinatal middle cerebral artery stroke demonstrated the most spared motor function. To detect cortical areas that represented motor control of the hemiparetic side, we focused on voluntary control of the affected lower extremity. Seven of our patients were able to carry out a foot dorsiflexion paradigm during functional magnetic resonance imaging, and these results were compared with activations found in normal controls. All children showed activations in the sensorimotor network ipsilateral to the affected side. The perinatal infarct group demonstrated greater activity in the cingulate cortex, whereas the Rasmussen's encephalitis group had significant activations in the insula, suggesting etiology-specific differences in reorganization. These findings are discussed in the framework of our understanding of mechanisms of



cortical plasticity in the injured brain and its relevance to neurologic rehabilitation. We suggest that imaging techniques are important tools in identifying cortical regions underlying functional reorganization. Furthermore, detection of such areas might become a basis for specific training promoting the optimal reorganization of cortical networks to enhance motor control.

de Boer J. Chips help diagnosis of childhood cancers. *Trends Cell Biol* 2001; 11(8):323.

De Felice C, Bianciardi G, Parrini S, Laurini RN, Latini G. Congenital oral mucosal abnormalities in true umbilical cord knots. *Biol Neonate* 2004; 86(1):34-8. Abstract: OBJECTIVE: The pathogenesis and clinical significance of true umbilical cord knots remain controversial. Here, we tested the hypothesis of the presence of congenital oral mucosal changes in newborns with true umbilical cord knots. STUDY DESIGN: Seven consecutive infants with true umbilical cord knots and 50 gestational age- and sex-matched controls were enrolled. The proportion of oral frenulum abnormalities and the two-dimensional vascular network geometry [fractal dimension, D, at two scales: D(1-46), and D(1-15), with the relative Lempel-Ziv complexity, (L-Z)], were analyzed. RESULTS: Infants with true umbilical cord knots showed significantly higher proportions of mandibular frenulum agenesis compared to controls ( $p = 0.000006$ ). The oral vascular networks of these infants exhibited a significantly higher D(1-46) and D(1-15) ( $p < 0.0001$ , respectively), and higher L-Z values ( $p < 0.0001$ ) than control networks. CONCLUSION: These findings indicate the presence of significant congenital oral mucosal changes in newborn infants with true umbilical cord knots, thus suggesting a previously unrecognized association between true umbilical cord knots and a subclinical extracellular matrix disorder.

de Felice C, Latini G, Parrini S *et al.* Oral mucosal microvascular abnormalities: an early marker of bronchopulmonary dysplasia. *Pediatr Res* 2004; 56(6):927-31.

Abstract: An abnormal pulmonary vasculature has been reported as an important component of bronchopulmonary dysplasia (BPD). We tested the hypothesis of an early abnormal vascular network pattern in infants with BPD. Fifteen infants with BPD (nine boys and six girls; gestational age 27.5 +/- 2.0 wk; birth weight 850 +/- 125 g) and 15 sex- and gestational age-matched infants (nine boys and six girls; gestational age 27.6 +/- 2.6 wk; birth weight 865 +/- 135 g) were examined on postnatal days 1 and 28. BPD infants showed a significantly higher prevalence of histologic chorioamnionitis ( $p = 0.009$ ), as well as higher intubation duration ( $p = 0.0004$ ), oxygen supplementation ( $p < 0.0001$ ), and initial illness severity ( $p = 0.0002$ ) than the BPD-negative

population. The lower gingival and vestibular oral mucosa was chosen as the study area. The blood vessel area was determined, and the oral vascular networks were characterized by analyzing their complexity (D, at two scales: D 1-46, D 1-15), tortuosity (Dmin), and randomness (L-Z) of the vascular loops. Infants with BPD showed a significantly lower blood vessel area as well as a higher vascular network complexity (D 1-46, D 1-15, and L-Z) than control subjects ( $p < 0.0001$ ). Our findings provide a new early clinical sign in BPD and stress the importance of an early disorder in the oral mucosal vascularization process in the disease pathogenesis.

De Giorgio F, De Mercurio D, Vetrugno G, Abbate A. Shaken-baby syndrome: a challenging diagnosis. *Med Sci Law* 2005; 45(2):182-3.

de Oliveira MI, Camacho LA, Tedstone AE. Extending breastfeeding duration through primary care: a systematic review of prenatal and postnatal interventions. *J Hum Lact* 2001; 17(4):326-43. Abstract: This literature review provides an overview of the effectiveness of strategies and procedures used to extend breastfeeding duration. Interventions carried out during pregnancy and/or infant care conducted in primary health care services, community settings, or hospital clinics were included. Interventions covering only the delivery period were excluded. Interventions that were most effective in extending the duration of breastfeeding generally combined information, guidance, and support and were long term and intensive. During prenatal care, group education was the only effective strategy reported. Home visits used to identify mothers' concerns with breastfeeding, assist with problem solving, and involve family members in breastfeeding support were effective during the postnatal period or both periods. Individual education sessions were also effective in these periods, as was the combination of 2 or 3 of these strategies in interventions involving both periods. Strategies that had no effect were characterized by no face-to-face interaction, practices contradicting messages, or small-scale interventions.

de San Lázaro C, Harvey R, Ogden A. Shaking infant trauma induced by misuse of a baby chair. *Arch Dis Child* 2003; 88(7):632-4.

Abstract: A 2 month old infant presented with bilateral subdural haemorrhages and bilateral subhyaloid haemorrhage. The parent admitted to forceful bouncing of the child in a baby rocker. Experiments showed that violent rocking in the chair could produce extreme alternating acceleration/deceleration forces in excess of those induced by shaking alone. Such handling could not be interpreted as accidental mismanagement and the abusive nature of the process was graphically shown in video recordings of the experiment. Prosecution resulted in a conviction for cruelty, and a

suspended sentence.

- de The G, Zetterstrom R. Mother-child health research (IRN-MCH): achievements and prospects of an international network. *Acta Paediatr* 2005; 94(7):964-7. Abstract: The Inter-Academy Panel (IAP) is critical about the scarce support to mother-child health (MCH) research in developing countries. At the request of the IAP, a group of members of the French and Swedish Academies of Science have arrived at the conclusion that an efficient network between scientists in resource-poor and industrialized countries will facilitate MCH research in developing countries. The priorities for such a network have been listed as follows: The present organization for the MCH website at the Pasteur Institute in Paris should be adapted to better promote collaboration between scientists from industrialized and developing countries. To provide short-term courses for young scientists from developing countries in the design of research protocols, and in the writing of scientific reports and manuscripts. To organize workshops on various topics of relevance for MCH in developing countries in order to create new research networks for scientific collaboration between industrialized and resource-poor countries. To establish collaboration between non-governmental organizations (NGOs) that support MCH research in developing countries. Topics for such collaborative studies and the way in which they may be performed are summarized.
- de Villiers A, Koko-Mhlahlo K, Senekal M. Nutritional well-being of young children in Duncan Village, East London, South Africa: accessibility of primary health care clinics. *Public Health Nutr* 2005; 8(5):520-32. Abstract: **OBJECTIVE:** The aim was to contribute to the nutritional well-being of young children living in Duncan Village by investigating factors that influence clinic attendance of mothers and to formulate recommendations for optimisation of accessibility of primary health care (PHC) clinics in the area. **DESIGN:** PHC clinic accessibility was evaluated by assessing the experiences of mothers who attended clinics in the area as well as the experiences of health care workers (HCWs) in these clinics of service delivery and its recipients (mothers/children), using the focus group technique. The ATLAS/ti program was used to analyse the data in the following steps: preparation and importing of the data, getting to know and coding the data, retrieval and examination of codes and quotations, creation of families and creation of networks. **SETTING:** Duncan Village, a low socio-economic urban settlement in East London, South Africa. **SUBJECTS:** Focus group discussions (four to seven participants per group) were conducted with four groups of mothers who do not attend PHC clinics, six with mothers who do attend the clinics (including pregnant women) and four groups of HCWs. **RESULTS:** Four networks that provide a summary of all the major trends in the data were created. The results clearly indicate that mothers in Duncan Village perceive and/or experience serious problems that make it difficult for them to attend clinic and even prevent them from doing so. These problems include both the way they are treated at the clinics (especially the problem of verbal abuse) as well as the actual services delivered (no medicines, no help, disorganised, long waiting periods, being turned away). The main problem experienced by the HCWs with service delivery seems to be a heavy workload, as well as the fact that many mothers do not come for follow-up visits. **CONCLUSION:** Efforts to increase the accessibility of PHC clinics in Duncan Village should focus on improving the relationship between mothers and HCWs and the heavy workload experienced by these workers.
- De Vise D. Years after giving marrow, the return gift of meaning: Alabama donor goes to Arundel to see the young girl he saved. *Washington Post* 2005; B1, B7. Notes: GENERAL NOTE: KIE: KIE Bib: organ and tissue donation
- De Vogli R, Birbeck GL. Potential impact of adjustment policies on vulnerability of women and children to HIV/AIDS in sub-Saharan Africa. *J Health Popul Nutr* 2005; 23(2):105-20. Abstract: This paper evaluates the potential impact of adjustment policies of the International Monetary Fund and the World Bank on the vulnerability of women and children to HIV/AIDS in sub-Saharan Africa. A conceptual framework, composed of five different pathways of causation, is used for the evaluation. These five pathways connect changes at the macro level (e.g. removal of food subsidies) with effects at the meso (e.g. higher food prices) and micro levels (e.g. exposure of women and children to commercial sex) that influence the vulnerability of women and children to HIV/AIDS. Published literature on adjustment policies and socioeconomic determinants of HIV/AIDS among women and children in sub-Saharan Africa was reviewed to explore the cause-effect relationships included in the theoretical framework. Evidence suggests that adjustment policies may inadvertently produce conditions facilitating the exposure of women and children to HIV/AIDS. Complex research designs are needed to further investigate this relationship. A shift in emphasis from an individual approach to a socioeconomic approach in the study of HIV infection among women and children in the developing world is suggested. Given the potential for adjustment policies to exacerbate the AIDS pandemic among women and children, a careful examination of the effects of these policies on maternal and child welfare is urgently needed.
- de Waal R, Hugo R, Soer M, Kruger JJ. Predicting hearing loss from otoacoustic emissions using an artificial neural network. *S Afr J Commun Disord* 2002; 49:28-39.

Abstract: Normal and impaired pure tone thresholds (PTTs) were predicted from distortion product otoacoustic emissions (DPOAEs) using a feed-forward artificial neural network (ANN) with a back-propagation training algorithm. The ANN used a map of present and absent DPOAEs from eight DPgrams, (2f1-f2 = 406-4031 Hz) to predict PTTs at 0.5, 1, 2 and 4 kHz. With normal hearing as < 25 dB HL, prediction accuracy of normal hearing was 94% at 500, 88% at 1000, 88% at 2000 and 93% at 4000 Hz. Prediction of hearing-impaired categories was less accurate, due to insufficient data for the ANN to train on. This research indicates the possibility of accurately predicting hearing ability within 10 dB in normal hearing individuals and in hearing-impaired listeners with DPOAEs and ANNs from 500-4000 Hz.

de Wit K, Davis K. Nurses' knowledge and learning experiences in relation to the effects of domestic abuse on the mental health of children and adolescents. *Contemp Nurse* 2004; 16(3):214-27. Abstract: Nurse researchers are yet to direct substantial attention towards addressing and understanding nurses' experiences of learning about and caring for child and adolescent victims of domestic abuse. This lack of recognition has resulted in the marginalisation of this issue. This paper seeks to explore nurses' present understanding and experiences of learning about the effects of domestic abuse on the mental health of children and adolescents. The research utilised an interpretive case study approach within a naturalistic paradigm. Snowball sampling of nursing staff within two mental health units was used. Data were collected using semi-structured in-depth interviews with each participant. Using a constant comparative method and hermeneutic dialectical process both the commonalities and differences regarding participants' multiple realities were identified. Three major categories emerged within the data. These were education, resources and nurses' role. It was apparent that nurses' knowledge and education about the effects of domestic abuse on the mental health of children and adolescents negatively impacted on nurses' ability to provide appropriate care. The research has clear implications for mental health nursing education, practice and future research.

Dean JC, Hailey H, Moore SJ, Lloyd DJ, Turnpenny PD, Little J. Long term health and neurodevelopment in children exposed to antiepileptic drugs before birth. *J Med Genet* 2002; 39(4):251-9. Abstract: OBJECTIVE: To investigate the frequency of neonatal and later childhood morbidity in children exposed to antiepileptic drugs in utero. DESIGN: Retrospective population based study. SETTING: Population of the Grampian region of Scotland. PARTICIPANTS: Mothers taking antiepileptic drugs in pregnancy between 1976 and 2000 were ascertained from hospital obstetric records and 149 (58% of those eligible) took part. They had 293 children whose health and neurodevelopment were assessed. Main outcome

measures: Frequencies of neonatal withdrawal, congenital malformations, childhood onset medical problems, developmental delay, and behaviour disorders. RESULTS: Neonatal withdrawal was seen in 20% of those exposed to antiepileptic drugs. Congenital malformations occurred in 14% of exposed pregnancies, compared with 5% of non-exposed sibs, and developmental delay in 24% of exposed children, compared with 11% of non-exposed sibs. After excluding cases with a family history of developmental delay, 19% of exposed children and 3% of non-exposed sibs had developmental delay, 31% of exposed children had either major malformations or developmental delay, 52% of exposed children had facial dysmorphism compared with 25% of those not exposed, 31% of exposed children had childhood medical problems (13% of non-exposed sibs), and 20% had behaviour disorders (5% of non-exposed). CONCLUSION: Prenatal antiepileptic drug exposure in the setting of maternal epilepsy is associated with developmental delay and later childhood morbidity in addition to congenital malformation.

Dean M. UK starts long-overdue reform to social services. *Lancet* 2002; 360(9342):1308.

Dearden K, Altaye M, De Maza I *et al.* The impact of mother-to-mother support on optimal breast-feeding: a controlled community intervention trial in peri-urban Guatemala City, Guatemala. *Rev Panam Salud Publica* 2002; 12(3):193-201. Abstract: OBJECTIVE: To assess the impact that a mother-to-mother support program operated by La Leche League Guatemala had on early initiation of breast-feeding and on exclusive breast-feeding in peri-urban Guatemala City, Guatemala. MATERIALS AND METHODS: A population census was conducted to identify all mothers of infants < 6 months of age, and the mothers were then surveyed on their breast-feeding practices, in two program communities and two control communities. Data collection for this follow-up census and survey was carried out between November 2000 and January 2001, one year after a baseline census and survey had been conducted. RESULTS: At follow-up, 31% of mothers in the program communities indicated that counselors had advised them about breast-feeding, 21% said they had received a home visit, and 16% reported attending a support group. Community wide rates of early initiation of breast-feeding were significantly higher in program areas than in the control communities, at both baseline and follow-up. However, the change over time in early initiation in program communities was not significantly different from the change in control communities. Community wide rates of exclusive breast-feeding were similar in program and control sites and did not change significantly from baseline to follow-up. However, of the mothers in the program communities who both received home visits and attended support groups, 45% of them exclusively breast-fed, compared to 14% of

women in program communities who did not participate in those two activities. In addition, women who were exposed to mother-to-mother support activities during the year following the baseline census and survey were more likely than mothers exposed before that period to exclusively breast-feed. This suggests that the program interventions became more effective over time. CONCLUSIONS: This study does not provide evidence of population impact of La Leche League's intervention after one year of implementation. In peri-urban Guatemala, long-term community-based interventions, in partnership with existing health care systems, may be needed to improve community wide exclusive breast-feeding rates.

Deater-Deckard K, Lansford JE, Dodge KA, Pettit GS, Bates JE. The development of attitudes about physical punishment: an 8-year longitudinal study. *J Fam Psychol* 2003; 17(3):351-60.

Abstract: We examined young adolescents' endorsement of parental use of corporal punishment to elucidate processes underlying the intergenerational transmission of discipline strategies. The community sample was ethnically and socioeconomically diverse. Mothers completed interviews and questionnaires when the target children were entering kindergarten (n = 566) and in 6th and 8th grades. Adolescents completed questionnaires when they were in 8th grade (n = 425). Adolescents' attitudes about corporal punishment varied widely. Those adolescents who had been spanked by their own mothers were more approving of this discipline method, regardless of the overall frequency, timing, or chronicity of physical discipline they had received. However, there was no correlation among adolescents for whom physical maltreatment in early or middle childhood was suspected.

Deblinger E, Runyon MK. Understanding and treating feelings of shame in children who have experienced maltreatment. *Child Maltreat* 2005; 10(4):364-76.

Abstract: Feelings of shame have been found to be an important mediating factor in influencing a child's recovery from abuse. This article conceptualizes the development and maintenance of shame in the aftermath of experiencing child sexual and/or physical abuse. Research is reviewed that may shed light on the impact of shame and dysfunctional attributions with a view toward understanding how this type of painful emotional suffering can be prevented and/or treated. Trauma-focused interventions that have demonstrated efficacy in helping children overcome feelings of shame are described. Directions for future research that may further our understanding of the development, impact, and treatment of feelings of shame are suggested.

Deech R. Assisted reproductive techniques and the law. *Med Leg J* 2001; 69(Pt 1):13-24.

Deering CG, Cody DJ. Communicating with children and adolescents. *Am J Nurs* 2002; 102(3):34-41; quiz 42.

Deftos LJ. Ethics and genetics. *N Engl J Med* 2003; 349(19):1870-2; author reply 1870-2. Notes: GENERAL NOTE: KIE: 5 refs. GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; genetic screening

DeGarmo DS, Patterson GR, Forgatch MS. How do outcomes in a specified parent training intervention maintain or wane over time? *Prev Sci* 2004; 5(2):73-89.

Abstract: In a randomized prevention trial, 238 recently separated mothers and their young sons were assigned to either Parent Management Training (PMT) or a comparison group. Families were intensively assessed at baseline and at each 6-month interval through 30 months. To understand the effects of PMT, we first evaluated effect sizes among family variables over time. Second, because observed parenting was the target of PMT, we hypothesized a sequential pattern of structured changes within and between individuals. Using constructs with mismatched sources of data, we conducted a set of latent growth mediational analyses to test hypothesized mechanisms explaining change. Effect sizes indicated that parenting changed first within 12 months, followed by changes in boy behaviors and finally changes in maternal depression within 30 months. Unique follow-up findings indicated that intervention effects on reductions in maternal depression were mediated by reductions in boy externalizing; intervention effects on externalizing were mediated by reductions in boy depression. As expected, increases in effective parenting predicted reductions in child behavior problems. PMT effects on internalizing were direct and indirect, partially mediated by parenting practices. Results are discussed from a system's perspective on PMT amplifiers.

DeGrazia D. Identity, killing, and the boundaries of our existence. *Philos Public Aff* 2003; 31(4):413-42. Notes: GENERAL NOTE: KIE: 44 fn. GENERAL NOTE: KIE: KIE Bib: abortion; determination of death/brain death; personhood

DeGroff CG, Bhatikar S, Hertzberg J, Shandas R, Valdes-Cruz L, Mahajan RL. Artificial neural network-based method of screening heart murmurs in children. *Circulation* 2001; 103(22):2711-6.

Abstract: BACKGROUND: Early recognition of heart disease is an important goal in pediatrics. Efforts in developing an inexpensive screening device that can assist in the differentiation between innocent and pathological heart murmurs have met with limited success. Artificial neural networks (ANNs) are valuable tools used in complex pattern recognition and classification tasks. The aim of the present study was to train an ANN to distinguish between innocent and

pathological murmurs effectively. **METHODS AND RESULTS:** Using an electronic stethoscope, heart sounds were recorded from 69 patients (37 pathological and 32 innocent murmurs). Sound samples were processed using digital signal analysis and fed into a custom ANN. With optimal settings, sensitivities and specificities of 100% were obtained on the data collected with the ANN classification system developed. For future unknowns, our results suggest the generalization would improve with better representation of all classes in the training data. **CONCLUSION:** We demonstrated that ANNs show significant potential in their use as an accurate diagnostic tool for the classification of heart sound data into innocent and pathological classes. This technology offers great promise for the development of a device for high-volume screening of children for heart disease.

Degue S, DiLillo D. Understanding perpetrators of nonphysical sexual coercion: characteristics of those who cross the line. *Violence Vict* 2004; 19(6):673-88. **Abstract:** Sexual coercion is defined here as a form of male sexual misconduct in which nonphysical tactics (e.g., verbal pressure) are utilized to gain sexual contact with an unwilling female partner. This study compares the risk characteristics of sexually coercive (n=81) and nonoffending college males (n=223) across several domains. Results revealed that sexual coercers differed from nonoffenders in that they more often subscribed to rape myths, viewed interpersonal violence as more acceptable, reported greater hostility toward females, and perceived male-female relationships as more inherently adversarial. In addition, compared to nonoffenders, sexually coercive males showed stronger indicators of promiscuity and delinquency, reported more psychopathic personality traits, had more empathic deficits, and were more likely to have experienced certain forms of childhood abuse. In most respects, coercers did not differ from those who reported engaging in more severe forms of sexual assault involving the use of physical force. These results suggest important differences between nonoffending males and those who "cross the line" by engaging in sexually coercive acts. In addition, consistent parallels can be drawn between the predictors of sexual coercion identified in this study and those documented in the sexual aggression (e.g., forcible rape) literature.

Dehaene-Lambertz G, Gliga T. Common neural basis for phoneme processing in infants and adults. *J Cogn Neurosci* 2004; 16(8):1375-87. **Abstract:** Investigating the degree of similarity between infants' and adults' representation of speech is critical to our understanding of infants' ability to acquire language. Phoneme perception plays a crucial role in language processing, and numerous behavioral studies have demonstrated similar capacities in infants and adults, but are these subserved by the same neural substrates or networks? In this article, we review event-

related potential (ERP) results obtained in infants during phoneme discrimination tasks and compare them to results from the adult literature. The striking similarities observed both in behavior and ERPs between initial and mature stages suggest a continuity in processing and neural structure. We argue that infants have access at the beginning of life to phonemic representations, which are modified without training or implicit instruction, but by the statistical distributions of speech input in order to converge to the native phonemic categories.

Delahanty DL, Nugent NR, Christopher NC, Walsh M. Initial urinary epinephrine and cortisol levels predict acute PTSD symptoms in child trauma victims. *Psychoneuroendocrinology* 2005; 30(2):121-8. **Abstract:** **BACKGROUND:** Previous research examining biological correlates of posttraumatic stress disorder (PTSD) in children has suggested that children with chronic PTSD have altered levels of catecholamines and cortisol compared to similarly traumatized children who do not meet diagnostic criteria. The present study extended these findings by examining whether urinary hormone levels collected soon after a trauma were related to subsequent acute PTSD symptoms in child trauma victims. **METHODS:** Initial 12-h urine samples were collected from 82 children aged 8-18 admitted to a Level 1 trauma center. Collection was begun immediately upon admission, and samples were assayed for levels of catecholamines and cortisol. PTSD and depressive symptomatology were assessed 6 weeks following the accident. **RESULTS:** Initial urinary cortisol levels were significantly correlated with subsequent acute PTSD symptoms ( $r=0.31$ ). After removing the variance associated with demographic variables and depressive symptoms, urinary cortisol and epinephrine levels continued to predict a significant percentage (7-10%) of the variance in 6-week PTSD symptoms. Examination of boys and girls separately suggested that significance was primarily driven by the strength of the relationships between hormone levels and acute PTSD symptoms in boys. **CONCLUSIONS:** The present findings suggest that high initial urinary cortisol and epinephrine levels immediately following a traumatic event may be associated with increased risk for the development of subsequent acute PTSD symptoms, especially in boys.

Delaney-Black V, Covington C, Ondersma SJ *et al.* Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Arch Pediatr Adolesc Med* 2002; 156(3):280-5. **Abstract:** **BACKGROUND:** Exposure to violence in childhood has been associated with lower school grades. However, the association between violence exposure and performance on standardized tests (such as IQ or academic achievement) in children is unknown. It is also not known whether violence exposure itself or subsequent symptoms of trauma are

primarily responsible for negative outcomes. **OBJECTIVE:** To examine the relationship between violence exposure and trauma-related distress and standardized test performance among early school-aged urban children, controlling for important potential confounders. **DESIGN:** A total of 299 urban first-grade children and their caregivers were evaluated using self-report, interview, and standardized tests. **MAIN OUTCOME MEASURES:** The child's IQ (Wechsler Preschool and Primary Scale of Intelligence--Revised) and reading ability (Test of Early Reading Ability, second edition) were the outcomes of interest. **RESULTS:** After controlling for confounders (child's gender, caregiver's IQ, home environment, socioeconomic status, and prenatal exposure to substance abuse) violence exposure was related to the child's IQ ( $P = .01$ ) and reading ability ( $P = .045$ ). Trauma-related distress accounted for additional variance in reading ability ( $P = .01$ ). Using the derived regression equation to estimate effect sizes, a child experiencing both violence exposure and trauma-related distress at or above the 90th percentile would be expected to have a 7.5-point (SD, 0.5) decrement in IQ and a 9.8-point (SD, 0.66) decrement in reading achievement. **CONCLUSION:** In this study, exposure to violence and trauma-related distress in young children were associated with substantial decrements in IQ and reading achievement.

Delavier-Fosse S. [Role of the pediatric psychiatrist at the hearing of young victims]. *Soins PEDIATR Pueric* 2001; (200):38-9.

Dell'Orfano S. The meaning of spiritual care in a pediatric setting. *J Pediatr Nurs* 2002; 17(5):380-5. **Abstract:** In the previous issue of the *Journal of Pediatric Nursing*, one type of evidence-based practice (EBP) format was provided for potential nurse scholars who utilize the EBP process [MacPhee, M. (2002). *Journal of Pediatric Nursing*, 17(4):313-20]. There are, however, many potential formats to present evidence-based clinical practice innovations. I am eager to work with nurses who have been involved in promoting evidence-based nursing practice. The *Journal of Pediatric Nursing* will use this column as a forum for sharing evidence-based clinical practice innovations, such as case studies, clinical teaching exemplars, and interdisciplinary programs highlighting collaborative practice among nurses and other health care professionals. Please contact me at maura80521@yahoo.com for editorial advice and assistance. The following article is a clinical contribution from a nurse on the Neurosurgery-Rehabilitation Unit of The Children's Hospital, Denver. This evidence-based clinical project evolved from a nurse's recognition of the importance of spiritual care for families of children with serious brain injuries. It is an example of how an EBP formula can facilitate change and innovation. Start with a clinical problem; get help; look to the literature for best research

evidence; look to other clinical sources for best practice ideas; evaluate what you have; and make a decision to maintain the status quo, gather more data, or change practice. This clinical project is an example of the collaborative, interdisciplinary nature of EBP, and it is also an example of the collaborative work among differently skilled nurses. In this instance, a clinically based nurse identified a practice problem and recruited a nurse researcher to help design, analyze, and evaluate the findings from an interview study. The results are being implemented via nursing leadership to change practice.

Demaurex CG, Geyer-Smadja I, Ansermet F. [Role of secondary prevention in a specialized consultation for sexual abuse and negligence]. *Rev Med Suisse Romande* 2001; 121(7):507-12.

DeMause L. The evolution of childrearing. *J Psychohist* 2001; 28(4):362-451.

DeMause L. The evolution of the psyche and society. *J Psychohist* 2002; 29(3):238-85.

Denison R. HIV is a magnifying glass. *WORLD* 2001; (124):3.

Denning AS, Tuttle LK, Bryant VJ, Walker SP, Higgins JR. Ascertaining women's choice of title during pregnancy and childbirth. *Aust N Z J Obstet Gynaecol* 2002; 42(2):125-9.

**Abstract: METHODS:** A questionnaire was administered to 958 women attending the antenatal clinic at Mercy Hospital for Women, Melbourne, to ascertain their choice of title during pregnancy. Midwifery, nursing and medical staff (376 in total) were also invited to respond to a similar questionnaire. **RESULTS:** The response rate was 73.6% from the survey of all women who were overwhelmingly in favour of being called 'patient' as their first choice (34%), followed by 'other' (20%) and then 'mother' (19%). Virtually all women requesting 'other' wished to be called by their name. Women wishing to be called 'patient' for first choice did not significantly differ from the remainder of the study group in age, gestation, number of previous pregnancies, or number of children. When women from the Family Birth Centre (FBC) were analysed as a separate group, they had a clear preference to be called 'other' (unanimously, by their name) than the general antenatal population (odds ratio (OR) 5.1; 95% confidence interval (CI) 3.1, 8.3;  $p < 0.0001$ ). The staff survey, with a response rate of 84%, also demonstrated that 'patient' was the most popular first choice for patient title. Medical staff were significantly more likely to choose 'patient' (OR 4.2, 95% CI 2.3, 7.7;  $p < 0.0001$ ), though the term 'patient' was the preferred choice of all staff.

Denninghoff KR, Knox L, Cunningham R, Partain S.

Emergency medicine: competencies for youth violence prevention and control. *Acad Emerg Med* 2002; 9(9):947-56.

Abstract: By any standard one wishes to apply, the impact of violence on the health and safety of the public is significant. The expression of violence among children in the United States has increased significantly during the modern era. Homicide and suicide are the second and third leading causes of death in youths 15-24 years of age. The emergency department (ED) is a common site for the care of these victims, and because victims often become assailants, the emergency care provider needs to know the epidemiology, treatment, and methods for prevention of youth violence in order to curtail the cycle. A multidisciplinary task force was convened by the Centers for Disease Control and Prevention (CDC)-funded Southern California Center of Academic Excellence on Youth Violence Prevention and the Keck School of Medicine at the University of Southern California to define competencies for health professionals in youth violence prevention and control. Three levels of competence were identified: the generalist level, which should be obtained by all health professionals; the specialist level, which should be obtained by health professionals such as emergency medicine providers, who frequently work with populations affected by violence; and a third, or scholar level, to be acquired by health professionals who wish to become experts not only in the care, but also in research and advocacy. This article reports the details of this group's efforts and applies them to emergency care provider education. These competencies should shape the development of curricula for the span of emergency medical training from emergency medical services scholastic training to postgraduate continuous medical education.

Dennis R, Caraballo L, Garcia E *et al.* Asthma and other allergic conditions in Colombia: a study in 6 cities. *Ann Allergy Asthma Immunol* 2004; 93(6):568-74. Abstract: BACKGROUND: No detailed information is available on the burden and impact of allergic diseases simultaneously for adults and children in Colombia and most Latin American countries. OBJECTIVES: To investigate the prevalence of asthma, allergic rhinitis, and atopic dermatitis symptoms in 6 cities in Colombia; to measure patient expenses and school days and workdays lost; to describe disease severity; and to determine levels of total and specific IgE in asthmatic subjects. METHODS: A multistage stratified random sample selection of schools with subjects aged 5 to 18 years in each city was used. Guardian subjects selected were contacted, and home visits were arranged. Subjects aged 1 to 4 years and older than 19 years were also selected randomly by systematic sampling based on the addresses of the subjects aged 5 to 18 years. Subjects with asthma symptoms were invited to provide a blood sample. RESULTS: Information was obtained from 6,507 subjects. The prevalence of asthma, rhinitis, and atopic dermatitis symptoms in the

past 12 months was 10.4% (95% confidence interval [CI], 9.7%-11.1%), 22.6% (95% CI, 21.6%-23.6%), and 3.9% (95% CI, 3.4%-4.4%), respectively. Thirty-eight percent of asthmatic subjects had visited the emergency department or have been hospitalized, and 50% reported lost school days and workdays. Seventy-six percent of sampled asthmatic patients were considered to be atopic. CONCLUSIONS: The burden of disease and societal consequences of allergic entities in urban settings in countries such as Colombia are of concern but are largely ignored, perhaps because of the misconception that these diseases are of public health importance only in industrialized nations.

Dennis TA, Brotman LM. Effortful control, attention, and aggressive behavior in preschoolers at risk for conduct problems. *Ann N Y Acad Sci* 2003; 1008:252-5. Abstract: This work examines distinct aspects of effortful control and attention predicted aggression in a group of children at elevated risk for the development of conduct problems. Results suggested that behavioral inhibition, rather than attentional control, best predicted maternal reports of child aggressive behaviors.

Deodhar J. Telemedicine by email--experience in neonatal care at a primary care facility in rural India. *J Telemed Telecare* 2002; 8 Suppl 2:20-1. Abstract: During an 18-month study period, teleconsultations were conducted by email between a neonatal intensive care unit at an urban teaching hospital in western India and a rural primary care centre 40 km away. There were email consultations about 182 newborn babies; these consultations comprised 309 messages sent from the primary care centre and 272 messages from the teaching hospital. The average reply time was 11.3 h. Thirty-eight babies were referred to the intensive care unit at the teaching hospital after these consultations. The remaining 144 babies were managed at the primary care centre. Telemedicine helped in the diagnosis, referral, treatment and follow-up of patients. The cost of the email service was estimated to be Rs12,000 and the savings in avoided transfer were estimated to be Rs546,000, a cost-benefit ratio of 1:45.

DePompei R, Frye D, DuFore M, Hunt P. Traumatic Brain Injury Collaborative Planning Group: a protocol for community intervention. *J Head Trauma Rehabil* 2001; 16(3):217-37.

Abstract: OBJECTIVE: The Traumatic Brain Injury Collaborative Planning Group was formed in December 1992 to address service gaps and better use agencies and their programs to meet the specialized needs of individuals with traumatic brain injury (TBI). SETTING: The group meetings served as the interagency link between service providers for comprehensive planning and problem solving. OUTCOME MEASURES: This article focuses on the

three main tasks of this group: (1) interagency case planning among participating agencies; (2) provision of training and networking opportunities for service providers working with this population; (3) development of creative funding mechanisms for community education and support services to assist individuals to live and work in the community. **METHODS:** The methods used to organize the collaborative, direct it toward the three main tasks, and maintain it without any agency funding are outlined. **RESULTS:** Data collected about the 21 persons served in the past 3 years is provided, and protocol forms are shared. **CONCLUSION:** This model of collaboration throughout a countywide area has been used as a basis for similar development in several other states.

Depoortere E, Checchi F, Broillet F *et al.* Violence and mortality in West Darfur, Sudan (2003-04): epidemiological evidence from four surveys. *Lancet* 2004; 364(9442):1315-20. **Abstract:** **BACKGROUND:** Violence in Darfur, Sudan, has rendered more than one million people internally displaced. An epidemiological study of the effect of armed incursions on mortality in Darfur was needed to provide a basis for appropriate assistance to internally displaced people. **METHODS:** Between April and June, 2004, we did retrospective cluster surveys among 215,400 internally displaced people in four sites of West Darfur (Zalingei, Murnei, Niertiti, El Geneina). Mortality recall periods covered both the pre-displacement and post-displacement periods in Zalingei, Murnei, and Niertiti, but not in El Geneina. Heads of households provided dates, causes, and places of deaths, and described the family structure. **FINDINGS:** Before arrival at displacement sites, mortality rates (expressed as deaths per 10,000 per day), were 5.9 (95% CI 2.2-14.9) in Zalingei, 9.5 (6.4-14.0) in Murnei, and 7.3 (3.2-15.7) in Niertiti. Violence caused 68-93% of these deaths. People who were killed were mostly adult men (relative risk 29.1-117.9 compared with children younger than 15 years), but included women and children. Most households fled because of direct village attacks. In camps, mortality rates fell but remained above the emergency benchmark, with a peak of 5.6 in El Geneina. Violence persisted even after displacement. Age and sex pyramids of surviving populations were skewed, with a deficit in men. **INTERPRETATION:** This study, which was done in a difficult setting, provides epidemiological evidence of this conflict's effect on civilians, confirming the serious nature of the crisis, and reinforcing findings from other war contexts.

DePrince AP, Allard CB, Oh H, Freyd JJ. What's in a name for memory errors? Implications and ethical issues arising from the use of the term "false memory" for errors in memory for details. *Ethics Behav* 2004; 14(3):201-33.  
**Notes:** GENERAL NOTE: KIE: 28 refs.  
 GENERAL NOTE: KIE: KIE Bib: behavioral

research/research design  
**Abstract:** The term "false memories" has been used to refer to suggestibility experiments in which whole events are apparently confabulated and in media accounts of contested memories of childhood abuse. Since 1992 psychologists have increasingly used the term "false memory" when discussing memory errors for details, such as specific words within lists. Use of the term to refer to errors in details is a shift in language away from other terms used historically (e.g., "memory intrusions"). We empirically examine this shift in language and discuss implications of the new use of the term "false memories." Use of the term presents serious ethical challenges to the data-interpretation process by encouraging over-generalization and misapplication of research findings on word memory to social issues.

Desai N, Mathur M. Selective transmission of multidrug resistant HIV to a newborn related to poor maternal adherence. *Sex Transm Infect* 2003; 79(5):419-21. **Abstract:** **OBJECTIVES:** To report perinatal transmission of multidrug resistant (MDR) HIV related to variable maternal adherence antenatally. **METHODS:** Case study including review of clinic records, adherence information, laboratory data, and HIV genotyping results in mother and infant. **RESULTS:** Poor maternal adherence to clinic visits and antiretroviral therapy contributed to detectable viraemia antenatally. When tested for the first time at age 6 months, the infant was found to have virus with resistance to multiple drugs. In this case, prophylaxis with zidovudine (AZT) failed to prevent the transmission of the MDR strain. **CONCLUSIONS:** Perinatal transmission of MDR HIV can occur despite standard peripartum prophylaxis with AZT. Perinatal prophylaxis should be tailored to the mother's treatment history and resistance profile. Paediatric HIV specialists should be prepared to deal with a small, but slowly increasing number of babies with a "nightmare" multidrug resistant virus with limited treatment options.

DesGeorges J. Family perceptions of early hearing, detection, and intervention systems: listening to and learning from families. *Ment Retard Dev Disabil Res Rev* 2003; 9(2):89-93. **Abstract:** As universal newborn hearing systems (screening, diagnosis, intervention) are being established around the world, the success of children who are identified to be deaf and hard of hearing is critically impacted by parent's reactions, acceptance, and advocacy for their child. It is imperative for professionals who are creating systems for Early Hearing, Detection, and Intervention to understand and learn from families' experiences in order to improve this process. This manuscript will identify the areas in which parents have spoken out about the professionals they have encountered through the system: what parents wish for in a healthy, productive relationship



with professionals; and how parents can play a part in advocating for a system in which families needs are met so that infants identified to be deaf or hard of hearing can reach their full potential.

DeStefano F, Mullooly JP, Okoro CA *et al.* Childhood vaccinations, vaccination timing, and risk of type 1 diabetes mellitus. *Pediatrics* 2001; 108(6):E112. Notes: CORPORATE NAME: Vaccine Safety Datalink Team

Abstract: OBJECTIVES: To evaluate suggested associations between childhood vaccinations, particularly against hepatitis B and Haemophilus influenzae type b, and risk of developing type 1 diabetes; and to determine whether timing of vaccination influences risk. METHODS: We conducted a case-control study within 4 health maintenance organizations (HMOs) that participate in the Vaccine Safety Datalink project of the Centers for Disease Control and Prevention. Study eligibility was restricted to children who met the following criteria: 1) born during 1988 through 1997; 2) HMO member since birth; 3) continuously enrolled for first 6 months of life; and 4) at least 12 months of HMO membership before diabetes incidence date (or index date for controls) unless incidence date was before 12 months of age. All 4 HMOs maintain registries of their members who have diabetes, and we used the registries to identify potential cases of diabetes. We conducted chart reviews to verify that potential cases met the World Health Organization epidemiologic case definition for type 1 diabetes mellitus (ie, a physician's diagnosis of diabetes plus treatment with daily insulin injections). We defined the incidence date of diabetes as the first date that the child received a diagnosis of diabetes. We attempted to match 3 controls to each case. Controls had the same eligibility criteria as cases and were matched to individual cases on HMO, sex, date of birth (within 7 days), and length of health plan enrollment (up to the incidence or index date). The index date for controls was defined as the incidence date of the case to which the control was matched. Chart abstraction was performed by trained chart abstractors using standardized forms. In addition to complete vaccination histories, the chart abstraction forms for both cases and controls included information on sociodemographic characteristics, selected medical conditions, history of breastfeeding, and family medical history. We used conditional logistic regression to estimate the odds ratio (OR) of diabetes associated with vaccination, with vaccine exposure defined as before the diabetes incidence date (or index date for controls). RESULTS: Two hundred fifty-two confirmed cases of diabetes and 768 matched controls met the study eligibility criteria. The OR (95% confidence interval) for the association with type 1 diabetes was 0.28 (0.07-1.06) for whole cell pertussis vaccine (predominantly in combination as diphtheria, tetanus toxoids and pertussis vaccine), 1.36 (0.70-2.63) for measles-mumps-rubella, 1.14 (0.51-2.57) for

Haemophilus influenzae type b, 0.81 (0.52-1.27) for hepatitis B vaccine, 1.16 (0.72-1.89) for varicella vaccine, and 0.92 (0.53-1.57) for acellular pertussis-containing vaccines. Compared with children who had not received hepatitis B vaccine, the OR of diabetes was 0.51 (0.23-1.15) for children vaccinated at birth and 0.86 (0.54-1.35) for those first vaccinated against hepatitis B at 2 months of age or later. Race and ethnicity and family history of diabetes were independently associated with risk of type 1 diabetes, but adjustment for these factors did not materially alter the ORs for any of the vaccines. CONCLUSIONS: In this large, population-based, case-control study, we did not find an increased risk of type 1 diabetes associated with any of the routinely recommended childhood vaccines. Our study adds to previous research by providing data on newer vaccines, including hepatitis B, acellular pertussis, and varicella vaccines. For the older vaccines, our results are generally in agreement with previous studies in not finding any increased risks. Ours is the first epidemiologic study to evaluate the possibility that timing of vaccination is related to risk of clinical diabetes in children. Our results on hepatitis B vaccine do not support the hypothesis; risk of type 1 diabetes was not different between infants vaccinated at birth and those who received their first vaccination later in life. The results of our study and the preponderance of epidemiologic evidence do not support an association between any of the recommended childhood vaccines and an increased risk of type 1 diabetes. Suggestions that diabetes risk in humans may be altered by changes in the timing of vaccinations also are unfounded.

Deutchman M, Roberts RG. VBAC: protecting patients, defending doctors. *Am Fam Physician* 2003; 67(5):931-2, 935-6.

DeVeber G. In pursuit of evidence-based treatments for paediatric stroke: the UK and Chest guidelines. *Lancet Neurol* 2005; 4(7):432-6. Abstract: BACKGROUND: Arterial ischaemic stroke and cerebral sinovenous thrombosis are increasingly seen in infants and children. Incidence ranges from two to six per 100,000 children a year. Adverse outcome including death, neurological deficits, and reduced quality of life affect most children with stroke. Residual neurological deficits last many decades, for the rest of a patient's life. Of major concern is the risk of recurrent stroke, which affects up to 25% of children who have arterial ischaemic stroke after the newborn period. Children with ischaemic stroke are empirically treated with antithrombotics including antiplatelet (aspirin and clopidogrel) and anticoagulant (heparins and warfarin) drugs. No randomised controlled trials have been done besides those in patients with sickle-cell disease and adult trial data are not directly applicable to paediatric stroke due to maturational differences in coagulation and vascular systems as well as different stroke mechanisms. RECENT

**DEVELOPMENTS:** National and international networks of clinical and basic researchers focused on paediatric stroke are now developing. Recently published cohort and case-controlled studies are elucidating stroke mechanisms, outcomes, and treatment safety in children. Two sets of guidelines have been published in the past 6 months. These guidelines differ both in the scope of treatments and subgroups of patients with stroke they cover; however, both focus on ischaemic stroke beyond the newborn period. There are areas of agreement-for children with sickle-cell disease and stroke, both guidelines recommend initial and maintenance transfusion therapy to reduce the proportion of sickle-cell haemoglobin to less than 30%. For children with sinovenous thrombosis or arterial stroke due to dissection or cardiac embolism, both guidelines recommend anticoagulant therapy with warfarin or low molecular weight heparin for 3-6 months. However, the guidelines diverge in their recommendations for the initial treatment of non-haemorrhagic arterial ischaemic stroke, one recommending aspirin and the other 5-7 days of anticoagulants. The guidelines also differ in their recommendations for long-term treatment of children after arterial ischaemic stroke, one set recommending maintenance aspirin in all patients and the other only in children with vasculopathy. These differences arise from both a lack of sufficient evidence and the differing views of neurologists and haematologists in the treatment of paediatric cerebral thrombosis. **WHERE NEXT?:** Multicentre studies and networks provide increasingly precise data regarding mechanisms, outcomes, and treatment safety in paediatric stroke. These data and networks will enable clinical trials to address areas of divergent opinion and improve the outcome from childhood stroke in the near future.

DeVito C, Hopkins J. Attachment, parenting, and marital dissatisfaction as predictors of disruptive behavior in preschoolers. *Dev Psychopathol* 2001; 13(2):215-31. Abstract: The aim of this study was to examine if an insecure coercive attachment pattern is associated with disruptive behavior in preschoolers, as well as to examine the concurrent and joint effects of attachment pattern, marital dissatisfaction, and ineffective parenting practices on disruptive behavior. Participants included 60 preschoolers and their mothers, recruited from three sites to ensure an adequate range of disruptive behavior. The Preschool Assessment of Attachment (Crittenden, 1992) was used to measure attachment pattern. Results of an analysis of variance revealed that children in the coercively attached dyads scored significantly higher on the measure of disruptive behavior than either the defended or secure children. Results of a hierarchical regression analysis indicated that the combination of a coercive pattern of attachment, marital dissatisfaction, and permissive parenting practices accounted for a significant proportion of the variance in disruptive behavior in

preschoolers. These data suggest that a specific type of insecure attachment, a coercive pattern, is associated with disruptive behavior in preschoolers. Also, the data are consistent with previous findings of associations among marital dissatisfaction, ineffective parenting practices, and disruptive behavior.

Dewey KG, Cohen RJ, Nommsen-Rivers LA, Heinig MJ. Implementation of the WHO Multicentre Growth Reference Study in the United States. *Food Nutr Bull* 2004; 25(1):S84-9. Abstract: The World Health Organization (WHO) Multicentre Growth Reference Study (MRGS) North American site was Davis, California. For the longitudinal cohort (0-24 months), 208 infants were enrolled between January and December 1999 from five area hospitals at which nearly all Davis women give birth. The target sample size was lower in the United States than in the other sites, because recruitment in the United States was restricted to mothers who were willing to exclusively breastfeed for at least 4 months and continue breastfeeding for at least 12 months. For the cross-sectional component, a mixed-longitudinal design was used, which required approximately 500 subjects. The subjects were recruited by going door-to-door, with the sampling scheme based on the distribution of the subjects of the longitudinal study within the city. The cross-sectional sample was recruited between January and July 2001. Major challenges during implementation were maintaining daily communication with hospital personnel and scheduling home visits.

Dhanda RK, Reilly PR. Legal and ethical issues of newborn screening. *Pediatr Ann* 2003; 32(8):540-6. Abstract: Newborn screening raises many ethical and legal concerns, from the bioethics issues commonly faced with genetic testing and the practice of informed consent to the classical medical ethics questions that surround resource allocation. This mandatory, state-based healthcare intervention has not met with the resistance that one might have anticipated, yet it is still not integrated into society to its full potential. While there is room for newborn screening programs to improve on the technical, ethical, and legal fronts, this should not discourage policymakers, physicians, scientists, and other stakeholders from learning from the successful aspects of its implementation and applying these lessons to other, related technologies.

Dhondt JL. Implementation of informed consent for a cystic fibrosis newborn screening program in France: low refusal rates for optional testing. *J Pediatr* 2005; 147(3 Suppl):S106-8. Abstract: **OBJECTIVES:** The French Association for Neonatal Screening implemented cystic fibrosis neonatal screening (CF NBS) region by region in France, from the beginning of the year 2002 to early 2003. The program uses an immunoreactive

trypsinogen/DNA testing algorithm on dried blood samples obtained at 3 days of age. Incorporation of DNA testing necessitated compliance with official regulations and French "bioethics" laws: the need for a written consent from the patient/guardian and specific circulation of the prescription, sample, and results. To fulfill these obligations, the Ethics and Genetics committee of the French Association for Neonatal Screening recommended that informed consent should be obtained for all neonates at birth by having the parents sign directly on the sampling paper. This study was designed to evaluate the effect of the educational efforts used to obtain informed consent on acceptance of CF NBS. STUDY DESIGN: Data from the screening center in Lille, France, were analyzed to determine the rate of refusal of CF NBS in the 18 months after initiation of the informed consent process. RESULTS: The number of refusals for CF NBS declined from 0.8% at the start of the program to 0.2% at the end of the first year of the new process for obtaining written consent. CONCLUSIONS: Efforts to inform parents and professionals resulted in a significant decrease in the number of refusals for CF NBS.

Diamond EF. Karl Brandt in the dock. *Linacre Q* 2004; 71(4):308-15.

Notes: GENERAL NOTE: KIE: KIE Bib: eugenics; euthanasia; fraud and misconduct

Diamond R, Litwak E, Marshall S, Diamond A. Implementing a community-based oral health care program: lessons learned. *J Public Health Dent* 2003; 63(4):240-3.

Abstract: OBJECTIVES: The objective of this paper is to report key findings of a process evaluation that may be useful to other institutions seeking to implement a community-based oral health care program primarily targeting children in dentally underserved communities. By partnering with community-based organizations, public schools, and community health care providers, the Columbia University School of Oral and Dental Surgery (SDOS) established the Community DentCare Network (DentCare) in the Harlem and Washington Heights/Inwood neighborhoods of northern Manhattan. These low-income neighborhoods are characterized by poor oral health and have been designated by the federal government as health professions shortage areas. METHODS: The method used in the process evaluation was open-ended qualitative interviewing by a sociologist with extensive experience in this methodology aided by a participant-observer within the DentCare program. RESULTS: The heterogeneity of the two communities required different strategies and resources to gain trust and acceptance. Fundamental changes were required of SDOS over a 10-year period, beginning with prioritizing community service into a primary mission. Collaborating with medical clinics facilitated the implementation of the network when the

partners shared the same philosophical goals. Faculty and staff with different skills were needed during the start-up and the sustained development phases of the program.

Diaz-Rossello JL. A difficult ethics issue. *Lancet* 2004; 364(9447):1751-2; author reply 1752. Notes: GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent

Dick T. Poor little kid: confronting suspicious injuries in children. *Emerg Med Serv* 2004; 33(7):28.

Dickens BM, Cook RJ. The management of severely malformed newborn infants: the case of conjoined twins. *Int J Gynaecol Obstet* 2001; 73(1):69-75. Notes: GENERAL NOTE: KIE: 19 refs. GENERAL NOTE: KIE: KIE Bib: patient care/minors Abstract: The birth of 'Siamese' twins in August 2000 whose parents refused to consent to surgery for separation required English courts to decide whether the twins could lawfully be separated despite that refusal when one twin would certainly die as a direct surgical result. The Court of Appeal unanimously upheld the trial judge's decision to authorize surgery, taking account of principles of family law, criminal law and human rights law. Parental duties to the viable twin were found consistent with the justification of allowing, without intending, natural death of the non-viable twin. The right to human dignity of both twins supported the justification of separation surgery. The decision did not elevate physicians' choices over parents', but subjected both to the law. The hospital was found entitled to bring the case to court, but not obliged; it could have declined surgery in conformity with the parents' wishes.

Dickinson A. A new "time out". Parents who want to discipline their misbehaving kids should apply the hiatus to themselves. *Time* 2001; 157(6):89.

Didion J, Gatzke H. The Baby Think It Over experience to prevent teen pregnancy: a postintervention evaluation. *Public Health Nurs* 2004; 21(4):331-7. Abstract: An evaluation was conducted to describe the personal impact of the "In Your Care" pregnancy prevention intervention program using Baby Think It Over infant simulator. Data was collected regarding the attitudes, actual and intended sexual practices, feelings, and opinions of participants 2 or 3 years after the intervention. Student recommendations for program continuation and improvement were also solicited. Male and female 11(th) grade students in rural and suburban Midwestern communities, who had experienced the program 2 or 3 years earlier, completed surveys and were interviewed in focus groups. Participants vividly recalled and described the simulated experience in statements that reflected insight and feelings about parental responsibility and

the consequences of teen pregnancy. The teens also made several recommendations for enhancing the program. The findings suggest that simulated experiences can be a powerful strategy for effective learning about complex decisions regarding the risks of sexual activity and the realities of parenting.

Didziokiene A, Zemaitiene N. [Psychological state of abused children of risk group]. *Medicina (Kaunas)* 2005; 41(1):59-66.

Abstract: The aim of this study was to describe the psychological peculiarities of physically abused schoolchildren of risk group. The survey was based on the data gathered using anonymous questionnaire. Indicators, chosen for evaluation of psychological well-being of schoolchildren, were the following: loneliness, happiness, ability to make contacts and socialize with peers, sense of coherence, self-esteem, and suicidal tendencies. The sample of 211 schoolchildren, aged 10 to 16 year from seventeen Kaunas secondary schools participated in the survey. The sampling was made on the basis of lists of socially and pedagogically neglected schoolchildren. It has been established that psychological well-being of physically abused schoolchildren, in comparison with the ones not abused, was worse. Physically abused children more often felt loneliness and unhappiness, found it more difficult to make friends, were more often characterized by low self-esteem and weak sense of coherence. The relationship between physical abuse and suicidal tendencies was established; suicidal tendencies among physically abused schoolchildren were six times more frequent than among those, who did not suffer violence (78.5% and 12.5%). Almost all schoolchildren, attributed to the group with high risk for suicide, were physically abused (29.0% and 1.9%, respectively).

Diehl D, Gray C, O'Connor G. The school community council: creating an environment for student success. *New Dir Youth Dev* 2005; (107):65-72, table of contents.

Abstract: A model of community-school partnerships is developing within a school district in Evansville, Indiana. Based on a full-service community school philosophy, the model started in one elementary school in the Evansville-Vanderburgh School Corporation and has expanded into a districtwide initiative called the School Community Council. The council is made up of over seventy community organizations and social service agencies working together to establish full-service schools as places of community and to enhance youth and family development.

Difazio R. Creating a halo traction wheelchair resource manual: using the EBP approach. *J Pediatr Nurs* 2003; 18(2):148-52.

Abstract: This article describes a clinically based project that used evidence-based practice (EBP). It

follows the EBP process of: (1) identifying a clinical problem and stating a clinical question that focuses the process; (2) doing a literature search for best research evidence; (3) using query techniques, such as phone calls and e-mails, to determine best clinical practice among similar institutions; and (4) drawing a practice conclusion-to accept the status quo, to instigate change of practice, or to do more research. This project was an interdisciplinary effort orchestrated by the surgical programs nurses at Boston Children's Hospital.

DiFranza JR, Savageau JA, Rigotti NA *et al.* Development of symptoms of tobacco dependence in youths: 30 month follow up data from the DANDY study. *Tob Control* 2002; 11(3):228-35.

Abstract: OBJECTIVE: To determine if there is a minimum duration, frequency or quantity of tobacco use required to develop symptoms of dependence. DESIGN AND SETTING: A retrospective/prospective longitudinal study of the natural history of tobacco dependence employing individual interviews conducted three times annually in two urban school systems over 30 months. Detailed histories of tobacco use were obtained including dates, duration, frequency, quantity, patterns of use, types of tobacco, and symptoms of dependence. PARTICIPANTS: A cohort of 679 seventh grade students (age 12-13 years). MAIN OUTCOME MEASURES: The report of any of 11 symptoms of dependence. RESULTS: Among 332 subjects who had used tobacco, 40% reported symptoms, with a median latency from the onset of monthly smoking of 21 days for girls and 183 days for boys. The median frequency of use at the onset of symptoms was two cigarettes, one day per week. The report of one or more symptoms predicted continued smoking through the end of follow up (odds ratio (OR) 44, 95% confidence interval (CI) 17 to 114,  $p < 0.001$ ). CONCLUSIONS: Symptoms of tobacco dependence commonly develop rapidly after the onset of intermittent smoking, although individuals differ widely in this regard. Girls tend to develop symptoms faster. There does not appear to be a minimum nicotine dose or duration of use as a prerequisite for symptoms to appear. The development of a single symptom strongly predicted continued use, supporting the theory that the loss of autonomy over tobacco use begins with the first symptom of dependence.

Dillard JP, Tluczek A. Information flow after a positive newborn screening for cystic fibrosis. *J Pediatr* 2005; 147(3 Suppl):S94-7.

Abstract: OBJECTIVES: To provide a model of the information processes instigated by a positive result on a newborn screening for cystic fibrosis and to analyze their implications for future research. METHOD: We reviewed research conducted at Wisconsin and elsewhere. RESULTS: We identified 6 distinct phases of information flow. CONCLUSION: Although continued attention to genetic counseling is clearly warranted, research on information flow after newborn

screening should: 1) look beyond genetic counseling to include a variety of information sources including family, friends, and the Internet; 2) appreciate that families vary in their willingness to acquire cystic fibrosis-related information; and 3) should seek to better understand how this information moves through social networks.

Dimatteo MR. The role of effective communication with children and their families in fostering adherence to pediatric regimens. *Patient Educ Couns* 2004; 55(3):339-44.

Abstract: Adherence to pediatric health enhancement, disease prevention, and medical treatment, particularly for chronic disease, can be challenging because of demanding regimens, children's progressing developmental stages, and varying family perspectives and relationships. This review examines adherence in the context of communication among providers, pediatric patients, and their families. The focus is on: the delivery of prevention and treatment information; trust in the therapeutic relationship; beliefs and attitudes in shaping acceptance of health care messages; social and cultural norms; building patient and family commitment to behavior change; family habits; barriers and pressures faced by patients and their families; the role of social networks and social support in fostering adherence, and the effects of family cohesiveness and family conflict. The unique challenges of fostering preventive health care and treatment for chronic disease in the context of transition to adolescence are also considered, and effective clinical solutions are reviewed.

Dimmick SL, Burgiss SG, Robbins S, Black D, Jarnagin B, Anders M. Outcomes of an integrated telehealth network demonstration project. *Telemed J E Health* 2003; 9(1):13-23.

Abstract: An integrated telehealth network that linked three hospitals, a federally qualified health care clinic with six sites, a county dental clinic, and patient homes was developed and implemented using both private and federal funding. The goal of the network was to deliver 10 different medical, dental, and behavioral health services to a rural community. The network served patients from nine different counties and two states. Outcomes from the disease management programs for congestive heart failure and diabetes, as well as crisis telehealth and teledental health, were reported. Results for the diabetes disease management program increased the number of diabetics who brought their blood sugar under control. Additionally, based on hospital days per patient per year with and without intervention, and the cost of intervention by telehealth, it was projected that the national cost of care for CHF hospitalizations could be reduced from 8 billion dollars to 4.2 billion dollars. This telehealth network can serve as a model for integrating health services in each county of the state. Once each county had an integrated telehealth network, the county networks could be

linked to provide regional services and coordination on a statewide basis.

Dimond B. Legal aspects of consent 14: organ removal, retention, storage. *Br J Nurs* 2001; 10(18):1212-4. Notes: GENERAL NOTE: KIE: 14 refs. GENERAL NOTE: KIE: KIE Bib: informed consent; organ and tissue donation Abstract: Case Scenario: Sarah was born with a congenital heart condition. Unfortunately, the subsequent operation proved unsuccessful and Sarah died. Sarah's parents were asked if they would agree to a post mortem being performed to assist in research so that in future such conditions could be successfully operated upon. The parents agreed and subsequently they were notified that the body was available for disposal. They decided upon a cremation. Several years later, following an inquiry into the pathology services of the hospital, they were notified by the Chief Executive's department that Sarah's heart, lungs, liver and other organs had been retained. The parents were shocked. What is the law?

Dionne L. Conduct becoming. *JEMS* 2004; 29(3):106-17.

DiRusso SM, Chahine AA, Sullivan T *et al.* Development of a model for prediction of survival in pediatric trauma patients: comparison of artificial neural networks and logistic regression. *J Pediatr Surg* 2002; 37(7):1098-104; discussion 1098-104.

Abstract: BACKGROUND/PURPOSE: There is a paucity of outcome prediction models for injured children. Using the National Pediatric Trauma Registry (NPTR), the authors developed an artificial neural network (ANN) to predict pediatric trauma death and compared it with logistic regression (LR). METHODS: Patients in the NPTR from 1996 through 1999 were included. Models were generated using LR and ANN. A data search engine was used to generate the ANN with the best fit for the data. Input variables included anatomic and physiologic characteristics. There was a single output variable: probability of death. Assessment of the models was for both discrimination (ROC area under the curve) and calibration (Lemeshow-Hosmer C-Statistic). RESULTS: There were 35,385 patients. The average age was 8.1 +/- 5.1 years, and there were 1,047 deaths (3.0%). Both modeling systems gave excellent discrimination (ROC A(z): LR = 0.964, ANN = 0.961). However, LR had only fair calibration, whereas the ANN model had excellent calibration (L/H C stat: LR = 36, ANN = 10.5). CONCLUSIONS: The authors were able to develop an ANN model for the prediction of pediatric trauma death, which yielded excellent discrimination and calibration exceeding that of logistic regression. This model can be used by trauma centers to benchmark their performance in treating the pediatric trauma population.

Diseth TH. Dissociation in children and adolescents as

reaction to trauma--an overview of conceptual issues and neurobiological factors. *Nord J Psychiatry* 2005; 59(2):79-91.

Abstract: The discovery of trauma as an aetiological factor in mental dissociation is more than a century old, but neurobiological research in the last decade has started to clarify a neurobiological basis that may shed light on the complex symptomatology observed in traumatized children. Dysfunctional stress responses, emotional-based style of functioning, hyperarousal, anxiety, irritability, impulsivity, disengaged attention and educational underachievement may thus begin to be better understood. The aim of this overview is to give an update on the concept of dissociation and the links to new neurobiological findings, hopefully to reduce unawareness, wrong diagnostics or even neglect of dissociative symptomatology by clinicians in child and adolescent psychiatry in the Nordic countries. A systematic overview of studies of mental dissociation in children and adolescents published over the last decade disclosed a total of 1019 references; 309 papers regarding the concept of dissociation, memory, trauma and the neurobiological correlates were studied in detail. The assumption of a trauma-genic basis of dissociation is still most discussed in the literature. The importance of other childhood trauma in addition to sexual abuse is outlined, focusing on childhood interpersonal trauma. Recent research on traumatized children and adolescents has demonstrated some permanent neurochemical as well as functional and structural abnormalities in brain areas that are involved in the integrative process of cognition and memory. This research begins to clarify the cerebral basis and mechanisms for the trauma-related dissociation observed in dissociative (conversion) disorders, post-traumatic stress disorder (PTSD) and somatoform disorders. New perspectives on the nature of subcortical processes linking the phenomena of dissociation and traumatic experiences may have important implications for the understanding of dissociative disorders in children and adolescents. They may be regarded as complex environmentally induced developmental, supporting the view that PTSD and somatization disorders may be specific forms of dissociative processes to be categorized together with dissociative (conversion) disorders as "trauma-related dissociative disorders".

Dishion TJ, Kavanagh K, Schneiger A, Nelson S, Kaufman NK. Preventing early adolescent substance use: a family-centered strategy for the public middle school. *Prev Sci* 2002; 3(3):191-201. Abstract: The Adolescent Transitions Program (ATP) promotes student adjustment and reduces risk within a public school setting, focusing primarily on parenting practices using a tiered, multilevel prevention strategy. A description is given of the program, levels of engagement, and intervention effects. Within each school, multiethnic students (N = 672) and their families were randomly assigned at the individual level

to a control condition or the ATP intervention. Analyses focus on the longitudinal effects of the ATP intervention on self-reported substance use through middle school and the 1st year of high school (Grades 6, 7, 8, and 9). Levels of engagement in the selected and indicated interventions were somewhat less than expected. Despite relatively low levels of engagement, the intervention reduced initiation of substance use in both at-risk and typically developing students. These findings are discussed with respect to lessons learned about parent engagement, optimizing strategies for schoolwide implementation, and the promise of embedding family interventions within the public school ecology.

Dixon JK. Kids need clean air: air pollution and children's health. *Fam Community Health* 2002; 24(4):9-26. Abstract: Air pollution affects children's health in many ways, including reduced lung function, increased morbidity, increased use of health care services, and infant mortality. Information on the relationship of air pollution and children's health is discussed, with a focus on the diversity of research methods used to understand this relationship. Decisions affecting air quality ultimately are made through political and social processes. Health care and health promotion practitioners who are concerned about the health of children should provide leadership for advocacy to promote environmental health in our communities.

Dmitrieva OA. [Development of forensic medical expertise of sexual conditions in men]. *Sud Med Ekspert* 2005; 48(3):18-21. Abstract: The necessity of new methodological approaches in forensic medical examination of sexual male conditions are discussed basing on the analysis of questionnaire surveys of isolated groups of men and forensic medical examinations of male victims accused of sexual crimes. How to update expertise of sexual male conditions including investigations of anorectal and erectile dysfunctions is shown.

Dmitrieva TN, Oades RD, Hauffa BP, Eggers C. Dehydroepiandrosterone sulphate and corticotropin levels are high in young male patients with conduct disorder: comparisons for growth factors, thyroid and gonadal hormones. *Neuropsychobiology* 2001; 43(3):134-40.

Abstract: Childhood conduct disorder (CD) may originate in a stressful upbringing, and be associated with unusual physical or sexual development and thyroid dysfunction. We therefore explored circulating levels of hormones from adrenal, gonadal and growth hormone axes associated with stress, aggression and development in 28 CD patients and 13 age-matched healthy children (10-18 years old). The CD group had higher levels of dehydroepiandrosterone sulphate (DHEA-S), corticotropin (ACTH) and free triiodothyronine (fT(3)) if under 14 years. There were no

differences for gonadal hormones or maturity ratings which were not associated with aggression. Smaller physical measures in CD children correlated with DHEA-S and growth factors (e.g. insulin-like growth factor I) increased ACTH and fT(3) correlated with restless-impulsive ratings, and DHEA-S with 'disruptive behaviour'. Imbalances in the adrenal and growth axes may have neurotropic repercussions in development.

do Espirito Santo ME, Etheredge GD. HIV prevalence and sexual behaviour of male clients of brothels' prostitutes in Dakar, Senegal. *AIDS Care* 2003; 15(1):53-62. Abstract: This study reports the results of research designed to determine the prevalence of HIV infection in a group of male clients of brothel prostitutes, and to describe characteristics associated with HIV infection in Dakar, Senegal. Clients come from the lower portion of the social scale rather than from the middle class or from the wealthier groups of the population. A significant number of these men did not use condoms with their regular partners, and another group reported sexual contact with occasional partners with whom condom use was not usual. Additionally, for a fraction, condoms were not systematically used either with prostitutes or with partners. HIV prevalence in clients appeared to be much higher than the prevalence in the general population and HIV-infected clients were older than HIV-negative clients. The significant association between HIV infection and age can be explained by the fact that older clients probably have been exposed to prostitution longer. HIV-positive clients had more contact with prostitutes during the previous seven days, and in addition they also had more occasional sexual encounters than did the HIV-negative clients. This demonstrates that a multiplicity of sexual partners increases the risk of HIV infection beyond the contact with prostitutes for this group of men.

Dobrin L, Rosenzweig J. The role of school nurses in recognizing, reporting, and preventing child abuse. *School Nurse News* 2005; 22(3):12, 14.

Docherty SL. Symptom experiences of children and adolescents with cancer. *Annu Rev Nurs Res* 2003; 21:123-49.

Abstract: This paper examines nursing research focused on the symptom experiences of children and adolescents with cancer, and the extent to which the perspective and methods of developmental science have been used in this research. CINALH, MEDLINE, and PSYCHLIT were searched for publications between 1990 and 2002. The researcher or research team had to include a nurse or developmentally oriented researchers from other disciplines. Studies focused exclusively on pain were excluded because of recent published reviews. While nurse researchers have contributed influential knowledge related to symptom experiences and symptom distress in children and

adolescents with cancer, this research is still in a formative but exciting stage. Two nurse researchers and their teams laid the foundation for this research through their individual studies and collaborative multisite studies. In general, children and adolescents from 10 through 18 years of age were primarily studied; few studies focused on preschool children. Given the fact that these are rare populations, sample sizes were generally small, limiting power and generalizability. Gender, ethnicity, and socioeconomic status were rarely considered in analyses. Most studies used cross-sectional designs, although several included short-term longitudinal or repeated measure designs. To date, longitudinal designs focused on long-term outcomes have not been conducted. There were only a few qualitative studies. There was limited use of conceptual models or theories, and inadequate attention was paid to broader ecological perspectives in the children's lives. Studies included a focus on global symptoms and on individual symptoms, particularly pain and fatigue. Few focused on nausea and vomiting. Operationalization of symptom distress generally involved adapting instruments designed for adults. A more explicit employment of a developmental science perspective in future studies would call for more longitudinal designs that conceptualize the symptom experience from the perspective of the child and that view their responses as complex and multidimensional in nature. This would necessitate measuring clusters of symptoms at multiple levels (e.g., emotional, behavioral, and biophysiological) using developmental data collection methods. Furthermore, attention needs to be paid in conceptualizing studies to ecological factors related to families, social networks, communities, and ethnicity, as well as to the ecology of the health care system, which likely influences the symptom experience of children.

Dodge J. Roy Meadow. *Lancet* 2005; 366(9484):451.

Dogra N. What do children and young people want from mental health services? *Curr Opin Psychiatry* 2005; 18(4):370-3.

Abstract: PURPOSE OF REVIEW: The purpose of this paper is to review the literature reporting on children and young people's views on child and adolescent mental health services. RECENT FINDINGS: The review demonstrates that there is limited research exploring the views of children and young people regarding mental health services. Despite its limitations, the research available shows that young people, their parents and healthcare providers often have different expectations of services. Young people want accessible services staffed by those they are able to trust and who demonstrate an ability to listen; above all, young people want to be involved in the decisions made about them. SUMMARY: To date, children and young people have not been actively engaged or involved in service development. This is an evolving field and we need to ensure that existing evidence is

taken into account as well as investigating further the views of young people. Child and adolescent mental health services need to consider how we serve young people, particularly children, whose perspectives may differ from those of their parents.

Doherty IA, Padian NS, Marlow C, Aral SO. Determinants and consequences of sexual networks as they affect the spread of sexually transmitted infections. *J Infect Dis* 2005; 191 Suppl 1:S42-54.

Abstract: Because pathogens spread only within the unique context of a sexual union between people when one person is infectious, the other is susceptible to new infection, and condoms are not used to prevent transmission, the epidemiological study of sexually transmitted infections (STIs) is particularly challenging. Social network analysis entails the study of ties among people and how the structure and quality of such ties affect individuals and overall group dynamics. Although ascertaining complete sexual networks is difficult, application of this approach has provided unique insights into the spread of STIs that traditional individual-based epidemiological methods do not capture. This article provides a brief background on the design and assessments of studies of social networks, to illustrate how these methods have been applied to understanding the distribution of STIs, to inform the development of interventions for STI control.

Dolan M, Fullam R. Factors influencing treatment entry in sex offenders against children. *Med Sci Law* 2005; 45(4):303-10.

Abstract: The study examined the psychosocial characteristics of 99 sex offenders against children referred for treatment to a forensic community sex offender programme. The subjects had high levels of substance misuse problems and personality disorder but low rates of Axis I disorder. Subjects accepted for treatment could not be distinguished from those rejected as unsuitable on the Child Sex Questionnaire (CSQ) (Beckett et al., 1994), apart from the question on whether or not subjects believed it was wrong to have sexual contact with children. Substance misuse, antisocial personality disorder and past criminal history did not determine whether subjects were accepted or rejected. Differences in scores on actuarial measures of risk (STATIC-99) were also not significant. Clinicians' ratings of motivation, level of denial and poor social skills were the key factors determining rejection for treatment. Reconviction rates in the treatment group were low (7%) at five-year follow-up.

Dolan M, Guly O, Woods P, Fullam R. Child homicide. *Med Sci Law* 2003; 43(2):153-69.

Abstract: Between 1967 and 1988, 69 cases of single perpetrator/single victim child homicide resulted in remands into custody in the Yorkshire region. Sixty-four of these cases were examined retrospectively to

identify the characteristics of the perpetrators and of victims under 16 years, the relationship of the victim to the accused and the circumstances of the offence. Sixty-four men singly accused of killing a single child victim are described in detail. They were characterized by relatively young age and a lack of long-term stable relationships. Previous psychiatric contact and/or a history of self-harm was noted in one-third of cases. Over half of the group had a criminal record and previous violence to children was noted in 28% of cases. Fathers or surrogate fathers accounted for nearly two-thirds of the accused. In terms of the victims, children under six months were at greatest risk. Nearly one-third of victims were the biological offspring of the accused. Sexually motivated homicide accounted for approximately 18.7% of deaths. Victim behaviours and domestic disharmony acted as precipitants in 64% of the cases, with 54.7% of the victims dying as a result of physical beatings. Alcohol consumption at the material time was more common than noted in previous studies of child homicide.

Dombrowski MA, Anderson GC, Santori C, Burkhammer M. Kangaroo (skin-to-skin) care with a postpartum woman who felt depressed. *MCN Am J Matern Child Nurs* 2001; 26(4):214-6.

Abstract: The mother in this case study had numerous known risk factors for postpartum depression and was in rehabilitation for drug abuse. She was crying at 2 hours postbirth and expressing feelings of sadness as her baby was being unwrapped for her first kangaroo care (KC) experience. Thereafter, during our research protocol, her self-reported depression scores decreased rapidly and had disappeared by 32 hours postbirth. A benefit of KC requiring systematic study is that KC may lessen maternal depression. There is new knowledge that some functions of the maternal HPA axis become dampened during the last trimester of pregnancy as the placenta increases its secretion of corticotrophin-releasing hormone. The sudden loss of the placenta following delivery, accompanied by a suppressed HPA axis, may have an effect on mood during the immediate postpartum period. Perhaps appropriate reactivation of the maternal HPA axis can be triggered following birth by the stimulation inherent in KC, thereby minimizing risk for postpartum depression.

Domok I. Factors and facts in Hungarian HIV/AIDS epidemic, 1985-2000. *Acta Microbiol Immunol Hung* 2001; 48(3-4):299-311.

Abstract: In Hungary among others there were some special factors, which shaped the outcome of HIV/AIDS epidemic. (1) In the early period of pandemic the "iron curtain" delayed and limited the importation of HIV to Hungary. (2) In 1985, at the time of detection of first HIV infected persons the etiological diagnostic tools were already commercially available and laboratory facilities have been created immediately for HIV antibody tests in networks of



blood banks, public health and venereological services. (3) Laboratory facilities together with introduced health regulations resulted in (a) elimination of possibility of nosocomial HIV transmission by blood, blood products and organ transplantation; (b) efficient case finding and contact tracing in population groups potentially playing a significant role in spreading of infection; (c) opportunities for voluntary HIV testing free of charge. (4) Broad scale education and information activities have been developed from the beginning by governmental and non-governmental organizations alike. (5) Parenteral drug abuse did not play a role in spreading of HIV, so far. The above factors resulted in a slowly developing moderate epidemic. The facts are as follows. By the end of 2000 altogether 879 HIV positive (666 male, 100 female and 113 anonymous) persons have been notified, 377 (344 male and 33 female) of whom showed already the characteristic features of AIDS and 229 died. 29% of registered HIV positive persons have been foreigners originating from 56 countries. The cumulative incidence rate of AIDS was 38 per million population. 73% of Hungarian HIV positive persons and 72% of patients with AIDS belonged to transmission group of men having sex with men. The age of HIV positive persons at the time of detection was between 20 and 49 years in 81% and 72% of them resided in or around Budapest.

Donaghy G. CPHVA MacQueen Award 2005. Leading by example. *Community Pract* 2005; 78(12):449.

Donato R, Shanahan M. The economics of child sex-offender rehabilitation programs: beyond Prentky & Burgess. *Am J Orthopsychiatry* 2001; 71(1):131-9; discussion 140-1.  
Abstract: In a 1990 article in this journal, Prentky and Burgess examined cost-effectiveness of the rehabilitation of child molesters. Their estimates were based on the tangible costs of incarceration and particular recidivism rates. This paper extends those findings by estimating the intangible costs of child sexual abuse and a range of recidivism rates. The result is to focus greater attention on the efficacy of treatment programs and the potential economic damage done to children by child molesters.

Dong M, Anda RF, Felitti VJ *et al.* The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse Negl* 2004; 28(7):771-84.

Abstract: OBJECTIVE: Childhood abuse and other adverse childhood experiences (ACEs) have historically been studied individually, and relatively little is known about the co-occurrence of these events. The purpose of this study is to examine the degree to which ACEs co-occur as well as the nature of their co-occurrence. METHOD: We used data from 8,629 adult members of a health plan who completed a survey

about 10 ACEs which included: childhood abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, and living with substance abusing, mentally ill, or criminal household members. The bivariate relationship between each of these 10 ACEs was assessed, and multivariate linear regression models were used to describe the interrelatedness of ACEs after adjusting for demographic factors. RESULTS: Two-thirds of participants reported at least one ACE; 81%-98% of respondents who had experienced one ACE reported at least one additional ACE (median: 87%). The presence of one ACE significantly increased the prevalence of having additional ACEs, elevating the adjusted odds by 2 to 17.7 times (median: 2.8). The observed number of respondents with high ACE scores was notably higher than the expected number under the assumption of independence of ACEs ( $p < .0001$ ), confirming the statistical interrelatedness of ACEs. CONCLUSIONS: The study provides strong evidence that ACEs are interrelated rather than occurring independently. Therefore, collecting information about exposure to other ACEs is advisable for studies that focus on the consequences of a specific ACE. Assessment of multiple ACEs allows for the potential assessment of a graded relationship between these childhood exposures and health and social outcomes.

Donker GA, Fleming DM, Schellevis FG, Spreeuwenberg P. Differences in treatment regimes, consultation frequency and referral patterns of diabetes mellitus in general practice in five European countries. *Fam Pract* 2004; 21(4):364-9.

Abstract: BACKGROUND: In many European countries, maturity onset diabetes mellitus (DM) is to a large extent managed in general practice. OBJECTIVE: Our aim was to compare management of DM in general practice in five European countries in order to contribute to international guidelines on the management of DM by GPs. METHODS: Routine monitoring of patients presenting with DM was performed during a 12 month period (1999-2000) to GPs in established sentinel practice surveillance networks in five European countries (Belgium, Croatia, England, Spain and The Netherlands). Results were stratified by age and country. RESULTS: The proportion of patients treated by diet only varied from 13% (The Netherlands) to 25% (Spain); diet and oral antidiabetics from 51% (England) to 62% (Belgium); a combination of diet and insulin varied from 15% (Belgium and Croatia) to 26% (The Netherlands); and a combination of diet, oral antidiabetics and insulin was <10% in all countries. In the older age groups, insulin is prescribed most frequently in The Netherlands. Spain and Croatia show high consultation rates for DM; England and The Netherlands show low rates. Referral percentages vary considerably between countries (highest in Croatia). CONCLUSIONS: National differences found included the use of insulin in the elderly, the consultation frequency in general

- practice and the referral rate to ophthalmologist and diabetic specialists. Further quantitative and qualitative studies are needed to explore the needs for support in diabetes management in general practice in Europe.
- Donohoe M. The evidence base for shaken baby syndrome: meaning of signature must be made explicit. *BMJ* 2004; 329(7468):741; author reply 741.
- Donohoe M. Evidence-based medicine and shaken baby syndrome: part I: literature review, 1966-1998. *Am J Forensic Med Pathol* 2003; 24(3):239-42.
- Donoso E. [Inequalities in infant mortality in Santiago]. *Rev Med Chil* 2004; 132(4):461-6. Abstract: BACKGROUND: Social and economical inequalities have an adverse effect on infant mortality. AIM: To test if the poorest communities of Santiago have the highest rates of infant mortality. MATERIAL AND METHODS: Variables were obtained from the year 2000 Vital Statistics yearbook and the National Socioeconomic Characterization inquiry. Infant mortality was correlated with the mean income of households, the population below the threshold of poverty and the unemployed population of the 32 municipalities of the Santiago Province. The ratio and the difference in mortality rates between the communities with the higher and lower incomes and the attributable population risk for infant mortality in the Province of Santiago was calculated. RESULTS: Infant mortality was positively correlated with the population below the threshold of poverty ( $r=0.383$ ;  $p=0.03$ ) and the unemployed population ( $r=0.437$ ;  $p=0.012$ ) and inversely correlated with the mean household income ( $r=-0.522$ ;  $p=0.002$ ). Infant mortality in the poorest community was 2.2 times higher than in the richest one. The difference in rates was 6.6/1000 live births. The attributable population risk determined that it is possible to reduce infant death by 57.8%. CONCLUSIONS: In the Province of Santiago, the poorest communities have the highest infant mortality.
- Donovan SJ, Nunes EV, Stewart JW *et al.* "Outer-directed irritability": a distinct mood syndrome in explosive youth with a disruptive behavior disorder? *J Clin Psychiatry* 2003; 64(6):698-701. Abstract: OBJECTIVE: To examine whether "outer-directed irritability," a mood construct from the adult literature, characterizes a subgroup of disruptive behavior disordered children and adolescents previously shown to improve on divalproex, a mood stabilizer. METHOD: A sample ( $N = 20$ ) of disruptive youth (aged 10-18 years) entering a divalproex treatment study of temper and irritable mood swings was compared to normal controls ( $N = 18$ ) on measures of aggression/irritability directed against others (externalizing symptoms) and on aggression/irritability against self, anxiety, and depression (internalizing symptoms). All patients met DSM-IV criteria for a disruptive behavior disorder (oppositional defiant disorder or conduct disorder) in addition to research criteria. RESULTS: "Outer-directed irritability" most clearly distinguished patients from controls (effect size 4.1) and did not correlate with other mood measures. Patients and controls showed no to minimal differences on internalizing symptoms. CONCLUSION: Disruptive behavior disordered children and adolescents characterized by outer-directed irritability exist, can be identified, and should be further investigated, especially since they are potentially treatable.
- Dopfner M, Rothenberger A, Sonuga-Barke E. Areas for future investment in the field of ADHD: preschoolers and clinical networks. *Eur Child Adolesc Psychiatry* 2004; 13 Suppl 1:1130-5. Abstract: BACKGROUND: Two areas ripe for future investment in the field of ADHD are identified. ADHD in the preschool years is a key area for future study and development. Many questions relating to its validity and diagnosis remain unanswered, although there is a growing demand for treatment in daily practice. The lack of conformity of diagnosis and treatment of children with ADHD in daily practice to international best-practice guidelines represent unsolved problems. Investment in ADHD networks connecting different services and different professions across European nations may help to reduce these problems. OBJECTIVE: To describe recent developments and future trends in relation to preschool ADHD and ADHD clinical network. METHODS: Selective review and interpretation of empirical data. CONCLUSION: Further studies are required to disentangle the various pathways into ADHD during preschool especially in relation to the background of early gene-environment interaction. This will improve the management of preschoolers with ADHD especially in the area of prevention and risk reduction. There will be an increasing demand for networks for the diagnosis and treatment of children with ADHD.
- Dormitzer CM, Gonzalez GB, Penna M *et al.* The PACARDO research project: youthful drug involvement in Central America and the Dominican Republic. *Rev Panam Salud Publica* 2004; 15(6):400-16. Abstract: OBJECTIVE: To estimate the occurrence and school-level clustering of drug involvement among school-attending adolescent youths in each of seven countries in Latin America, drawing upon evidence from the PACARDO research project, a multinational collaborative epidemiological research study. METHODS: During 1999-2000, anonymous self-administered questionnaires on drug involvement and related behaviors were administered to a cross-sectional, nationally representative sample that included a total of 12,797 students in the following seven countries: Costa Rica ( $n = 1,702$ ), the Dominican

Republic (n = 2,023), El Salvador (n = 1,628), Guatemala (n = 2,530), Honduras (n = 1,752), Nicaragua (n = , 419), and Panama (n = 1,743). (The PACARDO name concatenates PA for Panama, CA for Centroamerica, and RDO for Republica Dominicana). Estimates for exposure opportunity and actual use of alcohol, tobacco, inhalants, marijuana, cocaine (crack/coca paste), amphetamines and methamphetamines, tranquilizers, ecstasy, and heroin were assessed via responses about questions on age of first chance to try each drug, and first use. Logistic regression models accounting for the complex survey design were used to estimate the associations of interest. RESULTS: Cumulative occurrence estimates for alcohol, tobacco, inhalants, marijuana, and illegal drug use for the overall sample were, respectively: 52%, 29%, 5%, 4%, and 5%. In comparison to females, males were more likely to use alcohol, tobacco, inhalants, marijuana, and illegal drugs; the odds ratio estimates were 1.3, 2.1, 1.6, 4.1, and 3.2, respectively. School-level clustering was noted in all countries for alcohol and tobacco use; it was also noted in Costa Rica, El Salvador, Guatemala, and Panama for illegal drug use. CONCLUSIONS: This report sheds new light on adolescent drug experiences in Panama, the five Spanish-heritage countries of Central America, and the Dominican Republic, and presents the first estimates of school-level clustering of youthful drug involvement in these seven countries. Placed in relation to school survey findings from North America and Europe, these estimates indicate lower levels of drug involvement in these seven countries of the Americas. For example, in the United States of America 70% of surveyed youths had tried alcohol and 59% had smoked tobacco. By comparison, in these seven countries, only 51% have tried alcohol and only 29% have smoked tobacco. Future research will help to clarify explanations for the observed variations across different countries of the world. In the meantime, strengthening of school-based and other prevention efforts in the seven-country PACARDO area may help these countries slow the spread of youthful drug involvement, reduce school-level clustering, and avoid the periodic epidemics of illegal drug use that have been experienced in North America.

Douglas M, Archer P. Shaken baby syndrome-related traumatic brain injuries: statewide surveillance findings. *J Okla State Med Assoc* 2004; 97(11):487-90.

Douglas MJ, Conway L, Gorman D, Gavin S, Hanlon P. Developing principles for health impact assessment. *J Public Health Med* 2001; 23(2):148-54. Abstract: BACKGROUND: Policies and practice in many sectors affect health. Health impact assessment (HIA) is a way to predict these health impacts, in order to recommend improvements in policies to improve health. There has been debate about appropriate methods for this work. The Scottish Executive funded the Scottish Needs Assessment Programme to conduct

two pilot HIAs and from these to develop guidance on HIA. METHODS: Case study 1 compared three possible future scenarios for developing transport in Edinburgh, based on funding levels. It used a literature review, analysis of local data and the knowledge and opinions of key informants. Impacts borne by different population groups were compared using grids. Case study 2 assessed the health impacts of housing investment in a disadvantaged part of Edinburgh, using published literature, focus groups with community groups and interviews with professionals. RESULTS: Disadvantaged communities bore more detrimental effects from the low transport investment scenario, in the areas of: accidents; pollution; access to amenities, jobs and social contacts; physical activity; and impacts on community networks. The housing investment had greatest impact on residents' mental health, by reducing overcrowding, noise pollution, stigma and fear of crime. CONCLUSION: Although there is no single 'blueprint' for HIA that will be appropriate for all circumstances, key principles to inform future HIA were defined. HIA should be systematic; involve decision-makers and affected communities; take into account local factors; use evidence and methods appropriate to the impacts identified and the importance and scope of the policy; and make practical recommendations.

Douyon R, HERNS Marcelin L, Jean-Gilles M, Page JB. Response to trauma in Haitian youth at risk. *J Ethn Subst Abuse* 2005; 4(2):115-38. Abstract: In order to characterize undesirable behavior (drug use, fighting, criminal activity) among Haitian youth at risk and determine the relationship between traumatic experience and that kind of behavior, investigators recruited 292 Haitian youths via networks of informal social relations in two zones of Miami/Dade County strongly identified with Haitian ethnicity. Each recruit responded to an interview schedule eliciting sociodemographic information and self-reported activities, including involvement in youth-dominated groups. They also reported traumatic experience. Clinicians administered CAPS to a subset of those respondents who self reported traumatic experience. Staff ethnographers selected respondents for in-depth interviews and family studies to provide contextual depth for findings of the interview schedule and the CAPS assessments. Although traumatic experience may still play a role in mental health outcomes among children, childhood victimization among Haitian children does not appear to be related to the drug use and undesirable behaviors associated with unsupervised youth, including formation of gangs.

Dowdell EB. Grandmother caregiver reactions to caring for high-risk grandchildren: I could write a book. *J Gerontol Nurs* 2005; 31(6):31-7. Abstract: During the past decade there has been an increase in the prevalence of grandmothers raising their grandchildren because of parental drug use and child

neglect and maltreatment in the United States. A study was designed and conducted to examine the relationship between caregiver burden and caregiver physical health for grandmothers raising their high-risk grandchildren. The sample consisted of 104 grandmothers. The findings indicated that caregiver physical health correlated strongly with level of burden and financial status. Further analysis suggests physical health variables had an observable impact on caregiver burden. Because this study indicates, from descriptive and correlational statistics, that the well-being of the grandmother and grandchild are both linked to the grandmother's physical health, there are numerous nursing interventions that may support a positive outcome for both. The provision of emotional and psychosocial support, coupled with health education and periodic health evaluations, are known to improve a grandmother's perception of her own health. Nurses can use the measures of caregiver burden to develop care plans targeting the health issues most likely to improve a grandmother's functional ability to remain the primary caregiver for a high-risk grandchild.

Downie RS. Research on dead infants. *Theor Med Bioeth* 2003; 24(2):161-75.

Notes: GENERAL NOTE: KIE: 22 refs.; 23 fn.  
GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors

Abstract: This paper examines the ethical problems that arise when research is carried out after autopsy on dead infants. It compares the right of parents against that of the public interest in matters of research on dead minors. The basis for the respect that is widely accorded to the body of a dead person is examined and is shown to ground the parental interest. A discussion of the nature of the family suggests that 'informed consent' is not the best term to apply to the process of parental consultation. Some reasons are provided against using this term in the context in which bereaved parents are consulted about autopsy and research on their dead infants. It is suggested that a term such as 'authorize' might better apply to this situation.

Downing A, Cotterill S, Wilson R. The epidemiology of assault across the West Midlands. *Emerg Med J* 2003; 20(5):434-7.

Abstract: OBJECTIVES: The purpose of this study is to look at accident and emergency (A&E) attendances and admissions after assault in the West Midlands NHS region across a wide range of acute units. METHODS: This study used data from two sources, the A&E Minimum Data Set and the Hospital Episode Statistics database. Analyses were based on data from 12 of the 21 acute trusts in the West Midlands NHS region for the period 1 April 1999 to 31 March 2000. RESULTS: Analyses were performed on 15 969 A&E attendances and 1596 admissions. Some 67.4% of attenders and 84.2% of those admitted were male. The mean age of the patients was between 27 and 29 years. Attendance

peaked between 2100 and 0259, especially on Friday and Saturday night. The most common injury was to the head. Some 75.3% of A&E attenders were discharged home. The average stay in hospital was two days and six deaths were recorded. Those living in the most deprived areas were nearly four times more likely to be admitted than those in the least deprived areas (175.9 per 1000 compared with 45.1 per 1000). CONCLUSIONS: This study shows assault is predominately a male phenomenon, worst in the evenings and at weekends, and is positively related to deprivation. It is probable that the levels recorded will be an underestimate, however with some additions to the information collected hospital records could create the basis for a comprehensive surveillance system.

Dozor J. Loss and the midwifery community. *Midwifery Today Int Midwife* 2002; (61):46.

Draper ES, Manktelow BN, McCabe C, Field DJ. The potential impact on costs and staffing of introducing clinical networks and British Association of Perinatal Medicine standards to the delivery of neonatal care. *Arch Dis Child Fetal Neonatal Ed* 2004; 89(3):F236-40.

Notes: CORPORATE NAME: British Association of Perinatal Medicine

Abstract: OBJECTIVE: To produce models to estimate the impact of introducing clinical networks and the 2001 BAPM standards to the delivery of neonatal care. DESIGN: Prospective observational study using a geographically defined population and data collected by questionnaire on staffing levels and cot availability. SETTING: Trent Health Region UK. SUBJECTS: All infants born to Trent resident mothers at or before 32 weeks gestation between 1 January 1998 and 31 December 1999. Staffing numbers and cot availability for neonatal care in 2001. METHODS: A modelling exercise was carried out using information for all neonatal admissions for Trent resident infants. Three models were investigated: (a). the current care provision; (b). a network where three lead centres provided the intensive care for the region and the remaining units provided either high dependency or special care alone; (c). a network where six lead centres provided the intensive care for the region and the remaining units provided either high dependency or special care alone. Overall costings, staffing levels, and cot requirements were calculated for each model. Data on staffing levels and cot availability were used to calculate current care provision costings. RESULTS: The current cost of running the service is approximately pound 33.35 million, although a proportion of nursing posts are currently unfilled. Estimates for the introduction of a three centre model meeting BAPM 2001 standards range from pound 37.31 to pound 43.40 million. Equivalent figures for the six centre model were: pound 36.32 to pound 42.62 million. Approximately 370 and 230 babies a year would be involved in transfer in the three and six

centre models respectively. This is in contrast with 374 and 368 urgent transfers that actually took place in 1998 and 1999 respectively. CONCLUSION: The costs associated with the introduction of managed clinical networks and meeting BAPM standards of care are not excessive, especially when considered against the likely implementation timetable of perhaps 7-10 years. Attracting and retaining sufficient staff will pose the major challenge.

Drenning MG. A vacated appellate opinion begs the question: are municipalities liable to provide competent EMT services? *Health Care Law Mon* 2002; 9-14.

Dresser R. Standards for family decisions: replacing best interests with harm prevention. *Am J Bioeth* 2003; 3(2):54-5.

Notes: GENERAL NOTE: KIE: 4 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Drummond J, Fleming D, McDonald L, Kysela GM. Randomized controlled trial of a family problem-solving intervention. *Clin Nurs Res* 2005; 14(1):57-80. Abstract: Adaptive problem solving contributes to individual and family health and development. In this article, the effect of the cooperative family learning approach (CFLA) on group family problem solving and on cooperative parenting communication is described. A pretest or posttest experimental design was used. Participant families were recruited from Head Start programs and exhibited two or more risk factors. Participant preschool children were screened to have two or more developmental delays. Direct behavioral observation measures were used to determine group family problem solving and cooperative parenting communication outcomes. Few group family problem-solving behaviors were coded, and they displayed little variability. However, intervention parents increased the length of time they played and extended the cooperative parent-child interactions. The evidence shows that CFLA has the potential to enhance parental-modeling of cooperative behavior while engaged in play activities with preschoolers. Direct measurement of group family problem solving was difficult. Solutions are suggested.

Drummond JE, Weir AE, Kysela GM. Home visitation practice: models, documentation, and evaluation. *Public Health Nurs* 2002; 19(1):21-9. Abstract: This article presents an evaluation of an in-home support program for at-risk mothers and their children. The program was multidisciplinary and was focused on development of parenting capacity and child-development competencies. The authors examine issues and problems that resulted from the blending of two models of practice-stabilization/crisis intervention and early intervention/health promotion-and describe the outcome-based evaluation that was used to assess initial and ongoing child development, parent-child

interaction, family environment, and social support. When documentation and evaluation of practice and its effect on outcomes proved a considerable challenge, the authors developed a classification system to describe practice in three areas: situations addressed, interventions used, and referrals made. The article describes challenges surrounding program development, implementation, and evaluation.

Drummond JE, Weir AE, Kysela GM. Home visitation programs for at-risk young families. A systematic literature review. *Can J Public Health* 2002; 93(2):153-8.

Abstract: BACKGROUND: This systematic literature review is stimulated by the perceived need of investigator, practice and policy stakeholders for a complete but parsimonious summary of key elements of programs that use home visitation for at-risk young families as the major delivery method. OBJECTIVES: To describe the program components, practices, outcomes, and reliability of the evaluation approaches. METHODS: Computer and hand searches of literature were carried out. Reports of established programs, from the last five years, that describe home visitation services to at-risk families were included. A comprehensive data collection tool was used in the analysis of the findings. FINDINGS: Improvements over the previous five years were seen in the following areas: use of early intervention model, inclusion of comparison groups and adequate sampling. DISCUSSION: Challenges remain in development, targeting and reporting of home visitation practice, overall lack of impact, differential effects by program site, retention of participants and appropriate measurement.

Dryfoos J. Full-service community schools: a strategy--not a program. *New Dir Youth Dev* 2005; (107):7-14, table of contents.

Abstract: The concept that drives the emerging full-service community school movement is this: Schools cannot address all the problems and needs of disadvantaged children, youth, and families. Community schools are operated jointly by school systems and community agencies, are open extended hours, and may provide the site for after-school programs, primary-care health services, mental health counseling, parent education and involvement, and community development. No two community schools are alike. They grow out of a planning process that involves all stakeholders, school personnel, community-based organizations, city and county government, parents, and students. The Quitman Street Community School in Newark, New Jersey, exemplifies this approach.

Dube SR, Anda RF, Felitti VJ, Edwards VJ, Croft JB. Adverse childhood experiences and personal alcohol abuse as an adult. *Addict Behav* 2002; 27(5):713-25.

Abstract: Adult alcohol abuse has been linked to childhood abuse and family dysfunction. However, little information is available about the contribution of multiple adverse childhood experiences (ACEs) in combination with parental alcohol abuse, to the risk of later alcohol abuse. A questionnaire about childhood abuse, parental alcoholism and family dysfunction while growing up was completed by adult HMO members in order to retrospectively assess the independent relationship of eight ACEs to the risk of adult alcohol abuse. The number of ACEs was used in stratified logistic regression models to assess their impact on several adult alcohol problems in the presence or absence of parental alcoholism. Each of the eight individual ACEs was associated with a higher risk alcohol abuse as an adult. Compared to persons with no ACEs, the risk of heavy drinking, self-reported alcoholism, and marrying an alcoholic were increased twofold to fourfold by the presence of multiple ACEs, regardless of parental alcoholism. Prevention of ACEs and treatment of persons affected by them may reduce the occurrence of adult alcohol problems.

Dube SR, Felitti VJ, Dong M, Giles WH, Anda RF. The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Prev Med* 2003; 37(3):268-77. Abstract: BACKGROUND: We examined the relationship of the number of adverse childhood experiences (ACE score) to six health problems among four successive birth cohorts dating back to 1900 to assess the strength and consistency of these relationships in face of secular influences the 20th century brought in changing health behaviors and conditions. We hypothesized that the ACE score/health problem relationship would be relatively "immune" to secular influences, in support of recent studies documenting the negative neurobiologic effects of childhood stressors on the developing brain. METHODS: A retrospective cohort study of 17,337 adult health maintenance organization (HMO) members who completed a survey about childhood abuse and household dysfunction, as well as their health. We used logistic regression to examine the relationships between ACE score and six health problems (depressed affect, suicide attempts, multiple sexual partners, sexually transmitted diseases, smoking, and alcoholism) across four successive birth cohorts: 1900-1931, 1932-1946, 1947-1961, and 1962-1978. RESULTS: The ACE score increased the risk for each health problem in a consistent, strong, and graded manner across four birth cohorts ( $P < 0.05$ ). For each unit increase in the ACE score (range: 0-8), the adjusted odds ratios (ORs) for depressed affect, STDs, and multiple sexual partners were increased within a narrow range (ORs: 1.2-1.3 per unit increase) for each of the birth cohorts; the increase in risk for suicide attempts was stronger but also in a narrow range (ORs: 1.5-1.7). CONCLUSIONS: Growing up with ACEs increased the risk of numerous health behaviors and

outcomes for 20th century birth cohorts, suggesting that the effects of ACEs on the risk of various health problems are unaffected by social or secular changes. Research showing detrimental and lasting neurobiologic effects of child abuse on the developing brain provides a plausible explanation for the consistency and dose-response relationships found for each health problem across birth cohorts, despite changing secular influences.

Dubois CM, Gianella D, Chaves-Vischer V, Haenggeli CA, Deonna T, Roulet Perez E. Speech delay due to a prelinguistic regression of epileptic origin. *Neuropediatrics* 2004; 35(1):50-3. Abstract: A 2-year-old boy presented with an early form of benign partial epilepsy with centro-temporal spikes (BCERS) and a severe speech delay. Family video analysis revealed an early regression of babbling and stagnation since the age of 12 months. Complete recovery occurred with anti-epileptic treatment. The deficit corresponded to a transient speech apraxia attributed to an epileptic disconnection of networks coordinating speech articulation. This observation is, to the best of our knowledge, the first demonstration that delayed emergence of language can be due to an epileptic dysfunction interfering with prelinguistic skills and therefore mimicking a developmental delay.

DuBois DL, Silverthorn N. Do deviant peer associations mediate the contributions of self-esteem to problem behavior during early adolescence? A 2-year longitudinal study. *J Clin Child Adolesc Psychol* 2004; 33(2):382-8. Abstract: We investigated deviant peer associations as a mediator of the influences of general and peer-oriented self-esteem on problem behavior using data from a 2-year longitudinal study of 350 young adolescents. Measures of problem behavior included substance use (alcohol use, smoking) and antisocial behavior (fighting, stealing). Using latent growth curve modeling and covariance structure analysis, an extension of a model proposed by DuBois et al. (2002) was evaluated for each type of problem behavior. Findings revealed that lower general self-esteem and greater peer orientation in self-esteem each predicted deviant associations with peers and that deviant peer associations, in turn, were associated with higher levels and rates of change in problem behavior. Deviant peer associations mediated the associations of general and peer-oriented self-esteem with levels and rates of change in problem behavior such that direct paths from self-esteem to problem behavior generally were nonsignificant.

Dubow SR, Giardino AP, Christian CW, Johnson CF. Do pediatric chief residents recognize details of prepubertal female genital anatomy: a national survey. *Child Abuse Negl* 2005; 29(2):195-205. Abstract: OBJECTIVE: To evaluate how well a group

of recently trained pediatric chief residents could label anatomic structures on two different photographs of female prepubertal genitalia. Additionally, the study sought to explore aspects of pediatric training in sexual abuse and clinical practice issues surrounding the routine genital examination. **METHOD:** A 38-item questionnaire was mailed to pediatric chief residents at all of the officially listed pediatric residency-training programs in the continental US. Comparisons were made between this study and the responses to two previous surveys, which asked a more heterogeneous group of physicians to label one of the photographs used in the study. The second photograph was added because of its improved clarity of each anatomic structure when compared to the first photograph used in the previous studies. The study also asked about clinical practice issues surrounding the prepubertal genital examination. **RESULTS:** An overall response rate of 73% was achieved and analysis was done on 139 respondents. One-half of chief residents thought that their training during residency on sexual abuse was inadequate for practice. Sixty-four percent of chief residents correctly labeled the hymen on the photograph used in the previous studies, which was not significantly different from the 62% and 59% of physicians who correctly labeled the hymen in the previous surveys. In the second photograph, which more clearly displayed the various anatomic structures, 71% correctly labeled the hymen. **CONCLUSION:** Pediatric chief residents reported variable amounts of training on issues pertaining to child sexual abuse during residency, think that this time was inadequate, and, while doing slightly better than a more diverse group of previously studied physicians, did not achieve 100% accuracy in identifying basic genital structures correctly on two different photographs.

Dubowitz H, Lane W, Ross K, Vaughan D. The involvement of low-income African American fathers in their children's lives, and the barriers they face. *Ambul Pediatr* 2004; 4(6):505-8. **Abstract:** **OBJECTIVE:** To examine the involvement of fathers in the lives of low-income African American 8-year-old children, and the barriers they face. **METHODS:** The sample was comprised of 117 fathers or father figures of 8-year-olds in families participating in a longitudinal study of child development and maltreatment. The men were asked a series of open-ended questions pertaining to their involvement in the children's lives. Their responses were audiotaped and transcribed. Major themes and subthemes were identified and coded on NVIVO software. **RESULTS:** The men conveyed a strong sense of commitment to the children, identifying many issues reported by white and middle class men, such as providing support and affection and teaching values and skills. They raised the need to protect the children and help take care of them when sick, some adding that they did not feel confident doing so. They saw discipline as one of their roles, but described this as difficult for them. The men

faced challenges of not having financial resources, not living with the child, and lacking knowledge or skills. **CONCLUSIONS:** This group of fathers appears to be clearly committed to their children, despite significant challenges. There are a variety of ways that pediatricians can help facilitate their positive involvement in children's lives, and they may well contribute to the health and development of such high-risk children.

Dudzinski DM, Sullivan M. When agreeing with the patient is not enough: a schizophrenic woman requests pregnancy termination. *Gen Hosp Psychiatry* 2004; 26(6):475-80.

Notes: GENERAL NOTE: KIE: 39 refs. GENERAL NOTE: KIE: KIE Bib: abortion; patient care/mentally disabled

**Abstract:** In this article, we discuss the ethical dilemma health care providers faced when Rebecca, a pregnant schizophrenic patient who lacked decision-making capacity, inconsistently requested elective pregnancy termination. When a patient's decision-making capacity is severely impaired, how does the physician balance obligations to protect the patient from harm (beneficence) while also respecting her reproductive preferences and decisions (respect for autonomy)? Rebecca suffers from polysubstance abuse and paranoid schizophrenia characterized by disorganized thought and speech, auditory hallucinations, and delusional ideas. She arrived 14+ weeks pregnant and unaccompanied at an obstetric clinic requesting an abortion. This is her second and final request. On all prior and subsequent occasions, she was either ambivalent or said she wanted to continue the pregnancy. After the consulting psychiatrist determined that she lacked decision-making capacity, steps were taken to address ethical and clinical issues. The steps included treating her schizophrenia to see if she could regain decision-making capacity; identifying a surrogate and using a shared decision-making model; and devising strategies to protect Rebecca and her fetus without resorting to excessive paternalism. Rebecca continued her pregnancy. Due to poor adherence to medical regimen and inadequate social support, Rebecca's schizophrenia was poorly controlled and she continued to use drugs during the pregnancy. She delivered a term baby who was soon removed from her custody. Despite some people's desire to protect Rebecca by complying with her request for abortion, we conclude that to do so would be ethically unjustified. To treat a decisionally impaired patient's requests for abortion as autonomous is disrespectful of the vulnerable patient because such paternalism fails to respect the patient's liberty and the surrogate's authority.

Dulac O. What is West syndrome? *Brain Dev* 2001; 23(7):447-52.

**Abstract:** The combination of axial spasms in clusters, hypsarrhythmia, and psychomotor delay beginning in

the first year of life defines West syndrome. Variants of this classical triad comprise variations of age of onset ranging from the first month to 4 years, spasms that may be asymmetrical or combined with focal seizures, asymmetrical, synchronous or fragmented hypsarrhythmia, and psychomotor function which may be delayed, deteriorated or normal. These variations mainly seem to depend on etiology, and specific patterns have been identified for the various causes. Most causes relate to non-progressive uni- or multifocal cortical lesions, although some are due to inborn errors of metabolism. Ten to 20% exhibit no evidence of brain lesion and are considered idiopathic. This condition is intermediary between epilepsy in which the disorder is limited to paroxysmal events during which time the patient returns to his prior condition, and status epilepticus in which the paroxysmal activity is not interrupted. Here, there are both paroxysmal events and a continuous non-convulsive paroxysmal activity that contributes to the deterioration. In the present understanding of pathophysiology, spasms seem to involve subcortical structures, whereas hypsarrhythmia affects cortical areas, also causing psychomotor deterioration. Deafferentation of subcortical structures by the continuous spiking and slow wave activity could account for release of autonomic activity in the basal ganglia. Cortical paroxysmal activity could be caused by age-related hyperexcitability linked to the development of cortical neuronal networks throughout infancy. The mode of action of steroid and vigabatrin therapies, the two therapies with demonstrated efficacy, can be explained on this basis.

Dumas JE, Lynch AM, Laughlin JE, Phillips Smith E, Prinz RJ. Promoting intervention fidelity. Conceptual issues, methods, and preliminary results from the EARLY ALLIANCE prevention trial. *Am J Prev Med* 2001; 20(1 Suppl):38-47. Abstract: Fidelity refers to the demonstration that an experimental manipulation is conducted as planned. In outcome research, an intervention can be said to satisfy fidelity requirements if it can be shown that each of its components is delivered in a comparable manner to all participants and is true to the theory and goals underlying the research. Demonstrating the fidelity of an intervention is a key methodologic requirement of any sound prevention trial. This paper summarizes key conceptual and methodologic issues associated with intervention fidelity, and describes the steps taken to promote fidelity in EARLY ALLIANCE, a large-scale prevention trial currently testing the effectiveness of family, peer, and school interventions to promote competence and reduce risk for conduct disorder, substance abuse, and school failure. The paper presents preliminary results (Trial Year 1) that demonstrate content and process fidelity for two of these interventions, and discusses how the EARLY ALLIANCE methodology may be generalized to address fidelity issues in other prevention studies.

Dumbill J. Widening the midwifery network. *RCM Midwives* 2005; 8(7):320.

Duncan RE, Savulescu J, Gillam L, Williamson R, Delatycki MB. An international survey of predictive genetic testing in children for adult onset conditions. *Genet Med* 2005; 7(6):390-6. Abstract: PURPOSE: Predictive genetic testing is offered to asymptomatic adults even when there is no effective prophylaxis or treatment. Testing of young people in similar circumstances is controversial, and guidelines recommend against it. We sought to document descriptive examples of the occurrence of genetic testing in young people for nonmedical reasons, in the countries where guidelines exist. METHODS: Clinical geneticists in the USA, Canada, UK, Australia, and New Zealand were surveyed about the occurrence and outcomes of testing in asymptomatic young people for conditions where no prophylaxis or treatment exists and onset is usually in adulthood. RESULTS: Of 301 responses, details were provided of 49 cases where such testing had occurred. The most common condition tested for was Huntington Disease. In 22 cases (45%), the young person tested was immature, defined as under the age of 14 years. Results were disclosed to only two immature minors and in three cases parents experienced clinically significant anxiety related to how they would pass on information to their gene positive child. In 27 cases (55%), the young person tested was mature. Results were disclosed to 26 mature minors and it was reported that two individuals experienced an adverse event. Consistent follow-up did not take place and findings represent the minimum frequency of adverse events. The majority of respondents agree with existing guidelines but many believe each case must be considered individually. CONCLUSION: Clinicians agree with existing guidelines regarding predictive testing in young people, but choose to provide tests for nonmedical reasons in specific cases.

Dunifon R, Kowaleski-Jones L. Who's in the house? Race differences in cohabitation, single parenthood, and child development. *Child Dev* 2002; 73(4):1249-64. Abstract: This study examined four questions: (1) How does family structure (specifically, single parenthood, married parent, and cohabitating parent) affect children's delinquency and math test scores? (2) Do these effects differ by race? (3) Do parenting practices mediate the links between family structure and children's outcomes? and (4) Does this mediation differ by race? Unlike some previous work in this area, the present study distinguished between the effects of single parenthood and cohabitation. Using fixed-effects techniques to control for unobserved heterogeneity between children in the various family structures, single parenthood was found to be associated with reduced well-being among European American children, but not African American children. Cohabitation was associated with greater delinquency



among African American children, and lower math scores among European American children. No evidence was found to indicate that parenting mediated the links between family structure and children's outcomes. Finally, it was found that for African American children, measures of maternal warmth and the provision of rules had direct effects on children's delinquency.

Dunn J, O'Connor TG, Cheng H. Children's responses to conflict between their different parents: mothers, stepfathers, nonresident fathers, and nonresident stepmothers. *J Clin Child Adolesc Psychol* 2005; 34(2):223-34.

Abstract: Children who have experienced parental separation have potentially 3 sets of parents whose relationships may impact on them: mother and former partner, mother and stepfather, and father and new partner. Children's accounts of their response to conflict between these different parental dyads were studied, in relation to the quality of their relationships with these parents assessed with child interviews and questionnaires, and to maternal reports of the children's adjustment, in a sample of 159 children growing up in different family settings. Involvement in conflict within 1 parental dyad was chiefly unrelated to such involvement in conflict between the other parental dyads. In contrast, there was evidence for "spillover" effects in relationships within families; for instance, high frequencies of conflict between parents were linked to more troubled parent-child relationships. Children were more likely to side with the parent to whom they were biologically related than with stepparents. Involvement in mother-nonresident father conflict and in mother-stepfather conflict were both associated with adjustment problems, independent of the qualities of positivity and conflict in the relationship between child and parent. Implications for views on "family boundaries" are considered.

Dunne MP, Najman JM. Is dyspareunia unrelated to early sexual abuse? *Arch Sex Behav* 2005; 34(1):28-30, 57-61; author reply 63-7.

Dwyer SB, Nicholson JM, Battistutta D. Population level assessment of the family risk factors related to the onset or persistence of children's mental health problems. *J Child Psychol Psychiatry* 2003; 44(5):699-711.

Abstract: **BACKGROUND:** Despite their great potential to inform intervention planning, screening instruments that assess children's exposure to multiple, non-behavioural risk factors are rare. The Family Risk Factor Checklist-Parent (FRFC-P), was designed to facilitate community risk factor profiling and subsequent intervention planning. The aims of the current study were to establish the psychometric properties of the FRFC-P and to examine the relative importance of family risk factors in relation to the

onset versus persistence of children's mental health problems. **METHOD:** Data were collected from 1022 parents of 4-8-year-old children as part of the Promoting Adjustment in Schools Project (PROMAS). The FRFC-P assessed children's exposure to risk across five domains: adverse life events and instability (ALI); family structure and SES (SES); parenting practices (PAR); parental verbal conflict and mood problems (VCM); and parental antisocial and psychotic behaviour (APB). **RESULTS:** The FRFC-P had satisfactory test-retest reliability and construct validity, but modest internal consistency. Risk assessed by the PAR domain was the most important determinant of mental health problem onset, while the PAR, VCM, and APB domains were the strongest predictors of mental health problem persistence. **CONCLUSIONS:** These findings highlight the importance of considering risk factors for onset separately from risk factors for persistence of mental health problems and indicate that the studied population may benefit the most from preventive interventions that address parenting practices and treatment interventions that address parenting practices, and parental mood problems, conflict, antisocial behaviour, and psychiatric disorders.

Dye T, Wojtowycz M, Applegate M, Aubry R. Women's willingness to share information and participation in prenatal care systems. *Am J Epidemiol* 2002; 156(3):286-91.

Abstract: With the expanded use of computerized databases to gather information, a concomitant interest in using databases for public health purposes has developed. The authors investigated correlates of consenting to participate in such databases. The Regional Perinatal Data System combines electronic birth certificate information with questions asked of all women delivering a livebirth. Each woman is asked to consent to share information with 1) her obstetric provider, 2) her infant's pediatric provider, and 3) an immunization registry. From 1996 to 1999, women who responded to the consent question and whose livebirth did not result in death or adoption were included. Odds ratios with 95% confidence intervals denoted the magnitude of association for refusing consent. Women who were "self-pay" (odds ratio = 2.0, 95% confidence interval: 1.7, 2.4), foreign born (odds ratio = 1.9, 95% confidence interval: 1.7, 2.1), and aged 40 or more years (odds ratio = 2.0, 95% confidence interval: 1.6, 2.3) were more likely to refuse to share data. Women eligible for but not participating in the Special Supplemental Nutrition Program for Women, Infants, and Children were significantly more likely to not share their information with others (odds ratio = 1.5, 95% confidence interval: 1.3, 1.6), after controlling for confounders. Refusing to share information with other sources is not random, and women refusing consent often do not participate in publicly available programs.

Dyer C. Diagnosis of "shaken baby syndrome" still valid, appeal court rules. *BMJ* 2005; 331(7511):253.

Dyer O. GMC to investigate pathologist who failed to notice adopted infant's injuries. *BMJ* 2003; 327(7416):640.

Dykes F. 'Supply' and 'demand': breastfeeding as labour. *Soc Sci Med* 2005; 60(10):2283-93.  
Abstract: This paper presents findings from a recent critical ethnographic study conducted in two maternity units in England, UK. The study explored the influences upon 61 women's experiences of breastfeeding within the postnatal ward setting. Participant observations of 97 encounters between midwives and postnatal women, 106 focused interviews with postnatal women and 37-guided conversations with midwives were conducted. Basic, organising and global themes were constructed utilising thematic networks analysis. The metaphor of the production line, with its notions of demand and efficient supply, illustrated the experiences of breastfeeding women. They conceptualised breastfeeding as a 'productive' project, yet expressed deep mistrust in the efficacy of their bodies. Their emphasis centred upon breast milk as nutrition rather than relationality and breastfeeding. Women referred to the demanding and unpredictable ways in which their baby breached their temporal and spatial boundaries. They sought strategies to cope with the uncertainty of this embodied experience in combination with their concerns regarding returning to a 'normal' and 'productive' life. The hospital setting and health worker practices played a contributing and reinforcing role. The paper discusses ways of re-establishing trust in women's bodies and breastfeeding, while respecting difference and diversity. It argues for embracing the concepts of embodiment and relationality whilst avoiding a return to essentialism. This requires collective efforts to erode deeply embedded cultural understandings of women's bodies centering upon disembodied and efficient production.

Dykes F, Moran VH, Burt S, Edwards J. Adolescent mothers and breastfeeding: experiences and support needs--an exploratory study. *J Hum Lact* 2003; 19(4):391-401.  
Abstract: The experiences and support needs of adolescent mothers who commenced breastfeeding were elicited using focus groups and in-depth semistructured interviews. The study took place in the North West of England, UK. The qualitative data were analyzed using thematic networks analysis. Five themes related to experiences emerged: feeling watched and judged, lacking confidence, tiredness, discomfort, and sharing accountability. A further 5 themes were developed to describe the adolescents' support needs: emotional support, esteem support, instrumental support, informational support, and network support. These forms of support were most effective when provided together in a synergistic way

and within a trusting relationship. Key supporters identified were the mother's mother, the partner, and the midwife employed in a teenage pregnancy coordinator role. Health professionals need to further explore the ways in which relationships may be developed and sustained that provide the range of support required by adolescent mothers to enable them to continue breastfeeding.

East PL, Khoo ST. Longitudinal pathways linking family factors and sibling relationship qualities to adolescent substance use and sexual risk behaviors. *J Fam Psychol* 2005; 19(4):571-80.

Abstract: This 3-wave, 5-year longitudinal study tested the contributions of family contextual factors and sibling relationship qualities to younger siblings' substance use, sexual risk behaviors, pregnancy, and sexually transmitted disease. More than 220 non-White families participated (67% Latino and 33% African American), all of which involved a younger sibling (133 girls and 89 boys; mean age = 13.6 years at Time 1) and an older sister (mean age = 17 years at Time 1). Results from structural equation latent growth curve modeling indicated that qualities of the sibling relationship (high older sister power, low warmth/closeness, and low conflict) mediated effects from several family risks (mothers' single parenting, older sisters' teen parenting, and family's receipt of aid) to younger sibling outcomes. Model results were generally stronger for sister-sister pairs than for sister-brother pairs. Findings add to theoretical models that emphasize the role of family and parenting processes in shaping sibling relationships, which, in turn, influence adolescent outcomes.

Edleson JL, Daro D, Pinderhughes H. Finding a common agenda for preventing child maltreatment, youth violence, and domestic violence. *J Interpers Violence* 2004; 19(3):279-81.

Edward HG, Evers S. Benefits and barriers associated with participation in food programs in three low-income Ontario communities. *Can J Diet Pract Res* 2001; 62(2):76-81.

Abstract: Our objective was to identify the benefits and barriers associated with participation in food programs. We did a content analysis of focus groups with parents (n=21), teachers (n=10), project staff (n=21), and children (n=17) in three low-income Ontario communities. The key benefits identified by the three adult groups were hunger alleviation and social contact opportunities for both parents and children. Parents also benefited from volunteering with and/or participating in food programs because neighbourhood support networks developed. Teachers reported that children who attended breakfast programs became more attentive in school. The food programs also provided an opportunity for nutrition education. Offering food as part of all community programs (not

just those designed to increase food availability) encouraged participation and increased attendance. Children thought that attending food programs kept them healthy, and helped them work harder in school. Parents' pride was the main barrier to participation in programs; however, parents who were actively involved in program delivery did not feel stigmatized accepting food. To encourage participation, nutrition professionals should collaborate with local residents to develop and implement community-based food programs.

Edwards C, Dunham DN, Ries A. Our-component model for counseling clients with traumatic childhood abuse. *Psychol Rep* 2003; 93(1):143-50. Abstract: To treat the effects of traumatic childhood abuse effectively, we propose a model which incorporates information from neurophysiological, psychoeducational, cognitive, and social work literature. The four components of the model reflect the broad range of explanations for pathology posed by researchers and also support the breadth of interventions available for use with survivors of childhood abuse. The model relies on individualized assessment and treatment related to the physiological response to abuse, faulty learning, cognitive and psychological problems, and social effects of abuse. This model contributes to the literature by providing a comprehensive framework complementary to many theoretical orientations, is useful across the helping disciplines, and appropriate in multidisciplinary settings.

Edwards VT, Giaschi DE, Dougherty RF *et al.* Psychophysical indexes of temporal processing abnormalities in children with developmental dyslexia. *Dev Neuropsychol* 2004; 25(3):321-54. Abstract: Children with dyslexia and children progressing normally in reading performed several perceptual tasks to determine (a) the psychophysical measures that best differentiate children with dyslexia from children with average reading abilities; (b) the extent of temporal processing deficits in a single, well-defined group of children with dyslexia; and (c) the co-occurrence of visual and auditory temporal processing deficits in children with dyslexia. 4 of our 12 psychophysical tasks indicated differences in temporal processing ability between children with dyslexia and children with good reading skills. These included 2 auditory tasks (dichotic pitch perception and FM tone discrimination) and 2 visual tasks (global motion perception and contrast sensitivity). The battery of 12 tasks successfully classified 80% of the children into their respective reading-level groups. Within the group of children with dyslexia who had temporal processing deficits, most were affected in either audition or vision; few children were affected in both modalities. The observed deficits suggest that impaired temporal processing in dyslexia is most evident on tasks that require the ability to synthesize local, temporally

modulated inputs into a global percept and the ability to extract the resultant global percept from a noisy environment.

Eftekhari B, Mohammad K, Ardebili HE, Ghodsi M, Ketabchi E. Comparison of artificial neural network and logistic regression models for prediction of mortality in head trauma based on initial clinical data. *BMC Med Inform Decis Mak* 2005; 5(1):3. Abstract: BACKGROUND: In recent years, outcome prediction models using artificial neural network and multivariable logistic regression analysis have been developed in many areas of health care research. Both these methods have advantages and disadvantages. In this study we have compared the performance of artificial neural network and multivariable logistic regression models, in prediction of outcomes in head trauma and studied the reproducibility of the findings. METHODS: 1000 Logistic regression and ANN models based on initial clinical data related to the GCS, tracheal intubation status, age, systolic blood pressure, respiratory rate, pulse rate, injury severity score and the outcome of 1271 mainly head injured patients were compared in this study. For each of one thousand pairs of ANN and logistic models, the area under the receiver operating characteristic (ROC) curves, Hosmer-Lemeshow (HL) statistics and accuracy rate were calculated and compared using paired T-tests. RESULTS: ANN significantly outperformed logistic models in both fields of discrimination and calibration but under performed in accuracy. In 77.8% of cases the area under the ROC curves and in 56.4% of cases the HL statistics for the neural network model were superior to that for the logistic model. In 68% of cases the accuracy of the logistic model was superior to the neural network model. CONCLUSIONS: ANN significantly outperformed the logistic models in both fields of discrimination and calibration but lagged behind in accuracy. This study clearly showed that any single comparison between these two models might not reliably represent the true end results. External validation of the designed models, using larger databases with different rates of outcomes is necessary to get an accurate measure of performance outside the development population.

Egle UT, Ecker-Egle ML, Nickel R, van Houdenhove B. [Fibromyalgia as a dysfunction of the central pain and stress response]. *Psychother Psychosom Med Psychol* 2004; 54(3-4):137-47. Abstract: Fibromyalgia is often understood as a syndrome mainly characterised by widespread pain and tenderness and "unexplained" etiology and pathogenesis. In the last years evidence is growing that biological as well as psychosocial stress play a pathogenetic key-role. Beginning with the general function and development of the stress response system the actual knowledge of its relationship with central pain-processing mechanisms is reviewed. Early adverse childhood experiences can impair the function

of the stress system all over the lifespan. Subsequently, research evidence for the role of stress in the etiopathogenesis of fibromyalgia is summarised. Psychological as well as psychobiological consequences are outlined. Finally, an integrative model of fibromyalgia is proposed, which may put several pieces of a biopsychosocial puzzle together. This model offers an approach for the differentiation of subgroups and a clinical orientation for developing an adequate therapy for the individual patient.

Egle UT, Hardt J, Nickel R, Kappis B, Hoffmann SO. [Long-term effects of adverse childhood experiences - Actual evidence and needs for research1/2]. *Z Psychosom Med Psychother* 2002; 48(4):411-34. Abstract: There is evidence from some prospective and several retrospective studies that early biological and psychosocial stress in childhood is associated with long-term vulnerability to various mental and physical diseases. In the last few years research findings have accumulated on those emotional, behavioural and psychobiological factors which are responsible for the mediation of these lifelong consequences. They are the cause of an increased risk of somatization and other mental disorders. Particularly anxiety, depression and personality disorders often result in high-risk behaviour that itself is associated with physical disease (cardiovascular disorders, stroke, viral hepatitis, type 2 diabetes, chronic lung diseases) as well as with aggressive behaviour. A survey on the current knowledge of how these various factors interact is presented and a bio-psychopathological model of vulnerability is deduced. Implications for future research are outlined and contrasted to actual political trends in Germany.

Ehikhamenor EE, Ojo MA. Comparative analysis of traumatic deaths in Nigeria. *Prehospital Disaster Med* 2005; 20(3):197-201. Abstract: INTRODUCTION: The number of deaths due to trauma from road traffic accidents (RTAs), and from the use of firearms either for homicide or armed robbery, ethnic conflicts, and other events, such as flooding, explosions from petroleum products, and religious violence, is on the rise in Nigeria. This preliminary study is a comparative analysis of the frequency of deaths caused by RTAs and the deaths caused by the use of firearms during armed robbery. The study sought to identify the number of traumatic deaths caused by RTAs or armed robbery as well as the number of victims who sustained injuries in the process of RTA or armed robberies. METHODS: An indigenous, non-governmental organization (NGO) network was used to abstract data for the frequency of RTAs associated with death or injuries and for deaths caused by armed robberies and was supplemented with data obtained from the Nigerian police. RESULTS: For RTAs, the victims included drivers, passengers, and pedestrians. In 3,032 cases of RTAs, the total number of deaths was 1,239 (29.1%): one Nigerian dies for

every three to four crashes. The total number of deaths due to RTAs was significantly higher than was the number of deaths due to the use of firearms in commission of robbery. Police reports relative to the use of firearms during armed robberies indicate that of a total of the 652 victims who were killed, 348 (68.1%) were the armed robbers, 134 (26.2%) were bystanders, and 29 (5.7%) were policemen. CONCLUSIONS: The enormity of the problems of traumatic deaths from RTAs and armed robberies in a developing country has been highlighted.

Ehlers CL, Wall TL, Garcia-Andrade C, Phillips E. Visual P3 findings in Mission Indian youth: relationship to family history of alcohol dependence and behavioral problems. *Psychiatry Res* 2001; 105(1-2):67-78. Abstract: Native Americans have some of the highest rates of alcohol abuse and dependence, yet risk factors for problem drinking remain relatively unknown. The amplitude of the P3 component of the event-related potential (ERP) has been suggested to be an index of 'vulnerability to alcoholism', especially when it is elicited by visual tasks in younger individuals. Visual P3 tasks, however, have not been previously investigated in Native American youth. One hundred and four Mission Indian youth between the ages of 7 and 13 years participated in the study. ERPs were collected using two visual target paradigms: a facial discrimination and an estimation of line orientation task. Analyses of covariance revealed that participants with a first degree family history of alcoholism had lower P3 component amplitudes in frontal leads to the facial discrimination task. Lower P3 amplitudes, in posterior areas, were found in the line discrimination task in children who scored above the 75th percentile in delinquent behaviors on the Achenbach Child Behavior Checklist. These findings are consistent with investigations in non-Indian populations demonstrating that the late positive component of the event related potential is sensitive to both familial history of alcohol dependence as well as personal history of externalizing behaviors.

Ehrensaft MK. Interpersonal relationships and sex differences in the development of conduct problems. *Clin Child Fam Psychol Rev* 2005; 8(1):39-63. Abstract: This article investigates the role of interpersonal relationships in shaping sex differences in the manifestation, etiology, and developmental course of conduct problems and their treatment needs. The review examines whether: (1) Girls' conduct problems are more likely than boys' to manifest as a function of disrupted relationships with caretakers and peers; (2) For girls more than for boys, the outcomes of conduct problems in adolescence and adulthood, and related treatment needs, are more likely to be a consequence of the quality of interpersonal relationships with others, particularly opposite-sex peers and partners. Evidence reviewed suggests that boys and girls share many similarities in their expression of conduct problems,

but that a relational perspective does unify important differences. There is fair evidence that girls with conduct problems are more likely to come to the attention of authorities because of chaotic, unstable family relationships, and to express antisocial behavior in the context of close relationships; there is stronger evidence that the course and outcomes of conduct problems in females versus males pertain to interpersonal relationship impairments. Those sex differences map onto specific differences in treatment needs. Further empirical testing of the proposed relational model is indicated.

Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. Intergenerational transmission of partner violence: a 20-year prospective study. *J Consult Clin Psychol* 2003; 71(4):741-53. Abstract: An unselected sample of 543 children was followed over 20 years to test the independent effects of parenting, exposure to domestic violence between parents (ETDV), maltreatment, adolescent disruptive behavior disorders, and emerging adult substance abuse disorders (SUDs) on the risk of violence to and from an adult partner. Conduct disorder (CD) was the strongest risk for perpetrating partner violence for both sexes, followed by ETDV, and power assertive punishment. The effect of child abuse was attributable to these 3 risks. ETDV conferred the greatest risk of receiving partner violence; CD increased the odds of receiving partner violence but did not mediate this effect. Child physical abuse and CD in adolescence were strong independent risks for injury to a partner. SUD mediated the effect of adolescent CD on injury to a partner but not on injury by a partner. Prevention implications are highlighted.

Ehrlich PF, Longhi J, Vaughan R, Rockwell S. Correlation between parental perception and actual childhood patterns of bicycle helmet use and riding practices: implications for designing injury prevention strategies. *J Pediatr Surg* 2001; 36(5):763-6. Abstract: BACKGROUND/PURPOSE: Bicycle injuries account for 10% of all pediatric traumatic deaths. Bicycle helmets have proven to decrease morbidity and mortality, yet trauma data show low helmet use among injured children. However, owning a bicycle helmet does not universally result in a child wearing a helmet. Furthermore, we hypothesize that parental perception of their children's use of the bicycle helmet may not reflect accurately true utilization by their child. To investigate this hypothesis the authors examined both parents' and their children's reports of bicycle ownership, supervision, riding patterns, and helmet use. METHODS: A random sample of grade 5 and 6 students (ages 8 to 12) and their parents were surveyed about bicycle ownership, riding patterns, supervision, and helmet use. The children and their guardians responded independently to the questionnaire. Statistical analysis was performed using the chi(2) test when indicated. RESULTS: Eighty-eight

of 102 children (86%) responded. This represented 56% girls and 44% boys aged 8 to 12 years. Sixty-nine of 90 (77%) of the parents returned the survey. Ninety-six percent of the children owned a bicycle. A total of 87.5% of children owned a bicycle helmet. Eighty percent of the time children ride their bicycles on the road or sidewalk, with less than 20% on marked trails or parks. Parents reported that their children wear a helmet 90% of the time. In contrast, children report no helmet use in up to 61% of riding instances ( $P < .05$ ). Parents themselves do not wear a helmet in greater than 60% when riding, which is correlated by their children. Seventy-one percent of the children report that they ride unsupervised the majority of the time. CONCLUSIONS: Bicycle and bicycle helmet ownership is high among this study group. There is a significant possibility that children will ride unsupervised, in at-risk situations, without wearing a helmet. Parental perceptions about bicycle helmet use by their children may not accurately reflect true utilization. In this study group parents appear as poor role models for their children. Injury prevention strategies need to focus on children and adults to improve effectiveness.

Eiden RD, Edwards EP, Leonard KE. Predictors of effortful control among children of alcoholic and nonalcoholic fathers. *J Stud Alcohol* 2004; 65(3):309-19. Abstract: OBJECTIVE: The purpose of this study was (1) to examine the association between fathers' alcoholism and children's effortful control and (2) to examine the role of parental warmth and toddler temperament as mediators or moderators of this relationship. METHOD: Families were recruited through New York State birth records when their infant was age 12 months. The final sample consisted of 226 families (116 boys) constituting two major groups: a nonalcoholic group consisting of parents with no or few current alcohol problems ( $n = 102$ ) and a father alcoholic group ( $n = 124$ ). Families were assessed when their child was ages 12, 18, 24 and 36 months. RESULTS: Results indicate that boys of alcoholic fathers exhibit lower overall levels of effortful control than boys of nonalcoholic fathers. For boys, fathers' warmth over the second year of life mediated the association between fathers' alcoholism and effortful control. Maternal warmth was a unique predictor of effortful control for boys. For girls, fathers' alcoholism was associated with lower paternal warmth, which was in turn a significant predictor of effortful control. Child activity level and negative affect were associated with effortful control for boys but did not account for significant variance when entered in regression models with fathers' alcoholism and parenting variables. CONCLUSIONS: Sons of alcoholic fathers are at an increased risk of problems in self-regulation when they are ages 2 to 3 years. Paternal warmth mediates the association between fathers' alcoholism and self-regulation for both boys and girls, although the nature of mediation may vary by child gender.

Eiden RD, Leonard KE, Hoyle RH, Chavez F. A transactional model of parent-infant interactions in alcoholic families. *Psychol Addict Behav* 2004; 18(4):350-61.

Abstract: This study examined the transactional nature of parent-infant interactions over time among alcoholic and nonalcoholic families. The sample consisted of 222 families assessed at 12, 18, and 24 months of child age. Results indicated that infant behavior did not influence parental behavior across time, but parental behavior was longitudinally predictive of infant behavior during play interactions. Higher paternal alcohol consumption at 12 months was longitudinally predictive of negative parental behavior at 24 months. Other significant risk factors included marital conflict, fathers' depression, and fathers' education. Results highlight the nested nature of risk in alcoholic families and the direction of influence from parent to child during interactions and suggest that 1 pathway to risk among these children is through negative parent-infant interactions.

Eigsti IM, Cicchetti D. The impact of child maltreatment on expressive syntax at 60 months. *Dev Sci* 2004; 7(1):88-102.

Abstract: Although child maltreatment has often been described as leading to language deficits, the few well-controlled investigations of language acquisition in maltreated children have focused on language content rather than form, or have used qualitative rather than quantitative measures. This study examines syntactic complexity in 19 maltreated and 14 nonmaltreated preschool-aged children. Mother-child dyads participated in play sessions that were transcribed and scored for the presence of morphosyntactic forms in child speech and for specific sentence constructions in maternal speech. Findings indicated that child maltreatment was associated with language delay in both vocabulary and production of syntactic structures. There were also qualitative differences in characteristics of maternal utterances between maltreating and comparison groups. Because maltreatment initially occurred before age 2, this study highlights the long-lasting negative influence of maltreatment on language development and also provides the first demonstration of child language delays and differences in maternal speech within a single maltreatment sample.

Eissenberg T. Measuring the emergence of tobacco dependence: the contribution of negative reinforcement models. *Addiction* 2004; 99 Suppl 1:5-29.

Abstract: This review of negative reinforcement models of drug dependence is part of a series that takes the position that a complete understanding of current concepts of dependence will facilitate the development of reliable and valid measures of the emergence of tobacco dependence. Other reviews within the series consider models that emphasize positive reinforcement and social learning/cognitive models. This review summarizes negative reinforcement in general and then

presents four current negative reinforcement models that emphasize withdrawal, classical conditioning, self-medication and opponent-processes. For each model, the paper outlines central aspects of dependence, conceptualization of dependence development and influences that the model might have on current and future measures of dependence. Understanding how drug dependence develops will be an important part of future successful tobacco dependence measurement, prevention and treatment strategies.

Eklund JM, Klinteberg BA. Childhood behaviour as related to subsequent drinking offences and violent offending: a prospective study of 11- to 14-year-old youths into their fourth decade. *Crim Behav Ment Health* 2003; 13(4):294-309.

Abstract: **BACKGROUND:** Childhood hyperactivity has previously been found to be closely connected to subsequent alcohol problems and violent offending among men considered to be without major mental disorders. For others, these associations might be moderated or confounded by other factors, predominantly comorbid conduct disorder. **AIMS:** The purpose of the study was to investigate aspects of childhood hyperactive behaviour in relation to alcohol or violent offences in adult life, taking the possible confounders of early criminality and aggressive behaviour into account. **Method** A total of 192 young male law breakers and 95 non-criminal controls were followed from age 11-14 years into their thirties. Information on aspects of hyperactivity, aggressive behaviour, early criminality and later offences was included in the analyses. **RESULTS:** The results supported the hypothesis that aspects of childhood hyperactive behaviour were significantly associated with later drinking offences and violent offending. Further analyses revealed attention difficulties to be the component of hyperactivity most contributing to the relationship. When taking possible confounding variables into consideration, attention difficulties were related to subsequent violent offending among boys with early criminality, independently of early aggressive behaviour. Early criminality, attention difficulties and aggressive behaviour, however, often co-occurred in the same individual. Subsequent drinking offences or violent offending appeared seven times more often among individuals with all early behavioural problems as compared with those who had no such problems. **CONCLUSION:** Complex antisocial behaviours in adult life commonly represent persistence of complex childhood behavioural difficulties, but among young law breakers there does appear to be a subgroup of boys with a main problem of attention difficulties who go on to violent offending, even in the absence of early manifestation of aggression.

El-Sheikh M, Elmore-Staton L. The link between marital conflict and child adjustment: parent-child conflict and perceived attachments as mediators, potentiators, and

mitigators of risk. *Dev Psychopathol* 2004; 16(3):631-48.

Abstract: Parent-child conflict and perceived attachments to parents were examined as predictors, mediators, and moderators in the marital conflict-child adjustment connection in a sample of older children and young adolescents. After controlling for marital conflict, parent-child conflict predicted additional unique variance mainly for children's externalizing problems, and attachments to parents accounted for unique variance in children's externalizing and internalizing problems. Moderation effects illustrated that a higher level of parent-child conflict was a vulnerability factor, whereas a secure attachment was a protective factor, for behavior problems associated with marital conflict. Mediation effects were also evident and supported the proposition that parent-child conflict and attachment to parents mostly are partial mediators of effects in the marital conflict-child outcomes link. The findings illustrate the aggregation, potentiation, and amelioration of risk for adjustment problems associated with marital conflict, and highlight the importance of assessing multiple systems within the family.

El-Sheikh M, Flanagan E. Parental problem drinking and children's adjustment: family conflict and parental depression as mediators and moderators of risk. *J Abnorm Child Psychol* 2001; 29(5):417-32. Abstract: We examined marital conflict, parent-child conflict, and maternal and paternal depression symptoms as mediators and moderators in the associations between fathers' and mothers' problem drinking and children's adjustment. A community sample of 6-12-year-old boys and girls and their mothers, fathers, and teachers participated. Marital conflict, parent-child conflict, and maternal depression symptomatology each functioned as a mediator of the association between father's problem drinking and children's externalizing and internalizing problems, and maternal depression symptoms accounted partially for the link between father's problem drinking and children's social problems. For mother's problem drinking, marital conflict, parent-child conflict, and maternal depression symptoms each mediated the association with children's externalizing problems. Further, parent-child conflict explained partially the link between mother's problem drinking and internalizing problems, and marital conflict accounted for the association between mother's problem drinking and social problems. When the mediators were simultaneously examined, parent-child conflict was the most robust mediator of the association between parental problem drinking and externalizing problems, and maternal depression symptomatology was the most consistent mediator of the relation between parental problem drinking and internalizing problems. Further, parent-child conflict and paternal and maternal depression symptoms each interacted with parental problem drinking to moderate some domains of

children's adjustment. The significant moderation effects indicate that parent-child conflict is a robust vulnerability factor for internalizing problems.

Elcioglu O, Aksoy S, Gunduz T. Children's rights and a sample study on accidents in children groups aged 0-5 years old in the light of parents' responsibility in Turkey. *Saudi Med J* 2004; 25(4):470-3. Abstract: OBJECTIVE: Most frequent reasons for the accidents seen in children under 5 years of age who have a right to be cared and protected are negligence and carelessness. In this study, judicial cases were compiled from children between the age of 0 to 5, who had been injured due to severe family negligence. METHODS: Files of cases were obtained from archives with file numbers, indicating cases obtained from the records of the hospital and police were studied retrospectively. The gender, age, and type of application of patients, the type of interference, and the results obtained from the procedure were studied. This study encompasses the results of cases at Osmangazi University Training, Practice and Research Hospital, Eskisehir, Turkey, between September 1999 and March 2001. RESULTS: Forty of 113 cases (35.4%) were due to poisoning from drugs. The main reasons were unawareness of children regarding the harm of drugs, putting drugs in reach of children and easy access to drugs from pharmacies without prescription. On the other hand, the recognition of international measures by the Turkish government is a guarantee for the children's rights. CONCLUSION: Our study implies that, as suggested by other researchers, the investigation of measures to prevent injuries due to negligence and the application of these measures will certainly improve the welfare of society.

Eldredge S, Piha S, Levin F. Building the San Francisco Beacons. *New Dir Youth Dev* 2002; (94):89-108. Abstract: San Francisco's Beacon Initiative is designed to foster youth development on a large scale. Its intermediary, Community Network for Youth Development, used a theory of change process to forge consensus and create a road map to guide this large collaborative toward its long-term goals.

Elfenbein DS, Felice ME. Adolescent pregnancy. *Pediatr Clin North Am* 2003; 50(4):781-800, viii. Abstract: Teen birth rates have decreased steadily over the past decade, but the United States still has the highest birth rates among all developed countries. Young women who give birth as adolescents are likely to have poor school performance, and come from families with low socioeconomic status, a history of teen pregnancies, and low maternal education. The fathers of babies who are born to teen mothers are likely to be unsuccessful in school, have limited earnings, have high rates of substance use, and have trouble with the law. Infants who are born to teen mothers are at risk for low birth weight and physical

neglect and abuse; at school age, these children are more likely than children born to adult women to have trouble with school achievement, and they are at risk for becoming teen mothers or fathers themselves. Programs that are successful in reducing teen birthrates are usually multifactorial and combine comprehensive sexuality education with youth development activities; reduction in repeat pregnancies is associated with home visits by nurses combined with long-acting contraceptive use.

Elgar FJ, McGrath PJ, Waschbusch DA, Stewart SH, Curtis LJ. Mutual influences on maternal depression and child adjustment problems. *Clin Psychol Rev* 2004; 24(4):441-59.

Abstract: Often undetected and poorly managed, maternal depression and child adjustment problems are common health problems and impose significant burden to society. Studies show evidence of mutual influences on maternal and child functioning, whereby depression in mothers increases risk of emotional and behavioral problems in children and vice versa. Biological mechanisms (genetics, in utero environment) mediate influences from mother to child, while psychosocial (attachment, child discipline, modeling, family functioning) and social capital (social resources, social support) mechanisms mediate transactional influences on maternal depression and child adjustment problems. Mutual family influences in the etiology and maintenance of psychological problems advance our understanding of pathways of risk and resilience and their implications for clinical interventions. This article explores the dynamic interplay of maternal and child distress and provides evidence for a biopsychosocial model of mediating factors with the aim of stimulating further research and contributing to more inclusive therapies for families.

Elias M, Choudhury N, Sibinga CT. Cord blood from collection to expansion: feasibility in a regional blood bank. *Indian J Pediatr* 2003; 70(4):327-36. Abstract: This article reviews the various aspect of the experimental phase preceding the establishment of an umbilical cord blood (UCB) bank within a regular blood bank, a situation totally different from that of de novo establishing a cord blood bank having human and financial resources. An ethically approved two-year study has been conducted to determine the technical feasibility, and the practical problems that might be encountered such as public compliance, the additional workload, introduction of new activities ranging from collection and processing to progenitor expansion, infectious disease testing, development of a quality control system, record keeping and documentation, development of specific procedures and definitions of requirements. The cost benefit aspect, which will ultimately depend on the frequency of units release, was not considered in this study.

Ellenbogen MA, Hodgins S. The impact of high neuroticism in parents on children's psychosocial functioning in a population at high risk for major affective disorder: a family-environmental pathway of intergenerational risk. *Dev Psychopathol* 2004; 16(1):113-36. Abstract: Behavioral genetic studies indicate that nongenetic factors play a role in the development of bipolar and major depressive disorders. The trait of neuroticism is common among individuals with major affective disorders. We hypothesized that high neuroticism among parents affects the family environment and parenting practices and thereby increases the risk of psychosocial problems among offspring. This hypothesis is tested in a sample of participants at high and low risk for major affective disorders, which contained parents with bipolar disorder (55), major depression (21), or no mental disorder (148) and their 146 children between 4 and 14 years of age. Parents with high neuroticism scores were characterized by low psychosocial functioning, poor parenting, more dependent stressful life events, and the use of more emotion-focused and less task-oriented coping skills. High neuroticism in parents was associated with internalizing and externalizing problems among the children, as assessed by parent and teacher ratings on the Child Behavior Checklist and clinician ratings. The results suggest that high neuroticism in parents with major affective disorders is associated with inadequate parenting practices and the creation of a stressful family environment, which are subsequently related to psychosocial problems among the offspring.

Ellerbrock TV, Chamblee S, Bush TJ *et al.* Human immunodeficiency virus infection in a rural community in the United States. *Am J Epidemiol* 2004; 160(6):582-8.

Abstract: In 1986, a population-based survey of human immunodeficiency virus (HIV) infection in a rural Florida community showed that HIV prevalence was 28/877 (3.2%, 95% confidence interval (CI): 2.0, 4.4). In 1998-2000, the authors performed a second population-based survey in this community and a case-control study to determine whether HIV prevalence and risk factors had changed. After 609 addresses had been randomly selected for the survey, 516 (85%) residents were enrolled, and 447 (73%) were tested for HIV. HIV prevalence was 7/447 (1.6%, 95% CI: 0.4, 2.7) in western Palm Beach County and 5/286 (1.7%, 95% CI: 0.2, 3.3) in Belle Glade ( $p=0.2$  in comparison with 1986). Independent predictors of HIV infection in both 1986 and 1998-2000 were having a history of sexually transmitted disease, number of sex partners, and exchanging money or drugs for sex. A history of having sex with men was a risk factor among men in 1986 but not in 1998-2000; residence in specific neighborhoods was a risk factor in 1998-2000 but not in 1986. The authors conclude that heterosexually acquired HIV infection did not spread throughout the community between 1986 and 1998 but persisted at a



low level in discrete neighborhoods. Interventions targeting HIV-endemic neighborhoods will be needed to further reduce HIV prevalence in this area.

Elliott V. Speaking up for children. Interview by Catharine Sadler. *Nurs Stand* 2004; 18(19):59.

Ells AL, Kherani A, Lee D. Epiretinal membrane formation is a late manifestation of shaken baby syndrome. *J AAPOS* 2003; 7(3):223-5.  
Abstract: Shaken baby syndrome is a constellation of injuries resulting from the intentional shaking type movement of a child who is usually younger than 3-years-old. This rapid acceleration-deceleration movement of the head is responsible for lesions attributed to shearing forces placed on the vitreoretinal structures and meningeal vessels across the dura. The ophthalmic findings include intraocular hemorrhages, perimacular retinal folds, and peripheral retinoschisis in the presence of intracranial injuries such as subdural hematomas without obvious external signs of head trauma. We describe a case of late development of an epiretinal membrane in a child with a history of shaken baby syndrome and propose a differential diagnosis list for epiretinal membrane formation in the pediatric age group.

Elman JL. Connectionist models of cognitive development: where next? *Trends Cogn Sci* 2005; 9(3):111-7.  
Abstract: Over the past two decades, connectionist models have generated a lively debate regarding the underlying mechanisms of cognitive development. This debate has in turn led to important empirical research that might not have occurred otherwise. More recently, advances in developmental neuroscience present a new set of challenges for modelers. In this article, I review some of the insights that have come from modeling work, focusing on (1) explanations for the shape of change; (2) new views on how knowledge may be represented; (3) the richness of experience. The article concludes by considering some of the new challenges and opportunities for modeling cognitive development.

Elmore-Meegan M, Conroy RM, Agala CB. Sex workers in Kenya, numbers of clients and associated risks: an exploratory survey. *Reprod Health Matters* 2004; 12(23):50-7.

Abstract: In Kenya in 1999, an estimated 6.9% of women nationally said they had exchanged sex for money, gifts or favours in the previous year. In 2000 and 2001, in collaboration with sex workers who had formed a network of self-help groups, we conducted an exploratory survey among 475 sex workers in four rural towns and three Nairobi townships, regarding where they worked, the number of clients they had and the risks they were exposed to. Participants were identified by a network of social contacts in the seven centres. Most of the women (88%) worked from bars, hotels, bus stages and discos; 57% lived with a stable

partner and almost 90% had dependent children. In the previous month, 17% had been assaulted and 35% raped by clients. Unwanted pregnancy was common; 86% had had at least one abortion. Compared with women in rural towns, township sex workers were younger (median age 22 vs. 26), saw more clients (median 9 vs. 4 per week) and earned more from sex work (up to 63-90 euros vs. 12 euros per week). Issues of alternative sources of income, safety for sex workers and the conditions which create the necessity for sex work are vital to address. The question of number of clients and the nature of sex work have obvious implications for HIV/STI prevention policy.

Elsig C, Schopper C, Anthony M, Gramigna R, Boker H. [In-patient hypnotherapeutic trauma exposure for posttraumatic stress disorder: a case report]. *Psychiatr Prax* 2002; 29(2):97-100.

Abstract: This paper describes the treatment of a patient with the diagnoses of a borderline personality disorder and posttraumatic stress disorder (DSM-IV and ICD-10) within the setting of a psychiatric ward specializing in depression. For purposes of controlled re-exposure to the patient's trauma, a hypnotherapeutic method was chosen. A significant reduction of symptoms, in particular the intrusions and the hyperarousal, was observed. Of great importance in the successful outcome of this case is the integration of hypnotherapy into a multi-dimensional treatment concept including group therapy, physical therapy and anxiety-reducing self-management therapy. This approach facilitated the development of trust and security in the patient required for the hypnotherapeutic intervention and minimized the splitting tendencies specific to borderline patients. Further discussion is centered on the difficulties arising in the context of an emergency ward setting with its high intensity atmosphere encompassing the danger of retraumatization of this special group of patients. Finally several aspects of the clinical implications of this method are addressed.

Elster NR. HIV and art: reproductive choices and challenges. *J Contemp Health Law Policy* 2003; 19(2):415-30.

Notes: GENERAL NOTE: KIE: KIE Bib: AIDS; reproductive technologies; selection for treatment

Eminson M, Jureidini J. Concerns about research and prevention strategies in Munchausen Syndrome by Proxy (MSBP) abuse. *Child Abuse Negl* 2003; 27(4):413-20.

Abstract: There would seem to be three motives for research into Munchausen Syndrome by Proxy (MSBP) abuse; first to enhance treatment; second to enhance our understanding of the psychopathology of those who carry out the abuse; and third to find interventions to prevent its occurrence. We will argue that only the first justification is valid. The second and

third should be questioned for several reasons including: MSBP abuse is the wrong kind of event to think of in terms of categorical diagnosis; rare events are inherently difficult to predict; and better research targets are available. We propose that research energy would be more productively directed towards furthering our understanding of somatization and certain problematic aspects of modern pediatric practice. We offer suggestions as to appropriate areas for research.

Emiroglu FN, Kurul S, Akay A, Miral S, Dirik E. Assessment of child neurology outpatients with headache, dizziness, and fainting. *J Child Neurol* 2004; 19(5):332-6.

Abstract: Neurologic symptoms such as headache, vertigo, dizziness, and fainting can create a diagnostic problem in pediatric neurology practice because they are also the most common presenting symptoms of psychiatric disorders. Children, especially adolescents, who are often admitted with such autonomic symptoms, are frequently misdiagnosed. In this study, we aimed to investigate the psychiatric morbidity and comorbidity rate in children and adolescents presenting with neurologic symptoms such as headache, vertigo, and syncope. We investigated 31 children who presented with these symptoms. All children were evaluated for their medical history and had a physical and neurologic examination. We attempted to rule out a possible organic etiology. All patients received a complete laboratory examination (blood count, electroencephalography), pediatric cardiology and otorhinolaryngology consultations, and a caloric test. All patients were assessed according to Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria. The majority of the patients (93.5%) received a psychiatric diagnosis according to the DSM-IV criteria. Most of these patients were adolescents and female. Psychosocial stressors such as academic problems, familial dysfunction, parental psychopathology, and child sexual abuse were associated with somatic symptoms. The results of this study demonstrated the importance of differential diagnosis and psychiatric comorbidity in a pediatric neurologic outpatient population. Treatment should be directed at biopsychosocial integrity, and a multidisciplinary treatment approach should be applied.

Enebrink P, Andershed H, Langstrom N. Callous-unemotional traits are associated with clinical severity in referred boys with conduct problems. *Nord J Psychiatry* 2005; 59(6):431-40. Abstract: Clinical practice with the heterogeneous group of children that present with conduct problems may benefit from improved formats for diagnostic subtyping. We investigated whether high levels of callous-unemotional traits (i.e. lack of empathy, remorselessness and shallow affects) would differentiate clinic-referred conduct-problem boys from those low on such traits. A consecutive series of 41

boys with conduct problems (6-13 years, mean age=9.60 years) referred to public child psychiatric units in Sweden were studied with data elicited from caregivers. Conduct-problem boys with many callous-unemotional traits had significantly more pervasive, varied and aggressive disruptive behavioural problems than boys low on these traits had. Higher levels of conduct problems in subjects with callous-unemotional traits were not explained by confounding presence of DSM-IV attention-deficit hyperactivity disorder and oppositional defiant disorder/conduct disorder symptoms. Boys with callous-unemotional traits also experienced poorer household circumstances and lived in families under high stress. Interestingly, they less often received help in school from special teachers but were more often diagnosed with dysthymia than boys low on callous-unemotional traits. We conclude that callous-unemotional traits might designate a subgroup of boys with different aetiology to their conduct problems and possibly with specific treatment needs. However, the findings need to be replicated with larger samples.

Engels RC, Vermulst AA, Dubas JS, Bot SM, Gerris J. Long-term effects of family functioning and child characteristics on problem drinking in young adulthood. *Eur Addict Res* 2005; 11(1):32-7. Abstract: Several studies have shown that disturbances in the parent-child relationship in childhood are related to patterns of alcohol abuse in adolescence and young adulthood. Recently some researchers, however, argue that whether poor parenting is detrimental depends on specific child characteristics. Hence, instead of examining overall effects of parenting, it might be more appropriate to search for specific child-environment effects that lead to problematic drinking patterns. In this paper, we investigate the interplay between child characteristics (lack of self-control and aggression) and parenting on problematic alcohol use in young adulthood. Data were used from a longitudinal study that followed 301 children and their parents for a period of 10 years. Both parents and their children were interviewed on parenting practices and child characteristics when the child was a young adolescent (mean age of 12 years at time 1) and extensive information on problematic alcohol use was gathered when the participants were young adults (mean age was 22 at time 3). Findings showed strong effects of childhood aggression (men only) and poor family functioning on enhanced levels of problem drinking in young adulthood. Further, the combination of high levels of aggression and low levels of family functioning were related to problem drinking in men, whereas the combination of low parental control and low levels of affection expression were related to problem drinking in women.

England M. Planning and emotional health of abused adult children caregivers. *Can J Nurs Res* 2005; 37(3):10-33. Abstract: The purpose of this study was to explore

markers associated with the advance-planning patterns and emotional health of adult child caregivers pre-selected for their history of childhood abuse within the family. An informational decision grid and two classification procedures were used to organize and link 246 written plans of 50 adults providing nearly 6 hours of care per day to a cognitively impaired parent. Results revealed 3 constellations of plans describing hands-on person-centred, instrumental, and grief-based approaches to caregiver planning. The 31 participants taking an instrumental approach to planning were significantly more likely than the 17 taking a grief-driven approach to report experiences of abandonment, betrayal, suicidal ideation, and use of alcohol. The 2 participants taking a person-centred approach reported significantly less emotional arousal and risk for loss of health and did not recount experiences of distress or emotion-focused coping. Nurses can use the findings to highlight and strengthen the decision-making and parental-care capacities of caregivers traumatized in childhood.

English DJ, Bangdiwala SI, Runyan DK. The dimensions of maltreatment: introduction. *Child Abuse Negl* 2005; 29(5):441-60.

Abstract: This special issue includes an introduction and seven papers exploring dimensions of maltreatment including type, severity, chronicity, and substantiation status of referrals to CPS, utilizing a subsample of the LONGSCAN studies. Each paper examines one of the dimensions of maltreatment from various perspectives to determine if different conceptualizations of a dimension, examined in isolation, account for different amounts of variation in child outcomes. A final paper assesses the relationship of the combined maltreatment dimensions, including interactions, on a single sample of maltreated children from the LONGSCAN study. This final paper explores the individual contribution of the "best" conceptualizations of the maltreatment dimensions in relation to each other, and to the 10 child outcomes of interest. Implications of the findings from these papers for future research on dimensions of child maltreatment are discussed in two independent commentaries.

English DJ, Graham JC, Litrownik AJ, Everson M, Bangdiwala SI. Defining maltreatment chronicity: are there differences in child outcomes? *Child Abuse Negl* 2005; 29(5):575-95.

Abstract: OBJECTIVE: For nearly 25 years researchers have suggested that better taxonomic systems conceptualizing and reliably differentiating among different dimensions of maltreatment are required. This study examines the utility of three different characterizations of one dimension of maltreatment, chronicity, to predict child behavioral and emotional functioning in a sample of maltreated children. A secondary objective of the study is to examine additional parameters of maltreatment inherent in our definitions of chronicity: age at first report to CPS,

extent and continuity of maltreatment. METHOD: The study consists of children reported for maltreatment (N=519) from the larger LONGSCAN study cohort. Lifetime maltreatment data were collected from CPS records and coded into two chronicity constructs: "developmental" and "calendar" definitions. Variables for age at first report, frequency, extent and continuity of maltreatment reports also were constructed. Hierarchical regression analyses were utilized to determine the extent to which the various chronicity constructs contributed to the prediction of child outcomes. RESULTS: The most salient definition of chronicity, in terms of its effects on child behavioral and emotional functioning, varied by outcome. The developmental definition was found to have the most balanced sensitivity across outcomes. Among other significant findings, extent and continuity of maltreatment contributed respectively to the prediction of behavior and emotional trauma symptoms. Early age at first report was a predictor of poor daily living skills. CONCLUSION: Chronicity is a complex construct. Findings indicate there are multiple parameters that make up the chronicity construct itself that may be important for understanding child outcomes.

Engstrom K, Diderichsen F, Laflamme L. Parental social determinants of risk for intentional injury: a cross-sectional study of Swedish adolescents. *Am J Public Health* 2004; 94(4):640-5.

Abstract: OBJECTIVES: We investigated the effect of family social and economic circumstances on intentional injury among adolescents. METHODS: We conducted a cross-sectional register study of youths aged 10 to 19 years who lived in Sweden between 1990 and 1994. We used socioeconomic status, number of parents in the household (1- or 2-parent home), receipt of welfare benefits, parental country of birth, and population density as exposures and compiled relative risks and population-attributable risks (PARs) for self-inflicted and interpersonal violence-related injury. RESULTS: For both genders and for both injury types, receipt of welfare benefits showed the largest crude and net relative risks and the highest PARs. The socioeconomic status-related PAR for self-inflicted injury and the PAR related to number of parents in the household for interpersonal violence-related injury also were high. CONCLUSIONS: Intentional-injury prevention and victim treatment need to be tailored to household social circumstances.

Ennett CM, Frize M, Charette E. Improvement and automation of artificial neural networks to estimate medical outcomes. *Med Eng Phys* 2004; 26(4):321-8.

Abstract: The lengthy process of manually optimizing a feedforward backpropagation artificial neural network (ANN) provided the incentive to develop an automated system that could fine-tune the network parameters without user supervision. A new stopping criterion was introduced--the logarithmic-sensitivity index--that manages a good balance between sensitivity and

specificity of the output classification. The automated network automatically monitored the classification performance to determine when was the best time to stop training—after no improvement in the performance measure (either highest correct classification rate, lowest mean squared error or highest log-sensitivity index value) occurred in the subsequent 500 epochs. Experiments were performed on three medical databases: an adult intensive care unit, a neonatal intensive care unit and a coronary surgery patient database. The optimal network parameter settings found by the automated system were similar to those found manually. The results showed that the automated networks performed equally well or better than the manually optimized ANNs, and the best classification performance was achieved using the log-sensitivity index as a stopping criterion.

Ennett CM, Frize M, Walker CR. Influence of missing values on artificial neural network performance. *Medinfo* 2001; 10(Pt 1):449-53. Abstract: The problem of databases containing missing values is a common one in the medical environment. Researchers must find a way to incorporate the incomplete data into the data set to use those cases in their experiments. Artificial neural networks (ANNs) cannot interpret missing values, and when a database is highly skewed, ANNs have difficulty identifying the factors leading to a rare outcome. This study investigates the impact on ANN performance when predicting neonatal mortality of increasing the number of cases with missing values in the data sets. Although previous work using the Canadian Neonatal Intensive Care Unit (NICU) Network's database showed that the ANN could not correctly classify any patients who died when the missing values were replaced with normal or mean values, this problem did not arise as expected in this study. Instead, the ANN consistently performed better than the constant predictor (which classifies all cases as belonging to the outcome with the highest training set a priori probability) with a 0.6-1.3% improvement over the constant predictor. The sensitivity of the models ranged from 14.5-20.3% and the specificity ranged from 99.2-99.7%. These results indicate that nearly 1 in 5 babies who will eventually die are correctly classified by the ANN, and very few babies were incorrectly identified as patients who will die. These findings are important for patient care, counselling of parents and resource allocation.

Ennett ST, Ringwalt CL, Thorne J *et al.* A comparison of current practice in school-based substance use prevention programs with meta-analysis findings. *Prev Sci* 2003; 4(1):1-14. Abstract: The series of seminal meta-analytic studies of school-based substance use prevention program studies conducted by the late Nancy S. Tobler and colleagues concluded that programs with content focused on social influences' knowledge, drug refusal skills, and generic competency skills and that use participatory or

interactive teaching strategies were more effective than programs focused on knowledge and attitudes and favoring traditional didactic instruction. The present study compared current school practice against evidence-based standards for "effective content" and "effective delivery," derived from the Tobler findings. Respondents were the lead staff who taught substance use prevention in the 1998-1999 school year in a national sample of public and private schools that included middle school grades (N = 1,795). Results indicate that most providers (62.25%) taught effective content, but few used effective delivery (17.44%), and fewer still used both effective content and delivery (14.23%). Those who taught an evidence-based program (e.g., Life Skills Training, Project ALERT), however, were more likely to implement both effective content and delivery, as were those teachers who were recently trained in substance use prevention and were comfortable using interactive teaching methods. The findings indicate that the transfer to practice of research knowledge about school-based substance use prevention programming has been limited.

Enright PL, Goodwin JL, Sherrill DL, Quan JR, Quan SF. Blood pressure elevation associated with sleep-related breathing disorder in a community sample of white and Hispanic children: the Tucson Children's Assessment of Sleep Apnea study. *Arch Pediatr Adolesc Med* 2003; 157(9):901-4. Notes: CORPORATE NAME: Tucson Children's Assessment of Sleep Apnea study Abstract: BACKGROUND: The Tucson Children's Assessment of Sleep Apnea study (TuCASA) was designed to investigate the prevalence and correlates of objectively measured sleep-related breathing disorder (SBD) in preadolescent Hispanic and white children. OBJECTIVE: To describe the associations of SBD and elevation in resting blood pressure in the first 239 children enrolled in TuCASA. DESIGN: Children between the ages of 6 and 11 years (45% girls and 51% Hispanic) from elementary schools of the Tucson Unified School District were enrolled in this prospective cohort study. Resting systolic and diastolic blood pressure, sleep symptoms, and parental smoking status were obtained during evening home visits, followed by overnight unattended home polysomnography. RESULTS: The mean (SD) systolic and diastolic blood pressures were 98.4 (10.6) mm Hg and 62.0 (8.9) mm Hg, respectively. Fifteen children had hypertension. The mean (SD) respiratory disturbance index (2%), defined as the number of apneas and hypopneas per hour of sleep associated with a 2% oxygen desaturation, was 2.3 (3.8) events per hour. Factors independently associated with systolic and diastolic blood pressure elevation were obesity, sleep efficiency, and respiratory disturbance index (2%). CONCLUSIONS: In preadolescent children, elevated blood pressure is associated with SBD and obesity, as previously noted in adults. The control of obesity in childhood may be important to

reduce the daytime consequences of SBD and to reduce the risks of life-long hypertension.

Ensminger ME, Juon HS, Fothergill KE. Childhood and adolescent antecedents of substance use in adulthood. *Addiction* 2002; 97(7):833-44. Abstract: AIMS: To examine childhood antecedents of marijuana and cocaine use in adulthood. DESIGN: Epidemiological, longitudinal cohort study of African American first graders (age 6) followed to age 32. PARTICIPANTS: Children (N=1242) and families in the 57 first grade classrooms from Woodlawn, an inner-city community in Chicago. First grade teachers, mothers and children provided assessments over the life course. During adulthood, 952 participants were re-interviewed. MEASUREMENTS: First grade teacher behavior ratings, readiness for school tests, self-reports of adolescent drug use, social bonds and adult self-reports of drug use were the primary variables. FINDINGS: Males who were both shy and aggressive in first grade were more likely to be adult drug users compared to those who were neither. Shy females in first grade were less likely to be adult marijuana users than non-shy females. Adolescent social bonds did not moderate the relationships of earlier childhood behavior to adult drug use. Males who had a 'high/superior' readiness to learn scores in first grade were less likely to be cocaine users as adults, even though in earlier work we showed that they were more likely to initiate adolescent drug use. Females scoring as poor performers in first grade were less likely to ever use cocaine compared to females with higher scores. CONCLUSIONS: The combination of shy and aggressive behavior is an important antecedent for later male drug use and may help distinguish those who will be persistent users in adulthood from those who experiment in adolescence.

Ensor T, Ali L, Hossain A, Ferdousi S. Projecting the cost of essential services in Bangladesh. *Int J Health Plann Manage* 2003; 18(2):137-49. Abstract: Utilizing a study of the costs of providing essential services in rural areas in Bangladesh projections of the cost of expanding services to the entire rural population are derived. These estimates are based on the current system of primary care, the demographic structure of the population and normatives for desired utilization. Scenarios make use of known demographic characteristics of average rural areas together with information on disease prevalence. The estimates highlight a number of difficulties involved in deriving costs and in comparing the cost-effectiveness of service provision. The integrated nature of much primary care, both in terms of the technical exploitation of joint costs and clinical diagnostic and treatment protocols, means that treating services in isolation is likely to lead to inexact estimates of service cost. The context of any costs derived is required in order to make comparisons.

Ensor T, Dave-Sen P, Ali L, Hossain A, Begum SA, Moral H. Do essential service packages benefit the poor? Preliminary evidence from Bangladesh. *Health Policy Plan* 2002; 17(3):247-56. Abstract: In 1998 Bangladesh began a sector wide approach (SWAp) to the extension of health care to vulnerable groups in the country. The central feature of this approach is the funding of an essential service package (ESP) emphasizing maternal care, certain communicable diseases and child health. This study examines the way in which public sector expenditures are distributed by comparing the actual beneficiaries of spending with the target groups identified by the sector strategy. It finds that while the ESP is helping to target resources at priority services, considerable barriers to access by vulnerable groups persist. The study suggests a number of issues that need to be addressed to improve the performance of the programme. First, improved targeting requires greater emphasis on the process of access to key services. Secondly, improving the efficiency of service provision at primary level is a key element to increasing access, since individual primary providers are often not ready to provide the standard of care required by the ESP approach to services. Finally, the system of financial control and management needs to be modified in order to make allocations more responsive to the priorities determined by the SWAp. Given the widespread adoption of the ESP approach to health care, the paper also suggests a wider research agenda that examines its impact in other countries and evaluates this worldwide experiment in health service prioritization.

Epstein RA. It did happen here: fear and loathing on the vaccine trail. *Health Aff (Millwood)* 2005; 24(3):740-3. Abstract: Adverse publicity that placed undue emphasis on a possible connection between autism and the measles-mumps-rubella (MMR) vaccine and vaccines containing thimerosal made parents in the United Kingdom reluctant to allow their children to receive the vaccine. The same concerns have played themselves out in the U.S. Food and Drug Administration's decision to recommend removal of thimerosal from other vaccines, even as the individual autism claims have been rejected. That recommendation, based on unsubstantiated safety concerns, reveals a deep-seated institutional overreaction that is more likely to cost lives than to save them.

Erkanli A, Soyer R, Angold A. Bayesian analyses of longitudinal binary data using Markov regression models of unknown order. *Stat Med* 2001; 20(5):755-70. Abstract: We present non-homogeneous Markov regression models of unknown order as a means to assess the duration of autoregressive dependence in longitudinal binary data. We describe a subject's transition probability evolving over time using logistic

regression models for his or her past outcomes and covariates. When the initial values of the binary process are unknown, they are treated as latent variables. The unknown initial values, model parameters, and the order of transitions are then estimated using a Bayesian variable selection approach, via Gibbs sampling. As a comparison with our approach, we also implement the deviance information criterion (DIC) for the determination of the order of transitions. An example addresses the progression of substance use in a community sample of  $n = 242$  American Indian children who were interviewed annually four times. An extension of the Markov model to account for subject-to-subject heterogeneity is also discussed.

Ernst M, Grant SJ, London ED, Contoreggi CS, Kimes AS, Spurgeon L. Decision making in adolescents with behavior disorders and adults with substance abuse. *Am J Psychiatry* 2003; 160(1):33-40. Abstract: OBJECTIVE: The study assessed the validity of the Gambling Task as a test of decision-making ability in adolescents and examined whether adolescents with behavior disorders, who are at risk for substance abuse, have deficits in decision making similar to those exhibited by adults with substance abuse. METHOD: Performance on the Gambling Task in two testing sessions separated by 1 week was assessed in 64 12-14-year-old adolescents (31 healthy, 33 with externalizing behavior disorders) and 52 adults (22 healthy, 30 with substance abuse). RESULTS: The healthy adolescents and the healthy adults had similar performance on the Gambling Task. Adolescents with behavior disorders performed more poorly than healthy adolescents, but only in the second testing session. In adults, overall Gambling Task performance did not differ between the healthy and substance abuse groups at either testing session, indicating no difference in learning of decision-making strategies between groups. However, adults with substance abuse performed more poorly than healthy adults during an early stage of the task, when participants presumably begin to understand the rewards and penalties involved in the task but are not yet sure of the actual risk of incurring penalties. CONCLUSIONS: The Gambling Task can be used with adolescents. Testing with the Gambling Task revealed a deficit in decision making in adolescents with behavior disorders, who are at risk for substance abuse. This deficit may represent a vulnerability factor for the development of substance abuse.

Erol N, Simsek Z, Oner O, Munir K. Behavioral and emotional problems among Turkish children at ages 2 to 3 years. *J Am Acad Child Adolesc Psychiatry* 2005; 44(1):80-7. Abstract: OBJECTIVE: Within the framework of the Mental Health Surveys of Turkey, the authors investigated the distribution and prevalence of parent-reported behavioral and emotional problems in a nationally representative sample of 2- to 3-year-old

children. METHOD: A cross-sectional population-based survey from October 1996 through March 1997 using a self-weighted and equal probability sample of Turkish toddlers ( $N = 638$ ) was conducted. The Child Behavior Checklist Total Problem scores and Household Questionnaire reports by parent informant source (response rate 94.3%) were examined for the effects of child gender, age, urban/suburban/rural residence, and geographic region using multiple regression analyses. RESULTS: Overall, the total problem scores placed 11.9% of the children in the clinically significant range and 18.6% of the children in the borderline range. Urban residence was significantly correlated with the Total Problem scores, Internalization and Externalization scores, and six Child Behavior Checklist syndrome scale scores. The child's age, gender, or parental employment status did not affect Total Problem scores. With respect to the Child Behavior Checklist syndrome scale, girls had higher Anxious/Depressed scores than boys, and 2-year-olds had higher Somatic Complaints scores than the 3-year-old children. None of the children with reported emotional and behavioral problems were referred to any mental health services. CONCLUSION: As part of a national mental health policy in Turkey, there is an urgent need to develop early childhood intervention services that emphasize home visits, center-based child care in the community, and caregiver and provider education and training.

Escobar GJ, Braveman PA, Ackerson L *et al.* A randomized comparison of home visits and hospital-based group follow-up visits after early postpartum discharge. *Pediatrics* 2001; 108(3):719-27. Abstract: OBJECTIVE: Short postpartum stays are common. Current guidelines provide scant guidance on how routine follow-up of newly discharged mother-infant pairs should be performed. We aimed to compare 2 short-term (within 72 hours of discharge) follow-up strategies for low-risk mother-infant pairs with postpartum length of stay (LOS) of <48 hours: home visits by a nurse and hospital-based follow-up anchored in group visits. METHODS: We used a randomized clinical trial design with intention-to-treat analysis in an integrated managed care setting that serves a largely middle class population. Mother-infant pairs that met LOS and risk criteria were randomized to the control arm (hospital-based follow-up) or to the intervention arm (home nurse visit). Clinical utilization and costs were studied using computerized databases and chart review. Breastfeeding continuation, maternal depressive symptoms, and maternal satisfaction were assessed by means of telephone interviews at 2 weeks postpartum. RESULTS: During a 17-month period in 1998 to 1999, we enrolled and randomized 1014 mother-infant pairs (506 to the control group and 508 to the intervention group). There were no significant differences between the study groups with respect to maternal age, race, education, household income, parity, previous breastfeeding experience, early

initiation of prenatal care, or postpartum LOS. There were no differences with respect to neonatal LOS or Apgar scores. In the control group, 264 mother-infant pairs had an individual visit only, 157 had a group visit only, 64 had both a group and an individual visit, 4 had a home health and a hospital-based follow-up, 13 had no follow-up within 72 hours, and 4 were lost to follow-up. With respect to outcomes within 2 weeks after discharge, there were no significant differences in newborn or maternal hospitalizations or urgent care visits, breastfeeding discontinuation, maternal depressive symptoms, or a combined clinical outcome measure indicating whether a mother-infant pair had any of the above outcomes. However, mothers in the home visit group were more likely than those in the control group to rate multiple aspects of their care as excellent or very good. These included the preventive advice delivered (76% vs 59%) and the skills and abilities of the provider (84% vs 73%). Mothers in the home visit group also gave higher ratings on overall satisfaction with the newborn's posthospital care (71% vs 59%), as well as with their own posthospital care (63% vs 55%). The estimated cost of a postpartum home visit to the mother and the newborn was \$265. In contrast, the cost of the hospital-based group visit was \$22 per mother-infant pair; the cost of an individual 15-minute visit with a registered nurse was \$52; the cost of a 15-minute individual pediatrician visit was \$92; and the cost of a 10-minute visit with an obstetrician was \$92. **CONCLUSIONS:** For low-risk mothers and newborns in an integrated managed care organization, home visits compared with hospital-based follow-up and group visits were more costly but achieved comparable clinical outcomes and were associated with higher maternal satisfaction. Neither strategy is associated with significantly greater success at increasing continuation of breastfeeding. This study had limited power to identify group differences in rehospitalization and may not be generalizable to higher-risk populations without comparable access to integrated hospital and outpatient care.

Esen UI. Autonomy of the pregnant woman. *J R Soc Med* 2003; 96(5):254-5.

Eskenazi B, Gladstone EA, Berkowitz GS *et al.* Methodologic and logistic issues in conducting longitudinal birth cohort studies: lessons learned from the Centers for Children's Environmental Health and Disease Prevention Research. *Environ Health Perspect* 2005; 113(10):1419-29. Abstract: In anticipation of the National Children's Study, lessons can be learned from the smaller birth cohort studies conducted by five Centers for Children's Environmental Health and Disease Prevention Research funded by the National Institute of Environmental Health Sciences and the U.S. Environmental Protection Agency. The populations studied are diverse in ethnicity and social class and reside in urban and rural environments. Although

almost all of the centers chose to enroll participants through medical care facilities, they had to develop independent staffs and structures because of the overburdened medical care system. Some of the lessons learned by the centers include the importance of continuous funding, building community partnerships to conduct culturally appropriate research, hiring bilingual and bicultural staff from the community, prioritizing research goals, developing biorepositories to ensure future utility of samples, instituting quality control procedures for all aspects of specimen and data collection, maintaining frequent contact with study participants, ensuring ethical conduct of the research in a changing medical-legal climate, and communicating results in a timely and appropriate manner to participants and the wider community. All centers underestimated the necessary start-up time, staff, and costs in conducting these birth cohort studies. Despite the logistical complexity and added expenses, all centers emphasize the importance of studying the impact of environmental exposures on those children most at risk, those living in minority and low-income communities. These centers present barriers encountered, solutions found, and considerations for future research, with the hope that the lessons learned can help inform the planning and conduct of the National Children's Study.

Espo M, Kulmala T, Maleta K, Cullinan T, Salin ML, Ashorn P. Determinants of linear growth and predictors of severe stunting during infancy in rural Malawi. *Acta Paediatr* 2002; 91(12):1364-70. Abstract: Stunting is common among children under 5 y of age in sub-Saharan Africa. Several risk factors have been associated with poor growth but few studies have prospectively addressed the development of linear growth faltering and stunting during the first year of life. The present study was designed to analyse typical growth among rural Malawian infants, focusing particularly on the impact of birth size, adherence to feeding guidelines and morbidity in the development of severe stunting during infancy. A community-based cohort of 613 singleton newborns was prospectively followed by monthly home visits. Data were collected on the children's socioeconomic background, maternal size and weight gain during pregnancy, birth events, morbidity, breastfeeding and complementary feeding, growth and mortality. Univariate and multivariate analyses were used to determine associations between predictor variables and poor linear growth. The proportions of stunted infants (Height-for-age Z-score < -2) at 3, 6 and 9 mo of age were 27%, 51%, and 63%, respectively. At 1 y of age, over two-thirds (71%) of the infants were at least moderately (HAZ < -2) and 31% severely stunted (HAZ < -3). **CONCLUSION:** The strongest predictor of severe stunting at 12 mo of age was small birth size. Other variables independently associated with this outcome included inappropriate complementary feeding, high morbidity, maternal short stature, male gender, and home delivery. Faltering of

linear growth started soon after birth and continued throughout infancy. Interventions increasing birth size could have a significant role in the prevention of early childhood stunting. The ideal strategy should also emphasize the importance of appropriate infant feeding and decreasing the number of illness episodes amongst the infants.

Estahbanati HK, Bouduhi N. Role of artificial neural networks in prediction of survival of burn patients-a new approach. *Burns* 2002; 28(6):579-86. Abstract: A burn patient may require the most complicated treatment regimes encountered among trauma victims. Predicting the outcome of such treatment depends on several factors which have non-linear relationships. Traditional methods in prediction are "logistic regression" and "maximum likelihood". In this study, an artificial neural network (ANN) is used for computing survival among burn patients admitted to the "Motahary Burn Center", during a 1 year period (1996-1997). Fifteen different observations, such as total body surface area (TBSA), rescue time, admission period, surgery, inhalation injuries, etc. were obtained, retrospectively. A normal feed forward ANN was developed by Thinkspro software. It has 15 input-units, two hidden layers, and one output-unit. Survival was higher in males, those in whom early fluid resuscitation had been initiated and in patients in the middle of the age spectrum ( $P < 0.0001$ ). Strong correlations with these factors were noted. In the training phase, the ANNs accuracy reached 90%. In this study, the ANN has been applied for the first time to predict burn victim survival. This study can enable a different view point to help burn center physicians in the prediction of survival of their patients.

Estell DB, Farmer TW, Cairns BD, Clemmer JT. Self-report weapon possession in school and patterns of early adolescent adjustment in rural african american youth. *J Clin Child Adolesc Psychol* 2003; 32(3):442-52. Abstract: Examined 345 6th-grade rural African American youth (189 boys, 156 girls) over 3 years with regard to carrying weapons in school. Recent investigations with nationally representative and urban samples have shown that carrying weapons in school fits into a larger pattern of problem behaviors, including aggression and substance use, which are supported by affiliations with other deviant youth. Very little work to date has specifically examined weapon carrying in rural African American youth. This study found that weapon carriers in the first year were primarily male, more aggressive, and had higher rates of substance use than noncarriers. Concurrent peer affiliations were not related to weapon carrying in the first year. However, among those who were not carriers in the 1st year, transitioning into weapon carrying was related to both individual marijuana use and peer-group aggression and marijuana use. Finally, over the 3 years of the study, weapon carriers tended to maintain their high levels of aggression, drinking, and marijuana use.

Estevez E, Musitu G, Herrero J. The influence of violent behavior and victimization at school on psychological distress: the role of parents and teachers. *Adolescence* 2005; 40(157):183-96. Abstract: This study examined the role of adolescents' interactions with both parents and teachers in the relationship between violent behavior/victimization at school and adolescent psychological distress (depression and stress). Participants were 983 Spanish adolescents (mean age 13.7 years) from four public schools in the Valencian Community. Statistical analyses were carried out using structural equation modeling. Results showed victimization to be directly and positively related to psychological distress. Moreover, victimization was associated with negative father-adolescent communication, which mediated a part of the influence of victimization on distress. Regarding school-based violent behavior, no direct effect on psychological adjustment was found. Results showed, however, an indirect effect: violent behavior negatively influenced communication with parents and interaction with teachers which, in turn, was related to poor psychological adjustment. This model accounted for 47.7% of the variance in psychological distress. Findings are discussed in relation to previous research on adolescent psychosocial adjustment, and directions for future research are suggested.

Ethier K, St Lawrence JS. The role of early, multilevel youth development programs in preventing health risk behavior in adolescents and young adults. *Arch Pediatr Adolesc Med* 2002; 156(5):429-30.

Etikan I, Caglar MK. Prediction methods for babies' birth weight using linear and nonlinear regression analysis. *Technol Health Care* 2005; 13(2):131-5. Abstract: The aim of this study is to determine more accurate prediction methods between linear and non-linear methods for prediction of babies' birth weight among maternal demographic characteristics. Three hundred pregnant women were included in the study. Blood glucose level before and after ingestion of glucose load, age, body mass index, % of change in weight during pregnancy, height, gestational age, parity, and fetal sex were collected as independent variables and baby birth weight as dependent variable. In linear regression, least squares estimation method was used to estimate parameters. Non-linear regression method was performed using neural network model with multilayer perceptrons, back propagation method was preferred as learning algorithm. Coefficient of determination,  $R^2$ , of the linear regression equation was found 59.8% and the standard error of the estimate was calculated as 325.69 gr. In non-linear regression method  $R^2$  value was also found 59.8% and standard error of estimate was calculated as 320.30 gr. According to the results of the present study, one method is not significantly better than the other. When "accuracy in prediction" is aimed, it is better to use the two methods and compare the results, and then decide



on the selection of the favourable method.

Etiler N, Velipasaoglu S, Aktekin M. Risk factors for overall and persistent diarrhoea in infancy in Antalya, Turkey: a cohort study. *Public Health* 2004; 118(1):62-9. Abstract: The aim of this study was to identify factors that influence the incidence of diarrhoea in infancy. The study was a prospective cohort study conducted in two primary healthcare unit areas in Antalya, Turkey. A total of 204 infants were followed until they were aged 1 year. Morbidity surveillance and anthropometric measurements were carried out by home visits every 2 months. The average incidences were found to be 2.76 episodes per child-year for overall diarrhoea and 18.56 episodes per 100 child-years for persistent diarrhoea. Relative risks, confidence intervals and logistic regression analyses were used to assess the associations. For both overall diarrhoea and persistent episodes, increased risks were associated with having an uneducated mother (RR=1.89 and 5.33, respectively) and a self-employed father (RR=1.89 and 3.77, respectively). Among environmental factors, living in a slum was associated with both overall (RR=1.68) and persistent (RR=2.69) diarrhoea, whereas living in a crowded house (RR=1.70), having no kitchen (RR=2.27) or having an unhygienic toilet (RR=1.93) were found to be significant for overall episodes alone. Factors related to the infant were preterm birth (RR=1.64), low birth weight (RR=2.05), and first breastfeed given more than 1 h after birth (RR=1.64). Nutritional status was also associated with overall or persistent diarrhoea: underweight children (RR=2.15, persistent diarrhoea only), stunted children (RR=1.67 and 2.14, respectively) or wasted children (RR=1.54 and 3.20, respectively). By logistic regression analysis, both overall and persistent diarrhoea were found to be associated with mother's education.

Euler GL, Copeland J, Williams WW. Impact of four urban perinatal hepatitis B prevention programs on screening and vaccination of infants and household members. *Am J Epidemiol* 2003; 157(8):747-53. Abstract: During 1992-2000, the authors studied compliance with perinatal hepatitis B prevention recommendations, including vaccination of household contacts, at four metropolitan sites in Connecticut, Georgia, Texas, and Michigan. Demographic and hepatitis B-related knowledge, attitudes, practices, and barrier data were collected on pregnant women testing positive for hepatitis B surface antigen and on their infants, children, and household and sexual contacts. Generalized estimating equations with repeated measures in a multivariable model were used to obtain adjusted relative risks of household noncompliance. In 1,458 households studied, 1,490 infants and 3,502 other contacts were identified. Among infants, vaccination start/finish rates were 92%/72%, and 73% were serotested postvaccination. Prevacination serotesting rates among contacts were 22%

preenrollment and 47% postenrollment. Among 2,519 contacts whose immunity status was susceptible or unknown, the vaccination start/finish rate was 45%/41%. Site-specific adjusted relative risks of household noncompliance compared with Texas were 2.14 (Michigan), 1.96 (Georgia), and 1.30 (Connecticut). Mother's birth in the United States increased the relative risk of household noncompliance (1.32). Home visits, implemented only in Texas, most likely account for higher compliance rates in that state. Findings may indicate that many perinatal programs could achieve higher overall rates of infant and contact identification; pre- and postvaccination serologic testing in contacts and infants, respectively; and contact hepatitis B vaccination.

Euler GL, Copeland JR, Rangel MC, Williams WW. Antibody response to postexposure prophylaxis in infants born to hepatitis B surface antigen-positive women. *Pediatr Infect Dis J* 2003; 22(2):123-9. Abstract: BACKGROUND: Annually 20,000 infants are born to hepatitis B surface antigen (HBsAg)-positive US women. Without prophylaxis 30% risk chronic hepatitis B virus infection, and 25% of those risk dying from resulting liver cirrhosis or liver cancer as adults. METHODS: We attempted to interview each HBsAg-positive pregnant woman reported to the health department between 1992 and 1997, to provide their infants with immunoprophylaxis at birth and in the clinic or home and to serotest at 9 to 15 months of age. RESULTS: Of 879 women reported, 92% enrolled; 787 delivered 796 live infants; 91% of infants received hepatitis B immunoglobulin; 98, 95 and 89% received hepatitis B vaccine (HepB) Doses 1, 2 and 3, respectively; and 80% were serotested. Of these 2.2% were HBsAg-positive and 97% had antibody to HBsAg (anti-HBs) of  $>$  or  $=10$  mIU/ml. Anti-HBs concentrations measured in 504 infants were 10 to 99 mIU/ml (25%), 100 to 999 mIU/ml (43%) and  $>$  or  $=1000$  mIU/ml (29%). Serotesting was less likely among infants of mothers  $<20$  years of age [odds ratio (OR) 2.5]; white, non-Hispanic (OR 2.8); or with a household income of  $< \$15,000/\text{year}$  (OR 2.0). Lower antibody titers were found when serotesting at 4 to 12 months than at  $<4$  months after HepB-3 (OR 1.8 to 4.4), with HepB-3 receipt  $<6$  months after HepB-2 (OR 2.5) and when household income was  $< \$15,000/\text{year}$  (OR 2.1). CONCLUSIONS: Centralized case management with home visits resulted in high rates of complete immunoprophylaxis and postvaccination testing among infants born to HBsAg-positive women. Perinatal immunoprophylaxis was immunogenic under routine public health use, with higher anti-HBs titers occurring in infants tested  $<4$  months postvaccination. Because infants in households with low income had higher rates of nonprotective antibody responses, they may benefit from extra efforts to ensure that serotesting is conducted postvaccination.

Evander E, Holst H, Jarund A *et al.* Role of ventilation

scintigraphy in diagnosis of acute pulmonary embolism: an evaluation using artificial neural networks. *Eur J Nucl Med Mol Imaging* 2003; 30(7):961-5.

Abstract: The purpose of this study was to assess the value of the ventilation study in the diagnosis of acute pulmonary embolism using a new automated method. Either perfusion scintigrams alone or two different combinations of ventilation/perfusion scintigrams were used as the only source of information regarding pulmonary embolism. A completely automated method based on computerised image processing and artificial neural networks was used for the interpretation. Three artificial neural networks were trained for the diagnosis of pulmonary embolism. Each network was trained with 18 automatically obtained features. Three different sets of features originating from three sets of scintigrams were used. One network was trained using features obtained from each set of perfusion scintigrams, including six projections. The second network was trained using features from each set of (joint) ventilation and perfusion studies in six projections. A third network was trained using features from the perfusion study in six projections combined with a single ventilation image from the posterior view. A total of 1,087 scintigrams from patients with suspected pulmonary embolism were used for network training. The test group consisted of 102 patients who had undergone both scintigraphy and pulmonary angiography. Performances in the test group were measured as area under the receiver operation characteristic curve. The performance of the neural network in interpreting perfusion scintigrams alone was 0.79 (95% confidence limits 0.71-0.86). When one ventilation image (posterior view) was added to the perfusion study, the performance was 0.84 (0.77-0.90). This increase was statistically significant ( $P=0.022$ ). The performance increased to 0.87 (0.81-0.93) when all perfusion and ventilation images were used, and the increase in performance from 0.79 to 0.87 was also statistically significant ( $P=0.016$ ). The automated method presented here for the interpretation of lung scintigrams shows a significant increase in performance when one or all ventilation images are added to the six perfusion images. Thus, the ventilation study has a significant role in the diagnosis of acute lung embolism.

Evans GW. A multimethodological analysis of cumulative risk and allostatic load among rural children. *Dev Psychol* 2003; 39(5):924-33. Abstract: This study merged two theoretical constructs: cumulative risk and allostatic load. Physical (crowding, noise, housing quality) and psychosocial (child separation, turmoil, violence) aspects of the home environment and personal characteristics (poverty, single parenthood, maternal highschool dropout status) were modeled in a cumulative risk heuristic. Elevated cumulative risk was associated with heightened cardiovascular and neuroendocrine parameters,

increased deposition of body fat, and a higher summary index of total allostatic load. Previous findings that children who face more cumulative risk have greater psychological distress were replicated among a sample of rural children and shown to generalize to lower perceptions of self-worth. Prior cumulative risk research was further extended through demonstration of self-regulatory behavior problems and elevated learned helplessness.

Evans R. Children living with domestic violence. *Emerg Nurse* 2001; 9(6):22-6.

Evans WD, Finkelstein EA, Kamerow DB, Renaud JM. Public perceptions of childhood obesity. *Am J Prev Med* 2005; 28(1):26-32. Abstract: BACKGROUND: Obesity has been identified as an epidemic by the Centers for Disease Control and Prevention. Rates of unhealthy body weight among children and adolescents have tripled since the 1980s to 15%. Media coverage of obesity has also increased, and the public is now highly aware of obesity-related health threats facing adults and children. METHODS: RTI International sponsored a representative survey of U.S. households ( $n=1047$ ) that included detailed questions about perceptions of the severity, causes, and public support for specific intervention strategies to combat childhood obesity. Logistic regressions were calculated to examine differences in support by sociodemographic characteristics. RESULTS: Respondents considered childhood obesity to be as serious as other major childhood health threats, such as tobacco use and violence, but not as serious as drug abuse. They supported most school-, community-, and media-based strategies that involved offering health information, limiting unhealthy food promotion, and increasing healthy nutrition and physical activity choices, but were generally opposed to regulatory and tax- or cost-based interventions. Logistic regressions revealed significantly greater support for some interventions among highly educated individuals and women, and lower support among parents with children at home. CONCLUSIONS: This study demonstrates that there is strong public support for interventions aimed at reducing overweight and obesity among children and adolescents. It also shows specific school, community, and media interventions that the public supports and opposes, and what consequences the public will accept in combating childhood obesity. These findings can help policymakers and public health professionals design and implement appropriate interventions.

Evans WD, Ulasevich A, Blahut S. Adult and group influences on participation in youth empowerment programs. *Health Educ Behav* 2004; 31(5):564-76. Abstract: This study examined adult and group influences on youth participation in youth empowerment (YE) Statewide Youth Movement

Against Tobacco Use programs. Adults provide individual guidance to youth groups and through existing tobacco control networks affect the social context in which YE programs are implemented. The authors tested hypotheses about the direct and indirect relationships between adults, groups, and youth collective participation. They used data from adults and youths to develop a measurement model of four higher order factors: adult involvement, group structure, group climate, and collective participation. They tested relationships between these factors in a structural equation model. Results showed that adult involvement did not have a meaningful direct effect on group factors or collective participation. Group factors mediated the relationship between adult involvement and collective participation. Further research is needed on how to measure adult involvement and its relationship to youth participation.

Fagan AA. The short- and long-term effects of adolescent violent victimization experienced within the family and community. *Violence Vict* 2003; 18(4):445-59. Abstract: Adolescents face high rates of victimization, yet little is known regarding the criminal consequences of these experiences. Using data from the National Youth Survey, this investigation compared the relative and combined effects of adolescent violent victimization perpetrated by family and nonfamily members on self-reported criminal offending from adolescence to early adulthood. The results demonstrate that both types of violence have an immediate and sustained impact on criminal involvement, although the effect is somewhat stronger for nonfamily victimization, and for both types, the relationship tends to weaken over time. In addition, those experiencing both types of victimization report a higher frequency of offending compared to those experiencing only one type. The findings indicate the need for prevention programs aimed at decreasing the prevalence of adolescent victimization, as well as intervention efforts to help victims from becoming offenders.

Fahey A, Day NA, Gelber H. Tele-education in child mental health for rural allied health workers. *J Telemed Telecare* 2003; 9(2):84-8. Abstract: We developed a tele-education programme in child mental health for rural allied health workers. The programme was delivered in two parts, each consisting of six sessions. Videoconferencing at 384 kbit/s was used. Satisfactory retention rates were maintained throughout. Participants consistently reported increases in knowledge and skills as a result of attending the programme. The project resulted in a high rate of reported changes to practice. An unanticipated outcome was the value placed on the opportunities for local networking provided by the project for participants. Videoconferencing can deliver effective professional development to allied health workers in child mental health.

Fair E, Murphy TV, Golaz A, Wharton M. Philosophic objection to vaccination as a risk for tetanus among children younger than 15 years. *Pediatrics* 2002; 109(1):E2.

Abstract: OBJECTIVES: Although safe and effective vaccines are available to protect against tetanus in the United States and vaccination rates are high, cases of tetanus among children continue to occur. The objectives of this article are to describe reported cases of tetanus in children in the United States and to identify the reasons for lack of protection against tetanus. METHODS: We reviewed all cases of tetanus in children <15 years of age that were reported to the National Notifiable Diseases Surveillance System from 1992 through 2000. Cases were defined by physician diagnosis. We verified the information in the case reports with state and local health departments. RESULTS: From 1992 through 2000, 15 cases of tetanus in children <15 years of age were reported from 11 states. Twelve cases were in boys. Two cases were in neonates <10 days of age; the other 13 cases were in children who ranged in age from 3 to 14 years. The median length of hospitalization was 28 days; 8 children required mechanical ventilation. There were no deaths. Twelve (80%) children were unprotected because of lack of vaccination, including 1 neonate whose mother was not vaccinated. Among all unvaccinated cases, objection to vaccination, either religious or philosophic, was the reported reason for choosing not to vaccinate. CONCLUSION: The majority of recent cases of tetanus among children in the United States were in unvaccinated children whose parents objected to vaccination. Parents who choose not to vaccinate their children should be advised of the seriousness of the disease and be informed that tetanus is not preventable by means other than vaccination.

Faith MS, Berkowitz RI, Stallings VA, Kerns J, Storey M, Stunkard AJ. Parental feeding attitudes and styles and child body mass index: prospective analysis of a gene-environment interaction. *Pediatrics* 2004; 114(4):e429-36.

Abstract: BACKGROUND: Parental feeding styles were linked to child weight in cross-sectional studies, which were unable to test the direction of effect. Prospective studies can best establish causal relationships among such variables. OBJECTIVE: We tested the 2-year stability of parental feeding attitudes and styles and investigated whether these variables predict child body mass index (BMI) z scores 2 years later. We evaluated whether these associations were dependent on children's predisposition to obesity. METHODS: Participants were 57 families enrolled in an Infant Growth Study of children born at high risk or low risk for obesity, on the basis of maternal prepregnancy overweight or leanness. Children were evaluated for weight and height at 3, 5, and 7 years of age. Measures of parental feeding attitudes and styles were ascertained with the Child Feeding Questionnaire at 5 and 7 years of age. Correlation and multiple

regression analyses tested whether parental feeding styles at age 5 predicted increased child BMI z scores 2 years later. **RESULTS:** Parental feeding attitudes and styles were stable for child ages of 5 to 7 years. With respect to feeding attitudes, perceived responsibility at age 5 predicted reduced child BMI z scores at age 7 among low-risk families, whereas child weight concern and perceived child weight predicted increased child BMI z scores among high-risk families. With respect to feeding styles, monitoring predicted reduced child BMI z scores at age 7 among low-risk children. In contrast, restriction predicted higher BMI z scores and pressure to eat predicted reduced BMI z scores among high-risk children. These associations remained significant after controlling for child weight status at age 3. **CONCLUSIONS:** The relationship between parental feeding styles and child BMI z scores depends on child obesity predisposition, suggesting a gene-environment interaction. Among children predisposed to obesity, elevated child weight appears to elicit restrictive feeding practices, which in turn may produce additional weight gain. Parenting guidelines for overweight prevention may benefit from consideration of child characteristics such as vulnerability to obesity and current weight status.

Falceto OG, Giugliani ER, Fernandes CL. Influence of parental mental health on early termination of breast-feeding: a case-control study. *J Am Board Fam Pract* 2004; 17(3):173-83. **Abstract:** **BACKGROUND:** The WHO recommends exclusive breast-feeding for babies up to 6 months of age. The association between maternal mental health and breast-feeding duration is contradictory. This is a case-control study to investigate this association. **METHODS:** 153 families with 4-month-old babies from an urban area in southern Brazil were investigated: in 51 families, breast-feeding had being discontinued (cases); in 102, babies were being breast-fed (controls). Two researchers evaluated maternal and paternal mental health during home visits using semistructured interviews and scales. **RESULTS:** Disorders were found in 59% of case mothers versus 48% of control mothers. Depression was the most prevalent disorder affecting both mothers and fathers. We did not identify a statistically significant association between maternal mental disorder at 4 months after delivery and early termination of breast-feeding. When the mother had mental problems during the first month after delivery, however, she was twice as likely to interrupt breast-feeding. Among the mothers with mental disorders during puerperium, 76% still had the problem 4 months postpartum. An association was observed between maternal and paternal mental health. **CONCLUSIONS:** Parental mental health does not seem to be associated with breast-feeding at 4 months in this culture setting where most mothers have good family and social support for breast-feeding. Maternal mental disorders during puerperium, however, may negatively affect the

duration of breast-feeding.

Fallot RD, Harris M. A trauma-informed approach to screening and assessment. *New Dir Ment Health Serv* 2001; (89):23-31. **Abstract:** Universal trauma screening and specific trauma assessment methods are necessary to developing collaborative relationships with trauma survivors and offering appropriate services.

Fals-Stewart W, Kelley ML, Cooke CG, Golden JC. Predictors of the psychosocial adjustment of children living in households of parents in which fathers abuse drugs: the effects of postnatal parental exposure. *Addict Behav* 2003; 28(6):1013-31. **Abstract:** The purpose of this study was to examine the relationship between the psychosocial adjustment of children living in households of parents (N=112) in which fathers were entering treatment for substance abuse and the following sets of variables: (a) parents' sociodemographic characteristics, (b) parents' dyadic adjustment, (c) fathers' substance use severity, and (d) parents' psychological adjustment. Mothers did not meet current criteria for a psychoactive substance use disorder on alcohol or other drugs; moreover, based on reports by parents, none of the children was not exposed prenatally to illicit drugs. Results of hierarchical-by-blocks regression analyses revealed that each of the variable sets made a significant unique contribution to the prediction of children's psychosocial adjustment. Furthermore, the following variables within the sets were also found to be significant: (a) parents' age, (b) weekly family income, (c) frequency of male-to-female physical aggression between the parents, (d) frequency of fathers' substance use during the previous year, (e) diagnosis of antisocial personality disorder of fathers, and (f) mothers' level of psychological distress.

Fanslow J. Responding to partner abuse: understanding its consequences, and recognising the global and historical context. *N Z Med J* 2004; 117(1202):U1073.

Faraone SV. Improving mental health care for children and adolescents: a role for prevention science. *World Psychiatry* 2005; 4(3):155-6.

Faraone SV. The scientific foundation for understanding attention-deficit/hyperactivity disorder as a valid psychiatric disorder. *Eur Child Adolesc Psychiatry* 2005; 14(1):1-10. **Abstract:** Continued questioning of the validity of a diagnosis of attention-deficit/hyperactivity disorder (ADHD) has created uncertainties about its management in the minds of many clinicians and the public. Inaccurate beliefs about the validity of ADHD hinder the clinical care of many ADHD patients and lead to confusion about the need to seek out or accept treatment. Critics describe ADHD as a diagnosis used

to label difficult children who are not ill but whose behavior is at the extreme end of normal. They further contend that, far from having a biological basis, ADHD results from poor parenting and ineffective teaching practices. Such attitudes do much to further stigmatize patients and their families and increase the burden of this debilitating condition. This review attempts to address these challenges by presenting evidence to show that ADHD meets the criteria for a valid psychiatric diagnosis. Not only does it cause specific disabling symptoms that frequently persist into adulthood, but many studies show it has a biological basis and a characteristic response to treatment. Such data support the idea that ADHD is a valid diagnostic category.

Faria MA Jr. Should physicians routinely inquire about guns? No: this inquiry is an invasion of privacy. *West J Med* 2001; 175(3):149.  
Notes: GENERAL NOTE: KIE: 5 refs.  
GENERAL NOTE: KIE: KIE Bib: professional patient relationship

Farver JA, Xu Y, Eppe S, Fernandez A, Schwartz D. Community violence, family conflict, and preschoolers' socioemotional functioning. *Dev Psychol* 2005; 41(1):160-70.

Abstract: This study examined the relations among family conflict, community violence, and young children's socioemotional functioning and explored how children's social cognition and mothers' psychological functioning may mediate the outcomes associated with this exposure. Mothers of 431 Head Start preschoolers completed questionnaires about their family demography, exposure to community violence, family conflict, and children's distress symptoms. Children were administered a social cognition assessment, and teachers rated their behavior. Results showed that mothers' reports of children's co-witnessing of community violence were positively associated with police department crime rates, children's distress symptoms, and teachers' ratings of aggression. A path analysis revealed that children's social awareness and mothers' depressive symptoms partially mediated the effects of community violence and family conflict on outcomes for children.

Fehrenbach SN, Kelly JC, Vu C. Integration of child health information systems: current state and local health department efforts. *J Public Health Manag Pract* 2004; Suppl:S30-5.

Abstract: Public health departments at the state and local levels are pursuing integration strategies to consolidate child health information systems to improve child health. Eighteen health departments were interviewed in this exploratory research study to gather information to describe their current activities related to integrating child health information systems. Results illustrate the common systems being brought

together and the technical process for doing so, financing mechanisms, range of anticipated information-users and their method of access to the integrated system, and common internal and external challenges and strengths that the health departments face. The evidence suggests a trend towards more efficient and thoughtful use of the multiplicity of information systems within public health departments as programs consolidate and share data and expand electronic communication with their external partners in the health care delivery system to improve children's health.

Feinfield KA, Baker BL. Empirical support for a treatment program for families of young children with externalizing problems. *J Clin Child Adolesc Psychol* 2004; 33(1):182-95.

Abstract: We evaluated the efficacy of a manualized multimodal treatment program for young externalizing children. Families were assigned randomly to an immediate 12-week parent and child treatment condition (n = 24) or to a delayed-treatment condition (n = 23). Parents had high attendance, high satisfaction with treatment, and increased knowledge of behavior management principles. Relative to the waitlist condition, treatment parents reported statistically and clinically significant reductions in child behavior problems, improved parenting practices (i.e., increased consistency, decreased power assertive techniques), an increased sense of efficacy, and reduced parenting stress. There was a trend toward parents improving their attitudes toward their children. In considering the process of change, we found evidence that improved parenting practices mediated reductions in child behavior problems and that child improvements mediated changes in parent attitudes and stress. Five months following treatment, teachers reported significant improvements in child behaviors, whereas parents reported that reductions in child behavior problems and parenting stress were maintained.

Feitshans IL. Protecting posterity: the occupational physician's ethical and legal obligations to pregnant workers. *Occup Med* 2002; 17(4):673-85.

Abstract: This article describes Federal and international codes and laws that relate to protection from reproductive hazards in the workplace. Occupational health practitioners are advised to shift their approach from managing the technical aspects needed to protect individual workers to the more global approach of effecting policy and supporting enforcement in the realm of reproductive health. This broader view will not only better protect women and children but will better serve the interest of society in replacing all existing workers and perpetuating civilization for posterity.

Fekkes M, Pijpers FI, Verloove-Vanhorick SP. Bullying behavior and associations with psychosomatic

complaints and depression in victims. *J Pediatr* 2004; 144(1):17-22.

Abstract: OBJECTIVES: To assess the association between bullying behavior and a wide variety of psychosomatic health complaints and depression. Study design In a cross-sectional study, 2766 elementary school children age 9 to 12 years filled out a questionnaire on bullying behavior and health complaints. Three groups--bullied children, active bullies, and children who both bully and are bullied--were compared with the group of children not involved in bullying behavior. Subsequently, risks for psychosomatic symptoms and depression were calculated by means of odds ratios. RESULTS: Bully victims had significantly higher chances for depression and psychosomatic symptoms compared with children not involved in bullying behavior. Odds ratios were as follows: headache, 3.0; sleeping problems, 2.4; abdominal pain, 3.2; bed-wetting, 2.9; feeling tired, 3.4; and depression, 7.7. Children who actively bullied did not have a higher chance for most of the investigated health symptoms. CONCLUSIONS: Being bullied is strongly associated with a wide range of psychosomatic symptoms and depression. These associations are similar to the complaints known to be associated with child abuse. Therefore, when such health complaints are presented, pediatricians and other health care workers should also be aware of the possibility that a child is being bullied to take preventive measures.

Feldman R, Klein PS. Toddlers' self-regulated compliance to mothers, caregivers, and fathers: implications for theories of socialization. *Dev Psychol* 2003; 39(4):680-92.

Abstract: To compare children's socialized behavior to parents and nonparental agents, this study examined self-regulated compliance to mothers and caregivers--an early form of internalization--in 90 toddlers, half of whom were also observed with fathers. Adults were observed in play, teaching, and discipline sessions with the child and were interviewed on child-rearing philosophies. Child cognition and emotion regulation were assessed, and naturalistic observations were conducted at child-care locations. Mean-level and rank-order stability were found in child compliance to the 3 adults. Child emotion regulation and adult warm control in a discipline situation were related to self-regulated compliance to the mother, caregiver, and father. Compliance to parents correlated with parental sensitivity and philosophies, and compliance to the caregiver correlated with child cognition and social involvement when child-care quality was controlled. Maternal sensitivity and warm control discipline predicted compliance to the caregiver but not vice versa. Results are consistent with theoretical positions on the generalization of socialization from the mother to nonmaternal agents.

Felitti VJ. [Origins of addictive behavior: evidence from a

study of stressful childhood experiences]. *Prax Kinderpsychol Kinderpsychiatr* 2003; 52(8):547-59. Abstract: A population-based analysis of over 17,000 middle-class American adults undergoing comprehensive, biopsychosocial medical evaluation indicates that three common categories of addiction are strongly related in a proportionate manner to several specific categories of adverse experiences during childhood. This, coupled with related information, suggests that the basic cause of addiction is predominantly experience-dependent during childhood and not substance-dependent. This challenge to the usual concept of the cause of addictions has significant implications for medical practice and for treatment programs.

Felitti VJ. [The relationship of adverse childhood experiences to adult health: Turning gold into lead]. *Z Psychosom Med Psychother* 2002; 48(4):359-69. Abstract: The Adverse Childhood Experiences (ACE) Study is a long term, in-depth analysis of over 17,000 adult Americans, matching their current health status against adverse childhood experiences that occurred on average a half-century earlier. We found that such adverse childhood experiences are quite common although typically concealed and unrecognized; that they still have a profound effect a half century later, although now transmuted from psychosocial experience into organic disease; and that they are the main determinant of the health and social well-being of the nation. Our findings are of direct importance to the everyday practice of medicine and psychiatry because they indicate that much of what is recognized as common in adult medicine is the result of what is not recognized in childhood. The ACE Study challenges as superficial the current conceptions of depression and addiction, showing them to have a very strong dose-response relationship to antecedent life experiences.

Felland L, Benoit AM. Communities play key role in extending public health insurance to children. *Issue Brief Cent Stud Health Syst Change* 2001; (44):1-4. Abstract: Nearly all low-income children are now eligible for public health insurance coverage through Medicaid or the State Children's Health Insurance Program (SCHIP), but millions of eligible children still lack coverage. Increasingly, states have turned to local communities to assist with SCHIP outreach. The Center for Studying Health System Change's (HSC) recent site visits to 12 nationally representative communities found many organizations not traditionally involved in public health insurance activities--such as schools, employers and religious and community groups--playing important outreach roles. Local social service agencies, health departments and providers also are helping children gain coverage. For policy makers seeking to increase enrollment, these community efforts offer a valuable road map. Local SCHIP outreach generally is considered successful but is costly. And, state budget shortfalls and reduced

federal SCHIP funding could threaten outreach efforts.

Felt-Lisk S, Gold MR. Do quality improvement strategies for Medicaid enrollees differ in Medicaid-dominant versus commercial managed care organizations? *Am J Manag Care* 2003; 9(12):806-16. Abstract: OBJECTIVE: To examine whether it matters, in terms of quality improvement initiatives and access to commercial networks, whether states contract with Medicaid-dominant or commercial managed care plans. STUDY DESIGN: A 2001 telephone survey of Medicaid managed care plans in 11 states that together account for about half of the national Medicaid managed care enrollment. METHODS: The survey was developed in consultation with a panel of individuals knowledgeable about Medicaid managed care. Information on plan characteristics and network design was obtained from the plan CEO or person most knowledgeable about the topics. The rest of the data were obtained from the person the CEO named as most knowledgeable about quality improvement initiatives. RESULTS: Surveyed plans reported an extensive array of quality improvement initiatives. Programs are in many ways similar across Medicaid-dominant and commercial plans. Medicaid-dominant plans tend to specialize more in conditions of greatest priority to Medicaid beneficiaries. Commercial plans tend to develop programs for accreditation by the National Committee for Quality Assurance, and to limit measurement specific to the Medicaid population. They draw on their commercial networks to support the Medicaid product line, but how much they expand provider access is not clear. Both types of programs face barriers that limit the effectiveness of the plans' initiatives. CONCLUSION: This study shows extensive development of quality initiatives in Medicaid managed care plans, with limited differences across Medicaid-dominant and commercial plans.

Fenwick J, Barclay L, Schmied V. Struggling to mother: a consequence of inhibitive nursing interactions in the neonatal nursery. *J Perinat Neonatal Nurs* 2001; 15(2):49-64. Abstract: This paper reports on one aspect of a grounded theory study of women's experiences of mothering in the nursery. Over 60 hours of interview data with 28 Australian women were analyzed. The analysis revealed that mothering in the nursery was a three-way interaction. "Struggling to mother" was the label given to the major category that represented how women responded to unsatisfactory nursing encounters. The findings illuminate how inhibitive nursing interactions relegate women to the periphery of care and engender an array of negative emotional responses that leave women feeling inconsequential to the welfare of their infant. Ultimately this has implications for how women take up their role as mothers in the nursery and for their sense of confidence, competence, and connection with their infant.

Ferdinand RF, Blum M, Verhulst FC. Psychopathology in adolescence predicts substance use in young adulthood. *Addiction* 2001; 96(6):861-70. Abstract: AIMS: To investigate prospective associations between psychopathology in adolescence and tobacco, alcohol and drug use in young adulthood. DESIGN: A sample of 787 10-14-year-olds from the Dutch general population was prospectively followed-up across an 8-year interval. The Child Behavior Checklist (CBCL) was administered at initial assessment, and at 2- and 4-year follow-ups. Substance abuse was assessed with the Young Adult Self-Report (YASR) at 8-year follow-up. FINDINGS: The Thought Problems scale of the CBCL was the strongest predictor of alcohol use, while smoking was predicted by the Thought Problems and Delinquent Behavior scales. The strongest association with drug use in young adulthood was for the CBCL Delinquent Behavior scale. Predictive value of predictors in early adolescence was as important as in late adolescence. CONCLUSION: To investigate pathways towards substance use in young adulthood, studies assessing a broad range of possible predictors, including Thought Problems, at different developmental stages of adolescence, are needed.

Ferguson TJ. Mapping shame and its functions in relationships. *Child Maltreat* 2005; 10(4):377-86. Abstract: Articles in this issue examine how experiences of shame, together with its effects on anger, are involved in maltreatment's sequelae. Authors identify mechanisms through which these emotions result from, and adversely affect, victims' concurrent and later adjustment. Using Leary's (1999) analysis of similar paradoxes in research concerning self-esteem, this commentary pinpoints dilemmas and consequences implied in this special issue regarding shame. These include whether shame should be accentuated as the central emotional mediator or moderator in maltreatment sequelae, inferring particular attributions, regulatory goals, or consequences based on extant measures of shame and construing these as outcomes or causes in maltreatment sequelae. Questions are raised concerning the diverse functions of shame, alone and in combination with anger or guilt, the steps needed to reveal these various functions, and their implications for therapeutic interventions with survivors of abuse. Adopting this approach acknowledges that expressions of shame may sometimes help victims negotiate relational hazards and treats shame as a signal or coeffect in maltreatment sequelae.

Fergusson DM, Goodwin RD, Horwood LJ. Major depression and cigarette smoking: results of a 21-year longitudinal study. *Psychol Med* 2003; 33(8):1357-67. Abstract: BACKGROUND: The aim of this paper was to examine the association between major depression and cigarette smoking among young adults in a birth cohort before and after adjusting for confounding

factors. **METHOD:** Data were gathered over the course of the Christchurch Health and Development Study (CHDS). The CHDS is a longitudinal study of a birth cohort of 1265 New Zealand children studied to age 21. Data were gathered by interview on: (a) major depression over the period 16-21 years; (h) daily smoking and nicotine dependence over the period from 16-21 years. In addition, the study included extensive information on social, family, and behavioural factors in childhood and adolescence. **RESULTS:** Young people meeting DSM-IV criteria for major depression had elevated rates of daily smoking and nicotine dependence. These associations were reduced substantially by control for potential confounding child and adolescent factors. Nonetheless, even after such control, major depression was associated with increased rates of daily smoking (IRR = 1.19; 95% CI = 1.03, 1.39) and elevated rates of nicotine dependence (OR = 1.75; 95% CI = 1.13, 2.70). **CONCLUSIONS:** The results suggest that much of the association between smoking and depression reflects common confounding factors that are associated with both outcomes. Nonetheless, even after control for these factors there is evidence of a possible causal linkage between smoking and depression. The direction of causality between smoking and depression remains unknown.

Fergusson DM, Horwood LJ. The Christchurch Health and Development Study: review of findings on child and adolescent mental health. *Aust N Z J Psychiatry* 2001; 35(3):287-96.

**Abstract:** **OBJECTIVE:** This paper provides an overview of the Christchurch Health and Development Study (CHDS) and a summary of findings relating to child and adolescent mental health. **METHOD:** The CHDS is a longitudinal study of a birth cohort of 1265 children born in the Christchurch (New Zealand) urban region during mid 1977. This cohort has now been studied from birth to age 21. **RESULTS:** The paper examines the ways in which the study has been able to examine a wide range of issues. Key issues examined include: (i) measurement of disorder (respondent effects; dimensionality; scales vs categories); (ii) prevalence and treatment of disorder; (iii) stability and continuity of disorders; (iv) the contribution of risk and aetiological factors (e.g. lead exposure, parental divorce, child abuse, family adversity, sexual orientation) to psychosocial adjustment; and (v) the psychosocial consequences of mental health problems in adolescence. **CONCLUSIONS:** The study findings illustrate the many advantages of a longitudinal study, such as the CHDS, in providing methodologically sound, theoretically relevant and cost effective research that caters for the interests of multiple end-users including the scientific community, clinicians and applied policy makers.

Fergusson DM, Horwood LJ, Ridder EM. Show me the child at seven: the consequences of conduct problems in

childhood for psychosocial functioning in adulthood. *J Child Psychol Psychiatry* 2005; 46(8):837-49. **Abstract:** **BACKGROUND:** This paper seeks to extend research into the adult sequelae of childhood conduct problems by investigating the associations between conduct problems in middle childhood and psychosocial outcomes in adulthood. **METHOD:** Data were gathered during the course of a 25-year longitudinal study of a birth cohort of New Zealand young people. Information was collected on: a) parent and teacher reports of child conduct problems at ages 7, 8 and 9 years; b) measures of crime, substance use, mental health, sexual/partner relationships, education/employment; c) confounding factors, including childhood, family and educational characteristics. **RESULTS:** There were statistically significant associations between childhood conduct problems from 7-9 years and risks of adverse outcomes across all domains of functioning. After control for confounding factors the associations between conduct problems and education/employment outcomes became statistically non-significant. Associations persisted for other outcomes (crime, substance dependence, mental health and sexual/partner relationships). Children in the most disturbed 5% of the cohort had rates of these outcomes that were between 1.5 and 19 times higher than rates for the least disturbed 50% of the cohort. The associations between conduct problems and adult outcomes were similar for males and females. **CONCLUSIONS:** Childhood conduct problems were associated with a wide range of adverse psychosocial outcomes (crime, substance use, mental health, sexual/partner relationships) even after control for confounding factors. The results reinforce the need for greater investment into interventions to address these problems.

Ferre Navarete F, Palanca I. Mental health care in Madrid. *Eur Psychiatry* 2005; 20 Suppl 2:S279-84. **Abstract:** **AIM:** To describe principles and characteristics of mental health care in Madrid. **METHOD:** Based on existing data, service provision, number of professionals working in services, funding arrangements, pathways into care, user/carer involvement and specific issues are reported. **RESULTS:** In Madrid, mental health services are organized into 11 zones/areas, divided into 36 districts, where there is a mental health outpatient service with a multi-disciplinary team. Home treatment and psychosocial rehabilitation services have been developed. Specialist programmes exist for vulnerable client groups, including Children and Adolescents, Addiction/Alcohol and Older People. The Madrid Mental Health Plan (2003-2008) is regarded as the key driver in implementing service improvement and increased mental health and well-being in Madrid. It has a meant global budget increase of more than 10% for mental health services. Results of the first 2 years are: an increase in mental health staff employed (17%), four new hospitalization units, 50% increase in places



for children and adolescents Day Hospitals, 62 new beds in long care residential units, development of specific programmes for the homeless and gender-based violence, a significant investment in information systems (450 new computers) and development of best practice and operational guidelines. Mental health system was put to the test with Madrid's March 11th terrorist attack. A Special Mental Health Plan for Affected people was developed. DISCUSSION: Unlike some European countries, public mental health service is the main health care provider. There are no voluntary agencies collaborating with mental health care. Continuity of care and coordination between all mental health resources is essential in service delivery. Increased demand of care for minor psychiatric disorders, children and adolescent mental health care, and implementation of rehabilitation and residential facilities for chronic patients are outstanding challenges similar to those in other European capitals. Overall, the mental health system had successfully coped with last year's increased care demand after March 11th terrorist attack in Madrid.

Ferreira AL. [Follow-up of child abuse victims: challenges for the pediatrician]. *J Pediatr (Rio J)* 2005; 81(5 Suppl):S173-80.

Abstract: OBJECTIVE: To review practical questions about the initial assistance and follow-up of child abuse victims and their families by pediatricians. SOURCES OF DATA: A literature review was carried out using the MEDLINE and LILACS databases, including the years 2000 to 2005. Some articles from past years and books were included due to their importance. SUMMARY OF THE FINDINGS: Initial assistance is one of the most important actions by health professionals for the protection of abused children in different healthcare sectors (community, outpatient clinics, emergency rooms and infirmary), and it is fundamental for the reduction of immediate and long-term negative consequences of violence. The protection services cannot monitor all the families under their responsibility and most child abuse cases are not even reported to those institutions; therefore, regular follow-up by a pediatrician is advisable. It is important to provide the family with support and guidance until the child is safe. The main challenges are: to be involved without causing more violence; to consider all the family as the focus of attention, including the family members who have committed the assault, helping them to change inadequate behaviors; to develop specific abilities to carry out this work, which must be multiprofessional, interdisciplinary and intersectoral. CONCLUSIONS: Families face difficulties when their children are abused and when the situation gains notoriety, demanding interventions from many institutions. In this process, a pediatrician can guide and help them to guarantee the protection and healthy development of their children. To overcome challenges, health professionals have to be technically and emotionally prepared.

Ferris I Tortajada J, Berbel Tornero O, Ortega Garcia JA *et al.* [Risk factors for pediatric malignant bone tumors]. *An Pediatr (Barc)* 2005; 63(6):537-47. Abstract: INTRODUCTION: Cancer is the result of the interaction of two kinds of determinants: genetic (endogenous) and environmental (exogenous). In the last few decades, pediatric oncology as a whole has progressed, including knowledge of malignant osseous tumors (MOT). Although advances have been made in diagnostic and therapeutic aspects, little progress has taken place in our knowledge of the risk factors involved in their etiopathogenesis. Objective: This review has three objectives: a) to provide an update on MOT-related risk factors in the child and adult population; b) to disseminate knowledge of the main MOT-related risk factors among our colleagues in order to promote research into these factors, diagnosis and future prevention, and c) to request help from our colleagues in the Environment and Pediatric Cancer research project. MATERIAL AND METHODS: We performed a systematic review of the literature published in the last 30 years on risk factors implicated in the etiopathogenesis of MOT, using Medline, Cancerlit, Science Citation Index and Embase. The search profiles used were: pediatric/childhood malignant bone tumors, pediatric/ childhood bone cancer/neoplasm, osteosarcoma/bone sarcoma/Ewing's sarcoma and risk factors/etiology/epidemiology. The most interesting articles were selected and the most relevant references contained therein were retrieved. RESULTS: MOT represent 6-7 % of all pediatric neoplasms. The most frequent types are osteosarcoma (OS) and Ewing's sarcoma (ES), representing 56 % and 34 % respectively. OS-related risk factors are the following: a) previous osseous disease (Paget's disease); b) familial-genetic factors (hereditary retinoblastoma, Li-Fraumeni syndrome, Rothmund-Thompson syndrome, Bloom syndrome, familial OS, Diamond-Blackfan anemia); c) chemical factors (antineoplastic drugs); d) physical factors (ionizing radiation); e) biologic factors; f) parental occupation, and g) other factors (artificial osseous implants and traumatism). ES-related risk factors are the following: a) ethnic-cultural (Caucasian race); b) genetic factors; c) parental occupation (herbicide, pesticide and fertilizer exposure); d) maternal obstetric history, and e) other factors (parental smoking and inguinal hernia). CONCLUSIONS: Most causes of MOT are unknown. Based on different levels of scientific evidence, the main factors implicated in the etiopathogenesis of OS are: Paget's disease, hereditary retinoblastoma, Li-Fraumeni syndrome, antineoplastic drugs, and ionizing radiation. The main factors related to ES are: Caucasian race, parental occupation, parental smoking, and surgery for inguinal hernia. The main obstacles to greater knowledge of MOT-related factors are: a) their multiple origin; b) the low prevalence in the population; c) lack of environmental health training in pediatrics, and d) the low public and private investment in this research field.

Ferris i Tortajada J, Ortega Garcia JA, Garcia i Castell J, Lopez Andreu JA, Berbel Tornero O, Crehua Gaudiza E. [Risk factors for neuroblastoma]. *An Pediatr (Barc)* 2005; 63(1):50-60.

Abstract: **INTRODUCTION:** NB is the most frequent pediatric cancer arising in the sympathetic nervous system and represents a serious healthcare challenge because: 1) it is the most frequent neoplasm in the first decades of life; 2) its biological behavior is unpredictable (spontaneous regression, maturation to ganglioneuroma, and localized and metastasized variants); and 3) little is known about most of the risk factors involved in its etiopathogenesis. The objective of this study was to disseminate knowledge of constitutional and environmental (physical, chemical, biological and social) risk factors linked to the development of neuroblastoma (NB), with various levels of scientific evidence. To seek collaboration among pediatricians in the research project "Environment and Pediatric Cancer". **MATERIAL AND METHODS:** We performed a systematic review of the literature published in the previous 25 years on risk factors for NB diagnosed in the first two decades of life, using Medline, the Science Citation Index and Embase. Search profiles were: "neuroblastoma/childhood sympathetic nervous system neoplasms and risk factors/etiology/epidemiology". The most interesting articles and the most relevant references contained therein were selected. **RESULTS:** With greater or lesser scientific evidence, the following risk factors increase the risk of developing NB: genetic factors; geographic factors; ethnic factors; socioeconomic factors; infectious factors; physical factors; parental occupational exposure; gestational factors; and perinatal and maternal factors. Preventive factors associated with a lower risk of developing NB are breastfeeding and intake of vitamin supplements during pregnancy. **CONCLUSIONS:** The main barriers to the identification of evidence-based risk factors involved in the development of NB are its complex biology and clinical course, its relative rarity and the difficulty of performing epidemiological studies. Research on constitutional and environmental factors involved in its etiopathogenesis should be stimulated. The best preventive strategy is to recommend breastfeeding for more than 6 months.

Fetuga BM, Njokama FO, Olowu AO. Prevalence, types and demographic features of child labour among school children in Nigeria. *BMC Int Health Hum Rights* 2005; 5(1):2.

Abstract: **BACKGROUND:** To determine the prevalence, types and demographic features of child labour among school children in Nigeria. **METHODS:** A cross-sectional interview study of 1675 randomly selected public primary and secondary school pupils aged 5 to less than 18 years was conducted in the Sagamu Local Government Area of Ogun State, Nigeria from October 1998 to September 1999. **RESULTS:** The overall prevalence of child labour was

64.5%: 68.6% among primary and 50.3% among secondary school pupils. Major economic activities included street trading (43.6%), selling in kiosks and shops (25.4%) and farming (23.6%). No child was involved in bonded labour or prostitution. Girls were more often involved in labour activities than boys (66.8% versus 62.1%,  $p = 0.048$ ): this difference was most obvious with street trading ( $p = 0.0004$ ). Most of the children (82.2%) involved in labour activities did so on the instruction of one or both parents in order to contribute to family income. Children of parents with low socio-economic status or of poorly educated parents were significantly involved in labour activities ( $p = 0.01$  and  $p = 0.001$  respectively). Child labour was also significantly associated with increasing number of children in the family size ( $p = 0.002$ ). A higher prevalence rate of child labour was observed among children living with parents and relations than among those living with unrelated guardians. **CONCLUSION:** It is concluded that smaller family size, parental education and family economic enhancement would reduce the pressure on parents to engage their children in labour activities.

Fiese BH, Wamboldt FS, Anbar RD. Family asthma management routines: connections to medical adherence and quality of life. *J Pediatr* 2005; 146(2):171-6.

Abstract: **OBJECTIVES:** To develop a reliable measure of asthma management routines and examine its association with health care utilization, medical adherence, and quality of life. **STUDY DESIGN:** Families ( $n = 153$ ) with a child with asthma, drawn from two sites, participated in the study. Parents completed the Asthma Routines Questionnaire, Adherence to Clinical Trials interview, Functional Severity of Asthma Questionnaire, and Caregiver Quality of Life. Children completed the Pediatric Quality of Life. Electronic monitoring of medication use over a period of 12 months was available for children at one study site. **RESULTS:** A principal component factor analysis revealed two dimensions to the Asthma Routines Questionnaire: Medication Routines and Routine Burden. Medication Routines were related to medical adherence and to health care utilization. Routine Burden was related to caregiver and child quality of life. **CONCLUSIONS:** The Asthma Routine Questionnaire holds promise as a reliable assessment of family practices related to medication use. The emotional burden of daily care can be distinguished from medication use, which is more closely linked to adherence issues. Targeted questions during regular care may reveal family routine practices amenable to intervention.

Figueiredo B, Bifulco A, Paiva C, Maia A, Fernandes E, Matos R. History of childhood abuse in Portuguese parents. *Child Abuse Negl* 2004; 28(6):669-82. Abstract: **OBJECTIVE:** The study examines the self-reported prevalence of childhood physical and sexual

abuse in a large sample of Portuguese parents. METHOD: Nearly 1,000 parents (506 mothers and 426 fathers) were selected through public primary schools from the Northern area of Portugal. All completed the Portuguese version of the Childhood History Questionnaire (CHQ) [Journal of Family Violence 5 (1990) 15]. RESULTS: Results show that the prevalence of abuse was 73%, but more severe physical abuse involving sequelae/injury was reported by 9.5%. Most physical abuses began prior to age 13, with half continuing after age 13. No gender differences were found for rates of physical abuse. However, among the milder physical abuse without sequelae/injury, those women who experienced "whipping" or "slapping/kicking" were more likely to do so from their mothers than fathers. Among men who were "slapped/kicked" this was more likely to be from their fathers. Low rates of sexual abuse were found at 2.6% with no gender or age differences. Lack of a supportive adult in childhood related to the more severe abuses, but only in adolescence. Portuguese rates of abuse were consistently lower than those reported in USA and Spanish studies using the CHQ. CONCLUSIONS: This is the first retrospective, self-report study of childhood abuse in a large sample of Portuguese parents and, even with a participation rate of 69%, shows lower rates than in US and Spanish samples.

Fikree FF, Pasha O. Role of gender in health disparity: the South Asian context. *BMJ* 2004; 328(7443):823-6.

Findling RL, Steiner H, Weller EB. Use of antipsychotics in children and adolescents. *J Clin Psychiatry* 2005; 66 Suppl 7:29-40. Abstract: The comparable efficacy and improved safety of the atypical antipsychotics compared with the traditional antipsychotic agents in the treatment of schizophrenia and other disorders in adults have prompted the use of these agents in children and adolescents. The atypical antipsychotics are increasingly being used in children and adolescents with a variety of different psychiatric diagnoses, including schizophrenia, bipolar disorder, autism/pervasive developmental disorders, conduct disorder, depression, anxiety disorders, tic disorders, delirium, and eating disorders. Unfortunately, clinical use of these agents in pediatric patients has far exceeded the limited evidence from randomized controlled trials. This article reviews the available evidence from the published literature on the use of the atypical antipsychotics in children and adolescents with schizophrenia, bipolar disorder, and maladaptive aggression associated with autism/pervasive developmental disorders and conduct disorder/disruptive behavior disorders.

Fine B. Being the voice for a child. *Pediatr Ann* 2004; 33(11):785-7.

Finke L, Williams J, Ritter M *et al.* Survival against drugs: education for school-age children. *J Child Adolesc Psychiatr Nurs* 2002; 15(4):163-9. Abstract: PROBLEM: Alcohol and drug use of young school-age children continue to escalate. Comprehensive, effective interventions are needed to treat and prevent future alcohol and drug use. METHODS: The alcohol and drug use of 69 school-age children participating in afterschool programs was explored; parents completed a family climate scale. An investigator-developed educational program was evaluated for its effect on self-efficacy of the children to prevent drug and alcohol use. FINDINGS: Although family climate scales indicated functioning families, 25% of the children indicated they have used drugs or alcohol and 49% indicated a possible problem with alcohol or drugs being used at home by parents. A significant correlation with a child's self-efficacy and drug use was found. CONCLUSIONS: The educational program taught children survival skills to resist the use of alcohol and drugs. Children with a plan to resist the use of drugs were more likely not to use drugs.

Finkelhor D. The legacy of the clergy abuse scandal. *Child Abuse Negl* 2003; 27(11):1225-9.

Finkelstein N, Rechberger E, Russell LA *et al.* Building resilience in children of mothers who have co-occurring disorders and histories of violence: intervention model and implementation issues. *J Behav Health Serv Res* 2005; 32(2):141-54. Abstract: Historically, children of parents with co-occurring substance abuse and mental health disorders and histories of violence/trauma have been overlooked in behavioral health treatment systems. The Women, Co-occurring Disorders and Violence Study (WCDVS) was a 5-year initiative funded by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that included a Children's Study that explored the treatment needs of children of women with these multiple disorders. This article describes the development of the Children's Study intervention that included clinical assessment, group intervention, and resource coordination/advocacy for children aged 5-10 to build resilience through increasing coping skills, improving interpersonal relationships, and helping coalesce positive identity and self-esteem. Innovative procedures, including the participation of consumer/survivor/recovering women and mothers, in the planning, implementation, and administrative applications of this intervention and study are also highlighted. It is recommended that programs begin to implement family-focused integrated treatment approaches that can potentially increase protective factors for children affected by parental mental illness, substance abuse, and violence.

Fischer M, Barkley RA, Smallish L, Fletcher K. Young adult follow-up of hyperactive children: self-reported

psychiatric disorders, comorbidity, and the role of childhood conduct problems and teen CD. *J Abnorm Child Psychol* 2002; 30(5):463-75. Abstract: We report on the psychiatric disorders present at young adult follow-up (Mean age 20-21 years; 13+ year follow-up) and the comorbidity among them for a large sample of hyperactive (H; N = 147) and community control (CC; N = 71) children. The H group had a significantly higher risk for any nondrug psychiatric disorders than the CC group (59% vs. 36%). More of the H group met criteria for ADHD (5%); major depressive disorder (26%); and histrionic (12%), antisocial (21%), passive-aggressive (18%), and borderline personality disorders (14%) at follow-up than the CC group. Severity of childhood conduct problems contributed to the risk for passive-aggressive, borderline, and antisocial personality disorders. But it only affected risk for antisocial personality after controlling for severity of teen conduct disorder (CD), which also contributed to the risk for these same 3 disorders. Examination for comorbidity among these disorders indicated that presence of either borderline or antisocial personality disorder significantly increased the risk for major depression and the other significant personality disorders. More of the hyperactive group had received various forms of mental health treatment during and since leaving high school than the control group. Results suggest that hyperactive children are at significant risk for at least 1 nondrug disorder in young adulthood, principally major depression and several personality disorders, and that this risk is largely mediated by severity of CD at adolescence.

Fisher EB, Strunk RC, Sussman LK, Sykes RK, Walker MS. Community organization to reduce the need for acute care for asthma among African American children in low-income neighborhoods: the Neighborhood Asthma Coalition. *Pediatrics* 2004; 114(1):116-23. Abstract: BACKGROUND: Low-income African Americans exhibit disproportionate prevalences, morbidity rates, and mortality rates for asthma. OBJECTIVE: To determine whether a community-based intervention, the Neighborhood Asthma Coalition (NAC), conducted through a well-established neighborhood organization in St. Louis could improve awareness of asthma, change attitudes about its care, improve asthma management practices, and reduce the need for acute care for asthma. METHODS: The NAC included educational programs for parents and children, promotional activities, and individualized support provided by trained neighborhood residents. African American children, 5 to 14 years of age, with at least 1 incident of acute care (emergency department visit or hospitalization) within the previous year were enrolled from 8 zip code areas with low-income residents and high proportions of Medicaid-eligible children, ie, 4 NAC neighborhoods and 4 comparable control neighborhoods. Evaluations included quarterly telephone interviews to assess asthma attitudes and management and sites of care. Audits of acute care

sites covered 12 months before initiation of the NAC through 3 years of the program. RESULTS: A total of 371 patients were contacted and determined to be eligible for the study, and 345 agreed to participate, representing a recruitment rate of 93%. Of those, 15 withdrew and 24 were lost to follow-up monitoring after the initial contact. In addition, 57 were excluded from analysis because of relocation or for other reasons. Utilization data to determine rates of acute care (emergency department visits and hospitalizations) were collected for 249 patients (100 NAC subjects and 149 control subjects). Acute care rates decreased for both the NAC and control groups from the year before intervention to the last year of intervention, with no significant differences between the NAC and control groups. Participation in NAC programming affected the acute care outcome; the NAC-low participation and control groups did not differ but the NAC-high participation group differed significantly from the pooled control and NAC-low participation groups in reductions in acute care rates. Both contacts with NAC staff members and attendance at educational events were associated with changes toward stronger views that asthma can be managed (partial correlation = .27 and partial correlation = .24, respectively). Structural equation modeling demonstrated that participation in the NAC was associated with positive changes on the Index of Asthma Attitudes scale and lower rates of acute care. Social isolation was associated with greater participation in the program and thus reduced care rates. CONCLUSIONS: The NAC reached its intended audience, including those who were socially isolated, brought about changes in management practices, and was associated with promising reductions in acute care rates among active participants in the program.

Fisher K, Kettl P. Teachers' perceptions of school violence. *J Pediatr Health Care* 2003; 17(2):79-83. Abstract: INTRODUCTION: Pediatric nurse practitioners, especially those working in the school settings, often interact with children and teachers who confront school violence. This descriptive study was conducted to obtain teachers' insights into the problems of school violence. METHOD: Voluntary questionnaire surveys were distributed to 536 elementary, middle, and high school teachers in a suburban school district in central Pennsylvania. Seventy-four percent returned usable surveys (n = 393). Data were tabulated and results are presented as percentages, frequencies, and chi-square analysis. RESULTS: Fifty-six percent of teachers believed that violence or the threat of violence had a direct impact on the quality of education they are able to provide. Elementary school teachers were more likely to be victims of a physical assault by a student (P = .0006) and more likely to fear parents (P = .002) than were other teachers. DISCUSSION: Even in suburban schools, teachers are likely to be victimized and fear students or their parents. This fear adversely affects the quality of education provided. Pediatric nurse

practitioners play a significant role in addressing this public health concern.

Fitzgerald A, Bailey M, Smith AC *et al.* Child development services: a multidisciplinary approach to professional education via videoconference. *J Telemed Telecare* 2002; 8 Suppl 3:S3:19-21. Abstract: We have piloted a monthly series of multidisciplinary case discussions via videoconference in the area of child development. The project provided a forum for clinical discussion of complex cases, peer review, professional development and networking for allied health professionals and paediatricians. Six sites in Queensland participated in the project; each site presented at least one case for discussion. The videoconferences ran for 90 min each and were attended by an average of 26 health professionals. The response rate for a questionnaire survey was 71%. The respondents rated the effectiveness of case summaries and the follow-up newsletter very positively. Despite some early difficulties with the technical aspects of videoconferencing, the evaluation demonstrated the participants' satisfaction with the project and its relevance to their everyday practice.

Fitzgerald M. The development of nociceptive circuits. *Nat Rev Neurosci* 2005; 6(7):507-20. Abstract: The study of pain development has come into its own. Reaping the rewards of years of developmental and molecular biology, it has now become possible to translate fundamental knowledge of signalling pathways and synaptic physiology into a better understanding of infant pain. Research has cast new light on the physiological and pharmacological processes that shape the newborn pain response, which will help us to understand early pain behaviour and to design better treatments. Furthermore, it has shown how developing pain circuitry depends on non-noxious sensory activity in the healthy newborn, and how early injury can permanently alter pain processing.

Fivush R, Edwards VJ. Remembering and forgetting childhood sexual abuse. *J Child Sex Abus* 2004; 13(2):1-19. Abstract: Twelve white middle-class women who had been severely sexually abused as children by a family member were asked to provide a narrative of their abuse and discuss their subsequent remembering and forgetting of these experiences. Most claimed they had undergone periods during which they had not recalled their abuse, but also claimed that they had never forgotten their experiences at another point during the interview. Nine of the women had actively tried to forget the abusive experiences, although 8 still experienced recurrent and often relentless intrusive memories. Our findings suggest that women with continuous memories may have longer and more coherent narratives than women without continuous memories. Implications of these findings for

understanding the phenomenology of memory experiences and the concept of "recovered" memories of childhood sexual abuse are discussed.

Flanagan NM, MacLeod C, Jenkins MG, Wylie R. The Child Protection Register: a tool in the accident and emergency department? *Emerg Med J* 2002; 19(3):229-30.

Abstract: AIMS: To determine the number of children on the Child Protection Register (CPR) attending the accident and emergency (A&E) department and the referral source, diagnostic category, and frequency distribution for such attendances. To determine whether lack of knowledge that a child is on the CPR results in failure to suspect non-accidental injury (NAI) if the standard indicators of NAI have been sought. METHODS: Access to the CPR was obtained. Records of each child attending the A&E departments of the United Hospitals Trust between June 1994 and May 2000 were reviewed. RESULTS: Over the six years 191 children were on the CPR. Seventy nine (41%) attended A&E departments on 206 occasions. Frequency of attendance ranged to 18 with a mean of 2.6. Self referral was the commonest source of referral (81%) followed by general practitioners (13%), 999 calls (5%), and a small number from schools (1%). Most presentations involved trauma-upper limb (21%), lower limb (14%), and head injury (8%). Almost all cases of trauma were adjudged to be consistent with the history and NAI not suspected. Common childhood illnesses accounted for the remainder of presentations. Only six children were identified as being on the CPR at the time of presentation. Concerns were raised in two other cases and concerns should have been raised in three other children. Social Services were alerted on five occasions directly by the parents themselves. CONCLUSIONS: It is concluded that in the absence of knowledge of the status of a child on the CPR attending the A&E department, that screening for the standard indicators of NAI is adequate to detect most cases of NAI.

Flannery RB Jr, Hanson MA, Rego J Jr, Walker AP. Precipitants of psychiatric patient assaults on staff: preliminary empirical inquiry of the Assaulted Staff Action Program (ASAP). *Int J Emerg Ment Health* 2003; 5(3):141-6.

Abstract: Although there has been extensive empirical research on the characteristics of psychiatric patient assailants and their staff victims, there has been a dearth of empirical research on the nature of the precipitants of these patient/staff interactions. Building on the few earlier studies, this year-long, retrospective, empirical study of patient precipitants was conducted within the context of the Assaulted Staff Action Program (ASAP) in ten public sector health care facilities. Excessive sensory stimulation, staff restrictions on patient behaviors (restraints), and acute psychosis were the most frequently occurring precipitants. There were no specific patterns to patient

assault and staff victim characteristics by assault precipitant. The implications of this study and future research needs are addressed.

Fleck LM. Children and organ donation: some cautionary remarks. *Camb Q Health Ethics* 2004; 13(2):161-6.

Fledelius HC. Retinal haemorrhages in premature infants: a pathogenetic alternative diagnosis to child abuse. *Acta Ophthalmol Scand* 2005; 83(4):424-7. Abstract: PURPOSE: To present the occasional observation of retinal haemorrhages in premature babies, as a diagnostic alternative to those observed as part of shaken baby syndrome. METHODS: We carried out an observational study on 11 infants in whom retinal and/or vitreous haemorrhages had been observed within their first months of life. Ten infants were under surveillance for retinopathy of prematurity (ROP), with gestational ages and birth weights in the ranges of 27--34 weeks and 790--1665 g, respectively. One infant was diagnosed with Zellweger's syndrome and one received substitution therapy for coagulation factor II deficiency. The last child had been delivered at 38 weeks, weighing 2070 g; he died on day 5 from severe brain oedema with incarceration and extensive bilateral fundus bleeding. RESULTS: Four of the 11 infants had some evidence of ROP, and two later received retinal ablation therapy. Contrary to the quick absorption (<1-2 weeks only) usually seen in most newborn term infants, the ocular bleeding in preterms was generally longstanding. A quick increase in intracranial pressure probably played a role in the lethal case with delivery near term, and one infant received lung physiotherapy for pneumonia at the age of 6 months. Some bleeding appeared to be truly postnatal (i.e. it was observed as a new occurrence during the course of surveillance). CONCLUSIONS: In the series under study there was no suspicion of child abuse. In term infants, retinal haemorrhages are extremely rare except when due to shaking, but other diseases should be ruled out, coagulopathies in particular. We suggest that prematurity as such is added to the list of possibly underlying causes when retinal bleedings are evaluated in very small infants and shaken baby mechanisms are suspected.

Fleischman AR, Collogan L. Addressing ethical issues in everyday practice. *Pediatr Ann* 2004; 33(11):740-5. Abstract: In primary-care practice, just as in critical care, ethical dilemmas challenge pediatricians to make choices in the best interests of their patients. Parents are important to the growth and development of children and have broad responsibility for making virtually all decisions regarding nutrition, clothing, housing, education, religion, and medical care. Society's deference to parental choice promotes the value of family integrity, ensures the availability of an identifiable decision maker, and acknowledges the legitimate role parents play in shaping their child's

development. However, pediatricians have obligations to assess and advocate for the best interests of their patients. This requires that physicians reach out to their patients and take the time to listen to children and to involve them in their own care. The proper role of a child in planning care depends less on chronologic age than on developmental and personal capacity. Even young children have a keen awareness of their own clinical situations and options and should be involved as best as is possible in decision making. All decision making for children should be collaborative among patients, parents, and professionals. A situation including an involved child, an informed parent, and a caring and compassionate caregiver working collaboratively is most likely to result in optimal decisions for pediatric patients. Bartholome concluded in 1995 that pediatricians should respect children for the persons they are in the process of becoming by being willing to assist them to participate to the extent of their capacity in making decisions about their health. Combining that view with fostering respect for the strongly held beliefs and values of parents is the direction pediatricians should travel to make decisions in the best interests of children.

Fleming CB, Haggerty KP, Catalano RF, Harachi TW, Mazza JJ, Gruman DH. Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades? *J Sch Health* 2005; 75(9):342-9. Abstract: This study assessed whether characteristics of individuals that are predictors of youth problem behavior such as substance use, delinquency, and violence also predict academic achievement. Longitudinal data from 576 students participating in the Raising Healthy Children (RHC) project were analyzed. The RHC project is a study of students recruited from a suburban Pacific Northwest school district. Tenth-grade academic achievement was measured by scores on a standardized test administered to students in Washington State (as part of compliance with the No Child Left Behind Act) and by student self-report of grades. Measures of social and behavioral characteristics at seventh grade were based on data from student, parent, and teacher surveys. Researchers assessed overall correlations between 7th-grade predictors and 10th-grade academic achievement as well as partial correlations adjusted for demographic characteristics and scores on an earlier achievement test, the Comprehensive Test of Basic Skills, in 4th grade. Results indicated that higher levels of school bonding and better social, emotional, and decision-making skills were related to higher test scores and higher grades. Lower test scores and lower grades were predicted by elevated levels of attention problems, negative behavior of peers, and disruptive and aggressive behavior. Lower test scores also were predicted by early use of alcohol and cigarettes. These findings support the premise that school-based social development interventions that address specific risk

factors, curb early manifestations of antisocial behavior, and promote school bonding and social and emotional skills are likely to improve student academic achievement.

Fleming DM, Schellevis FG, Falcao I, Alonso TV, Padilla ML. The incidence of chickenpox in the community. Lessons for disease surveillance in sentinel practice networks. *Eur J Epidemiol* 2001; 17(11):1023-7. Abstract: Sentinel practice networks have been established in many European countries to monitor disease incidence in the community. To demonstrate the value of sentinel networks an international study on the incidence of chicken pox has been undertaken. Chickenpox was chosen as an acute condition for which incidence data are important to the determination of health policy on vaccine use. The project examined the incidence of chickenpox reported in sentinel networks in England and Wales, The Netherlands, Portugal and Spain (two regional networks) in January-June 2000 and the potential underestimate from patients who did not consult. An investigation of secondary household contact cases was undertaken. Reported incidence of chickenpox (all ages) in England and Wales was 25 per 10,000, in The Netherlands 13 per 10,000, in Portugal 21 per 10,000, in Spain Castilla y Leon 27 per 10,000 and in Spain Basque 55 per 10,000. Analysis of secondary contact cases suggested underestimation of incidence between 2.4% in Spain Castilla y Leon and 32.2% in The Netherlands. There was a trend towards incidence at an earlier age in England and Wales and in The Netherlands compared with Portugal and Spain. Whilst there was little problem in reliably identifying the number of incident cases in the recording networks and relating the non-consulting contact cases to them, the security of the denominator remains a problem where networks are comprised of differing categories of health care provider. It is essential that numerator and denominator information are made available specifically for each category.

Fleming DM, Schellevis FG, Van Casteren V. The prevalence of known diabetes in eight European countries. *Eur J Public Health* 2004; 14(1):10-4. Abstract: BACKGROUND: The prevalence of diabetes has been proposed as a European Community Health Indicator. The prevalence of diabetes known to general practitioners (GPs) in different European countries has been investigated and the usefulness of sentinel practice networks in delivering prevalence data on diabetes has been evaluated. METHODS: Patients presenting with diabetes in a 12 month period (1999/2000) to GPs in established European sentinel practice surveillance networks in eight European countries were registered. Estimates of prevalence were standardized to the 1998 European population. RESULTS: All-age prevalence reported in the network populations was lowest in Slovenia (male 16, female 16 per 1000) and highest in Belgium (male 31, female

34). The range of estimates obtained in this study was narrower than that published by the WHO in the Health For All database. The range was further reduced by age standardization. In males aged 45 years and over, age standardized prevalence ranged from 39 (Slovenia) to 76 (Belgium) and in females from 37 (Slovenia) to 75 (Belgium). There were no consistent gender differences in national prevalence rates. CONCLUSIONS: The study demonstrates the capacity of sentinel practice networks to deliver data on the prevalence of known diabetes in persons over 45 years. National differences in prevalence are less than hitherto reported. Prevalence in Belgium measured in all ages and in 45 years and over males and females was higher than in the seven other countries.

Fletcher AC, Rollins A, Nickerson P. The extension of school-based inter- and intraracial children's friendships: influences on psychosocial well-being. *Am J Orthopsychiatry* 2004; 74(3):272-85. Abstract: Children's (N=142) school friendships with same versus different race peers were coded for prevalence and the extent to which parents maintained social relationships with these friends (a proxy for extension of friendships beyond the school context). Membership in integrated versus nonintegrated social networks at school was unassociated with psychosocial well-being. Out-of-school extension of interracial friendships was linked with greater social competence among Black children. Black children whose friendships with both same and different race peers were extended beyond the school context reported higher levels of self-esteem.

Flores E, Cicchetti D, Rogosch FA. Predictors of resilience in maltreated and nonmaltreated Latino children. *Dev Psychol* 2005; 41(2):338-51. Abstract: To date, few studies have sought to investigate the effects of child maltreatment and processes influencing maladaptation and resilience in Latino children. In the current investigation, multiple aspects of functioning, personal resources, and relationship features were examined in school-age maltreated and nonmaltreated Latino children. Maltreated Latino children were found to have fewer areas of resilient functioning. Ego-resiliency and ego-control, as personal resources, and the ability to form a positive relationship with an adult figure outside of the immediate family predicted resilience. However, certain aspects of interpersonal functioning were differentially related to resilience for maltreated and nonmaltreated Latino children. These findings have implications for understanding how resilience can be promoted in maltreated and nonmaltreated Latino children.

Flouri E. Psychological and sociological aspects of parenting and their relation to suicidal behavior. *Arch Suicide Res* 2005; 9(4):373-83.

Abstract: The article reviews the evidence on the role of childhood adversities, family structure, and parenting in youth suicidal behavior, and suggests that future suicide research could benefit from investigating how parenting can protect against suicidal behavior in young people at risk. It discusses how empirical studies have moved from routinely including various operationalizations of "non-optimal" parenting as a "risk factor" for adolescent suicidal behavior to identifying pathways of influence and buffer effects. It argues that measures (both at the micro and the macro level) that target vulnerable populations such as parents with weak material and social resources, low social and emotional support, mental health problems and few networks, and high-risk children might be beneficial in preventing youth suicidal behaviors.

Flowers A, Lanclos NF, Kelley ML. Validation of a screening instrument for exposure to violence in African American children. *J Pediatr Psychol* 2002; 27(4):351-61.

Abstract: OBJECTIVE: To provide concurrent validity data for the KID-SAVE as a screening instrument for exposure to violence in African American children, to explore demographic differences in KID-SAVE scores, and to provide preliminary reliability data on a parent version of the KID-SAVE. METHOD: Questionnaire data were collected regarding exposure to violence, children's behavior and symptoms, and family aggression. A sample of 182 children and their parents participated. RESULTS: Both parent and child report of violence exposure was significantly related to the child's psychological adjustment as endorsed by both parents and children. Also, significant relationships were obtained between parent report of their child's exposure to violence and the presence of family violence. CONCLUSIONS: The KID-SAVE appears to be a promising instrument for the assessment of exposure to violence, specifically in African American children, and may be applicable in a variety of clinical settings.

Fluharty CW. Toward a community-based national rural policy: the importance of the social services sector. *Child Welfare* 2002; 81(5):663-88.

Abstract: Although discussions of rural America's challenges have surfaced at regular intervals over the past half-century, the issue is receiving significantly greater substantive policy discussion today, as a dialogue regarding the development of a more integrative, community-based, national rural policy begins to emerge. This article outlines this unique "rural policy moment," assesses the potential for a community-based rural policy for our nation, and discusses the critical role rural social services practice and policy play in supporting these opportunities to address the significant challenges faced by rural people.

Foege W. Managing newborn health in the global community. *Am J Public Health* 2001; 91(10):1563-4. Abstract: The largest health disparities in the world are found in maternal and neonatal mortality figures between the industrialized countries and the poorest sections of the poorest countries. Young lives would be saved if the skills and knowledge that have been accumulated by health workers around the world could be readily applied. The problems reside with lack of management resources rather than lack of scientific knowledge. "The Healthy Newborn: A Reference Manual for Program Managers" is a graduate course in management aimed at providing health to newborns and healthy newborns to communities.

Folayan MO, Fakande I, Ogunbodede EO. Caring for the people living with HIV/AIDS and AIDS orphans in Osun State: a rapid survey report. *Niger J Med* 2001; 10(4):177-81.

Abstract: The aim of the study is to obtain the views and opinions of People Living with HIV/AIDS (PLWHAS), community leaders and other stake holders (care providers and AIDS orphans), so as to assess the role of Non-Governmental Organisations in the control of HIV infection with the purpose of making appropriate recommendations for policy formulation on issues related to the health and care of PLWHAs. A qualitative research was carried out using in-depth interview method with a questionnaires as a guide. In all, 12 seropositives, 13 community leaders and 34 AIDS orphans were interviewed. Results indicate that there was a lack of networking between the six Non-Governmental Organisations working in the state in relation to HIV/AIDS. Also, none of these PLWHAs had concrete plans for the future of their children, though they all expressed some form of anxiety about their children's future. The burden of care of AIDS orphans often fall on the maternal family members. Top on the list of the problem of AIDS orphans was their poor education due to financial difficulties. There is the need for the government to provide, support, encourage and monitor the activities of the Non-Governmental Organisations and network with them so as to maximise the benefits that can be obtained from the role they play in HIV/AIDS management.

Fontes LA. Introduction: those who do not look ahead, stay behind. *Child Maltreat* 2001; 6(2):83-8.

Forbes BJ, Christian CW, Judkins AR, Kryston K. Inflicted childhood neurotrauma (shaken baby syndrome): ophthalmic findings. *J Pediatr Ophthalmol Strabismus* 2004; 41(2):80-8; quiz 105-6. Abstract: Inflicted childhood neurotrauma (shaken baby syndrome) is the term used for violent, nonaccidental, repetitive, unrestrained acceleration-deceleration head and neck movements, with or without blunt head trauma, combined with a unique,



age-related biomechanical sensitivity in children typically younger than 3 years. This syndrome is typically characterized by a combination of fractures, intracranial hemorrhages, and intraocular hemorrhages. Retinal hemorrhage is the most common ophthalmic finding, and usually occurs at all levels of the retina. In recent years, increasing pressure has been placed on ophthalmologists to render diagnostic interpretations of the retinal findings in children suspected to be victims, which may have great forensic implications in criminal proceedings. New research has increased our understanding of the pathophysiology of retinal hemorrhages, the importance of specifically characterizing the types, patterns, and extent of these retinal hemorrhages, and the differential diagnosis.

Forbes GB, Jobe RL, White KB, Richardson RM. Perceptions of the Jackson-Timberlake Super Bowl incident: role of sexism and erotophobia. *Psychol Rep* 2005; 96(3 Pt 1):730-2. Abstract: 201 college women's and 179 men's impressions of the Jackson-Timberlake Super Bowl incident were related to measures of benevolent sexism, hostile sexism, and erotophobia. For both women and men high benevolent sexism was correlated (.17-.24) to perceptions that the incident was degrading and that agents (e.g., MTV, NFL, Hollywood) other than the actors were responsible for the incident, whereas high erotophobia was correlated (.29-.39) to perceptions that the incident was degrading, attributable to others, and personally upsetting.

Ford KK. "First, do no harm"--the fiction of legal parental consent to genital-normalizing surgery on intersexed infants. *Yale Law Policy Rev* 2001; 19(2):469-88. Notes: GENERAL NOTE: KIE: Ford, Kishka-Kamari GENERAL NOTE: KIE: 144 fn. GENERAL NOTE: KIE: KIE Bib: informed consent/minors

Forman DR, Kochanska G. Viewing imitation as child responsiveness: a link between teaching and discipline domains of socialization. *Dev Psychol* 2001; 37(2):198-206.

Abstract: The authors observed 106 children's imitation and responses to maternal control at 14 and 22 months. Imitation was observed in a teaching task in which mothers modeled 3 standard pretend-play sequences. Responses to control were observed in typical discipline contexts. Girls imitated more than boys. Responsive imitation measures were coherent and longitudinally stable and correlated significantly with responsiveness to maternal control. The authors propose that a young child's willingness to imitate his or her parent in a teaching context and to comply in a control context both reflect a responsive or receptive stance toward parental socialization. The consistency of children's responsiveness across contexts has

implications for both sociomoral and cognitive development.

Forman EM, Davies PT. Assessing children's appraisals of security in the family system: the development of the Security in the Family System (SIFS) scales. *J Child Psychol Psychiatry* 2005; 46(8):900-16. Abstract: BACKGROUND: Although delineating the processes by which children appraise the family as a source of security from their collective experiences in the family subsystem has assumed center stage in many conceptualizations of child development, the dearth of measures of child adaptation in the family system has hindered empirical advances. Therefore, this study introduced and tested the psychometric properties of the Security in the Family System (SIFS) scales, a new measure designed to assess children's appraisals of security in their family as a whole. METHODS: The SIFS was administered to 853 10-15-year-old schoolchildren and readministered to a smaller subsample two weeks later. Additional data was gathered from children, caregivers and teachers using a variety of instruments tapping family instability, cohesion, and conflict; parenting warmth and psychological control; child externalizing and internalizing symptoms; parent-child and interparental insecurity; and children's reactions to conflict simulations. RESULTS: Consistent with models of emotional security in the family, exploratory and confirmatory factor analyses yielded three reliable (i.e., good internal consistency, test-retest reliability) dimensions of family security: Preoccupation, Security, and Disengagement. Concurrent and prospective associations between the SIFS scales and measures of family functioning, children's psychological problems, and insecurity in specific family relationships supported the validity of the SIFS. Support for the discriminant validity of the SIFS was evidenced by its specific patterns of relations with children's psychological problems and ability to predict psychological problems after controlling for insecurity in specific family subsystems. CONCLUSIONS: Results indicate that the SIFS is a psychometrically sound tool capable of advancing family process models, and that family security is a viable construct whose factors parallel already-identified patterns of children's security in other family relationships.

Forrest KA. Toward an etiology of dissociative identity disorder: a neurodevelopmental approach. *Conscious Cogn* 2001; 10(3):259-93. Abstract: This article elaborates on Putnam's "discrete behavioral states" model of dissociative identity disorder (Putnam, 1997) by proposing the involvement of the orbitalfrontal cortex in the development of DID and suggesting a potential neurodevelopmental mechanism responsible for the development of multiple representations of self. The proposed "orbitalfrontal" model integrates and elaborates on theory and research from four domains: the

neurobiology of the orbitalfrontal cortex and its protective inhibitory role in the temporal organization of behavior, the development of emotion regulation, the development of the self, and experience-dependent reorganizing neocortical processes. The hypothesis being proposed is that the experience-dependent maturation of the orbitalfrontal cortex in early abusive environments, characterized by discontinuity in dyadic socioaffective interactions between the infant and the caregiver, may be responsible for a pattern of lateral inhibition between conflicting subsets of self-representations which are normally integrated into a unified self. The basic idea is that the discontinuity in the early caretaking environment is manifested in the discontinuity in the organization of the developing child's self.

Forsyth BW. Psychological aspects of HIV infection in children. *Child Adolesc Psychiatr Clin N Am* 2003; 12(3):423-37.

Abstract: Despite advances in the pharmaceutical treatment of HIV disease, there are still an increasing number of people living with the disease, and an increasing number of children and adolescents are personally affected by the epidemic. The psychological effects on these children are significant and relate not only to a parent's degree of illness and the threat of death but also to the association of the disease with substance abuse and the pervasive effects of the stigma that surround it. To intervene optimally on behalf of these children, programs must be multidisciplinary and take a holistic approach to address specific social and psychological issues and ensure stability in a child's care giving.

Fortunata B, Kohn CS. Demographic, psychosocial, and personality characteristics of lesbian batterers. *Violence Vict* 2003; 18(5):557-68.

Abstract: Prevalence of domestic violence (DV) in lesbian and heterosexual relationships appears to be similar. Despite this, few studies have examined factors associated with DV in lesbian relationships, and even fewer have examined characteristics of lesbian batterers. Demographic and psychosocial characteristics and personality traits were examined in 100 lesbians in current relationships (33 Batterers and 67 Nonbatterers). Results indicated that Batterers were more likely to report childhood physical and sexual abuse and higher rates of alcohol problems. Results from the MCMI-III indicated that, after controlling for Debasement and Desirability indices, Batterers were more likely to report aggressive, antisocial, borderline, and paranoid personality traits, and higher alcohol-dependent, drug-dependent, and delusional clinical symptoms compared to Nonbatterers. These results provide support for social learning and psychopathology theoretical models of DV and clinical observations of lesbian batterers, and expand our current DV paradigms to include information about same-sex DV.

Fourneret P, Desombre H, de Villard R, Revol O. [Interest of propranolol in the treatment of school refusal anxiety: about three clinical observations]. *Encephale* 2001; 27(6):578-84.

Abstract: School refusal anxiety is a pathopsychological disorder which touches the young child, between 8 and 13 years. Even if the school refusal is studied for a long time, there is not still consensus as for the specific definition of this disorder or on the best way of treating it. Nevertheless, accountable of long-lasting difficulties in school integration, its short and medium term consequences are serious and well known: school desertion, mood disorder and behavioral problems. Speed and quality of the medico-psychological and educational interventions represent a important factor for evolution and prognosis. Although, psychological interventions remain essential, sometimes the interest of an associated psychotropic medication should be discussed. This one can indeed either improve their results or supporting their installations. Despite more than twenty controlled trials in the pediatric population, no definitive psychopharmacological treatment data exist for anxiety disorder in childhood and especially for school refusal disorder. The majority of the studies stress as well the interest of benzodiazepines as tricyclic antidepressants but without being able to specify the possible superiority of a chemical on the other. On the other hand, the side effects of each one are well-documented, in particular for the benzodiazepines (potential abuse, sedation, potential disinhibition, mnemonic disorder), limiting thus their uses in child. In this work, we would like to emphasize the interest of propranolol in the treatment of somatic symptoms usually met in school refusal anxiety. Although beta-blockers have been used in the treatment of neurovegetative symptoms associated with situational anxiety disorders, there is no controlled data and only some open data to guide pediatric use for anxiety disorders in children. Nevertheless, prescribed with low posology and in substitution of benzodiazepine, this medication enabled us in three severe clinical cases to shorter notably the time of school rehabilitation. Well tolerated on the clinical level, with a greater efficiency on the somatic signs related to anxiety than benzodiazepines and with not having their side effects, this therapeutic can constitute a significant support in the psychological treatment of these children. However, these present results require to be confirm by other observations, which will be lead perhaps to a controlled study.

France D. Battle of the faithful. Catholics are voicing hurt and anger over the church's sexual-abuse crisis. Is the hierarchy listening? *Newsweek* 2002; 139(24):49.

France D. Confessions of a fallen priest. *Newsweek* 2002; 139(13):52-4, 56.

France D. A day of atonement. *Newsweek* 2002; 139(25):80-1.

Francis PJ, Calver DM, Barnfield P, Turner C, Dalton RN, Champion MP. An infant with methylmalonic aciduria and homocystinuria (cblC) presenting with retinal haemorrhages and subdural haematoma mimicking non-accidental injury. *Eur J Pediatr* 2004; 163(7):420-1.

Franck L, Lefrak L. For crying out loud: the ethical treatment of infants' pain. *J Clin Ethics* 2001; 12(3):275-81.

Notes: GENERAL NOTE: KIE: Franck, Linda; Lefrak, Linda

GENERAL NOTE: KIE: 32 refs.

GENERAL NOTE: KIE: KIE Bib: patient care/drugs; patient care/minors

Franck LS. Research with newborn participants: doing the right research and doing it right. *J Perinat Neonatal Nurs* 2005; 19(2):177-86. Abstract: Research ethics encompass debate about what research topics matter, for example in relation to social values and individual needs, and debate about how to conduct research in an ethical manner, for example in relation to protecting the rights of vulnerable research participants. Research in the neonatal intensive care unit (NICU), where critically ill infants receive expensive and often invasive treatment, raises unique issues with regard to what research should be conducted and how to conduct it in an ethical manner. This discussion addresses the neonatal nurse's role in setting the research agenda in neonatal care-influencing what topics are researched and serving as lead investigators on studies, and highlights their role in ensuring that research is conducted correctly-protecting the rights of infant participants and their families. The involvement of neonatal nurses in research ethics has been a valuable contribution to the development of the field. A greater level of involvement is now needed, particularly at the policy level where funding and procedural issues are decided. New approaches are also needed and could involve more direct collaboration between nurses and parents.

Franco A, Alvarez-Dardet C, Ruiz MT. Effect of democracy on health: ecological study. *BMJ* 2004; 329(7480):1421-3.

Frank DA, Augustyn M, Knight WG, Pell T, Zuckerman B. Growth, development, and behavior in early childhood following prenatal cocaine exposure: a systematic review. *JAMA* 2001; 285(12):1613-25. Abstract: CONTEXT: Despite recent studies that failed to show catastrophic effects of prenatal cocaine exposure, popular attitudes and public policies still reflect the belief that cocaine is a uniquely dangerous teratogen. OBJECTIVE: To critically review outcomes

in early childhood after prenatal cocaine exposure in 5 domains: physical growth; cognition; language skills; motor skills; and behavior, attention, affect, and neurophysiology. DATA SOURCES: Search of MEDLINE and Psychological Abstracts from 1984 to October 2000. STUDY SELECTION: Studies selected for detailed review (1) were published in a peer-reviewed English-language journal; (2) included a comparison group; (3) recruited samples prospectively in the perinatal period; (4) used masked assessment; and (5) did not include a substantial proportion of subjects exposed in utero to opiates, amphetamines, phencyclidine, or maternal human immunodeficiency virus infection. DATA EXTRACTION: Thirty-six of 74 articles met criteria and were reviewed by 3 authors. Disagreements were resolved by consensus. DATA SYNTHESIS: After controlling for confounders, there was no consistent negative association between prenatal cocaine exposure and physical growth, developmental test scores, or receptive or expressive language. Less optimal motor scores have been found up to age 7 months but not thereafter, and may reflect heavy tobacco exposure. No independent cocaine effects have been shown on standardized parent and teacher reports of child behavior scored by accepted criteria. Experimental paradigms and novel statistical manipulations of standard instruments suggest an association between prenatal cocaine exposure and decreased attentiveness and emotional expressivity, as well as differences on neurophysiologic and attentional/affective findings. CONCLUSIONS: Among children aged 6 years or younger, there is no convincing evidence that prenatal cocaine exposure is associated with developmental toxic effects that are different in severity, scope, or kind from the sequelae of multiple other risk factors. Many findings once thought to be specific effects of in utero cocaine exposure are correlated with other factors, including prenatal exposure to tobacco, marijuana, or alcohol, and the quality of the child's environment. Further replication is required of preliminary neurologic findings.

Frank G. Patient wins EMTALA appeal: case underscores that ED documentation of admission/care refusal is crucial. *J Emerg Nurs* 2001; 27(2):176-8.

Frank R, Finch BK. Los Anos de la Crisis: an examination of change in differential infant mortality risk within Mexico. *Soc Sci Med* 2004; 59(4):825-35. Abstract: The main aim of the present analysis is to test the possibility that the period of economic hardship characterizing Mexico over the decade 1986-1996 has negatively influenced infant health outcomes. Data on births from two installments of the Encuesta Nacional de la Dinamica Demografica, a nationally representative demographic survey, are used to determine whether a reduction in mortality differentials has paralleled the overall drop in the national infant mortality rate. The findings indicate that the decrease

observed in the overall infant mortality rate has been matched by decreases in several disparities at the same time that it has been marred by increases in others. The data support the possibility that where you live has become an increasingly salient factor in determining the odds of infant mortality. High parity, low education and unemployment status have also become more salient factors in predicting post neonatal infant mortality risk in the more recent period as compared to the earlier period. As Mexico's infant mortality rate begins to stabilize in the near future, this research highlights the need to re-focus our research efforts on the causes and consequences of differential mortality trends.

Frankel G. Charismatic doctor at vortex of vaccine dispute: experts argue over findings, but specialist sees possible MMR link to autism. *Washington Post* 2004; A1, A20.  
Notes: GENERAL NOTE: KIE: KIE Bib: immunization

Franz HB. [Gynecologic injuries, management]. *Kongressbd Dtsch Ges Chir Kongr* 2001; 118:632-4.  
Abstract: Accidental trauma to the female perineum is relatively rare and occurs most often in the 4- to 12-year-old age group. Vulva and vaginal trauma are the result of straddle injuries, accidental penetration, intercourse, sexual abuse and motor vehicle accidents. Injuries to the genitalia require typical surgical repair and, in association with anogenital or urogenital injuries, a multidisciplinary approach.

Franz R. Environmental dangers pose a threat to children's skin. *Dermatol Nurs* 2001; 13(4):308, 311.

Fraser J. Victoria's story. *Pract Midwife* 2003; 6(8):4-5.

Fraser J. When a simple 'yes' or 'no' is not enough. *Pract Midwife* 2005; 8(9):42-3.

Freckelton I. Munchausen Syndrome by proxy and criminal prosecutions for child abuse. *J Law Med* 2005; 12(3):261-6.

Fredrickson DD, Davis TC, Arnould CL *et al.* Childhood immunization refusal: provider and parent perceptions. *Fam Med* 2004; 36(6):431-9.  
Notes: GENERAL NOTE: KIE: 31 refs.  
GENERAL NOTE: KIE: KIE Bib: immunization; treatment refusal/minors  
Abstract: BACKGROUND AND OBJECTIVES: Parental concerns may contribute to immunization refusals and low infant immunization rates. Little knowledge is available about how often and why parents refuse immunizations for their children. This study was conducted to estimate, based on reports from health care providers and parents, the frequency of and reasons for immunization refusal. METHODS: In 1998, we conducted 32 focus groups of parents and

providers in six cities. We then mailed a survey to a random sample of private practice family physicians and pediatricians and public health nurses who immunize children. The overall survey response rate was 77%, and the final sample size was 544. RESULTS: Focus group findings indicated that parents rarely refused vaccines but occasionally resisted specific vaccines. Parents who were unsure about vaccinating were open to discussions about vaccines with a trusted provider. Most of these parents agreed to immunize after discussing concerns with their provider. In a subsequent survey of providers, respondents estimated that they immunized a mean of 3536 (median 1560) children annually. The reported mean number of refusals per 1000 children age >18 years immunized was 7.2 (median 0.4), with varicella vaccine being the most commonly refused. Means did not vary by region or specialty. Providers indicated that fear of side effects heard about from media/word of mouth was the most commonly expressed reason for parents to refuse vaccines (52%). Religious (28%) or philosophical (26%) reasons or belief that the disease was not harmful (26%) were less common reasons. Providers reported that few parents refused because of anti-government sentiment (8%). CONCLUSIONS: Providers indicate low vaccine refusal rates within offices of traditional primary care providers and in public health clinics. Strategies for efficient provider-patient communication are needed to address parental concerns about vaccines.

Fredriksson GE, Hogberg U, Lundman BM. Postpartum care should provide alternatives to meet parents' need for safety, active participation, and 'bonding'. *Midwifery* 2003; 19(4):267-76.  
Abstract: OBJECTIVE: To describe new parents' choice of the type of maternity care they wanted to receive, the family suite (FS) or an early discharge (ED), and to gain a better understanding of parents' experiences of different postnatal care alternatives. DESIGN: A qualitative study using semi-structured interviews. The interviews were analysed by content analysis. SETTING AND PARTICIPANTS: Eleven couples and one mother, including both first-time and experienced parents. Six families received care at a FS while the others chose an ED within 24 hours after birth. MEASUREMENTS AND FINDINGS: The postpartum period was experienced as an unpredictable time for new parents, when the need for safety, participation in decision-making, and 'bonding' was felt to be central and decisive to their choice of care. The type of care that the parents felt best met their needs varied according to the mother's assessment of her own and the baby's health status, the parents' requirements and experience and the way in which they, as parents, handled the opportunities and demands of different environments. However, the opportunities for the parents to choose the form of care they considered best for their family were limited. PRACTICAL IMPLICATIONS: To best fulfil parents' wishes and

needs in postnatal care alternative care forms are needed. Also, a way to treat the family as a whole on an individual family basis must be found and parents of newborn babies should be allowed to choose the form of care they consider best.

Free MM. Cross-cultural conceptions of pain and pain control. *Proc (Bayl Univ Med Cent)* 2002; 15(2):143-5. Abstract: Pain is a ubiquitous feature of the human experience. This paper presents an anthropology of pain. Anthropology is defined as the cross-cultural and comparative study of human behavior. Pain can be acute and episodic, and pain can be constant and uninterrupted. Acute pain, lasting for minutes or hours, is reported at some time by virtually all adults and by most juveniles and is indicated by the cries and facial expressions of toddlers and infants. This universality of pain as a part of the human condition has been established by the research of many biological, physical, and social scientists. Ethnographers, physicians, and public health experts describe pain complaints for a variety of modern, industrial societies and traditional, undeveloped societies. Pain is the most frequent complaint brought to the offices of physicians in North America, and it is a focus of attention in the literate medical traditions of China, India, and Islamic cultures. Hence, the study of pain and the cultural perceptions of pain are prominent foci of anthropologists. Given that the goal of medicine is to offer medical care to all people who seek it, the practice of modern medicine may be assisted by an exploration of the possibility of cultural differences in medical beliefs and practices in the multiethnic and racially diverse patient populations today.

Freedman LP, Waldman RJ, de Pinho H, Wirth ME, Chowdhury AM, Rosenfield A. Transforming health systems to improve the lives of women and children. *Lancet* 2005; 365(9463):997-1000.

Freeman B, Dieterich CA, Rak C. The struggle for language: perspectives and practices of urban parents with children who are deaf or hard of hearing. *Am Ann Deaf* 2002; 147(5):37-44. Abstract: Research is scarce on young children with hearing impairments growing up in urban environments. A qualitative study was used to explore and describe the perspectives and practices of these children's parents. An ethnographic approach enabled documentation of parents' routines, daily activities, thoughts (perceptions), and behaviors (practices). In-depth interviews and observations were the primary data sources. Data collection occurred within a 6-month period. Research questions focused on efforts parents make independently and with others (e.g., educational staff, family members) to facilitate and support their child's efforts to communicate and acquire language. Nine parents, two grandparents, and six staff members disclosed their perspectives and practices.

While similarities and differences arose, universal perspectives and practices emerged among the parents that are discussed as prevailing themes. Results suggest that the parents' struggle, systemic barriers, and the urban environment are the greatest challenges facing families. Addressing these challenges will contribute to establishment of truly equitable and effective interventions for urban children, whether deaf or hard of hearing, their parents, and other family members.

Freeman B, Iron Cloud-Two Dogs E, Novins DK, LeMaster PL. Contextual issues for strategic planning and evaluation of systems of care for American Indian and Alaska Native communities: an introduction to Circles of Care. *Am Indian Alsk Native Ment Health Res* 2004; 11(2):1-29. Abstract: This introduction to the evaluation component of the Circles of Care initiative includes background on the nature of the initiative, Center for Mental Health Services support for developing systems of care for youth with emotional disturbances, and an overview of the systems of care approach. The prevalence, unique challenges, and the historical, political, and cultural context of health care delivery for American Indian and Alaska Native peoples are also discussed.

Freeman J. Mandatory abuse training--new developments for an old law! *Iowa Med* 2002; 92(4):26-7.

Freeman M. Whose life is it anyway? *Med Law Rev* 2001; 9(3):259-80. Notes: GENERAL NOTE: KIE: Freeman, Michael GENERAL NOTE: KIE: 172 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors

Fremy D. [Improving the medical treatment of minors who are victims of sexual assault or physical abuse: a receiving center and partnership between a psychiatric hospital and university hospital]. *Sante Publique (Bucur)* 2003; 15 Spec No:179-84. Abstract: The aim of the partnership is the establishment and operation of a centre open 24 hours a day which receives and treats adults and underage victims of sexual assault and physical abuse coming from the greater metropolitan area of Besancon. The centre also provides the victims and their families with adapted forensic and psychotherapeutic assistance. The mechanisms to carry out the project will be set out in a contract between the two hospitals, including the resources of the two institutions. The centre will fit into the existing network of partners which is already operational in Besancon. The role of the University of Besancon and the Faculty of Medicine will be to promote research in the field of physical abuse, its causes and effects, and to train future physicians who will later be in charge of handling these types of cases in their careers.

French AP. Wild child. *J Am Acad Child Adolesc Psychiatry* 2005; 44(1):1; author reply 1-2.

Frenkel DA. Legal regulation of surrogate motherhood in Israel. *Med Law* 2001; 20(4):605-12. Notes: GENERAL NOTE: KIE: 18 refs. GENERAL NOTE: KIE: KIE Bib: surrogate mothers Abstract: The Israeli Law on surrogate motherhood demands a preconception agreement to include payments to be made to the surrogate mother. Surrogacy arrangements with family members are forbidden. Commercial surrogacy is allowed and encouraged. The Law causes many problems. Validity of consent given by surrogate mothers is doubtful. Possible future psychological harm are ignored. There is a danger of "commodification" of children. Abusing women of low socio-economic status as breeding machines may be another outcome. No clear responsibility is imposed on the "intended parents" for an impaired child. The law ignores possibility of divorce or death of the "intended parents" before the child's birth. Splitting motherhood is another social problem that has to be dealt with. So far the sperm of the husband from the "intended parents" has to be used, but further steps may follow. It is not certain that a policy of "positive eugenics" will not develop.

Frenz P, Videla C. A public-health campaign to raise awareness of children's wellbeing with images drawn by children. *Lancet* 2005; 366(9493):1324-9.

Freyd JJ. Memory for abuse: what can we learn from a prosecution sample? *J Child Sex Abus* 2003; 12(2):97-103.

Frick PJ, Cornell AH, Barry CT, Bodin SD, Dane HE. Callous-unemotional traits and conduct problems in the prediction of conduct problem severity, aggression, and self-report of delinquency. *J Abnorm Child Psychol* 2003; 31(4):457-70.

Abstract: The role of callous-unemotional (CU) traits and conduct problems in predicting conduct problem severity, severity and type of aggression, and self-reported delinquency at a 1-year follow-up was investigated in a sample of 98 children (mean age 12.43; SD = 1.72) recruited from a community-wide screening. Children with both CU traits and conduct problems had a greater number and variety of conduct problems at follow-up than children who at the screening had high levels of conduct problems alone. However, this poorer outcome for children with CU traits could largely be accounted for by differences in initial level of conduct problem severity. Children with CU traits and conduct problems were also at risk for showing higher levels of aggression, especially proactive aggression, and self-reported delinquency. Importantly, these outcomes could not be solely explained by initial level of conduct problem severity. Finally, CU traits predicted self-reported delinquency

in some children who did not initially show high levels of conduct problems and this predictive relationship seemed to be strongest for girls in the sample who were high on CU traits but who did not show significant conduct problems.

Fricke BL, Racadio JM, Duckworth T, Donnelly LF, Tamer RM, Johnson ND. Placement of peripherally inserted central catheters without fluoroscopy in children: initial catheter tip position. *Radiology* 2005; 234(3):887-92. Abstract: PURPOSE: To determine how often placement of peripherally inserted central catheters (PICCs) without imaging guidance results in an initially correct central venous catheter tip location. MATERIALS AND METHODS: This study was approved by the hospital's institutional review board, which waived the requirement for informed consent. In a children's hospital, 843 PICCs were placed in 698 patients (age range, 0 days to 26 years; mean, 6.9 years) during a 14-month study period. All PICCs were placed by a specialized team of PICC nurses and interventional radiology technologists in an angiography suite with the supervision of pediatric interventional radiologists. All catheters were threaded blindly to a previously estimated length by either a PICC nurse or a pediatric interventional radiologist, according to National Association of Vascular Access Networks guidelines, and the initial PICC tip location was then determined by means of spot fluoroscopy. PICC tips were regarded as central if they resided anywhere within the superior vena cava (SVC). All catheters were then manipulated with intermittent fluoroscopic guidance to achieve a final central position in the distal third of the SVC. A chi2 test was used to compare initial and final PICC tip locations according to patient age, catheter size, accessed vein, and need for radiologist assistance. A t test was used to compare procedure time with and without radiologist assistance. RESULTS: Analysis included 843 consecutively placed pediatric PICCs, of which 723 (85.8%) had a noncentral initial PICC tip position and required additional manipulation. After catheter repositioning performed with intermittent fluoroscopic guidance, a final central PICC tip location was achieved in 760 PICCs (90.2%). CONCLUSION: Pediatric PICC placement without fluoroscopic guidance required catheter manipulation of initial PICC tip position in 723 cases (85.8%). PICC placement with fluoroscopic guidance is highly successful, and the authors believe it is best performed in an angiography suite.

Friebert S, Kodish E. The right to decide. *J Clin Oncol* 2002; 20(19):4115-8.

Frierson RL, Binkley MW. Prosecution of illicit drug use during pregnancy: *Crystal Ferguson v. City of Charleston*. *J Am Acad Psychiatry Law* 2001; 29(4):469-73.

Frikke M, Hansen K. Hemophagocytic lymphohistiocytosis (HLH). *Pediatrics* 2004; 114(4):1131-2.

Froehlich H, West DJ. Compliance with hepatitis B virus vaccination in a high-risk population. *Ethn Dis* 2001; 11(3):548-53.

Abstract: OBJECTIVE: To quantify cultural barriers to hepatitis B virus (HBV) vaccination and parental compliance with a specific vaccination protocol among a primarily among population of infants born at a community hospital. METHODS: This study was concurrent with an immunogenicity study of two vaccination schedules and occurred prior to the inception of universal infant vaccination with hepatitis B vaccine (HepB). In this study, parental pairs were interviewed, consent obtained, subjects were randomly assigned to each group, and first immunization was administered in the hospital. Follow-up contacts required for completion were documented. RESULTS: Of 260 eligible parental pairs interviewed, 175 (67%) declined participation, mainly because of fears of vaccine side effects (55%) or ignorance of the hepatitis B virus (HBV) (30%). Of 85 infants enrolled in the study, 28 (33%) were later withdrawn from the study; 13 (46%) of these 28 infants were withdrawn at the request of parents. Each infant who completed the study received 5 postcards, 10 phone calls, and 3 home visits. CONCLUSIONS: Families were unaware of the risk of HBV infection and feared vaccination. Aversion to subjecting an infant to pain was a principal reason for failure to complete the study, and frequent contacts were required to ensure adherence. Existence of a safe and effective hepatitis B vaccine and universal vaccination is unlikely to change deeply felt attitudes against vaccination. Current vaccination strategies must take these prejudices into account.

Frommelt PC, Whitstone EN, Frommelt MA. Experience with a DICOM-compatible digital pediatric echocardiography laboratory. *Pediatr Cardiol* 2002; 23(1):53-7.

Abstract: A digital pediatric echocardiography laboratory, without videotape redundancy was established at Children's Hospital of Wisconsin in December 1998. To characterize the experience, 1198 consecutive patient studies were reviewed-50% from the first 2 months after establishing the digital protocol and 50% from the last 2 months available. Each study was stored using a protocol that was based on capture of single beat clips of relevant two-dimensional/color Doppler imaging and static frame spectral Doppler tracings. Studies were digitally compressed using a DICOM-compatible JPEG algorithm at 20:1 and edited with deletions of redundant clips to minimize archival storage needs. Study quality was uniformly excellent, and no errors were attributable to the digital protocol or compression-related loss of information. The average study required 21.5 +/- 11.4 MB of storage space with 35.4 +/- 12.3 total clips/study captured. Studies reviewed from the earlier experience were not

significantly larger (23.6 +/- 14 vs 19.7 +/- 8.1 MB, 35.6 +/- 12.5 vs 35.2 +/- 12 clips) than those done recently. Studies in patients with isolated ventricular septal defect used comparable storage (23.7 +/- 8.9 MB, 42.8 +/- 11.5 clips) to that of the group as a whole. More complex congenital heart disease studies were slightly larger-tetralogy of Fallot (28.2 +/- 19.5 MB, 43.4 +/- 13.9 clips), transposition of the great arteries (30.6 +/- 17.4 MB, 40.3 +/- 16.7 clips), and single ventricle (29.7 +/- 19.6 MB, 39.9 +/- 12 clips)--although this trend was not significant. This study suggests that digital pediatric echo is feasible using a DICOM-compatible protocol with maintenance of diagnostic integrity despite compression of study size to allow rapid archival storage and retrieval.

Fromm J, Culpepper L, Green LA *et al.* A cross-national study of acute otitis media: risk factors, severity, and treatment at initial visit. Report from the International Primary Care Network (IPCN) and the Ambulatory Sentinel Practice Network (ASPN). *J Am Board Fam Pract* 2001; 14(6):406-17.

Abstract: BACKGROUND: Treatment of acute otitis media (AOM) differs worldwide. The Dutch avoid antimicrobials unless fever and pain persist; the British use them for 5 to 7 days, and Americans use them for 10 days. If effects of therapies are to be compared, it is necessary to evaluate rates of risk factors, severity of attacks, and their influence on treatment decisions. We wanted to compare the prevalence of risk factors for AOM and evaluate their association with severity of attacks and of severity with antimicrobial treatment. METHODS: We undertook a prospective cohort study of 2,165 patients with AOM enrolled by primary care physicians; 895 were enrolled from North America, 571 were enrolled from the United Kingdom, and 699 were enrolled from The Netherlands. The literature was searched using the key words "acute otitis media," "severity," and "international comparisons." RESULTS: The prevalence of several AOM risk factors differs significantly among patients from the three country networks; these factors include race, parent smoking habits, previous episodes, previous episodes without a physician visit, tonsillectomy or adenoidectomy, frequency of upper respiratory tract infections, day care, and recumbent bottle-feeding. Dutch children have the most severe attacks as defined by fever, ear discharge, decreased hearing during the previous week, and moderate or severe ear pain. In country-adjusted univariate analyses, increasing age, exposure to tobacco smoke, day care, previous attacks of AOM, previous attacks without physician care, past prophylactic antimicrobials, ear tubes, adenoidectomy, and tonsillectomy all contribute to severity. Only country network, age, history of AOM, previous episode without physician care, and history of adenoidectomy and tympanostomy tubes are independently related to increased severity, while current breast-feeding is protective. Severity of attacks influences treatment decisions. Dutch children are least

likely to receive antimicrobials, and even for severe attacks the British and Dutch physicians usually use amoxicillin or trimethoprim-sulfa; North American children with severe attacks are more likely to receive a broad-spectrum second-line antimicrobial. CONCLUSION: Dutch children have the highest ratings in all severity measures, possibly reflecting parental decisions about care seeking for earaches. When comparing groups of patients with AOM, it is necessary to adjust for baseline characteristics. Severity of episode affects physician treatment decisions. Adoption of Dutch guidelines restricting use of antimicrobials for AOM in the United States could result in annual savings of about \$185 million.

Fujii A, Oshima K, Hamasaki M *et al.* Differential expression of cytokines, chemokines and their receptors in follicular lymphoma and reactive follicular hyperplasia: assessment by complementary DNA microarray. *Oncol Rep* 2005; 13(5):819-24. Abstract: Follicular lymphoma (FL) is pathologically categorised as a low-grade B-cell lymphoma and histopathologically shows follicular proliferation of neoplastic B cells. In the neoplastic follicles of FL, the presence of T cells, macrophages and follicular dendritic cells (FDCs) suggests that these cells may promote a favourable environment for the growth of FL cells. Because FL cells are generally associated with FDCs, FDCs may be considered an important source of cytokines and chemokines. FDCs form the framework for germinal centres and also provide networks for nodules of FL. To evaluate the gene expression in neoplastic follicles of FL and reactive follicles of reactive follicular hyperplasia (RFH), we performed gene expression profiling of FL (n=5) and RFH (n=5) using complementary DNA (cDNA) microarray of cytokines/chemokines and their receptors. FL and RFH exhibited a diffuse down-regulated profile compared with normal peripheral blood cells, which were used as controls, although some genes displayed up-regulated profiles. Hierarchical clustering analysis separated FL and RFH into two distinct groups based on their gene expression profiles. FL cases exhibited significantly higher expression of interleukin 3 receptor alpha (IL-3Ralpha) than RFH. Immunohistochemically, neoplastic follicles of FL frequently expressed IL-3Ralpha, especially in FDCs, but not in FL cells. However, IL-3Ralpha expression was rare or weak in the reactive follicles of RFH. These findings suggest the importance of the micro-environment for FL cell growth. Further studies of cDNA microarray should provide new insight into the molecular pathology of FL and may allow the design of improved therapies.

Fuller BE, Chermack ST, Cruise KA, Kirsch E, Fitzgerald HE, Zucker RA. Predictors of aggression across three generations among sons of alcoholics: relationships involving grandparental and parental alcoholism, child aggression, marital aggression and parenting practices.

*J Stud Alcohol* 2003; 64(4):472-83. Abstract: OBJECTIVE: This longitudinal study uses a three-generation database involving measures of grandparental and parental alcohol use disorder (AUD), marital aggression and aggression to offspring to predict early and later childhood aggression of third generation offspring. Given the importance of aggressive, undercontrolled behavior in the etiology of alcoholism, the purpose of this study was to construct a statistical model of intergenerational aggression and alcoholism among family members. METHOD: Participants were a population-based sample of 186 young sons of alcoholics and both biological parents and 120 nonsubstance abusing families and their age-matched sons drawn from the same neighborhoods. Extensive family data were collected at baseline and at 6 years postbaseline. Structural equation modeling evaluated retrospective and prospective relationships between grandparental and parental predictors of the sons' childhood aggression when they were 3-5 and 9-11 years of age. RESULTS: The final model showed that grandparental marital aggression predicted development of parental antisocial behavior, which predicted parental alcoholism and marital aggression and partially mediated level of child aggression among their sons as preschoolers. Significant autostabilities in level of child aggression, parental AUD and marital aggression were present in families over the 6-year interval. Marital aggression was a more important predictor of son's preschool aggression; direct parental aggression to the child was more important at 9-11. Child aggression at 3-5 also was a partial mediator of level of parent-to-child aggression at 9-11. CONCLUSIONS: Results indicate continuity of aggression across three generations and also indicate that the child's pathway into risk for later AUD is not simply mediated by parental alcoholism, but is carried by other comorbid aspects of family functioning, in particular aggression.

Fullerton JT, Thompson JB. Examining the evidence for The International Confederation of Midwives' essential competencies for midwifery practice. *Midwifery* 2005; 21(1):2-13.

Abstract: OBJECTIVE: to present the evidence for inclusion of selected midwifery tasks (skills) as essential practice competencies for midwives throughout the world. The tasks addressed are those presented to the International Confederation of Midwives (ICM) Council of Delegates in 2002 for discussion and adoption, based on the fact that during field-testing, notable variance was encountered. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: evidence-based practice should be characterised by the use of best practices derived from rigorous research, combined with and balanced by client perspectives and the expert judgement based on the critical thinking of the clinician. Much of midwifery practice is considered an art based on common sense, tradition, and woman-centred



approaches to caring, as most of the women who seek midwifery care are healthy and require a health-promotion model of care that may not easily lend itself to examination by scientists or clinicians. However, when intervention is indicated to save the lives of mother, baby, or both, those interventions must be based on the best available evidence from a variety of sources leading to the most effective choices for action. The ICM Essential Competencies for Midwifery Practice (2002) are based on evidence derived from a variety of quantitative and qualitative methodologies. Expert clinical consensus may serve as to the best form of evidence at certain points in the evolution of knowledge. Every midwife needs to understand where the gaps exist in supporting traditional practices that have yet to be fully examined in a scientific manner. In summary, a multi-matrix or triangulated approach may be most appropriate to the delineation of evidence underpinning best midwifery practice.

Funk RR, McDermeit M, Godley SH, Adams L. Maltreatment issues by level of adolescent substance abuse treatment: the extent of the problem at intake and relationship to early outcomes. *Child Maltreat* 2003; 8(1):36-45.

Abstract: Differences in self-reported victimization and outcomes for residential (n = 114) vs. outpatient (n = 73) substance abuse treatment samples were examined. Repeated measures MANOVAs for victimization level by level of care were performed on days of alcohol and marijuana use and substance-related problems. Residential treatment participants reported higher prevalence of victimization and higher levels of general victimization but did not differ on acute (high) victimization at intake. Analyses revealed a significant interaction between follow-up outcomes and level of care for adolescents with acute intake victimization. Adolescents placed in residential treatment were more likely to reduce their days of alcohol and marijuana use and past month substance-related problems at follow-up. Adolescents with low intake levels of victimization did not differ by level of care. Findings suggest that clinicians must carefully weigh placement recommendations for adolescents with maltreatment histories and that researchers should study ways to increase outpatient treatment effectiveness for these adolescents.

Funkquist EL, Carlsson M, Nyqvist KH. Consulting on feeding and sleeping problems in child health care: what is at the bottom of advice to parents? *J Child Health Care* 2005; 9(2):137-52. Abstract: The aim of this study was to investigate and interpret ideas inherent in sleep and diet consultations concerning infants in Swedish child health services. Data were obtained through semi-structured interviews of professionals employed in these services. A qualitative method with a phenomenological approach was applied to analyse the data. The results indicate that professionals have underlying conceptions. They

considered that when parents force food on their child, this is a violation of the child's integrity. This view is based on the idea that such actions restrict the child's right to self-determination. In the participants' opinions, when the child is forced to sleep well, this is not regarded as a violation of the child's integrity, but is perceived as support of the child's autonomy. An underlying theoretical view may be that parents' time can be saved if the child becomes independent of the parents at as early an age as possible.

Furman-Reznic M, Hiss J. Assessing child abuse. *Isr Med Assoc J* 2003; 5(2):152; author reply 152.

Furtado EF, Laucht M, Schmidt MH. [Psychological symptoms in children of alcoholic fathers]. *Z Kinder Jugendpsychiatr Psychother* 2002; 30(4):241-50. Abstract: OBJECTIVES: In spite of a growing interest in recent years in epidemiological research on behavior problems of children of alcoholics (COAs), few prospective longitudinal child psychiatric studies have been conducted up to now. METHODS: In the Mannheim Study of Risk Children, an ongoing prospective study of high risks, the data of 219 children (26 COAs and 193 non-COAs) were analyzed from birth to the age of 11 years. Sociodemographic data, organic and psychosocial risk factors, the number and severity of behavior problems, and the rate of expansive and introversive disorders have been investigated. RESULTS: The family status of the COAs was characterized by the father's lower level of education as well as by socioeconomic difficulties and more numerous adverse life events. Other psychosocial problems such as marital conflict and a lack of coping mechanisms were also more frequent in COA families. A significantly higher rate of expansive symptoms and disorders was found in children of alcoholic fathers from the age of two years on. CONCLUSIONS: Children of alcoholic fathers represent a group at risk for the early onset of psychiatric problems and are deserving of more attention in prevention and early intervention programs.

Gabris K, Tarjan I, Rozsa N. Dental trauma in children presenting for treatment at the Department of Dentistry for Children and Orthodontics, Budapest, 1985-1999. *Dent Traumatol* 2001; 17(3):103-8. Abstract: Data on children with dental trauma who presented for treatment at the Department of Dentistry for Children and Orthodontics in Budapest over a period of 15 years were analysed. The WHO guidelines were used to classify the traumatic injuries. A total of 590 children were involved, 810 teeth being affected. Children aged 7-14 years made up 88% of the cohort. The male:female ratio was 58:42. The permanent:primary ratio for the affected teeth was 90:10. The teeth most commonly affected were the maxillary central incisors. In 70% of the cases, only one tooth was traumatised. The incidence of dental

trauma peaked at 10 years of age. The most common injury type observed was enamel-dentin crown fracture. The decreasing sequence of frequency of etiological factors was playing, sports, falls, cycling, road accidents and fighting. Of the accidents, 65% occurred at school or at home. Seventy seven per cent of the patients presented for medical care in the first 3 days after the accident.

Gadeyne E, Ghesquiere P, Onghena P. Longitudinal relations between parenting and child adjustment in young children. *J Clin Child Adolesc Psychol* 2004; 33(2):347-58.

Abstract: We studied the predictive relations between reports of parenting behavior on the one hand and academic achievement and reported behavior problems of young children on the other hand. Data were gathered for 352 children and their parents from kindergarten to 2nd grade. The results indicated that in the academic domain, low supportive and high controlling parenting practices were modestly related to poor subsequent math achievement. Children's externalizing and attention problem behavior was clearly predictive of high levels of control in mothers and low levels of support in fathers. The combination of high parental support and control was especially associated with high levels of problem behavior. However, when previous parenting and child adjustment were taken into account, the magnitude of the predictive power of parenting for child adjustment, and of child adjustment for parenting, remained limited.

Gagnon AJ, Dougherty G, Jimenez V, Leduc N. Randomized trial of postpartum care after hospital discharge. *Pediatrics* 2002; 109(6):1074-80. Abstract: OBJECTIVE: Harmful effects of short postpartum hospital stays include dehydration and malnutrition of breastfed infants. These may be prevented by adequate breastfeeding frequency; however, rigorous research to determine the relative effectiveness of various follow-up strategies in supporting breastfeeding frequency is absent. This study addressed the question, "Is there a difference in breastfeeding frequency or infant weight gain for singleton infants discharged within 36 hours' postpartum who received either community nurse (home visit) or hospital nurse (clinic) follow-up?" METHODS: A randomized, controlled trial was conducted at a university teaching hospital (3700 births/y) and affiliated community health centers. A consecutive sample of 586 healthy mother-infant pairs were recruited from January 1997 to September 1998 before discharge; 513 (87.5%) contributed data on 1 or more outcomes. Forty-eight-hour postpartum telephone contact and day 3 nurse contact in the home (experimental) or at the hospital (control) were provided. The main outcomes measured were breastfeeding frequency and infant weight gain assessed at 2 weeks' postpartum by maternal diary and

weight at home by research assistants, masked to group allocation. RESULTS: No clinically important or statistically significant group differences were found in daily breastfeeding frequency (mean difference experimental minus control = 0.1 feeds [95% confidence interval: -0.1-0.3]) or daily rate of infant weight gain (-1.1 g [-2.5-0.3]) based on intention-to-treat analyses. CONCLUSIONS: Follow-up by nurses after short postpartum hospital stays, in either the home or a hospital-based clinic, of healthy infants discharged at <36 hours seems associated with satisfactory infant breastfeeding outcomes.

Gago LC, Wegner RK, Capone A Jr, Williams GA. Intraretinal hemorrhages and chronic subdural effusions: glutaric aciduria type 1 can be mistaken for shaken baby syndrome. *Retina* 2003; 23(5):724-6.

Gailhoustet L, Goulet O, Cachin N, Schmitz J. [Study of psychological repercussions of 2 modes of treatment of adolescents with Crohn's disease]. *Arch Pediatr* 2002; 9(2):110-6.

Abstract: No study has yet compared the respective psychological impact of corticotherapy and enteral nutrition in the treatment of Crohn's disease, and especially, the psychological problems linked to the wearing of a nasogastric tube 24 hours a day. The goal of this study was to collect comparative information regarding the real-life experience and the feeling of these two treatments. PATIENTS AND METHODS: From September 1997 to February 1998 at the clinic of inflammatory bowel diseases of the hospital Necker-Enfants malades, 51 patients aged 12 to 18 (average 15) participated in this study. Thirty [15 on corticotherapy (CT); 15 on enteral nutrition (EN)] answered a questionnaire inspired by a similar Canadian questionnaire (Inflammatory Bowel Disease Questionnaire), and 21 passed Spielberger's anxiety tests, Beck's depression tests and a psychological interview. RESULTS: Treatment: According to the 30 questionnaires the appreciation of the therapeutic results was similar in the two treatments, the majority of patients respected their treatment (only one patient on EN ate secretly and two on CT stopped their corticotherapy). Of the 15 EN questionnaires: nine out of 15 patients responded well to the suspension of oral feeding, two were hungry, nine experienced cravings and ten avoided meals during their treatment. From a cosmetic point of view, six/14 (43%) found it difficult putting up with the nasogastric tube 24 hours a day, and eight/15 (53%) on CT found the facial swelling difficult to bear. According to the 21 psychological interviews, eight patients deemed EN efficient, while only four felt the same about CT. Of the 11 EN psychological interview, no adolescent patients were hungry, eight had cravings and nine avoided meals during their treatment, seven mentioned they felt different and seven described how EN had upset the family's routine. Nine (82%) talked about how difficult it was to put up with the nasogastric tube 24 hours a

day from a cosmetic standpoint while eight/ten (80%) on CT found the facial swelling difficult to live with. Seven complained that they had been the victims of verbal abuse. Quality of life: According to the 30 questionnaires, eight/15 patients on EN missed an average of 15 days of school against five/15 patients on CT, ten patients judged that EN restricted their daily lives and nine mentioned the daily difficulties to wear a tube 24 hours a day. Tests: Spielberger's test of anxiety revealed that on average, the 11 patients on EN who were interviewed suffered the first level of anxiety, while the ten patients on CT felt the second level. As for the Beck's depression test, the 11 patients on NE suffered the first level of depression on average, while those on CT were subject to the second level. CONCLUSION: This study demonstrated that EN was perceived as being more disruptive to patients daily lives than CT and defines the difficulties linked to the suspension of oral feeding and the wearing of a naso-gastric tube. The study also describes the difficulties involved in coping with the side effects of CT, one example being facial swelling which can be as unpleasant from a cosmetic point of view as wearing of a naso-gastric tube.

Gaillard WD, Balsamo LM, Ibrahim Z, Sachs BC, Xu B. fMRI identifies regional specialization of neural networks for reading in young children. *Neurology* 2003; 60(1):94-100. Abstract: BACKGROUND: fMRI allows mapping of neural networks underlying cognitive networks during development, but few studies have systematically examined children 7 and younger, in whom language networks may be more diffusely organized than in adults. OBJECTIVE: To identify neural networks during early reading consolidation in young children. METHODS: The authors studied 16 normal, right-handed, native English-speaking children with a mean age of 7.2 years (range 5.8 to 7.9) with fMRI reading paradigms adjusted for reading level. Data were acquired with the echoplanar imaging BOLD technique at 1.5 T. Group data were analyzed with statistical parametric mapping (SPM-99); individual data sets were analyzed with a region of interest approach from individual study t maps ( $t = 4$ ). The number of activated pixels in brain regions was determined and an asymmetry index (AI) ( $[L-R]/[L+R]$ ) calculated for each region. RESULTS: In group analysis the authors found prominent activation in left inferior temporal occipital junction and left fusiform gyrus (Brodmann area [BA] 37), middle temporal gyrus (BA 21, 22), middle frontal gyrus (BA 44, 45), and the supplementary motor area. Activation was strongly lateralized in middle frontal gyrus and Wernicke areas (AI 0.54, 0.62). Fourteen subjects had left-sided language lateralization, one was bilateral, and one had poor activation. CONCLUSIONS: The neural networks that process reading are strongly lateralized and regionally specific by age 6 to 7 years. Neural networks in early readers are similar to those in adults.

Gaillard WD, Pugliese M, Grandin CB *et al.* Cortical localization of reading in normal children: an fMRI language study. *Neurology* 2001; 57(1):47-54. Abstract: BACKGROUND: fMRI provides a noninvasive means of identifying the location and organization of neural networks that underlie cognitive functions. OBJECTIVE: To identify, using fMRI, brain regions involved in processing written text in children. METHODS: The authors studied nine normal right-handed native English-speaking children, aged 10.2 years (range 7.9 to 13.3 years), with two paradigms: reading Aesop's Fables and "Read Response Naming" (reading a description of an object that was then silently named). Data were acquired using blood oxygen level-dependent fMRI. Group data were analyzed with statistical parametric mapping; individual data sets were analyzed with a region-of-interest approach from individual study t maps. The number of activated pixels was determined in brain regions and an asymmetry index (AI =  $[L - R]/[L + R]$ ) calculated for each region. RESULTS: The authors found strong activation in the left middle temporal gyrus and left midfrontal gyrus and variable activation in left inferior frontal gyrus for both reading tasks in the group analysis ( $z > 5.5$  to 9.1). All subjects had strong left-sided lateralization for both tasks in middle/superior temporal gyrus, inferior frontal gyrus, and middle frontal gyrus (AI = 0.76 to 1.0 for  $t = 4$ ). Reading Fables activated twice as many pixels in temporal cortex as the Read Response Naming task; activation in dorsolateral prefrontal cortex was similar for both tasks. Small homologous right middle temporal region activation was seen with reading a fable. CONCLUSIONS: The neural networks that process reading appear to be lateralized and localized by middle to late childhood. Reading text paradigms may prove useful for identifying frontal and temporal language-processing areas and for determining language dominance in children experiencing epilepsy or undergoing tumor surgery.

Gaitatzis A, Purcell B, Carroll K, Sander JW, Majeed A. Differences in the use of health services among people with and without epilepsy in the United Kingdom: socio-economic and disease-specific determinants. *Epilepsy Res* 2002; 50(3):233-41. Abstract: We aim to examine the socio-economic, demographic and disease-specific determinants in the use of health services by patients with epilepsy, compared to people without epilepsy. We used data from the fourth national survey of morbidity in general practice, carried out in 1991-1992. Overall mean annual number of consultations with general practitioners, home visits and referrals to secondary care per person were calculated for people with epilepsy, stratified by age, sex and socio-economic status. The proportion of patients consulting for certain diseases or disease groups were also calculated for patients with epilepsy. Results were compared to these in people without epilepsy, and rate ratios were

calculated. Patients with epilepsy consulted twice as often, required three to four times more home visits, and were referred to secondary care three times more often than people without epilepsy, irrespective of age, sex and social class. Among patients with epilepsy, consultation rates and home visits were higher in females, older people and people from the manual social classes. A higher proportion of patients with epilepsy consulted for neoplasms, haematological and mental health disorders, dementia, stroke and gastrointestinal bleeding. Older age and low social class were less strongly associated with health service utilisation than in people without epilepsy, indicating that people with epilepsy lose much of the protective effect of young age and high social class on health. Factors contributing to the higher utilisation of health services in people with epilepsy need to be studied further and their effects taken into account in the organisation of health services for people with epilepsy.

Gajowy M, Simon W. [Child abuse, neglect and pregnancy losses--combination and its psychological sequel]. *Psychiatr Pol* 2002; 36(6):911-27. Abstract: The authors surveyed the literature focused on childhood mistreatment and pregnancy loss. They present definitions and classifications of child abuse (emotional, verbal, physical, sexual), child neglect (physical, emotional-intellectual) and pregnancy losses (especially miscarriage and abortion). In the second part of the paper a correlation between abuse and pregnancy loss is displayed as well as a correlation between child abuse and neglect. The different kinds of pregnancy losses are viewed as similar in aspect of psychological sequel, though their intensity and particular character depends on the mother's contribution to the loss of her child. In the last part, the consequences of the above correlation are discussed. The clinical observations suggest, that abuse and neglect experienced in childhood increases the probability of pregnancy loss in adulthood. On the other hand, the loss of an unborn child is one of the factors causing child abuse and neglect.

Galbraith AA, Egarter SA, Marchi KS, Chavez G, Braveman PA. Newborn early discharge revisited: are California newborns receiving recommended postnatal services? *Pediatrics* 2003; 111(2):364-71. Abstract: CONTEXT: Responding to safety concerns, federal and state legislation mandated coverage of minimum postnatal stays and state legislation in California mandated coverage of follow-up after early discharge. Little is known about the postnatal services newborns are receiving. OBJECTIVE: To describe rates of early discharge and of timely follow-up for early-discharged newborns. DESIGN AND SETTING: Retrospective, population-based cohort study using a 1999 postpartum survey in California. PARTICIPANTS: A total of 2828 infants of mothers with medically low-risk singleton births. MAIN

OUTCOME MEASURES: Rates of early discharge (<or=1-night stay after vaginal delivery and <or=3-night stay after cesarean section) and untimely follow-up (no home or office visit within 2 days of early discharge). RESULTS: Overall, 49.4% of newborns were discharged early. Of these, 67.5% had untimely follow-up. The odds of early discharge were greater with lower incomes: the adjusted odds ratios (AORs) (with 95% confidence intervals) were 2.06 (1.50-2.83) for incomes <or=100% of poverty, 2.20 (1.65-2.93) for incomes from 101%-200% of poverty, and 2.24 (1.63-3.08) for incomes from 201%-300% of poverty. Untimely follow-up was more likely for infants of women with incomes <or=100% of poverty (AOR = 1.89 [1.13-3.17]) and 201%-300% of poverty (AOR = 1.78 [1.09-2.91]), Medicaid coverage (AOR = 1.73 [1.20-2.47]), Latina ethnicity (AOR = 1.47 [1.02-2.14]), and non-English language (AOR = 1.72 [1.16-2.55]). CONCLUSIONS: Despite an apparent decline in short stays after legislation, many newborns--particularly from lower-income families--continue to be discharged early. Most newborns discharged early--particularly those with Medicaid and those from low-income, Latina, and non-English-speaking homes--do not receive recommended follow-up. The most socioeconomically vulnerable newborns are receiving fewer postnatal services.

Galil A, Carmel S, Lubetzky H, Vered S, Heiman N. Compliance with home rehabilitation therapy by parents of children with disabilities in Jews and Bedouin in Israel. *Dev Med Child Neurol* 2001; 43(4):261-8.

Abstract: Among key points in making progress and succeeding with a therapeutic programme for children with disabilities is parental compliance with the regime for their child. The purpose of this study was to evaluate factors influencing compliance with home therapy in the Jewish and Bedouin populations. Data were collected by structured questionnaires. A total of 193 families participated (84% response rate) with children who ranged in age from 6 months to 6 years (mean age at first visit to the centre was 9.5 years in Jews and 16.1 years in Bedouin). Compliance was significantly lower among the Bedouin. Multivariate regression analysis showed that the strongest contributory factor in lack of compliance was being Bedouin. The second factor was intensity of questioning destiny, indicating that parents with these feelings may be less likely to comply with therapeutic regimes. Other factors which were associated with compliance were parents' education and socioeconomic status: lower levels on these dimensions corresponded with lower parental compliance. These results were illuminated by a trial intervention programme for Bedouin families which involved telephone contact, translation facilities, and detailed explanations during visits to the centre. Intervention increased the compliance rate of the Bedouin appointments with specialists to 76% (91 of 120 appointments) thereby

reaching similar levels to those of the Jewish group. These preliminary results indicate that the strong association between non-compliance and being Bedouin may be due to factors of communication, and that the Bedouin are receptive to therapeutic interventions when communicated in their own language.

Galinowski A. [Borderline personality disorder]. *Encephale* 2005; 31 Pt 2:S73-5.

Gallagher C. Initiating a pediatric office-based quality improvement program. *J Healthc Qual* 2001; 23(2):4-9; quiz 9-10, 52.  
Abstract: This article describes a pediatric primary care network's initiative to implement an office-based quality improvement (QI) program. First, network physicians determined their priorities for quality improvement. Then primary care practitioners on the Quality Committee (QC), representing each local group practice, were educated about a physician-led QI process. The four steps of this process are as follows: (1) Set quality aims, (2) determine measurements of improvements, (3) generate ideas for change, and (4) test changes. Next, the QC selected two initial projects--office preparedness for pediatric emergencies and asthma management--and corresponding subcommittees were formed. The pediatricians identified QI practice changes they believed could be implemented successfully to make a measurable difference in children's healthcare.

Gallagher F, Jasper M. Health Visitors' experiences of Family Group Conferences in relation to child protection planning: a phenomenological study. *J Nurs Manag* 2003; 11(6):377-86.  
Abstract: AIMS AND BACKGROUND: The purpose of this study was to explore Health Visitors' experiences of Family Group Conferences as part of Child Protection Planning in Hampshire, England. The aim was to identify good practice, recognizing the challenges of the approach and enabling recommendations for improved collaboration to be framed. The Family Group Conferences model is based on partnership, decision-making and family involvement and presents an alternative to case conferences. METHODS: A Husserlian phenomenological approach was adopted, using taped semi-structured interviews with four health visitors who had experience of Family Group Conferences. Colaizzi's seven stages of phenomenological analysis were used. FINDINGS: The four key categories related to the ability of the Family Group Conference model to empower families; the need for health visitors to receive appropriate education and training; organizational; and professional issues. Health visitors believed that Family Group Conferences could empower families, but they felt unprepared to attend. Concerns were identified regarding confidentiality and

responsibility. Although the health visitors supported the principles underpinning Family Group Conferences, they were unsure about how to put theory into practice. The need for more education and training was strongly supported to enable the model to move from marginal to mainstream use. They also considered that Family Group Conferences could threaten interagency working, associated with issues relating to professional responsibility. CONCLUSIONS: The results identified training and procedural issues that need to be addressed if Family Group Conferences are to be introduced successfully within mainstream child protection practice. Insights from this study have led to inclusion of Family Group Conferences in the local child protection guidelines, with emphasis applied to interdisciplinary working, empowerment of families and professional staff, and education and training.

Galler JR, Waber D, Harrison R, Ramsey F. Behavioral effects of childhood malnutrition. *Am J Psychiatry* 2005; 162(9):1760-1; author reply 1761.

Gandle EL. It sounds like child abuse--but is it? *Am Fam Physician* 2002; 65(2):330, 332, 334.

Gansky SA. Dental data mining: potential pitfalls and practical issues. *Adv Dent Res* 2003; 17:109-14.  
Abstract: Knowledge Discovery and Data Mining (KDD) have become popular buzzwords. But what exactly is data mining? What are its strengths and limitations? Classic regression, artificial neural network (ANN), and classification and regression tree (CART) models are common KDD tools. Some recent reports (e.g., Kattan et al., 1998) show that ANN and CART models can perform better than classic regression models: CART models excel at covariate interactions, while ANN models excel at nonlinear covariates. Model prediction performance is examined with the use of validation procedures and evaluating concordance, sensitivity, specificity, and likelihood ratio. To aid interpretation, various plots of predicted probabilities are utilized, such as lift charts, receiver operating characteristic curves, and cumulative captured-response plots. A dental caries study is used as an illustrative example. This paper compares the performance of logistic regression with KDD methods of CART and ANN in analyzing data from the Rochester caries study. With careful analysis, such as validation with sufficient sample size and the use of proper competitors, problems of naive KDD analyses (Schwarzer et al., 2000) can be carefully avoided.

Garbarino J, Bradshaw CP, Vorrasi JA. Mitigating the effects of gun violence on children and youth. *Future Child* 2002; 12(2):72-85.  
Abstract: Countless children and youth are exposed to gun violence each year--at home, at school, in their communities, or through the media. Gun violence can leave lasting emotional scars on these children. This

article reviews research regarding the psychological effects of gun violence on children and youth, and offers suggestions for how parents, school administrators, and mental health workers can mitigate these negative effects. Children exposed to gun violence may experience negative short- and long-term psychological effects, including anger, withdrawal, posttraumatic stress, and desensitization to violence. All of these outcomes can feed into a continuing cycle of violence. Certain children may be at higher risk for negative outcomes if they are exposed to gun violence. Groups at risk include children injured in gun violence, those who witness violent acts at close proximity, those exposed to high levels of violence in their communities or schools, and those exposed to violent media. Parents, school administrators, and mental health workers all can play key roles in protecting children from gun violence and helping them overcome the effects of gun-related trauma. The authors recommend a number of strategies that adults can adopt to help children cope with gun violence, such as increasing parental monitoring, targeting services to youth at risk of violent activity, and developing therapeutic interventions to help traumatized young people.

Garber M, Hunt SC, Arnold RM. Ask the ethicist: can an HIV-positive woman be forced to take medicine to protect her fetus? *Med Ethics* (Burlingt, Mass) 2004; 11(3):3, 12.  
Notes: GENERAL NOTE: KIE: 5 refs.  
GENERAL NOTE: KIE: KIE Bib: AIDS; fetuses; treatment refusal

Garcia DP. Living without immunizations--a new growing trend. *J Ky Med Assoc* 2005; 103(3):109-11.

Gardner F, Johnson A, Yudkin P *et al.* Behavioral and emotional adjustment of teenagers in mainstream school who were born before 29 weeks' gestation. *Pediatrics* 2004; 114(3):676-82.  
Notes: CORPORATE NAME: Extremely Low Gestational Age Steering Group  
Abstract: OBJECTIVES: To investigate behavioral and emotional problems and positive adjustment of 15- to 16-year-olds who were born at extremely low gestational age (ELGA), from the perspective of parents, teachers, and teenagers. METHODS: Prospective follow-up was conducted of birth cohorts, with classroom control subjects. All infants who were born before 29 weeks in 1983-1984 (mean gestational age: 27 weeks) to mothers who resided in 3 regions of the United Kingdom were studied. A total of 82% (179 of 218) of survivors were traced at age 15 to 16. The 150 in mainstream school were compared with age- and gender-matched classroom control subjects (n = 108). Behavioral and emotional problems, delinquency, peer relations, self-esteem, and hobbies, were assessed by standardized, well-validated instruments, including the Strengths and Difficulties Questionnaire,

administered by mail to parents, teenagers, and teachers. RESULTS: Parents were more likely to rate ELGA teenagers than control subjects as in the "abnormal" range for hyperactivity (8% vs 1%; difference: 7%; (95% confidence interval [CI]: 2-12), peer relationship problems (19% vs 5%; difference: 14%; 95% CI: 6-21), and emotional problems (18% vs 7%; difference: 11%; 95% CI: 3-19), but not conduct problems (10% vs 5%; difference: 5%; 95% CI: -1 to 12)). Teachers reported a similar pattern. In contrast, compared with control subjects, ELGA teenagers did not rate themselves as having more problems with peers, hyperactivity, conduct, depression, or low self-esteem. They reported more emotional problems but less delinquency, alcohol, cannabis, and other drug use. CONCLUSIONS: Compared with mainstream classmates, children who are born extremely early continue to have higher levels of parent- and teacher-reported emotional, attentional, and peer problems well into their teens. However, despite these problems, they do not show signs of more serious conduct disorders, delinquency, drug use, or depression.

Gardner HB. Hypoxia leading to intracranial problems may be a retinal haemorrhage. *Neuropathol Appl Neurobiol* 2004; 30(2):192.

Gardner JM, Powell CA, Baker-Henningham H, Walker SP, Cole TJ, Grantham-McGregor SM. Zinc supplementation and psychosocial stimulation: effects on the development of undernourished Jamaican children. *Am J Clin Nutr* 2005; 82(2):399-405.  
Abstract: BACKGROUND: Undernourished children have poor levels of development that benefit from stimulation. Zinc deficiency is prevalent in undernourished children and may contribute to their poor development. OBJECTIVE: We assessed the effects of zinc supplementation and psychosocial stimulation given together or separately on the psychomotor development of undernourished children. DESIGN: This was a randomized controlled trial with 4 groups: stimulation alone, zinc supplementation alone, both interventions, and control (routine care only). Subjects were 114 children aged 9-30 mo and below -1.5 z scores of the National Center for Health Statistics weight-for-age references who were recruited from 18 health clinics. Clinics were randomly assigned to receive stimulation or not; individual children were randomly assigned to receive zinc or placebo. The stimulation program comprised weekly home visits during which play was demonstrated and maternal-child interactions were encouraged. The supplementation was 10 mg Zn as sulfate daily or placebo. Development (assessed by use of the Griffiths Mental Development Scales), length, and weight were measured at baseline and 6 mo later. Weekly morbidity histories were taken. RESULTS: Significant interactions were found between zinc supplementation and stimulation. Zinc benefited the developmental quotient only in children who received stimulation, and

benefits from zinc to hand and eye coordination were greater in stimulated children. Zinc supplementation alone improved hand and eye coordination, and stimulation alone benefited the developmental quotient, hearing and speech, and performance. Zinc supplementation also reduced diarrheal morbidity but did not significantly improve growth. **CONCLUSION:** Zinc supplementation benefits development in undernourished children, and the benefits are enhanced if stimulation is also provided.

Gardner JM, Walker SP, Powell CA, Grantham-McGregor S. A randomized controlled trial of a home-visiting intervention on cognition and behavior in term low birth weight infants. *J Pediatr* 2003; 143(5):634-9. Abstract: **OBJECTIVES:** To determine whether early psychosocial intervention with low birth weight term (LBW-T) infants improved cognition and behavior and to compare LBW-T with normal birth weight (NBW) infants. **STUDY DESIGN:** A randomized controlled trial was carried out in Kingston, Jamaica, with 140 LBW-T infants (weight < 2500 g). The intervention comprised weekly home visits by paraprofessionals for the first 8 weeks of life aimed at improving maternal-child interaction. LBW-T and 94 matched NBW (weight 2500 to 4000 g) infants were recruited from the main maternity hospital. Main outcome measures were problem solving (2 means-end tests: cover and support) and 4 behavior ratings at 7 months. Analyses used were the t test for intervention effects and multiple regression to compare LBW and NBW infants. **RESULTS:** LBW-T intervened infants had higher scores than LBW-T control infants on the cover test ( $P < .05$ ) and were more cooperative ( $P < .01$ ) and happy ( $P < .05$ ). LBW-T control infants had poorer scores on both the cover ( $P < .001$ ) and support tests ( $P < .01$ ), vocalized less ( $P < .02$ ), and were less cooperative ( $P < .001$ ), happy ( $P < .02$ ), and active ( $P < .02$ ) than NBW infants. LBW-T intervened infants had lower scores than NBW infants only on the support test ( $P < .05$ ). **CONCLUSIONS:** Early low-cost intervention can improve cognition and behavior of LBW-T infants in developing countries.

Garel M, Chavanne-De Weck E, Blondel B. [Psychological consequences of twinship on the children and their parents]. *J Gynecol Obstet Biol Reprod (Paris)* 2002; 31(1 Suppl):2S40-5. Abstract: This paper presents a synthesis about the psychological consequences of twinship based on a review of the literature and on our clinical experience. During pregnancy, delivery and the immediate post-partum, mothers experience physical and psychological difficulties linked with increased medical risks for themselves and for the children. The twins mortality is high before and after delivery. Grieving for one twin creates particular problems for parents. During first months after hospital discharge mothers encounter material and emotional stress. They are caused by overload of mothering tasks and the specificity of

mother-twins relationship. The impossibility to establish a dyadic relationship with each child creates feelings of frustration and guilt. The risk of child abuse is increased in twins. The balanced psychoemotional development of twins requires parental attitudes enhancing their individualization as opposed to their "collectivization". The risk of prematurity is ten times increased in twins which increases the risks of developmental disabilities. Considering that the number of twin deliveries is rising in our country it is important to be aware of the problems experienced by the families and to improve the way material and psychological help is provided to them.

Garg VK, Agarwalla A, Agrawal S, Deb M, Khanal B. Sexual habits and clinico-etiological profile of sexually transmitted diseases in Nepal. *J Dermatol* 2001; 28(7):353-9.

Abstract: A total of 100 patients giving histories suggestive of sexually transmitted disease (STDs) and attending the dermatology OPD at BPKIHS (B.P. Koirala Institute of Health Sciences) in Nepal over a period of one year from 1st July 1999 to 30th June 2000 were included in this study. Out of 10,400 new dermatology cases, a total of 100 cases (0.96%) of STDs were seen. Of these 73 were males, and the majority (53%) were in the age group of 21-30 years. Most of the patients were from Sunsari district (54%). The most common profession (21%) was businessman followed by housewife (19%). The most common age for first sexual contact was 16 to 19 years (45%). Eleven percent had their first sexual contact at the age of 15 or below 15 years. Premarital sexual exposure was recorded in 17% of the unmarried males. There were only 3 homosexuals and 1 bisexual patient. Multiple contacts were recorded in 55% of the patients. The most common source of contact was a commercial sex worker in 34.15%. Condoms were always used by only 7%. The various types of sexually transmitted diseases (STDs) were syphilis (31%) followed by condylomata acuminata (16%), herpes genitalis (15%), gonorrhoea (9%), and mixed infections (12%). Despite their varied sexual behavior, none of the patients were HIV positive; however, it is always advisable to screen all STD patients for HIV antibody.

Garno JL, Goldberg JF, Ramirez PM, Ritzler BA. Impact of childhood abuse on the clinical course of bipolar disorder. *Br J Psychiatry* 2005; 186:121-5. Abstract: **BACKGROUND:** Few investigations have examined the impact of childhood trauma, and domains of childhood abuse, on outcome in bipolar disorder. **AIMS:** To evaluate the prevalence and subtypes of childhood abuse reported by adult patients with bipolar disorder and relationship to clinical outcome. **METHOD:** Prevalence rates of childhood abuse were retrospectively assessed and examined relative to illness complexity in a sample of 100 patients at an academic specialty centre for the treatment of bipolar disorder. **RESULTS:** Histories of severe childhood

abuse were identified in about half of the sample and were associated with early age at illness onset. Abuse subcategories were strongly inter-related. Severe emotional abuse was significantly associated with lifetime substance misuse comorbidity and past-year rapid cycling. Logistic regression indicated a significant association between lifetime suicide attempts and severe childhood sexual abuse. Multiple forms of abuse showed a graded increase in risk for both suicide attempts and rapid cycling. CONCLUSIONS: Severe childhood trauma appears to have occurred in about half of patients with bipolar disorder, and may lead to more complex psychopathological manifestations.

Gary FA, Baker M, Grandbois DM. Perspectives on suicide prevention among American Indian and Alaska native children and adolescents: a call for help. *Online J Issues Nurs* 2005; 10(2):6. Abstract: Suicide rates among American Indian Alaska Native (AIAN) children and adolescents are the highest in the United States. Risk factors for suicide among AIAN youth include: strained interpersonal relationships, family instability, depression, low self-esteem, and alcohol use or substance abuse. Protective factors include: caring family relationships, supportive tribal leaders, and positive school experiences. Carefully planned, culturally sensitive, comprehensive programs that address the social determinants of health outcomes such as poverty, school failure, familial conflicts, and limited access to health care, should be the focus of blueprints for change for these vulnerable children. Moreover, culturally competent providers are key elements associated with reducing the suicide rates among AIAN children and adolescents.

Gaskin DJ, Mitchell JM. Health status and access to care for children with special health care needs. *J Ment Health Policy Econ* 2005; 8(1):29-35. Abstract: BACKGROUND: About 11-14% of children with special health care needs (CSHCN) have unmet needs during a given year. Little is known about the determinants of unmet health care needs for CSHCN. AIMS OF THE STUDY: The objective of this study was to explore the association between access to care (unmet needs) among CSHCN and their caregivers' mental health status as well as children's mental health status. METHODS: We surveyed a random sample of 1,088 caregivers of CSHCN who resided in the District of Columbia during the summer and fall of 2002. In the survey, we collected information on children's unmet needs mental health status (PARS) and their caregivers' mental health status (CES-D). We estimated the association between mental health status determinants of unmet needs adjusting for selection bias associated with plan choice (partially capitated managed care versus FFS) with an instrumental variables probit estimation technique. We used caregivers' preferences about physicians and hospitals networks, and whether the caregiver and child had the same last name to

identify the plan choice equation. RESULTS: We found that caregivers with symptoms of depression were 26.3% more likely to report any unmet need, 67.6% more likely to report unmet hospital and physician need, 66.1% more likely to report unmet mental health care need and 38.8% more likely to report unmet need for other health care services. Caregivers of children with poor psychological adjustment were 26.3% more likely to report their child had an unmet need and 92.3% more likely to report an unmet mental health care need. DISCUSSION: Our analyses show that children whose caregivers experience symptoms of depression are significantly more likely to encounter difficulties obtaining needed medical and mental health care services. Furthermore, the findings reported here indicate that children with poor psychological adjustment are significantly more likely to experience unmet needs for medical and mental health care services. Our study has some limitations. First, most of the children in our sample are African-American, so these findings may differ for children of other races. Second, these findings may not be applicable to CSHCN who reside in rural areas. Third, we recognize the possibility that child and caregiver mental health is potentially endogenous. IMPLICATIONS FOR HEALTH CARE PROVISION AND USE: The mental health status of CSHCN and their caregivers are barriers to care. IMPLICATIONS FOR HEALTH POLICIES: Policymakers should be concerned about the mental health status of children with special health care needs and their caregivers as such problems appear to be barriers to obtaining care. Therefore, to adequately address the access problems of children with special health care needs, policy must address the mental health problems of children and their caregivers. Providing mental health care for caregivers and children has the potential for improving overall access for CSHCN. IMPLICATION FOR FURTHER RESEARCH: Future research should determine the causal relationship between mental health problems of CSHCN and their caregivers and the level unmet health care needs.

Gatrad AR, Sheikh A, Jacks H. Religious circumcision and the Human Rights Act. *Arch Dis Child* 2002; 86(2):76-8.

Gatti U, Tremblay RE, Vitaro F, McDuff P. Youth gangs, delinquency and drug use: a test of the selection, facilitation, and enhancement hypotheses. *J Child Psychol Psychiatry* 2005; 46(11):1178-90. Abstract: BACKGROUND: Three different explanations have been given for the observation that adolescent gang members report more delinquent behaviour than their counterparts who do not affiliate with gangs: a) adolescents who commit more crimes join gangs (selection hypothesis); b) gang membership facilitates deviant behaviour (facilitation hypothesis); c) selection and facilitation work interactively (enhancement hypothesis). The aim of this study was to



test these hypotheses, while controlling for self-reported delinquency, friends' delinquency, and individual as well as family characteristics. **METHOD:** The sample included 756 boys first assessed when they attended kindergarten in disadvantaged areas of Montreal. Gang membership was assessed at the ages of 14, 15 and 16 years. Delinquency and drug use data were collected from self-reports and court files at the same ages. **RESULTS:** Gang members displayed far higher rates of delinquent behaviour and drug use than non-gang members. The results support the facilitation model for transient gang members (i.e., youths in a gang during only one of the three periods considered) and the enhancement model for stable gang members (i.e., youths in a gang for at least two of the periods considered), for person and property offences. The association between gang membership and delinquency persisted after introducing the control variables. Additional analyses showed that the effect associated with belonging to a gang was beyond that of simply having delinquent friends. **CONCLUSION:** Preventing the creation and participation in such gangs should reduce the frequency of antisocial behaviour during adolescence.

Gattini C, Sanderson C, Castillo-Salgado C. [Using different indicators of preventable mortality as an approach to measuring health inequalities in Chilean municipalities]. *Rev Panam Salud Publica* 2002; 12(6):454-61.

**Abstract:** **OBJECTIVES:** To analyze differences in avoidable mortality among communes in Chile, using different indicators as an operational approach to estimating health inequalities. **METHODS:** Small area variation analysis in a sample of 117 of all 335 Chilean communes that existed in 1992. By using secondary data, we developed and compared some avoidable-mortality indicators, such as potential years of life lost (PYLL), avoidable mortality (AM) (based on background and criteria drawn from the literature), health care avoidable mortality (HCAMR), and life expectancy. A socioeconomic development index (SEDI) was also developed. The scope of the variation was estimated through the weighted variation coefficient, the Gini coefficient, the ratio between the values for the quintiles at both extremes of the SEDI distribution, and the ratio of the lowest SEDI quintile to the group of municipalities having a SEDI greater than 0.90 (optimal empirical reference value). The socioeconomic pattern of variations was examined through concentration curves and by comparing communal quintiles based on their SEDI. **RESULTS:** The various avoidable-mortality indicators used showed an inverse and statistically significant correlation with socioeconomic development, as well as with the profile of the various SEDI quintiles and with the majority of specific causes of avoidable mortality. The distribution profile of AM indicators among SEDI communal quintiles reflects the same tendency, along with most of the mortality from

specific avoidable causes. The use of three reference values (the mean, the quintile with the greatest SEDI, and the optimal empirical reference value) makes it possible to measure gaps that could be avoided. The ratio of the lowest SEDI quintile to the empirical optimal reference value was 2.1 for AM, 2.0 for PYLL, 1.7 for infant mortality, and 1.5 for HCAMR. **CONCLUSIONS:** These results, which are consistent with those found in previous published sources, estimate the magnitude and pattern of variations among communes. The results also provide information, based on data for 1992, with which to start monitoring health inequalities among small geographic areas, which were communes in this particular case. Although interventions for promoting equity tend to focus exclusively on communes having lower socioeconomic development and higher rates of avoidable mortality, reducing the latter implies a two-pronged approach: prioritizing interventions targeting underprivileged communes so as to foster equity, while attempting to cover the majority of communes in an effort to prevent avoidable mortality.

Gautier T, Droit-Volet S. Attention and time estimation in 5- and 8-year-old children: a dual-task procedure. *Behav Processes* 2002; 58(1-2):57-66.

**Abstract:** This experiment tested the effect of a dual-task on time reproduction in 5- and 8-year-olds. Children had to reproduce a stimulus duration lasting for 6 or 12 s, during which they either did or did not perform a concurrent non-temporal task (i.e. picture naming) both in low (LA) and high (HA) attentional demand conditions. The results showed that children reproduced shorter durations in the dual-task than in the single-task condition, whatever the duration value used. However, this shortening effect was greater in the 5-year-olds than in the 8-year-olds. Furthermore, in the 5-year-olds, temporal reproductions were significantly shorter in both dual-tasks (LA or HA) than in the single-task, whereas, in the 8-year-olds, differences reached significance only between the HA dual-task and the single-task. In the non-temporal task, the proportion of naming errors was also greater in the dual-task than in the single-task, especially under high attentional demand, but it did not significantly differ between the two age groups tested.

Gauvin S, Le Moullec Y, Bremont F *et al.* Relationships between nitrogen dioxide personal exposure and ambient air monitoring measurements among children in three French metropolitan areas: VESTA study. *Arch Environ Health* 2001; 56(4):336-41. **Abstract:** In epidemiological studies, investigators have routinely used ambient air concentrations, measured by air-quality monitoring networks, to assess exposure of subjects. When there is great spatial variability of ambient air concentrations or when there are specific indoor exposures, this approach may yield substantial exposure misclassification and distort the associations between exposure and the health endpoints of interest.

In 3 French metropolitan areas, the cross-sectional relationships between 48 hr of nitrogen dioxide personal exposure of 73 children and the corresponding 48-hr background ambient air concentrations were analyzed. The crude correlation between ambient air concentrations and personal exposures was poor in all cities ( $r_2 = .009$  for Grenoble,  $r_2 = .04$  for Toulouse, and  $r_2 = .02$  for Paris). These correlations were improved when the authors took into account other ambient air or indoor air sources of nitrogen dioxide emissions (the corresponding multiple linear regression,  $r_2$ , increased to .43 in Grenoble, .50 in Toulouse, and .37 in Paris). The main variables that explained personal exposures were an index of traffic intensity and proximity and use of a gas cooker at home. The results of this study confirm that ambient air-monitoring site measurements are poor predictors of personal exposure. Investigators should carefully characterize the proximity of roads occupied by dense traffic to the home/school as well as indoor sources of nitric oxide emissions; both of these careful characterizations will assist researchers in the prediction of personal exposure in epidemiological studies.

Gauvin S, Reungoat P, Cassadou S *et al.* Contribution of indoor and outdoor environments to PM2.5 personal exposure of children--VESTA study. *Sci Total Environ* 2002; 297(1-3):175-81.

Abstract: Several studies among adult populations showed that an array of outdoor and indoor sources of particles emissions contributed to personal exposures to atmospheric particles, with tobacco smoke playing a prominent role (*J. Expo. Anal. Environ. Epidemiol.* 6 (1996) 57, *Environ. Int.* 24 (1998) 405, *Arch. Environ. Health* 54 (1999) 95). The Vesta study was carried out to assess the role of exposure to traffic emissions in the development of childhood asthma. In this paper, we present data on 68 children aged 8-14 years, living in the metropolitan areas of Paris ( $n = 30$ ), Grenoble ( $n = 15$ ) and Toulouse ( $n = 23$ ), France, who continuously carried, over 48 h, a rucksack that contained an active PM2.5 sampler. Data about home indoor sources were collected by questionnaires. In parallel, daily concentrations of PM10 in ambient air were monitored by local air quality networks. The contribution of indoor and outdoor factors to personal exposures was assessed using multiple linear regression models. Average personal exposure across all children was 23.7 microg/m<sup>3</sup> (S.D. = 19.0 microg/m<sup>3</sup>), with local means ranging from 18.2 to 29.4 microg/m<sup>3</sup>. The final model explains 36% of the total between-subjects variance, with environmental tobacco smoke contributing for more than a third to this variability; presence of pets at home, proximity of the home to urban traffic emissions, and concomitant PM10 ambient air concentrations were the other main determinants of personal exposure.

Gavidia-Payne S, Littlefield L, Hallgren M, Jenkins P, 514

Coventry N. Outcome evaluation of a statewide child inpatient mental health unit. *Aust N Z J Psychiatry* 2003; 37(2):204-11.

Abstract: OBJECTIVE: To assess the impact of inpatient intervention, provided by a child mental health unit in Victoria, Australia, on a number of key child and family variables. METHOD: Pre-post test design with a four-month follow up was applied to assess changes across time. Twenty-nine parents, 42 teachers, and 37 referrers provided reports on a series of child, parent, and family functioning measures. RESULTS: Significant improvements in child behaviour and functioning, parenting competency and efficacy, parenting practices, and reduced parental depression were observed over time. Changes in family functioning scores were not significant; however, univariate analysis indicated improvements in two individual subscales. CONCLUSIONS: There is a lack of studies of the outcome of inpatient interventions of children in psychiatric settings. However, as shown in the present study, improvements in functioning can be detected and obtained with short-term interventions that focus on both children and families. Methodological shortcomings (i.e. absence of comparison groups) and lack of specificity in intervention variables, however, are difficulties yet to be overcome in evaluation research of inpatient treatment.

Gay KD. The Circle of Parents program: increasing social support for parents and caregivers. *N C Med J* 2005; 66(5):386-8.

Geddes JF, Plunkett J. The evidence base for shaken baby syndrome. *BMJ* 2004; 328(7442):719-20.

Geddes JF, Tasker RC, Hackshaw AK *et al.* Dural haemorrhage in non-traumatic infant deaths: does it explain the bleeding in 'shaken baby syndrome'? *Neuropathol Appl Neurobiol* 2003; 29(1):14-22. Abstract: A histological review of dura mater taken from a post-mortem series of 50 paediatric cases aged up to 5 months revealed fresh bleeding in the dura in 36/50, the bleeding ranging from small perivascular haemorrhages to extensive haemorrhage which had ruptured onto the surface of the dura. Severe hypoxia had been documented clinically in 27 of the 36 cases (75%). In a similar review of three infants presenting with classical 'shaken baby syndrome', intradural haemorrhage was also found, in addition to subdural bleeding, and we believe that our findings may have relevance to the pathogenesis of some infantile subdural haemorrhage. Recent work has shown that, in a proportion of infants with fatal head injury, there is little traumatic brain damage and that the significant finding is craniocervical injury, which causes respiratory abnormalities, severe global hypoxia and brain swelling, with raised intracranial pressure. We propose that, in such infants, a combination of severe

hypoxia, brain swelling and raised central venous pressure causes blood to leak from intracranial veins into the subdural space, and that the cause of the subdural bleeding in some cases of infant head injury is therefore not traumatic rupture of bridging veins, but a phenomenon of immaturity. Hypoxia with brain swelling would also account for retinal haemorrhages, and so provide a unified hypothesis for the clinical and neuropathological findings in cases of infant head injury, without impact or considerable force being necessary.

Geist R, Grdisa V, Otley A. Psychosocial issues in the child with chronic conditions. *Best Pract Res Clin Gastroenterol* 2003; 17(2):141-52. Abstract: Psychosocial issues in children, adolescents and families who suffer with chronic illnesses require careful identification and treatment. Since more of these young people survive into adulthood, their risk of psychosocial distress and psychiatric illness is increased, although many adapt well. The literature is vast, but limited in its usefulness: criteria for the variables described, including chronicity and severity, are poorly defined; outcome measures are not standardized; and few randomized controlled clinical trials exist. This chapter focuses the attention of physicians on overt and covert signs of psychosocial distress in the patient and family with chronic illness. Common issues for all chronic diseases are discussed and a non-categorical approach is taken. The importance of the family as a focus of intervention is highlighted. The meaning and treatment of unexplained medical symptoms, non-adherence with treatment recommendations, school refusal, sexuality and substance use and abuse are discussed.

Gelhorn HL, Stallings MC, Young SE, Corley RP, Rhee SH, Hewitt JK. Genetic and environmental influences on conduct disorder: symptom, domain and full-scale analyses. *J Child Psychol Psychiatry* 2005; 46(6):580-91. Abstract: BACKGROUND: We used variable threshold models which accounted for age and gender differences to investigate the genetic and environmental influences on DSM-IV conduct disorder (CD) at the level of symptoms, aggressive versus non-aggressive domains, and full-scale. METHOD: A community sample of 1100 twin pairs (age 11-18) was interviewed using the Diagnostic Interview Schedule for Children. RESULTS: Behavior genetic model fitting suggested that genetic and environmental influences on individual symptoms varied by symptom. The best-fitting models for aggressive and non-aggressive domains, and full-scale CD included additive genetic effects and unique environmental effects only (AE models). These effects could be constrained across age cohorts and sex. The results suggest that using models that incorporate age- and gender-appropriate thresholds specific to each subject we can account for prevalence differences between

cohorts. Heritability estimates were .49, .55 and .53 for the aggressive domain, non-aggressive domain, and full-scales, respectively. These results are in contrast to previous research on antisocial behavior measured with the CBCL reporting higher heritability for aggressive versus non-aggressive domains. CONCLUSIONS: Results suggest that individual symptoms of CD may be differentially heritable. Additionally, CD assessed using DSM-IV criteria may show differing patterns of heritability compared with estimates obtained for other measures of antisocial behavior such as the CBCL.

Genuis SJ, Genuis SK. Implications of cyberspace communication: a role for physicians. *South Med J* 2005; 98(4):451-5; quiz 456-7, 477. Abstract: Through the presentation of three clinical case reports and subsequent discussion, it is demonstrated that physicians must begin to familiarize themselves with the health-related implications of online communication, and must proactively address Internet use as it relates to health and well-being. Included case presentations highlight the following: the established association between those seeking sexual partners through the Internet and an increased risk for sexually transmitted disease; the implications of cybercommunication for young people and concerns related to unsafe online behaviors including sharing identifying information with strangers; the potential use of strategically constructed virtual identities to facilitate sexual exploitation; the impact of accelerated intimacy and disinhibition evident in online communication; and the invasive nature of Internet sexual harassment or bullying. Although it is recognized that most online activities do not negatively affect health, doctors must be prepared to ask patients about Internet use and become involved in educating children, teenagers, and parents about safe online relationships to promote optimal physical, mental, and social health.

George A, Ebrahim MK. Infant scald burns: a case of negligence? *Burns* 2003; 29(1):95.

Geraghty SR, Davidson BS, Warner BB *et al.* The development of a research human milk bank. *J Hum Lact* 2005; 21(1):59-66. Abstract: Although there are well-established clinical human milk banks in the United States, there are no milk banks specifically intended to foster research on human milk. The authors' goal was to establish a milk bank with a core data set to support exploratory and hypothesis-driven studies on human milk. Donations to the Cincinnati Children's Research Human Milk Bank are accepted within the context of ongoing, hypothesis-driven research or on an ad hoc basis. Donors must give informed consent, and scientists wishing to use the samples must have Institutional review board approval for their use. Development of more research human milk banks can potentially provide resources for

multidisciplinary collaboration and advance the study of human milk and lactation.

Gereda JE, Klinnert MD, Price MR, Leung DY, Liu AH. Metropolitan home living conditions associated with indoor endotoxin levels. *J Allergy Clin Immunol* 2001; 107(5):790-6.

Abstract: BACKGROUND: Household endotoxin exposure in allergy and asthma has been gaining attention for its dual potential to exacerbate these conditions in individuals with established disease and to abrogate atopy before disease onset. OBJECTIVE: We sought to better understand the home environmental and lifestyle factors influencing house dust endotoxin levels. METHODS: From the homes of 86 infants with wheeze in metropolitan Denver, Colorado, house dust endotoxin (detected with a standardized Limulus Amebocyte Lysate assay) and common indoor allergen (Fel d 1, Can f 1, Der p 1, Der f 1, and Bla g 1) contents were quantified. Comprehensive home environment and lifestyle questionnaires were completed during home visits by trained study staff and parents. RESULTS: House dust endotoxin levels were associated with only 2 home environmental features: animals in the home and the presence of central air conditioning. The strongest positive associations were found with animals in the home. Interestingly, the homes without cats or other animals revealed a negative correlation between house dust Fel d 1 and endotoxin ( $P = .03$ ). Central air conditioning, especially during months of typical use, was associated with lower house dust endotoxin levels. No significant associations between house dust endotoxin levels and home dampness, number of household inhabitants or young children, cleaning frequency, or presence of tobacco smokers in the home were found. CONCLUSIONS: Indoor endotoxin exposure can be increased by the presence of animals in the home and decreased with central air conditioning. In some homes without animals, where allergen exposure adequate for sensitization still occurs, there are lower levels of house dust endotoxin. Therefore in homes without animals, factors that influence allergen and endotoxin levels in house dust probably differ. Households with detectable allergen levels but low endotoxin levels may provide a predisposing environment for animal allergen sensitization.

Germain A. Reproductive health and human rights. *Lancet* 2004; 363(9402):65-6.  
Notes: GENERAL NOTE: KIE: 17 refs.  
GENERAL NOTE: KIE: KIE Bib: reproduction

Gerressu M, French RS. Using the Internet to promote sexual health awareness among young people. *J Fam Plann Reprod Health Care* 2005; 31(4):267, 269-70.

Gervaise S. [Seeds of violence]. *Soins PEDIATR Pueric* 2001;

(200):8-9.

Getahun H. Marriage through abduction ('Telefa') in rural north west Ethiopia. *Ethiop Med J* 2001; 39(2):105-12.  
Abstract: A community based cross sectional study was conducted in a rural district of North West Ethiopia between February and April 1997 to determine the magnitude of marriage through abduction ('Telefa') and identify problems associated with it. Randomly selected and currently married 1,168 women were interviewed. The prevalence of marriage through abduction was 6.2% (72/1168). All the abductions reported were only once in lifetime during the first marriage. The median age at first marriage of abducted women was 13 years with a range of 13 (Minimum = 7 and Maximum 20). About two third (66.7%) of abducted women had been married more than once in their life time. Following a multivariate analysis in a logistic regression model abducted women were likely to be victims of abortion [Adjusted OR (95% CI) = 1.71 (1.10-3.05)], marital instability [Adjusted OR (95% CI) = 1.87 (1.10-3.18)], rape [Adjusted OR (95% CI) = 7.77 (3.78-15.95)] and domestic violence [Adjusted OR (95% CI) = 1.69 (1.11-2.81)]. The recognition of the magnitude and the associated health problems of marriage through abduction (Telefa) is important. Appropriate strategies that address the health needs of abducted women must be designed. Enforcing the judiciary system to discourage this harmful practice and empowerment of young girls and rural women is needed.

Ghazvini A, Mullis RL. Center-based care for young children: examining predictors of quality. *J Genet Psychol* 2002; 163(1):112-25.  
Abstract: The authors collected information from caregivers, trained observers, and parents to investigate quality elements in child-care programs designed for young children in center-based settings. Participants were 75 parents of children aged 15 to 36 months and their caregivers from 13 child-care centers in a southeastern state. Observers collected indicators of program quality and process and structural quality indicators, including adult-child ratio, group size, use of planned activities, use of child-designated space, housekeeping activities, and caregiver-child interactions. Participants responded to questions regarding their child-rearing beliefs, social support networks, perceived stress levels, and demographic characteristics. The best predictors of higher quality care and sensitive caregiver-child interaction in centers were specialized caregiver training, higher adult-child ratios, use of planned activities, and less perceived stress by caregivers. Implications of these findings are discussed.

Ghetti S, Alexander KW, Goodman GS. Legal involvement in child sexual abuse cases. Consequences and interventions. *Int J Law Psychiatry* 2002; 25(3):235-51.

Ghosh AK, Sinha P. An economised craniofacial identification system. *Forensic Sci Int* 2001; 117(1-2):109-19.

Abstract: It has been attempted to develop an economised craniofacial identification system, as a special automated version of photo/video superimposition technique, that can deal with common cases of personal identification with the aid of a skull and a nearly front view face photograph of the suspected victim. The proposed method is economic in respect of (i) cost of hardware configuration, (ii) processing time as well as (iii) manual labour involved. Over and above, it has got a capability to take care of ambiguities due to soft tissue thickness during the selection of facial features, which is a part of the procedure. In order to reconstruct a 2-D cranial image, superimposable over the facial one, the new method does not need any reconstruction of a digitised 3-D cranial image. It works simply by a suitable segment-wise processing of a 2-D cranial image with the aid of the symmetry perceiving adaptive neuronet (SPAN), that has recently been introduced in connection with nearly front view facial image recognition. The final comparison of the facial and the superimposable cranial images is as versatile as the same for facial image recognition by SPAN. A practical application of this extended version of SPAN has been demonstrated in the present paper.

Ghuman SJ. Women's autonomy and child survival: a comparison of Muslims and non-Muslims in four Asian countries. *Demography* 2003; 40(3):419-36. Abstract: In this article, I evaluate the hypothesis that higher infant and child mortality among Muslim populations is related to the lower autonomy of Muslim women using data from 15 pairs of Muslim and non-Muslim communities in India, Malaysia, the Philippines, and Thailand. Women's autonomy in various spheres is not consistently lower in Muslim than in non-Muslim settings. Both across and within communities, the association between women's autonomy and mortality is weak, and measures of autonomy or socioeconomic status are generally of limited import for understanding the Muslim disadvantage in children's survival.

Giacaman R, Hussein A, Gordon NH, Awartani F. Imprints on the consciousness: the impact on Palestinian civilians of the Israeli Army invasion of West Bank towns. *Eur J Public Health* 2004; 14(3):286-90. Abstract: BACKGROUND: The dehumanizing aspects of conflict and war are increasingly recognized as serious health and human rights concerns. This paper examines the impact on civilians of the 29 March 2002 Israeli Army invasion and subsequent curfews lasting up to 45 consecutive days, of five West Bank towns. METHODS: Using focus groups, a 10-item scale was devised to measure the effects of the invasion's impact on the social and health-related quality of life. The scale is an aggregate of three constructs measuring

housing, financial, and health-related issues. A survey composed of demographic questions and the 10-item social/health scale was administered to a stratified random sample of inhabitants of the five towns. RESULTS: the invasion caused extensive destruction, food and cash shortages, internal displacement of civilians, psychological distress, and serious interruptions of basic services, including crucial health services. Overall, Jenin experienced the most deleterious effects. Using the subscales, Jenin experienced the highest overall housing damage, Bethlehem the most financial difficulties, and Ramallah the most health-related hardships. CONCLUSIONS: civilians inevitably suffer during conflict and war from destruction of the community infrastructure and from personal stress due to disruption of services and the non-fulfilment of basic human needs. In contradistinction to standard damage assessments that focus on collective physical damage, this scale provides richer information on the needs of civilians in conflict-torn areas, and can assist aid workers in the efficient deployment of resources.

Giancola PR, Parker AM. A six-year prospective study of pathways toward drug use in adolescent boys with and without a family history of a substance use disorder. *J Stud Alcohol* 2001; 62(2):166-78. Abstract: OBJECTIVE: The purpose of this study was to test a developmental model of drug use in male adolescents. The model postulates that low executive functioning and a difficult temperament are related to aggression and affiliations with delinquent peers which, in turn, are related to elevated drug use. METHOD: Boys (N = 187) with and without a family history of a substance use disorder (SUD) were followed over a 6-year period. Executive functioning and temperament were measured at age 10-12, aggression and affiliations with delinquent peers were assessed at age 12-14 and drug use was measured at age 16. RESULTS: Low executive functioning and a difficult temperament were related to increased aggression and affiliations with delinquent peers. These latter variables were related to increased drug use. Furthermore, the relation between difficult temperament and drug use was fully mediated by aggression and affiliations with delinquent peers. CONCLUSIONS: Drug abuse prevention efforts may benefit from clinical interventions aimed at strengthening executive functioning, regulating temperament and improving socialization strategies in antisocial children.

Giarelli E, Souders M, Pinto-Martin J, Bloch J, Levy SE. Intervention pilot for parents of children with autistic spectrum disorder. *Pediatr Nurs* 2005; 31(5):389-99. Abstract: Parents of children who receive the diagnosis of autistic spectrum disorder (ASD) experience a situational crisis related to receiving the diagnosis, which causes feelings of distress and urgency to access services for the affected child. This paper describes a

randomized trial (n = 31) that was conducted at a regional diagnostic center of a large metropolitan children's hospital to (a) refine a nursing intervention designed for parents of children with ASD and (b) to identify methodological revisions for a larger study. A secondary purpose was to test the effects of a post-diagnosis nursing intervention on parents' reports of stress, impact of event (diagnosis), and use of services after a child is newly diagnosed with ASD. The intervention consisted of usual care plus 3 hours contact with a pediatric nurse practitioner (PNP) for counseling, instruction, and assistance with implementation of the recommended treatment plan. The control group received only the usual care post-diagnosis, which consisted of a 1-hour consultation session to receive the results of diagnostic tests and a written copy of the recommended treatment plan provided by a developmental pediatrician and/or PNP. Between group differences in measures of "impact of event" and "perceived stress" were not statistically significant. This was attributed to a small sample size. A larger study is feasible and recommended with an expanded nursing intervention and a significantly larger sample recruited from an additional recruitment site. Nurses working with this special population must recognize that parents have information and counseling needs that begin after they receive the diagnosis of ASD for their child and can address these needs with a standardized nursing intervention.

Gibb BE, Butler AC, Beck JS. Childhood abuse, depression, and anxiety in adult psychiatric outpatients. *Depress Anxiety* 2003; 17(4):226-8.

Gibb BE, Wheeler R, Alloy LB, Abramson LY. Emotional, physical, and sexual maltreatment in childhood versus adolescence and personality dysfunction in young adulthood. *J Personal Disord* 2001; 15(6):505-11. Abstract: The current study examined the unique relations of childhood and adolescent maltreatment (emotional, physical, and sexual) with DSM-III-R personality disorder (PD) dimensions in a sample of undergraduates. The results suggested that reported levels of childhood sexual maltreatment were uniquely related to six of the 11 PD dimensions examined. In contrast, reported levels of adolescent emotional maltreatment were uniquely related to only three PD dimensions and reported levels of adolescent physical maltreatment were uniquely related to only one PD dimension. Thus, whereas reported levels of adolescent emotional and physical maltreatment demonstrated some specificity to the various kinds of personality dysfunction, reported levels of childhood sexual maltreatment appeared to be related to more generalized personality dysfunction in young adulthood.

Gibbons P, de Volder J, Casey P. Patterns of denial in sex offenders: a replication study. *J Am Acad Psychiatry*

Law 2003; 31(3):336-44.

Abstract: To assess whether a robust typology of sex offenders could be established based on the patterns of denial displayed, a previously developed semistructured interview method was used to assess denial in a mixed group of convicted rapists and child molesters. Cluster analysis was used to establish homogeneous groups of sex offenders based on the pattern of denial in each case, with a three-cluster solution emerging as the most appropriate, confirming previous research. The denial groups were compared in relation to objective offense characteristics to assess whether a consistent typology of offenders emerged. Each of the four groups of offenders identified (three groups emerging from the cluster analysis and an "absolute denier" group) corresponded closely with the previously identified typology. However, the authors failed to replicate previously identified differences between the denial groups in relation to independent variables such as offense type. Each group contained both rapists and child molesters and was found to differ quantitatively rather than qualitatively in the pattern of the denial expressed, with attributional style being the most consistent form of denial present in all groups. The authors conclude that denial consists of at least two continuous dimensions, rather than being a dichotomous phenomenon. Differences in the patterns of denial displayed by rapists and child molesters were found to be primarily quantitative rather than qualitative.

Gibbs JL, Monro JL, Cunningham D, Rickards A. Survival after surgery or therapeutic catheterisation for congenital heart disease in children in the United Kingdom: analysis of the central cardiac audit database for 2000-1. *BMJ* 2004; 328(7440):611. Notes: CORPORATE NAME: Society of Cardiothoracic Surgeons of Great Britain and Northern Ireland

CORPORATE NAME: Paediatric Cardiac Association  
CORPORATE NAME: Alder Hey Hospital  
Abstract: OBJECTIVES: To analyse simple national statistics and survival data collected in the central cardiac audit database after treatment for congenital heart disease and to provide long term comparative statistics for each contributing centre. DESIGN: Prospective, longitudinal, observational, national cohort survival study. SETTING: UK central cardiac audit database. MAIN OUTCOME MEASURES: Survival at 30 days and one year after treatment in the year April 2000-March 2001, assessed by using both volunteered life status and independently validated life status through the Office for National Statistics, using the patient's unique NHS number, or the general register offices of Scotland and Northern Ireland. Institutional results following a group of six benchmark operations and three benchmark catheterisation procedures. RESULTS: Since April 2000 data have been received from all 13 UK tertiary centres performing cardiac surgery or therapeutic cardiac

catheterisation in children with congenital heart disease. Altogether 3666 surgical procedures and 1828 therapeutic catheterisations were performed. Central tracking of mortality identified 469 deaths, 194 occurring within 30 days and 275 later. Forty two of the 194 deaths within 30 days were detected by central tracking but not by volunteered data. For surgery overall, survival at 30 days was 94.9%, falling to 91.2% at one year; this effect was most marked for infants. For therapeutic catheterisation survival at 30 days was 99.1%, falling to 98.1% at one year. Survival of individual centres or individual operators did not differ from the national average after benchmark procedures. CONCLUSIONS: Independent data validation is essential for accurate survival analysis. One year survival gives a more realistic view of outcome than traditional perioperative mortality. Currently no detectable difference exists in survival between any of the 13 UK tertiary congenital heart disease centres, but confidence intervals for small centres are wide, limiting our power to detect underperformance from analysis of a single year's data. Appropriately resourced, focused national audit is capable of accurate data collection on which nationwide, long term quality control can be based.

Giedd JN. The anatomy of mentalization: a view from developmental neuroimaging. *Bull Menninger Clin* 2003; 67(2):132-42.

Abstract: The capacity for mentalization emerges from developmental changes in the physical structure of the brain. Although pediatric imaging studies have not directly addressed the process of mentalizing, general principles of brain development may shed light on the neurobiology of mentalization. Increases in white matter, which speeds communication between brain cells, growing complexity of neuronal networks suggested by gray matter changes, and environmentally sensitive plasticity are all essential aspects in a child's ability to mentalize and maintain the adaptive flexibility necessary for healthy transition into adulthood.

Gielen AC, McDonald EM, Wilson ME *et al.* Effects of improved access to safety counseling, products, and home visits on parents' safety practices: results of a randomized trial. *Arch Pediatr Adolesc Med* 2002; 156(1):33-40.

Abstract: OBJECTIVE: To present the results of an intervention trial to enhance parents' home-safety practices through pediatric safety counseling, home visits, and an on-site children's safety center where parents receive personalized education and can purchase reduced-cost products. DESIGN: Pediatricians were randomized to a standard- or an enhanced-intervention group. Parents of their patients were enrolled when the patient was 6 months or younger and observed until 12 to 18 months of age. SETTING: A hospital-based pediatric resident continuity clinic that serves families living in low-

income, inner-city neighborhoods. PARTICIPANTS: First- and second-year pediatric residents and their patient-parent dyads. INTERVENTIONS: Parents in the standard-intervention group received safety counseling and referral to the children's safety center from their pediatrician. Parents in the enhanced-intervention group received the standard services plus a home-safety visit by a community health worker. OUTCOMES: Home observers assessed the following safety practices: reduction of hot-water temperature, poison storage, and presence of smoke alarms, safety gates for stairs, and ipecac syrup. RESULTS: The prevalence of safety practices ranged from 11% of parents who stored poisons safely to 82% who had a working smoke alarm. No significant differences in safety practices were found between study groups. However, families who visited the children's safety center compared with those who did not had a significantly greater number of safety practices (34% vs 17% had > or 3). CONCLUSIONS: Home visiting was not effective in improving parents' safety practices. Counseling coupled with convenient access to reduced-cost products appears to be an effective strategy for promoting children's home safety.

Gigantesco A, Camuffo M, Mirabella F, Morosini P. [Parental evaluation of child and adolescent mental health services: a multicentric study]. *Ann Ist Super Sanita* 2005; 41(4):501-13.

Abstract: A self-completed questionnaire for routinely assessing parents' opinions on the quality of care in child and adolescent mental health services was developed. A reliability study was performed, and the questionnaire was then introduced in the practice of 5 services. Parents' opinions were evaluated, and specific aspects of services more associated with the overall opinion were investigated. Very good results were observed in the reliability study. Parents had critical opinions about the availability of the rehabilitative equipment, emergency management, and linkage among different types of services. The judgement about health outcomes was the most important predictor of the overall opinion on the quality of services. Because of its user-friendliness, the questionnaire may be particularly suitable for routine use.

Gilgoff D. A settlement in Boston. *US News World Rep* 2003; 135(9):28.

Gill D. Ethical principles and operational guidelines for good clinical practice in paediatric research. Recommendations of the Ethics Working Group of the Confederation of European Specialists in Paediatrics (CESP). *Eur J Pediatr* 2004; 163(2):53-7. Notes: CORPORATE NAME: Ethics Working Group of the Confederation of European Specialists in Paediatrics

Abstract: A child has the full right of protection of

his/her life by provision of optional medical care. There is a need in paediatrics for better evidence based practice founded on quality research into efficacy and safety of children's medications. To protect the best interests of the child one must balance the ethical demand to do clinical studies with the necessity to avoid doing harm. To achieve this end good clinical practice in paediatric research demands that studies comply with the Declaration of Helsinki, ICH topic E11, EU Directives and other relevant international guidelines. Evident differences in physiology, pharmacology, pharmacokinetics and pharmacodynamics between children of differing ages and between children and adults demand properly constructed and conducted studies that respect the special somatic, emotional and mental needs of children. To justify any research project one must balance the benefit/risk ratio, provide experienced, competent personnel and infrastructure, obtain adequate informed consent/assent, and have the study evaluated and approved by an ethics committee containing expertise on the rights and needs of children.

Gilman SE, Kawachi I, Fitzmaurice GM, Buka SL. Family disruption in childhood and risk of adult depression. *Am J Psychiatry* 2003; 160(5):939-46. Abstract: OBJECTIVE: The authors examined the risk that family disruption and low socioeconomic status in early childhood confer on the onset of major depression in adulthood. METHOD: Participants were 1,104 offspring of mothers enrolled during pregnancy in the Providence, R.I., site of the National Collaborative Perinatal Project. Measures of childhood family disruption and socioeconomic status were obtained before birth and at age 7. Structured diagnostic interviews were used to assess respondents' lifetime history of major depressive episode between the ages of 18 and 39. Survival analysis was used to identify childhood risks for depression onset. RESULTS: Parental divorce in early childhood was associated with a higher lifetime risk of depression among subjects whose mothers did not remarry as well as among subjects whose mothers remarried. These effects were more pronounced when accompanied by high levels of parental conflict. Independent of the respondents' adult socioeconomic status, low socioeconomic status in childhood predicted an elevated risk of depression. CONCLUSIONS: Family disruption and low socioeconomic status in early childhood increase the long-term risk for major depression. Reducing childhood disadvantages may be one avenue for prevention of depression. Identification of modifiable pathways linking aspects of the early childhood environment to adult mental health is needed to mitigate the long-term consequences of childhood disadvantage.

Girardin BW, Steveson S. Millipedes--health consequences. *J Emerg Nurs* 2002; 28(2):107-10.

Girolami A, Luzzatto G, Varvarikis C, Pellati D, Sartori R, Girolami B. Main clinical manifestations of a bleeding diathesis: an often disregarded aspect of medical and surgical history taking. *Haemophilia* 2005; 11(3):193-202.

Abstract: A suitable clinical evaluation of a bleeding diathesis is often forgone. The young doctor is often unprepared to describe in an accurate way the different types of bleeding. An adequate classification and adequate clinical information about a bleeding diathesis are instead of paramount importance. Bleeding may be cutaneous, mucous, articular, muscular, parenchymal, intracavitary, orificial. Each of these sites and forms may have diagnostic implications. An accurate description of the several forms of cutaneous bleeding (petechiae, purpuric spots, ecchymosis, haematomas, etc.) is needed for referrals and for controls. The correct evaluation of cutaneous bleeding manifestations of children (battered child syndrome) is absolutely important for clinical and medico-legal purposes. The same is true for the battering syndrome seen in women abused by their spouses. The grading of haemarthrosis in haemophilia patients is important for the follow-up. A proper description of haematuria is essential in suggesting the probable site of bleeding (kidney or bladder or urethra). A proper evaluation of bleeding may give also useful information on the general health status of the patients (presence of anaemia, poor nutrition, renal insufficiency, etc.). The combination of bleeding and thrombosis in the same patient is also a clinical challenge. The relationship between haemorrhage and thrombosis may be sequential or concomitant. Sequential thrombosis may occur in a patient confined in bed for a brain haemorrhage. Concomitant thrombosis and bleeding occur in DIC and in patients with thrombosis being treated with anticoagulants. Finally, it should be kept in mind that a proper evaluation of the bleeding diathesis of a given patient may help the caring doctor in ordering appropriate laboratory tests (e.g. a platelet count for petechiae, a PTT for a patient with haemarthrosis, etc.).

Gismondi RC, Almeida RM, Infantosi AF. Artificial neural networks for infant mortality modelling. *Comput Methods Programs Biomed* 2002; 69(3):237-47. Abstract: This work aims to investigate a simple to use and easy to interpret methodology for assessing the relative importance of input variables in artificial neural networks (ANNs) applied to epidemiological modelling. The independent variables were 43 variables of the social, economic, environmental and health sector of 59 Brazilian municipalities, and the outcomes were infant mortality rates from these municipalities. Two assays were developed for the ANN modelling. On the first, all 43 variables were taken as input; and on the second, input variables were chosen with the help of factor analysis (FA). The relative importance of the input variables was investigated by means of bootstrap replications of the



ANN model on the second assay. Further, multiple linear regression models (LRMs) were developed with the same data set and compared to the ANN models. The FA analysis allowed the selection of eight variables for the second assay. The percent of explained variance  $R^2$  on the ANNs was in the range 0.74-0.80, while linear models had  $R^2=0.4-0.5$ . These findings were validated by the bootstrap replications, in which the ANN models remained with higher  $R^2$  and lower mean square error than the LRMs. The analysis of the best (second) ANN model indicated the highest ranking of importance for the variables literacy, agricultural and livestock sector jobs, number of commercial establishments and telephones. The approach presented here successfully integrated a data-oriented model with expert knowledge, indicating the potentiality of ANN modelling in the prediction, planning and assessment of public health actions.

Gjelsvik A, Verhoek-Oftedahl W, Pearlman DN. Domestic violence incidents with children witnesses: findings from Rhode Island surveillance data. *Womens Health Issues* 2003; 13(2):68-73. Abstract: In this study we analyze factors associated with children witnessing police-reported domestic violence (DV) and determine the age distribution of children witnessing. Rhode Island Department of Health surveillance data (1996-1998) from police forms were used to assess demographic characteristics of victims, characteristics of incidents, whether children were present, and children's ages. Victim gender, age, race/ethnicity, relationship to suspect, and whether the victim was assaulted were all strong predictors of children witnessing a DV incident. Almost half (48%) of the children who witnessed DV incidents were less than 6 years old. To reach these young children, prevention and intervention programs will need to target parents and caretakers of young children and/or pediatricians.

Gjerdingen D. The effectiveness of various postpartum depression treatments and the impact of antidepressant drugs on nursing infants. *J Am Board Fam Pract* 2003; 16(5):372-82. Abstract: BACKGROUND: Postpartum depression is seen in approximately 13% of women who have recently given birth; unfortunately, it often remains untreated. Important causes for undertreatment of this disorder are providers' and patients' lack of information about the effectiveness of various treatments, and their concerns about the impact of treatment on nursing infants. This article presents research-based evidence on the benefits of various treatments for postpartum depression and their potential risks to nursing infants. METHODS: The medical literature on postpartum depression treatment was reviewed by searching MEDLINE and Current Contents using such key terms as "postpartum depression," "treatment," "therapy," "psychotherapy," and "breastfeeding." Results and CONCLUSIONS: There is evidence that postpartum

depression improves with antidepressant drug therapy, estrogen, individual psychotherapy, nurse home visits, and possibly group therapy. Of the more frequently studied antidepressant drugs in breastfeeding women, paroxetine, sertraline, and nortriptyline have not been found to have adverse effects on infants. Fluoxetine, however, should be avoided in breastfeeding women. By administering effective treatment to women with postpartum depression, we can positively impact the lives of mothers, their infants, and other family members.

Gladsjo JA, Breeding J, Sine D *et al.* Termination of life support after severe child abuse: the role of a guardian ad litem. *Pediatrics* 2004; 113(2):e141-5. Abstract: Discontinuation of life-sustaining interventions often raises ethical concerns. In cases of severe child abuse with poor prognosis for recovery, accused parents may have a conflict of interest regarding medical decision-making for their child, because the outcome of such decisions may impact legal charges filed against them. The recently issued American Academy of Pediatrics guidelines for addressing such cases recommended the appointment of a guardian ad litem for medical decision-making. We present the case of an 8-month-old infant who was abused severely by her father, resulting in a persistent vegetative state. We describe our experience with appointing a guardian ad litem and the ethical issues involved.

Glancy GD, Spiers EM, Pitt SE, Dvoskin JA. Commentary: Models and correlates of firesetting behavior. *J Am Acad Psychiatry Law* 2003; 31(1):53-7.

Glantz JC. Clearing up meconium: clinical management and research ethics. *Birth* 2002; 29(2):137-40. Notes: GENERAL NOTE: KIE: 19 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/minors; human experimentation/research design

Glantz MD. Introduction to the special issue on the impact of childhood psychopathology interventions on subsequent substance abuse: pieces of the puzzle. *J Consult Clin Psychol* 2002; 70(6):1203-6. Abstract: Studies of adolescents and adults have reported high levels of co-occurrence of substance abuse with other psychiatric disorders, suggesting influence between the conditions. The comorbidity seems complex and variable, indicating that there may be more than I type of association between the comorbid disorders. When occurring in childhood, some of the frequently comorbid psychopathologies typically precede later drug and alcohol abuse and may have implications for substance abuse prevention as early risk indicators and as targets for intervention. Research discussed in this article and in this special issue provides a foundation for investigating the

question of whether effective treatment of childhood psychopathologies can prevent or at least mitigate substance abuse for some adolescents. Clinical, research, and policy implications are discussed.

Glasper EA. Will they listen? *Paediatr Nurs* 2003; 15(2):3.

Glass JO, Ji Q, Glas LS, Reddick WE. Prediction of total cerebral tissue volumes in normal appearing brain from sub-sampled segmentation volumes. *Magn Reson Imaging* 2003; 21(9):977-82. Abstract: The need for anatomical coverage and multi-spectral information must be balanced against examination and processing time to ensure high-quality, feasible imaging protocols for clinical research of cerebral development in normal-appearing brains. The focus of this study was to create and assess models to estimate total cerebral volumes of gray matter, white matter, and cerebrospinal fluid (CSF) from anatomically defined sub-samples of full clinical examinations. Pediatric patients (18F, 11M; aged 1.7 to 18.7, median 5.2 years) underwent a clinical imaging protocol consisting of 3 mm contiguous T1-, T2-, PD-, and FLAIR-weighted images after obtaining informed consent. Magnetic resonance imaging (MRI) sets were registered, RF-corrected, and then analyzed with a hybrid neural network segmentation and classification algorithm to identify normal brain parenchyma. The correlation between the image subsets and the total cerebral volumes of gray matter, white matter and CSF were examined through linear regression analyses. Five sub-sampled sets were defined and assessed in each patient to produce estimation models which were all significantly correlated ( $p < 0.001$ ) with the total cerebral volumes of gray matter, white matter, and CSF. Volumes were estimated from as little as a single representative slice requiring minimal processing time, 27 min, but with an average estimation error of approximately 6%. Larger sub-samples of approximately three-quarters of the full cerebral volume required much more processing time, 2 h and 4 min, but produced estimates with an average error less than 2%. This study demonstrated that investigators can choose the amount of cerebrum sampled to optimize the acquisition and processing time against the degree of accuracy needed in the total cerebral volume estimates.

Glasscoe CA, Quittner AL. Psychological interventions for cystic fibrosis. *Cochrane Database Syst Rev* 2003; (3):CD003148.

Abstract: BACKGROUND: As survival estimates for cystic fibrosis (CF) steadily increase long-term management has become an important focus for intervention. Psychological interventions are largely concerned with emotional and social adjustments, adherence to treatment and quality of life, however no systematic review of such interventions has been undertaken for this disease. OBJECTIVES: To describe

the extent and quality of effectiveness studies utilising psychological interventions for CF and whether these interventions provide significant psychosocial and physical benefits in addition to standard care. SEARCH STRATEGY: Relevant trials were identified from searches of Ovid MEDLINE, the Cochrane trial registers for CF and Depression, Anxiety and Neurosis Groups and PsychINFO; unpublished trials were located through professional networks and Listserves. Most recent search: April 2003. SELECTION CRITERIA: This review included RCTs and quasi-randomised trials. Study participants were children and adults diagnosed with CF, and their immediate family members. Psychological interventions were from a broad range of modalities and outcomes were primarily psychosocial, although physical outcomes and cost effectiveness were also considered. DATA COLLECTION AND ANALYSIS: Two reviewers independently selected relevant trials and assessed their methodological quality. For binary and continuous outcomes a pooled estimate of treatment effect was calculated for each outcome. MAIN RESULTS: This review is based on the findings of eight studies, representing data from a total of 358 participants. Studies fell into four conceptually similar groups: (1) gene pre-test education counselling for relatives of those with CF (one study); (2) biofeedback, massage and music therapy to assist physiotherapy (three studies); (3) behavioural intervention to improve dietary intake in children up to 12 years (three studies); and (4) self-administration of treatments to improve quality of life in adults (one study). Interventions were largely educational or behavioural, targeted at specific treatment concerns during the chronic phase. No completed studies concentrating on complex treatment approaches were found. There is some evidence that behavioural interventions can improve emotional outcomes in people with CF and their carers. There was no consistent effect on lung function although one small study showed that biofeedback assisted breathing re-training was associated with improvement in some measures of spirometric lung function. Insufficient evidence is available at this point for interventions aimed at other aspects of the disease process. REVIEWER'S CONCLUSIONS: Multicentre approaches are required to increase the sample sizes of studies in the psychosocial field and to enhance the power and precision of the findings. This has consequent implications for funding.

Gleason TR. Social provisions of real and imaginary relationships in early childhood. *Dev Psychol* 2002; 38(6):979-92.

Abstract: Preschool-aged children's perceptions of their social relationships were examined, including those with parents, best friends, siblings, and imaginary companions. Sixty 4-year-old children participated in an interview designed to measure perceptions of the degree of conflict, nurturance, instrumental help, and power available in their relationships. Three groups

were compared: children with (a) invisible friends, (b) companions who were personified objects (e.g., dolls), and (c) no imaginary companion. Results indicated that children differentiated the relationships in their social networks according to provisions. Parent-child relationships afforded instrumental help and siblings were associated with conflict. Provisions of real and imaginary friendships were similar, although imaginary friends were preferred as objects of nurturance. Results imply that 4-year-old children have developed differentiated relationship schemas and that those of children with invisible friends may be particularly distinct.

Glew GM, Fan MY, Katon W, Rivara FP, Kernic MA. Bullying, psychosocial adjustment, and academic performance in elementary school. *Arch Pediatr Adolesc Med* 2005; 159(11):1026-31. Abstract: BACKGROUND: Over the past decade, concerns about bullying and its role in school violence, depression, and health concerns have grown. However, no large studies in the United States have examined the prevalence of bullying during elementary school or its association with objective measures of school attendance and achievement. OBJECTIVE: To determine the prevalence of bullying during elementary school and its association with school attendance, academic achievement, disciplinary actions, and self-reported feelings of sadness, safety, and belonging. DESIGN: Cross-sectional study using 2001-2002 school data. SETTING: Urban, West Coast public school district. PARTICIPANTS: Three thousand five hundred thirty (91.4%) third, fourth, and fifth grade students. MAIN OUTCOME MEASURE: Self-reported involvement in bullying. RESULTS: Twenty-two percent of children surveyed were involved in bullying either as a victim, bully, or both. Victims and bully-victims were more likely to have low achievement than bystanders (odds ratios [ORs], 0.8 [95% confidence interval (CI), 0.7-0.9] and 0.8 [95% CI, 0.6-1.0], respectively). All 3 bullying-involved groups were significantly more likely than bystanders to feel unsafe at school (victims, OR, 2.1 [95% CI, 1.1-4.2]; bullies, OR, 2.5 [95% CI, 1.5-4.1]; bully-victims, OR, 5.0 [95% CI, 1.9-13.6]). Victims and bully-victims were more likely to report feeling that they don't belong at school (ORs, 4.1 [95% CI, 2.6-6.5] and 3.1 [95% CI, 1.3-7.2], respectively). Bullies and victims were more likely than bystanders to feel sad most days (ORs 1.5 [95% CI, 1.2-1.9] and 1.8 [95% CI, 1.2-2.8], respectively). Bullies and bully-victims were more likely to be male (ORs, 1.5 [95% CI, 1.2-1.9] and 3.0 [95% CI, 1.3-7.0], respectively). CONCLUSIONS: The prevalence of frequent bullying among elementary school children is substantial. Associations between bullying involvement and school problems indicate this is a serious issue for elementary schools. The research presented herein demonstrates the need for evidence-based antibullying curricula in the elementary grades.

Glick S. [Child abuse--undiagnosed]. *Harefuah* 2002; 141(10):879-82, 931, 930. Abstract: We present the case of a 2 1/2 year old child brought to the emergency room by his mother, a nurse at that hospital, and her companion, because of a fractured clavicle. Over the next 14 days the child was seen by a variety of physicians in different sites (3 different emergency rooms, pediatricians' offices, orthopedic clinics) for various injuries. Each individual injury was treated separately, and the diagnosis of a battered child syndrome was not entertained. The child was not undressed completely and numerous clues to the diagnosis went undetected. A greater sensitivity to the diagnosis of child abuse is essential. More careful history-taking, more thorough physical examination and better interinstitutional communication are essential if child abuse is to be detected in its earliest phases.

Glowinski AL, Bucholz KK, Nelson EC *et al.* Suicide attempts in an adolescent female twin sample. *J Am Acad Child Adolesc Psychiatry* 2001; 40(11):1300-7. Abstract: OBJECTIVE: To examine suicide attempts in an epidemiologically and genetically informative youth sample. METHOD: 3,416 Missouri female adolescent twins (85% participation rate) were interviewed from 1995 to 2000 with a telephone version of the Child Semi-Structured Assessment for the Genetics of Alcoholism, which includes a detailed suicidal behavior section. Mean age was 15.5 years at assessment. RESULTS: At least one suicide attempt was reported by 4.2% of the subjects. First suicide attempts were all made before age 18 (and at a mean age of 13.6). Major depressive disorder, alcohol dependence, childhood physical abuse, social phobia, conduct disorder, and African-American ethnicity were the factors most associated with a suicide attempt history. Suicide attempt liability was familial, with genetic and shared environmental influences together accounting for 35% to 75% of the variance in risk. The twin/cotwin suicide attempt odds ratio was 5.6 (95% confidence interval [CI] 1.75-17.8) for monozygotic twins and 4.0 (95% CI 1.1 -14.7) for dizygotic twins after controlling for other psychiatric risk factors. CONCLUSIONS: In women, the predisposition to attempt suicide seems usually to manifest itself first during adolescence. The data show that youth suicide attempts are familial and possibly influenced by genetic factors, even when controlling for other psychopathology.

Glowinski AL, Jacob T, Bucholz KK, Scherrer JF, True W, Heath AC. Paternal alcohol dependence and offspring suicidal behaviors in a children-of-twins study. *Drug Alcohol Depend* 2004; 76 Suppl:S69-77. Abstract: INTRODUCTION: In substance abusing families, sources of familial comorbidity are potentially confounded by genetic-environmental (GE) interplays. The children-of-twins (COT) design can be used to elucidate the association of a parental trait and an

offspring outcome such as the association of parental alcoholism and offspring suicidality. **METHODS:** We examined the association of paternal alcoholism and offspring suicidal behaviors in an adolescent and young adult COT sample of 'Vietnam Era Twins' offspring who had completed an interview including a comprehensive assessment of lifetime suicidal behaviors. We stratified the COT sample into four groups contingent upon paternal zygosity, MZ versus DZ, and lifetime paternal alcohol dependence history (AD), positive versus negative. We examined whether the relationship of paternal alcoholism and offspring suicidality was best explained by genetic predispositions common to alcoholism and suicidality or by GE interplay--environmental influences correlated with parental alcoholism or the interaction of genetic and environmental factors. **RESULTS:** Our results suggest a main effect of paternal alcoholism on offspring suicide attempt; COT analyses do not support a purely genetic explanation for this association. **DISCUSSION:** Suicide attempts probably result from GE interplays and must be studied in genetically informative samples of offspring of substance abusing parents.

Go M, Kojima T, Takano K *et al.* Expression and function of tight junctions in the crypt epithelium of human palatine tonsils. *J Histochem Cytochem* 2004; 52(12):1627-38.

Abstract: The human palatine tonsils have surface and crypt stratified epithelium and may be initiated via the epithelium to mount immune responses to various presenting antigens. Here we investigated the expression and function of tight junctions in the epithelium of human palatine tonsils from patients with tonsillar hypertrophy or recurrent tonsillitis. Occludin, ZO-1, JAM-1, and claudin-1, -3, -4, -7, -8, and -14 mRNAs were detected in tonsillar hypertrophy. Occludin and claudin-14 were expressed in the uppermost layer of the tonsil surface epithelium, whereas ZO-1, JAM-1, and claudin-1, -4, and -7 were found throughout the epithelium. In the crypt epithelium, claudin-4 was preferentially expressed in the upper layers. In freeze-fracture replicas, short fragments of continuous tight junction strands were observed but never formed networks. In the crypt epithelium of recurrent tonsillitis, the tracer was leaked from the surface regions where occludin and claudin-4 disappeared. Occludin, ZO-1, JAM-1, and claudin-1, -3, -4, and -14, but not claudin-7, mRNAs were decreased in recurrent tonsillitis compared with those of tonsillar hypertrophy. These studies suggest unique expression of tight junctions in human palatine tonsillar epithelium, and the crypt epithelium may possess an epithelial barrier different from that of the surface epithelium.

Godley MD, Kahn JH, Dennis ML, Godley SH, Funk RR. The stability and impact of environmental factors on substance use and problems after adolescent outpatient

treatment for cannabis abuse or dependence. *Psychol Addict Behav* 2005; 19(1):62-70. Abstract: Because alcohol or other drug use following adolescent substance abuse treatment is common, understanding mediators of posttreatment outcome could help improve treatment interventions. The authors conducted path analyses based on data from 552 adolescents (aged 12-18; 82% male) with cannabis abuse or dependence who participated in outpatient treatment. The analysis used the Family Conflict and Cohesion subscales, from the Family Environment Scale, and several scales and indices from the Global Appraisal of Individual Needs. Family conflict, family cohesion, and social support indirectly predicted substance use and substance-related problems as mediated by recovery environment and social risk. This model replicated across 4 follow-up waves (3, 6, 9, and 12 months postintake). These results support the idea of targeting environmental factors during continuing care as a way to improve treatment outcomes for adolescents with cannabis disorders.

Godsall RE, Jurkovic GJ, Emshoff J, Anderson L, Stanwyck D. Why some kids do well in bad situations: relation of parental alcohol misuse and parentification to children's self-concept. *Subst Use Misuse* 2004; 39(5):789-809.

Abstract: Between 1991 and 1994 a sample of high- and low-functioning 10-18-year-old children of alcohol misusing and nonalcohol misusing parents were assessed on degree of problematic parental role functioning (parentification) and global self-concept. The high functioning children had been chosen by their teachers to receive training as peer counselors, whereas the low functioning children were in either psychiatric facilities or the custody of family and children services. The parentification scores of the latter significantly exceeded those of the former. Children of alcoholic parents also scored higher on the parentification measure than did those with nonalcoholic parents. Within the high functioning group hierarchical regression analysis revealed that while parental alcohol misuse status accounted for a small but significant amount of the variance in self-concept, the effect of this variable was substantially reduced after entering level of parentification into the equation. By contrast, within the low functioning group parental alcohol misuse status was not significantly related to self-concept whereas level of parentification was. The results are discussed within a family systems framework.

Gogou G, Maglaveras N, Ambrosiadou BV, Goulis D, Pappas C. A neural network approach in diabetes management by insulin administration. *J Med Syst* 2001; 25(2):119-31.

Abstract: Diabetes management by insulin administration is based on medical experts' experience, intuition, and expertise. As there is very little information in medical literature concerning practical

aspects of this issue, medical experts adopt their own rules for insulin regimen specification and dose adjustment. This paper investigates the application of a neural network approach for the development of a prototype system for knowledge classification in this domain. The system will further facilitate decision making for diabetic patient management by insulin administration. In particular, a generating algorithm for learning arbitrary classification is employed. The factors participating in the decision making were among other diabetes type, patient age, current treatment, glucose profile, physical activity, food intake, and desirable blood glucose control. The resulting system was trained with 100 cases and tested on 100 patient cases. The system proved to be applicable to this particular problem, classifying correctly 92% of the testing cases.

Gold J, Bugg G. Alberta law confining child prostitutes upheld. *Can HIV AIDS Policy Law Rev* 2001; 6(1-2):34-5.

Abstract: The Alberta Court of Queen's Bench has determined that the Alberta Protection of Children Involved in Prostitution Act is not in violation of the Constitution. This decision overturns the ruling of the Provincial Court, which held that the Act infringes the rights articulated in sections 7, 8, and 9 of the Charter.

Golombok S, MacCallum F, Goodman E, Rutter M. Families with children conceived by donor insemination: a follow-up at age twelve. *Child Dev* 2002; 73(3):952-68.

Abstract: Growing public awareness of the use of donor insemination (DI) to enable infertile couples to become parents has been accompanied by increasing concern regarding the potentially negative consequences for family relationships and child development. Findings are presented from a prospective study of the quality of parenting and psychological adjustment of DI children at age 12. Thirty-seven DI families, 49 adoptive families, and 91 families with a naturally conceived child were compared on standardized interview and questionnaire measures administered to mothers, fathers, children, and teachers. The differences between DI families and the other family types reflected greater expressive warmth of DI mothers toward their children and less involvement in the discipline of their children by DI fathers. The DI children were well adjusted in terms of their social and emotional development. The findings are discussed with respect to the secrecy surrounding DI and the imbalance in genetic relatedness between the parents and the child.

Gomes JT, Bertrand LD, Paetsch JJ, Hornick JP. Self-reported delinquency among Alberta's youth: findings from a survey of 2,001 junior and senior high school students. *Adolescence* 2003; 38(149):75-91. Abstract: This article draws on data from a 1999 survey

on youth victimization, crime and delinquency in Alberta conducted by the Canadian Research Institute for Law and the Family in collaboration with researchers from the University of Alberta. The survey included 2,001 youth attending Grades 7 to 12 in public and Catholic schools in selected urban and rural areas in the province. Analyses focus on self-reported past-year delinquency. Statistically significant results were found for relationships between extent of delinquency and gender, grade level, psychosocial problems (as measured by conduct, hyperactivity, and emotional problems), and extent of past-year victimization. For low/moderate delinquency, females were comparable to males, and even reported slightly higher rates for low/moderate violence-related delinquency. Younger students were more likely to indicate engaging in violence-related delinquency, while older students were more likely to report property-related delinquent acts. Overall, Grade 9 students had the highest rates of delinquency. For personal characteristics, a high score on conduct problems was most strongly correlated with moderate/high delinquency. The relationship between high levels of delinquency and victimization was stronger for violence-related delinquency than for property-related delinquency.

Gomez-Dantes O, Gomez-Jauregui J, Inclan C. [Equity and fairness in the Mexican health system reform]. *Salud Publica Mex* 2004; 46(5):399-416.

Abstract: OBJECTIVE: To assess the equity and fairness of the Mexican health system reform that occurred in the late 1990's. MATERIAL AND METHODS: The Mexican reform process was evaluated using the benchmark-system designed by Daniels et al. This benchmark system was adapted to the Mexican setting by adding specific indicators. A documentary review of the Mexican reform process was conducted to score its performance for each benchmark. RESULTS: Except for housing and nutrition components, the reform included few actions related to health determinants. For health care, the main reform initiatives were those related to extending the coverage of essential health services and decentralizing health care provision to the states. Reform initiatives included few activities related to fair financing, tiering, emphasis on second and third level care, accountability, and transparency. CONCLUSIONS: The late nineties reform of the Mexican health system had some positive effect on access of the poor to health care and administrative efficiency, but little impact on fair financing, quality of care, and democratic governance. The English version of this paper is available at: <http://www.insp.mx/salud/index.html>.

Gonzalez de Dios J. [Neonatal neurology decision-making starting from systematic reviews of Cochrane Collaboration]. *Rev Neurol* 2005; 40(8):453-9. Abstract: INTRODUCTION: Cochrane Collaboration

(CC) provides growing and readily accessible resource to help that decision-making care is based on detailed, critical, and current reviews of the best available evidence. There are many clinical questions for which there is no good evidence on which to base clinical practice. AIM: To analyse the bibliometric characteristics of the systematic reviews (SR) about neonatal neurology published in Neonatal CC. MATERIALS AND METHODS: Bibliometric analysis of The Cochrane Database Systematic Reviews in Neonatal CC, Issue 1, 2004 (n = 169 SR). The dependent variable registered in each SR was subject area of study (mainly neurology subject area) and the rest of variables were considered independent: authors (number and country), dates (late review and update), characteristics of included clinical trials (number and type), characteristics of the newborns included (number and gestational age), reviewer's conclusions and potential conflicts of interest. RESULTS: Neurology was the third most important subject area in Neonatal CC (13 SR), after the subject area of respiratory (73 SR) and gastroenterology-nutrition (26 SR). We identified three selective clusters of secondary investigation in neonatal neurology SR: intraventricular haemorrhage (4 SR), perinatal asphyxia (4 SR) and opiate withdrawal syndrome (2 SR). The number of clinical trials (median 4), patients (median 193), update (46%), sufficient conclusion (54%) and potential conflicts of interest (8 %) in each SR is similar to the rest of SR in Neonatal CC; the only difference we found is less preterm infants (15%) in this SR. All the SR are about interventions for the treatment or prevention of diseases, and we don't found any review about diagnostic tests. CONCLUSIONS: At the moment, the neonatal neurology SR published in Neonatal CC are infrequent and almost half of them the reviewer's conclusions are insufficient for inferring probable effects in clinical practice. Many therapies in neonatal neurology persist without supportive evidence, and some common therapies may actually be harmful, and these are the conclusions found in SR about intraventricular haemorrhage. We detected no SR about important neuropediatric themes in neonatal period: hypoxic-ischemic encephalopathy, periventricular leukomalacia, neonatal seizures, hypotonia, etc.

Good C, Petersen C. SSRI and mirtazapine in PTSD. *J Am Acad Child Adolesc Psychiatry* 2001; 40(3):263-4.

Good PD, Cavenagh J, Ravenscroft PJ. Survival after enrollment in an Australian palliative care program. *J Pain Symptom Manage* 2004; 27(4):310-5. Abstract: Palliative care services aim to achieve the best quality of life for patients by controlling pain and other physical symptoms and attending to their psychospiritual needs. There have been many studies across different countries looking at timing of referral to palliative care services. Almost universally, timing of referral to palliative care is 'late' in the course of the

patients' illness. This study looked at survival of patients after enrollment in an Australian integrated palliative care service that consists of inpatient beds (hospice), community care and consultation services. We analyzed the survival of 1138 patients enrolled over a 30-month period. The mean age was 70.1 years and 55% of the patients were male. The most common cancers were lung (19.1%), colorectal (13.4%) and prostate (5.8%), with nonmalignant disease accounting for 5.6% of all patients. The median length of survival was 54 days, with 9.3% of the patients dying within 7 days and 16.96% of patients living longer than six months. Perhaps more importantly than median survival is the time spent on a palliative care program in the overall context of diagnosis till death. The median percentage of time since diagnosis spent on the program was 17%. Timing of referral should be dependent on the need for intervention for physical or psychological symptoms. This can be meaningful whether the number of days till death is small or large.

Goodman GS. Wailing babies in her wake. *Am Psychol* 2005; 60(8):872-81.

Abstract: The scientific study of child witnesses has influenced both developmental science and jurisprudence concerning children. Focusing on the author's own studies, 4 categories of research are briefly reviewed: (a) children's eyewitness memory and suggestibility; (b) memory for traumatic events in childhood; (c) disclosure of child sexual abuse; and (d) experiences of child victim/witnesses within the legal system. Implications for psychology and for legal practice are discussed.

Goodman R, Slobodskaya H, Knyazev G. Russian child mental health--a cross-sectional study of prevalence and risk factors. *Eur Child Adolesc Psychiatry* 2005; 14(1):28-33.

Abstract: BACKGROUND: The fall of communism and subsequent economic crises have been followed by major social and health problems. High rates of child mental health problems are frequently cited by the Russian media, though there is little relevant evidence. AIMS: The aim of this study was to investigate the prevalence and associations of child mental health problems in Russia using internationally recognised measures and diagnostic systems. METHOD: A two-stage, two-phase cross-sectional survey of the mental health of 7- to 14-year-olds involved random sampling of schools, followed by random sampling of pupils from school lists. A sample of 448 children was obtained, representing an 83% participation rate. In the first phase, screening measures of psychopathology and risk were administered to parents, teachers and 11- to 14-year-olds. In the second phase, more detailed psychiatric assessments were carried out for subgroups of screen-positive and screen-negative children (N=172). RESULTS: The prevalence of psychiatric disorder was about 70% higher than that recently found in Britain with comparable measures, but there were

- few differences between Britain and Russia in type of disorder or key risk factors. CONCLUSION: There is a pressing need for evidence-based mental health treatments to be made widely available to Russian children and adolescents.
- Goodway JD, Smith DW. Keeping all children healthy: challenges to leading an active lifestyle for preschool children qualifying for at-risk programs. *Fam Community Health* 2005; 28(2):142-55. Abstract: This study examined contextual factors associated with physical activity of urban African American preschoolers (N = 59). Qualitative research methodologies utilized data from home visits, caregiver and child interviews, field notes, and document collection. The primary finding suggested, "In underserved communities fundamental barriers exist that obstruct young children's ability to be physically active." Four themes were developed revealing that outside environments limited opportunities for physical activity, home environments resulted in sedentary behaviors, and communities had limited physical activity role models. Despite this, young children enjoyed being physically active.
- Goodwin E. About a boy. Carter Lee's story put a face on one of the medical profession's biggest issues: access. *J Ark Med Soc* 2005; 101(9):265-7.
- Goodwin E. Prenatal exposure to illegal drugs. *J Ark Med Soc* 2005; 101(8):240-2.
- Goodwin L, VanDyne M, Lin S, Talbert S. Data mining issues and opportunities for building nursing knowledge. *J Biomed Inform* 2003; 36(4-5):379-88. Abstract: Health care information systems tend to capture data for nursing tasks, and have little basis in nursing knowledge. Opportunity lies in an important issue where the knowledge used by expert nurses (nursing knowledge workers) in caring for patients is undervalued in the health care system. The complexity of nursing's knowledge base remains poorly articulated and inadequately represented in contemporary information systems. There is opportunity for data mining methods to assist with discovering important linkages between clinical data, nursing interventions, and patient outcomes. Following a brief overview of relevant data mining techniques, a preterm risk prediction case study illustrates the opportunities and describes typical data mining issues in the nontrivial task of building knowledge. Building knowledge in nursing, using data mining or any other method, will make progress only if important data that capture expert nurses' contributions are available in clinical information systems configurations.
- Goodwin LK, Iannacchione MA, Hammond WE, Crockett P, Maher S, Schlitz K. Data mining methods find demographic predictors of preterm birth. *Nurs Res* 2001; 50(6):340-5.
- Abstract: BACKGROUND: Preterm births in the United States increased from 11.0% to 11.4% between 1996 and 1997; they continue to be a complex healthcare problem in the United States. OBJECTIVE: The objective of this research was to compare traditional statistical methods with emerging new methods called data mining or knowledge discovery in databases in identifying accurate predictors of preterm births. METHOD: An ethnically diverse sample (N = 19,970) of pregnant women provided data (1,622 variables) for new methods of analysis. Preterm birth predictors were evaluated using traditional statistical and newer data mining analyses. RESULTS: Seven demographic variables (maternal age and binary coding for county of residence, education, marital status, payer source, race, and religion) yielded a .72 area under the curve using Receiving Operating Characteristic curves to test predictive accuracy. The addition of hundreds of other variables added only a .03 to the area under the curve. CONCLUSION: Similar results across data mining methods suggest that results are data-driven and not method-dependent, and that demographic variables offer a small set of parsimonious variables with reasonable accuracy in predicting preterm birth outcomes in a racially diverse population.
- Goodwin MD, Otake LR, Persing JA, Shin JH. A preliminary report of the virtual craniofacial center: development of Internet-/Intranet-based care coordination of pediatric craniofacial patients. *Ann Plast Surg* 2001; 46(5):511-5; discussion 516. Abstract: The authors present preliminary information regarding the development of an Internet-based Virtual Craniofacial Center that provides access to a patient database with visual and textual data. Patients are photographed by digital camera with standardized images. Through a Web site linked to a remote database, patient demographics, management data, reports, and acquired digital photographic images are stored and retrieved. The database can be used to sort and to present data as desired by multiple specialists. Confidentiality is maintained by unique identification numbers and password access to the server for craniofacial team members. The current system uses economical equipment (i.e., digital camera, personal computer with modem, and access to a remote Windows NT-based server), using data that can be entered in a variety of cross-platform personal computer systems and transmitted on a wide range of bandwidths—from a relatively low-bandwidth (28.8 KB per second) modem to a high-speed T-3 line connection. Long-term goals include archival data storage and analysis, as well as the development of multicenter telemedicine links for active craniofacial centers.
- Goodwin RD, Weisberg SP. Childhood abuse and diabetes in the community. *Diabetes Care* 2002; 25(4):801-2.

Gordon M. Roots of Empathy: responsive parenting, caring societies. *Keio J Med* 2003; 52(4):236-43. Abstract: What is common in aggression and in abusive/neglectful parenting is low levels of empathy. Fostering empathy--the ability to identify with another person's feelings--can serve as an antidote to aggression and is crucial to good parenting. Poor parenting and aggression cut across all socioeconomic levels of the community and, as such, empathy needs to be fostered in all children. During the period of rapid brain development, adversity has a devastating impact on the baby's developing brain. Repeated experiences of stress are hardwired into the brain, creating damaging pathways. Risk factors such as domestic violence, child abuse and neglect, maternal depression, maternal addictions, and poverty are not just additive to the vulnerable developing brain; they are multiplicative in their impact. The parent is the baby's lifeline, mitigating stress for them and helping them to learn to regulate their emotions. The impact of poor parenting on a child's life is profound, resulting in insecure attachments which lead to a spectrum of inadequate coping mechanisms, poor emotional regulation, diminished learning potential and low competence. Responsive and nurturing parenting is the key to optimal early childhood development; it allows the young brain to develop in a way that is less aggressive and more emotionally stable, social and empathic. Good early childhood development leads to good human development. We must match our investment where the opportunity is most ripe--building parenting capacity. The 'Roots of Empathy' program offers real hope in breaking the intergenerational transference of poor parenting and violence.

Goren S, Subasi M, Tirasci Y, Kemaloglu S. Firearm-related mortality: a review of four hundred-forty four deaths in Diyarbakir, Turkey between 1996 and 2001. *Tohoku J Exp Med* 2003; 201(3):139-45. Abstract: The current study is based on a retrospective investigation of firearm deaths in Diyarbakir, which were autopsied by the Diyarbakir Branch of the Council of Forensic Medicine during the 6-year period. Four hundred-forty four deaths were investigated from January 1996 through December 2001, including homicide (296 cases, 66.7%), suicide (120 cases, 27%) and accidental shootings (28 cases, 6.3%). The age range of all firearm deaths in the study period was 5 to 75 years with a median age of 29.8 years. The majority were in the groups aged 16-25 years (38.7%). In the homicide group, 248 subjects (83.8%) were male, and 48 (16.2%) were female. The 31.1% of the homicide victims were in the group aged at 20-30 years. Of the 120 suicide victims, 56 (46.7%) were in the group aged 16-20 years. The head was by far the favoured site, accounting for 82 (68.3%) deaths: entry wounds in the right temple accounted for 72 of these. Twenty-eight cases were accidental shootings and 18 of them were male (64.3%). Twelve of the 28 accidental victims (42.9%) were in the group aged 0-10

years. The eight cases were due to their own accidental shootings, and the remaining 20 cases were shot by others. Our findings show that the contributing factors for increasing death by firearm are terrorists' activities, traditional habits of obtaining and using guns and blood feuds.

Gorey KM, Richter NL, Snider E. Guilt, isolation and hopelessness among female survivors of childhood sexual abuse: effectiveness of group work intervention. *Child Abuse Negl* 2001; 25(3):347-55. Abstract: OBJECTIVE: This study explores the effects of group work intervention on female survivors' senses of guiltlessness, affiliation and hopefulness. METHOD: Secondary comparative analyses of a large quasi-experiment-based clinical data base were accomplished (Richter, Snider, & Gorey): group work intervention (N = 78) and a waiting-list condition (N = 80). RESULTS: Group work was found to have beneficial effects on adult female survivors' appropriate sense of guiltlessness for their childhood sexual abuse, as well as on their sense of affiliation and hopefulness. Consistent across the three outcome measures of guilt/guiltlessness, isolation/affiliation and hopelessness/hopefulness, 16 to 18 of every 20 such women who participated in group work did better than the average woman in the waiting-list comparison group. Moreover, these apparent clinical benefits were maintained for 6 months (all  $p < .01$ ). CONCLUSION: Such effects may be characterized as very large, and are generally larger than those previously observed in this field of practice that have typically been based on more general measures of depression, self-esteem or global symptoms.

Gorincour G, Dubus JC, Petit P, Bourliere-Najean B, Devred P. Rib periosteal reaction: did you think about chest physical therapy? *Arch Dis Child* 2004; 89(11):1078-9.

Gorissen WH, Schulpen TW, Kerkhoff AH, van Heffen O. Bridging the gap between doctors and policymakers: the use of scientific knowledge in local school health care policy in The Netherlands. *Eur J Public Health* 2005; 15(2):133-9. Abstract: BACKGROUND: The decentralization of school health care policy in The Netherlands was followed by an increase in diversity, which was most often not evidence-based. This study aims to clarify the use of scientific knowledge in school health care policy-making processes: multi-actor processes in networks, trying to solve certain problems. METHODS: Case-study design in four Municipal Health Service regions, using documents and half-structured interviews as data sources. RESULTS: Scientific knowledge is used by only 42% of the actors in 58% of decision-making rounds in policy-making processes. 'Recent' regional data on health indicators are used more often than 'established' (inter)national knowledge of theoretical models. Mainly school health



professionals use knowledge as a resource to influence the policy process. Other actors (e.g. managers and municipalities) use formal power, money or 'initiative' as their main resources. Powerful actors put forward less scientific knowledge than actors in dependent positions. Individual actors with a combined scientific and political frame of reference put forward knowledge most frequently, especially in complex networks with many actors, more than one powerful actor, more than one arena, more than one dominant resource and more than one dominant frame of reference. CONCLUSION: The use of scientific knowledge in school health care policy-making processes can and must be improved. Liaison officers can bridge the gap between doctors and policymakers, especially in complex policy networks. They combine a scientific and a political frame of reference and act upon scientific knowledge as a resource in their efforts to influence the policy-making process.

Gormally L. The Maltese conjoined twins. *Second Opin (Chic)* 2001; (8):36-52.  
Notes: GENERAL NOTE: KIE: Gormally, Luke  
GENERAL NOTE: KIE: 21 fn.  
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Gorman-Smith D, Tolan PH, Henry DB *et al.* Predictors of participation in a family-focused preventive intervention for substance use. *Psychol Addict Behav* 2002; 16(4 Suppl):S55-64.  
Abstract: This study reports patterns of involvement in a family-focused preventive intervention, Schools and Families Educating (SAFE) Children, targeting early predictors of risk for delinquency and drug use among 175 African American and Latino first-grade children living in economically disadvantaged inner-city neighborhoods. Three empirically derived patterns emerged: joiners, responders, and minimal responders. Joiners were immediately responsive and enthusiastic and participated fully. Responders attended fully only after extensive effort was made to recruit and retain them. However, once engaged, they attended fully and participated with enthusiasm. Minimal responders attended a few sessions sporadically even with extensive, ongoing effort to engage them. Ethnicity, marital status, parental antisocial behavior, economic and loss stressors, monitoring, and child's depression and hyperactivity were significant discriminators of group membership.

Gorodisch R. [Endemic social exclusion and early development: "made in Chacarita"]. *Vertex* 2004; 15(56):115-20.  
Abstract: My aim is to introduce in this article a project that two foundations are developing in Chacarita, a neighborhood in Buenos Aires City, heading to provide help and support to adolescent parents under social deprivation conditions and/or undergoing emotional problems. It is an action project embracing different

strategies to work on the prevention of infant psychopathological disorders as well as the parenting process. The aspects on early development on children are specially emphasized describing the interventions to promote the development and the care of the protective factors, the resilience, as well as to approach the risk factors. This is illustrated through a clinical case.

Gostin LO. AIDS in Africa among women and infants: a human rights framework. *Hastings Cent Rep* 2002; 32(5):9-10.  
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Gottdiener WH. Psychoanalysis and schizophrenia: three responses to Martin Willick. *J Am Psychoanal Assoc* 2002; 50(1):314-6; author reply 316-9.

Gottlieb G, Halpern CT. A relational view of causality in normal and abnormal development. *Dev Psychopathol* 2002; 14(3):421-35.  
Abstract: An understanding of developmental phenomena demands a relational or coactive concept of causality, as opposed to a conceptualization that assumes that singular causes can act in isolation. In this article we present a developmental psychobiological systems view of relational (bidirectional, coactional) causality, in which it is proposed that developmental outcomes are a consequence of at least two specific components of coaction from the same or different levels of a developmental system. The levels are genetic, neural, behavioral, and environmental; the latter level includes the cultural, social, and physical aspects of an organism's environment. We show the applicability of this view to the understanding of the development of normal and abnormal behavioral and psychological phenotypes through illustrations from the existing animal and human literature. Finally, we discuss future possibilities and potential stumbling blocks in the implementation of a more fully realized bidirectional, coactional perspective in developmental psychopathological research.

Gou Z, Fyfe C. A canonical correlation neural network for multicollinearity and functional data. *Neural Netw* 2004; 17(2):285-93.  
Abstract: We review a recent neural implementation of Canonical Correlation Analysis and show, using ideas suggested by Ridge Regression, how to make the algorithm robust. The network is shown to operate on data sets which exhibit multicollinearity. We develop a second model which not only performs as well on multicollinear data but also on general data sets. This model allows us to vary a single parameter so that the network is capable of performing Partial Least Squares regression (at one extreme) to Canonical Correlation Analysis (at the other) and every intermediate operation between the two. On multicollinear data, the parameter setting is shown to be important but on more general

data no particular parameter setting is required. Finally, we develop a second penalty term which acts on such data as a smoother in that the resulting weight vectors are much smoother and more interpretable than the weights without the robustification term. We illustrate our algorithms on both artificial and real data.

Gough D. Child protection for abused children: levels of response assessment, attachment relationships and systematic research synthesis. *Pediatr Int* 2002; 44(5):561-9.

Gould M. Protection bracket. *Health Serv J* 2003; 113(5865):14-5.

Gover AR. The effects of child maltreatment on violent offending among institutionalized youth. *Violence Vict* 2002; 17(6):655-68.

Abstract: While prior literature generally supports the connection between child maltreatment and violent offending in adolescence and early adulthood for general population samples, less is known about the relationship between child maltreatment and the frequency of violent offending among serious juvenile offenders. As a result, few studies have examined whether the effects of child maltreatment on the frequency of violent offending are mediated by other social processes, as developmental models of aggression and violence would suggest. To examine this issue, self-report data on child maltreatment, general delinquency risk factors, and violent offending were collected from 3,694 juveniles confined to 48 correctional institutions. Results from a series of negative binomial regression models indicated that the relationship between child maltreatment and the frequency of violent offending was mediated by social risk factors. The implications of these findings for theory and practice are discussed.

Gowers SG, Rowlands L. Inpatient services. *Curr Opin Psychiatry* 2005; 18(4):445-8.

Abstract: PURPOSE OF REVIEW: Inpatient services constitute the most highly specialized child and adolescent mental health provision and cater for the most severe disorders in this age group. In view of a number of mapping and audit initiatives in the UK in recent years and changing influences on admission policies worldwide, it is timely to review their function and effectiveness. RECENT FINDINGS: Recent attention has focused on describing service configurations and auditing against standards. National surveys of cost, referral processes and patient satisfaction are in progress in the UK. There seems to be an international trend toward a more severe, comorbid and aggressive patient group being admitted to inpatient services. There is a shortage of quality research into clinical outcomes of inpatient treatment, but controlled trials comparing hospital treatment with intensive community management are emerging.

SUMMARY: Inpatient descriptive studies and uncontrolled outcome studies predominate in the literature. Although many children and adolescents benefit from admission to mental health inpatient facilities, the specific advantages of admission over intensive community management are uncertain.

Grabenstein JD. Overcoming immunization disparities based on ethnicity. *Pharm Pract Manag Q* 2001; 20(3):23-30.

Gracey K. A parent's guide for advocacy and involvement. *Adv Neonatal Care* 2002; 2(3):170-1.

Graham-Bermann SA, Hughes HM. Intervention for children exposed to interparental violence (IPV): assessment of needs and research priorities. *Clin Child Fam Psychol Rev* 2003; 6(3):189-204. Abstract: In this paper we review the development of interventions for children who have been exposed to interparental violence (IPV), assess current needs in the evaluation of interventions, and provide suggestions for research priorities in this area. Interventions for negative outcomes associated with exposure to IPV only recently have been carefully designed and evaluated, thus knowledge regarding program effectiveness is minimal. Three of the most comprehensive interventions that have been evaluated are presented. Each has demonstrated effectiveness, and focuses on children with different levels of symptoms and distress. However, many questions remain regarding which interventions are beneficial for diverse children with different kinds and intensities of problems. A number of research priorities and suggestions for further improvements in the evaluation of effectiveness of interventions are identified.

Graham K. The yin and yang of alcohol intoxication: implications for research on the social consequences of drinking. *Addiction* 2003; 98(8):1021-3.

Gramling L, Hickman K, Bennett S. What makes a good family-centered partnership between women and their practitioners? A qualitative study. *Birth* 2004; 31(1):43-8.

Abstract: BACKGROUND: Family-centered maternity care is an approach based on mutually beneficial partnerships between health care providers and families. It offers new ways of thinking about the relationship among childbearing women, their families, and health caregivers. This study was designed to identify health care practices that promoted or limited a family-centered philosophy. METHODS: A qualitative design, using reflexive interviews and focus groups, investigated the perspectives of 34, primarily African American women who used maternity services at a large urban hospital; some women traveled from rural areas for delivery. Inductive data analysis was conducted on the transcribed audiotapes of the interviews and groups. RESULTS: Barriers to family-

centered maternity care were categorized as issues in coordination of services among health caregivers, patient-health caregiver relationships and systems, and access to services. Facilitators of family-centered maternity care were identified as perceived response to high-risk patients, health-related support outside the hospital, and special resources. Narratives, or personal stories told by the women, were used to illustrate barriers and facilitators. **CONCLUSIONS:** Education about family-centered maternity care is vitally important for health caregivers. In clinical situations, each childbearing woman and her family should be treated as if they are extraordinary. In this way, practitioners can alter routines that cause the woman and her family to lose individualized care.

Grandesso F, Sanderson F, Kruijt J, Koene T, Brown V. Mortality and malnutrition among populations living in South Darfur, Sudan: results of 3 surveys, September 2004. *JAMA* 2005; 293(12):1490-4. Abstract: **CONTEXT:** Mass violence against civilians in the west of Sudan has resulted in the displacement of more than 1.5 million people (25% of the population of the Darfur region). Most of these people are camped in 142 settlements. There has been increasing international concern about the health status of the displaced population. **OBJECTIVE:** To perform rapid epidemiological assessments of mortality and nutritional status at 3 sites in South Darfur for relief efforts. **DESIGN, SETTING, AND PARTICIPANTS:** In August and September 2004, mortality surveys were conducted among 137,000 internally displaced persons (IDPs) in 3 sites in South Darfur (Kass [n = 900 households], Kalma [n = 893 households], and Muhajiria [n = 900 households]). A nutritional survey was performed concomitantly among children aged 6 to 59 months using weight for height as an index of acute malnutrition (Kass [n = 894], Kalma [n = 888], and Muhajiria [n = 896]). A questionnaire detailing access to food and basic services was administered to a subset of households (n = 210 in each site). **MAIN OUTCOME MEASURES:** Crude and under 5-year mortality rates and nutritional status of IDPs in Kass, Kalma, and Muhajiria, South Darfur. **RESULTS:** Crude mortality rates, expressed as deaths per 10,000 per day, were 3.2 (95% confidence interval [CI], 2.2-4.1) in Kass, 2.0 (95% CI, 1.3-2.7) in Kalma, and 2.3 (95% CI, 1.2-3.4) in Muhajiria. Under 5-year mortality rates were 5.9 (95% CI, 3.8-8.0) in Kass, 3.5 (95% CI, 1.5-5.7) in Kalma, and 1.0 (95% CI, 0.03-1.9) in Muhajiria. During the period of displacement covered by our survey in Muhajiria, violence was reported to be responsible for 72% of deaths, mainly among young men. Diarrheal disease was reported to cause between 25% and 47% of deaths in camp residents and mainly affected the youngest and oldest age groups. Acute malnutrition was common, affecting 14.1% of the target population in Kass, 23.6% in Kalma, and 10.7% in Muhajiria. **CONCLUSION:** This study provides epidemiological evidence of the high rates of mortality

and malnutrition among the displaced population in South Darfur and reinforces the need to mount appropriate and timely humanitarian responses.

Grandi C, Cernadas JC. [Neonatal networks]. *J Pediatr (Rio J)* 2004; 80(5):431; author reply 431-2.

Grant B, Wallace JG, Hobson RA, Craig BG, Mulholland HC, Casey FA. Telemedicine applications for the regional paediatric cardiology service in Northern Ireland. *J Telemed Telecare* 2002; 8 Suppl 2:31-3. Abstract: The regional paediatric cardiology centre in Northern Ireland has a telemedicine network linking the neonatal units of three district general hospitals using ISDN and IP-compliant equipment. We have previously reported the use of ISDN transmission at 128 kbit/s for remote echocardiography. In a series of 61 patients, a total of 59 transmitted scans were of sufficient diagnostic quality to confirm or exclude the presence of major congenital heart disease (CHD). There were three diagnostic errors (7%). Subsequently, we have examined the use of ISDN transmission at 384 kbit/s. Echocardiographic studies were carried out on 21 patients and all were followed up. Fourteen patients (67%) had CHD confirmed. There were two diagnostic errors (10%). Our experience of transmitting live echocardiographic images suggests that ISDN at 384 kbit/s provides the optimum balance between the clarity of the transmitted images and costs. We expect that IP videoconferencing will offer similar quality but at a lower running cost, and are currently assessing it in a pilot study. All sites within our network will remain capable of ISDN transmission until the efficacy and reliability of IP transmission has been demonstrated in a controlled trial. The clinical telemedicine service has led to the earlier diagnosis of and instigation of appropriate treatment for CHD.

Gray C. Pediatricians taking new look at corporal-punishment issue. *CMAJ* 2002; 166(6):793.

Gray DE. Gender and coping: the parents of children with high functioning autism. *Soc Sci Med* 2003; 56(3):631-42.

Abstract: Gender is a concept that is frequently discussed in the literature on stress, coping and illness. Research has reported that women are more vulnerable than men are to stressful events and use different strategies to cope with them. Furthermore, it is often asserted that these gender-based differences in coping may partially explain the differential impact of stressful events on men and women. Unfortunately, much of this research has equated gender with sex and failed to contextualise the experience of illness and coping. This paper presents a qualitative analysis of the role of gender and coping among parents of children with high functioning autism or Asperger's syndrome in an Australian sample. It attempts to analyse the different meanings of the disability for mothers and fathers and

describes the various strategies that parents use to cope with their child's disability.

Grazzi L, Andrasik F, D'Amico D, Usai S, Kass S, Bussone G. Disability in chronic migraine patients with medication overuse: treatment effects at 1-year follow-up. *Headache* 2004; 44(7):678-83. Abstract: OBJECTIVE: To determine (1) the clinical course of a sample of chronic migraine patients with drug overuse 6 and 12 months following in-patient treatment and (2) whether functional impairment, assessed by the Migraine Disability Assessment (MIDAS) questionnaire, improved upon treatment. BACKGROUND: Patients with chronic migraine and medication overuse are particularly difficult to treat (prophylactic medications that otherwise are effective become ineffective; discontinuation of the offending medication can lead to withdrawal headache; physical and emotional dependence can be present, as well as increased psychological involvement; initial treatment gains can be difficult to maintain). METHODS: Of the 106 patients meeting criteria for chronic migraine with medication overuse, 84 went on to complete a structured in-patient treatment, consisting of medication withdrawal and then prophylactic treatment. RESULTS: As a group, the patients were improved at both 6- and 12-month follow-up, with respect to two headache parameters (frequency and medication use) and three measures of functional impact extracted from the MIDAS questionnaire (Total Score, Headache Frequency, and Headache Intensity). CONCLUSION: Chronic migraine accompanied with medication overuse led to the considerable disability prior to treatment. However, notable improvement occurred coincident with the treatment. This suggests that successful treatment has more wide-ranging positive benefits beyond mere symptom reduction. To our knowledge, this is the first investigation where the MIDAS questionnaire has been used prospectively as an outcome measure in patients with chronic migraine and medication overuse to assess disability subsequent to a semi-standardized treatment program.

Grech VE. Country-wide availability of paediatric medical protocols via the local hospital intranet site. *J Audiov Media Med* 2003; 26(3):115-7. Abstract: In paediatrics, a wide variety of procedures and interventions (protocols) are standardized. The entire hard-copy collection of paediatric protocols used in Malta (47 to date) was put together as a website, and is hosted on the hospital intranet. Some protocols consist of Excel spreadsheets that are used for the calculation of fluids and drugs. This archive has proved very useful for medical and paramedical staff in the Department of Paediatrics, both in the hospital and in peripheral health centres and hospitals. Changes or new protocols may be uploaded at any time, with instantaneous updating of the archive. The website was created, and is maintained and updated by the author, thanks to the ease with which modern software allows

users to create hypertext markup language.

Green A, Gerein N. Exclusion, inequity and health system development: the critical emphases for maternal, neonatal and child health. *Bull World Health Organ* 2005; 83(6):402.

Green B. Special care baby charter: an exercise in the obvious? *RCM Midwives* 2005; 8(11):436.

Green LA, Fryer GE Jr, Froom P, Culpepper L, Froom J. Opportunities, challenges, and lessons of international research in practice-based research networks: the case of an international study of acute otitis media. *Ann Fam Med* 2004; 2(5):429-33. Abstract: The requirements of research become more complex and demanding in international collaborations. The opportunity to study naturally occurring variation in treatment prompted networking primary care research networks in the United Kingdom, The Netherlands, and North America to study acute otitis media. Additional challenges faced and addressed in this study included (1) differing national requirements for protecting human subjects; (2) variation in data collection processes in primary care practices; (3) data transmission among participants; (4) duties and tariffs on necessary instruments; (5) fluctuation in currency exchange rates; (6) incapacitation of coinvestigators; (7) complex administration of funds; (8) financing the additional, legitimate costs of collaboration; (9) sustaining strong personal relationships among coinvestigators; and (10) accepting longer time frames than would otherwise be expected. Overall, international practice-based research can be productive, affect millions of people, and be extremely rewarding to investigators. It is not, however, for the faint-hearted.

Green TM, Ramelli A, Mizumoto M. Patterns among sexual assault victims seeking treatment services. *J Child Sex Abus* 2001; 10(1):89-108. Abstract: The validity and reliability of research on the nature and extent of sexual assault tends to be affected by different definitions, methodologies, and measurements. As a result, two important aspects of sexual assault associated with patterns of symptom expression and therapeutic interventions are not often reflected in the research; the severity of the assault, including the duration of the abuse, and the age at the time of the assault and the gender of the victim. This research is based on intake forms from Hawaii's only statewide provider of services to the victims of sexual assault. The analyses reveal that significant differences exist between male and female victims, by age and by assault characteristics, including the type of sexual assault, use of force and injury, length of assault, and the relationship between victim and offender.

Greenberg MT, Speltz ML, DeKlyen M, Jones K. Correlates

of clinic referral for early conduct problems: variable- and person-oriented approaches. *Dev Psychopathol* 2001; 13(2):255-76.

Abstract: The current study utilized both variable- and person-oriented analyses to examine correlates of early disruptive behavior problems. Participants included 80 preschool boys referred to a child psychiatry clinic and diagnosed with oppositional defiant disorder (with or without attention-deficit hyperactivity disorder) and 80 case-matched normal comparison boys. The study examined four domains of correlates: vulnerable child characteristics, poor parenting practices, insecure attachment, and adverse family ecology. Results indicated that the combination of these factors provided relatively high sensitivity (81%) and specificity (85%), clearly differentiating referred from comparison boys. A dramatic increase in clinic status occurred when three or more factors were present, and specific combinations of factors were differentially predictive of conduct problems. However, no correlates were found to be either necessary or sufficient for clinic status. By maintaining the integrity of individual cases, person-oriented analyses were able to answer different questions than more traditional variable-oriented analyses. Discussion focuses on the value of person-oriented analyses for understanding heterogeneous clinical groups.

Greene K, Bogo M. The different faces of intimate violence: implications for assessment and treatment. *J Marital Fam Ther* 2002; 28(4):455-66.

Abstract: Current research about violence in intimate relationships suggests that at least two qualitatively distinct types of violence exist. This new knowledge challenges the dominant conceptualization of intimate violence as solely a manifestation of patriarchal male dominance. Following a review of the research and analysis of illustrative clinical examples, a conceptual framework is presented that assists couple therapists in answering three salient questions: What type of violence am I most likely to be working with? How can I assess the differences between types of violence? And how might I proceed with treatment for different types of violence?

Greenes DS, Wigotsky M, Schutzman SA. Gender differences in rates of unintentional head injury in the first 3 months of life. *Ambul Pediatr* 2001; 1(3):178-80.

Abstract: OBJECTIVES: To assess for gender differences in rates of unintentional head injury in infants less than 3 months of age, to assess the circumstances of injury in these patients, and to look for gender-related differences in these circumstances. METHODS: Two separate databases were analyzed. 1) The National Pediatric Trauma Registry (NPTR) was queried for all patients < or = 90 days of age who had been diagnosed with unintentional head trauma between 1990 and 1999. The proportion of males was compared to the expected proportion of 51%, derived

from US census data. 2) A prospective cohort of 88 infants < or = 90 days of age who had been treated for unintentional head trauma in an urban pediatric emergency department (ED) was studied. Circumstances of injury and gender-related differences in these circumstances were assessed. RESULTS: In the NPTR database, 600 of 1072 (56%) (95% confidence interval [CI] 0.53, 0.59) infants < or = 90 days of age were boys (P =.001). In the ED cohort, 54 of 88 (62%) (95% CI 0.50, 0.72) subjects were boys (P =.06). In virtually all of the cases described, subjects appeared to be passive participants in the injury. The most commonly reported circumstances of injury were the following: "child left alone on furniture and fell" (n = 39) or "parent dropped child" (n = 27). Boys accounted for 20 (74%) of the subjects in the "parent dropped child" group (P =.04). CONCLUSIONS: Boys outnumber girls among infants less than 3 months of age with unintentional head trauma. These young infants appear to be passive participants in their injuries, which indicates that differences in parenting practices may account for the observed gender differences.

Greenham SL, Stelmack RM. Event-related potentials and picture-word naming: effects of attention and semantic relation for children and adults. *Dev Neuropsychol* 2001; 20(3):619-38.

Abstract: Event-related potentials (ERPs) were recorded from children, 9 to 13 years of age, while they named words and pictures. The words and pictures were presented individually and in superimposed picture-word pairs in which the meaning of the words and pictures was either congruent, semantically associated, or incongruent. Both words and pictures elicited large amplitude negative waves (N450) at anterior electrode sites. The amplitude of this N450 wave was larger for individually presented pictures than for words. N450 amplitude was also larger when naming pictures than when naming words in the superimposed arrays, an effect that is attributed to differences in attentional demand required to name pictures rather than to exogenous stimulus characteristics. No significant effects of semantic incongruity were observed. These ERP waveforms for children differ from those observed for adults who exhibited positive amplitude waves to individually presented pictures and who also exhibited semantic incongruity effects.

Gregory W. Reviving truth and trust. *Time* 2002; 159(24):58-60.

Gregory W. "There will be guidance." Interview by David France. *Newsweek* 2002; 139(17):39.

Greicius MD. Neuroimaging in developmental disorders. *Curr Opin Neurol* 2003; 16(2):143-6.

Abstract: PURPOSE OF REVIEW: This review

considers the role of neuroimaging in developmental disorders by highlighting recent studies in two distinct, but overlapping, developmental disorders: autism and fragile X syndrome. **RECENT FINDINGS:** After a decade of conflicting results in neuroimaging studies of autism, recent studies have provided some convergent data. One well-replicated finding is that autistic subjects have larger brains. Further, this enlargement, present as early as 3 years of age, appears to represent accelerated growth in infancy and may be followed by slowed growth in late childhood. Other findings are discussed but considered preliminary in the absence of converging evidence or replication studies. Recent work in fragile X syndrome suggests aberrant fronto-striatal and fronto-parietal networks and relates these abnormalities "forward" to behavior and "backward" to decreased protein expression. **SUMMARY:** As the field of neuroimaging has matured, it has revealed its promise as a safe, reliable, in-vivo tool in the study of developmental disorders. By insisting on larger, more homogeneous patient groups and longitudinal rather than cross-sectional studies, the field is poised to fulfill its ultimate role of linking defects in molecular biology to aberrant behavior.

Grein T, Checchi F, Escriba JM *et al.* Mortality among displaced former UNITA members and their families in Angola: a retrospective cluster survey. *BMJ* 2003; 327(7416):650.

**Abstract:** **OBJECTIVE:** To measure retrospectively mortality among a previously inaccessible population of former UNITA members and their families displaced within Angola, before and after their arrival in resettlement camps after ceasefire of 4 April 2002. **DESIGN:** Three stage cluster sampling for interviews. Recall period for mortality assessment was from 21 June 2001 to 15-31 August 2002. **SETTING:** Eleven resettlement camps over four provinces of Angola (Bie, Cuando Cubango, Huila, and Malange) housing 149 000 former UNITA members and their families. **PARTICIPANTS:** 900 consenting family heads of households, or most senior household members, corresponding to an intended sample size of 4500 individuals. **MAIN OUTCOME MEASURES:** Crude mortality and proportional mortality, overall and by period (monthly, and before and after arrival in camps). **RESULTS:** Final sample included 6599 people. The 390 deaths reported during the recall period corresponded to an average crude mortality of 1.5/10 000/day (95% confidence interval 1.3 to 1.8), and, among children under 5 years old, to 4.1/10 000/day (3.3 to 5.2). Monthly crude mortality rose gradually to a peak in March 2002 and remained above emergency thresholds thereafter. Malnutrition was the leading cause of death (34%), followed by fever or malaria (24%) and war or violence (18%). Most war victims and people who had disappeared were women and children. **CONCLUSIONS:** This population of displaced Angolans experienced global and child mortality greatly in excess of normal levels, both

before and after the 2002 ceasefire. Malnutrition deaths reflect the extent of the food crisis affecting this population. Timely humanitarian assistance must be made available to all populations in such conflicts.

Greiner T, Sachs M, Morrison P. The choice by HIV-positive women to exclusively breastfeed should be supported. *Arch Pediatr Adolesc Med* 2002; 156(1):87-8.

Grekin ER, Brennan PA, Hammen C. Parental alcohol use disorders and child delinquency: the mediating effects of executive functioning and chronic family stress. *J Stud Alcohol* 2005; 66(1):14-22. **Abstract:** **OBJECTIVE:** This study examines the relationship between parental alcohol use disorders (AUDs) and child violent and nonviolent delinquency. It also explores the mediating effects of executive functioning and chronic family stress on the parental AUD/child delinquency relationship. **METHOD:** Participants were 816 families with children (414 boys and 402 girls) born between 1981 and 1984 at Mater Misericordiae Mother's Hospital in Brisbane, Australia. Parents and children completed semistructured interviews, questionnaires and neuropsychological tests that assessed parental alcohol use, family psychiatric history, chronic family stress, child delinquency and child executive functioning. **RESULTS:** Paternal (but not maternal) AUDs predicted child violent and nonviolent delinquency. Executive functioning mediated the relationship between paternal AUDs and violent delinquency, whereas family stress mediated the relationship between paternal AUDs and both violent and nonviolent delinquency. **CONCLUSIONS:** Results support a biosocial conceptualization of the paternal AUD/delinquency relationship. They suggest that paternal AUDs may be associated with child executive functioning and family stress, which may in turn lead to child delinquency.

Greydanus DE, Pratt HD, Richard Spates C, Blake-Dreher AE, Greydanus-Gearhart MA, Patel DR. Corporal punishment in schools: position paper of the Society for Adolescent Medicine. *J Adolesc Health* 2003; 32(5):385-93.

Notes: CORPORATE NAME: SAM 2002-2003 Ad Hoc Corporal Punishment Committee

Gribomont AC. [Traumatic vitreous-retinal hemorrhage in infants]. *Bull Soc Belge Ophthalmol* 2001; (281):5-11. **Abstract:** After a short review of the non-traumatic, and rare, causes of vitreoretinal hemorrhages in infants, we analyze the 4 situations where a traumatic hemorrhage can be found: accidental head trauma, which has to be very severe and is then an unfrequent etiology, head trauma in child abuse or the so-called "shaken baby syndrome", which is the most frequent cause, and where we point out the key role of the ophthalmologist in the diagnosis and the prognostic evaluation, the

perinatal trauma, which is a frequent, benign, and ephemeral cause, and finally, cardiopulmonary resuscitation, which is a controversial and unlikely cause.

Griffin ML, Amodeo M, Fassler I, Ellis MA, Clay C. Mediating factors for the long-term effects of parental alcoholism in women: the contribution of other childhood stresses and resources. *Am J Addict* 2005; 14(1):18-34.

Abstract: The primary aim of this study was to identify the stresses and resources in childhood that mediate the relationship between parental alcoholism and adult outcomes in women. Adult outcomes included alcohol problems and measures of psychosocial adjustment. Standardized measures and a face-to-face interview were used to collect data on 290 community-dwelling women, with siblings as collateral informants. Mediation analysis showed that the effect of parental alcoholism on several adult outcomes was indirect, mediated by the other stresses and resources examined. Contextual models such as those presented here are helpful in understanding the long-term effects of childhood environment on women.

Griffith R. Court appearance 1: the English and Welsh court system. *Br J Community Nurs* 2003; 8(12):554-6.

Griffith R. Health protection and age-related legislation. *Br J Community Nurs* 2005; 10(4):187-91. Abstract: Community children's nurse Debbie James has developed an innovative scheme to allow secondary school children to obtain health advice by texting her service using mobile phones. As well as general advice about spots and rubella immunization, Sister James is also receiving inquiries about children's legal rights that also have a health protection purpose, such how old a child has to be before owning a pet or have an alcoholic drink. This article looks at how the law seeks to protect children by incrementally giving them legal rights as they develop to mature adults and how legal awareness can help inform community health practitioners' advice to their child clients.

Griffith R. The issue of consent and children: who decides? *Br J Community Nurs* 2004; 9(7):298-301. Notes: GENERAL NOTE: KIE: 16 refs. GENERAL NOTE: KIE: KIE Bib: informed consent/minors

Griffiths H, Cuddihy PJ, Marnane C. Bleeding ears: a case of Munchausen syndrome by proxy. *Int J Pediatr Otorhinolaryngol* 2001; 57(3):245-7. Abstract: A case is presented of a child who initially presented with genuine aural symptoms and pathology. Over a period of time it became apparent that the persistent aural bleeding, which is an uncommon feature of Chronic Suppurative Otitis Media, was the result of trauma inflicted by its mother; a case of

Munchausen syndrome by proxy (MSBP).

Griffiths M. Betting your life on it. *BMJ* 2004; 329(7474):1055-6.

Griffiths P, Hindet A, Matthews Z. Infant and child mortality in three culturally contrasting states of India. *J Biosoc Sci* 2001; 33(4):603-22. Abstract: Using cross-sectional, individual-level survey data from Maharashtra, Tamil Nadu and Uttar Pradesh collected under the Indian National Family Health Survey programme of 1992-93, statistical modelling was used to analyse the impact of a range of variables on the survival status of children during their first 2 years of life. Attention was focused on the potential impact of the mother's autonomy. The strongest predictors of mortality were demographic and biological factors, breast-feeding behaviour, and use and knowledge of health services. Variables that can be interpreted as being related to maternal autonomy, such as the presence of a mother-in-law in the household, did not have a significant direct effect on child survival at the individual level, and their indirect effects were very limited.

Grinberg I, Dawkins M, Dawkins MP, Fullilove C. Adolescents at risk for violence: an initial validation of the life challenges questionnaire and risk assessment index. *Adolescence* 2005; 40(159):573-99. Abstract: Initial validation was sought for the Life-Challenges Questionnaire-Teen Form, a 120-item youth-risk assessment tool. The questionnaire was administered to 99 students enrolled in an adolescent detention facility and a comparison group of 305 students attending high school. The survey items included correlates of youth violence and categorized risk level in a Risk Assessment Index (RAI) based on 53 critical items most strongly correlated with youth violence. Higher RAI scores were expected for the detention sample, males, minorities, and 15- to 18-year-olds. Differences between adolescents in detention and high school in terms of risk for violence were assessed by means of analysis of variance, and multiple regression analysis was used to examine the relative effect of detention status, race/ethnicity, gender, and other factors on risk behavior as measured by the RAI. Findings revealed that the detention group endorsed correlates of youth violence more often than the non-detention group and received significantly higher RAI scores. In addition, being in detention, male, and a racial/ethnic minority were significant predictors of risk behavior. The authors conclude that The Life-Challenges Questionnaire (and Risk Assessment Index) effectively differentiated between the detention and student samples, thus, providing initial support for its validity as a risk-assessment measure.

Grisso T, Vincent GM. The empirical limits of forensic

mental health assessment. *Law Hum Behav* 2005; 29(1):1-5.

Abstract: This article introduces a special issue of *Law and Human Behavior*, including five articles describing the limits of forensic mental health assessments of (a) risk of violence in female adolescents, (b) sexually violent predators, (c) dangerousness in capital murder cases, (d) child sexual abuse, and (e) PTSD litigants. Knowing the limits of forensic mental health assessment methods is essential in order to recognize their strengths, increase the credibility of forensic mental health assessment, and drive research that will enhance the value of assessments for the courts.

Gritz ER, Tripp MK, James AS *et al.* An intervention for parents to promote preschool children's sun protection: effects of Sun Protection is Fun! *Prev Med* 2005; 41(2):357-66.

Abstract: **BACKGROUND:** Young children are an important focus of sun-protection efforts, but there has been relatively little study of sun-protection interventions developed for preschool-aged children and their parents. This paper reports on the evaluation of Sun Protection is Fun! (S.P.F.), designed to improve parents' practices and psychosocial outcomes related to protecting preschool children from sun exposure. **METHODS:** A group-randomized trial was conducted in 20 preschools to evaluate the S.P.F. parent intervention that included a video, newsletters, and handbooks. A separate, on-site intervention for preschool staff aimed to create a preschool climate that encouraged parents' sun protection for their children. Cross-sectional samples of parents completed surveys at baseline (n = 384), 12 months (n = 640), and 24 months (n = 694). **RESULTS:** S.P.F. demonstrated significant effects on parents' sun-avoidance strategies at 12 months ( $P < .05$ ) and sunscreen use at 24 months ( $P < .05$ ). There were significant intervention effects on parents' sun-protection knowledge ( $P < .001$ ), perceived norms of teachers' sunscreen use ( $P < .001$ ), sunscreen impediments ( $P < .05$ ), and sunscreen expectancies ( $P < .05$ ) at 12 months. Parents' perceived norms of teacher sunscreen use were significantly improved at 24 months ( $P < .001$ ). **CONCLUSIONS:** More intense intervention strategies may need to complement take-home materials to result in greater effects on parents' sun protection for their children.

Grogan-Kaylor A. Relationship of corporal punishment and antisocial behavior by neighborhood. *Arch Pediatr Adolesc Med* 2005; 159(10):938-42. Abstract: **OBJECTIVES:** To examine the relationship of corporal punishment with children's behavior problems while accounting for neighborhood context and while using stronger statistical methods than previous literature in this area, and to examine whether different levels of corporal punishment have different effects in different neighborhood contexts. **DESIGN:** Longitudinal cohort study. **SETTING:** General community. **PARTICIPANTS:** 1943 mother-child pairs

from the National Longitudinal Survey of Youth. **MAIN OUTCOME MEASURE:** Internalizing and externalizing behavior problem scales of the Behavior Problems Index. **RESULTS AND CONCLUSIONS:** Parental use of corporal punishment was associated with a 0.71 increase ( $P < .05$ ) in children's externalizing behavior problems even when several parenting behaviors, neighborhood quality, and all time-invariant variables were accounted for. The association of corporal punishment and children's externalizing behavior problems was not dependent on neighborhood context. The research found no discernible relationship between corporal punishment and internalizing behavior problems.

Grogan-Kaylor A, Otis MD. The effect of childhood maltreatment on adult criminality: a tobit regression analysis. *Child Maltreat* 2003; 8(2):129-37. Abstract: This article reports on the results of an analysis of a data set containing information on 667 nonmaltreated and 908 maltreated children. The data also contain information on whether the study subjects were arrested in early adulthood. Because adult arrests are an imperfect and censored measure of antisocial behavior, tobit regression analysis was used to examine the effect of the subjects' experiences of child maltreatment on later arrests while controlling for those subjects' demographic characteristics. The analysis finds that children's age, race, and sex and experiences of child neglect all have an impact on subsequent adult arrests. However, physical abuse and sexual abuse do not emerge as statistically significant predictors of arrests in this model. The study also illustrates a method for the decomposition of tobit coefficients to extract more information from them.

Groote AD, Groswasser J, Bersini H, Mathys P, Kahn A. Detection of obstructive apnea events in sleeping infants from thoracoabdominal movements. *J Sleep Res* 2002; 11(2):161-8. Abstract: The aim of the study was to determine whether in infants, the evaluation of thoracoabdominal movements alone, with no measurement of airflow, could be used to identify obstructive sleep apnea events (OA). Two different methods were used: first, we initially quantified thoracoabdominal asynchrony. Although 79.3% of OAs showed a significant increase of thoracoabdominal asynchrony, only 10.9% of the events scored by the identification of phase opposition were true OAs. Next, we developed two artificial neural networks (ANNs) as classifiers for the study of the thoracoabdominal signals. The first network was trained to locate obstructive and central apnea events. It correctly detected 75% of the OAs; however, only 6.2% of the detected events were true OAs. When a second network was used, OAs could not be discriminated from other portions of the signals showing similar phase characteristics. It was concluded that the information available in uncalibrated signals of thoracic and abdominal respiratory movements was



- insufficient to unambiguously detect OA events in sleeping infants.
- Gross E, Burr CK. HIV counseling and testing in pregnancy. *N J Med* 2003; 100(9 Suppl):21-6; quiz 67-8.
- Grossman DC. Computer simulation: a powerful tool for injury control. *Arch Pediatr Adolesc Med* 2001; 155(9):992-3.
- Grote A. [Traction retinal detachment, optic atrophy, apallic syndrome after shaking trauma in an infant]. *Ophthalmologie* 2002; 99(4):295-8. Abstract: INTRODUCTION: Ophthalmological examinations are important in children with suspected shaken baby and/or battered child syndrome. Retinal and epiretinal haemorrhages can indicate non-accidental injuries. We observed a case of extensive retinal hemorrhages, edema of the optic disc followed by development of optic atrophy, neovascularisation and tractional retinal detachment over the course of months. CASE REPORT: A 6-week-old infant with no history of systemic disease or trauma was admitted to the children's hospital because of a disorder of consciousness, respiratory insufficiency, taut fontanel and dilated pupils with sluggish reaction to light. A subdural haematoma was diagnosed. Ophthalmological examination showed no signs of trauma in the anterior segment. Ophthalmoscopy revealed extensive retinal haemorrhages and swollen optic nerve heads. During the next months optic atrophy, subretinal fibrosis at the posterior pole, neovascularisation at the optic disc and non-rhegmatogenous retinal detachment developed. The child is in a persistent vegetative state. DISCUSSION: Non-accidental injuries can cause direct trauma and indirect traumatic sequelae. Retinal haemorrhages, especially in conjunction with unexplained trauma or changes of consciousness should arouse suspicion of shaken baby syndrome. The ophthalmologist should emphasize this and strongly recommend further investigation if not previously undertaken.
- Groza V, Ryan SD. Pre-adoption stress and its association with child behavior in domestic special needs and international adoptions. *Psychoneuroendocrinology* 2002; 27(1-2):181-97. Abstract: This article presents data from studies of children adopted through the United States public child welfare system and children adopted internationally from Romania. The article summarizes the data on: a). behavior problems as they relate to Romanian adoptees from a cross-sectional study, b). behavior problems for a sample of children adopted through the United States public child welfare system from a cross-sectional study, and c). a comparison of children's behavior for these two groups. Results indicate that the most significant predictor of children's behavior is a negative pre-adoptive history of abuse or institutionalization and the current parent-child relationship. In addition, the domestic and international adoptees' behavior is more similar than it is different. The study highlights the importance of helping families understand how early negative experiences are associated with behavior difficulties. Results suggest that families may have similar need for social and medical services, regardless of the country of origin of adoption.
- Gruber KJ, Fleetwood TW. In-home continuing care services for substance use affected families. *Subst Use Misuse* 2004; 39(9):1379-403. Abstract: The role of in-home work with substance use affected family members has great potential for addressing family and personal issues that are often not well addressed by continuing care interventions that involve limited contact with the family and the impact alcohol and other drug "abuse" has on the family environment. This article reviews the importance of involving the family in the recovery process and offers comparative advantages of an in-home visitation approach for assisting the substance user with maintaining substance use avoidance, reintegrating with the family, and addressing unresolved family issues affecting children and spousal relationships.
- Gruber KJ, Fleetwood TW, Herring MW. In-home continuing care services for substance-affected families: the bridges program. *Soc Work* 2001; 46(3):267-77. Abstract: Addressing substance abuse in families is an important concern for the social work field. This article presents a preliminary view of a continuing care substance abuse recovery services program designed to assist the substance-affected family. The intervention approach is a blended model of substance abuse recovery work and family preservation. Services are directed at helping substance-abusing parents with "recovering" their role with their families, developing support for their recovery work, and helping them gain the education and skills they need for effective parenting, supportive family involvement, and avoidance of drugs and alcohol. The program focuses on helping substance abusers and their families achieve relapse prevention by addressing functioning in four domains: individual actions and cognitions, individual recovery actions, family actions and cognitions, and family recovery actions. The article presents two case examples to highlight the efficacy of the intervention model and the general positive effect continuing care services are having on substance-affected families.
- Grundell E. Tissue typing for bone marrow transplantation: an ethical examination of some arguments concerning harm to the child. *Monash Bioeth Rev* 2003; 22(4):45-55. Notes: GENERAL NOTE: KIE: 48 fn. GENERAL NOTE: KIE: KIE Bib: organ and tissue donation; prenatal diagnosis; reproduction

Abstract: Tissue typing (TT) is a recent and controversial scientific advance. Whilst its current applications can easily be described as pro-therapeutic and within the realms of preventative medicine, its specificity and potential are often characterized as the tip of the eugenic iceberg: undermining the very basis of individual autonomy and identity in an inevitable march towards the perfect society. In addition to arguments concerning societal harms flowing from TT, significant concerns have also been raised concerning harms to the future child born as a result. In the context of current legislation and policy, this article examines two aspects of arguments concerning harm to the future child: those relating to psychological harms, and those arguing that TT is contrary to the future child's best interests. The article examines the moral basis for arguments concerning harm to the future child. It proposes that arguments concerning psychological harm may overlook or minimise the potential benefits flowing from the broader social, familial context into which the child is born. These arguments may be countered, or at least balanced, by considering the future child in this context. In relation to arguments that TT is contrary to the future child's best interests, the paper examines a non-standard consideration of best interests. It argues that this standard should be used in considering whether or not TT for bone marrow transplant is harmful to the future child, thereby extending moral consideration of interests to intra-familial interests and outcomes. On this basis, it can be argued that TT is not contrary to the interests of the future child. The paper concludes by noting a potential tension between the first guiding principle of the Infertility Treatment Act 1995 (Vic) and the current Victorian policy on TT.

Grupp-Phelan J, Zatzick D. Post-traumatic stress and its effect on health outcomes in children. *J Pediatr* 2005; 146(3):309-10.

Gruson LM, Chang MW. Berloque dermatitis mimicking child abuse. *Arch Pediatr Adolesc Med* 2002; 156(11):1091-3.

Abstract: Berloque dermatitis is a type of photocontact dermatitis. It occurs after perfumed products containing bergamot (or a psoralen) are applied to the skin followed by exposure to sunlight. Striking linear patterns of hyperpigmentation are characteristic, corresponding to local application of the scented product. In the acute phase, erythema and even blistering can be seen. We report a case of berloque dermatitis in a 9-year-old girl that was initially reported as child abuse. To our knowledge, this is the first report of berloque dermatitis mimicking child abuse. Questioning to elicit a history of perfume application coupled with sunlight exposure should help to prevent this misdiagnosis in children.

Grzesiak RC. "Psychogenic pain" and pain-proneness:

comments on "Childhood victimization and pain in adulthood" K.G. Raphael et al., *Pain* 2001; 92:283-293. *Pain* 2002; 98(1-2):231-3; author reply 233-4.

Guevara AL. In re K.I.: an urgent need for a uniform system in the treatment of the critically ill infant--recognizing the sanctity of life of the child. *Univ San Francisco Law Rev* 2001; 36(1):237-60. Notes: GENERAL NOTE: KIE: Guevara, Angie L GENERAL NOTE: KIE: 203 fn. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants

Guha-Sapir D, van Panhuis WG, Degomme O, Teran V. Civil conflicts in four african countries: a five-year review of trends in nutrition and mortality. *Epidemiol Rev* 2005; 27:67-77.

Guilamo-Ramos V, Turrisi R, Jaccard J, Wood E, Gonzalez B. Progressing from light experimentation to heavy episodic drinking in early and middle adolescence. *J Stud Alcohol* 2004; 65(4):494-500. Abstract: OBJECTIVE: Few studies have examined psychological variables related to changes in drinking patterns from light experimentation with alcohol to heavy episodic drinking in early and middle adolescence. The present study examined parental and peer influences, gender and grade level as predictors of such changes in adolescent alcohol consumption. METHOD: Approximately 1420 light drinkers were analyzed from Wave 1 of the National Longitudinal Study of Adolescent Health (Add Health). Heavy episodic drinking activity was assessed 1 year later. RESULTS: Gender differences in transitions to heavy episodic drinking were observed, with males being more likely than females to make a transition. Parent parameter setting and communication variables, as well as peer variables at different grade levels, buffered these gender differences. CONCLUSIONS: Adolescents who are light experimenters represent a high-risk group as a consequence of their initial consumption tendencies. Some of these adolescents graduated beyond simple experimentation and moved into patterns of consumption that could be considered dangerous. Our analyses implicated an array of parental-based buffers: parent involvement in the adolescent's life, development of good communication patterns and expressions of warmth and affection. Minimizing associations with peers who consume alcohol may also have a buffering effect. There was evidence that these buffers may dampen gender differences not so much by affecting female drinking tendencies as by keeping males at reduced levels of alcohol consumption comparable to those of females.

Guler NF, Kocer S. Classification of EMG signals using PCA and FFT. *J Med Syst* 2005; 29(3):241-50. Abstract: In this study, the fast Fourier transform (FFT) analysis was applied to EMG signals recorded from

ulnar nerves of 59 patients to interpret data. The data of the patients were diagnosed by the neurologists as 19 patients were normal, 20 patients had neuropathy and 20 patients had myopathy. The amount of FFT coefficients had been reduced by using principal components analysis (PCA). This would facilitate calculation and storage of EMG data. PCA coefficients were applied to multilayer perceptron (MLP) and support vector machine (SVM) and both classified systems of performance values were computed. Consequently, the results show that SVM has high anticipation level in the diagnosis of neuromuscular disorders. It is proved that its test performance is high compared with MLP.

Guler NF, Kocer S. Use of support vector machines and neural network in diagnosis of neuromuscular disorders. *J Med Syst* 2005; 29(3):271-84. Abstract: In this study the performance of support vector machine (SVM) and back-propagation neural network were applied to analyze the classification of the electromyogram (EMG) signals obtained from normal, neuropathy and myopathy subjects. By using autoregressive (AR) modeling, AR coefficients were obtained from EMG signals. Moreover, the support vector machine and artificial neural network (ANN) were used as base classifiers. The AR coefficients were benefited as inputs for SVM and ANN. Besides, these coefficients were tested both in ANN and SVM. The results show that SVM has high anticipation level in the diagnosis of neuromuscular disorders. It is proved that its test performance is high compared with ANN.

Gulliver P, Dow N, Simpson J. The epidemiology of home injuries to children under five years in New Zealand. *Aust N Z J Public Health* 2005; 29(1):29-34. Abstract: OBJECTIVE: This paper describes the epidemiology of injuries sustained by children under five in the home. METHODS: Cases were selected from the New Zealand Health Information Service public hospital morbidity and mortality data, and included all 0-4 year olds where the place of injury occurrence was classified as 'home'. The circumstances of injury were coded according to the Supplementary Classifications of External Causes of Injury and Poisoning (E-codes) of the International Classifications of Diseases. Age-specific rates of death or hospitalisation due to injury were calculated using the population of 0-4 year olds in New Zealand for each year as the denominator. RESULTS: The rate of death from an injury sustained at home between 1989 and 1998 was 13 per 100,000 population per year. The main causes of death were suffocation, submersion, homicide and fire. The rate of hospitalisation in children aged 0-4 years from an injury sustained in the home between 1989 and 2000 was 737 per 100,000 population per year. The most frequently recorded causes of hospitalisation were falls, scalds, poisonings and cut/piercing incidents. CONCLUSION AND IMPLICATIONS: Although there has been an apparent

decrease in the number of children hospitalised for injuries sustained in the home environment, it is not possible to determine if this is a 'real' change or a result of other factors affecting the data. While children continue to be killed and injured as a result of preventable incidents in the home environment, injury prevention strategies should be continued and strengthened.

Gumpert CH. [Assessment of children's reliability in connection with sexual abuse. A complex interplay between the judicial system and expert witnesses]. *Lakartidningen* 2002; 99(24):2734-8.

Gunn VL, Hickson GB, Cooper WO. Factors affecting pediatricians' reporting of suspected child maltreatment. *Ambul Pediatr* 2005; 5(2):96-101. Abstract: OBJECTIVE: To identify factors associated with pediatricians' decision not to report suspected child maltreatment. DESIGN: A survey was distributed to a random sample of pediatricians in a single state. Participants were asked if they had ever suspected child abuse or neglect but did not report. In addition, all were asked to list all the considerations that pediatricians incorporate into their decisions not to report. RESULTS: One hundred ninety-five pediatricians completed the survey (56% of those eligible). Twenty-eight percent of respondents stated that they had considered reporting an incident of suspected child maltreatment but had chosen not to. Providers who had chosen not to report were more likely to be men ( $P = .006$ ), to have been in practice longer ( $P = .001$ ), to have reported more cases ( $P = .001$ ), to have been deposed ( $P = .001$ ) or to have testified ( $P = .01$ ) in child maltreatment cases, and to have been threatened with lawsuit ( $P = .02$ ) than were pediatricians who had never declined to report. Multivariate logistic regression demonstrated that male gender (odds ratio [OR] 2.18; 95% confidence interval [CI] 1.05-4.49), years in practice (OR 1.23; 95% CI 1.05-1.44), and experience reporting (OR 1.28; 95% CI 1.02-1.60) were all independently associated with decisions not to report. Respondents who had declined to report were more likely to cite lack of knowledge about reporting laws and process ( $P = .05$ ) and poor experiences with child service agencies ( $P = .03$ ) as reasons for not reporting than were their counterparts who had never declined to report suspected maltreatment. CONCLUSIONS: Many barriers exist to reporting suspected maltreatment. Specific educational interventions may be helpful in eliminating barriers to reporting.

Gupta A, Rani M, Mittal AK, Dikshit PC. A study of homicidal deaths in Delhi. *Med Sci Law* 2004; 44(2):127-32. Abstract: A meticulous post-mortem review was undertaken in the department of forensic medicine at the Maulana Azad Medical College (MAMC) to find

out trends in homicides during the period 1992-1996. Standard procedures for autopsies and a review of the inquest papers were carried out. Out of 3,886 medico-legal autopsies performed in the department during the said period, only 232 cases (5.9%) were homicidal deaths. The commonest age group of the victims was 21-30 years (38%). Males were victimized three times more often than females. The incidence of crime was slightly more at night than in the daytime, though evenly distributed during the winter and summer seasons. In our series, sharp weapon injuries were the most common type (34.9%) followed by blunt force injuries (15.9%). Defence wounds were present in 35 cases (15%). Violent rage/quarrel was the motive in 61 cases (29%).

Gupta S, Berg D, de Lott F, Kellner P, Driver C. Directly observed therapy for tuberculosis in New York City: factors associated with refusal. *Int J Tuberc Lung Dis* 2004; 8(4):480-5.  
Abstract: **OBJECTIVES:** To describe patients who utilize hospital-based directly observed therapy (DOT) programs and to describe factors that influence refusal of DOT. **METHODS:** Retrospective analysis of patients diagnosed with tuberculosis through hospital admission in 1997 at 12 hospital sites with out-patient DOT programs. Data were obtained from hospital patient records and from the New York City Tuberculosis Case Registry. **RESULTS:** Of 443 patients diagnosed with tuberculosis in 1997 at the 12 hospital sites and available and/or eligible for DOT, 52 (12%) refused DOT. The two main reasons for DOT refusal were that the patients felt they could self-medicate (21%) and that their work schedule interfered with a DOT program (19%). White non-Hispanic race/ethnicity was associated with refusal of DOT ( $P = 0.001$ ). Conversely, interview for DOT while in the hospital ( $P < 0.001$ ) and enrollment in drug treatment were associated with acceptance of DOT ( $P = 0.05$ ). The five hospitals with tuberculosis clinics on site had the lowest percentages (0-9%) of patients refusing DOT. **CONCLUSION:** To increase patient acceptance of DOT, programs need flexible hours that accommodate patients in the workforce. Patient education should focus on the difficulty of completing tuberculosis treatment on a self-administered regimen and the importance of the support offered through DOT.

Guralnick MJ. Involvement with peers: comparisons between young children with and without Down's syndrome. *J Intellect Disabil Res* 2002; 46(Pt 5):379-93.  
Abstract: **BACKGROUND:** It has been well established that heterogeneous groups of young children with mild intellectual disability are at considerable risk of becoming socially isolated from their peers in school, home and community settings. **METHOD:** Matched groups of young children with and without Down's syndrome (DS) were compared in

terms of the children's involvement with peers, maternal arranging and monitoring of peer play, and maternal beliefs about inclusion. **RESULTS:** Despite aetiology-specific expectations for children with DS, no differences were found for a variety of measures of peer involvement focusing on the frequency of contacts and the characteristics of children's peer social networks. Maternal arranging of activities with peers was similarly related to peer involvement for both groups of children. Higher ratings of the benefits of inclusion were obtained from mothers of children with DS, but these maternal beliefs were unrelated to maternal arranging or peer involvement. **CONCLUSIONS:** Parental adaptations to the aetiology-specific behavioural patterns of children and the general influence of children's experiences within a developmental framework are discussed in the context of interpreting aetiology-specific findings.

Gureje O, Alem A. Hidden science? A glimpse at some work in Africa. *World Psychiatry* 2004; 3(3):178-81.  
Abstract: Even though Africa contributes a disproportionately small quantity to the world scientific information pool, much of what it produces may be unavailable to the scientific community. A number of scientific journals published on the continent but not listed in international indexes often report studies in mental health and related fields. An analysis of some of these publications revealed that, over the period 1999-2003, research issues addressed include substance abuse, neuroscience and neuropsychiatry, health services, and child mental health. Most of the studies are descriptive and based on convenient or clinical samples. Community-based epidemiological studies and those examining the cost-effectiveness of different forms of intervention are rare. Even though the strength of the studies reported varied considerably, they nevertheless suggest that a considerable amount of research activities is taking place on the continent. The number and types of studies reported highlight the poor investment in research in Africa.

Guterman NB. Advancing prevention research on child abuse, youth violence, and domestic violence: emerging strategies and issues. *J Interpers Violence* 2004; 19(3):299-321.  
Abstract: Prevention research on the related problems of child abuse, youth violence, and domestic violence has grown at an accelerating pace in recent years. In this context, a set of shared methodological issues has emerged as investigators seek to advance the interpersonal violence prevention knowledge base. This article considers some of the persistent methodological issues in these areas and points out emerging research strategies that are forging advances in garnering valid, rigorous, and useful knowledge to prevent interpersonal violence. Research issues and emerging strategies in three key domains of prevention research are considered, including complexities in validly conceptualizing and measuring varying forms

of violence as specific targets for preventive intervention, research issues and strategies designed to reliably predict and identify future violence risk to be targeted by preventive intervention, and research issues and emerging strategies in the application of empirical methods to forge specific advances in preventive intervention strategies themselves.

Guthrie BJ, Young AM, Boyd CJ, Kintner EK. Dealing with daily hassles: smoking and African-American adolescent girls. *J Adolesc Health* 2001; 29(2):109-15. Abstract: **PURPOSE:** To examine cigarette use and its relationship to daily life hassles in an urban sample of African-American adolescent girls. **METHODS:** A sample of 105 African-American adolescent girls (mean age of 15.45 years) derived from a larger cross-sectional research project titled "Female Adolescent Substance Experience Study" funded by the National Institute of Drug Abuse comprised the sample. The sample was divided into adolescents who had ever smoked in their lifetime and adolescents who had never smoked before. Student's t-tests were conducted to determine whether there were differences between these groups on demographic characteristics and the number of daily life hassles. Pearson product moment correlations were also conducted to examine the association between age of smoking initiation and number of hassles. **RESULTS:** Less than 50% of the teenagers had ever smoked cigarettes in their lifetime, and of those who had ever smoked, the average age of initiation was 12.55 years (SD = 2.63). Furthermore, girls who had ever smoked, in contrast to girls who had never smoked, had a significantly greater number of daily life hassles, in general, and within the school/academic and family/economic domains in particular. Age of smoking initiation was negatively related to the number of hassles, indicating that girls who started to smoke at a younger age reported more hassles. **CONCLUSIONS:** These findings are discussed in terms of developing an understanding of gender and ethnic-specific correlates of smoking that can be used to better delineate the developmental smoking trajectory of African-American girls.

Guyer B. Challenges facing MCH leadership: Martha May Eliot Award Commentary, 2003. *Matern Child Health J* 2004; 8(1):43-4.

Guymer EC, Mellor D, Luk ES, Pearse V. The development of a screening questionnaire for childhood cruelty to animals. *J Child Psychol Psychiatry* 2001; 42(8):1057-63.

Abstract: Childhood cruelty to animals may be a marker of poor prognosis amongst conduct disordered children. However, other than semistructured interviews with parents or children, there are no screening instruments for this behavior. The aim of this study was to develop such an instrument. In the first phase of the study, a parent-report questionnaire,

Children's Attitudes and Behaviors Towards Animals (CABTA) was designed and piloted on 360 elementary school children, enabling community norms and a factor structure for the instrument to be derived. In the second phase, the questionnaire was completed by the parents of a small sample of children (N = 17) to establish its test-retest reliability. In the third phase of the study, the CABTA was completed by the parents of 19 children who had been diagnosed with either a Disruptive Behavioral Disorder or Attention Deficit Hyperactivity Disorder, and the results were compared with the outcome of a semistructured interview with parents regarding their child's behavior toward animals. The results of the various phases of the study indicated that the CABTA consists of two factors. Typical and Malicious Cruelty to animals, and is a reliable and valid tool for detecting childhood cruelty to animals. Possible use and adaptations of the CABTA as a screening instrument in clinical and community samples are discussed.

Gwadz MV, Clatts MC, Leonard NR, Goldsamt L. Attachment style, childhood adversity, and behavioral risk among young men who have sex with men. *J Adolesc Health* 2004; 34(5):402-13.

Abstract: **PURPOSE:** To examine relationships among childhood adversity, attachment style (one's core beliefs regarding the self and others), and the following risk behaviors and contexts among young men who have sex with men (YMSM): homelessness, daily substance use, participation in sex work, involvement in the criminal justice system, and being out of school or work. **METHODS:** Using a targeted sampling approach, we recruited 569 YMSM aged 17-28 years from natural venues in New York City including bars, clubs, parks, and bus stations. Youth completed a structured interview assessing lifetime and current risk and protective contexts and behavior. Data were analyzed using univariate and multivariate statistical methods, including hierarchical logistic regression. **RESULTS:** After controlling for demographic characteristics and childhood adversity, YMSM with a fearful attachment style were more likely to have been homeless (OR 2.93, 95% CI 1.65-5.18), to have participated in sex work (OR 2.35, 95% CI 1.44-3.85), to use substances daily (OR 2.79, 95% CI 1.29-6.03), to have been involved in the criminal justice system (OR 2.04, 95% CI 1.38-3.01), and to be out of school/work (OR 2.47, 95% CI 1.47-4.15). Three subgroups were particularly vulnerable: YMSM who identified as heterosexual, or bisexual, and/or transgender. **CONCLUSIONS:** A fearful attachment style contributes to some YMSM remaining outside of the protective systems of family, school, and work, and is associated with risky contexts where they are less likely to encounter prosocial peers and adults. Further, it is associated with risk behavior. Although gay-identified youth are generally found to have poor outcomes when compared with the general population of adolescents, in the present report, YMSM who

identified as heterosexual were at particular risk. Attachment theory can guide interventions by informing how individuals experience relationships and manage developmental transitions.

Haas F. Bereavement care: seeing the body. *Nurs Stand* 2003; 17(28):33-7.

Abstract: BACKGROUND: Generally, it is now accepted that the long-term outcomes are better for those who are able to see the body of a loved one as it helps people who are grieving to come to terms with the death. CONCLUSION: While the evidence indicates that seeing the body of a loved one helps the grieving process, a recent study into bereavement reactions following neonatal deaths gives disturbing evidence to the contrary, so while it may usually be good practice to encourage viewing, this may be potentially damaging to new parents who have lost a baby.

Haddad HM. Munchausen syndrome by proxy. *Ophthalmology* 2004; 111(2):407; author reply 407.

Hadders-Algra M. Early brain damage and the development of motor behavior in children: clues for therapeutic intervention? *Neural Plast* 2001; 8(1-2):31-49. Abstract: The Neuronal Group Selection Theory (NGST) could offer new insights into the mechanisms directing motor disorders, such as cerebral palsy and developmental coordination disorder. According to NGST, normal motor development is characterized by two phases of variability. Variation is not at random but determined by criteria set by genetic information. Development starts with the phase of primary variability, during which variation in motor behavior is not geared to external conditions. At function-specific ages secondary variability starts, during which motor performance can be adapted to specific situations. In both forms, of variability, selection on the basis of afferent information plays a significant role. From the NGST point of view, children with pre- or perinatally acquired brain damage, such as children with cerebral palsy and part of the children with developmental coordination disorder, suffer from stereotyped motor behavior, produced by a limited repertoire or primary (sub)cortical neuronal networks. These children also have problems in selecting the most efficient neuronal activity, due to deficits in the processing of sensory information. Therefore, NGST suggests that intervention in these children at early age should aim at an enlargement of the primary neuronal networks. With increasing age, the emphasis of intervention could shift to the provision of ample opportunities for active practice, which might form a compensation for the impaired selection.

Haga S, Ishido K, Inada N, Sakata S. [Multiple chronic subdural hematoma in shaken-baby syndrome]. *No Shinkei Geka* 2004; 32(8):845-8.

Abstract: We described a case of shaken-baby syndrome with multiple chronic subdural hematomas. A 10-month-old male baby was admitted to our hospital because of loss of consciousness and convulsions. CT scan revealed an acute subarachnoid hemorrhage extending into the interhemispheric fissure and supracerebellar space. The patient was treated conservatively, and discharged from the hospital. Two months after ictus, a baby was admitted to our hospital with general fatigue. CT scan demonstrated multiple chronic subdural hematomas. Burr hole irrigation and drainage brought about complete disappearance of these lesions. Retrospectively, it was found that these multiple subdural hematomas were due to shaken-baby syndrome. Shaken-baby syndrome is a form of child abuse that can cause significant head injury, and subdural hematoma is the most common manifestation. It is well known that the outcome of shaken-baby syndrome is generally not good. It is important to suspect shaken-baby syndrome when a chronic subdural hematoma is seen in a baby.

Hagele DM. The impact of maltreatment on the developing child. *N C Med J* 2005; 66(5):356-9.

Haggerty RJ. Index of suspicion. *Pediatr Rev* 2003; 24(8):276-83.

Haggman-Laitila A. Early support needs of Finnish families with small children. *J Adv Nurs* 2003; 41(6):595-606. Abstract: AIMS: This study describes the early needs for support that families with small children have in the context of their own life situations. The study population consisted of Finnish families (n = 551) who participated in a project titled 'Families with Children' (1996-2001). The project supplemented the existing public services. The information provided by the study was utilized in supporting families and developing family work in seven experimental areas. METHODS: The data were collected between 1997 and 2000 using family service plans and client reports. The data were analysed with inductive content analysis and using the SPSS software (version 7.5). FINDINGS: The families needed support in the areas of parenthood, upbringing and child care, marital problems and social support networks. The need for early support was also connected to health problems of the children or the parents, problems with work or studies, unemployment, problems in economic or living conditions, or family crises. In addition to support, the families searched for help from family workers in disputes over child custody and visitation rights, intoxicant abuse and violence, and problems in adjusting to society. Each family had 4-5 needs for early support. CONCLUSIONS: The results demonstrate that families with small children have many needs for which they seek help when there are available services supplementing the existing public services. The information provided by the study can be utilized in

maternity and child welfare clinics, in social services and in family work provided by civic organizations to define the early needs of families for support and to develop services.

Haggstrom-Nordin E, Hanson U, Tyden T. Associations between pornography consumption and sexual practices among adolescents in Sweden. *Int J STD AIDS* 2005; 16(2):102-7.

Abstract: Pornography consumption and sexual behaviour were studied, with an aim to investigate any associations. Participants were 718 students from 47 high school classes, mean age 18 years, in a medium-sized Swedish city. More men (98%) than women (72%) had ever consumed pornography. More male high consumers than low consumers or women got sexually aroused by, fantasized about, or tried to perform acts seen in a pornographic film ( $P < 0.001$ ). Three-quarters of the sample had had sexual intercourse, of which 71% reported contraceptive use at first intercourse. Anal intercourse was reported by 16%, with infrequent condom use (39%). Intercourse with a friend (adjusted odds ratio (adj. OR) 2.29; 95% confidence interval (CI) 1.27-4.12) was significantly associated with high consumption of pornography among men, while anal intercourse (adj. OR 1.99; 95% CI 0.95-4.16) and group sex (adj. OR 1.95; 95% CI 0.70-5.47) tended to be associated. A significant confounder was early age of sexual debut (adj. OR 1.49; 95% CI 1.18-1.88).

Hagman J, Hyytinen P, Tuulonen A. A pilot experiment using a network camera in ophthalmic teleconsultation. *Acta Ophthalmol Scand* 2004; 82(3 Pt 1):311-2.

Haesly AL, Wilens TE, Biederman J, Van Patten SL, Spencer T. Temporal association between childhood psychopathology and substance use disorders: findings from a sample of adults with opioid or alcohol dependency. *Psychiatry Res* 2002; 109(3):245-53.

Abstract: Adults with substance use disorders (SUD; alcohol or drug abuse or dependence) were evaluated to determine if childhood-onset psychopathology preceded the onset of SUD. Using structured psychiatric interviews, we assessed 47 clinically referred adults with SUD (27 with opioid dependence and 20 with alcohol dependence), with attention to childhood-onset psychopathology. A sequence of psychopathology and SUD was reconstructed using mean diagnosis onset data. Sixty-two percent of the 47 SUD adults (mean age 39.3+/-6.6 years) had early-onset SUD (defined as  $\leq 18$  years) and 38% had late-onset SUD ( $> 19$  years at onset). Psychopathology preceded the onset of SUD in 56% of adults. Attention deficit/hyperactivity disorder, multiple anxiety, and disruptive disorders typically preceded the onset of SUD; in contrast, mood disorders (specifically depressive and bipolar disorders) followed the onset of SUD. The majority of clinically referred

adults with SUD had psychopathology that began in childhood, frequently preceding the onset of their SUD. These findings further highlight the importance of targeting antecedent disorders for preventive and early intervention programs aimed at reducing the risk for SUD.

Hahn ME, Farley AM, Lin V, Chou LS. Neural network estimation of balance control during locomotion. *J Biomech* 2005; 38(4):717-24.

Abstract: Gait patterns of the elderly are often adjusted to accommodate for reduced function in the balance control system and a general reduction in skeletal muscle strength. Recent studies have demonstrated that measures related to motion of whole body center of mass (COM) can distinguish elderly individuals with balance impairment from healthy peers. Accurate COM estimation requires a multiple-segment anthropometric model, which may restrict its broad application in assessment of dynamic instability. Although temporal-distance measures and electromyography have been used in evaluation of overall gait function and determination of gait dysfunction, no studies have examined the use of gait measurements in predicting COM motion during gait. The purpose of this study was to demonstrate the effectiveness of an artificial neural network (ANN) model in mapping gait measurements onto COM motion in the frontal plane. Data from 40 subjects of varied age and balance impairment were entered into a 3-layer feed-forward model with back-propagated error correction. Bootstrap re-sampling was used to enhance the generalization accuracy of the model, using 20 re-sampling trials. The ANN model required minimal processing time (5 epochs, with 20 hidden units) and accurately mapped COM motion (R-values up to 0.89). As training proportion and number of hidden units increased, so did model accuracy. Overall, this model appears to be effective as a mapping tool for estimating balance control during locomotion. With easily obtained gait measures as input and a simple, computationally efficient architecture, the model may prove useful in clinical scenarios where electromyography equipment exists.

Hahn RA, Bilukha O, Lowy J *et al.* The effectiveness of therapeutic foster care for the prevention of violence: a systematic review. *Am J Prev Med* 2005; 28(2 Suppl 1):72-90.

Notes: CORPORATE NAME: Task Force on Community Preventive Services

Hahn RA, Lowy J, Bilukha O *et al.* Therapeutic foster care for the prevention of violence: a report on recommendations of the Task Force on Community Preventive Services. *MMWR Recomm Rep* 2004; 53(RR-10):1-8.

Notes: CORPORATE NAME: CDC Task Force on Community Preventive Services

Abstract: In therapeutic foster care programs, youths who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that supports their learning social and emotional skills. To assess the effectiveness of such programs in preventing violent behavior among participating youths, the Task Force on Community Preventive Services conducted a systematic review of the scientific literature regarding these programs. Reported and observed violence, including violent crime, were direct measures. Proxy measures were externalizing behavior (i.e., behavior in which psychological problems are acted out), conduct disorder, and arrests, convictions, or delinquency, as ascertained from official records, for acts that might have included violence. Reviewed studies assessed two similar interventions, distinguished by the ages and underlying problems of the target populations. Therapeutic foster care for reduction of violence by children with severe emotional disturbance (hereafter referred to as cluster therapeutic foster care) involved programs (average duration: 18 months) in which clusters of foster-parent families cooperated in the care of children (aged 5-13 years) with severe emotional disturbance. The Task Force found insufficient evidence to determine the effectiveness of this intervention in preventing violence. Therapeutic foster care for the reduction of violence by chronically delinquent adolescents (hereafter referred to as program-intensive therapeutic foster care) involved short-term programs (average duration: 6-7 months) in which program personnel collaborated closely and daily with foster families caring for adolescents (aged 12-18 years) with a history of chronic delinquency. On the basis of sufficient evidence of effectiveness, the Task Force recommends this intervention for prevention of violence among adolescents with a history of chronic delinquency. This report briefly describes how the reviews were conducted, provides additional information about the findings, and provides information that might help communities in applying the intervention locally.

Hahn SJ, Craft-Rosenberg M. The disclosure decisions of parents who conceive children using donor eggs. *J Obstet Gynecol Neonatal Nurs* 2002; 31(3):283-93. Abstract: STUDY OBJECTIVE: To identify variables that influence the disclosure decisions of parents who conceive children using donor eggs and to compare such variables among disclosing, nondisclosing, and undecided families. DESIGN: Exploratory, comparative, descriptive. SETTING: A university hospital-assisted reproductive technology program in the Midwest. PARTICIPANTS: Thirty-one couples with children conceived with anonymously donated eggs. METHODS: Audiotaped telephone interviews, measures of social support and family environment, and a demographic survey. MAIN OUTCOME MEASURES: Content analysis of interview transcripts and comparison of recurring themes among groups.

RESULTS: The majority of parents intended disclosure. Dominant themes among disclosing parents included the belief that a child has a right to know and concerns about the harmful effects of family secrets. Among nondisclosing parents, common themes were knowing of no compelling reason to tell and perceiving potential harm in telling. Undecided parents reported concerns about how and when to tell and the child's possible reaction. Parents in all groups expressed concern about their disclosure decisions. CONCLUSIONS: Dominant decisional influences were beliefs and values and concerns about possible harm. Longitudinal study is needed to determine the impact of disclosure decisions on children, families, and society.

Haider AH, Risucci DA, Omer SB *et al.* Injury prevention priority score: a new method for trauma centers to prioritize injury prevention initiatives. *J Am Coll Surg* 2004; 198(6):906-13.

Abstract: BACKGROUND: Trauma centers are expected to develop injury prevention programs that address needs of the local population. A relatively simple, objective, and quantitative method is needed for prioritizing local injury prevention initiatives based on both injury frequency and severity. STUDY DESIGN: Pediatric trauma patients (16 years or younger; n= 7,958) admitted to two Level I regional trauma centers (Johns Hopkins Children Center and Westchester Medical Center) from 1993 to 1999 were grouped by injury causal mechanism according to ICD-9 external cause codes. An Injury Prevention Priority Score (IPPS), balancing the influences of severity (based on the Injury Severity Score) and frequency, was calculated for each mechanism and mechanisms were ranked accordingly. RESULTS: IPPS-based rank lists differed across centers. The highest ranked mechanism of injury among children presenting to Johns Hopkins Children Center was "pedestrian struck by motor vehicle," and at Westchester Medical Center it was "motor vehicle crash." Different age groups also had specific injury prevention priorities, eg, "child abuse" was ranked second highest among infants at both centers. IPPS was found to be stable ( $r = 0.82$  to  $0.93$ ,  $p < 0.05$ ) across alternate measures of injury severity. CONCLUSIONS: IPPS is a relatively simple and objective tool that uses data available in trauma center registries to rank injury causes according to both frequency and severity. Differences between two centers and across age groups suggest IPPS may be useful in tailoring injury prevention programs to local population needs.

Hall D. Protecting children, supporting professionals. *Arch Dis Child* 2003; 88(7):557-9.

Hall I, Strydom A, Richards M, Hardy R, Bernal J, Wadsworth M. Social outcomes in adulthood of children with intellectual impairment: evidence from a



birth cohort. *J Intellect Disabil Res* 2005; 49(Pt 3):171-82.

**Abstract:** **BACKGROUND:** Social Policy for people with intellectual disabilities (ID) continues to evolve, but little is known about the lives to which such policies are applied. We aimed to use a prospective follow-up of a British birth cohort to identify children with mild and more severe intellectual impairment, and compare a range of social outcomes in adulthood with people in the rest of the cohort. **METHOD:** We used data from the MRC National Survey for Health and Development. Intellectual impairment was identified by intelligence tests and educational history. Adult outcome measures included employment and social class, education, marriage and children, home ownership, social networks and community use. **RESULTS:** We identified 111 people with mild intellectual impairment (2.7%) and 23 with severe intellectual impairment (0.6%) at age 15/16. By the age of 43, there were 52 people remaining in the mild impairment group and 14 in the severe impairment group. In adulthood those with intellectual impairment enjoyed contact with friends and family, and joined in informal social activities. Although the mild intellectual impairment group were less likely to attain the following social outcomes than people with normal intellectual functioning, 67% had jobs, 73% were married, 62% had children and 54% owned their own homes. 12% participated in adult education. People with more severe intellectual impairment were less likely to attain these outcomes. **CONCLUSIONS:** These outcomes highlight issues in current social policy and suggest efforts should be directed particularly towards promoting educational opportunities and developing social inclusion for people with ID.

Hall P. Doctors and the war on terrorism. *BMJ* 2004; 329(7457):66.

Notes: GENERAL NOTE: KIE: 10 refs.  
GENERAL NOTE: KIE: KIE Bib: torture

Hallman M, Buchmann L, Omstead L. NICU managers make their mark on practice. To advance neonatal nursing, a dynamic group of managers forged an idea-exchange program. *Nurs Manage* 2004; 35(7):41-3. **Abstract:** Detroit-area neonatal intensive care unit nurses merge in a spirit of cooperation and support to further the interests of their specialty.

Halperin JM, McKay KE, Newcorn JH. Development, reliability, and validity of the children's aggression scale-parent version. *J Am Acad Child Adolesc Psychiatry* 2002; 41(3):245-52. **Abstract:** **OBJECTIVE:** To provide preliminary psychometric data on the Children's Aggression Scale-Parent Version (CAS-P), which assesses severity, frequency, pervasiveness, and diversity of aggressive, as distinct from nonaggressive, disruptive behaviors.

**METHOD:** The scale has 33 items representing five domains: Verbal Aggression, Aggression Against Objects and Animals, Provoked Physical Aggression, Unprovoked Physical Aggression, and Use of Weapons. The CAS-P was completed for 73 clinically referred children. Validity was evaluated dimensionally by examining the relationship of CAS-P scores to other parent and teacher rating scales, and categorically by comparing scores of children with attention-deficit hyperactivity disorder (ADHD) alone, oppositional defiant disorder, and conduct disorder. **RESULTS:** The scale as a whole had excellent internal consistency ( $\alpha = .93$ ). Children with conduct disorder were rated significantly higher than those with oppositional defiant disorder, who were rated significantly higher than those with ADHD alone. The CAS-P did not distinguish clinical control children from those with ADHD only. Correlations with other rating scales provide further support for the validity of the CAS-P. **CONCLUSIONS:** The CAS-P assesses distinct components of aggressive behavior and may fill a gap in that it distinguishes among various types and severity of aggressive behaviors, and the settings in which they take place.

Halpern CT, Hallfors D, Bauer DJ, Iritani B, Waller MW, Cho H. Implications of racial and gender differences in patterns of adolescent risk behavior for HIV and other sexually transmitted diseases. *Perspect Sex Reprod Health* 2004; 36(6):239-47. **Abstract:** **CONTEXT:** Sexual and substance use behaviors covary in adolescence. Prevalence of HIV and other sexually transmitted diseases (STDs) differs according to race and gender, yet few studies have systematically investigated risk behavior patterns by subgroup, particularly with nationally representative data. **METHODS:** A priori considerations and K-means cluster analysis were used to group 13,998 non-Hispanic black and white participants in the National Longitudinal Study of Adolescent Health, Wave 1, according to self-reported substance use and sexual behavior. Multinomial logit analyses examined racial and gender differences by cluster. **RESULTS:** Among 16 clusters, the two defined by the lowest risk behaviors (sexual abstinence and little or no substance use) comprised 47% of adolescents; fewer than 1% in these groups reported ever having received an STD diagnosis. The next largest cluster-characterized by sexual activity (on average, with one lifetime partner) and infrequent substance use-contained 15% of participants but nearly one-third of adolescent with STDs. Blacks were more likely than whites to be in this group. Black males also were more likely than white males to be in three small clusters characterized by high-risk sexual behaviors (i.e., having had sex with a male or with at least 14 partners, or for drugs or money). Black females generally were the least likely to be in high-risk behavior clusters but the most likely to report STDs. **CONCLUSIONS:** Adolescents' risk behavior patterns vary by race and gender, and do not

necessarily correlate with their STD prevalence. Further investigation of adolescents' partners and sexual networks is needed.

Halpern CT, Oslak SG, Young ML, Martin SL, Kupper LL. Partner violence among adolescents in opposite-sex romantic relationships: findings from the National Longitudinal Study of Adolescent Health. *Am J Public Health* 2001; 91(10):1679-85. Abstract: OBJECTIVES: This report examines (1) the prevalence of psychological and minor physical violence victimization in a nationally representative sample of adolescents and (2) associations between sociodemographic factors and victimization. METHODS: Analyses are based on 7500 adolescents who reported exclusively heterosexual romantic relationships in the National Longitudinal Study of Adolescent Health. Items from the Conflict Tactics Scale were used to measure victimization. Associations between victimization patterns and sociodemographic characteristics were assessed with polytomous logistic regression. RESULTS: One third of adolescents reported some type of victimization, and 12% reported physical violence victimization. Although most sociodemographic characteristics were significantly associated with victimization, patterns varied by sex and type of victimization. CONCLUSIONS: Psychological and minor physical violence victimization is common in opposite-sex romantic relationships during adolescence. The sex-specific associations between sociodemographic characteristics and patterns of partner violence victimization underscore the importance of pursuing longitudinal, theory-driven investigations of the characteristics and developmental histories of both partners in a couple to advance understanding of this public health problem.

Halpern CT, Young ML, Waller MW, Martin SL, Kupper LL. Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *J Adolesc Health* 2004; 35(2):124-31. Abstract: PURPOSE: To present the first national prevalence estimates of psychological and physical intimate partner violence between adolescents in same-sex relationships. METHODS: Analyses focus on 117 adolescents aged 12-21 years (50% female) from Wave II of the National Longitudinal Study of Adolescent Health who reported exclusively same-sex romantic or sexual relationships in the 18 months before interview. Items from the Conflict Tactics Scale were used to measure partner violence victimization. Data analysis included computation of prevalence estimates and a logistic regression analysis to assess associations between sociodemographic characteristics and violence victimization. RESULTS: Almost one-quarter of adolescents with same-sex romantic or sexual partners reported some type of partner violence victimization; about 1 in 10 reported physical victimization. Significant sex differences were found (OR = .29, CI = 0.08, 1.00), with males being less likely than females to

report "any violence." Of six other sociodemographic characteristics examined, importance of religion (OR = .27, CI = 0.07-1.07) and school size (OR = .32, CI = 0.09-1.11) were associated with victimization at the  $p < .10$  level. Adolescents who reported that religion was important to them and adolescents who attended larger schools were at lower risk of "any violence." CONCLUSIONS: As with opposite-sex relationships, psychological and minor physical violence victimization is common among adolescents involved in same-sex intimate relationships. Males reporting exclusively same-sex relationships were less likely than females to report experiencing the violence behaviors examined.

Halsted S, Elder D. Delays in the investigation of allegations of child sexual abuse in the Wellington city district 1995-1996: a retrospective study. *N Z Med J* 2001; 114(1125):33-5.

Abstract: AIMS: To determine the duration of the statutory investigation process after referral of alleged child sexual abuse and to assess which components of this process are most prone to delay. METHODS: Retrospective review of police, Child Youth and Family (CYF) and medical records for 123 young persons <17 years old for whom a referral regarding alleged sexual abuse was made to the Wellington Serious Abuse Team from January 1995 to December 1996. RESULTS: There were 82 (66.7%) females and 41 (33.3%) males referred. Maori and Pacific Island children were over-represented in the sample. The median time from referral to evidential interview or diagnostic interview was 47 days. This period was longer for children <5 years of age (66 days) compared with children > or =5 years of age (45.5 days), although this difference was not statistically significant. Although 53.3% of children alleged genital contact, only 26% were referred for a medical assessment. The time from initiation of investigation to completion was a median of 141 days. Reasons for delay were difficult to delineate but appeared to relate to inadequate staffing. CONCLUSIONS: There is an unreasonable delay in the investigation of alleged child sexual abuse. This is particularly concerning in younger children.

Halvorsen I, Andersen A, Heyerdahl S. Girls with anorexia nervosa as young adults. Self-reported and parent-reported emotional and behavioural problems compared with siblings. *Eur Child Adolesc Psychiatry* 2005; 14(7):397-406.

Abstract: This follow-up study had three objectives: 1) to investigate emotional and behavioural problems, adaptive functioning and substance use in former anorexia nervosa (AN) patients compared with siblings, 2) to compare information obtained from different informants, and 3) to compare questionnaire results with interview results. Fifty (of 55) female AN patients, representative for AN patients under 18 years referred to county health services, were assessed at a

mean of 8.8 years after treatment start with the Young Adult Self-Report and the Young Adult Behaviour Checklist (mean age 23.1 years). In all, 48 patients, 25 siblings, 33 mothers and 27 fathers participated in the questionnaire study. Although 41/50 (82 %) had recovered from their eating disorder, the former AN patients had substantially more self-reported and parent-reported problems than their siblings, particularly with regard to Internalising Problems and on the Anxious/Depressed syndrome scale. Cross-informant agreement between the parents and between parents and patients was high, but low between parents and siblings. The patients with psychiatric diagnoses at follow-up had substantially higher problem scores than those without diagnoses both on the self-report and the parent-report, supporting the validity of the questionnaires. In conclusion, the self- and parent-reports showed a high level of Internalising Problems and were useful instruments in the assessment of former AN patients.

Hamada A, Zakupbekova M, Sagandikova S *et al.* Iodine prophylaxis around the Semipalatinsk Nuclear Testing Site, Republic of Kazakhstan. *Public Health Nutr* 2003; 6(8):785-9.

Abstract: OBJECTIVE: This study aimed to clarify the iodine deficiency status in the Semipalatinsk region that has been contaminated by radioactive fallout from nuclear testing during the period of the former USSR. DESIGN: Based on the Japan-Kazakhstan joint project of adult cancer screening around the Semipalatinsk Nuclear Testing Site (SNTS), from May to October 2002 spot urine specimens were collected at random in each village. Separately, children aged 5-15 years from around the SNTS were chosen at random and spot urine specimens were collected from them. SETTING: Area contaminated by radioactive fallout around the SNTS, Republic of Kazakhstan. SUBJECTS: A total of 2609 adults aged >40 years from 16 settlements in three regions and one city, and 298 children aged 5-15 years from two regions and one city. RESULTS: Median urinary iodine concentrations of adults and children in all regions were in the range of 116.0-381.7 and 127.7-183.0 microg l(-1), respectively. The highest prevalence of values <50 microg l(-1) (14.1%) did not exceed 20%. Distributions within each group, adults and children, showed almost the same pattern, except for one region where more than 50% of adults had urinary iodine concentration >100 microg l(-1). CONCLUSIONS: In agreement with our previous studies, the urinary iodine concentration data showed no clear evidence of iodine deficiency around the SNTS. Kazakhstan is geographically and nutritionally at moderate risk of iodine deficiency disorders without fortification or iodine replacement by iodised salt. The socio-medical prophylaxis against iodine deficiency has been successfully maintained in East Kazakhstan.

Hamilton BH. Estimating treatment effects in randomized clinical trials with non-compliance: the impact of

maternal smoking on birthweight. *Health Econ* 2001; 10(5):399-410.

Abstract: This paper assesses the causal impact of late-term (8th month) maternal smoking on birthweight using data from a randomized clinical trial, in which some women were encouraged not to smoke, while others were not. The estimation of treatment effects in this case is made difficult as a result of the presence of non-compliers, women who would not change their smoking status, regardless of the receipt of encouragement. Because these women are not at risk of changing treatment status, treatment effect distributions may be difficult to construct for them. Consequently, the paper focuses on obtaining the distribution of treatment impacts for the sub-set of compliers found in the data. Because compliance status is not observed for all subjects in the sample, a Bayesian finite mixture model is estimated that recovers the treatment effect parameters of interest. The complier average treatment effect implies that smokers give birth to infants weighing 348 g less than those of non-smokers, on average, although the 95% posterior density interval contains zero. The treatment effect is stronger for women who were moderate smokers prior to pregnancy, implying a birthweight difference of 430 g. However, the model predicts that only about 22% of the women in the sample were at risk of changing their smoking behaviour in response to encouragement to quit.

Hamilton CE, Falshaw L, Browne KD. The link between recurrent maltreatment and offending behaviour. *Int J Offender Ther Comp Criminol* 2002; 46(1):75-94.

Abstract: This article considers recurrent maltreatment and offending behaviour. The sample was 60 males and 19 females (11 to 18 years) resident within a secure institution in England and considered a risk to themselves and/or others. Overall, 20.8% had not experienced maltreatment, 6.5% had experienced a single incident, 11.7% were repeat victims (same perpetrator), 6.5% were revictimised (different perpetrators), and more than half (54.5%) had suffered both repeat and revictimisation. Of those who had committed a violent and/or sexual crime, 74% had experienced some form of revictimisation, compared to 33% of those who committed nonviolent offences. Those young people most likely to have committed violent and/or sexual crimes were those who had been victims of recurrent extrafamilial maltreatment (many of whom had also experienced recurrent intrafamilial maltreatment). Thus, in this sample, revictimisation was associated with serious crimes. However, these findings are preliminary, and prospective research with a larger sample is needed.

Hamilton M, Corwin P, Gower S, Rogers S. Why do parents choose not to immunise their children? *N Z Med J* 2004; 117(1189):U768.

Abstract: AIMS: To ascertain the reasons why some parents choose not to immunise their children and

where these parents obtained their immunisation information. **METHODS:** Seventy general practitioners (GPs) in Christchurch who kept a record of children whose parents declined immunisation were asked to recruit these parents. Half of the GPs were able to invite the 76 parents of children declining immunisation to take part in this study. Twenty one (28%) of these parents agreed to completing a structured questionnaire. **RESULTS:** Parents in this sample were highly educated and had used information from a variety of sources in making their decision not to immunise. Almost half of the parents had not discussed immunisation with their lead maternity carer. They viewed information from the Ministry of Health as biased. They were concerned about vaccine safety and efficacy and the effects of immunisation on their child's immune system. **CONCLUSIONS:** Parents who choose not to immunise their children are distrustful of information provided by the Ministry of Health. General practitioners are the main source of immunisation information for these parents and they must be able to provide accurate, unbiased information regarding the risks and benefits of immunisation.

Hammack PL, Richards MH, Luo Z, Edlynn ES, Roy K. Social support factors as moderators of community violence exposure among inner-city African American young adolescents. *J Clin Child Adolesc Psychol* 2004; 33(3):450-62.

**Abstract:** Using both surveys and the experience sampling method (ESM), community violence exposure, social support factors, and depressive and anxiety symptoms were assessed longitudinally among inner-city African American adolescents. Moderator models were tested to determine protective factors for youth exposed to community violence. Several social support factors emerged as protective-stabilizing forces for witnesses of violence both cross-sectionally and longitudinally, including maternal closeness, time spent with family, social support, and daily support (ESM). Contrary to hypotheses, several social support factors demonstrated a promotive-reactive effect such that, in conditions of high victimization, they failed to protect youth from developing symptoms. Effects did not differ by outcome or sex, though sex differences in findings emerged. Protective-stabilizing effects occurred more for witnessing violence, whereas promotive-reactive patterns occurred more for victimization. Results affirm social support factors as protective from the adverse effects of violence exposure, but they also suggest that some factors typically conceived as contributing to resilience might at times fail to protect youth in conditions of extreme risk.

Hammerschlag MR. Nucleic acid amplification tests (polymerase chain reaction, ligase chain reaction) for the diagnosis of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in pediatric emergency medicine. *Pediatr Emerg Care* 2005; 21(10):705.

Hammerschlag MR. Use of nucleic acid amplification tests in investigating child sexual abuse. *Sex Transm Infect* 2001; 77(3):153-4.

Hammond P, Hutton TJ, Allanson JE *et al.* 3D analysis of facial morphology. *Am J Med Genet A* 2004; 126(4):339-48.

**Abstract:** Dense surface models can be used to analyze 3D facial morphology by establishing a correspondence of thousands of points across each 3D face image. The models provide dramatic visualizations of 3D face-shape variation with potential for training physicians to recognize the key components of particular syndromes. We demonstrate their use to visualize and recognize shape differences in a collection of 3D face images that includes 280 controls (2 weeks to 56 years of age), 90 individuals with Noonan syndrome (NS) (7 months to 56 years), and 60 individuals with velo-cardio-facial syndrome (VCFS; 3 to 17 years of age). Ten-fold cross-validation testing of discrimination between the three groups was carried out on unseen test examples using five pattern recognition algorithms (nearest mean, C5.0 decision trees, neural networks, logistic regression, and support vector machines). For discriminating between individuals with NS and controls, the best average sensitivity and specificity levels were 92 and 93% for children, 83 and 94% for adults, and 88 and 94% for the children and adults combined. For individuals with VCFS and controls, the best results were 83 and 92%. In a comparison of individuals with NS and individuals with VCFS, a correct identification rate of 95% was achieved for both syndromes. This article contains supplementary material, which may be viewed at the American Journal of Medical Genetics website at <http://www.interscience.wiley.com/jpages/0148-7299/suppmat/index.html>.

Hampers LC, Faries SG, Poole SR. Regional after-hours urgent care provided by a tertiary children's hospital. *Pediatrics* 2002; 110(6):1117-24.

**Abstract:** **BACKGROUND:** Ambulatory presentation to a tertiary pediatric emergency department (ED) is not convenient for many families. Yet many primary care pediatricians (PCPs) desire after-hours urgent care for their patients as an alternative to extended office hours or care by general emergency medicine providers at community hospitals. **OBJECTIVE:** To describe a regional, community-based pediatric urgent care network (PUCN). **METHODS:** The PUCN consists of 4 models: 1) pediatric emergency medicine faculty in a community hospital ED; 2) general pediatricians in a community hospital ED; 3) general pediatricians in a freestanding urgent care center; and 4) general pediatricians in a community hospital-based urgent care center. Physician staffing at all 4 sites is managed by our tertiary children's hospital. Billing records were reviewed and a questionnaire was mailed to 55 PCP practices in our metro area. **RESULTS:** Year 2001 visits totaled 37 143. Minor trauma, ear complaints,

and viral illnesses accounted for 70% of visits. Current Procedural Terminology codes for visits, reflecting complexity levels 1, 2, 3, 4, and 5 were billed at the following frequency: 1%, 35%, 44%, 17% and 3%, respectively. A total of 2.2% of visits required admission or transfer. Mean collection rates ranged from 37% to 68% across the 4 sites. Break-even average hourly patient volumes ranged from 1.1 (site 4) to 1.9 (sites 1 and 3). A total of 110 PCPs, representing all 55 practices, responded to the questionnaire: 81% reported their patients used the PUCN often, 85% felt that communication between the PUCN and their practice was good, and 99% reported overall satisfaction with the network. CONCLUSIONS: The PUCN effectively addresses the needs of regional PCPs; however, the cost-effectiveness of such a program depends on billing practices, local collection rates, and site-specific staffing patterns.

Hanani M. Multiple myenteric networks in the human appendix. *Auton Neurosci* 2004; 110(1):49-54. Abstract: The general histological organization of the appendix, including its innervation, is believed to be generally similar to that of the large intestine. However, several authors described an unusual arrangement of the myenteric ganglia within the appendiceal muscle, but conflicting reports do not allow clear conclusions on this matter. The aim of this work was to examine the appendiceal innervation in detail. The myenteric plexus of the human appendix was examined using sections and whole mount preparations. Human small and large intestines were used for comparison. The nerves were stained using immunohistochemistry, enzyme histochemistry for NADPH-diaphorase, and vital staining with 4-(4-diethylaminostyryl)-methylpyridinium iodide. Appendices from rabbits were also studied. In most cases, the innervation of the external muscle of the appendix consisted of three concentric networks of ganglia. These networks were located both between the circular and longitudinal muscle layers and within them. The middle network made connections with the other two. Such arrangement was not observed in the human small and large intestines. The myenteric plexus in the rabbit appendix displayed a much smaller degree of three-dimensional distribution compared with that of the human appendix. It is concluded that the myenteric plexus in the human appendix consists of several distinct networks, and appears to be unique in comparison with the other parts of the intestine.

Hang HM, Bach TT, Byass P. Unintentional injuries over a 1-year period in a rural Vietnamese community: describing an iceberg. *Public Health* 2005; 119(6):466-73. Abstract: OBJECTIVES: To document unintentional injuries in a rural community over a 1-year period as a basis for prioritizing preventive activities. STUDY DESIGN: Quarterly home visits over 1 year to elicit experience of injury among household members in the

preceding 3 months. METHODS: In total, 24,776 people living in rural communities in the Bavi District, Northern Vietnam, were surveyed in home visits during 2000. In the home visits, injuries that needed care or disrupted normal activities were recorded, together with their circumstances. RESULTS: Overall, 2079 new non-fatal injuries were recorded over 23,338 person-years, a rate of 89/1000 person-years-at-risk. Males had a significantly higher injury rate than females for all age groups except for those aged 35-59 years and the elderly ( $P<0.05$ ). The elderly were at highest risk of injury ( $P<0.05$ ), particularly females. Home injuries occurred at the highest overall rate, particularly among the elderly. Road traffic injuries were most common among children. Most injuries involved contact with another object. Less than one-quarter of injury victims sought care at a health facility. CONCLUSIONS: Community-based household surveys revealed the hidden part of the injury iceberg, as well as showing high incidence rates, indicating that injury is an important public health problem which should be a priority for intervention in rural Vietnam, and probably elsewhere. This comprehensive study is intended to contribute evidence and methods to the Ministry of Health's national programme for injury prevention, and to a wider audience.

Hanna BA, Edgecombe G, Jackson CA, Newman S. The importance of first-time parent groups for new parents. *Nurs Health Sci* 2002; 4(4):209-14. Abstract: First-time parent groups are offered to all new parents in Victoria, Australia through the Maternal and Child Health Service, which is funded by state and local governments. Parents who join a group attend a series of eight sessions that emphasize parenting skills, relationship development and social support in order to increase confidence and skills in parenting. The present paper highlights the importance of first-time parent groups, claiming that these groups serve an important social support and health function amid a climate of early discharge policies and changing family structures. Although there are a number of challenges to the successful running of groups, it is argued that first-time parents benefit from participating in these groups in a number of ways: by developing social networks, gaining self confidence, and through access to relevant information on child health and parenting. Research indicates that first-time parent groups provide lasting benefits not only for families, but also for society as a whole. Maternal and child health nurses play a key role in facilitating groups for first-time parents.

Hanna EZ, Yi HY, Dufour MC, Whitmore CC. The relationship of early-onset regular smoking to alcohol use, depression, illicit drug use, and other risky behaviors during early adolescence: results from the youth supplement to the third national health and nutrition examination survey. *J Subst Abuse* 2001; 13(3):265-82. Abstract: PURPOSE: Recently we found that the early

onset of regular tobacco use is as predictive of lifetime drug use and depressive disorders as it is of alcohol use disorders [Alcohol.: Clin. Exp. Res. 23 (1999) 513.]. This finding, which paralleled findings regarding early onset of alcohol use [J. Subst. Abuse 10 (1998) 59.], suggested that early regular use of any drug might simply be an indicator of risk for a constellation of problem behaviors. The purpose of the present study is to test this hypothesis as well as to study the strength and patterns of associations among these problem behaviors already present among youth. The results will permit description of more precise profiles to identify groups of children at risk. **METHODS:** Using data for respondents aged 12-16 from the Third National Health and Nutrition Examination Survey (NHANES III), descriptive statistics were calculated and logistic regression models were estimated. **RESULTS:** Descriptive analyses indicated that in comparison with those who never smoked, or who simply experimented, early-onset regular smokers, both those who began at age 13 or younger and those who did so between 14 and 16, were those most likely to use alcohol and other drugs as well as have school problems and early sexual experiences culminating in pregnancy. Multivariate logistic regression analyses were conducted to assess the associations among these high-risk behaviors. **IMPLICATIONS:** These results support the hypothesis that early onset of smoking is but an indicator of a syndrome of problem behaviors already in place during childhood. They also suggest that the significance of an age onset variable may differ depending on the age of the sample used. As follow-up data are collected, we expect to learn much about the natural course of the distinct risk groups identified in the analyses by studying longitudinally this nationally representative group of early adolescents.

Hanna JN, Symons DJ, Lyon MJ. A measles outbreak in the Whitsundays, Queensland: the shape of things to come? *Commun Dis Intell* 2002; 26(4):589-92. Abstract: This report describes a small outbreak of measles that occurred in the Whitsunday region, north Queensland, in July to August 2002. With one exception, all the cases were deliberately unvaccinated because their parents were conscientious objectors to vaccination. It is suggested that this pattern of measles outbreaks, with most cases being not preventable because of conscientious objection, will become increasingly recognised in the future.

Hannesdottir H. [Early prevention and Mental Health Service for children and adolescents. *Laeknabladid* 2003; 89(4):295. Notes: .]

Hanrahan KS, Lofgren M. Evidence-based practice: examining the risk of toys in the microenvironment of infants in the neonatal intensive care unit. *Adv Neonatal Care* 2004; 4(4):184-201, quiz 202-5.

Abstract: Toys placed in the bed or microenvironment of infants in the neonatal intensive care unit (NICU) demonstrate high rates of colonization (92%). As with other fomites, toys may be one potential source of nosocomial infection (NI). This project critically evaluated the practice of placing toys in the microenvironment of critically ill infants by using the Iowa Model of Evidence-Based Practice to Promote Quality Care. With the model as a guide for decision making, the existing evidence was explored using a systematic review of the literature, case studies, scientific principles, theory, and expert opinion. A comprehensive review of the literature did not clearly identify a causal relationship between toys in the NICU microenvironment and NI. Levels of evidence suggesting an association between toys and NI were determined to be moderately strong and consistent. A plausible relationship between the practice of placing toys in the beds of NICU patients and risk for infection was found. These findings prompted a pilot practice change, eliminating toys in the NICU, to test the potential impact of this intervention. Pre- and postintervention infection rates were compared. NI rates decreased from 4.6 to 1.99 per 1,000 patient days over a 6-month evaluation period. Although this decrease was not statistically significant, it was the lowest rate recorded in 5 years. Ongoing evaluation of NI rates is in progress. Individual NICUs must determine if the evidence warrants a practice change in their setting.

Hanrahan LP, Anderson HA, Busby B *et al.* Wisconsin's environmental public health tracking network: information systems design for childhood cancer surveillance. *Environ Health Perspect* 2004; 112(14):1434-9.

Abstract: In this article we describe the development of an information system for environmental childhood cancer surveillance. The Wisconsin Cancer Registry annually receives more than 25,000 incident case reports. Approximately 269 cases per year involve children. Over time, there has been considerable community interest in understanding the role the environment plays as a cause of these cancer cases. Wisconsin's Public Health Information Network (WI-PHIN) is a robust web portal integrating both Health Alert Network and National Electronic Disease Surveillance System components. WI-PHIN is the information technology platform for all public health surveillance programs. Functions include the secure, automated exchange of cancer case data between public health-based and hospital-based cancer registrars; web-based supplemental data entry for environmental exposure confirmation and hypothesis testing; automated data analysis, visualization, and exposure-outcome record linkage; directories of public health and clinical personnel for role-based access control of sensitive surveillance information; public health information dissemination and alerting; and information technology security and critical

infrastructure protection. For hypothesis generation, cancer case data are sent electronically to WI-PHIN and populate the integrated data repository. Environmental data are linked and the exposure-disease relationships are explored using statistical tools for ecologic exposure risk assessment. For hypothesis testing, case-control interviews collect exposure histories, including parental employment and residential histories. This information technology approach can thus serve as the basis for building a comprehensive system to assess environmental cancer etiology.

Hansen L, Bollhorn M. [The reality is--unfortunately--"on the other side"]. *Ugeskr Laeger* 2002; 164(10):1370-1.

Hanson S. Engelhardt and children: the failure of libertarian bioethics in pediatric interactions. *Kennedy Inst Ethics J* 2005; 15(2):179-98.  
Notes: GENERAL NOTE: KIE: 6 refs.  
GENERAL NOTE: KIE: KIE Bib: personhood; treatment refusal/minors  
Abstract: In Engelhardt's secular bioethics, moral obligations derive from contracts and agreements between rational persons, and no infants or children and few adolescents meet Engelhardt's requirements for being a rational person. This is a problem, as one cannot have any direct secular moral obligations toward nonpersons such as infants and adolescents. The Engelhardtian concepts of ownership, indenture, and social personhood, which are meant to allow the theory to accommodate children and adolescents adequately, fail to give an Engelhardtian any actual means of determining the right action to take in difficult cases, even on his or her own terms. Thus, the theory is incapable of determining the morally correct action to take in cases involving children and therefore is unhelpful in dealing with moral questions involving children.

Hanten G, Chapman SB, Gamino JF *et al.* Verbal selective learning after traumatic brain injury in children. *Ann Neurol* 2004; 56(6):847-53.  
Abstract: Selective learning (SL), the ability to select items to learn from among other items, engages cognitive control, which is purportedly mediated by the frontal cortex and its circuitry. Using incentive-based auditory word recall and expository discourse tasks, we studied the efficiency of SL in children ages 6 to 16 years who had sustained severe traumatic brain injury (TBI) at least 1 year earlier. We hypothesized that SL would be compromised by severe TBI. Results indicated that children with severe TBI performed significantly worse than age-matched typically developing children on word- and discourse-level measures of SL efficiency with no significant group differences in number of items recalled from auditory word lists or declarative facts. We conclude that severe TBI disrupts incentive-based cognitive control

processes, possibly due to involvement of frontal neural networks.

Harding B, Risdon RA, Krous HF. Shaken baby syndrome. *BMJ* 2004; 328(7442):720-1.

Hargreaves KM, Stewart RJ, Oliver SR. Informed choice and public health screening for children: the case of blood spot screening. *Health Expect* 2005; 8(2):161-71.  
Abstract: OBJECTIVE: To examine parents' and health professionals' views on informed choice in newborn blood spot screening, and assess information and communication needs. DESIGN AND PARTICIPANTS: A qualitative study involving semi-structured telephone interviews and focus groups with 47 parents of children who were either found to be affected or unaffected by the screened conditions, and 35 health professionals with differing roles in newborn blood spot screening programmes across the UK. RESULTS AND CONCLUSIONS: Parents and health professionals recognize a tension between informed choice in newborn blood spot screening and public health screening for children. Some propose resolving this tension with more information and better communication, and some with rigorous dissent procedures. This paper argues that neither extensive parent information, nor a signed dissent model adequately address this tension. Instead, clear, brief and accurate parent information and effective communication between health professionals and parents, which take into account parents' information needs, are required, if informed choice and public health screening for children are to coexist successfully.

Harkavy I. University-assisted community school program of West Philadelphia: democratic partnerships that make a difference. *New Dir Youth Dev* 2005; (107):35-43, table of contents.  
Abstract: The university-assisted community school model is showing results for children and youth in West Philadelphia. The University of Pennsylvania's (Penn's) Center for Community Partnerships has coordinated universitywide efforts, in partnership with the community, in order to create and develop community school programs. The Sayre program aims to become a university-assisted community school, with a comprehensive community problem-solving curriculum and communitywide program that is fully integrated across both the Sayre curriculum and the curriculum of a number of Penn's schools. The Penn-Sayre project demonstrates that higher education can be a permanent anchor for revitalizing schools and communities if the vast resources it possesses, particularly its faculty, students, and staff, are brought to bear in a coordinated fashion.

Harkema JR, Keeler G, Wagner J *et al.* Effects of concentrated ambient particles on normal and

hypersecretory airways in rats. *Res Rep Health Eff Inst* 2004; (120):1-68; discussion 69-79. Abstract: Epidemiological studies have reported that elevated levels of particulate air pollution in urban communities are associated with increases in attacks of asthma based on evidence from hospital admissions and emergency department visits. Principal pathologic features of chronic airway diseases, like asthma, are airway inflammation and mucous hypersecretion with excessive amounts of luminal mucus and increased numbers of mucus-secreting cells in regions of the respiratory tract that normally have few or no mucous cells (ie, mucous cell metaplasia). The overall goal of the present project was to understand the adverse effects of urban air fine particulate matter (PM<sub>2.5</sub>; < or = 2.5 µm in aerodynamic diameter)\* on normal airways and airways compromised with airway inflammation and excess mucus. Our project was specifically designed to (1) examine the chemical and physical characteristics of PM<sub>2.5</sub> and other airborne pollutants in the outdoor air of a local Detroit community with a high incidence of childhood asthma; (2) determine the effects of this community-based PM<sub>2.5</sub> on the airway epithelium in normal rats and rats compromised with preexisting hypersecretory airway diseases (ie, animal models of human allergic airway disease--asthma and chronic bronchitis); and (3) identify the chemical or physical components of PM<sub>2.5</sub> that are responsible for PM<sub>2.5</sub>-induced airway inflammation and epithelial alterations in these animal models. Two animal models of airway disease were used to examine the effects of PM<sub>2.5</sub> exposure on preexisting hypersecretory airways: neutrophilic airway inflammation induced by endotoxin challenge in F344 rats and eosinophilic airway inflammation induced by ovalbumin (OVA) challenge in BN rats. A mobile air monitoring and exposure laboratory equipped with inhalation exposure chambers for animal toxicology studies, air pollution monitors, and particulate collection devices was used in this investigation. The mobile laboratory was parked in a community in southwestern Detroit during the summer months when particulate air pollution is usually high (July and September 2000). We monitored the outdoor air pollution in this community daily, and exposed normal and compromised rats to concentrated PM<sub>2.5</sub> from this local urban atmosphere. Rats in the inhalation studies were exposed for 1 day or for 4 or 5 consecutive days (10 hours/day) to either filtered air (controls) or concentrated ambient particles (CAPs) delivered by a Harvard ambient fine particle concentrator. Rats were killed 24 hours after the end of the exposure. Biochemical, morphometric, and molecular techniques were used to identify airway epithelial and inflammatory responses to CAPs. Lung lobes were also either intratracheally lavaged with saline to determine cellular composition and protein in bronchoalveolar lavage fluid (BALF) or removed for analysis by inductively coupled plasma-mass spectrometry (ICPMS) to detect retention of ambient PM<sub>2.5</sub>-derived trace elements. The Harvard

concentrator effectively concentrated the fine ambient particles from this urban atmosphere (10-30 times) without significantly changing the major physicochemical features of the atmospheric particles. Daily CAPs mass concentrations during the 10-hour exposure period (0800-1800) in July ranged from 16 to 895 µg/m<sup>3</sup> and in September ranged from 81 to 755 µg/m<sup>3</sup>. In general, chemical characteristics of ambient particles were conserved through the concentrator into the exposure chamber. Single or repeated exposures to CAPs did not cause adverse effects in the nasal or pulmonary airways of healthy F344 or BN rats. In addition, CAPs-related toxicity was not observed in F344 rats pretreated with bacterial endotoxin. Variable airway responses to CAPs exposure were observed in BN rats with preexisting allergic airway disease induced by OVA sensitization and challenge. Only OVA-challenged BN rats exposed to CAPs for 5 consecutive days in September 2000 had significant increases in airway mucosubstances and pulmonary inflammation compared to saline-challenged/air-exposed control rats. OVA-challenged BN rats that were repeatedly exposed to CAPs in July 2000 had only minor CAPs-related effects. In only the September 5-day exposure protocol, PM<sub>2.5</sub> trace elements of anthropogenic origin (La, V, and S) were recovered from the lung tissues of CAPs-exposed rats. Recovery of these specific trace elements was greatest in rats with OVA-induced allergic airway disease. Additional laboratory experiments using intratracheal instillations of ambient PM<sub>2.5</sub> samples were performed to identify bioactive agents in the CAPs to which rats had been exposed in the inhalation exposure component. Because the most pronounced effects of CAPs inhalation were found in BN rats with OVA-induced allergic airways exposed in September, we used ambient PM<sub>2.5</sub> samples that were collected on 2 days during the September CAPs inhalation exposures to use for instillation. Ambient PM<sub>2.5</sub> samples were collected, fractionated into soluble and insoluble species, and then compared with each other and with total PM<sub>2.5</sub> for their effects in healthy BN rats and those with OVA-induced allergic airway disease. Intratracheal instillation of the insoluble fraction of PM<sub>2.5</sub> caused mild neutrophilic inflammation in the lungs of healthy rats. However, total PM<sub>2.5</sub> or the soluble or insoluble fractions instilled in rats with OVA-induced airway inflammation did not enhance the inflammation or the airway epithelial remodeling that was evident in some of the BN rats exposed to CAPs by inhalation. Therefore, the results from this instillation component did not suggest what fractions of the CAPs may have been responsible for enhancing OVA-induced airway mucosubstances and pulmonary inflammation observed in the inhalation exposure component. In summary, inhaled CAPs-related pulmonary alterations in the affected OVA-challenged rats appeared to be related to the chemical composition, rather than the mass concentration, to which the animals were exposed. Results of the trace element



analysis in the lungs of CAPs-exposed BN rats exposed in September suggested that air particles derived from identified local combustion sources were preferentially retained in allergic airways. These results demonstrate that short-term exposures to CAPs from this southwestern Detroit community caused variable responses in laboratory rats and suggest that adverse biological responses to ambient PM<sub>2.5</sub> may be associated more closely with local sources of particles and weather patterns than with particle mass.

Harner HM. Childhood sexual abuse, teenage pregnancy, and partnering with adult men: exploring the relationship. *J Psychosoc Nurs Ment Health Serv* 2005; 43(8):20-8.

Abstract: Although the mechanism by which early victimization, specifically sexual abuse, increases the risk of adolescent pregnancy is unclear, a relationship between previous victimization and adolescent pregnancy has been demonstrated. While partnering with an older man may initially offer the means necessary to escape a neglectful or violent family of origin, this protection be accompanied by an imbalance of power and control. Both adolescent mothers partnered with adult men and adolescent mothers partnered with male peers reported sexual abuse perpetrated by family members, family friends, strangers, and peers. Policies developed to protect young people from victimization, including mandatory reporting and statutory rape laws, should be evaluated for their consistent application to all children, regardless of age, race, gender, or pregnancy status.

Harper HJ. Buckle-up and smile for life: uncommon partners find common ground to collaborate and eliminate disparities. Part 1. *Dent Assist* 2003; 72(3):8-12. Abstract: Disparities in health and lack of access to oral health are well-documented common concerns. Health education and health promotion increase awareness about the importance of prevention and the relationship of oral health to overall health. The benefits of collaboration and coalition building to enhance community outreach are well established. In order to combat and correct the problems of disparities and access, many more collaborative efforts must be put in place. Meaningful impact on the health of a community can be made by collaborations of both traditional and non-traditional partners. Grassroots efforts that mobilize coalitions around a specific cause and target specific populations can achieve far greater results than any one entity acting alone. Well-coordinated community projects that represent a collaboration of efforts can galvanize the resources, mobilize volunteers and engender public support that will achieve a positive outcome for a common good. The integration of oral health messages with other public health messages and partnership with a very non-traditional entity was an approach that was adopted by the National Dental Association (NDA). This paper describes the unique partnership between the NDA and

the Department of Transportation-National Highway Traffic Safety Administration ([DOT-NHTSA], the funding agency) and the development and launch of a pilot program: "Buckle-Up and Smile for Life". Sections of the paper include: background information on the problems of disparity and access; the impact of community education and the benefits of collaboration; evolution of the unique partnership, including background information on disparities in seat belt usage among African Americans; a description on how the pilot program was structured and implemented; and future plans. The objective of this article is to encourage other oral health organizations to form alliances with the NDA (and other organizations committed to public health) to go into underserved communities to deliver the oral health message. Involvement and participation on all levels, with diverse and non-traditional partners will make a difference. The National Dental Association applauds the commitment of the American Dental Assistants Association to form alliances that address the issues of access and disparities. Groups working together for a common good are linked together by one common notion: Caring Counts.

Harper K, Steadman J. Therapeutic boundary issues in working with childhood sexual-abuse survivors. *Am J Psychother* 2003; 57(1):64-79.

Abstract: The article describes a study of therapists involved in treating survivors of childhood sexual abuse. The authors focus on what induces participants to change their usual therapeutic boundaries. Through qualitative research utilizing extensive interviews, written questionnaires, and a focus-group discussion, the authors gathered information from therapists related to situations that influence them to change their own boundaries. Emergent themes are discussed and the information is integrated with the authors' experience of supervision and psychotherapy. Concern for client safety is the commonly recurrent issue that pushes therapists to change their boundaries. Other intense feelings, such as resentment of the client, worry about the client's feelings, a wish to connect and imbue hope are also strong influences. Self-disclosure boundaries of the therapist are challenged by the wish to balance power within the relationship. Supervision provides an opportunity to examine what influences therapists to make subtle boundary shifts before they become harmful boundary crossings.

Harris J. Human beings, persons and conjoined twins: an ethical analysis of the judgement in *Re A*. *Med Law Rev* 2001; 9(3):221-36. Notes: GENERAL NOTE: KIE: Harris, John GENERAL NOTE: KIE: 43 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors; personhood

Harris M, Fallot RD. Envisioning a trauma-informed service

system: a vital paradigm shift. *New Dir Ment Health Serv* 2001; (89):3-22. Abstract: With the recognition that large numbers of men and women receiving services in the mental health and addictions systems are the survivors of sexual and physical abuse, practitioners need to become informed about the dynamics and the aftermath of trauma.

Harrison H. Premies on steroids: a new iatrogenic disaster? *Birth* 2001; 28(1):57-9.

Harrison RL, Li J, Pearce K, Wyman T. The Community Dental Facilitator Project: reducing barriers to dental care. *J Public Health Dent* 2003; 63(2):126-8. Abstract: OBJECTIVES: This report describes an initiative developed and implemented by a low-income, urban, Canadian community to respond to their children's dental problems. METHODS: The first strategy pursued by the community was the development of the Community Dental Facilitator Project. This project facilitated children's access to existing government funding for dental treatment, and subsequently facilitated access to treatment at local dental offices. Children in need of treatment were identified by a school dental screening. The facilitation work was done by three lay workers hired from within the community who represented the community's predominant ethnic groups. RESULTS: Parents revealed that barriers to dental care in local dental offices were lack of information about funding programs, language, inflexible work situation, and mistrust of bureaucracy. By the project's end, with the assistance of the facilitators, a significantly increased number of children had been enrolled for government dental benefits ( $P < .001$ ). In addition to the 123 children identified at the screening as needing treatment, another 30 children "self-referred" to the program. At the end of the project's original funding period, dental appointments had been made for 68 children: 60 (48.8%) of the "screened" group, 8 (26.7%) of the "self-referred" group. One-year telephone follow-up to parents of the screened children revealed that 42 of 59 (71.1%) had completed treatment. CONCLUSIONS: Barriers to dental care for low-income children go beyond economics. A community facilitation model can improve low-income children's access to existing dental services and may reduce the barriers to care for some children requiring treatment.

Harrison TW. Adolescent homosexuality and concerns regarding disclosure. *J Sch Health* 2003; 73(3):107-12. Abstract: Development of sexual identity in middle childhood and early adolescence is a natural process. However, it is more stressful for homosexual adolescents. Society continues to stigmatize and marginalize homosexuality. To avoid rejection and hostility, homosexual adolescents are pressured to hide their sexual identities. This fact compounds the anticipated normal developmental concerns of

adolescence, and can create unique problems for the homosexual adolescents. Homosexuality can place them at risk for social stigmatization, isolation, depression, suicide, abuse, and rejection by their families and friends. During this exceptionally stressful time, both adolescent students and their families need anticipatory guidance and support. In providing anticipatory guidance, this article discusses critical roles played by professionals who work with adolescents in community or school settings. Included are insights into development of this normal variant of sexual attraction and orientation, risks that homosexual adolescent students may face as well as their disclosure concerns, and possible reactions families may have following disclosure. Supporting homosexual adolescents and their families is emphasized with regard to sensitively providing information, disclosure decisions, coping with stigmatization, and resiliency factors.

Harsanyi A, Mott S, Kendall S, Blight A. The impact of a history of child sexual assault on women's decisions and experiences of cervical screening. *Aust Fam Physician* 2003; 32(9):761-2.

Hart A, Saunders A, Thomas H. Attuned practice: a service user study of specialist child and adolescent mental health, UK. *Epidemiol Psychiatr Soc* 2005; 14(1):22-31.

Abstract: AIMS: Best practice emphasises user involvement. This exploratory study addresses the views of teenage clients and their parents on service delivery in a specialist Child and Adolescent Mental Health Service (CAMHS) serving a population of 250,000. It aims to explore some of the complexities inherent in children's services when parents are integral to modes of treatment. METHODS: Twenty-seven teenage clients from specialist CAMHS were recruited with their parents ( $n=30$ ). All were white British, 11 boys and 16 girls, from a range of socioeconomic backgrounds. Focus groups were employed using a series of structured interactive technique to elicit information, preceded by home visits. Analysis of interview data followed standard approaches to qualitative data analysis. Descriptive statistics were generated from both home interview data and focus groups. RESULTS: Three themes emerged: the core values implicated in establishing a therapeutic alliance; the style of therapy and mode of practice (i.e. its inclusiveness of different family members). PRACTICE IMPLICATIONS: Core therapeutic skills are of fundamental importance. Our paper supplements a model of organisational user involvement with a model of therapeutic user involvement for use in negotiating mode of practice. CONCLUSIONS: This exploratory study was a collaboration between service users, researchers and health professionals exploring three important themes of therapy and the complexities inherent in children's services. The process of eliciting views was therapeutic in itself leading to the formation

of a parent-led self-help group. The design can be replicated in other specialist CAMHS to achieve attuned practice.

Harvey AR, Hill RB. Africentric youth and family rites of passage program: promoting resilience among at-risk African American youths. *Soc Work* 2004; 49(1):65-74.

Abstract: This article examines the effects of an Africentric youth and family rites of passage program on at-risk African American youths and their parents. Data were obtained from a three-year evaluation of a youth rites of passage demonstration project using therapeutic interventions based on Africentric principles. At-risk African American boys between ages 11.5 and 14.5 years with no history of substance abuse were referred from the criminal justice system, diversion programs, and local schools. The evaluation revealed that participating youths exhibited gains in self-esteem and accurate knowledge of the dangers of drug abuse. Although the differences were not statistically significant, parents demonstrated improvements in parenting skills, racial identity, cultural awareness, and community involvement. Evidence from interviews and focus groups suggests that the program's holistic, family-oriented, Africentric, strengths-based approach and indigenous staff contributed to its success.

Harvey-Berino J, Rourke J. Obesity prevention in preschool native-american children: a pilot study using home visiting. *Obes Res* 2003; 11(5):606-11. Abstract: OBJECTIVE: To determine whether maternal participation in an obesity prevention plus parenting support (OPPS) intervention would reduce the prevalence of obesity in high-risk Native-American children when compared with a parenting support (PS)-only intervention. RESEARCH METHODS AND PROCEDURES: Forty-three mother/child pairs were recruited to participate. Mothers were 26.5 +/- 5 years old with a mean BMI of 29.9 +/- 3 kg/m<sup>2</sup>. Children (23 males) were 22 +/- 8 months old with mean weight-for-height z (WHZ) scores of 0.73 +/- 1.4. Mothers were randomly assigned to a 16-week OPPS intervention or PS alone. The intervention was delivered one-on-one in homes by an indigenous peer educator. Baseline and week 16 assessments included weight and height (WHZ score and weight-for-height percentile for children), dietary intake (3-day food records), physical activity (measured by accelerometers), parental feeding style (Child Feeding Questionnaire), and maternal outcome expectations, self-efficacy, and intention to change diet and exercise behaviors. RESULTS: Changes in WHZ scores showed a trend toward significance, with WHZ scores decreasing in the PS condition and increasing among the OPPS group (-0.27 +/- 1.1 vs. 0.31 +/- 1.1, p = 0.06). Children in the OPPS condition also significantly decreased energy intake (-316 +/- 835 kcal/d vs. 197 +/- 608 kcal/d, p < 0.05). Scores on the

restriction subscale of the Child Feeding Questionnaire decreased significantly in the OPPS condition (-0.22 +/- 0.42 vs. 0.08 +/- 0.63, p < 0.05), indicating that mothers in the OPPS group were engaging in less restrictive child feeding practices over time. DISCUSSION: A home-visiting program focused on changing lifestyle behaviors and improving parenting skills showed promise for obesity prevention in high-risk Native-American children.

Harvey SA, Ayabaca P, Bucagu M *et al.* Skilled birth attendant competence: an initial assessment in four countries, and implications for the Safe Motherhood movement. *Int J Gynaecol Obstet* 2004; 87(2):203-10. Abstract: OBJECTIVES: Percentage of deliveries assisted by a skilled birth attendant (SBA) has become a proxy indicator for reducing maternal mortality in developing countries, but there is little data on SBA competence. Our objective was to evaluate the competence of health professionals who typically attend hospital and clinic-based births in Benin, Ecuador, Jamaica, and Rwanda. Methods: We measured competence against World Health Organization's (WHO) Integrated Management of Pregnancy and Childbirth guidelines. To evaluate knowledge, we used a 49-question multiple-choice test covering seven clinical areas. To evaluate skill, we had participants perform five different procedures on anatomical models. The 166 participants came from facilities at all levels of care in their respective countries. Results: On average, providers answered 55.8% of the knowledge questions correctly and performed 48.2% of the skills steps correctly. Scores differed somewhat by country, provider type, and subtopic. Conclusion: A wide gap exists between current evidence-based standards and current levels of provider competence.

Hashemi RR, Young JF. The prediction of methylmercury elimination half-life in humans using animal data: a neural network/rough sets analysis. *J Toxicol Environ Health A* 2003; 66(23):2227-52. Abstract: Artificial neural networks and Rough Sets methodology have been utilized to predict human pharmacokinetic elimination half-life data based on animal data training sets. Methylmercury (Hg) pharmacokinetic data was obtained from 37 literature references, which provided data on species, gender, age, weight, route of administration, dose, dose frequency, and elimination half-life based on either whole-body Hg analysis or blood Hg analysis. Data were categorized into various formats for analysis comparisons. Rough Sets methodology was utilized to identify and remove redundant independent variables. Artificial neural networks were used to produce models based on the animal data, which were in turn used to predict and compare to the human elimination half-life values. These neural network predictions were compared to allometric graphical plots of the same data. The best artificial neural network prediction was

based on a "thermometer" categorical representation of the data.

Hashimoto T, Noguchi T, Nagai K, Uchida Y, Shimada T.

The organization of the communication routes between the epithelium and lamina propria mucosae in the human esophagus. *Arch Histol Cytol* 2002; 65(4):323-35.

Abstract: Morphological studies examined communication routes between the epithelium and lamina propria mucosae in the human esophagus, using a series of techniques including silver staining, immunohistochemistry, transmission electron microscopy, and scanning electron microscopy (SEM). For SEM, tissue blocks were treated with either osmium/ultrasonication or NaOH. Observations showed the esophageal papillae to be arranged regularly in a mostly longitudinal row. The reticular fibers, consisting of fibrils approximately 40 nm in diameter, were situated just beneath the epithelial basal lamina. They showed a positive reaction with a type III collagen antibody, and formed a continuous sheet 2-3 microm thick with dense networks. This sheet as well as the epithelial basal lamina had numerous foramina of diameters of 3-5 microm. Immune cells such as lymphocytes and Langerhans cells were situated around these foramina. The foramina were situated both around papillae and the duct orifice of the esophageal gland. In addition, lymphoid follicles surrounded the duct of the esophageal gland. The structural characteristics around the duct appear to be those of duct-associated lymphoid tissue (DALY). Thus, these foramina in the epithelial basal lamina and reticular fiber sheet may represent important communication routes between the epithelium and lamina propria mucosae. In addition, they may play an important role in the mucosal immune response in the human esophagus.

Hassall I. Response to Chaffin (2004). *Child Abuse Negl* 2005; 29(3):235; author reply 241-9.

Hastings RP, Beck A. Practitioner review: stress intervention for parents of children with intellectual disabilities. *J Child Psychol Psychiatry* 2004; 45(8):1338-49.

Abstract: BACKGROUND: Parents of children with intellectual disabilities are at increased risk for stress and other mental health problems. The purpose of the present review is to consider the evidence base for psychological intervention to remediate stress in these parents. METHODS: A selective review of interventions designed to reduce stress in parents of children with intellectual disabilities, with a focus on group interventions that incorporate various cognitive behavioural techniques. RESULTS: Research evidence suggests that standard service models (e.g., respite care, case management) probably help to reduce parental stress. The strongest evidence base is for cognitive behavioural group interventions, especially

for the reduction of stress in mothers. Some data also indicate the potential value of parent-led support networks. CONCLUSIONS: More research and clinical development are needed to establish a firmer evidence base for stress interventions with parents of children with intellectual disabilities. There are also a number of potential practical implications of reducing parental stress for maximising the efficacy of general parent training interventions and also behavioural programmes for children's challenging behaviours.

Hatherall P. Law. On duty. *Health Serv J* 2003; 113(5874):37.

Haugen K, Slungard A, Schei B. [Sexual assault against women-- injury pattern and victim-perpetrator relationship]. *Tidsskr Nor Laegeforen* 2005; 125(24):3424-7.

Abstract: BACKGROUND: Women who have been exposed to sexual assault have the opportunity to consult specialised health service. The Centre for victims of sexual assault at St. Olav University Hospital, Trondheim, Norway, offers emergency medical treatment, psychosocial follow-up and collects evidence in case the victim wants to file a complaint. The aim of this study was to examine whether injury pattern and assault characteristics differed according to the victim's relationship to the perpetrator. MATERIAL AND METHODS: Information about the assaults was collected retrospectively from medical journals of 162 female clients who presented at the centre over the period 1 June 2000 through 31 May 2003. Depending on their relationship with the perpetrator, the victims were categorised into four groups: stranger, accidental acquaintance, acquaintance, or partner. Assault characteristics and injury patterns were compared among these groups. RESULTS: 69 % (111/162) of the victims knew their offender. Accidental acquaintances were reported as perpetrator in 32 (20 %) of the assaults, acquaintances in 68 (42 %), partners in 11 (7 %) and unknown offenders in 29 (18 %). Type and severity of the sexual assaults did not differ significantly according to victim-perpetrator relationship. The most life-threatening violence and use of a weapon were reported used by known offenders only. INTERPRETATION: In emergency medical response to victims of sexual assaults, it should be made sure that victims, independently of their relationship with perpetrator, are met and treated equally.

Haugland BS. Paternal alcohol abuse: relationship between child adjustment, parental characteristics, and family functioning. *Child Psychiatry Hum Dev* 2003; 34(2):127-46.

Abstract: This study examines possible risk factors associated with child adjustment in a sample of children with alcohol abusing fathers in Norway (N = 37). Factors included are socio-economic status,

severity of the fathers' alcohol abuse, parental psychological problems, and family functioning. Children of alcohol abusing fathers were found to have more adjustment problems assessed by CBCL compared to a general population sample. The findings further suggest that child adjustment in families with paternal alcohol abuse is the result of an accumulation of risk factors rather than the effects of the paternal alcohol abuse alone. Both general environmental risk factors (psychological problems in the fathers, family climate, family health and conflicts) and environmental factors related to the parental alcohol abuse (severity of the alcohol abuse, the child's level of exposure to the alcohol abuse, changes in routines and rituals due to drinking) were related to child adjustment. The results indicate the need to obtain both parents' assessments of child adjustment, as the fathers' assessment was associated with different risk factors compared to the mothers'.

Hauser-Cram P, Warfield ME, Shonkoff JP, Krauss MW, Sayer A, Upshur CC. Children with disabilities: a longitudinal study of child development and parent well-being. *Monogr Soc Res Child Dev* 2001; 66(3):i-viii, 1-114; discussion 115-26. Abstract: This Monograph presents the results of the Early Intervention Collaborative Study, a longitudinal investigation of the cognitive and adaptive behavior development of children with developmental disabilities and the adaptation of their parents, extending from infancy through middle childhood. The study was designed to generate and test conceptual models of child and family development and contribute to the knowledge base that informs social policy and practice. The sample for the investigation reported here consists of 183 children with Down syndrome, motor impairment, developmental delay and their families who were recruited at the time of their enrollment in an early intervention program in Massachusetts or New Hampshire. Data were collected at five time points between entry to early intervention and the child's 10th birthday. Home visits were conducted at each time point and included child assessments, maternal interview, and questionnaires completed independently by both parents. Trajectories in children's development and parental well-being were analyzed using hierarchical linear modeling. Predictor variables were measured at age 3 years when children were exiting early intervention programs. Children's type of disability predicted trajectories of development in cognition, social skills, and daily living skills. Children's type of disability also predicted changes in maternal (but not paternal) child-related and parent-related stress. Beyond type of disability, child self-regulatory processes (notably behavior problems and mastery motivation) and one aspect of the family climate (notably mother-child interaction) were key predictors of change in both child outcomes and parent well-being. A different aspect of the family climate--family relations--also predicted change in child social

skills. Parent assets, measured as social support and problem-focused coping, predicted change in maternal and paternal parent-related stress respectively. The implications of these findings for both the science of child development and the policies and practices of developmental intervention are discussed.

Hauser R, Gos T, Lipowski P, Kuczkowski J. [Retinal hemorrhages as a case for shaking trauma. Case report]. *Arch Med Sadowej Kryminol* 2003; 53(4):363-8.

Abstract: An interesting shaking trauma case was reported. A detailed analysis of the pattern of injuries and their progress allowed to reconstruct the mechanism and time point of cerebral lesions in a 6 week old infant who survived the impact. The necessity of postmortem investigation of the fundus and cranial nerves in fatal cases of shaking trauma is stressed.

Hawkins JD, Kosterman R, Catalano RF, Hill KG, Abbott RD. Promoting positive adult functioning through social development intervention in childhood: long-term effects from the Seattle Social Development Project. *Arch Pediatr Adolesc Med* 2005; 159(1):25-31.

Abstract: OBJECTIVE: To examine the long-term effects of the Seattle Social Development Project intervention in promoting positive adult functioning and preventing mental health problems, crime, and substance use (including tobacco, alcohol, and other drugs) at 21 years of age. DESIGN: This nonrandomized controlled trial followed up participants to 21 years of age, 9 years after the intervention ended. We compared the following 3 intervention conditions: a full 6-year intervention (grades 1 through 6); a late 2-year intervention (grades 5 and 6 only); and a no-treatment control condition. SETTING: Eighteen public elementary schools serving diverse neighborhoods, including high-crime neighborhoods, of Seattle, Wash. PARTICIPANTS: A sex-balanced, multiethnic sample of 605 participants across the 3 conditions who completed interviews at 21 years of age (94% of the original sample in these conditions). INTERVENTIONS: Teacher training in classroom instruction and management, child social and emotional skill development, and parent training. MAIN OUTCOME MEASURES: Self-reports of functioning in school and work, emotional and mental health, and crime and substance use at 21 years of age and official court records. RESULTS: Broad significant effects on functioning in school and work and on emotional and mental health were found. Fewer significant effects on crime and substance use were found at 21 years of age. Most outcomes had a consistent dose effect, with the strongest effects in subjects in the full-intervention group and effects in the late-intervention group between those in the full-intervention and control groups. CONCLUSIONS: A theory-guided preventive intervention that strengthened teaching and parenting practices and taught children

interpersonal skills during the elementary grades had wide-ranging beneficial effects on functioning in early adulthood.

Hawkins SS, Law C. Patterns of research activity related to government policy: a UK web based survey. *Arch Dis Child* 2005; 90(11):1107-11. Abstract: AIMS: To describe the patterns of child and family health and wellbeing research activity in the fiscal year (FY) 2002/2003 in relation to UK government policies. METHODS: Projects investigating the health and wellbeing of children and families were located through a web based survey of major research funders, including UK government departments and non-departmental public bodies, research councils, and medical charities. A budget was estimated for each project for the FY 2002/2003, and each project coded according to a framework which reflected government priorities and research methodologies. RESULTS: There was a substantial amount of project information posted on the websites of the funding organisations, but the level of detail varied. For the FY 2002/2003, 31 organisations were identified that commissioned 567 projects investigating the health and wellbeing of children and families. Based on information from organisations' websites, this represented approximately 3% of their research budgets. Within this funding area, low proportions of research activity related to health inequalities (9% of total expenditure on child and family health research), health economic analysis (8%), primary and secondary prevention (12%), and children and adolescents at high risk of ill health (14%). CONCLUSIONS: A limited amount of research activity on children and families health funded in the FY 2002/2003 is addressing UK government policy priorities. This suggests the need to commission further research to fill gaps in the evidence.

Hayes LJ, Quine S, Taylor R, Berry G. Socio-economic mortality differentials in Sydney over a quarter of a century, 1970-94. *Aust N Z J Public Health* 2002; 26(4):311-7. Abstract: OBJECTIVE: To examine trends in socio-economic differentials in all-cause mortality in Sydney over a 25-year period (1970-94). METHODS: Five measures of single indicators (two for occupation, two for education and one for income) and a composite measure of socio-economic disadvantage based on Census data (the Australian Bureau of Statistics' Index of Relative Socio-Economic Disadvantage) were used as indicators of socio-economic status by local government area. The relationship between mortality and socio-economic status was examined using quintiles based on these six measures of socio-economic status. RESULTS: Socio-economic differentials in mortality were evident for males and females for all periods, and over the 25-year period the relative socio-economic differentials did not decline. For males, the socio-economic status differential in

mortality widened, irrespective of socio-economic status indicator used, whereas for females it widened only when certain socio-economic indicators were used: occupation (unemployment measure) and income, but was not significant for the other single indicators or for the composite indicator. CONCLUSIONS: Sydney trends of widening inequalities are generally similar to those reported for Britain and for other industrialised countries, suggesting that this is a common phenomenon and that policies to reduce health inequalities over the past quarter of a century have not been effective.

Hayez JY. [Confrontation of children and adolescents with pornography]. *Arch Pediatr* 2002; 9(11):1183-8. Abstract: The author describes the influence of pornography on children, focusing on pornographical material on the web. Most children escape almost uninjured from visualization of pornography. However some are either traumatized, or precipitated in a strict perversion. The consequences on adolescents are similar, though more complex. The hypersexualization of teenagers may become complicated by addiction (so called internet addiction disorder: IAD), isolation, and perversion. Recommendations for the parents are presented.

Hayman RM, Taylor BJ, Peart NS, Galland BC, Sayers RM. Participation in research: informed consent, motivation and influence. *J Paediatr Child Health* 2001; 37(1):51-4. Abstract: OBJECTIVE: To investigate the process and quality of informed consent, motivation and influence in parents who were invited to enroll their baby in a research project. METHODOLOGY: A mixed quantitative/qualitative questionnaire was sent to a cohort invited to participate in a physiological research project on sudden infant death syndrome (SIDS) at the Dunedin Public Hospital, Dunedin, New Zealand. Separate questionnaires were used for parents who participated (94) and those who declined to participate (103). Response rates were 69% and 47%, respectively. RESULTS: All consenting parents felt they understood the purpose and procedure of the study. The majority (90%) thought the information about the study was very good; 6.5% felt more detail was required. Eighty-five per cent found the verbal explanation the most useful source of information. All participated for altruistic reasons such as to aid SIDS research. Although 27% had concerns about safety of the tests, after the tests all responders felt happy with the safety of the tests. Inconvenience was the main reason (53%) for declining to participate. Twenty-eight per cent of declining parents were concerned about the safety of the tests. CONCLUSION: Of those who responded to the questionnaire, the process for obtaining informed consent in the SIDS studies was satisfactory. Parents' motives for participating were mostly altruistic. The role of recall bias and selection bias may make the implications of this study unclear.

Hayslip B Jr, Kaminski PL. Grandparents raising their grandchildren: a review of the literature and suggestions for practice. *Gerontologist* 2005; 45(2):262-9.

Abstract: An increasingly prevalent family constellation is a home headed by a grandparent who is raising grandchildren. We explore the state of our knowledge about such grandparents with particular attention to its implications for service providers and researchers. In our review we address several key areas: (a) the costs and benefits of raising a grandchild; (b) the heterogeneity of custodial grandparent caregivers; (c) the critical need for social support among custodial grandparents; (d) parenting practices and attitudes among grandparents raising grandchildren; and (e) helping efforts at multiple levels with custodial grandparents. We also discuss directions for research and practice concerning custodial grandparents.

Hazell PL, Stuart JE. A randomized controlled trial of clonidine added to psychostimulant medication for hyperactive and aggressive children. *J Am Acad Child Adolesc Psychiatry* 2003; 42(8):886-94. Abstract: OBJECTIVE: To compare clonidine with placebo added to ongoing psychostimulant therapy for the treatment of attention-deficit/hyperactivity disorder with comorbid oppositional defiant disorder or conduct disorder. METHOD: Children 6 to 14 years of age recruited through 2000 to 2001 were randomized to receive clonidine syrup 0.10 to 0.20 mg/day (n = 38) or placebo (n = 29) for 6 weeks. Primary outcome measures were the Conduct and Hyperactive Index subscales of the parent-report Conners Behavior Checklist. Side effects were monitored using physiological measures and the Barkley Side Effect Rating Scale. RESULTS: Evaluable patient analysis showed that significantly more clonidine-treated children than controls were responders on the Conduct scale (21 of 37 versus 6 of 29;  $\chi^2(1) = 8.75, p < .01$ ) but not the Hyperactive Index (13 of 37 versus 5 of 29). Compared with placebo, clonidine was associated with a greater reduction in systolic blood pressure measured standing and with transient sedation and dizziness. Clonidine-treated individuals had a greater reduction in a number of unwanted effects associated with psychostimulant treatment compared with placebo. CONCLUSIONS: The findings support the continued use of clonidine in combination with psychostimulant medication to reduce conduct symptoms associated with attention-deficit/hyperactivity disorder. Treatment is well tolerated and unwanted effects are transient.

Hazell PL, Tarren-Sweeney M, Vimpani GV, Keatinge D, Callan K. Children with disruptive behaviours II: clinical and community service needs. *J Paediatr Child Health* 2002; 38(1):32-40. Abstract: OBJECTIVE: To assist in health service planning by determining the perceived clinical and

community service needs of families resident in the Hunter region who care for a child manifesting disruptive behaviour. METHODOLOGY: Families were eligible to participate in the survey if they had at least one child known to have one of the DSM-IV disruptive behaviour disorders, autistic spectrum disorders, behaviour problems associated with rarer forms of brain disease, brain injury or mild intellectual disability or were identified by school personnel as having significant behaviour problems. Families were recruited to the survey via schools, early education centres and clinical services. Parents completed a questionnaire, mailed to them by educational and/or clinical services. Parents were asked to prioritize options for improving or expanding clinical services and for reducing their treatment costs. RESULTS: A total of 1412 families responded to the survey. The highest-ranked clinical service options involved the expansion of mainstream community treatment services for children with disruptive behaviour problems and their families, with a particular emphasis on counselling services. Respite care and in-patient services were given relatively low priority. Subgroup analyses showed that disadvantaged and stressed families gave higher rankings to out of home options, such as respite care, in-patient care and subsidised holiday camps, than the aggregate sample. CONCLUSIONS: Enhancement of community based counselling services would meet the needs of the greatest number of participating families. Resource-intensive residential services are required by a small but important group of families who experience disadvantage and high levels of stress.

Heap J. Nurses' role in protecting children. *Nurs N Z* 2001; 7(3):19-21.

Heath I. Treating violence as a public health problem. *BMJ* 2002; 325(7367):726-7. Notes: GENERAL NOTE: KIE: 6 refs. GENERAL NOTE: KIE: KIE Bib: public health

Hechtman L, Abikoff H, Klein RG *et al.* Children with ADHD treated with long-term methylphenidate and multimodal psychosocial treatment: impact on parental practices. *J Am Acad Child Adolesc Psychiatry* 2004; 43(7):830-8.

Abstract: OBJECTIVE: To test the hypothesis that multimodal psychosocial intervention, which includes parent training, combined with methylphenidate significantly enhances the behavior of parents of children with attention-deficit/hyperactivity disorder (ADHD), compared with methylphenidate alone and compared with methylphenidate and nonspecific psychosocial treatment (attention control). METHOD: One hundred three children with ADHD (ages 7-9), free of conduct and learning disorders, who responded to short-term methylphenidate therapy were randomized for 2 years to receive either (1)

methylphenidate treatment alone; (2) methylphenidate plus psychosocial treatment that included parent training and counseling, social skills training, academic assistance, and psychotherapy; or (3) methylphenidate plus attention control treatment. Parents rated their knowledge of parenting principles and negative and positive parenting behavior. Children rated their parents' behavior. RESULTS: Psychosocial treatment led to significantly better knowledge of parenting principles but did not enhance parenting practices, as rated by parents and children. Significant improvement in mothers' negative parenting occurred across all treatments and was maintained. CONCLUSIONS: In nonconduct-disordered, stimulant-treated children with ADHD, parent training does not improve self-rated parental behavior. The benefits of brief stimulant treatment for negative parental behavior are sustained with extended treatment.

Heckerling PS, Gerber BS, Tape TG, Wigton RS. Use of genetic algorithms for neural networks to predict community-acquired pneumonia. *Artif Intell Med* 2004; 30(1):71-84.

Abstract: BACKGROUND: Genetic algorithms have been used to solve optimization problems for artificial neural networks (ANN) in several domains. We used genetic algorithms to search for optimal hidden-layer architectures, connectivity, and training parameters for ANN for predicting community-acquired pneumonia among patients with respiratory complaints. METHODS: Feed-forward back-propagation ANN were trained on sociodemographic, symptom, sign, comorbidity, and radiographic outcome data among 1044 patients from the University of Illinois (the training cohort), and were applied to 116 patients from the University of Nebraska (the testing cohort). Binary chromosomes with genes representing network attributes, including the number of nodes in the hidden layers, learning rate and momentum parameters, and the presence or absence of implicit within-layer connectivity using a competition algorithm, were operated on by various combinations of crossover, mutation, and probabilistic selection based on network mean-square error (MSE), and separately on average cross entropy (ENT). Predictive accuracy was measured as the area under a receiver-operating characteristic (ROC) curve. RESULTS: Over 50 generations, the baseline genetic algorithm evolved an optimized ANN with nine nodes in the first hidden layer, zero nodes in the second hidden layer, learning rate and momentum parameters of 0.5, and no within-layer competition connectivity. This ANN had an ROC area in the training cohort of 0.872 and in the testing cohort of 0.934 (P-value for difference, 0.181). Algorithms based on cross-generational selection, Gray coding of genes prior to mutation, and crossover recombination at different genetic levels, evolved optimized ANN identical to the baseline genetic strategy. Algorithms based on other strategies, including elite selection within generations (training

ROC area 0.819), and inversions of genetic material during recombination (training ROC area 0.812), evolved less accurate ANN. CONCLUSION: ANN optimized by genetic algorithms accurately discriminated pneumonia within a training cohort, and within a testing cohort consisting of cases on which the networks had not been trained. Genetic algorithms can be used to implement efficient search strategies for optimal ANN to predict pneumonia.

Heermann JA, Wilson ME, Wilhelm PA. Mothers in the NICU: outsider to partner. *Pediatr Nurs* 2005; 31(3):176-81, 200.

Abstract: The emerging care delivery model for Neonatal Intensive Care Units (NICU) is family-focused, developmentally supportive care. The purpose of this study was to explore and describe mothers' experience of becoming a mother while their infants were receiving care in the NICU. A qualitative research design was used. Interviews with 15 mothers whose infants were in a Level III NICU were analyzed using Spradley's domain analysis approach. Mothers developed from outsider to engaged parent along four continua: (1) focus: from NICU to baby; (2) ownership: from their baby to my baby; (3) caregiving: from passive to active; and (4) voice: from silence to advocacy. Mothers entered the continua at different points and moved at different rates toward "engaged parenting." The final stage, partnering, required active participation of nurses. Mothers' development evolved in predictable patterns. The results of this study can be considered in implementation and evaluation plans for NICUs moving to family-focused developmental care.

Hegarty K. The health consequences of child sexual abuse and partner abuse for women attending general practice. *Aust Fam Physician* 2003; 32(9):760.

Hegna K, Mossige S, Wichstrom L. Older adolescents' positive attitudes toward younger adolescents as sexual partners. *Adolescence* 2004; 39(156):627-51. Abstract: The prevalence of older adolescents' positive attitudes toward younger sexual partners was investigated through three measures of self-reported hypothetical likelihood of having sex with preadolescents and younger adolescents (LSA), using a school-based cluster sample of 710 Norwegian 18- to 19-year-olds attending nonvocational high schools in Oslo. Some likelihood of having sex with a preadolescent (less than 12 years of age) was reported by 5.9% of the males. The 19.1% of the males who indicated some likelihood of having sex with a 13- to 14-year old, compared to those who did not, reported more high-frequency drinking, more alcohol-related problems, earlier sexual initiation, more conduct problems, and poorer psychosocial adjustment. This subgroup also reported more high-frequency use of pornography, having more friends with an interest in child pornography and violent pornography, and



greater use of coercion to obtain sexual favors.

Hehir B. Nurses should not collude with spying on parents. *Nurs Times* 2001; 97(5):21.

Heikkinen A, Puura K, Mattila K. Improving health centre physicians' child-psychiatric networks. *Scand J Prim Health Care* 2005; 23(1):26-7. Abstract: OBJECTIVE: To study changes in Finnish GPs' child-psychiatric networks over a one-year period. DESIGN: Postal questionnaire. SETTING: Health centres in the area of Tampere University Hospital with a catchment population of one million. INTERVENTION: A one-off course in the field of child psychiatry was held 56 times in different health centres. SUBJECTS: GPs (n = 761) working in the area received a questionnaire in 2000 and 2001. Those responding in both years were included in the analysis (n = 371). MAIN OUTCOME MEASURES: A fill-in picture was used to identify professionals in the network of each GP. Three levels were analysed: (1) health centre, (2) municipality, and (3) secondary healthcare. RESULTS: The number of collaborators increased significantly only in the training group at municipality level. No statistically significant differences were found in proportions of GPs naming cooperating persons. CONCLUSION: The impact of a one-off training programme on the scope of GPs' child-psychiatric networks was not very strong but was in accordance with the aims of the programme.

Heim C, Nemeroff CB. Neurobiology of early life stress: clinical studies. *Semin Clin Neuropsychiatry* 2002; 7(2):147-59.

Abstract: A burgeoning number of clinical studies have evaluated the immediate and long-term neurobiological effects of early developmental stress, eg, child abuse and neglect or parental loss, in the past years. This review summarizes and discusses the available findings from neuroendocrine (hypothalamic-pituitary-adrenal axis, other neuroendocrine axes), neurochemical (catecholamines, serotonin, other neurotransmitters), psychophysiological (autonomic function, startle reactivity, brain electrical activity) and neuroimaging studies (brain structure, function) conducted in children or adults with a history of early life stress, with or without psychiatric disorders. Early developmental stress in humans appears to be associated with neurobiological alterations that are similar to many findings in animal models of early life stress, and likely represent the biological basis of an enhanced risk for psychopathology. Clinical studies are now beginning to explore potentially differential neurobiological effects of different types of early life stress and the existence of critical developmental periods, which may be sensitive to the neurobiological effects of specific stressors. In addition, the role of a multitude of moderating and mediating factors in the determination of individual vulnerability or resilience to the

neurobiological effects of early life stress should be addressed. Findings from such studies may ultimately help to prevent the deleterious neurobiological and psychopathological consequences in the unacceptably high number of children exposed to early life stress in modern society.

Heim C, Newport DJ, Wagner D, Wilcox MM, Miller AH, Nemeroff CB. The role of early adverse experience and adulthood stress in the prediction of neuroendocrine stress reactivity in women: a multiple regression analysis. *Depress Anxiety* 2002; 15(3):117-25. Abstract: Sensitization of stress-responsive neurobiological systems as a possible consequence of early adverse experience has been implicated in the pathophysiology of mood and anxiety disorders. In addition to early adversities, adulthood stressors are also known to precipitate the manifestation of these disorders. The present study sought to evaluate the relative role of early adverse experience vs. stress experiences in adulthood in the prediction of neuroendocrine stress reactivity in women. A total of 49 women (normal volunteers, depressed patients, and women with a history of early abuse) underwent a battery of interviews and completed dimensional rating scales on stress experiences and psychopathology, and were subsequently exposed to a standardized psychosocial laboratory stressor. Outcome measures were plasma adrenocorticotropin (ACTH) and cortisol responses to the stress test. Multiple linear regression analyses were performed to identify the impact of demographic variables, childhood abuse, adulthood trauma, major life events in the past year, and daily hassles in the past month, as well as psychopathology on hormonal stress responsiveness. Peak ACTH responses to psychosocial stress were predicted by a history of childhood abuse, the number of separate abuse events, the number of adulthood traumas, and the severity of depression. Similar predictors were identified for peak cortisol responses. Although abused women reported more severe negative life events in adulthood than controls, life events did not affect neuroendocrine reactivity. The regression model explained 35% of the variance of ACTH responses. The interaction of childhood abuse and adulthood trauma was the most powerful predictor of ACTH responsiveness. Our findings suggest that a history of childhood abuse per se is related to increased neuroendocrine stress reactivity, which is further enhanced when additional trauma is experienced in adulthood.

Heinemann U. Basic mechanisms of partial epilepsies. *Curr Opin Neurol* 2004; 17(2):155-9. Abstract: PURPOSE OF REVIEW: Partial epilepsies are characterized by cell loss with consequences for neuronal organization, excitability, mnemonic and cognitive functions and present with pharmacoresistance and difficulties in clinical management. While mesial temporal lobe epilepsies present

frequently with cell loss and neuronal reorganization, neocortical epilepsies frequently involve developmental alterations. **RECENT FINDINGS:** There is increasing evidence that nerve cells in epileptic tissue become more vulnerable to excitotoxic cell death due to impairment of mitochondrial functions and that free radical formation is critically involved in these processes. Whether and to what extent such alterations contribute to pharmacoresistance is unclear. However, at least three mechanisms may contribute to pharmacoresistance: changes in target molecules for antiepileptic drugs, upregulation of drug transporters, and potentially reorganization processes in inhibitory networks. Upregulation of drug transporters also seems to be involved in pharmacoresistance of developmental alterations underlying focal epilepsies. Recent data from the literature suggest that transgenic models for disturbances of cortical development may be useful models for the study of these variable forms of partial epilepsies. **SUMMARY:** The data suggest that improvement of therapy could result from free radical scavenging and from manipulation of drug transport into the affected tissue. New models of developmental epilepsies may help us to understand mechanisms underlying increased vulnerability to seizures as well as improving strategies for treatment.

Heinrich H, Moll GH, Dickhaus H, Kolev V, Yordanova J, Rothenberger A. Time-on-task analysis using wavelet networks in an event-related potential study on attention-deficit hyperactivity disorder. *Clin Neurophysiol* 2001; 112(7):1280-7. **Abstract:** **OBJECTIVE:** The aim of this event-related potential (ERP) study was to test time-on-task analysis at the level of single sweeps in a clinical trial. Since inattentiveness is one of the main symptoms of attention-deficit hyperactivity disorder (ADHD), this child psychiatric disorder was chosen as an exemplary application. **METHODS:** Twenty-four healthy and 24 ADHD boys, aged 9--15 years, performed an auditory selective attention task for about 5 min. ERP single trials were analyzed using wavelet networks. Time-on-task analysis was applied to omission errors, reaction time and slow ERP components (frontal negativity, parietal positivity), represented by a low-frequency wavelet component. **RESULTS:** Both performance and ERP measures showed distinct temporal dynamics. Time-on-task effects were not only linear, but also of higher order and started after less than 1 min. For ADHD children, earlier time-on-task effects, i.e. an earlier increase of omission errors and frontal negativity, resulted. Healthy children could allocate more attentional resources during the course of the experiment. **CONCLUSION:** Time-on-task analysis at the level of single trials revealed phenomena probably reflecting ADHD children's attentional deficits. Thus, a more differentiated ERP analysis may provide a better understanding of the pathophysiological background in neuropsychiatric disorders.

Heiss JE, Held CM, Estevez PA, Perez CA, Holzmann CA, Perez JP. Classification of sleep stages in infants: a neuro fuzzy approach. *IEEE Eng Med Biol Mag* 2002; 21(5):147-51.

Helveston EM, Orge FH, Naranjo R, Hernandez L. Telemedicine: Strabismus e-consultation. *J AAPOS* 2001; 5(5):291-6. **Abstract:** **BACKGROUND:** Volunteer ophthalmologists can achieve success with teaching and service programs working with high intensity over a short term. Continuation of initially successful programs may be limited by lack of timely, effective communication and follow-up. In an attempt to overcome these limitations, a total of 6 telemedicine programs were established after a successful trial program at the Ramon Pando Ferrer Hospital in Havana, Cuba. **METHODS:** Two pediatric ophthalmology-strabismus clinics, one in Cuba and one in Romania, were provided a digital camera and a computer in order to obtain and then transmit by e-mail patient images obtained according to a prescribed format. Ophthalmologists in both of these programs were instructed personally during an orientation period in their clinics. Training included use of a digital camera and computer, patient examination, and surgical technique in the operating room. Four additional programs referred patients via digital images after receiving only written and oral instruction. **RESULTS:** The diagnosis and treatment plan determined by one of us (E.M.H.) for each of the first 15 Cuban patients after study of digital images sent by e-mail was the same as the diagnosis and treatment plan determined by the same observer after in-person examination of the patients. On the basis of the level of confidence attained in these patients, 35 additional patients from a total of 6 clinics were seen by digital consultation only. **CONCLUSION:** A store-and-forward telemedicine consultation technique that uses digital images and e-mail holds promise to be an effective means for carrying out consultation for patients with strabismus.

Hendrickson SG. Reaching an underserved population with a randomly assigned home safety intervention. *Inj Prev* 2005; 11(5):313-7. **Abstract:** **OBJECTIVE:** To access an underserved, mobile segment of a monolingual Spanish speaking population and to improve maternal self efficacy for home safety behaviors using a culturally appropriate intervention. **DESIGN:** A pre- and post-test experimental design tested differences in maternal childhood injury health beliefs (MCIHB) and controllable safety hazards (CHS). Participants were randomly assigned to experimental and control groups. Baseline data assessed demographic and study variables comparability. The intervention included counseling, assessment of maternal safety practices, and provision of safety items. **SETTING:** A non-urban area in Texas where low income, largely migrant

Hispanics represent the majority of residents. PARTICIPANTS: Eighty two mothers of 1--4 year old children. RESULTS: The 95% retention rate of an itinerant, hard to reach population suggests that minority participants may be receptive to culturally appropriate home visits. The intervention group demonstrated improved self efficacy for home safety behaviors ( $F(2, 77)=7.50, p=0.01$ ). Mothers with stronger self efficacy and fewer perceived barriers had fewer accessible in-home hazards. Observed home hazard predictors were: (a) never being married; (b) poor home repair, (c) lower self efficacy for safety behaviors; and (d) control group status. CONCLUSIONS: Safety items coupled with a home visit tailored to child age and maternal culture was an effective intervention in a hard to reach population. This study contributes to designing research for a monolingual population with limited local language proficiency and community residency. Injuries represent a major source of health disparities in these neglected populations.

Henry JK. Eliminating health inequities: national goals and developing programs. *J Obstet Gynecol Neonatal Nurs* 2001; 30(5):523-8.

Abstract: In the 20th century, infant and maternal mortality declined dramatically and the life span and quality of life for women and infants increased. At the end of the century, the rate of decline slowed and policy makers began to look for new ways to address the problem. A significant challenge now is to eliminate the persistent disparities in maternal and infant health among various racial and ethnic groups, particularly between black and white women and infants. To improve perinatal outcomes, programs are needed that focus on community-based interventions that reduce infant mortality across all racial and ethnic groups. Two promising programs that are expected to receive additional federal funding through the Children's Health Act are the Fetal and Infant Mortality Review Program and home visiting programs. Expansion of these programs may provide the vehicle to reduce disparities in maternal and infant mortality and morbidity. New programs are needed to meet the ambitious goals of Healthy People 2010.

Hens J, Vanderwinden JM, De Laet MH, Scheuermann DW, Timmermans JP. Morphological and neurochemical identification of enteric neurones with mucosal projections in the human small intestine. *J Neurochem* 2001; 76(2):464-71.

Abstract: Data on the axonal projections of enteric neurones in the human intestine are still scarce. The present study aimed to identify the morphology and neurochemical coding of enteric neurones in the human small intestine, which are involved in the innervation of the mucosa. The lipophilic neuronal tracer DiI was applied to one mucosal villus of small intestinal resection specimens. The tissue was kept in organotypic culture and subsequently processed for

immunohistochemistry. Neurones labelled from the mucosa were located in all ganglionated nerve networks, including the myenteric plexus. In all plexuses, at least five neurochemical types of neurones could be observed, i.e. SOM-IR neurones, SP-IR neurones, SOM/SP-IR neurones, VIP-IR neurones and neurones lacking immunoreactivity for any of these markers. Most of the DiI-labelled neurones were multidendritic; a minority of neurones could be identified as Dogiel type II cells, suggesting the existence of a subgroup of primary afferent neurones in the DiI-filled cell population. The ratio of labelled multidendritic neurones (assumed to be secretomotor) to labelled Dogiel type II neurones (assumed to be primary afferent) in the myenteric plexus is higher in large mammals (pig and human) than in small mammals (guinea pig). This might point to the existence of a different topographical distribution of subsets of primary afferent neurones and/or topographically distinct intrinsic mucosal reflex circuits in large mammals, including humans.

Henthorn JS, Almeida AM, Davies SC. Neonatal screening for sickle cell disorders. *Br J Haematol* 2004; 124(3):259-63.

Herbert MA, Beveridge CJ, Saunders NJ. Bacterial virulence factors in neonatal sepsis: group B streptococcus. *Curr Opin Infect Dis* 2004; 17(3):225-9.

Abstract: PURPOSE OF REVIEW: Group B streptococcus is a leading cause of neonatal pneumonia, septicaemia and meningitis. Up to one quarter of women in labour are now given intravenous antibiotics to prevent early-onset disease by the organism, a situation that will remain constant until a successful vaccine is available. From a molecular understanding of the pathogenicity of group B streptococcus we may be able to devise novel means for controlling disease, such as identifying inhibitors of key metabolic pathways or regulatory networks. This review summarizes our post-genomic knowledge of the regulation, metabolism and virulence of group B streptococcus. RECENT FINDINGS: Although advances have been made in the understanding of classic group B streptococcus virulence traits, such as capsular polysaccharide, beta-haemolysin, C5a peptidase, adhesins and immunogenic surface proteins, the major recent contribution to group B streptococcus pathogenesis has been the whole genome sequencing of three group B streptococcus strains, representing serotypes Ia, III and V. From these genomes, we not only see where the classic virulence genes map, but we can also gain insights into the metabolism and regulation of the organism and how these affect its virulence. SUMMARY: Knowledge of virulence factors and the organism's metabolism and gene regulation offers opportunities to find novel means of preventing group B streptococcus infection in babies.

Hermer L. Paradigms revised: intersex children, bioethics & the law. *Ann Health Law* 2002; 11:195-236, table of contents.

Notes: GENERAL NOTE: KIE: 210 fn.  
GENERAL NOTE: KIE: KIE Bib: informed consent; patient care/minors

Abstract: Ms. Hermer explores the controversy surrounding the management of intersex infants and children in America. Her focus on the areas of medical malpractice and informed consent leads her to the conclusion that contrary to some recommendations, a moratorium on cosmetic genital and sex assignment surgeries for infants and children is not warranted. Rather, providers should focus on offering parents with complete information, referrals to support groups and forthright discussions on the dearth of information available.

Hernandez Robles M, Ramirez Enriquez C, Gonzalez Diaz SN, Canseco Gonzalez C, Arias Cruz A, del Castillo O. [Psychological profile of the pediatric asthma patient]. *Rev Alerg Mex* 2002; 49(1):11-5.

Abstract: BACKGROUND: When a child develops asthma symptoms, several changes in his/her behavior, in his/her family and in his/her social environment begin. OBJECTIVE: To identify the most frequent personality traits and psychological disturbances in asthmatic children and adolescents. MATERIAL AND METHODS: A transversal, observational and descriptive study was performed on 85 asthmatic children and adolescents ages from 5 to 18 years old that attended a questionnaire, and a graphic test on 77 of those children, which consisted on drawing two pictures. Such pictures were analyzed by a psychotherapist to determine the personality traits and the psychological disturbance present in these individuals. RESULTS: All the children answered positively at least one of the questions which detect data related to depression in the questionnaire, being the more frequent: easy anger (40%), insomnia (29%), sadness (15%), auto-aggression or suicide ideas (11%) and loss of appetite (6%). According to graphic test interpretation, 39% of children showed a depression disturbance, 29% adaptation disturbance with depression symptoms, and 12% an adaptation disturbance. In addition, we found that 2 children were victim of abuse and negligence into their families. CONCLUSION: The 100% of the evaluated asthmatic children and adolescents, showed data related to depression presence.

Herrenkohl EC, Herrenkohl RC, Egolf BP. The psychosocial consequences of living environment instability on maltreated children. *Am J Orthopsychiatry* 2003; 73(4):367-80.

Abstract: The relationship between stability of living arrangements and adolescent deviance was examined for 212 adolescents in a longitudinal study of maltreated and non maltreated children. Transitions in caretakers and residences have a statistically significant

relationship to 5 indicators of adolescent deviant behavior. While maltreatment in childhood poses a risk for later deviance in adolescence, the risk can be even greater for those who have experienced more transitions while growing up.

Herrera VM, McCloskey LA. Gender differences in the risk for delinquency among youth exposed to family violence. *Child Abuse Negl* 2001; 25(8):1037-51. Abstract: OBJECTIVE: The purpose of this research was to illuminate gender differences in adolescent delinquency against a backdrop of childhood exposure to both marital violence and physical child abuse. Specifically, analyses were performed to trace the unique effects of exposure to either form of family violence (marital or child) on the violent and nonviolent delinquency of boys and girls. METHOD: This is a prospective study of 299 children who were interviewed with their mothers in 1991 about forms of abuse in the family. Approximately 5 years later a search of juvenile court records was performed for these same children. Details on the nature of the crimes were collected. Outcome variables included: (1) whether there was ever an arrest; and (2) whether there was ever an arrest for a violent crime. RESULTS: Preliminary analyses indicated no gender differences in overall referral rates to juvenile court, although boys were more likely than girls to be referred for property, felony, and violent offenses. Exposure to marital violence in childhood predicted referral to juvenile court. Girls with a history of physical child abuse were arrested for violent offenses more than boys with similar histories, but the context of violent offenses differed dramatically by gender: Nearly all referrals for a violent offense for girls were for domestic violence. CONCLUSIONS: Although boys and girls share similar family risk factors for delinquency, girls are more likely than boys to be arrested for violent offenses in the aftermath of child physical abuse. These findings suggest that it takes more severe abuse to prompt violence in girls than is necessary to explain boys' violent offending.

Herskovits EH, Gerring JP. Application of a data-mining method based on Bayesian networks to lesion-deficit analysis. *Neuroimage* 2003; 19(4):1664-73. Abstract: Although lesion-deficit analysis (LDA) has provided extensive information about structure-function associations in the human brain, LDA has suffered from the difficulties inherent to the analysis of spatial data, i.e., there are many more variables than subjects, and data may be difficult to model using standard distributions, such as the normal distribution. We herein describe a Bayesian method for LDA; this method is based on data-mining techniques that employ Bayesian networks to represent structure-function associations. These methods are computationally tractable, and can represent complex, nonlinear structure-function associations. When applied to the evaluation of data obtained from a study of the

psychiatric sequelae of traumatic brain injury in children, this method generates a Bayesian network that demonstrates complex, nonlinear associations among lesions in the left caudate, right globus pallidus, right side of the corpus callosum, right caudate, and left thalamus, and subsequent development of attention-deficit hyperactivity disorder, confirming and extending our previous statistical analysis of these data. Furthermore, analysis of simulated data indicates that methods based on Bayesian networks may be more sensitive and specific for detecting associations among categorical variables than methods based on chi-square and Fisher exact statistics.

Hertz-Pannier L, Chiron C, Jambaque I *et al.* Late plasticity for language in a child's non-dominant hemisphere: a pre- and post-surgery fMRI study. *Brain* 2002; 125(Pt 2):361-72.

Abstract: The ability of the right hemisphere to sustain the acquisition or the recovery of language after extensive damage to the left hemisphere has been essentially related to the age at the time of injury. Better language abilities are acquired when the insult occurs in early childhood (perinatal insults) compared with later occurrence. However, while previous studies have described the neuropsychological pattern of language development in typical cases, the neural bases of such plasticity remain unexplored. Non-invasive functional MRI (fMRI) is a unique tool to assess the neural correlates of brain plasticity through repeated studies, but the technique has not been widely used in children because of methodological limitations. Plasticity of language was studied in a boy who developed intractable epilepsy related to Rasmussen's syndrome of the left hemisphere at age 5 years 6 months, after normal language acquisition. The first fMRI study at age 6 years 10 months showed left lateralization of language networks during a word fluency task. After left hemispherotomy at age 9 years, the child experienced profound aphasia and alexia, with rapid recovery of receptive language but slower and incomplete recovery of expressive language and reading. Postoperative fMRI at age 10 years 6 months showed a shift of language-related networks to the right during expressive and receptive tasks. Right activation was seen mainly in regions that could not be detected preoperatively, but mirrored those previously found in the left hemisphere (inferior frontal, temporal and parietal cortex), suggesting reorganization in a pre-existing bilateral network. In addition, neuropsychological data of this case support the hypothesis of innately more bilateral distribution of receptive than expressive language. This first serial fMRI study illustrates the great plasticity of the child's brain and the ability of the right hemisphere to take over some expressive language functions, even at a relatively late age. It also suggests a limit for removal of the dominant hemisphere beyond the age of 6 years, a classical limit for the critical period of language acquisition.

Hertz-Pannier L, Chiron C, Vera P *et al.* Functional imaging in the work-up of childhood epilepsy. *Childs Nerv Syst* 2001; 17(4-5):223-8.

Abstract: In children with medically intractable lesional epilepsy, surgery is deemed successful if the epileptogenic focus can be removed while major neurological functions are spared. Current techniques rely on invasive intracranial recordings. The new developments in functional imaging offer the possibility of localizing the epileptogenic focus noninvasively (PET/SPECT) and mapping cognitive functions (fMRI). Ictal SPECT shows hyperperfusion in the focus and has proved to have better localizing value than interictal PET or SPECT, which show focal hypometabolism or hypoperfusion. Ictal SPECT is useful for deciding on the placement of intracranial electrodes in extratemporal epilepsies, particularly in young children. Functional MRI has proved highly accurate for localizing motor and language networks, thus offering the possibilities of replacing the Wada test (language hemispheric lateralization) and studying postlesional brain plasticity. Despite the difficulties of functional imaging in children owing to the limited cooperation that can be expected, ethical constraints, and poor normative data, SPECT/PET and fMRI provide clinically useful information for presurgical work-up of childhood epilepsies.

Hess CR, Papas MA, Black MM. Use of the Bayley Infant Neurodevelopmental Screener with an environmental risk group. *J Pediatr Psychol* 2004; 29(5):321-30.

Abstract: OBJECTIVE: To determine predictive validity of the Bayley Infant Neurodevelopmental Screener (BINS) during the first 2 years of life with a group of children at risk for developmental delay due to environmental risk factors. METHOD: The setting consisted of home visits to participants. The BINS was administered to 106 children, ages 6 and 13 months, of low-income, African American, adolescent mothers. Three risk groups were identified: low, moderate, and high. The Bayley Scales of Infant Development, second edition (BSID-II), were administered at 24 months and served as the criterion standard. A cut score of 85 (1.00 SD below mean) represented a clinically meaningful indicator of delayed development on the mental and psychomotor developmental indices, as well as a composite of these indices. Two other cut scores on the BSID-II were also included for comparison: 90 (0.75 SD below mean) and 77 (1.50 SD below mean). RESULTS: Using BSID-II scores at 24 months as the criterion measure, 6- and 13-month BINS scores yielded low sensitivity values but high specificity values, regardless of how BINS risk groups were defined and which cut points on the BSID-II were used. Positive predictive value was higher when the cut score was set below 90 than when it was set below 85. CONCLUSIONS: Low predictive validity of the BINS with an environmental risk group highlights the difficulties inherent in developmental screening among infants who have environmental, but not biological,

- risk factors. Because infants at environmental risk tend to experience developmental declines after infancy, it may be beneficial for primary care providers to use psychosocial screening tools to identify which children need closer monitoring and referral to enrichment programs to prevent developmental declines during toddlerhood.
- Hester JD. Intersex(es) and informed consent: how physicians' rhetoric constrains choice. *Theor Med Bioeth* 2004; 25(1):21-49. Notes: GENERAL NOTE: KIE: KIE Bib: informed consent; patient care/minors Abstract: When a child is born with ambiguous genitalia it is declared a psychosocial emergency, and the policy first proposed by John Money (Johns Hopkins University) and adapted by the American Academy of Pediatrics (and more broadly accepted in Canada, the U.K., and Europe) requires determination of underlying condition(s), selection of gender, surgical intervention, and a commitment by all parties to accept the "real sex" of the patient, all no later than 18-24 months, preferably earlier. Ethicists have recently questioned this protocol on several grounds: lack of medical necessity, violation of informed consent, uncertainty of standards of success, among others. This suggests that the faults in the protocol can be addressed and improved. Through a rhetorical approach informed by Perelman/Olbrechts-Tyteca, the disciplinary pathologization and reconstruction of the body are explored as incidents of constraining rhetoric that enact their persuasion upon the body of intersexed children. This essay shows that the presumptions, judgments, values, and presuppositions brought by the physician to the identification, diagnosis, and curative procedures create a network of constraints that exclude alternative possibilities. The result is a situation wherein parents, physicians, and intersexed patients have "no choice" but to accept the medical treatment guidelines.
- Hewson B. Killing off Mary: was the Court of Appeal right? *Med Law Rev* 2001; 9(3):281-98. Notes: GENERAL NOTE: KIE: Hewson, Barbara GENERAL NOTE: KIE: 74 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors
- Hewson B. Must HIV-positive women give birth in hospital? *Pract Midwife* 2002; 5(10):4-5.
- Hey E. Suspected child abuse: the potential for justice to miscarry. *BMJ* 2003; 327(7410):299-300.
- Hey E, Fleming P, Sibert J. Learning from the sad, sorry saga at Stoke. *Arch Dis Child* 2002; 86(1):1-3.
- Hicks R. Relating to methodological shortcomings and the concept of temporary brittle bone disease. *Calcif Tissue Int* 2001; 68(5):316-9.
- Higgins LP, Hawkins JW. Screening for abuse during pregnancy: implementing a multisite program. *MCN Am J Matern Child Nurs* 2005; 30(2):109-14. Abstract: Screening for abuse at every healthcare visit is a standard of practice promulgated by many healthcare professional organizations. The need for such screening is underscored by reports of homicide as a leading cause of maternal mortality during pregnancy and the first year of the baby's life in Massachusetts and Maryland, and by the calculation of the costs of intimate partner violence in the United States. This article discusses how we addressed problems that arose in implementing screening for abuse in 13 different sites as a part of a clinical nursing research project. Engaging in clinical nursing research necessitates close relationships with clinical agencies and their staff members. This often means establishing and maintaining relationships with all nurses caring for patients in each clinical unit serving as a study site. For research on abuse during pregnancy, our study team members were engaged in interactions with prenatal care providers at 13 different study sites. Central to the study was implementing use of a standardized abuse screening tool, the Abuse Assessment Screen, at each study site. This article also describes the lessons we learned in attempting to implement such a large scale change in clinical practice.
- Higgins SS. Parental role in decision making about pediatric cardiac transplantation: familial and ethical considerations. *J Pediatr Nurs* 2001; 16(5):332-7. Abstract: Parents of children with complex or terminal heart conditions often face agonizing decisions about cardiac transplantation. There are differences in the level of involvement that parents prefer when making such decisions. The purpose of this study was to identify and describe parents' preferences for their roles in decisions related to cardiac transplantation. A prospective ethnographic method was used to study 24 parents of 15 children prior to their decision of accepting or rejecting the transplant option for their children. Findings revealed that the style of parent decision making ranged from a desire to make an independent, autonomous choice to a wish for an authoritarian, paternalistic choice. Nurses and physicians can best support families in this situation, showing sensitivity to the steps that parents use to make their decisions. An ethical model of decision making is proposed that includes respect for differences in beliefs and values of all persons involved in the transplantation discussion.
- Hilal A, Cekin N, Gulmen MK, Ozdemir MH, Karanfil R. Homicide in Adana, Turkey: a 5-year review. *Am J Forensic Med Pathol* 2005; 26(2):141-5. Abstract: Violence is a significant public health problem. Thus, so as to prevent this problem, homicide, the severest form of violence depriving a human being of his right to live, deserves a detailed examination. This study is a retrospective research

examining the 2951 cases of medicolegal autopsies in Adana during a period of 5 years (1997-2001). Among these cases, 620, which were determined to be homicidal, were taken into the scope of this study. The cases were examined with respect to sex, age groups, the method used during the act of homicide, the number and the localization of the wounds on the body. A total of 620 (21%) of the medicolegal autopsies conducted within this period were homicides. Of these cases, 515 (83.06%) were male and 105 (16.94%) female, and the rate of the males to females was 4.9; 72.74% of the victims were between the ages of 21 and 50. It was seen that 54.83% of the homicides involved firearms, while 35.16% of the victims were stabbed to death with a cutting object. It was also determined that the victims suffered a single wound in 47.35% of firearm-related murders and 29.35% of stabbings resulted in death. Alcohol was found in the blood of 7.58% of the homicide victims, while none had any illicit drugs.

Hildebrand P. Prospero's paper. *Int J Psychoanal* 2001; 82(Pt 6):1235-46.

Abstract: The writer proposes that the interplay between the hermeneutics of psychoanalysis and literature can illuminate understanding of the transference and countertransference at large in an analytic treatment. Writing about the work with a young woman who had been persistently sexually abused as a child and who developed anorexia in her adolescence so severe that her life was endangered both by the illness and by attempts at suicide, the author finds his reading of Shakespeare's *The Tempest* a powerful informant to the work. Interpreting the object relations represented by Prospero and Miranda and the process of their integration into new mental structures lends the analytic work an additional level of understanding, in particular in relation to the oedipal bond between patient and analyst. When the analyst is confronted by the imminence of his own death towards the end of the analysis, his reading of Prospero's relinquishment of his magical powers and his release of his daughter into sexual maturity and independence helps the patient to replace her destructive inner objects with more reparative and benign ones as she develops a capacity for concern and mourning.

Hill DJ. The morality of the separation of the conjoined attard twins of Manchester. *Health Care Anal* 2005; 13(3):163-76.

Notes: GENERAL NOTE: KIE: 7 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors  
Abstract: I argue that the separation of the conjoined Attard twins of Manchester was not morally justified as it involved intentionally internally affecting ("invading") the body of the weaker twin without permission and without any advantage to her.

Hill J. Biological, psychological and social processes in the

conduct disorders. *J Child Psychol Psychiatry* 2002; 43(1):133-64.

Abstract: BACKGROUND: This paper reviews recent evidence on the causes and maintenance of aggressive and disruptive behaviours in childhood and adolescence. It considers the relative merits of several different ways of conceptualising such problems, in relation to the contribution of biological, psychological and social factors. METHOD: It focuses on conduct problems appearing in young childhood, which greatly increase the likelihood of persistent antisocial behaviours in adolescence and adult life in association with wider interpersonal and social role impairments. It considers the contribution of individual factors, including impaired verbal skills, deficits in executive functions, and an imbalance between behavioural activation and inhibition systems. These are viewed in interaction with commonly associated environmental disadvantages such as hostile or intrusive parenting. The roles of attributional biases, unrealistic self-evaluations, and insecure attachment are considered in relation to affect regulation, and effective social action. The contributions of the wider social environments of peers, neighbourhood and socio-economic conditions are evaluated. CONCLUSIONS: The paper concludes that, although considerable progress has been made over the past ten years, there is a need to further refine our conceptualisation of the behaviours to be explained, to develop a coherent theory of the causal and maintaining processes, and to carry out prospective studies with adequate numbers of high risk children.

Hill NE, Bush KR, Roosa MW. Parenting and family socialization strategies and children's mental health: low-income Mexican-American and Euro-American mothers and children. *Child Dev* 2003; 74(1):189-204.

Abstract: The extent to which current theories on family-related factors associated with children's depression and conduct problems are applicable to Mexican American children was examined among demographically comparable samples of low-income Mexican American (English and Spanish speaking) and Euro-American mothers and children. There were ethnic differences in mean levels of children's depression, maternal inconsistent discipline, and hostile control. In addition, there were differences across language within the Mexican American sample on levels of reported maternal inconsistent discipline and hostile control. The vast majority of relations between parenting and mental health were similar between Mexican Americans and Euro-Americans, suggesting that current theories do apply across ethnic groups. However, analyses across language within the Mexican American sample showed that language preference moderated the relation between maternal acceptance and children's conduct problems. Moreover, the relation between acceptance and hostile control differed across groups. These results are discussed in light of the relative influence of ethnicity and other contextual variables on parenting and children's mental

health.

Hill NE, Herman-Stahl MA. Neighborhood safety and social involvement: associations with parenting behaviors and depressive symptoms among African American and Euro-American mothers. *J Fam Psychol* 2002; 16(2):209-19.

Abstract: The relation between neighborhood characteristics and parenting and the mediating role of maternal depressive symptoms was examined among African American and Euro-American mothers of kindergarten children. Mothers' ratings of neighborhood safety were related to disciplinary strategies for both African American and Euro-American mothers but not to expressions of affection. Interviewers' ratings of safety were related to mothers' use of hostile socialization strategies. Both mothers' and interviewers' reports of safety were linked with maternal depressive symptoms. Depressive symptoms mediated the relation between neighborhood safety and inconsistent discipline, suggesting that the influence of safety on inconsistent discipline was due to its impact on maternal depression. Although there were similarities across ethnic groups, the relation between social involvement and mothers' withdrawal of interactions with their children differed across groups.

Hill S, Hill A, Hampton D. Videoconferencing in a hospital school: removing barriers. *J Audio Media Med* 2004; 27(2):58-61.

Abstract: Videoconferencing has enhanced the learning experiences of children who, as a result of medical difficulties, have attended James Brindley School. The School is based in thirteen hospitals and specialist units across Birmingham, and provides educational opportunities for children from 3 to 19 years of age. At one of these sites, the Diana, Princess of Wales, Children's Hospital, the use of videoconferencing has been extremely effective in practice, and experiences suggest that it should be adopted as a fundamental tool by those who wish to develop and enhance the educational process in similar environments.

Hill SY, Shen S. Neurodevelopmental patterns of visual P3b in association with familial risk for alcohol dependence and childhood diagnosis. *Biol Psychiatry* 2002; 51(8):621-31.

Abstract: BACKGROUND: The P3b component of the event-related potential (ERP) has frequently been reported to be reduced in children and adolescents at high risk for developing alcoholism relative to control children and adolescents without familial loading for alcohol dependence. P300 amplitude changes during development for all children. Previously it has been shown that high-risk offspring display a pattern in which the amplitude is lower at age 8 with a smaller rate of change during adolescence. METHODS: Admixture analysis was applied to data obtained for those children and adolescents having five or more

annual assessments of ERPs to determine if multiple P3b growth patterns exist. The P3b amplitude patterns obtained were related to risk status, concurrent presence of childhood psychopathology (internalizing or externalizing), and age of onset to develop a diagnosis. RESULTS: A pattern characterized by lower P3b amplitude at study entry and a slower rate of change during child and adolescent development (pattern 3) was most often associated with high-risk status in boys and high-risk status in combination with the presence of a childhood diagnosis in girls. Pattern 3 was significantly related to the overall presence of childhood psychopathology (internalizing or externalizing) and to the presence of an Axis I diagnosis at young adult follow-up. CONCLUSIONS: The developmental pattern previously described for offspring at high risk for developing alcoholism because of their familial/genetic background was confirmed. Admixture analysis has refined this observation and suggests that among all children and adolescents tested, three developmental patterns can be identified, one of which is most often seen in association with male high-risk children and adolescents.

Hill TD, Angel RJ. Neighborhood disorder, psychological distress, and heavy drinking. *Soc Sci Med* 2005; 61(5):965-75.

Abstract: Studies show that residents of disadvantaged neighborhoods drink more heavily than residents of more affluent neighborhoods. However, explanations for this association are not well developed. Using data collected from a sample of low-income women with children from Boston, Chicago, and San Antonio, we explore the possibility that perceptions of neighborhood disorder encourage heavy drinking. Drawing on Conger's (Q. J. Stud. Alcohol 17 (1956) 296) tension reduction hypothesis, we propose that the stress of living in a neighborhood characterized by problems with drugs, crime, teen pregnancy, unemployment, idle youth, abandoned houses, and unresponsive police can be psychologically distressing and lead some people to consume alcohol as a means of palliative escape, to regulate feelings of anxiety and depression. In support of the tension reduction hypothesis, we find that the positive association between neighborhood disorder and heavy drinking is largely mediated by anxiety and depression.

Hinden BR, Biebel K, Nicholson J, Mehnert L. The Invisible Children's Project: key ingredients of an intervention for parents with mental illness. *J Behav Health Serv Res* 2005; 32(4):393-408.

Abstract: This study used a collective case study design to identify key ingredients of the Invisible Children's Project, an intervention program for families in which a parent has a mental illness. Data were obtained from interviews with parents and service providers, and from family file records. Qualitative analyses were used to generate hypotheses regarding key ingredients and



targeted outcomes, and to develop a testable intervention model. Key ingredients were defined as core processes, essential services, and mediators. Strong convergence across parents and providers suggested core processes defined by family-centered, strengths-based, emotionally supportive, and comprehensive approaches; essential services including family case management, 24-hour crisis services, access to flexible funds, liaison and advocacy, and mediators reflecting parent-provider trust and communication/cooperation, provider-provider trust, adoption of strengths-based approaches, development of appropriate treatment plans, parent engagement, and parent self-esteem/self-efficacy. A model of the intervention is presented, and results are discussed with respect to research and policy implications.

Hinman AR. Immunization, equity, and human rights. *Am J Prev Med* 2004; 26(1):84-8.  
Notes: GENERAL NOTE: KIE: 24 refs.  
GENERAL NOTE: KIE: KIE Bib: immunization  
Abstract: There is much to be proud of with respect to progress in childhood immunization in the United States and around the world. However, the good fortune is not yet shared by all. There is more to be done in the United States, and much more to be done around the world to ensure that all children of the world enjoy the right to immunization.

Hinshaw SP. Process, mechanism, and explanation related to externalizing behavior in developmental psychopathology. *J Abnorm Child Psychol* 2002; 30(5):431-46.  
Abstract: Advances in conceptualization and statistical modeling, on the one hand, and enhanced appreciation of transactional pathways, gene-environment correlations and interactions, and moderator and mediator variables, on the other, have heightened awareness of the need to consider factors and processes that explain the development and maintenance of psychopathology. With a focus on attentional problems, impulsivity, and disruptive behavior patterns, I address the kinds of conceptual approaches most likely to lead to advances regarding explanatory models in the field. Findings from my own research program on processes and mechanisms reveal both promise and limitations. Progress will emanate from use of genetically informative designs, blends of variable and person-centered research, explicit testing of developmental processes, systematic approaches to moderation and mediation, exploitation of "natural experiments," and the conduct of prevention and intervention trials designed to accentuate explanation as well as outcome. In all, breakthroughs will occur only with advances in translational research-linking basic and applied science-and with the further development of transactional, systemic approaches to explanation.

Hipwell AE, Loeber R, Stouthamer-Loeber M, Keenan K, White HR, Kroneman L. Characteristics of girls with early onset disruptive and antisocial behaviour. *Crim Behav Ment Health* 2002; 12(1):99-118.  
Abstract: BACKGROUND: Crime, particularly among juvenile females, has increased in recent years. Little is known, however, about the development and precursors in childhood of female delinquent behaviour. This is primarily due to a lack of consensus on how to define and assess female antisocial behaviour, and a lack of studies using sufficiently large samples. METHOD: A community sample of 2451 girls between the ages of five and eight years were recruited into a longitudinal study following the enumeration of 103,238 households in the city of Pittsburgh. Data on disruptive and antisocial behaviours were collected from parents, teachers and children during the first wave of the study. RESULTS: Prevalence rates of disruptive disorders varied by choice of informants and measurement thresholds. The prevalence of most disruptive behaviours was similar across the four age cohorts. Where there were differences, parents of younger girls tended to report fewer problematic behaviours compared with parents of older girls. Teachers reported more disruptive behaviours than parents and, by their reports, older girls were more likely to show oppositional/defiant behaviour and relational aggression than younger girls. Girls scoring highly on several domains relative to their peers were over-represented in disadvantaged neighbourhoods. CONCLUSIONS: A range of disruptive disorders are present among a subgroup of females at an early age, particularly among girls in the most disadvantaged neighbourhoods. Longitudinal follow-up is required to examine the developmental trajectories and predictive utility of these behaviours. The implications for clinical interventions are discussed.

Hirsch BJ, Mickus M, Boerger R. Ties to influential adults among black and white adolescents: culture, social class, and family networks. *Am J Community Psychol* 2002; 30(2):289-303.  
Abstract: Although prior research suggests the importance of nonparental adults to adolescents, the ecological context of those relationships has received little attention. This study examined ties to influential adults among 122 adolescents who varied by race, family structure, and gender. The strongest effects were for race. Blacks reported stronger ties than Whites to the maternal grandmother as well as more supportive interactions with adult males. While race differences in grandparental ties were robust across social class (SES), ties to an influential adult male became nonsignificant upon controlling for SES. African American girls from divorced families consistently reported the strongest ties. Discussion considers the role of culture versus SES in explaining race differences. Implications for mentoring interventions are proposed, with special attention to the role of

actualizing latent ties to already existing network members.

Hiscock H, Wake M. Randomised controlled trial of behavioural infant sleep intervention to improve infant sleep and maternal mood. *BMJ* 2002; 324(7345):1062-5.

Abstract: OBJECTIVE: To compare the effect of a behavioural sleep intervention with written information about normal sleep on infant sleep problems and maternal depression. DESIGN: Randomised controlled trial. SETTING: Well child clinics, Melbourne, Australia. PARTICIPANTS: 156 mothers of infants aged 6-12 months with severe sleep problems according to the parents. MAIN OUTCOME MEASURES: Maternal report of infant sleep problem; scores on Edinburgh postnatal depression scale at two and four months. INTERVENTION: Discussion on behavioural infant sleep intervention (controlled crying) delivered over three consultations. RESULTS: At two months more sleep problems had resolved in the intervention group than in the control group (53/76 v 36/76,  $P=0.005$ ). Overall depression scores fell further in the intervention group than in the control group (mean change -3.7, 95% confidence interval -4.7 to -2.7, v -2.5, -1.7 to -3.4,  $P=0.06$ ). For the subgroup of mothers with depression scores of 10 and over more sleep problems had resolved in the intervention group than in the control group (26/33 v 13/33,  $P=0.001$ ). In this subgroup depression scores also fell further for intervention mothers than control mothers at two months (-6.0, -7.5 to -4.0, v -3.7, -4.9 to -2.6,  $P=0.01$ ) and at four months (-6.5, -7.9 to 5.1 v -4.2, -5.9 to -2.5,  $P=0.04$ ). By four months, changes in sleep problems and depression scores were similar. CONCLUSIONS: Behavioural intervention significantly reduces infant sleep problems at two but not four months. Maternal report of symptoms of depression decreased significantly at two months, and this was sustained at four months for mothers with high depression scores.

Hjalmarsson L, Corcos M, Jeammet P. [Selective serotonin reuptake inhibitors in major depressive disorder in children and adolescents (ratio of benefits/risks)]. *Encephale* 2005; 31(3):309-16. Abstract: Major depressive disorder in children and adolescents is associated with high risk of suicide and persistent functional impairment. While psychological treatments are used as a first line treatment in mild and moderately severe depression in this age group, the number of prescriptions for antidepressant medication (SSRI) has grown in recent years. Recently, FDA and MHRA advised that most of SSRI should not be used to treat MDD under the age of 18 years. They may increase the risk of suicidal thoughts and self harm. We reviewed the recent literature on efficacy and suicide risks of SSRI in depressed young people. Conflicting findings of SSRI efficacy have been reported in clinical studies. The discrepancies could be related to the heterogeneous samples and the absence of a standard

definition of treatment effectiveness. In randomised placebo-controlled antidepressant clinical trials (RCT), the assessment of treatment effectiveness is commonly made with the CDRS-R (improvement of 20% or 30% or 40%) and CGI. SSRI demonstrated significantly, but modest, improvement compared with placebo in CGI score of 1 or 2: 10% more for sertraline, 16.8% more for paroxetine and between 16 to 24% more for fluoxetine. In adults, RCT studies have shown placebo response rates of 30% to 50%, drug response rates of 45% to 50% and drug-placebo differences of 18% to 25%. The highest placebo response rates, in young people, may be related to the highly selected group not representative of the general population of depressed patients and/or to the high youths' sensibility of psychotherapy. Patients participating in antidepressant clinical trials have a low BDI and CDI in Emslie's study for example (2002). In adults, previous reports suggest that SSRI use is associated with increased suicidal risk. But the analyse of 48 277 depressed patients participating in RCT for nine FDA approved antidepressants fail to support an overall difference in suicide risk between antidepressants (SSRI) and placebo treated subjects. An inverse relationship between regional change in use of antidepressants (increased) and suicide (decreased) is found in young - people in United States from 1990 and 2000. We can not draw a conclusion from few studies with few - participants. None suicide have been reported in pharmacological studies. And the link between "suicidality" and MDD can not be excluded. The instruments of assessment in depressed young patients are based on extensions of adult procedures. Whereas clinical picture of MDD in children, adolescents and adults have some differences. Depressed youngsters have more pronounced mood lability. Depressed adolescents have more anhedonia than depressed children. Future investigations into the efficacy and safety of treatments for children and adolescents depression should use specific instruments directly built on phenomenological and clinical picture of depressed children and adolescents. Comparison studies of pharmacotherapy, specific psychotherapies (not only CBT) and combined therapies are necessary to identify the adolescents who will benefit the most from specific or combined therapies. Further studies into the factors that influence treatment outcome including clinical picture (clinical dimensions, severity, duration, co morbidity), genetic factor, age, and illness course may help identify appropriate treatments for children and adolescents with MDD. Studies should include patients more severely ill, with associated psychiatric troubles, treatment resistance, history of relapses... In clinical studies, the link between "suicidality" and some clinical dimensions (which take part in clinical picture or not) must be analysed by assessing anhedonia, hopelessness feel, impulsive trait, borderline personality, familial inter-action, biological indices. New treatment should be expand and their efficacy and safety must be study: St John's worth,

Bright light therapy, Trans-cranial Magnetic Stimulation. In practice: suicide and MDD have a strongest relation and it must be investigated systematically during the course of MDD. The suicide risk increases in the context of past history of suicide attempts, hopelessness, psychosis, impulsivity traits, substance abuse, familial dysfunction, life events, open access of arms. The use of SSRI in depressed children and adolescents is also the question of the quality and the support of the consultant and the mode of the prescription.

Hjort B. On the line. Listing reported abuse cases on the accounting of disclosures (AoD). *J AHIMA* 2004; 75(9):73, 75.

Hladek GA. Cochlear implants, the deaf culture, and ethics: a study of disability, informed surrogate consent, and ethnocide. *Monash Bioeth Rev* 2002; 21(1):29-44. Notes: GENERAL NOTE: KIE: 23 fn. GENERAL NOTE: KIE: KIE Bib: biomedical technologies; patient care/minors Abstract: The use of cochlear implants in born-deaf infants addresses the issues of disability, proxy consent, and potential ethnocide of the Deaf culture. The ethical issues explored in this paper are: 1) the disability versus trait argument of deafness, 2) parents versus Deaf community in proxy consent, 3) justification for surgical intervention in a non-life threatening condition, and 4) justification for ethnocide. Decisions for non-competent individuals should be made to assure the child of an open future, with rights that need to be protected now, so that the child can exercise them later as an adult. Cochlear implants provide the potential of an open future and are morally justified on that basis.

Ho NK. Neonatology in Singapore: the way we were, the way forward. *Ann Acad Med Singapore* 2003; 32(3):311-7.

Abstract: Singapore has a maternity hospital since 1924, but for many decades the newborns could only receive basic care. Neonatal and perinatal mortality rates were high. Marked improvement in neonatal care began from the 1980s when many neonatal departments were set up to provide intensive care. Improved socioeconomic status, better healthcare facilities, effective infection control, immunisation programmes and availability of potent antibiotics contributed to the decline of perinatal and neonatal mortality. Following the implementation of the glucose-6-phosphate dehydrogenase (G6PD) deficiency screening programme, severe neonatal jaundice and kernicterus were largely reduced. Exchange blood transfusions initiated in the 1960s and phototherapy in the 1970s had saved many babies. Kernicterus is almost not seen now. With more neonatal-trained staff, organised resuscitation teams, advances in respiratory management and better

monitoring equipment, more babies have survived. Closer cooperation between obstetricians and neonatologists was a great leap forward towards perinatal medicine. Physicians should endeavour to reduce the incidence and prevalence of birth defects and metabolic errors. Perinatal asphyxia should be promptly detected and managed effectively, including neuroprotective strategies. There should be markers to predict the outcome of asphyxiated babies for decision-making. Neonatologists should be mindful of safe introduction of new technologies and rapid diagnostic techniques for infections, including group B streptococcal screening and chemoprophylaxis when required. Other current issues include prevention of major morbidities, preservation of brain function, improved neurodevelopmental outcome of premature babies, use of blood substitutes, optimal nutrition, fetal surgery, evidence-based medicine, better information systems, avoidance of medication errors, adequate sedation and pain relief of the baby, and the use of nitric oxide. One should bear in mind the need to enhance the neonatal intensive care environment, improve non-invasive monitoring and minimise invasive procedures. Physicians should prioritise neonatal care for their country and utilise less costly neonatal care. Ethical issues in neonatology that arise following advancement in neonatal care deserve attention. Advances in life sciences, such as the completion of the human genome project, cloning of tissues and organs, human stem cell research and technology, gene therapy, deoxyribonucleic acid vaccines and nanomedicine, should benefit neonatology.

Hobbs C. The prevalence of child maltreatment in the United Kingdom. *Child Abuse Negl* 2005; 29(9):949-51.

Hobbs CJ. Abdominal injury due to child abuse. *Lancet* 2005; 366(9481):187-8.

Hock E, Hart M, Kang MJ, Lutz WJ. Predicting children's reactions to terrorist attacks: the importance of self-reports and preexisting characteristics. *Am J Orthopsychiatry* 2004; 74(3):253-62. Abstract: Forty-eight mothers and their 11-year-old children, who were participants in a longitudinal study, were interviewed in their home after the terrorist attacks of September 11, 2001. Children's verbatim statements were analyzed for fear, separation anxiety, denial, rationalization, anger, and empathy. In the final model, preexisting child anxiety and maternal worry significantly explained 33% of the variance in children's self-reported fearful feelings.

Hodgins S, Muller-Isberner R. Preventing crime by people with schizophrenic disorders: the role of psychiatric services. *Br J Psychiatry* 2004; 185:245-50. Abstract: BACKGROUND: Knowledge of when and

how to implement treatments to prevent criminal offending among people with schizophrenia is urgently needed. AIMS: To identify opportunities for interventions to prevent offending among men with schizophrenic disorders by tracking their histories of offending and admissions to hospital. METHOD: We examined 232 men with schizophrenic disorders discharged from forensic and general psychiatric hospitals. Data were collected from participants, family members and official records. RESULTS: More than three-quarters (77.8%) of the forensic patients had previously been admitted to general psychiatric services; 24.3% of the general psychiatric patients had a criminal record. Offences had been committed by 39.8% of the forensic patients and 10.8% of the general psychiatric patients before their first admission to general psychiatry, and after their first admission these 59 patients committed 195 non-violent and 59 violent offences. Subsequently, 49 of them committed serious violent offences that led to forensic hospital admission. The offenders were distinguished by a pervasive and stable pattern of antisocial behaviour evident from at least mid-adolescence. CONCLUSIONS: General psychiatry requires resources in order to prevent criminal offending among a subgroup of patients with schizophrenic disorders.

Hodnett ED, Fredericks S. Support during pregnancy for women at increased risk of low birthweight babies. *Cochrane Database Syst Rev* 2003; (3):CD000198. Abstract: BACKGROUND: Studies consistently show a relationship between social disadvantage and low birthweight. Many countries have programs offering special assistance to women thought to be at risk for giving birth to a low birthweight infant. These programs may include advice and counselling (about nutrition, rest, stress management, alcohol and recreational drug use), tangible assistance (eg transportation to clinic appointments, help with household responsibilities), and emotional support. The programs may be delivered by multidisciplinary teams of health professionals, by specially trained lay workers, or by a combination of lay and professional workers. OBJECTIVES: The objective of this review was to assess the effects of programs offering additional social support for pregnant women who are believed to be at risk for giving birth to preterm or low birthweight babies. SEARCH STRATEGY: We searched the Cochrane Pregnancy and Childbirth Group trials register (30 January 2003). SELECTION CRITERIA: Randomized trials of additional support during at-risk pregnancy by either a professional (social worker, midwife, or nurse) or specially trained lay person, compared to routine care. Additional support was defined as some form of emotional support (eg counselling, reassurance, sympathetic listening) and information/advice, either in home visits or during clinic appointments, and could include tangible assistance (eg transportation to clinic appointments, assistance with the care of other children at home).

DATA COLLECTION AND ANALYSIS: Reviewers independently assessed trial quality and extracted data. Double data entry was performed. Study authors were contacted to request additional information. MAIN RESULTS: Sixteen trials involving 13,651 women were included. The trials were generally of good to excellent quality, although 3 used an allocation method likely to introduce bias. Programs offering additional social support for at-risk pregnant women were not associated with improvements in any perinatal outcomes, but there was a reduction in the likelihood of caesarean birth and an increased likelihood of elective termination of pregnancy. Some improvements in immediate maternal psychosocial outcomes were found in individual trials. REVIEWER'S CONCLUSIONS: Pregnant women need the support of caring family members, friends, and health professionals. While programs which offer additional support during pregnancy are unlikely to prevent the pregnancy from resulting in a low birthweight or preterm baby, they may be helpful in reducing the likelihood of caesarean birth.

Hoffman JM. A case of shaken baby syndrome after discharge from the newborn intensive care unit. *Adv Neonatal Care* 2005; 5(3):135-46. Abstract: Preterm infants may be at higher risk of physical abuse after hospital discharge. Nonaccidental or inflicted head neurotrauma is the most common cause of mortality and morbidity in physical-abuse cases, and shaken baby syndrome (SBS) is the most common form of abuse. In the majority of the cases, parents who shake their infant do not intend to harm the infant. This article presents a report of a former preterm infant who presented to the pediatrician's office with a maternal report of an accidental fall. Shaken baby syndrome was suspected based on bilateral subdural hemorrhages of varying ages, which were inconsistent with the history provided. The differential diagnosis and systematic clinical evaluation for SBS are provided, and medical and nursing management is discussed. Patient care, advocacy, and mandatory reporting are reviewed. The newborn intensive care unit caregivers' role in preventing SBS in this high-risk population, including specific parent teaching and anticipatory guidance, is reviewed with an emphasis on teaching all caregivers about the dangers of shaking an infant.

Hoffman MK. Domestic violence: how you can help. *Del Med J* 2003; 75(12):471-3.

Hoffmann F, Funk M, Linde R *et al*. Effect of antiretroviral triple combinations including the protease inhibitor nelfinavir in heavily pretreated children with HIV-1 infection. *Eur J Med Res* 2002; 7(7):330-4. Abstract: BACKGROUND: In this retrospective study the effect of antiretroviral triple therapy including the protease-inhibitor nelfinavir (NFV) on CD4-cells and

viral load (VL) in heavily pretreated HIV-infected children was evaluated. **PATIENTS AND METHODS:** 20 children (<18 years) were included. Median duration of antiretroviral pretreatment was 27 months (range, 7-65), median initial VL was 4.7 log subset 10 (3.2-6.1) and median relative CD4-cells was 17.5% (3-33). Patients were put on combinations with NFV because of treatment failure (increasing VL), intolerance to prior therapy with PIs or adherence problems with prior indinavir. Viral load (RT-PCR, detection limit 50 copies/ml) and CD4-cells were measured every 4-8 weeks. **RESULTS:** Median viral load decreased 1.2 log(10) (-1.3-2.5), 0.9 log(10) (-0.8-2.5) and 0.4 log(10) (-0.5-3.0) after 12, 24 and 36 weeks. The VL of 2 patients was below the detection limit (50 copies/ml) after 24 weeks. The relative CD4-cell count increased from a median of 17.5% to 22%, 23% and 25% after 12, 24 and 36 weeks, respectively. Side effects of NFV were usually mild. WHO grade 1 or 2 diarrhea occurred in 70% and moderate elevations of triglycerides in 40% of the patients. At 48 weeks 18/20 patients had to be switched to other combinations due to virological failure. **CONCLUSIONS:** In children with intensive prior antiretroviral therapy combination therapy including NFV lead to a modest short-term reduction of the VL and increase in CD4-cells. However, the long-term antiretroviral effect was poor.

of the data and analysis are discussed.

Hofvander Y. The world's children--the children's world. The Rosen von Rosenstein award. *Acta Paediatr* 2004; 93(11):1414-9.

Abstract: I feel very honoured to have been selected for the Nils Rosen von Rosenstein award. My thanks are due to the Swedish Paediatric Society.

Hogan DM. Parenting beliefs and practices of opiate-addicted parents: concealment and taboo. *Eur Addict Res* 2003; 9(3):113-9.

Abstract: The lifestyle associated with opiate dependence, including drug taking, the buying and selling of drugs, and contact with other drug users, carries potential risks for the safety and well-being of children of drug-using parents. Based on a qualitative interview study conducted with 50 opiate-dependent parents in Dublin, Ireland, the parenting beliefs and practices in relation to children's exposure to drugs and the associated lifestyle are described. Parents saw their lifestyle as potentially risky for their children and their families. The most common strategy adopted by parents was to conceal their drug-related activities and maintain a strict family taboo about these activities. Intervention programmes should be offered to support effective family communication about parental drug dependence.

Hoffmann JP, Cerbone FG. Parental substance use disorder and the risk of adolescent drug abuse: an event history analysis. *Drug Alcohol Depend* 2002; 66(3):255-64. Abstract: A common observation in the research literature is that children of drug-dependent parents are at significantly heightened risk of adolescent drug use, abuse, and dependence. Recent research indicates that several psychological and interpersonal factors may affect the association between parents' psychoactive substance use disorder (PSUD) and drug use risks among adolescents, yet studies have failed to examine explicitly whether these factors moderate the association between PSUD and adolescent substance abuse. This paper explores these potential relationships using longitudinal data from a study that has followed three cohorts of adolescents and their families over a 7-year period. The cohorts are defined by parental diagnoses of PSUD, affective disorders, or no diagnosable disorder. The results indicate that PSUD is positively associated with adolescent drug abuse, yet this association is attenuated by strong family cohesion. Affective disorders among parents are associated with a higher risk of alcohol, but not drug, abuse. The associations are stronger in the presence of lower stress and higher self-esteem. PSUD is also associated more strongly with offspring drug and alcohol abuse when levels of use are lower. Hence, some unobserved mechanism that may involve physiological sensitivities to drugs and alcohol appears to put children of parents with drug problems at particular risk of drug and alcohol abuse. Limitations

Hoh BL, Putman CM, Budzik RF, Carter BS, Ogilvy CS. Combined surgical and endovascular techniques of flow alteration to treat fusiform and complex wide-necked intracranial aneurysms that are unsuitable for clipping or coil embolization. *J Neurosurg* 2001; 95(1):24-35.

Abstract: **OBJECT:** Certain intracranial aneurysms, because of their fusiform or complex wide-necked structure, giant size, or involvement with critical perforating or branch vessels, are unamenable to direct surgical clipping or endovascular coil treatment. Management of such lesions requires alternative or novel treatment strategies. Proximal and distal occlusion (trapping) is the most effective strategy. In lesions that cannot be trapped, alteration in blood flow to the "inflow zone," the site most vulnerable to aneurysm growth and rupture, is used. **METHODS:** From 1991 to 1999 the combined neurosurgical-neuroendovascular team at the Massachusetts General Hospital (MGH) managed 48 intracranial aneurysms that could not be clipped or occluded. Intracavernous internal carotid artery aneurysms were excluded from this analysis. By applying a previously described aneurysm rupture risk classification system (MGH Grades 0-5) based on the age of the patient, aneurysm size, Hunt and Hess grade, Fisher grade, and whether the aneurysm was a giant lesion located in the posterior circulation, the authors found that a significant number of patients were at moderate risk (MGH Grade 2; 31.3% of patients) and at high risk (MGH Grades 3 or

4; 22.9%) for treatment-related morbidity. The lesions were treated using a variety of strategies--surgical, endovascular, or a combination of modalities. Aneurysms that could not be trapped or occluded were treated using a paradigm of flow alteration, with flow redirected from either native collateral networks or from a surgically performed vascular bypass. Overall clinical outcomes were determined using the Glasgow Outcome Scale (GOS). A GOS score of 5 or 4 was achieved in 77.1%, a GOS score of 3 or 2 in 8.3%, and death (GOS 1) occurred in 14.6% of the patients. Procedure-related complications occurred in 27.1% of cases; the major morbidity rate was 6.3% and the mortality rate was 10.4%. Three patients experienced aneurysmal hemorrhage posttreatment; in two patients this event proved to be fatal. Aneurysms with MGH Grades 0, 1, 2, 3, and 4 were associated with favorable outcomes (GOS scores of 5 or 4) in 100%, 92.8%, 71.4%, 50%, and 0% of instances, respectively. CONCLUSIONS: Despite a high incidence of transient complications, intracranial aneurysms that cannot be clipped or occluded require alternative surgical and endovascular treatment strategies. In those aneurysms that cannot safely be trapped or occluded, one approach is the treatment strategy of flow alteration.

Hohlfeld P. Cesarean section on request: a case for common sense. *Gynakol Geburtshilfliche Rundsch* 2002; 42(1):19-21.

Abstract: Considering the patient's right to autonomy and the trend towards more involvement of the patient in the decision making, it is our belief that obstetricians should consider the woman's request for cesarean section without medical indication. The procedure can only be carried out after obtaining proper consent of the patient with careful information including a detailed description of the possible risks and benefits of both modes of delivery. In order to decrease the risk of respiratory distress syndrome, cesarean section under these circumstances should not be performed prior to 39 weeks' gestation. Debating over whether or not to charge women who request a cesarean section that is not medically indicated is fruitless, since rigorous cost studies are lacking and since any implementation of such a system would be extremely difficult.

Holden C. Behavioral genetics. Getting the short end of the allele. *Science* 2003; 301(5631):291-3.

Holla RG, Gupta A. Child abuse where do we stand today? *Indian Pediatr* 2005; 42(12):1251.

Holland P, O'Brien DF, May PL. Should airguns be banned? *Br J Neurosurg* 2004; 18(2):124-9. Abstract: In this article, we express concerns regarding the availability of airguns, the injuries that they cause and their abuse as weapons of assault. We wish to stimulate debate on this topic and report a 5-year retrospective analysis of all airgun injuries to the head

and neck, presenting to Alder Hey Children's Hospital, Liverpool, from June 1998 to June 2003. We identified 16 patients who suffered such injuries with ages ranging from 5 to 15 years. The majority of cases were violent assaults, which is not in accordance with previous published reports. All of these occurred in public places outside the home. Most incidents occurred through the spring and summer period. Six patients required overnight stay in hospital. Nine patients required operative procedures to remove the airgun pellets. Two patients had serious eye injuries resulting in loss of vision. Two patients had penetrating neck injuries requiring exploration of the wound. The remaining group had either skin-penetrating injuries with lodgement of fragments in subcutaneous tissues or non-skin penetrating injuries. This study highlights serious injuries arising from the abuse of airguns as weapons of assault. Airguns are readily available to people without license. Recent legislation has increased the minimum age at which airguns can be carried in a public place, but we believe that stricter legislation is required to produce a reduction in the number of airgun-related injuries.

Holland PR, Mau MK, Yamamoto LG. Survey of parenting books for advice on the common cold, diarrhea, and otitis media in infants and toddlers. *Clin Pediatr (Phila)* 2004; 43(7):647-51.

Abstract: Parenting books often provide advice for common medical ailments of infants and toddlers. However, the accuracy of such advice has never been evaluated. The purpose of this study is to survey the informational content of a sample of parenting books. Fifty general parenting books were identified and reviewed for the informational content on the following topics: common colds, diarrhea, and otitis media. When covered by the book, accurate and consistent information was generally provided in the following topic areas: non-medicated nose drops for nasal congestion, upright positioning for children with colds, breastfeeding infants with diarrhea, electrolyte solutions for diarrhea, and feeding practices as they relate to otitis media. The following topic areas displayed significant inconsistency: the use of decongestants, antihistamines, expectorants, cough suppressants, and decongestant nose drops for colds; anti-diarrheal medications; soft drinks and juice for diarrhea; home recipes for oral hydration solutions; and the usefulness of pressure equalization tubes for refractory otitis media. Practitioners should be aware that parents may be misinformed by some parenting books and take measures to educate parents.

Hollingsworth LD. International adoption among families in the United States: considerations of social justice. *Soc Work* 2003; 48(2):209-17.

Abstract: The practice of international adoption of children is critiqued, using Rawls' egalitarian concept of a distributive method of social justice. From this perspective, international adoption may be perceived as

contradictory to principles of social justice by ignoring the social context within which it occurs. Social contexts that frequently surround international adoption are severe poverty and the disenfranchisement of the adopted child's biological family; the disenfranchisement of certain children because of their lower social status; gender oppression and discrimination against female children; risk to children's rights to the knowledge of their birth history and parentage; risk to children's rights to identification with their ethnic, cultural, and national group; and practices that may involve abduction, deceit, and trafficking in children. The article presents alternate views, including libertarian and utilitarian perspectives. Solutions from two international conventions are critiqued and implications are discussed for social work policy advocacy, practice, and research.

Holmes A. Changes and challenges. *RCM Midwives* 2004; 7(10):444-5.

Abstract: Although I have discussed the challenges associated with establishing this role, on reflection I think this is possibly one of the best jobs in midwifery today. The diversity experienced through the post is amazing and the ability to work clinically, while having a leadership role that impacts on the service, research and education agendas, is both powerful and unique. I hope this has given you some insight into my post and demonstrated how innovative and exciting the consultant role actually is. I believe these posts have real potential to influence our profession and the service we provide for women and families and hope this is evident. However, none of this can be achieved without networking and having the support of a range of people across a variety of organisations.

Holmes JM, Leske DA, Burke JP, Hodge DO. Birth prevalence of visually significant infantile cataract in a defined U.S. population. *Ophthalmic Epidemiol* 2003; 10(2):67-74.

Abstract: **PURPOSE:** To determine the birth prevalence of visually significant infantile cataract, using population-based comprehensive medical record retrieval, in a defined US population. **DESIGN:** Retrospective, population-based, medical record retrieval. **METHODS:** We reviewed records of all pediatric patients (0-17 years) coded as cataract during a 20-year period (1978 to 1997) using the resources of the Rochester Epidemiology Project. "Infantile cataract" was defined as a cataract diagnosed within the first year of life. "Possible infantile cataract" was defined as a cataract, diagnosed after the first year in a child born in Olmsted County, where there was no evidence of an acquired traumatic, acquired systemic, or acquired ocular etiology. Visually insignificant cataracts were excluded. **RESULTS:** Ten incident cases of visually significant infantile cataract were identified during the 20-year study period, yielding a birth prevalence of 3.0 per 10,000 live births (95% CI: 1.5-5.6 per 10,000). Five additional cases of visually

significant "possible infantile cataract" were identified, diagnosed between the ages of 2 and 8 years. Inclusion of these "possible infantile cataracts" would result in an estimate of overall birth prevalence for visually significant infantile cataract of 4.5 per 10,000 live births (95% CI: 2.5-7.5 per 10,000). **CONCLUSIONS:** Using population-based medical record retrieval methods, we estimate the birth prevalence of visually significant infantile cataract to be 3.0 to 4.5 per 10,000. Infantile cataracts are an important cause of visual impairment in children and these data are useful in planning clinical trials and allocating health care resources.

Holmes SE, Slaughter JR, Kashani J. Risk factors in childhood that lead to the development of conduct disorder and antisocial personality disorder. *Child Psychiatry Hum Dev* 2001; 31(3):183-93. Abstract: With juvenile crime on the rise, understanding and preventing juvenile delinquency is one of the greatest challenges facing mental health professionals today. Recognizing early signs of conduct disorder (CD) can be difficult, but identifying risk factors is an important step in preventing a child's progression to CD or Antisocial Personality Disorder (APD). This paper focuses on various risk factors for CD and APD, such as intrinsic individual differences, psychosocial/environmental factors, genetic and neurochemical factors. Early recognition and intervention may prevent the progression from aggressive and maladaptive behaviors to CD and later APD.

Holowka DW, King S, Saheb D, Pukall M, Brunet A. Childhood abuse and dissociative symptoms in adult schizophrenia. *Schizophr Res* 2003; 60(1):87-90. Abstract: Dissociative symptoms, occurring in many psychiatric disorders including schizophrenia, are often preceded by traumatic experience. We hypothesized that various types of childhood trauma would correlate with levels of dissociative symptomatology in adult patients. Twenty-six patients completed the Dissociative Experiences Scale (DES) and the Childhood Trauma Questionnaire (CTQ). Dissociation was significantly correlated with emotional abuse ( $r=0.84$ , one-tailed  $p<0.001$ ), and physical abuse ( $r=0.55$ ,  $p<0.01$ ). We suggest that emotional abuse may play an important role in the etiology of dissociation in schizophrenia.

Holst H, Mare K, Jarund A *et al.* An independent evaluation of a new method for automated interpretation of lung scintigrams using artificial neural networks. *Eur J Nucl Med* 2001; 28(1):33-8. Abstract: The purpose of this study was to evaluate a new automated method for the interpretation of lung perfusion scintigrams using patients from a hospital other than that where the method was developed, and then to compare the performance of the technique

against that of experienced physicians. A total of 1,087 scintigrams from patients with suspected pulmonary embolism comprised the training group. The test group consisted of scintigrams from 140 patients collected in a hospital different to that from which the training group had been drawn. An artificial neural network was trained using 18 automatically obtained features from each set of perfusion scintigrams. The image processing techniques included alignment to templates, construction of quotient images based on the perfusion/template images, and finally calculation of features describing segmental perfusion defects in the quotient images. The templates represented lungs of normal size and shape without any pathological changes. The performance of the neural network was compared with that of three experienced physicians who read the same test scintigrams according to the modified PIOPED criteria using, in addition to perfusion images, ventilation images when available and chest radiographs for all patients. Performances were measured as area under the receiver operating characteristic curve. The performance of the neural network evaluated in the test group was 0.88 (95% confidence limits 0.81-0.94). The performance of the three experienced experts was in the range 0.87-0.93 when using the perfusion images, chest radiographs and ventilation images when available. Perfusion scintigrams can be interpreted regarding the diagnosis of pulmonary embolism by the use of an automated method also in a hospital other than that where it was developed. The performance of this method is similar to that of experienced physicians even though the physicians, in addition to perfusion images, also had access to ventilation images for most patients and chest radiographs for all patients. These results show the high potential for the method as a clinical decision support system.

Holt G. Clinical benchmarking for the validation of AI medical diagnostic classifiers. *Artif Intell Med* 2005; 35(3):259-60.

Hong KE. Mental health care for children and adolescents: a regional perspective. *World Psychiatry* 2005; 4(3):158-9.

Hooker E, Ball HL, Kelly PJ. Sleeping like a baby: attitudes and experiences of bedsharing in northeast England. *Med Anthropol* 2001; 19(3):203-22. Abstract: This paper reports findings from a study that investigated infant care practices in a small population of Northeast England in order to determine whether parent-infant bedsharing is common parenting behavior. In a year-long prospective study we examined the opinions and practices of parents with regard to their infants' nighttime sleeping strategies before and after the birth of their babies. Results confirm that parents pursue a heterogeneous array of nighttime parenting strategies and that 65 percent of

the sample had actually bedshared. Parents with no previous intention to do so slept with their babies for a variety of reasons. One of this study's most important findings is that babies were being brought into bed with both parents. Ninety five percent of the bedsharing infants slept with both mother and father. This study has shown that bedsharing is a relatively common parenting practice. Despite initial worries and fears, mainly concerning overlaying, some parents found bedsharing an effective option yet were covert in their practices, fearing the disapproval of health professionals and relatives.

Hootman J. Quality improvement projects related to pediculosis management. *J Sch Nurs* 2002; 18(2):80-6. Abstract: Concern about student absenteeism related to repeated pediculosis infestations and the consequent risk for unsuccessful school achievement led to a quality improvement program comprised of 6 projects. The goal was to identify effective nursing interventions for children and families incurring repeated infestations. One project addressed the prevalence of infestation, frequency of school exclusion, and duration of consequential lost school days. Affirmed were low contagion in classrooms and multiple social and emotional challenges in students having chronic infestations. From other projects, the importance of establishing effective relationships with parents, students, and school staff to work toward effective management outcomes was apparent. Also identified was the need to better match hair texture with the selection of a lice comb for effective mechanical removal of lice and nits. There is a need to replicate these projects with larger numbers of students in different geographic locations. It is important to have evidence-based information about the communicability and management strategies for pediculosis to contribute to sound treatment and policy formation.

Hope T, Frith P, Craze J, Mussai F, Chadha A, Noble D. Developing guidelines for medical students about the examination of patients under 18 years old. *BMJ* 2005; 331(7529):1384-6.

Notes: GENERAL NOTE: KIE: 8 refs. GENERAL NOTE: KIE: KIE Bib: medical ethics/education; patient care/minors

Hopper JL. The Australian Twin Registry. *Twin Res* 2002; 5(5):329-36.

Abstract: The Australian Twin Registry (ATR), established in the late 1970s, is a volunteer registry of over 30,000 pairs of Australian twins of all zygosity types and ages unselected for their health or medical history. The ATR does not undertake research itself but acts as facilitator, providing an important national and international resource for medical and scientific researchers across a broad range of disciplines. Its core functions are the maintenance of an up-to-date database containing basic contact details and baseline



information, and the management of access to the resource in ways that enhance research capacity within Australia while protecting the rights of twins. The ATR has facilitated more than 200 studies using a variety of designs, including classic biometrical twin and twin family studies, co-twin control studies, intervention studies, longitudinal studies, and studies of issues relevant specifically to twins. These have yielded more than 300 peer-reviewed publications to date. Areas of major research include studies of behavior, musculoskeletal conditions, teeth and face patterns, cardiovascular risk factors, substance abuse, and risk factors for melanoma and breast cancer. Extensive longitudinal data are available for around 10,000 pairs. DNA samples have been obtained from more than 6000 twins. Considerable efforts are devoted to maintaining the commitment of registry members and recruitment. The ATR hopes to secure funding to expand its activities, including the systematic collection of DNA samples, so that it can continue to play a major role in the development of twin research and contribute to the annotation of the human genome.

Horan M, Stutchfield PR. Severe congenital myotonic dystrophy and severe anaemia of prematurity in an infant of Jehovah's Witness parents. *Dev Med Child Neurol* 2001; 43(5):346-9. Abstract: Severe congenital myotonic dystrophy (CMD) is an autosomal dominant condition characterized by hypotonia and respiratory insufficiency at birth. Terminal outcome has been reported in infants requiring ventilation for longer than 30 days. The case is reported of an infant born at 34 weeks' gestation with severe CMD. Infant survived following ventilatory support from birth until day 67 of life. Subcutaneous erythropoietin (600 units, three times weekly) was commenced on day 6 as the Jehovah's Witness parents were strongly opposed to blood transfusions. Haemoglobin fell to 5.8 g/dL without adverse effects and then progressively rose to 15.4 g/dL. No blood transfusions were necessary. This case illustrates that infants with severe CMD requiring ventilation for more than 30 days do not have a universally fatal outcome. Low haemoglobin was well tolerated which calls for re-examination of the indications for blood transfusions in ventilated neonates.

Horlick GA, Beeler SF, Linkins RW. A review of state legislation related to immunization registries. *Am J Prev Med* 2001; 20(3):208-13. Abstract: BACKGROUND: Since the early 1990s, a concerted effort has been made to develop community- and state-based immunization registries. A 1995 survey showed that nine states had laws specifically authorizing immunization registries. This survey was conducted to describe the current status of legislation and policies addressing immunization registries and the sharing of immunization information. METHODS: A telephone survey was administered from September

1997 to February 1998 to immunization program managers and/or their designees within the state health department of each of the 50 states and the District of Columbia. Some of the survey items were later updated through follow-up interviews and informal communications. Copies of legislation, administrative rules and regulations, and immunization registry policies were collected for review. RESULTS: As of October 2000, 24 of 51 states (47%) had laws (21) or rules (3) specifically authorizing an immunization registry. Nine additional states (18%) have laws specifically addressing the sharing of immunization information. CONCLUSIONS: Over half of the states have enacted legislation or rules addressing registries or the sharing of immunization information. Further research should be conducted to assess the impact of this legislation on immunization registries.

Horn IB, Cheng TL, Joseph J. Discipline in the African American community: the impact of socioeconomic status on beliefs and practices. *Pediatrics* 2004; 113(5):1236-41.

Abstract: OBJECTIVE: To describe and compare disciplinary beliefs and practices among African American parents from diverse socioeconomic backgrounds. METHODS: A cross-sectional survey was conducted of self-identified African American parents of children <48 months of age at 2 ambulatory teaching clinics, 2 community health centers, and 3 private practices in Washington, DC, and the surrounding metropolitan area. Disciplinary beliefs and practices of African American parents were measured. RESULTS: A total of 175 of the 189 parents who were approached for the study completed the survey for a participation rate of 92.5%. Middle/upper socioeconomic status (SES) parents in this study were more likely to be married (60.9% vs 14.7%), older (31.4 years vs 25 years), and more educated (80% having attended at least some college vs 34.4%) than lower SES parents. There were no significant differences between middle/upper and lower SES parents with regard to their belief in a preferred disciplinary method (teaching, spanking, removing) or approach (positive, negative). Lower SES parents were more likely to endorse spanking a 1- to 3-year-old child if they were doing something that was not safe (90.5% vs 78.3%). Middle/upper SES parents were significantly more likely to reward their child for positive behavior than lower SES parents (66.1% vs 47.1%). CONCLUSIONS: Lower and middle/upper SES parents in this study population were reasonably similar with respect to disciplinary beliefs and practices. Exceptions to this generalization were that lower SES parents were more likely to endorse spanking as a response to an unsafe behavior on the part of the child, and middle/upper SES parents reported higher levels of reward for positive behavior.

Horn W, Popow C, Miksch S, Kirchner L, Seyfang A. Development and evaluation of VIE-PNN, a

knowledge-based system for calculating the parenteral nutrition of newborn infants. *Artif Intell Med* 2002; 24(3):217-28.

**Abstract:** Calculating the daily changing composition of parenteral nutrition for small newborn infants is troublesome and time consuming routine work in neonatal intensive care. The task needs expertise and experience and is prone to inherent calculation errors. We designed VIE-PNN (Vienna Expert System for Parenteral Nutrition of Neonates), a knowledge-based system (KBS) in order to reduce daily routine work and calculation errors. VIE-PNN was redesigned several times because the clinicians accepted the system only when it saved time. The most recent version of VIE-PNN uses an Hypertext Markup Language (HTML)-based client-server architecture and is integrated into the intranet of the local patient data management system. Since more than 3 years all parenteral nutrition plans are calculated using VIE-PNN. Evaluating the system's performance and the users contentedness, we compared 50 nutrition plans calculated in parallel using VIE-PNN or a hand-held calculator, retrospectively analyzed more than 5000 nutrition plans stored in VIE-PNNs database and evaluated a user questionnaire. Nutrition plans were calculated in a mean time of 2.4 versus 7.1min using VIE-PNN or the hand-held calculator. Errors and omissions in the nutrition plans were detected in 22% versus 56% and errors in the VIE-PNN's plans occurring only with interactively changed values. Reviews of stored plans show that a mean of 4 out of 16 parameters were interactively changed. VIE-PNN was well accepted. Most important reasons for the successful operation of VIE-PNN in the daily routine work were time savings and robustness of the system.

Hornell A, Hofvander Y, Kylberg E. Solids and formula: association with pattern and duration of breastfeeding. *Pediatrics* 2001; 107(3):E38.  
**Abstract:** **OBJECTIVES:** To study changes in pattern and duration of breastfeeding associated with the introduction of solids and formula. **STUDY DESIGN:** Descriptive longitudinal, prospective study. **SETTING:** The participants were recruited from the maternity ward in the University Hospital in Uppsala, Sweden, between May 1989 and December 1992. A total of 15 189 infants were born during the period, 1 177 mother-infant pairs were found eligible for participation; 57% declined because of the perceived high workload. **Study Population.** Five hundred six mother-infant pairs. **METHODS:** Daily recordings by the mothers on infant feeding, from the first week after delivery to the second menstruation postpartum or a new pregnancy; fortnightly home visits with structured interviews by a research assistant. **RESULTS:** Introduction of solids was associated with no or minor changes in breastfeeding frequency and suckling duration. Breastfeeding frequency remained constant the first month after the introduction and then declined slowly, while daily suckling duration started to decline slowly

when solids were introduced. Breastfeeding duration was not associated with infants' age at introduction of solids. In infants given formula, as soon as regular formula feeds started, the breastfeeding frequency and suckling duration declined swiftly. The younger an infant was at the start of regular formula feeds, the shorter the breastfeeding duration. **CONCLUSIONS:** Health care personnel and parents need to be aware that introduction of solids and introduction of formula can have very different consequences for breastfeeding. If the aim is to introduce other foods to breastfed infants under the protection of breast milk, it is important to realize that formula is also another food and needs to be treated as such.

Hornor G. Domestic violence and children. *J Pediatr Health Care* 2005; 19(4):206-12.  
**Abstract:** Domestic violence affects the lives of many Americans, including children. It is imperative that primary care providers working with children, including pediatric nurse practitioners, understand the dynamics of domestic violence, recognize domestic violence, and intervene appropriately. Domestic violence places children at risk physically, emotionally, and developmentally. The effect on children who witness domestic violence will be discussed. Primary care providers have a professional responsibility to screen for domestic violence. The primary care provider can play a pivotal role in breaking the cycle of family violence by timely identification of and appropriate intervention for domestic violence.

Horowitz JA, Bell M, Trybulski J *et al.* Promoting responsiveness between mothers with depressive symptoms and their infants. *J Nurs Scholarsh* 2001; 33(4):323-9.

**Abstract:** **PURPOSE:** To test the efficacy of an interactive coaching intervention to promote responsiveness between mothers experiencing postpartum depressive symptoms (PPDS) and their infants. **DESIGN:** An experimental design with 117 postpartum women in the Northeastern United States. **METHODS:** Participants were randomly assigned either to the treatment or control group. Both groups had home visits at 4-8 weeks, 10-14 weeks, and 14-18 weeks postpartum and mother-infant interaction was videotaped and coded for responsiveness. The treatment group also received a coached behavioral intervention designed to promote maternal-infant responsiveness. Measures included the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory-II, and the Dyadic Mutuality Code. **FINDINGS:** The hypothesis, that the treatment group would show significantly higher maternal-infant responsiveness after the intervention, was supported. No effect of the intervention on depression scores was found. A significant increase in responsiveness and a significant decrease in depression scores occurred over time for both treatment and control groups. No interaction between group and time was detected.

CONCLUSIONS: The study showed that a coaching strategy had a positive effect on maternal-infant interaction in this sample. Future research is needed to test coaching interventions in conjunction with other strategies targeted to promote maternal-infant responsiveness and to reduce PPDS.

Horton R. In defence of Roy Meadow. *Lancet* 2005; 366(9479):3-5.

Notes: GENERAL NOTE: KIE: 7 refs.  
GENERAL NOTE: KIE: KIE Bib: fraud and misconduct; medical ethics

Horwitz SM, Kerker BD. Preschool and school age children under welfare reform. *Child Psychiatry Hum Dev* 2001; 32(2):107-24.

Abstract: This study compared the behavioral and school problems of young children whose mothers participated in two different income support programs, Jobs First and AFDC. The analyses also included measures of maternal education, maternal health, maternal psychological factors, and family environment. There were no differences in child school or behavioral problems across the income support programs. Children, however, were more likely to have school problems if they were older or if their mothers received less than a high school education, reported child behavioral problems or made criteria for depression on the CIDI. Behavioral problems were more likely to occur if mothers reported violence in the home, many depressive symptoms on the CES-D, few child positive qualities, or if the child had repeated a grade. Several familial factors, then, must be addressed in order to ensure that children excel both academically and behaviorally.

Horwood J, Waylen A, Herrick D, Williams C, Wolke D. Common visual defects and peer victimization in children. *Invest Ophthalmol Vis Sci* 2005; 46(4):1177-81.

Abstract: PURPOSE: To investigate whether wearing glasses, having manifest strabismus, or having a history of wearing an eye patch predisposes preadolescent children to being victimized more frequently at school and whether the impact may be different on boys than on girls. METHODS: Data were examined on 6536 children from the Avon Longitudinal Study of Parents and Children (ALSPAC) based in the United Kingdom. At 7.5 years, the children undertook a detailed eye examination by orthoptists, including a cover test and visual acuity assessment. At 8.5 years, trained psychologists assessed the children's bullying involvement as either victim or perpetrator for overt and relational bullying, in a standard interview. RESULTS: Children currently wearing glasses or with a history of wearing eye patches were 35% to 37% more likely to be victims of physical or verbal bullying, even after adjustment for social class and maternal education. No interactions were found

between sex and visual problems in the prediction of bullying. CONCLUSIONS: For those children who require glasses, opticians should be aware of the risks of bullying, and strategies should be developed and discussed that help reduce their vulnerability.

Hossain SM, Duffield A, Taylor A. An evaluation of the impact of a US\$60 million nutrition programme in Bangladesh. *Health Policy Plan* 2005; 20(1):35-40. Abstract: OBJECTIVE: To compare levels of childhood malnutrition in areas where the Bangladesh Integrated Nutrition Project had been operational for over 5 years with matched non-project areas, with the purpose of evaluating whether the project had achieved its objective of reducing the prevalence of underweight among children <24 months. METHODS: The study involved an ex-post cross-sectional survey in six thanas (a locality with a population of approximately 200,000-450,000 people) in Bangladesh. Participants were 6,820 households (4,554 in the project areas and 2,266 in the non-project areas) including 7183 children aged 6-59 months selected using a two-stage stratified cluster sampling frame. Main outcome measures were moderate and severe underweight, wasting and stunting reported using z scores, and indicators of mothers' reported nutritional knowledge and practice. RESULTS: 2,388 children aged 6-23 months and 6815 children aged 6-59 months had clean anthropometric data. No significant difference was found between the socio-economic variables of households in the project and non-project areas. No significant difference was found in the prevalence of either severe or moderate underweight (weight-for-age) in children aged 6-23 months in the project and non-project areas: 183 (11.4%, 95% confidence interval 9.9-13.2%) children in project areas and 96 (12.2%, 95% confidence interval 9.9-14.8%) children in non-project areas. Mothers in project areas reported significantly better caring practices than in non-project areas. CONCLUSION: There is no evidence that the Bangladesh Integrated Nutrition Project has achieved its objectives to reduce severe underweight by 40% if project areas are compared ex-post with non-project areas. There is urgent need to review the evidence behind investments based on growth monitoring and promotion.

Host G. [Child abuse--from the perspective of the child]. *Lakartidningen* 2001; 98(4):346.

Howard DE, Feigelman S, Li X, Cross S, Rachuba L. The relationship among violence victimization, witnessing violence, and youth distress. *J Adolesc Health* 2002; 31(6):455-62.

Abstract: PURPOSE: To explore whether violence victimization and witness experiences of predominantly African-American, low-income, urban adolescents were associated with distress and whether psychosocial factors contributed to symptomatology.

**METHODS:** Data for this study were obtained from a cross-sectional survey of 349 youth between the ages of 9 and 15 years who resided in any of 10 low-income public housing communities in an East Coast city. Survey instruments assessed exposure to violence, distress symptomatology, youth psychosocial functioning, and family dynamics. Data were analyzed by computing Pearson correlation coefficients and a series of multiple linear regression models. **RESULTS:** Witnessing violence was related to youth reports of intrusive thoughts and feelings, difficulties with concentration, and vigilant or avoidant behavior. Violence victimization was correlated with feelings of despondency about having either a happy or long life, as well as feelings of being unloved, uncared for, and afraid. Younger youth, boys, and active problem solvers were more likely to report intrusive thoughts. Problematic family communication was related to intrusive thoughts, distraction, feeling a lack of belonging, and expressions of emotional numbing. **CONCLUSIONS:** The act of witnessing violence may be associated with a set of distinct symptoms. Youth who witness violence also need to be identified so they may be aided in dealing with their distress. Family communication, particularly problematic family communication, and problem solving also contribute to symptomatology.

Howard MW, Rizzuto DS, Caplan JB *et al.* Gamma oscillations correlate with working memory load in humans. *Cereb Cortex* 2003; 13(12):1369-74. Abstract: Functional imaging of human cortex implicates a diverse network of brain regions supporting working memory - the capacity to hold and manipulate information for short periods of time. Although we are beginning to map out the brain networks supporting working memory, little is known about its physiological basis. We analyzed intracranial recordings from two epileptic patients as they performed a working memory task. Spectral analyses revealed that, in both patients, gamma (30-60 Hz) oscillations increased approximately linearly with memory load, tracking closely with memory load over the course of the trial. This constitutes the first evidence that gamma oscillations, widely implicated in perceptual processes, support the maintenance of multiple items in working memory.

Howe EG. Unicorns, Carravaggio, and fetal surgery. *J Clin Ethics* 2001; 12(4):333-45. Notes: GENERAL NOTE: KIE: Howe, Edmund G GENERAL NOTE: KIE: 50 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors; fetuses

Howe ML, Cicchetti D, Toth SL, Cerrito BM. True and false memories in maltreated children. *Child Dev* 2004; 75(5):1402-17. Abstract: Differences in basic memory processes

between maltreated and nonmaltreated children were examined in an experiment in which middle-socioeconomic-status (SES; N = 60), low-SES maltreated (N = 48), and low-SES nonmaltreated (N = 51) children (ages 5-7, 8-9, and 10-12 years) studied 12 Deese-Roediger-McDermott lists. Using recall and recognition measures, the results showed that both true and false memories increased with age and, contrary to some speculation, these trends did not differ as a function of maltreatment status. However, there were differences in overall memory performance as a function of SES. These results are discussed in the broader framework of children's memory development and the effects of the chronic stress associated with child maltreatment on basic memory processes.

Howell JC, Kelly MR, Palmer J, Mangum RL. Integrating child welfare, juvenile justice, and other agencies in a continuum of services. *Child Welfare* 2004; 83(2):143-56.

Abstract: This article presents a comprehensive strategy framework for integrating mental health, child welfare, education, substance abuse, and juvenile justice system services. It proposes an infrastructure of information exchange, cross-agency client referrals, a networking protocol, interagency councils, and service integration models. This infrastructure facilitates integrated service delivery.

Howes C, Aikins JW. Peer relations in the transition to adolescence. *Adv Child Dev Behav* 2002; 29:195-230.

Hoyer D, Bauer R, Conrad K *et al.* Specific monitoring of neonatal brain function with optimized frequency bands. *IEEE Eng Med Biol Mag* 2001; 20(5):40-6.

Hoyle T. What information should be integrated with the childhood immunization registry? *Mich Med* 2005; 104(1):18-9.

Hoyle T, Swanson R. Assessing what child health information systems should be integrated: the Michigan experience. *J Public Health Manag Pract* 2004; Suppl:S66-71.

Abstract: This project examined which child health data would be appropriate and useful to integrate with an existing real-time Michigan Department of Community Health (MDCH) application, such as the Michigan Childhood Immunization Registry. A consultant was secured to conduct data gathering analysis activities. An advisory committee of MDCH Administrators convened to guide the project. Interviews were conducted with MDCH administrators, program managers and representatives from the public and private health care provider community. These interviews focused on answering three main questions: (1) What MDCH data resources do you currently use? (2) How do you use and access these data? and (3) What is your vision for expanding, enhancing, and

linking these data to meet Michigan's future health goals? Acceptance of the Michigan Childhood Immunization Registry by the pediatric and family practice community demonstrates the utility of providing more information electronically to the medical community in Michigan. The MDCH has completed a stakeholders analysis and is moving forward with requirements gathering sessions in order to create an integrated child health data system. The integrated child health data system will include data from immunizations, newborn screening, newborn hearing, lead, the Women, Infants, and Children program, and Medicaid.

Hser YI, Grella CE, Hubbard RL *et al.* An evaluation of drug treatments for adolescents in 4 US cities. *Arch Gen Psychiatry* 2001; 58(7):689-95. Abstract: BACKGROUND: Little is known about outcomes of community-based treatment programs for adolescents with drug problems. METHODS: We studied 1167 adolescents (age range, 11-18 years; 368 females, 799 males) from 4 US cities (Pittsburgh, Pa; Minneapolis, Minn; Chicago, Ill; and Portland, Ore) using a naturalistic, nonexperimental evaluation design. These adolescents were consecutive admissions during the period from 1993 to 1995 at 23 community-based treatment programs in the Drug Abuse Treatment Outcome Studies for Adolescents. Included were 418 admissions to 8 residential programs, 292 admissions to 9 outpatient drug-free programs, and 457 admissions to 6 short-term inpatient programs. RESULTS: Adolescents in treatment typically had multiple problems (eg, 58.4% of them were involved in the legal system, and 63.0% met diagnostic criteria for a mental disorder). Nevertheless, less than half (43.8%) of all patients reported weekly marijuana use in the year following treatment (dropping from 80.4% in the year before admission). Similarly, there were decreases in heavy drinking (dropping from 33.8% to 20.3%), use of other illicit drugs (dropping from 48.0% to 42.2%), and criminal involvement (dropping from 75.6% to 52.8%). Additionally, patients reported better psychological adjustment and school performance after treatment. Longer stays in treatment were positively associated with several favorable outcomes, although length of time in treatment was generally short. CONCLUSIONS: Substance abuse treatment for adolescents is effective in achieving many important behavioral and psychological improvements. Strategies specific to adolescents to improve their treatment retention and completion are needed to maximize the therapeutic benefits of drug treatment.

Huang CL. Health promotion and partnerships: collaboration of a community health management center, county health bureau, and university nursing program. *J Nurs Res* 2002; 10(2):93-104. Abstract: Effective partnerships were established between a community health management center, a county health bureau and a university nursing program.

A health fair was undertaken to heighten public health awareness through the collaboration of these various agencies. In this research, formative, process, and summative evaluations were conducted to determine the benefits of partnerships. Elements evaluated included the planning process, health fair relevancy, integration of community resources, participants satisfaction and knowledge acquisition, and partnership satisfaction. The samples of this study included (1) 529 adult participants who completed the on-site evaluation questionnaires; (2) 1,090 child participants who returned gift-reward cards; (3) 114 partners who gave written feedback on their satisfaction; and (4) 57 third-year and 16 fourth-year undergraduate nursing student participants. Data was collected from the evidence report of the Department of Health, the project proposal, activity protocols, meeting records, the project final report, students term papers, and questionnaires. The chief administrator of the County Health Bureau was very impressed with the creative exhibits in the fair and, therefore, invited a coalition to continue further workshops. Seventeen educational exhibits, two dance programs and two drama programs related to health issues were demonstrated in the fair. Resources from community organizations were successfully integrated and allocated. Community participants expressed satisfaction with the fair and anticipated similar activities in the future. Participants revealed more than 80% accuracy in health knowledge quizzes. The senior nursing students highlighted their interaction with the community, community health nurses, and health volunteers. Community-based health promotion and nursing education can be successfully connected when various disciplines and sectors form effective partnerships.

Huang MC, Lin SJ. Newborn screening: should explicit parental consent be required? *Acta Paediatr Taiwan* 2003; 44(3):126-9. Abstract: Newborn screening, the first population-based metabolic screening program has been universally conducted for several decades. With the advent of genetic technologies, many genetic/metabolic disorders can be detected pre-symptomatically but might be untreatable. Since the benefits and risks of screening tests on newborns are not fully known, newborn screening programs confront both legal and ethical challenges. This article aims to explore the following questions: (1) Is explicit parental consent required? (2) What level of consent should be sought? and (3) Is screening in the absence of explicit consent legally defensible? This article considers: (1) the introduction of newborn screening, (2) the conditions under which it is conducted (voluntary vs. mandatory), (3) the argument over whether explicit parental consent is required, (4) the conditions under which implied consent may be assumed, and (5) the principles of informing parents. This article concludes that implied consent is not acceptable except for traditional routine screening. Healthcare professionals should provide

information about the known benefits and risks of testing and recognize the parental right of refusal. Finally, since the absence of explicit parental consent to newborn screening is not legally defensible, children's advocates should lobby for legislation permitting it in the absence of explicit consent in specific circumstances.

Hudziak JJ, Copeland W, Stanger C, Wadsworth M. Screening for DSM-IV externalizing disorders with the Child Behavior Checklist: a receiver-operating characteristic analysis. *J Child Psychol Psychiatry* 2004; 45(7):1299-307.

Abstract: **BACKGROUND:** This study examines the diagnostic accuracy of the CBCL syndrome AS scales for predicting DSM-IV Attention Deficit-Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder with or without Conduct Disorder (ODD/CD). **METHODS:** The sample included 370 children (187 probands and 183 siblings) participating in a family genetic study of attention and aggressive behavior problems. Univariate and stepwise logistic regression analyses were used to derive models for predicting two diagnostic conditions: ADHD and ODD/CD. **RESULTS:** The Attention Problems syndrome significantly predicted ADHD, and ODD/CD was significantly predicted by the Aggressive Behavior syndrome. Both scales demonstrated good diagnostic accuracy, as assessed through receiver operating characteristics analyses. Cut-point analyses confirmed the utility of low T-scores, 55 on the respective syndromes, for efficiently discriminating cases from noncases. **CONCLUSIONS:** CBCL syndromes display good diagnostic efficiency for assessing common externalizing disorders in children.

Huff B. Men, meth and sex. *GMHC Treat Issues* 2005; 19(1-2):7-9.

Hughes SO, Power TG, Orlet Fisher J, Mueller S, Nicklas

TA. Revisiting a neglected construct: parenting styles in a child-feeding context. *Appetite* 2005; 44(1):83-92. Abstract: The extent to which general parenting represents feeding styles in ethnically diverse populations is not well documented. Existing measures of child feeding have focused almost exclusively on specific behaviors of European-American parents. A valid and reliable instrument was developed to identify feeding styles in parents of low-income minority preschoolers. Two hundred thirty-one parents (130 Hispanic; 101 African-American) completed questionnaires on feeding practices and parenting styles. Based on self-reported feeding behavior, parents were assigned to four feeding styles (authoritarian, n=84; authoritative, n=34; indulgent, n=80; and uninvolved, n=33). Convergent validity was evaluated by relating feeding styles to independent measures of general parenting and authoritarian feeding practices. Authoritarian feeding styles were associated with

higher levels of general parental control and authoritarian feeding practices. Alternatively, authoritative feeding styles were associated with higher levels of general parental responsiveness. Among the two permissive feeding styles, Hispanic parents were more likely to be indulgent, whereas African-American parents were more likely to be uninvolved. Further, differences were found among the feeding styles on an independent measure of child's body mass index.

Huijbregts SC, de Sonneville LM, van Spronsen FJ, Licht R, Sergeant JA. The neuropsychological profile of early and continuously treated phenylketonuria: orienting, vigilance, and maintenance versus manipulation-functions of working memory. *Neurosci Biobehav Rev* 2002; 26(6):697-712.

Abstract: In this paper, we review neuropsychological test results of early and continuously treated Phenylketonuria (PKU) patients. To increase insight into the neuropsychological profile of this population, we have attempted to place the results within an attentional network model [Images of the mind, 1994], which proposes interacting but dissociable attentional networks for orienting, vigilance, and executive control of attention. Executive control of attention is discussed against the background of the process-specific theory of working memory (WM) [Handbook of neuropsychology, 1994], which postulates a distinction between the 'maintenance'-function of WM and the 'manipulation and monitoring'-function. Neuropsychological results are presented for 67 early and continuously treated PKU patients and 73 controls aged 7-14 years. Four neuropsychological tasks were employed to measure orienting, mnemonic processing, interference suppression, and top-down control in visual search. No differences were found in orienting and the maintenance-function of WM. In addition to previously reported impairments in sustained attention/vigilance and inhibition of prepotent responding, PKU patients exhibited deficits when top-down control was required in a visual search task, but showed no impairment when interference suppression was required. It is discussed how the specific neuropsychological impairments in PKU may be a consequence of mid-dorsolateral prefrontal cortex (DLPFC) dysfunctioning due to deficiencies in catecholamine modulation.

Hulac P. Creation and use of You Are Not Alone, a video for parents facing difficult decisions. *J Clin Ethics* 2001; 12(3):251-3.

Notes: GENERAL NOTE: KIE: Hulac, Peter  
GENERAL NOTE: KIE: 1 ref.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Hull B, McIntyre P. Mapping immunisation coverage and conscientious objectors to immunisation in NSW. *N S W Public Health Bull* 2003; 14(1-2):8-12.

Notes: GENERAL NOTE: KIE: 12 refs.

GENERAL NOTE: KIE: KIE Bib: immunization; treatment refusal

Hunt CE. Gene-environment interactions: implications for sudden unexpected deaths in infancy. *Arch Dis Child* 2005; 90(1):48-53.

Abstract: From the perspective of systems biology, genes and proteins interact to produce complex networks, which in turn interact with the environment to influence every aspect of our biological lives. Recent advances in molecular genetics and the identification of gene polymorphisms in victims of sudden infant death syndrome (SIDS) are helping us better to understand that SIDS, like all other human conditions in health and disease, represents the confluence of specific environmental risk factors interacting in complex ways with specific polymorphisms to yield phenotypes susceptible to sudden and unexpected death in infancy. Failure to consider both genetic and environmental risk factors will impede research progress.

Hunte HE, Turner TM, Pollack HA, Lewis EY. A birth records analysis of the Maternal Infant Health Advocate Service program: a paraprofessional intervention aimed at addressing infant mortality in African Americans. *Ethn Dis* 2004; 14(3 Suppl 1):S102-7.

Abstract: Recognizing that no single intervention was likely to eliminate racial disparities, the Genesee County REACH 2010 partnership, utilizing both "bench" science and "trench" knowledge, developed 13 broad-based, multi-faceted interventions to eliminate infant mortality. This article provides highlights from a recent birth records comparison analysis of the Maternal Infant Health Advocate Service (MIHAS) intervention, and is solely based on the records of 111 MIHAS clients, and a random sample of 350 African-American women residing in Flint, Michigan. The MIHAS clients were more likely than the comparison sample not to have graduated from high school (56% vs 35%, respectively,  $P < .0001$ ). The MIHAS clients were more likely to report at least some smoking during pregnancy (20% vs 15%, respectively,  $P < .05$ ). However, after controlling for age and education, these results were no longer statistically significant. In terms of birth outcomes, the comparative odds of MIHAS clients delivering a low birth-weight infant are 1.124 (95% CI: 0.620-2.038); the odds of their delivering an infant at 37 weeks or earlier are 1.032 (0.609-1.749). Although the MIHAS clients did not have statistically better birth outcomes than those of the general African-American population in Flint, the MIHAS clients did not demonstrate the outcomes one would expect, given their higher level of risk. Based on this analysis, the MIHAS intervention may have brought its clients "up to par" with the general community on several birth outcomes.

Hunter WM. A new paradigm for child protection: begin at

the beginning. *N C Med J* 2005; 66(5):373-9.

Huntington RW 3rd. Symptoms following head injury. *Am J Forensic Med Pathol* 2002; 23(1):105; author reply 105-6.

Hurst I. Baby Doe rules. *Pediatrics* 2005; 116(6):1600-1; discussion 1601-3.

Hurst I. The legal landscape at the threshold of viability for extremely premature infants: a nursing perspective, part II. *J Perinat Neonatal Nurs* 2005; 19(3):253-62; quiz 263-4.

Abstract: This is the second of a 2-part article exploring the legal landscape overlying the difficult decisions that can confront a family with an extremely premature infant at the threshold of viability. In Part I, recent legal regulations and litigation were analyzed to show that the baby doe regulations are largely inert and that recent litigation arises out of state laws and regulations. Part II takes up the analysis to show that the common thread through all these conflicts, and the subsequent litigation, is a failure to obtain parental consent for the course of treatment at issue. The author argues that the central focus of all parties seeking to minimize legal risks in these situations must be on creating a transparent decision-making process that includes the parents from the onset. Nurses play a pivotal role in that process and are supported broadly by the professional guidelines of the American Nurses Association, the Association of Women's Health Obstetric and Neonatal Nurses, the National Association of Neonatal Nurses, the American Academy of Pediatrics, and the Principles of Family-Centered Neonatal Care.

Hurst I. Response to Dr Silverman's column. 'Acceptable' and 'unacceptable' risks. *Paediatr Perinat Epidemiol* 2002; 16(1):4-5.

Hurt H, Malmud E, Brodsky NL, Giannetta J. Exposure to violence: psychological and academic correlates in child witnesses. *Arch Pediatr Adolesc Med* 2001; 155(12):1351-6.

Abstract: BACKGROUND: Inner-city children are frequently exposed to violence; however, there are few data regarding the psychological and academic correlates of such exposure in young children at school entry. OBJECTIVES: To document exposure to violence in inner-city children aged 7 years; assess their feelings of distress; and evaluate the relationships of exposure to violence with school performance, behavior, and self-esteem. SETTING: A study center in an inner-city hospital. PARTICIPANTS: One hundred nineteen inner-city children evaluated at age 7 years; 119 caregivers (biological and foster). DESIGN: As part of a longitudinal study, children were administered the following by a masked examiner: Things I Have Seen and Heard (TISH) to assess exposure to violence;

Levonn, a cartoon-based interview for assessing children's distress symptoms; and the Culture-Free Self-Esteem Inventory, Second Edition. School performance was assessed by school reports and child behavior by the Child Behavior Checklist (CBCL), the Parent Report Form, and the Teacher Report Form. Caregivers for children were administered the parent report version of the Checklist of Children's Distress Symptoms (CCDS-PRV) as well as the CBCL Parent Report Form. MAIN OUTCOME MEASURES: Exposure to violence (TISH); feelings of distress (Levonn); school performance; behavior (CBCL Parent Report Form and CBCL Teacher Report Form); and self-esteem (Culture-Free Self-Esteem Inventory). RESULTS: We found that these children were frequently exposed to violence. For example, 75% had heard gun shots, 60% had seen drug deals, 18% had seen a dead body outside, and 10% had seen a shooting or stabbing in the home (TISH). Many showed signs of depression and anxiety; eg, 61% worried some or a lot of the time that they might get killed or die and 19% sometimes wished they were dead (Levonn). Higher exposure to violence (TISH Total Violence score) was correlated with higher Levonn composite scores for depression and anxiety and with lower self-esteem ( $P < .04$ ), and was also associated with lower grade point average and more days of school absence ( $P < .02$ ). Caregiver assessment of child anxiety correlated poorly with child report of anxiety ( $P = .58$ ). CONCLUSIONS: Young inner-city children have a high exposure to violence by age 7 years; many show signs of distress that frequently are not recognized by caregivers. Further, higher exposure to violence in children correlates with poorer performance in school, symptoms of anxiety and depression, and lower self-esteem.

Hurtig AK, San Sebastian M. Geographical differences in cancer incidence in the Amazon basin of Ecuador in relation to residence near oil fields. *Int J Epidemiol* 2002; 31(5):1021-7. Abstract: BACKGROUND: Since 1972, oil companies have extracted more than 2 billion barrels of crude oil from the Ecuadorian Amazon, releasing billions of gallons of untreated wastes and oil directly into the environment. This study aimed to determine if there was any difference in overall and specific cancer incidence rates between populations living in proximity to oil fields and those who live in areas free from oil exploitation. METHODS: Cancer cases from the provinces of Sucumbios, Orellana, Napo and Pastaza during the period 1985-1998 were included in the study. The exposed population was defined as those living in a county ( $n = 4$ ) where oil exploitation had been ongoing for a minimum of 20 years up to the date of the study. Non-exposed counties were identified as those ( $n = 11$ ) without oil development activities. Relative risks (RR) along with 95% CI were calculated for men and women as ratios of the age-adjusted incidence rates in the exposed versus non-exposed

group. RESULTS: The RR of all cancer sites combined was significantly elevated in both men and women in exposed counties. Significantly elevated RR were observed for cancers of the stomach, rectum, skin melanoma, soft tissue and kidney in men and for cancers of the cervix and lymph nodes in women. An increase in haematopoietic cancers was also observed in the population under 10 years in the exposed counties in both males and females. CONCLUSION: Study results are compatible with a relationship between cancer incidence and living in proximity to oil fields. An environmental monitoring and cancer surveillance system in the area is recommended.

Hurtig AK, San Sebastian M. Incidence of childhood leukemia and oil exploitation in the Amazon basin of Ecuador. *Int J Occup Environ Health* 2004; 10(3):245-50.

Abstract: To determine whether there was any difference in childhood leukemia incidence rates between populations living in the proximity to oil fields and those living in areas free from oil exploitation in the Amazon basin of Ecuador, 91 cancer cases among children (0-14 years) from the provinces of Sucumbios, Orellana, Napo, and Pastaza during the period 1985-2000 were studied. The relative risks for all leukemias indicated significantly elevated levels in the youngest age group (0-4 years), both genders combined (RR 3.48, 95% CI 1.25-9.67), and in all age groups (0-14 years) combined for females (RR 2.60, 95% CI 1.11-6.08) and both genders combined (RR 2.56, 95% CI 1.35-4.86). There was no significant difference between the two groups in all other cancer sites combined. Study results are compatible with a relationship between childhood leukemia incidence and living in the proximity of oil fields in the Ecuadorian Amazon.

Hussain K, Mundy H, Aynsley-Green A, Champion M. A child presenting with disordered consciousness, hallucinations, screaming episodes and abdominal pain. *Eur J Pediatr* 2002; 161(2):127-9.

Hussein MA, Coats DK, Paysse EA. Use of the RetCam 120 for fundus evaluation in uncooperative children. *Am J Ophthalmol* 2004; 137(2):354-5.

Abstract: PURPOSE: To report our experience using the RetCam 120 to evaluate suspected retinal pathology in children who did not cooperate for standard in-office examination. DESIGN: Interventional case series. METHODS: We reviewed charts of eight consecutive uncooperative children with suspected fundus abnormalities that were photographed using the RetCam 120 as a routine part of patient care. RESULTS: Three uncooperative children with suspected pathology required RetCam 120 photos because of inadequate fundus examination. Five had pathology or suspected pathology that required more detailed examination. In all of these children, we were



able to reach or rule out a diagnosis. **CONCLUSION:** The Retcam 120 digital fundus camera has utility as an in-office diagnostic tool for fundus examination of poorly cooperative children and may be a good alternative to examination under anesthesia or sedation in selected cases.

Hussong AM, Chassin L. Parent alcoholism and the leaving home transition. *Dev Psychopathol* 2002; 14(1):139-57.

**Abstract:** Although they have received little empirical attention, departures from the parental home play a significant role in demarcating the transition from adolescence to young adulthood. The current study examined the extent to which various features of young adults' experiences of leaving home differed for children of alcoholic (COAs) versus nonalcoholic parents, what adolescent precursors might account for noted differences and what indicators of young adult adjustment are related to the leaving home experience. A total of 227 young adults drawn from a high-risk, community sample of COAs and matched controls were interviewed at ages 18-23 years regarding their prior leaving home experiences. COAs showed greater difficulties in negotiating this transition, fewer positive feelings about the transition, and different reasons for leaving home as compared to participants without an alcoholic parent. Moreover, adolescent risk behaviors, family conflict, and family disorganization (assessed prior to this transition) each partly accounted for COAs' risk for difficulty in the leaving home transition. Although certain aspects of the leaving home transition were uniquely related to young adult adjustment, future research is still needed to more comprehensively understand the implications for young adult development associated with such individual differences in the leaving home transition.

Hussong AM, Chassin L. Stress and coping among children of alcoholic parents through the young adult transition. *Dev Psychopathol* 2004; 16(4):985-1006. **Abstract:** The transition to young adulthood is both a time when risky health behaviors such as substance misuse peak and a time of opportunity for growth and development through the acquisition of adult roles. In this transition, coping styles include responses to the stressors and opportunities associated with the emergence of adulthood. The extent to which such coping styles are skillfully employed in part determines adjustment into adulthood. The current study used a high-risk, longitudinal design to examine the development of coping styles over adolescence, continuity in these coping styles from adolescence to adulthood, the impact of coping on adult stress and substance misuse, the ability of coping to buffer effects of stress on substance use, and differences in coping between at-risk youth (i.e., children of alcoholics [COAs]) and their peers. A sample of 340 adolescents completed four assessments over ages 11-23. We used latent trajectory models to examine interindividual and

intra-individual change in coping over time. Evidence for both change and continuity in the development of coping from adolescence to adulthood was found, although adolescent coping had limited impact on stress and substance use in adulthood. Support was also found for complex stress-buffering and stress-exacerbating effects of coping on the relations between major life events and adult drug use and between stress associated with the new roles of adulthood and heavy alcohol use. Implications of these findings for development and adjustment in the transition to adulthood are discussed.

Hutchings J, Lane E. Parenting and the development and prevention of child mental health problems. *Curr Opin Psychiatry* 2005; 18(4):386-91.

**Abstract:** **PURPOSE OF REVIEW:** The government is recognizing the need to deal with the growing numbers of antisocial young people through investing in early preventive parenting support. It is important that the services provided are evidence-based and delivered effectively. This review briefly discusses the contribution of parenting to the development of child mental health difficulties, particularly externalizing problems, and reviews some effective early intervention preventive programmes. **RECENT FINDINGS:** Over 30 years of research have established both that parenting behaviours influence the development of childhood conduct disorders and that behavioural family interventions targeting specific parenting skills are the most effective way of preventing or reducing child behaviour problems. Until recently, however, those children at highest risk have often had the poorest outcomes from intervention. Recent research has identified the factors that make parenting interventions effective and how to engage the multi-stressed, hard-to-reach families whose children are most at risk. **SUMMARY:** Research has identified risk factors that are associated with the development of conduct disorder and affect the quality of parenting. This has made it possible to provide preventive interventions, targeting families that are most at risk. Evaluations have shown, however, that getting effective preventive services to those most at risk is not straightforward and programmes need to address the problem of recruiting parents who, by virtue of their multiple problems, have traditionally been hard to engage. Emphasis is placed on the importance of using evidenced-based programmes in service settings in ways that are effective.

Huth-Bocks AC, Levendosky AA, Bogat GA. The effects of domestic violence during pregnancy on maternal and infant health. *Violence Vict* 2002; 17(2):169-85.

**Abstract:** The present study examined the impact of domestic violence on maternal and infant health by assessing maternal health during pregnancy and infant health at two months postpartum. Two hundred and two women (68 battered and 134 non-battered) were recruited from the community and completed both

pregnancy and 2-month postpartum interviews. Results revealed that domestic violence during pregnancy was associated with numerous health problems for mothers and infants including more health problems during pregnancy, more likelihood of premature labor, later entrance into prenatal care, lower infant birth weight, greater utilization of health care resources, and more prenatal substance use. After income was controlled, the relationship between violence and timing of prenatal care and infant birth weight became nonsignificant. Maternal social support was found to protect against the effects of violence for several health outcomes. The current findings suggest the need for domestic violence screening during pregnancy, as well as clinical interventions for battered, pregnant women in order to prevent serious physical and emotional problems for both mothers and their infants.

Hyder AA. Evaluating education as an intervention for injury control. *Am J Public Health* 2004; 94(12):2047; author reply 2047-8.

Hylton C, Goldberg MF. Images in clinical medicine. Circumpapillary retinal ridge in the shaken-baby syndrome. *N Engl J Med* 2004; 351(2):170.

Hyman PE, Bursch B, Sood M, Schwankovsky L, Cocjin J, Zeltzer LK. Visceral pain-associated disability syndrome: a descriptive analysis. *J Pediatr Gastroenterol Nutr* 2002; 35(5):663-8. Abstract: OBJECTIVE: Pain-associated disability syndrome (PADS) is a recently defined term that describes patients with chronic pain whose restriction in daily activities appears disproportionately severe for the observable pathology. The aim of this study is to describe the features of a group of pediatric patients with abdominal symptoms fitting this diagnosis. METHODS: To identify factors associated with visceral PADS, we reviewed the records of 40 patients (18 males; age range, 7-21 years) with gastrointestinal symptoms severe enough to prevent school attendance or eating for 2 months or more. These patients, in whom pain was neither feigned nor self-induced, met the diagnostic criteria for visceral PADS, including failure of usual treatments and lack of a satisfactory organic explanation for the severity of the pain. RESULTS: The dominant symptom was abdominal pain in 30 patients, regurgitation in 5 patients, nausea in 3 patients, and chest pain in 2 patients. All patients complained of pain or discomfort, and all met symptom-based criteria for one or more functional gastrointestinal disorder. Disordered sleep was a problem for 39 patients. Factors associated with PADS included learning disabilities, unrealistic goals in a perfectionist, high-achieving child, early pain experiences, passive or dependent coping style, marital problems in the home, and chronic illness in a parent. All patients had at least two associated factors, and a majority had four or more associated factors. Possible

triggering events included an acute febrile illness in 20 patients, school change in 11 patients, trauma in 2 patients, death of a loved one in 2 patients, and sexual abuse in 2 patients. Before diagnosis, all patients underwent extensive negative evaluations. Nearly all patients had mental health evaluations that ruled out eating disorder and psychosis. Medical management had failed, and surgeries worsened symptoms. In a majority of patients, we identified a comorbid psychiatric disorder. CONCLUSIONS: Evaluation of preteens and teens unable to go to school or eat because of unexplained incapacitating symptoms should include queries about factors associated with PADS. To treat PADS, medical and mental health clinicians must recognize pain as having both nociceptive and affective components and address treatment collaboratively. Invasive procedures and surgery reinforce the cycle of arousal and pain and are to be avoided. Age for the onset of PADS in the preteen and early teen years suggests that developmental issues play a role.

Hynes HP, Brugge D, Osgood ND, Snell J, Vallarino J, Spengler J. "Where does the damp come from?" Investigations into the indoor environment and respiratory health in Boston public housing. *J Public Health Policy* 2003; 24(3-4):401-26. Abstract: The self-reported prevalence of asthma increased by 75% from 1980 to 1994, a trend found to be significant and evident in every region of the country. The increase has been most marked in children 0-14 years of age, and there is evidence that, as with lead poisoning, inner-city and urban populations are most at risk. Attention has turned to the role of indoor environment risk factors, especially in homes and schools. Such factors include moisture and mold growth, pest infestation, dust mites, the building envelope, heating systems, inadequate ventilation, NO<sub>2</sub>, and environmental tobacco smoke. The Healthy Public Housing Initiative (HPHI) is a Boston-based community-centered research and intervention project designed to engage Boston Housing Authority residents in a collaborative process to improve respiratory health, quality of life, building conditions, and building maintenance in public housing. This article summarizes the significant research findings from four pilot studies in housing developments that lay the foundation for the larger HPHI asthma-related environmental intervention study. The research design for the pilot projects is informed by principles of community-collaborative research. The strengths of this model of research to our work are also discussed.

Hynes J, McCune N. Follow-up of childhood depression: historical factors. *Br J Psychiatry* 2002; 181:166-7; author reply 167.

Hyun MS, Kools S, Kim SA. A model of recovery from substance abuse and dependence for Korean

adolescents. *J Child Adolesc Psychiatr Nurs* 2003; 16(1):25-34.

Abstract: **PROBLEM:** There is a need for a model that illuminates the recovery process from substance abuse and dependence for Korean adolescents, identifies the stages and strategies of recovery, and directs interventions to specific stages. **METHODS:** The model was developed from content analysis focused on the experiences during the recovery process of 8 Korean adolescents with substance abuse and dependence. **CONCLUSIONS:** The stages in recovery include retracing, accepting, surrendering, and turning to change. The strategies of recovery involve a variety of activities and multidimensional domains. The model integrates the stages and strategies of recovery, and suggests nursing interventions to promote recovery of adolescents with a substance-related disorder.

Iacono WG, Malone SM, McGue M. Substance use disorders, externalizing psychopathology, and P300 event-related potential amplitude. *Int J Psychophysiol* 2003; 48(2):147-78.

Abstract: We hypothesize the existence of an inherited predisposition for a spectrum of behaviors and traits characterized by behavioral disinhibition. This externalizing spectrum includes childhood disruptive disorders, antisocial behavior, substance use disorders, personality traits related to behavioral undercontrol, and the precocious expression of problem behavior. We further hypothesize that a genetically influenced central nervous system diathesis underlies this spectrum and is reflected in reduced P300 amplitude in a visual oddball event-related potential task. A review of evidence bearing on the model is derived from findings from the Minnesota Twin Family Study, a population-based, longitudinal investigation of twin youth. These findings indicate that the collection of attributes related to behavioral disinhibition is familial, heritable, and interrelated. Evidence supporting P3 amplitude reduction (P3-AR) as an index of genetic vulnerability for this externalizing spectrum includes its association with (a) familial risk for substance use and antisocial personality disorders, (b) diagnoses of childhood disruptive disorders and substance use disorders, (c) early onset of undersocialized behavior, and (d) quantitative phenotypes related to externalizing problems. In addition, the development of substance use disorders over a 3-year period is associated with P3-AR measured prior to their expression. These findings suggest that P3-AR indexes one aspect of the genetic diathesis for a spectrum of externalizing problem behavior.

Ievers-Landis CE, Hoff AL, Brez C, Cancilliere MK, McConnell J, Kerr D. Situational analysis of dietary challenges of the treatment regimen for children and adolescents with phenylketonuria and their primary caregivers. *J Dev Behav Pediatr* 2005; 26(3):186-93. Abstract: A situational analysis was conducted to evaluate challenges with the treatment regimen (a low

protein diet and special supplemental formula) for children and adolescents with phenylketonuria (PKU) and their caregivers. A semistructured interview was administered to 19 caregivers and 11 children with PKU to describe formula and dietary problems and their frequency, difficulty, and affective intensity. Information was also gathered on attempted solutions to problems and their perceived effectiveness. Caregivers who rated dietary problems as less frequent, difficult, and emotionally upsetting and strategies as more effective for solving problems had children with significantly lower phenylalanine (Phe) levels, a biological indicator of adherence (i.e., better adherence; all  $p$  values  $<.05$ ). Caregivers who reported using strategies coded as representing an authoritarian parenting style to solve dietary problems were significantly more likely to have lower household incomes and older children with higher Phe levels than were those who did not report such strategies (all  $p$  values  $<.05$ ).

Iglesias-Rozas JR, Hopf N. Histological heterogeneity of human glioblastomas investigated with an unsupervised neural network (SOM). *Histol Histopathol* 2005; 20(2):351-6.

Abstract: The histological variability of Glioblastomas (GB) precludes the modern assimilation of these tumors into a single histological tumor group. As an alternative to statistical histological evaluation, we investigated 1489 human GB in order to discover whether they could be correctly classified using Self-Organizing Maps (SOM). In all tumors 50 histological features, as well as the age and sex of the patients, were examined. Four clusters of GB with a significance of 52 (maximal significance 60) were found. Cluster C1 contained 37.47% of all GB and 41.09% of all polymorphic glioblastomas (PG). Cluster C2 included 35.06% of all GB and 44.96% of all giant cell glioblastomas (GCG). Cluster C3 contained 16.45% of all GB with a significant component of astroblasts, glioblasts and oligodendroglia. Cluster C4 included 11.01% of all GB, 87.80% of the gliosarcomas (GS) and 36.72% of all GCG. Placing a series of component windows with their maps side by side allows the immediate recognition of the dependencies on variables and the determination of variables necessary to build the specific clusters. The SOM allow a realistic histological classification, comparable to the actual classification by the WHO. In addition, we found new, small subclusters of human GB which may have a clinical significance. With SOM one can learn to discriminate, discard and delete data, select histological and clinical or genetic variables that are meaningful, and consequently influence the result of patient management.

Im SB, Kim JL, Ju SJ *et al* . Development of child and adolescent psychiatric nursing practice in Korea, 1980-2000. *J Child Adolesc Psychiatr Nurs* 2004; 17(2):56-65.

Abstract: **PROBLEM:** Although the need for mental health services for children and youth is on the rise in Korea, there are no data available regarding the current status of psychiatric nurses working with children and adolescents. **METHODS:** Descriptive statistics were used to analyze questionnaires from 324 respondents. **FINDINGS:** Only 5% of psychiatric nurses in Korea are working at child and adolescent-specific programs. The level of nurses' roles and functions vary from simple to specialized. **CONCLUSIONS:** More effort should be put into networking among nurses to exchange updated information and to share nursing strategies and strengthen college education for further specialization and expansion of nursing roles in the various settings.

Inbar Z, Meibar R, Shehada S, Irena V, Rubin L, Rishpon S. "Back to sleep": parents compliance with the recommendation on the most appropriate sleeping position of infants, Haifa District, Israel, 2001. *Prev Med* 2005; 40(6):765-8. Abstract: **BACKGROUND:** In 1993, the Israel Ministry of Health issued a formal recommendation to avoid placing healthy infants to sleep in the prone position in order to prevent sudden infant death. The objective of the study was to study parents' compliance with this recommendation and to identify characteristics of noncompliant parents of infants aged less than 6 months old. **METHODS:** The study population consisted of 1912 parents of infants aged 0-12 months who visited the Haifa District primary preventive health centers during the study week and answered the self-administered questionnaire. **RESULTS:** 15.6% of infants younger than 1 year were placed to sleep in the prone position: 12.4% among infants younger than 3 months, and 17.6% among infants 3-6 months old. Surprisingly, multiple logistic regression analysis demonstrated that Israeli-born Jewish mothers were more likely to place their babies prone than Israeli-born Arab mothers or mothers born in the former Soviet Union who had immigrated to Israel after 1990. **CONCLUSIONS:** At-risk behaviors are usually associated with minority and immigrant populations. Culture specific and other possible reasons for our unusual findings are discussed.

Ingram DG, Hagemann TM. Promethazine treatment of steroid-induced psychosis in a child. *Ann Pharmacother* 2003; 37(7-8):1036-9. Abstract: **OBJECTIVE:** To report a case of steroid-induced psychosis in a child that resolved with the treatment of promethazine, a phenothiazine derivative. **CASE SUMMARY:** A 2-year-old white boy with a history of relapsed acute lymphoblastic leukemia underwent a bone marrow transplant and developed graft-versus-host disease, which was treated with methylprednisolone. Within 24 hours of initiation of the methylprednisolone, the patient developed symptoms associated with steroid-induced psychosis including mania, head-banging, and excessive crying.

Because the corticosteroid could not be discontinued, promethazine, a phenothiazine derivative, was used to treat the psychotic symptoms. Symptoms resolved with use of promethazine. **DISCUSSION:** A number of published reports describe the appearance of psychological symptoms with corticosteroid use. While the mechanism is unclear, the reaction is usually reversible with dose reduction or discontinuation of the corticosteroid. In cases where this cannot be done, typical treatment involves an antipsychotic medication. Most antipsychotic medications, such as the phenothiazine class, have not been evaluated in very young children. Promethazine is a phenothiazine derivative that has been used in children for a number of nonpsychiatric indications. **CONCLUSIONS:** Promethazine may be effective in treating steroid-induced psychosis in pediatric patients.

Intromasso C. Reproductive self-determination in the Third Circuit: the statutory proscription of wrongful birth and wrongful life claims as an unconstitutional violation of Planned Parenthood v. Casey's undue burden standard. *Women's Rights Law Report* 2003; 24(2):101-20. Notes: **GENERAL NOTE:** KIE: 249 fn. **GENERAL NOTE:** KIE: KIE Bib: abortion/legal aspects; wrongful life

Iribarren JA, Ramos JT, Guerra L *et al.* [Prevention of vertical transmission and treatment of infection caused by the human immunodeficiency virus in the pregnant woman. Recommendations of the Study Group for AIDS, Infectious Diseases, and Clinical Microbiology, the Spanish Pediatric Association, the National AIDS Plan and the Spanish Gynecology and Obstetrics Society]. *Enferm Infecc Microbiol Clin* 2001; 19(7):314-35.

Irwin HJ. The relationship between dissociative tendencies and schizotypy: an artifact of childhood trauma? *J Clin Psychol* 2001; 57(3):331-42. Abstract: Previous research has suggested a relationship between dissociative tendencies and schizotypy. This study sought to extend the previous work in two fundamental respects. First, explicit cognizance was taken of the multidimensionality of both dissociative tendencies and schizotypy. Second, the study examined the possibility that the observed correlation between dissociative tendencies and schizotypy is an artifact of the association between each of these personality domains and a history of childhood trauma. Australian adults (N = 116) were administered the Dissociative Experiences Scale, the Schizotypal Personality Questionnaire-Brief, and the Childhood Trauma Questionnaire. Hierarchical regression analysis revealed that both pathological and nonpathological dissociative tendencies were predicted by the dimensions of schizotypy, even after the contribution of childhood trauma had been removed. It is concluded that the relationship between dissociative

tendencies and schizotypy is not an artifact of childhood abuse, but the clinical significance of this relationship remains to be established.

Isaacs D. To kill or to let die? *J Paediatr Child Health* 2003; 39(2):135-6.

Notes: GENERAL NOTE: KIE: 5 refs.  
GENERAL NOTE: KIE: KIE Bib: allowing to die; euthanasia

Isaksen CR, Lund EB. [Shaken baby syndrome--shaking violence against infants]. *Ugeskr Laeger* 2002; 164(48):5662-3.

Abstract: We describe two cases of shaken baby syndrome. Both children were about three months of age. It is important to recognise the characteristic features of this form of child abuse in order to prevent further damage and to ensure removal of the children from the abusive environment.

Ishizaki Y, Kobayashi Y, Yamagata Z *et al.* Research on promotion of management of children with psychosomatic and psychosocial disorders in Japan. *Pediatr Int* 2005; 47(3):352-7.

Abstract: BACKGROUND: The number of children with psychosomatic and psychosocial disorders has been increasing in Japan. There are, however, few trained pediatricians who have adequate knowledge of the treatment needed. The Research Group on the Promotion of Management of Children with Psychosomatic and Psychosocial Disorders carried out the present study to (i) disseminate knowledge about psychosomatic and psychosocial disorders of children; and (ii) establish a community-based network model to ensure effective communication among relevant institutions. METHODS: To disseminate knowledge of the psychosocial and psychosomatic disorders, the Research Group compiled the Handbook for Psychosomatic Disorders of Children and distributed it to pediatricians throughout Japan. A follow-up questionnaire survey was then carried out. Also, in order to examine the current status of the communication network between pediatricians and the related institutions, the Research Group conducted a questionnaire survey on general pediatricians. RESULTS: Sixty-five percent of the respondents indicated that they were actually using the Handbook. The topics in the Handbook that were most frequently referred to by the respondents were attention deficit hyperactivity disorders, school refusal, eating disorders, and orthostatic dysregulation. Thirty-seven percent of the participants indicated changes in their behavior towards psychosomatic and psychosocial problems. The results of the survey on communication networks found that the pediatricians generally collaborated with different institutions depending on the nature of the problems, such as school refusal and bullying, developmental disorders, child abuse and maltreatment, and others. CONCLUSION: Promotion

of the Handbook would greatly contribute to improving the management of children with psychosomatic and psychosocial disorders, together with the construction of the basic network model for management of these children.

Islam MN, Islam MN. Retrospective study of alleged rape victims attended at Forensic Medicine Department of Dhaka Medical College, Bangladesh. *Leg Med (Tokyo)* 2003; 5 Suppl 1:S351-3.

Abstract: Sexual assault is one of the fast growing violent crimes in Bangladesh. We carried out a retrospective study of 675 alleged rape victims out of total examined 1665 cases during 1994-2000. In the last seven years, 441 victims refused examination and a final report is pending in 2.4% cases due to non-availability of ancillary investigation reports. We found that 48.9% cases were sexually abused based on history, physical evidence and opinion of the examining doctor although high vaginal swab for spermatozoa was found to be negative in all cases. Out of 675 cases studied in this paper, 33.5% was in the 12-15 year age group, in 511 cases the assailant was known to the victims, 23.7% was reported and was examined within 72 h of occurrence, unmarried persons constituted 56.6% cases and 69.9% was literate. In 45.8% of the cases the victims were abused during the daytime. Non-genital violence was observed in 91 cases, 2.9% was admitted to the hospital, 2% reported with pregnancy, 0.4% reported with abortion and four cases had a history of previous abuse. Genital findings included hymenal rupture in 38.9% and 9.6% cases of forchette were found with recent tears. In 248 cases, opinion was negative due to delayed attendance, false charge and time-consuming procedures.

Ismail AI. Determinants of health in children and the problem of early childhood caries. *Pediatr Dent* 2003; 25(4):328-33.

Abstract: Early childhood caries (ECC) is a significant dental problem for many low-income and minority children in the United States. The diagnosis, prevention, and management of ECC have been based upon both experiential knowledge and scientific evidence. In the prevention and management of ECC, the focus has been on modifying the dental, infectious, and behavioral determinants of the disease. The purpose of this concept paper is to expand the paradigm used to understand the etiology of ECC and design programs to prevent and manage this condition.

Israel BA, Parker EA, Rowe Z *et al.* Community-based participatory research: lessons learned from the Centers for Children's Environmental Health and Disease Prevention Research. *Environ Health Perspect* 2005; 113(10):1463-71.

Abstract: Over the past several decades there has been growing evidence of the increase in incidence rates, morbidity, and mortality for a number of health

problems experienced by children. The causation and aggravation of these problems are complex and multifactorial. The burden of these health problems and environmental exposures is borne disproportionately by children from low-income communities and communities of color. Researchers and funding institutions have called for increased attention to the complex issues that affect the health of children living in marginalized communities--and communities more broadly--and have suggested greater community involvement in processes that shape research and intervention approaches, for example, through community-based participatory research (CBPR) partnerships among academic, health services, public health, and community-based organizations. Centers for Children's Environmental Health and Disease Prevention Research (Children's Centers) funded by the National Institute of Environmental Health Sciences and U.S. Environmental Protection Agency were required to include a CBPR project. The purpose of this article is to provide a definition and set of CBPR principles, to describe the rationale for and major benefits of using this approach, to draw on the experiences of six of the Children's Centers in using CBPR, and to provide lessons learned and recommendations for how to successfully establish and maintain CBPR partnerships aimed at enhancing our understanding and addressing the multiple determinants of children's health.

Iton A, Oliver MM, Torgensen K. Preventing sexual exploitation of children and teens. *J Law Med Ethics* 2005; 33(4 Suppl):38-9.

Iverson D. Schools uniting neighborhoods: the SUN initiative in Portland, Oregon. *New Dir Youth Dev* 2005; (107):81-7, table of contents. Abstract: The SUN Community Schools Initiative is a community-driven model that allows each school community to design the programs that fit neighborhood needs in Portland, Oregon. County and city governments, local school districts, and community agencies have jointly leveraged resources to support fifty-one community schools. The program is managed by the Multnomah County Department of School and Community Partnerships. The City Parks and Recreation Bureau oversees twelve sites staffed by city employees. Strong support across political systems aligns funding and reduces the fragmentation in existing funding patterns.

Izzo CV, Eckenrode JJ, Smith EG *et al*. Reducing the impact of uncontrollable stressful life events through a program of nurse home visitation for new parents. *Prev Sci* 2005; 6(4):269-74. Abstract: The current study examined whether the Nurse Family Partnership (NFP), an intervention in which mothers received home visitation by registered nurses pre- and postnatally, reduced mothers'

vulnerability to the effects of stressful life events several years after the program was completed. Data from a randomized trial of the NFP were examined for mothers (N = 324) who were generally low-income, young, and unmarried at the time of the birth of their first child. Structured interviews were done with mothers about 15 years after the program began. Results showed that experiencing uncontrollable stressful life events, such as the death of a loved one, led to fewer negative outcomes (fewer mental health problems, less binge drinking, and better parenting practices) among nurse-visited mothers than among mothers receiving no visitation. Furthermore, the program's effect on reducing vulnerability to the negative impact of life events was particularly evident among parents who were younger or had a lower sense of personal control at intake. These findings suggest that, in addition to preventing the occurrence of negative outcomes that were direct targets of the intervention, the NFP more generally enhanced mothers' ability to cope with future stressful life events.

Jaatinen PT, Erkolahti R, Asikainen P. Networking family counselling services. Developing psychosocial support for school children. *J Interprof Care* 2005; 19(3):294-5.

Jack SM, DiCenso A, Lohfeld L. A theory of maternal engagement with public health nurses and family visitors. *J Adv Nurs* 2005; 49(2):182-90. Abstract: BACKGROUND: Home visiting by public health nurses and family visitors is promoted as an important intervention for enhancing parent and child development. Mothers of children at-risk for developmental delays tend to be the most difficult to access and engage, and commonly drop out of home visiting programmes prematurely. PURPOSE: This paper reports a study developing a theory that describes the process by which mothers of children at-risk engage with public health nurses and family visitors in a blended home visiting programme. METHODS: Grounded theory was used to guide the collection, recording, organization and analysis of the data. A purposeful sample of 20 mothers receiving public health nurse and family visitor home visits were recruited from a public health unit in Canada. Data were collected through client record reviews and 29 in-depth interviews that explored participants' experiences, beliefs and expectations about engagement. Data collection and analysis continued until all categories were saturated. FINDINGS: Mothers felt vulnerable and frequently powerless when they allowed the service providers into their home. Mothers with children at-risk engage with public health nurses and family visitors through a basic social process of limiting family vulnerability, which has three phases: (1) overcoming fear; (2) building trust; and (3) seeking mutuality. The personal characteristics, values, experiences and actions of the public health nurse, family visitor and mother influence the speed at which each phase is successfully negotiated and the

ability to develop a connected relationship. CONCLUSION: Public health nurses working with families at risk need to identify client fears and perceptions related to home visiting, and to explain the role of public health nurses and family visitors to all family members. Given the importance that mothers place on the development of an interpersonal relationship, it is important for home visitors continually to assess the quality of their relationships with clients.

Jackson JK, Vellucci J, Johnson P, Kilbride HW. Evidence-based approach to change in clinical practice: introduction of expanded nasal continuous positive airway pressure use in an intensive care nursery. *Pediatrics* 2003; 111(4 Pt 2):e542-7. Abstract: OBJECTIVE: Recent studies provide evidence that nasal intermittent positive pressure ventilation (NIPPV) may stabilize the airway of extremely low birth weight infants after endotracheal extubation. The objective of this project was to introduce the use of NIPPV into a busy level 3 intensive care nursery. METHODS: This report describes the process of NIPPV introduction using a series of rapid-cycle improvement projects, as proposed by the Vermont Oxford Network. RESULTS: In the first cycle, 7 (88%) of 8 infants were successfully extubated with NIPPV after meeting criteria for reintubation on nasal continuous positive airway pressure alone. Proper positioning of the prongs in the nasopharynx was found to be an important determinant of success. In a second cycle, shorter 2.5-cm nasopharyngeal prongs were more effective than standard 4-cm prongs in 12 recently extubated infants as assessed by objective measurements and subjective nursing reports. A third cycle confirmed the acceptance of this technique in our unit and demonstrated an associated decrease in markers of chronic lung disease in extremely low birth weight infants during the 22 months after its introduction. CONCLUSION: This experience supports the role for the rapid-cycle change model in achieving effective evidence-based medical practices in a neonatal intensive care setting.

Jacobs AJ. Liberty, equality, and genetic selection. *Pharos Alpha Omega Alpha Honor Med Soc* 2001; 64(1):15-20; discussion 20-3. Notes: GENERAL NOTE: KIE: 25 refs. GENERAL NOTE: KIE: KIE Bib: genetic intervention; genetic screening; prenatal diagnosis

Jacobs HH. Ethics in pediatric end-of-life care: a nursing perspective. *J Pediatr Nurs* 2005; 20(5):360-9. Abstract: Care of children at the end of life frequently involves ethical dilemmas and difficult decisions. These ethical dilemmas often complicate the already challenging circumstances surrounding the death of a child; therefore, the knowledge and application of ethical principles becomes an essential component of

nursing practice. The purpose of this article is to describe bioethical principles and common ethical dilemmas faced by nurses in pediatric end-of-life care and suggest nursing interventions to promote a peaceful end-of-life experience for the child and family.

Jacobs J, Jonas WB, Jimenez-Perez M, Crothers D. Homeopathy for childhood diarrhea: combined results and metaanalysis from three randomized, controlled clinical trials. *Pediatr Infect Dis J* 2003; 22(3):229-34. Abstract: BACKGROUND: Previous studies have shown a positive treatment effect of individualized homeopathic treatment for acute childhood diarrhea, but sample sizes were small and results were just at or near the level of statistical significance. Because all three studies followed the same basic study design, the combined data from these three studies were analyzed to obtain greater statistical power. METHODS: Three double blind clinical trials of diarrhea in 242 children ages 6 months to 5 years were analyzed as 1 group. Children were randomized to receive either an individualized homeopathic medicine or placebo to be taken as a single dose after each unformed stool for 5 days. Parents recorded daily stools on diary cards, and health workers made home visits daily to monitor children. The duration of diarrhea was defined as the time until there were less than 3 unformed stools per day for 2 consecutive days. A metaanalysis of the effect-size difference of the three studies was also conducted. RESULTS: Combined analysis shows a duration of diarrhea of 3.3 days in the homeopathy group compared with 4.1 in the placebo group ( $P = 0.008$ ). The metaanalysis shows a consistent effect-size difference of approximately 0.66 day ( $P = 0.008$ ). CONCLUSIONS: The results from these studies confirm that individualized homeopathic treatment decreases the duration of acute childhood diarrhea and suggest that larger sample sizes be used in future homeopathic research to ensure adequate statistical power. Homeopathy should be considered for use as an adjunct to oral rehydration for this illness.

Jacobson JL, Jacobson SW. Effects of prenatal alcohol exposure on child development. *Alcohol Res Health* 2002; 26(4):282-6.

Jacquemin Le Vern H. [Adolescence and pornography]. *Gynecol Obstet Fertil* 2004; 32(5):416-9. Abstract: It is difficult to define pornography; it always proceeds from censure. Any representation of sexual relations forbidden by the law is considered as pornography. How can we evaluate its impact on teenagers? What are the possible consequences? Which image of woman is carried through pornography?

Jaffe ME, Sharma KK. Cybersex with minors: forensic implications. *J Forensic Sci* 2001; 46(6):1397-402. Abstract: This paper is designed to assist forensic

psychiatrists/psychologists who evaluate adults who commit sexual crimes against children on the Internet. The typical offender is an adult male who logs onto the Internet and enters a chat room in which children congregate. Unbeknownst to the offender, undercover police officers are posing as minors in the chat rooms. The undercover officer (pretend kid) and offender engage in increasingly explicit, sexual conversation; the offender may transmit erotic photographs to the undercover officer and/or arrange to meet at a motel in order to have sexual intercourse. The authors will discuss the relevant legal, clinical, and ethical aspects of examining these offenders, and describe specific cases that the author (2) evaluated.

Jaffe PG, Crooks CV, Wolfe DA. Legal and policy responses to children exposed to domestic violence: the need to evaluate intended and unintended consequences. *Clin Child Fam Psychol Rev* 2003; 6(3):205-13.

Abstract: Greater training and specialization in working with children exposed to domestic violence has resulted in new policies, interagency protocols, and legislation in many states. This paper examines court-related responses in criminal, child protection, and family court custody proceedings, which highlight legislative changes and resulting systemic change. Although this legislation originated with the best of intentions to assist and protect children, some of the most striking outcomes have been negative and unintended. Laws that mandate reporting of children exposed to domestic violence can clash with inadequate training and resources, or inadvertently revictimize abused women. Similarly, child custody legislation that raises a rebuttable presumption that a violent spouse will not receive custody or joint custody of children after parental separation has resulted in greater skepticism about abuse allegations. We propose that efforts at law reform can be enhanced by a more thoughtful analysis of potential intended and unintended consequences, and should be accompanied by a comprehensive evaluation plan to monitor implementation effects.

Jain V, Ray M, Singhi S. Strangulation injury, a fatal form of child abuse. *Indian J Pediatr* 2001; 68(6):571-2. Abstract: Strangulation is a common method of committing murder, though underreported in Indian literature. We managed a girl child, victim of child abuse who later succumbed to its neurological complications. This case report describes the clinical features associated with such injuries and complications which should be anticipated in such cases.

Jaing JT, Sepulveda JA, Casillas AM. Novel computer-based assessment of asthma strategies in inner-city children. *Ann Allergy Asthma Immunol* 2001; 87(3):230-7.

Abstract: **BACKGROUND:** Childhood asthma continues to be a growing medical concern in the United States, affecting > 17 million children in 1998. The mortality rate from asthma in children aged 5 to 14 years has nearly doubled, from 1.7 deaths per million to 3.2 deaths per million between 1980 and 1993. **OBJECTIVE:** To evaluate the use of artificial neural networks (ANNs) to rate problem-based strategies for asthma management in a defined population of children. **METHODS:** The participants in our study were recruited from a local inner-city medical facility in Los Angeles. The majority of participants had received the diagnosis of mild-to-moderate-persistent asthma. Each participant was given 10 asthma-based problems and asked to manage them. Each management decision and its order were entered into a database. This database was used to train an artificial neural network (ANN). The trained ANN was then used to cluster the various performances, and outputs were evaluated graphically. **RESULTS:** Three hundred five performances were analyzed through our trained neural network. Our ANN classified five major clusters representing different approaches to solving an acute asthma case. **CONCLUSIONS:** ANNs can build rich models of complex phenomena through a training and pattern-recognition process. Such networks can solve classification problems with ill-defined categories in which the patterns are deeply hidden within the data, and models of behavior are not well defined. In our pilot study, we have shown that ANNs can be useful in automating evaluation and improving our understanding of how children manage their asthma.

Jakobsen MS, Sodemann M, Molbak K, Alvarenga IJ, Nielsen J, Aaby P. Termination of breastfeeding after 12 months of age due to a new pregnancy and other causes is associated with increased mortality in Guinea-Bissau. *Int J Epidemiol* 2003; 32(1):92-6. Abstract: **BACKGROUND:** As part of an assessment of breastfeeding and child health in Guinea-Bissau, we investigated the impact of mother's reason for weaning on subsequent child mortality. **METHODS:** Children were identified and followed by the demographic health surveillance system of the Bandim Health Project in Guinea-Bissau. Breastfeeding status and survival were ascertained by 3-monthly follow-up home visits. At termination of breastfeeding mothers were interviewed about her reasons for weaning. In all, 1423 children who terminated breastfeeding after 12 months of age were followed to 3 years of age. **RESULTS:** Median length of breastfeeding was 22 months. Following termination of breastfeeding, 66 children died before 36 months of age. In all, 62% (879/1423) were weaned because they were 'healthy'. Compared with the 'healthy' children, all other causes of weaning were associated with a higher mortality (mortality ratio [MR] = 2.97, 95% CI: 1.54-5.73). For 237 children weaned due to a new pregnancy the MR was 3.25 (95% CI: 1.45-7.30). Seventy-five children weaned because of illness had a 2.98 (95% CI: 0.95-



9.39) fold excess mortality compared with children considered healthy. Excess deaths in the 'non-healthy' group accounted for 44% (29/66) of post-weaning deaths. Median length of spacing between an index child and a new sibling was 28 months irrespective of whether the index child survived or died before 3 years of age. The majority of the deaths occurred before birth of the new sibling. CONCLUSION: Popular rationalizations of abstinence during breastfeeding emphasizes, as we observed, that weaning due to new pregnancy of the mother is associated with higher mortality. This was not due to a shorter breastfeeding period of the child weaned due to a new pregnancy. Generally children weaned for other reasons than 'being healthy' had higher mortality. The mother's reason for weaning could potentially be used as screening criteria in child monitoring programmes in areas with high mortality.

Jamner LD, Whalen CK, Loughlin SE *et al.* Tobacco use across the formative years: a road map to developmental vulnerabilities. *Nicotine Tob Res* 2003; 5 Suppl 1:S71-87.

Abstract: Different vulnerabilities are launched or play a more active role at different developmental stages and different ages. Furthermore, the interplay between developmental and biological, psychosocial, and environmental vulnerabilities is expected to differ across stages of smoking. This article focuses on the intersection of vulnerability associated with adolescence with tobacco-use vulnerability resulting from biological, psychological, and environmental characteristics of an adolescent. Recommendations include the following: (a) Effectively treat childhood and adolescent behavioral and emotional disorders that place adolescents at risk; (b) target programs toward specific high-risk subgroups; (c) incorporate training in self-control, affect regulation, and healthy coping strategies into educational programs and extracurricular activities; (d) encourage youth to develop healthy sources of success and satisfaction; (e) encourage communities and states to launch environmental, policy, and regulatory initiatives to protect youth from tobacco; (f) consider bold initiatives that will require fundamental changes in public attitudes, including monetary rewards for nonsmoking, heightened penalties for facilitating and engaging in underage smoking, and government subsidies for substitute pharmacological agents.

Janson S. Home visitation: from sanitary control to support of the young family. *Acta Paediatr* 2002; 91(5):505-6.

Janssen I, Craig WM, Boyce WF, Pickett W. Associations between overweight and obesity with bullying behaviors in school-aged children. *Pediatrics* 2004; 113(5):1187-94.

Abstract: OBJECTIVE: The prevalence of overweight and obesity in children is rising. Childhood obesity is

associated with many negative social and psychological ramifications such as peer aggression. However, the relationship between overweight and obesity status with different forms of bullying behaviors remains unclear. The purpose of this article is to examine these relationships. METHODS: We examined associations between bullying behaviors (physical, verbal, relational, and sexual harassment) with overweight and obesity status in a representative sample of 5749 boys and girls (11-16 years old). The results were based on the Canadian records from the 2001/2002 World Health Organization Health Behaviour in School-Aged Children Survey. Body mass index (BMI) and bullying behaviors were determined from self-reports. RESULTS: With the exception of 15- to 16-year-old boys, relationships were observed between BMI category and peer victimization, such that overweight and obese youth were at greater relative odds of being victims of aggression than normal-weight youth. Strong and significant associations were seen for relational (eg, withdrawing friendship or spreading rumors or lies) and overt (eg, name-calling or teasing or hitting, kicking, or pushing) victimization but not for sexual harassment. Independent of gender, there were no associations between BMI category and bully-perpetrating in 11- to 14-year-olds. However, there were relationships between BMI category and bully-perpetrating in 15- to 16-year-old boys and girls such that the overweight and obese 15- to 16-year-olds were more likely to perpetrate bullying than their normal-weight classmates. Associations were seen for relational (boys only) and overt (both genders) forms of bully-perpetrating but not for sexual harassment. CONCLUSIONS: Overweight and obese school-aged children are more likely to be the victims and perpetrators of bullying behaviors than their normal-weight peers. These tendencies may hinder the short- and long-term social and psychological development of overweight and obese youth.

Janssens HM, van der Wiel EC, Verbraak AF, de Jongste JC, Merkus PJ, Tiddens HA. Aerosol therapy and the fighting toddler: is administration during sleep an alternative? *J Aerosol Med* 2003; 16(4):395-400. Abstract: Insufficient cooperation during administration of aerosols by pressurized metered dose inhaler (pMDI)/spacers is a problem in nearly 50% of treated children younger than 2 years. For these children, administration during sleep might be more efficient. However, it is unknown how much aerosol reaches the lungs during sleep. The aim of this study was to determine in vitro the lung dose in young children from a pMDI/spacer during sleep and while being awake. Breathing patterns were recorded by a pneumotachograph in 18 children (age 11 +/- 5.1 months) during sleep and wakefulness. Next, breathing patterns were replayed by a computer-controlled breathing simulator to which an anatomically correct nose-throat model of a 9-month-old child was attached.

One puff of budesonide (200 microg) was administered to the model via a metal spacer. Aerosol was trapped in a filter placed between model and breathing simulator. The amount of budesonide on the filter (5 lung dose) was analyzed by HPLC. For each of the 36 breathing patterns, lung dose was measured in triplicate. The sleep breathing patterns had significantly lower respiratory rate and peak inspiratory flows, and smaller variability in respiratory rate, tidal volume, and peak inspiratory flows. Lung dose (mean +/- SD) was 6.5 +/- 3.2 and 11.3 +/- 3.9 microg ( $p = 0.004$ ) for the wake and sleep breathing pattern, respectively. This infant model-study shows that the lung dose of budesonide by pMDI/spacer is significantly higher during sleep compared to inhalation during wake breathing. Administration of aerosols during sleep might, therefore, be an efficient alternative for uncooperative toddlers.

Jansson A, Sivberg B, Larsson BW, Uden G. First-time mothers' satisfaction with early encounters with the nurse in child healthcare: home visit or visit to the clinic? *Acta Paediatr* 2002; 91(5):571-7. Abstract: The aim of this study was to describe first-time mothers' views of satisfaction with their first encounter with the nurse, in order to investigate differences between home visits and clinic visits and between high/middle and low socioeconomic classification (SEC). A nation-wide postal questionnaire sent to 800 first-time mothers yielded the data for statistical analysis. Data were collected using a modified version of the questionnaire "Quality of Care from the Patient's Perspective", the part concerning child healthcare. The results showed that mothers who had received home visits were more content with the encounter than were mothers who had to visit the clinic. This particularly concerned advice on breastfeeding, being able to talk to the nurse in peace and quiet, and the fact that the nurse took time and was personal. In contrast, the mothers who had received a home visit were less content with the competence of the nurse when she examined the child. Mothers of low SEC were less satisfied with the first encounter than were mothers of high/middle SEC with regard to several points. Conclusion: Home visits were shown to have advantages over visits to the clinic. Mothers of low SEC were less satisfied with the first encounter with the nurse than were mothers in the high/middle SEC.

Jaremko JL, Poncet P, Ronsky J *et al.* Comparison of Cobb angles measured manually, calculated from 3-D spinal reconstruction, and estimated from torso asymmetry. *Comput Methods Biomech Biomed Engin* 2002; 5(4):277-81. Abstract: While scoliotic spinal deformity is traditionally measured by the Cobb angle, we seek to estimate scoliosis severity from the torso surface without X-ray radiation. Here, we measured the Cobb angle in three ways: by protractor from postero-anterior

X-ray, by computer from a 3-D digitized model of the vertebral body line, and by neural-network estimation from indices of torso surface asymmetry. The estimates of the Cobb angle by computer and by neural network were equally accurate in 153 records from 52 patients (standard deviation of 6 degrees from the Cobb angle,  $r=0.93$ ), showing that torso asymmetry reliably predicted spinal deformity. Further improvements in predictive accuracy may require estimation of other 3-D indices of spinal deformity besides the Cobb angle with its wide measurement variability.

Jaremko JL, Poncet P, Ronsky J *et al.* Estimation of spinal deformity in scoliosis from torso surface cross sections. *Spine* 2001; 26(14):1583-91. Abstract: STUDY DESIGN: Correlation of torso scan and three-dimensional radiographic data in 65 scans of 40 subjects. OBJECTIVES: To assess whether full-torso surface laser scan images can be effectively used to estimate spinal deformity with the aid of an artificial neural network. SUMMARY OF BACKGROUND DATA: Quantification of torso surface asymmetry may aid diagnosis and monitoring of scoliosis and thereby minimize the use of radiographs. Artificial neural networks are computing tools designed to relate input and output data when the form of the relation is unknown. METHODS: A three-dimensional torso scan taken concurrently with a pair of radiographs was used to generate an integrated three-dimensional model of the spine and torso surface. Sixty-five scan-radiograph pairs were generated during 18 months in 40 patients (Cobb angles 0-58 degrees ): 34 patients with adolescent idiopathic scoliosis and six with juvenile scoliosis. Sixteen (25%) were randomly selected for testing and the remainder ( $n = 49$ ) used to train the artificial neural network. Contours were cut through the torso model at each vertebral level, and the line joining the centroids of area of the torso contours was generated. Lateral deviations and angles of curvature of this line, and the relative rotations of the principal axes of each contour were computed. Artificial neural network estimations of maximal computer Cobb angle were made. RESULTS: Torso-spine correlations were generally weak ( $r < 0.5$ ), although the range of torso rotation related moderately well to the maximal Cobb angle ( $r = 0.64$ ). Deformity of the torso centroid line was minimal despite significant spinal deformity in the patients studied. Despite these limitations and the small data set, the artificial neural network estimated the maximal Cobb angle within 6 degrees in 63% of the test data set and was able to distinguish a Cobb angle greater than 30 degrees with a sensitivity of 1.0 and specificity of 0.75. CONCLUSIONS: Neural-network analysis of full-torso scan imaging shows promise to accurately estimate scoliotic spinal deformity in a variety of patients.

Jaremko JL, Poncet P, Ronsky J *et al.* Genetic algorithm-neural network estimation of cobb angle from torso asymmetry in scoliosis. *J Biomech Eng* 2002;

124(5):496-503.

Abstract: Scoliosis severity, measured by the Cobb angle, was estimated by artificial neural network from indices of torso surface asymmetry using a genetic algorithm to select the optimal set of input torso indices. Estimates of the Cobb angle were accurate within 5 degrees in two-thirds, and within 10 degrees in six-sevenths, of a test set of 115 scans of 48 scoliosis patients, showing promise for future longitudinal studies to detect scoliosis progression without use of X-rays.

Jaspan T, Griffiths PD, McConachie NS, Punt JA. Neuroimaging for non-accidental head injury in childhood: a proposed protocol. *Clin Radiol* 2003; 58(1):44-53.

Abstract: Non-accidental head injury (NAHI) is a major cause of neurological disability and death during infancy. Radiological imaging plays a crucial role in evaluating craniospinal injury, both for guiding medical management and the forensic aspects of abusive trauma. The damage sustained is varied, complex and may be accompanied by an evolving pattern of brain injury secondary to a cascade of metabolic and physiological derangements. Regrettably, many cases are poorly or incompletely evaluated leading to diagnostic errors and difficulties in executing subsequent child care or criminal proceedings. It is evident, from cases referred to the authors, that imaging protocols for NAHI are lacking (or only loosely adhered to, if present) in many centres throughout the U.K. Future research in this field will also be hampered if there is a lack of consistent and reliable radiological data. There is no nationally agreed protocol for imaging NAHI. We propose such a protocol, based upon a wide experience in the medical management of child abuse and extensive involvement in the medicolegal aspects of NAHI.

Jasper J, Clark WD, Cabrera-Meza G, Berseth CL, Fernandes CJ. Whose child is it anyway? Resolving parent-physician conflict in the NICU setting. *Am J Perinatol* 2003; 20(7):373-80.

Notes: GENERAL NOTE: KIE: 23 refs. GENERAL NOTE: KIE: KIE Bib: treatment refusal/minors

Abstract: Much has been written on parental involvement in decision making when dealing with critically ill children, but few articles have touched upon parental refusal of treatment in noncritically ill children. What steps should be taken when a parent refuses what is generally considered "standard of care" medicine for their hospitalized child? Does medical advice outweigh parental views or wishes, and what does one do when our role as physician turns from medical expert into one of medical negotiator? The following case and discussion deal with parental refusal of conventional medical care, and how one may find peaceful resolutions to challenging situations for the ultimate good of the child.

Jayasena A, Niriella DA. Rupture of the tympanic membrane following assault: a retrospective study of victims of violence who presented to the private sector. *Ceylon Med J* 2001; 46(4):161-2.

Jeal N, Salisbury C. A health needs assessment of street-based prostitutes: cross-sectional survey. *J Public Health (Oxf)* 2004; 26(2):147-51. Abstract: BACKGROUND: Research with prostitutes has tended to concentrate on sexual health rather than wider health issues, and has failed to differentiate between street-based prostitutes and off-street workers. Little is known about the general health and background of street-based sex workers, the group likely to have the greatest needs. METHODS: An interview-based survey amongst street-based sex workers in central Bristol was employed. RESULTS: Seventy-one women were interviewed. All reported chronic health problems. Sexually transmitted infections were between nine and 60 times more common than the general population. Many women (44 per cent; n = 31) had experienced sexual abuse and 38 per cent (n = 27) had been in care. Women who had experienced care left school earlier (14.1 versus 15.5 years; p < 0.0001 unpaired t-test) and were less likely to have their own children at home [1/18 (5.5 per cent) versus 8/25 (32 per cent); p = 0.06] The stillbirth rate was 50/1000. Most (97 per cent; n = 69) had been offered more money for unprotected sex. Half (51 per cent; n = 36) had unprotected sex in the last week. All had drug or alcohol dependency problems. In the last week, 22 per cent (n = 9/41) of injecting drug users had shared needles and 59 per cent (n = 24/41) had shared injecting equipment, despite most (96 per cent; n = 39/41) knowing the risks. CONCLUSIONS: The health and social inequalities experienced by this group are much worse than any group highlighted in the 'Tackling Health Inequalities Review 2002' and appear cross generational. In neither that report nor the Sexual Health and HIV Strategy report are sex workers identified as a particularly high priority group. There is the potential for their needs to continue to be unmet.

Jenkins C, Rahman H. Rapidly changing conditions in the brothels of Bangladesh: impact on HIV/STD. *AIDS Educ Prev* 2002; 14(3 Suppl A):97-106. Abstract: Bangladesh is a low HIV prevalence country with several well-documented at-risk groups, the most prominent of which is brothel-based sex workers. Using two waves of HIV behavioral surveillance data for a national sample of all operating registered brothels supplemented by historical and observational accounts, this article presents a case study of the changing conditions in the brothels. Between the two waves of surveillance, several brothels were forcibly closed; the number of sex workers dropped; the average number of clients per woman rose; and overall safety, both in terms of violence and protected sex, did not improve. Only treatment-seeking behavior for sexually transmitted diseases was positively changed.

Continued surveillance of the possible negative impact of HIV prevention programs is under way. Protective policies are needed to facilitate improved HIV prevention and safety of sex workers, a key to controlling the HIV epidemic.

Jenkins T, Moellendorf D, Schuklenk U. The distribution of medical resources, withholding medical treatment, drug trials, advance directives, euthanasia and other ethical issues: the Thandi case (II). *Developing World Bioethics* 2001; 1(2):163-74.  
Notes: GENERAL NOTE: KIE: Jenkins, Trefor; Moellendorf, Darrel; Schuklenk, Udo  
GENERAL NOTE: KIE: 13 refs.  
GENERAL NOTE: KIE: KIE Bib: bioethics; patient care/minors

Jensen PS, Eaton Hoagwood K, Roper M *et al.* The services for children and adolescents-parent interview: development and performance characteristics. *J Am Acad Child Adolesc Psychiatry* 2004; 43(11):1334-44.  
Abstract: OBJECTIVE: To date, no instrument has been developed that captures children's services use across primary care, specialty mental health, and other settings, including setting, treatment type, provider discipline, and length and intensity of specific interventions over varying follow-up periods. The authors developed a highly structured services assessment measure [Services for Children and Adolescents-Parent Interview (SCAPI)] for use in the National Institute of Mental Health Multimodal Treatment Study of Children With Attention Deficit Hyperactivity Disorder (MTA). METHOD: After successfully piloting and refining the SCAPI during initial phases of the MTA, the authors used this measure at 24 months post-randomization to ascertain the previous 6 months of services use for all participating (516 of 579) MTA children and families and 285 age- and gender-matched classroom control children. RESULTS: Findings revealed meaningful, face-valid differences between MTA and control children in levels and types of services used during the previous 6-month period. Services use data reported by parents was substantially in accord with data independently gathered by the research data center. Site variations were found in the level and use of several specific services, such as individual child psychotherapy (sites ranged from 0% to 6.8% among classroom controls compared with 9.7% to 46.1% among MTA participants) and special education services (0% to 14.6% among classroom controls, 27.5% to 34.8% among MTA participants), consistent with differences reported in other studies. CONCLUSIONS: These data support the descriptive validity of SCAPI-ascertained services use data and indicate that the SCAPI can provide investigators and policymakers a valid means of assessing services type, intensity, onset and offset, provider type, and content.

Jhanjee I, Saxeena D, Arora J, Gjerdingen DK. Parents' health and demographic characteristics predict noncompliance with well-child visits. *J Am Board Fam Pract* 2004; 17(5):324-31.  
Abstract: BACKGROUND: The purpose of this study was to investigate factors related to well-child visit noncompliance in an ethnically diverse family practice clinic population. METHODS: Participants included 146 parents (131 mothers and 15 fathers) of children aged 0 to 24 months who received care at a St. Paul residency clinic. Participants completed telephone surveys that asked about their demographic characteristics, attitudes toward well-child visits, whether the most recent planned well-child visit had been kept, and their own and their child's health characteristics. RESULTS: All participants thought that well-child visits were important, with immunizations being the highest rated reason for importance. Fourteen percent of parents said they had missed a recent well-child visit, mostly because they forgot. More than three fourths of parents believed visit reminders were helpful, and the preferred type of reminder was a telephone call. Noncompliance with well-child visits was associated with the parent's depressive symptoms, transportation difficulties, working at a job, having private (vs public) health insurance, and being older (vs younger). CONCLUSIONS: These results suggest that well-child visit compliance might be enhanced by visit reminders and improved access to transportation. The relationship of well-child visit noncompliance to parental depressive symptoms, if verified in other populations, points to a need for greater surveillance of children/families who do not schedule or keep well-child visits.

Jing H, Takigawa M, Benasich AA. Relationship of nonlinear analysis, MRI and SPECT in the lateralization of temporal lobe epilepsy. *Eur Neurol* 2002; 48(1):11-9.  
Abstract: OBJECTIVES: The purpose of this study was to investigate the correlation of lateralization by nonlinear analysis, magnetic resonance imaging (MRI) and interictal single-photon emission computed tomography (SPECT) in patients with temporal lobe epilepsy. METHODS: Twenty-three patients (7 males, 16 females) were examined by MRI, interictal SPECT and EEG. Nonlinear dynamic properties of neuronal networks were estimated by calculating correlation dimensions on interictal EEG signals and corresponding surrogate data. Lateralization was detected based on the criteria introduced in this study. Concordance rates of the results among the three methods were compared. RESULTS: Epileptogenic foci were shown in the temporal areas in 21 patients using the nonlinear method (8 left, 2 right, 11 both), while 20 patients showed abnormalities in temporal lobes on MR images (13 left, 5 right, 2 both). Low cerebral blood flows of the temporal lobes were detected in all patients (11 left, 8 right, 4 both).

Completely concordant lateralization was observed in 8 patients (35%) for the nonlinear method and MRI, in 9 patients (39%) for the nonlinear method and SPECT, and in 10 patients (43%) for MRI and SPECT. There were no significant differences among the concordance rates for these different methods. CONCLUSIONS: Our results revealed that correlation dimension is useful for differentiating dynamic properties of neuronal networks in the interictal state, and can provide informative data for localizing epileptogenic foci in epileptic patients. Therefore, the present nonlinear method is recommended for use with patients during presurgical evaluation.

Joanisse MF, Seidenberg MS. Phonology and syntax in specific language impairment: evidence from a connectionist model. *Brain Lang* 2003; 86(1):40-56. Abstract: Difficulties in resolving pronominal anaphora have been taken as evidence that Specific Language Impairment (SLI) involves a grammar-specific impairment. The present study explores an alternative view, that grammatical deficits in SLI are sequelae of impaired speech perception. This perceptual deficit specifically affects the use of phonological information in working memory, which in turn leads to poorer than expected syntactic comprehension. This hypothesis was explored using a connectionist model of sentence processing that learned to map sequences of words to their meanings. Anaphoric resolution was represented in this model by recognizing the semantics of the correct antecedent when a bound pronoun was input. When the model was trained on distorted phonological inputs-simulating a perceptual deficit-it exhibited marked difficulty resolving bound anaphors. However, many other aspects of sentence comprehension were intact; most importantly, the model could still resolve pronouns using gender information. In addition, the model's deficit was graded rather than categorical, as it was able to resolve pronouns in some sentences, but not in others. These results are consistent with behavioral data concerning syntactic deficits in SLI. The model provides a causal demonstration of how a perceptual deficit could give rise to grammatical deficits in SLI.

Johansson A, Hermansson G, Ludvigsson J. When does exposure of children to tobacco smoke become child abuse? *Lancet* 2003; 361(9371):1828.

Johansson K, Darj E. What type of information do parents need after being discharged directly from the delivery ward? *Ups J Med Sci* 2004; 109(3):229-38. Abstract: Early discharge normally means that mother and infant are discharged from the hospital between six hours and three days after delivery. Early discharge with home-visits after normal delivery was introduced at Uppsala University Hospital in 1990. Seventeen percent of the women who gave birth in 2003 in Uppsala used the home-care option as an alternative to

postnatal care at the hospital. The home-visiting midwives use a checklist to give and gain information about the health of the child and mother and about how breast-feeding is going. The purpose of this study was to examine the parents' need of information after early discharge after delivery and to compare their needs with the information given according to the checklist for home-visits. Forty-two couples completed the study. They were asked to formulate five questions to the midwife at the home-visit. After the questions were gathered, a content-analysis was done. Three different main groups were identified: questions concerning 1) the child (68%) such as hygiene, bowel movements, burping, vomiting, eating, sleeping and sneezing 2) breast-feeding (21%) questions were asked about position while breast-feeding, nipples and amount of milk 3) the mother (11%) questions concerned afterpains, stitches, eating and drinking. The results show that the checklist worked sufficiently well as a work tool, but can be adjusted further according to the parents' need. This study shows that they needed more information about the care of the infant, primarily concerning hygiene.

Johnson A. Birth defects registries: a resource for research. *NCSL Legisbrief* 2003; 11(46):1-2.

Johnson A. The genetic key to public health. *State Legis* 2003; 29(2):28-30. Abstract: Strides in genetics research are making a difference in public health.

Johnson A. Protecting the privacy of newborns. *NCSL Legisbrief* 2003; 11(11):1-2.

Johnson AK. Social work is standing on the legacy of Jane Addams: but are we sitting on the sidelines? *Soc Work* 2004; 49(2):319-22.

Johnson AL, Morrow CE, Accornero VH, Xue L, Anthony JC, Bandstra ES. Maternal cocaine use: estimated effects on mother-child play interactions in the preschool period. *J Dev Behav Pediatr* 2002; 23(4):191-202.

Abstract: The study objective was to evaluate the quality of parent-child interactions in preschool-aged children exposed prenatally to cocaine. African-American mothers and their full-term newborns (n = 343) were enrolled prospectively at birth and classified as either prenatally cocaine-exposed (n = 157) or non-cocaine-exposed (n = 186) on the basis of maternal self-report and bioassays. Follow-up evaluations at 3 years of age (mean age, 40 mo) included a videotaped dyadic play session and maternal interviews to assess ongoing drug use and maternal psychological distress. Play interactions were coded using a modified version of Egeland et al's Teaching Task coding scheme. Regression analyses indicated cocaine-associated deficits in mother-child interaction, even with

statistical adjustment for multiple suspected influences on interaction dynamics. Mother-child interactions were most impaired in cocaine-exposed dyads when the mother continued to report cocaine use at the 3-year follow-up. Multivariate profile analysis of the Egeland interaction subscales indicated greater maternal intrusiveness and hostility, poorer quality of instruction, lower maternal confidence, and diminished child persistence in the cocaine-exposed dyads.

Johnson DM, Pike JL, Chard KM. Factors predicting PTSD, depression, and dissociative severity in female treatment-seeking childhood sexual abuse survivors. *Child Abuse Negl* 2001; 25(1):179-98. Abstract: OBJECTIVE: Two main questions were asked: (1) what abuse characteristics relate to PTSD, depressive, and dissociative severity in adult survivors of child sexual abuse (CSA); and (2) what abuse characteristics influence the severity of dissociation during CSA. METHOD: 89 female CSA survivors' current symptoms of PTSD, depression, and dissociation were assessed with standardized measures. Additionally, abuse characteristics (e.g., age of onset, peritraumatic dissociation) were assessed with a structured interview. RESULTS: Correlational analyses indicated that peritraumatic dissociation was most strongly related to all three types of symptom severity. Additional posthoc correlational analyses revealed that women who experienced penile penetration, believed someone/thing else would be killed, and/or were injured as a result of the abuse exhibited more severe peritraumatic dissociation. Regression analyses indicated that peritraumatic dissociation was the only variable to significantly predict symptom severity across symptom type or disorder. Furthermore, different abuse characteristics predicted adult symptom severity and peritraumatic dissociation. CONCLUSIONS: The relation between peritraumatic dissociation and adult symptomatology was most intriguing and has two main clinical implications: (1) teaching engagement strategies to some CSA survivors in hopes of containing dissociative symptoms immediately following the abuse and (2) the inclusion of exposure-based interventions in the treatment of some adult CSA survivors where indicated.

Johnson MH, Mareschal D. Cognitive and perceptual development during infancy. *Curr Opin Neurobiol* 2001; 11(2):213-8. Abstract: Over the past seven years, the main advances in our understanding of infant development have involved the application of cognitive neuroscience methods such as neuroimaging and computer modelling. Results obtained using these methods have illuminated further the complex interactions between nature and nurture that underlie early postnatal development.

Johnson MO, O'Sullivan AL. Children and the courts:

advocacy roles for pediatric nurses. *J Spec Pediatr Nurs* 2002; 7(4):171-4.

Johnson RJ, Greenhoot AF, Glisky E, McCloskey LA. The relations among abuse, depression, and adolescents' autobiographical memory. *J Clin Child Adolesc Psychol* 2005; 34(2):235-47. Abstract: This study examined the relations among early and recent experiences with abuse, depression, and adolescents' autobiographical memory in a longitudinal study of family violence. Participants' (N = 134) exposure to violence was documented when they were 6 to 12 years old and again when they were 12 to 18 years old. The second assessment included measures of depression and autobiographical memory for childhood experiences. Memory problems were more consistently related to current circumstances than childhood abuse history. For instance, depressive symptoms were associated with increased rates of "overgeneral" childhood memories. Recent exposure to family violence predicted more overgeneral memories, shorter memories, and lower rates of negative memories. The patterns suggest that adolescents currently stressed by depression or family violence might strategically avoid the details of past experiences to regulate affect.

Johnson SA, Fisher K. School violence: an insider view. *MCN Am J Matern Child Nurs* 2003; 28(2):86-92. Abstract: PURPOSE: To discover what teachers perceive to be contributing factors to violence in schools. STUDY DESIGN AND METHODS: Open-ended questions were asked of a convenience sample of teachers ( = 396) during an in-service education program on school violence. The teachers were in a semi-rural school district in a Mid-Atlantic state. Answers were analyzed using content analysis; all responses were reviewed and important themes were extracted. Identified themes were then placed into suitable categories and studied to determine relationships. RESULTS: Of the surveys analyzed ( = 239), 13 themes were identified. The three categories which then identified probable causes of school violence were (1) lack of knowledge, (2) lack of support, and (3) inadequate safety measures. CLINICAL IMPLICATIONS: Nurses can use the results of this study in multiple ways. One is to help parents understand their role in preventing school violence. Because violence in the home and violence in the media seem to foster violent acting-out behavior, nurses can teach parents about these correlations and seek solutions such as the elimination of family violence, and monitoring television viewing and video games. Nursing assessments of school-aged children and their families can include these elements. School nurses in particular can use these study results as an opportunity to develop interventions for students, teachers, and families that stress knowledge building about impulse control, anger management, appropriate parenting, and early intervention for at-risk children.

- Johnson SE. Physically restraining children at home or school. *Psychiatr Serv* 2002; 53(2):125.
- Johnston I. Conjoined twins. *Lancet* 2001; 357(9250):149.  
Notes: GENERAL NOTE: KIE: Johnston, Ian  
GENERAL NOTE: KIE: 2 refs.  
GENERAL NOTE: KIE: KIE Bib: parental consent
- Johnston MV. Excitotoxicity in neonatal hypoxia. *Ment Retard Dev Disabil Res Rev* 2001; 7(4):229-34.  
Abstract: Hypoxic-ischemic encephalopathy (HIE) in neonates is a disorder of excessive neuronal excitation that includes seizures, abnormal EEG activity, and delayed failure of oxidative metabolism with elevated levels of lactic acid in the brain. Evidence from experimental models and clinical investigation indicates that HIE is triggered by a profound disruption in the function of glutamate synapses so that re-uptake of glutamate from the synapse is impaired and post-synaptic membranes containing glutamate receptors are depolarized. Severe hypoxemia preferentially depolarizes neuronal membranes, while ischemia probably has greater impact on the activity of glial glutamate re-uptake. Together, severe hypoxia and ischemia trigger a delayed cascade of events that may result in cell death by necrosis and/or apoptosis. Apoptosis is far more prominent in the neonate than in the adult and activation of cysteine proteases such as caspase-3 is a very important pathway in excitotoxic neonatal injury. Understanding the complex molecular networks triggered by an excitotoxic insult in the neonate provides insight into patterns of selective neuronal vulnerability and potential therapeutic strategies.
- Jones B, Litzelfelner P, Ford J. The value and role of Citizen Review Panels in child welfare: perceptions of citizens review panel members and child protection workers. *Child Abuse Negl* 2003; 27(6):699-704.
- Jones DJ, Forehand R, Brody G, Armistead L. Parental monitoring in African American, single mother-headed families. An Ecological approach to the identification of predictors. *Behav Modif* 2003; 27(4):435-57.  
Abstract: Parental monitoring is considered an essential parenting skill. Despite its relevance to a range of child and adolescent outcomes, including the prevention of conduct problems and substance use, there has been little empirical attention devoted to examining the antecedents of parental monitoring. Building on Bronfenbrenner's ecological model, this study examined the association between the ecological context in which families reside and parental monitoring across two waves of data separated by 15 months. Findings were consistent across increasingly conservative sets of hierarchical multiple regression analyses. Whether the neighborhood was rural or urban and the level of maternal depressive symptoms predicted parental-monitoring behavior concurrently and longitudinally as well as change in parental monitoring over time. Monitoring increased over the 15-month interval more in urban areas than rural areas and among mothers with lower levels of depressive symptoms. Clinical implications and directions for future research are discussed.
- Jones DP. Editorial: Dissociation in pre-school children. *Child Abuse Negl* 2001; 25(9):1249-51.
- Jones DP. Interviewing children about individual incidents of sexual abuse. *Child Abuse Negl* 2001; 25(12):1641-2.
- Jones JK, Kommu S. A survey of cutlass ("Collins") injuries seen in the emergency department of the Queen Elizabeth Hospital in Barbados. *West Indian Med J* 2002; 51(3):157-9.  
Abstract: For the period March to November 1998 inclusive, a prospective survey was conducted of all patients who sustained injuries with a cutlass or machete and were admitted to the Accident and Emergency Department of the Queen Elizabeth Hospital. Of the 77 patient admissions, 81% (62/77) were male. The average age was 28.8 years (range 8 to 73 years; standard deviation 13.1). Twenty-two per cent of the patients were less than 20 years old. The most common locations of the lacerations were upper extremity (59 lacerations) and scalp (16 lacerations). Thirty-four per cent of the patients (26/77) sustained lacerations to two or more anatomical locations. There were 23 fractures in 21 patients; skull fractures were the most common fractures (11). Of the 63 patients who responded to the question on whether they knew the identity of their assailants, 51 reported that they were attacked by someone known to them; eight were assaulted by a spouse or known family member. Eighty-six per cent of patients (66/77) were treated in the emergency room and discharged. Of the 11 patients admitted, eight required treatment in the operating theatre. The average length of stay was 3.6 days. There were no amputations or deaths. One patient sustained loss of vision in one eye. In Barbados, most victims of cutlass injuries are males who know their assailants and the morbidity is most often related to head injuries and to short-term physical disability due especially to lacerations of the hand and forearm.
- Jones LM, Finkelhor D. Putting together evidence on declining trends in sexual abuse: a complex puzzle. *Child Abuse Negl* 2003; 27(2):133-5.
- Jones RA. Randomized, controlled trial of dexamethasone in neonatal chronic lung disease: 13- to 17-year follow-up study: I. Neurologic, psychological, and educational outcomes. *Pediatrics* 2005; 116(2):370-8.  
Notes: CORPORATE NAME: Collaborative Dexamethasone Trial Follow-up Group  
Abstract: OBJECTIVES: To study neurologic,

educational, and psychological status in adolescence of neonates enrolled in a double-blind, randomized, controlled trial of dexamethasone therapy for chronic lung disease. **PARTICIPANTS:** A total of 287 infants who were chronically dependent on supplementary oxygen and were 2 to 12 weeks of age were recruited from 31 centers in 6 countries to a randomized, controlled trial of dexamethasone base (0.5 mg/kg per day for 1 week); 95% of survivors were reviewed at 3 years. Survivors from the 25 British and Irish centers were retraced at 13 to 17 years of age. **OUTCOME MEASURES:** Nonverbal reasoning, British Picture Vocabulary Scale, Goodman Strengths and Difficulties Questionnaire behavior scores, school national test results, teacher ability ratings, and parental and general practitioner questionnaires. **RESULTS:** A total of 195 children were eligible for the follow-up study. Information was available for 150 children (77%), with 142 (73%) being assessed in home visits. No baseline differences were detected between the children included in the follow-up study and those not included. There was a slight excess of cerebral palsy in the steroid group, which was not statistically significant (relative risk: 1.58; 95% confidence interval: 0.81-3.07). Overall disability rates in both groups were high (21% moderate and 14% severe), but with no difference between the 2 groups (for severe disability, relative risk: 0.84; 95% confidence interval: 0.37-1.86). **CONCLUSIONS:** Information was obtained for 150 adolescents randomized to receive dexamethasone or placebo for neonatal chronic lung disease. Rates of disabilities and educational difficulties were high, but with no significant differences between the 2 groups. Some use of open-label steroids in the placebo group plus losses to long-term follow-up monitoring reduced the power of this study to detect clinically important differences, and this study cannot rule out a real increase in cerebral palsy, as reported by others.

Jones S. Human cloning--ever closer. *RCM Midwives* 2005; 8(9):374-5.

Jonsson U. From needs-based to rights-based approaches to child nutrition: lessons learnt from the 1990s. *Forum Nutr* 2003; 56:118-20.

Jorgensen IM, Jensen VB, Bulow S, Dahm TL, Prah P, Juel K. Asthma mortality in the Danish child population: risk factors and causes of asthma death. *Pediatr Pulmonol* 2003; 36(2):142-7. Abstract: Child death due to asthma is a rare and potentially preventable event. We investigated possible risk factors for death due to asthma in children and adolescents, as a step towards preventing or minimizing asthma death in this age group, and improving asthma management and care. We reviewed all 108 cases of asthma death in 1-19-year-olds in Denmark, 1973-1994. Copies of death certificates, hospital records, information from general

practitioners, and autopsy records were obtained. The information was assessed with particular reference to: features and duration of asthma before death; severity of asthma; time and place of death; long-term and ongoing medical treatment; quality of medical care; circumstances of final illness; and medical treatment during the final episode of asthma. Age groups of 1-4 years, 5-14 years, and 15-19 years were analyzed separately and in aggregate. Death occurred predominantly in the 15-19-year age group. Generally, significantly more patients died in the summer. These patients were more atopic, had fewer asthma symptoms, and did not have regular asthma consultations. Nearly all patients had early-onset asthma. The 1-4-year age group was characterized by severe asthma. Major risk factors (all age groups) were: gradual deterioration during the last month; length of final attack (>3 hr); and delay in seeking medical help during the final attack. None of the children died during their first attack. Nonadherence was most frequent among the 15-19-year-olds. All asthmatic children and young adults should regularly receive medical care and assessment, even if they suffer only a few symptoms. This study underlines the need for ongoing education of the patient's family, the patient, and doctors on long-term management and management of acute attacks. Copies of clearly written individual plans for periods with increasing symptoms should be supplied to the patient/family and, where appropriate, to their general practitioners. The object of these measures is that the patient and parents/family learn to recognize the signs of deterioration and to act on them.

Jose N. Child poverty: is it child abuse? *Paediatr Nurs* 2005; 17(8):20-3.

Joseph J, Noble K, Eden G. The neurobiological basis of reading. *J Learn Disabil* 2001; 34(6):566-79. Abstract: The results from studies using positron emission tomography (PET) and functional magnetic resonance imaging (fMRI) in adults have largely revealed the involvement of left-hemisphere perisylvian areas in the reading process, including extrastriate visual cortex, inferior parietal regions, superior temporal gyrus, and inferior frontal cortex. Although the recruitment of these regions varies with the particular reading-related task, general networks of regions seem to be uniquely associated with different components of the reading process. For example, visual word form processing is associated with occipital and occipitotemporal sites, whereas reading-relevant phonological processing has been associated with superior temporal, occipitotemporal and inferior frontal sites of the left hemisphere. Such findings are evaluated in light of the technical and experimental limitations encountered in functional brain imaging studies, and the implications for pediatric studies are discussed.



Joseph MM. The human side of medicine: don't be scared to be personal. *Ann Emerg Med* 2002; 40(3):363-4.

Joshi P, Mofidi S, Sicherer SH. Interpretation of commercial food ingredient labels by parents of food-allergic children. *J Allergy Clin Immunol* 2002; 109(6):1019-21.

**Abstract:** **BACKGROUND:** To avoid allergic reactions, food-allergic consumers depend on the ingredient labels of commercial products. Complex ingredient terminology (eg, casein and whey for milk) and label ambiguities (eg, natural flavor and may contain peanut ) might compromise the ability of patients/parents to determine the safety of particular products. **OBJECTIVE:** The purpose of this investigation was to determine the accuracy of label reading among parents of food-allergic children. **METHODS:** Parents of children on restricted diets attending our referral center were asked to review a group of 23 food labels taken from widely available commercial products. For each label, each parent/parent pair was asked to indicate whether the product was safe for the allergic child and, if it was not, which foods restricted from the child's diet were in the product. **RESULTS:** There were 91 participants. Peanut was the most commonly restricted food (82 children), followed by milk, egg, soy, and wheat (60, 45, 27 and 16 children, respectively). Identification of milk and soy was the most problematic: only 4 (7%) of 60 parents correctly identified all 14 labels that indicated milk, and only 6 (22%) of 27 parents correctly identified soy protein in 7 products. Peanut was correctly identified in 5 products by 44 (54%) of the 82 parents restricting peanut. Wheat (10 labels) and egg (7 labels) were correctly identified by most parents (14/16 and 42/45, respectively). Correct label identification was associated with prior instruction by a dietitian. **CONCLUSIONS:** With current labeling practices, most parents are unable to identify common allergenic food ingredients. These results strongly support the need for improved labeling with plain-English terminology and allergen warnings as well as the need for diligent education of patients about reading labels.

Joshi PT, O'Donnell DA. Consequences of child exposure to war and terrorism. *Clin Child Fam Psychol Rev* 2003; 6(4):275-92.

**Abstract:** Acts of war and terrorism are increasingly prevalent in contemporary society. Throughout history, weaponry has become more efficient, accurate, and powerful, resulting in more devastation and loss of human life. Children are often overlooked as victims of such violence. Around the world, children are exposed to violence in multiple forms, frequently developing traumatic stress reactions. Such reactions are best understood within the context of social-emotional and cognitive development, as children respond differently to the stress of violence depending on their developmental level. Furthermore, the violence of war

and terrorism often results in a multitiered cascade of negative life events including loss of loved ones, displacement, lack of educational structure, and drastic changes in daily routine and community values. These numerous losses, challenges, and stresses affect children's brains, minds, and bodies in an orchestrated whole-organism response. This paper describes these effects, synthesizing the current state of research on childhood traumatic stress reactions from the fields of neuroscience, clinical psychology, and pediatric diagnostic epidemiology.

Josten LE, Savik K, Anderson MR *et al.* Dropping out of maternal and child home visits. *Public Health Nurs* 2002; 19(1):3-10.

**Abstract:** The purpose of this study was to examine the relationship between nurse and client characteristics and the reason for client termination from public health nursing maternal and child home visits. The results indicate that clients who dropped out of services received more contacts from the nurses, missed more appointments with the nurses, and were given advice from the nurses on more topics. They also differed from clients who continued with services until the nursing care plan goals were met in reference to marital status, mental illness, source of payment for services, and use of WIC and food stamps. Nurses whose clients were more likely to continue until goals were met were higher in conscientiousness, learned more from experience, and learned less from coworkers or learning on their own. They also worked more hours per week. These findings have implications for practice and research.

Joyce PR, McKenzie JM, Luty SE *et al.* Temperament, childhood environment and psychopathology as risk factors for avoidant and borderline personality disorders. *Aust N Z J Psychiatry* 2003; 37(6):756-64.

**Abstract:** **OBJECTIVE:** To evaluate childhood experiences (neglect and abuse), temperament and childhood and adolescent psychopathology as risk factors for avoidant and borderline personality disorders in depressed outpatients. **METHOD:** One hundred and eighty depressed outpatients were evaluated for personality disorders. Risk factors of childhood abuse, parental care, temperament, conduct disorder symptoms, childhood and adolescent anxiety disorders, depressive episodes, hypomania and alcohol and drug dependence were obtained by questionnaires and interviews. **RESULTS:** Avoidant personality disorder can be conceptualized as arising from a combination of high harm avoidance (shy, anxious), childhood and adolescent anxiety disorders and parental neglect. Borderline personality disorder can be formulated as arising from a combination of childhood abuse and/or neglect, a borderline temperament (high novelty seeking and high harm avoidance), and childhood and adolescent depression, hypomania, conduct disorder and alcohol and drug dependence. **CONCLUSIONS:** Combinations of risk factors from

the three domains of temperament, childhood experiences and childhood and adolescent psychopathology make major contributions to the development of avoidant and borderline personality disorders.

Juffer F, van Ijzendoorn MH. Behavior problems and mental health referrals of international adoptees: a meta-analysis. *JAMA* 2005; 293(20):2501-15. Abstract: CONTEXT: International adoption involves more than 40,000 children a year moving among more than 100 countries. Before adoption, international adoptees often experience insufficient medical care, malnutrition, maternal separation, and neglect and abuse in orphanages. OBJECTIVE: To estimate the effects of international adoption on behavioral problems and mental health referrals. DATA SOURCES: We searched MEDLINE, PsychLit, and ERIC from 1950 to January 2005 using the terms adopt\* combined with (behavior) problem, disorder, (mal)adjustment, (behavioral) development, clinical or psychiatric (referral), or mental health; conducted a manual search of the references of articles, books, book chapters, and reports; and consulted experts for relevant studies. The search was not limited to English-language publications. STUDY SELECTION: Studies that provided sufficient data to compute differences between adoptees (in all age ranges) and nonadopted controls were selected, resulting in 34 articles on mental health referrals and 64 articles on behavior problems. DATA EXTRACTION: Data on international adoption, preadoption adversity, and other moderators were extracted from each study and inserted in the program Comprehensive Meta-analysis (CMA). Effect sizes (d) for the overall differences between adoptees and controls regarding internalizing, externalizing, total behavior problems, and use of mental health services were computed. Homogeneity across studies was tested with the Q statistic. DATA SYNTHESIS: Among 25,281 cases and 80,260 controls, adoptees (both within and between countries) presented more behavior problems, but effect sizes were small (d, 0.16-0.24). Adoptees (5092 cases) were overrepresented in mental health services and this effect size was large (d, 0.72). Among 15,790 cases and 30,450 controls, international adoptees showed more behavior problems than nonadopted controls, but effect sizes were small (d, 0.07-0.11). International adoptees showed fewer total, externalizing and internalizing behavior problems than domestic adoptees. Also, international adoptees were less often referred to mental health services (d, 0.37) than domestic adoptees (d, 0.81). International adoptees with preadoption adversity showed more total problems and externalizing problems than international adoptees without evidence of extreme deprivation. CONCLUSIONS: Most international adoptees are well-adjusted although they are referred to mental health services more often than nonadopted controls. However, international adoptees present fewer

behavior problems and are less often referred to mental health services than domestic adoptees.

Jung H, Parent AS, Ojeda SR. Hypothalamic hamartoma: a paradigm/model for studying the onset of puberty. *Endocr Dev* 2005; 8:81-93. Abstract: This article discusses the potential mechanisms by which hypothalamic hamartomas (HHs) are formed and cause precocious puberty. The hypothesis is presented suggesting that HHs accelerate sexual development by producing bioactive substances that mimic - in an accelerated time-course - the cascade of events underlying the normal initiation of puberty. It is also proposed that because HHs contain key transcriptional and signaling networks required to initiate and sustain a pubertal mode of gonadotropin-releasing hormone (GnRH) release, they are able to trigger the pubertal process at an earlier age. The cellular components of this activating complex may include: (a) neurons able to produce GnRH within the HH; (b) controlling neurons synaptically connected to GnRH neurons in the HH itself and/or to neuronal networks (including GnRH neurons) in the patient's hypothalamus, and (c) signaling-competent astrocytic and ependymogial cells. It is also possible that the developmental abnormalities leading to the formation of HHs result from sporadic defects affecting the same genes and hence the same morphogenic pathways involved in the embryonic development of the ventral hypothalamus and the floor of the third ventricle.

Junqueira V, Pessoto UC, Kayano J *et al.* [Equity in the health sector: evaluation of public policy in Belo Horizonte, Minas Gerais State, Brazil, 1993-1997]. *Cad Saude Publica* 2002; 18(4):1087-101. Abstract: This article evaluates government measures to reduce inequity in the health sector in Belo Horizonte from 1993 to 1997. Our hypothesis is that a municipal administration committed to equity can reduce disparities in health with the support of the Unified National Health System (SUS). The methodology used an urban quality of life index in Belo Horizonte to detect social inequalities in living conditions, as well as differences between the component indices in the infant mortality rate. Other municipal measures were assessed according to the investment resulting from the implementation of a participatory local budget and open planning process. The urban quality of life index appeared to be an appropriate measure for orienting municipal administration. The infant mortality rate proved to be a good indicator for measuring inequality in health. There was a reduction in IMR and mortality reducing gaps in the districts studied. We observed greater investment of physical and financial resources in the districts with the lowest urban quality of life index, and it can thus be stated that the municipal administration reduced the prevailing inequalities.

Juretschke LJ. Ethical dilemmas and the nurse practitioner in the NICU. *Neonatal Netw* 2001; 20(1):33-8. Abstract: With the emergence of advanced practice roles for nurses, including the role of the neonatal nurse practitioner (NNP), nurses are increasingly being placed in the position of making difficult decisions, especially in acute or emergency situations. NNPs, therefore, must have a working knowledge of the ethical decision-making process in order to make appropriate decisions at the bedside.

Kaan B, Toth Z, Fabian TK. [The role of sexual trauma as a cause of orofacial symptoms. Case report]. *Fogorv Sz* 2004; 97(1):37-40. Abstract: Authors describe a 58-year-old female patient with psychogenic atypical facial pain. Sexual trauma in the childhood was found as a cause of the psychogenic pain symptoms, leading to series of unnecessary extraction of teeth in this case. Psychotherapeutic treatment led to the recovery of the somatic symptoms, and a moderate improvement of the behaviour related to men of this patient.

Kaempf JW, Campbell B, Sklar RS *et al.* Implementing potentially better practices to improve neonatal outcomes after reducing postnatal dexamethasone use in infants born between 501 and 1250 grams. *Pediatrics* 2003; 111(4 Pt 2):e534-41. Abstract: OBJECTIVE: The purpose of this article is to describe how a neonatal intensive care unit (NICU) was able to reduce substantially the use of postnatal dexamethasone in infants born between 501 and 1250 g while at the same time implementing a group of potentially better practices (PBPs) in an attempt to decrease the incidence and severity of chronic lung disease (CLD). METHODS: This study was both a retrospective chart review and an ongoing multicenter evidence-based investigation associated with the Vermont Oxford Network Neonatal Intensive Care Quality Improvement Collaborative (NIC/Q 2000). The NICU specifically made the reduction of CLD and dexamethasone use a priority and thus formulated a list of PBPs that could improve clinical outcomes across 3 time periods: era 1, standard NICU care that antedated the quality improvement project; era 2, gradual implementation of the PBPs; and era 3, full implementation of the PBPs. All infants who had a birth weight between 501 and 1250 g and were admitted to the NICU during the 3 study eras were included (era 1, n = 134; era 2, n = 73; era 3, n = 83). As part of the NIC/Q 2000 process, the NICU implemented 3 primary PBPs to improve clinical outcomes related to pulmonary disease: 1) gentle, low tidal volume resuscitation and ventilation, permissive hypercarbia, increased use of nasal continuous positive airway pressure; 2) decreased use of postnatal dexamethasone; and 3) vitamin A administration. The total dexamethasone use, the incidence of CLD, and the mortality rate were the primary outcomes of

interest. Secondary outcomes included the severity of CLD, total ventilator and nasal continuous positive airway pressure days, grades 3 and 4 intracranial hemorrhage, periventricular leukomalacia, stages 3 and 4 retinopathy of prematurity, necrotizing enterocolitis, pneumothorax, length of stay, late-onset sepsis, and pneumonia. RESULTS: The percentage of infants who received dexamethasone during their NICU admission decreased from 49% in era 1 to 22% in era 3. Of those who received dexamethasone, the median number of days of exposure dropped from 23.0 in era 1 to 6.5 in era 3. The median total NICU exposure to dexamethasone in infants who received at least 1 dose declined from 3.5 mg/kg in era 1 to 0.9 mg/kg in era 3. The overall amount of dexamethasone administered per total patient population decreased 85% from era 1 to era 3. CLD was seen in 22% of infants in era 1 and 28% in era 3, a nonsignificant increase. The severity of CLD did not significantly change across the 3 eras, neither did the mortality rate. We observed a significant reduction in the use of mechanical ventilation as well as a decline in the incidence of late-onset sepsis and pneumonia, with no other significant change in morbidities or length of stay. CONCLUSIONS: Postnatal dexamethasone use in premature infants born between 501 and 1250 g can be sharply curtailed without a significant worsening in a broad range of clinical outcomes. Although a modest, nonsignificant trend was observed toward a greater number of infants needing supplemental oxygen at 36 weeks' postmenstrual age, the severity of CLD did not increase, the mortality rate did not rise, length of stay did not increase, and other benefits such as decreased use of mechanical ventilation and fewer episodes of nosocomial infection were documented.

Kagan J. Biological constraint, cultural variety, and psychological structures. *Ann N Y Acad Sci* 2001; 935:177-90.

Abstract: Although biological processes bias humans to develop particular cognitive, affective, and behavioral forms, the cultural context of growth shapes these forms in particular ways. Psychologists have been indifferent to the nature of the mental structures that mediate the varied psychological functions that are the usual target of inquiry. This paper argues that schemata for perceptual events, motor programs, and semantic networks are distinct, although interdependent, forms that rest on different neurophysiologies. The biological constraints are weakest on the semantic networks that are influenced by the history, economy, religion, geography, and social structure of the society. These factors influence how cultures classify names for emotions, categories of self-membership, and popular metaphors for human nature. One class of schemata is derived from changes in body tone. Temperamental variation in the susceptibility to changes in body tone has relevance for understanding personality and a vulnerability to anxiety disorders.

Kagan J, Snidman N, McManis M, Woodward S. Temperamental contributions to the affect family of anxiety. *Psychiatr Clin North Am* 2001; 24(4):677-88. Abstract: The discovery of pharmacologic interventions that mute the intensity of anxiety and guilt in some individuals has been a benevolent gift to those who suffer from these disabling states. Although some commentators have wondered about the social consequences of large numbers of asymptomatic persons taking these drugs, few have questioned the advantages for the smaller group of anguished patients. It is likely, however, that, during the next century, scientists will discover a drug that eliminates the feeling components of guilt and remorse while leaving intact the semantic knowledge that certain acts are ethically improper. An individual who took this drug regularly would continue to know that deceiving a friend, lying to a client, and stealing from an employer are morally wrong but would be protected from the uncomfortable feeling of guilt or remorse that accompanies a violation of a personal moral standard. It is reasonable to wonder, therefore, whether our society would be changed in a major way if many citizens were protected from guilt and remorse. Most Western philosophers, especially Kant, made reason the bedrock of conscience. People acted properly, Kant believed, because they knew that the behavior was morally right. All individuals wish to regard the self as virtuous and try to avoid the uncertainty that follows detection of the inconsistency that is created when they behave in ways that are not in accord with their view of the self's desirable attributes. Kant believed that, although the moral emotions restrain asocial acts, they were not necessary for the conduct of a moral life. On the other hand, some philosophers, such as Peirce and Dewey, argued that anticipation of anxiety, shame, and guilt motivate a continued loyalty to one's ethical standards. A person who was certain that he or she was protected from these uncomfortable emotions would find it easier to ignore the moral imperatives acquired during childhood and adolescence. It is not obvious that a drug that blocks remorse also will eliminate the mutual social obligations that make a society habitable; nonetheless, a posture of vigilance that is appropriate for--unlike gorillas--humans can hold representations of envy, anger, and dislike toward people they have never met for a very long time. While we wait for future inquiry to resolve this issue, it is useful to acknowledge that a satisfying analysis of this problem will require a deeper appreciation of the differences between the representations of the biological events that are the foundation of an emotion and the representations that define the semantic networks for the concepts good and bad.

Kaimbo WK, Spileers W, Missotten L. Ocular emergencies in Kinshasa (Democratic Republic of Congo). *Bull Soc Belge Ophthalmol* 2002; (284):49-53. Abstract: PURPOSE: To determine frequencies of ocular emergencies and identify their nature. DESIGN:

Observational case series. METHODS: In a retrospective study, the records of all 118 consecutive patients seen in emergency room during an eleven-month period were reviewed. RESULTS: Ocular emergencies represented 4% of the 2917 new patients visiting the department of Ophthalmology during this time. There was a 2.1/1 male to female preponderance and a peak age of presentation between 11 and 30 years. The mean age was 26 years +/- 17. Ocular trauma (68 patients) accounted for over two-fourths (57.6%) of the total cases. Only 16% of patients presented within 48 hours. Fifty-one percent of injuries occurred to the left eye, 38% to the right, and 10% bilaterally. The commonest ocular injury problems were eyelid laceration (13 patients, 19.1%), post-traumatic iritis (12 patients, 17.6%), and corneal laceration and penetration (10 patients, 14.7%), accounting for 51% (35 patients) of the total. Home- and work-related ocular injuries accounted for 54% of all ocular injuries. Thirty-three percent of all ocular injuries were caused by assault and fight, and 15% were related to motor vehicle accident. For the non-traumatic ocular emergencies, the main aetiological factor was inflammation (18%). CONCLUSION: Our study showed that males account for the majority of eye injuries and this class is more prone to assault-related injuries. In our country prevention strategies must take account of these.

Kaiser RB, Noonan D. A weary Shepherd. *Newsweek* 2002; 139(14):32.

Kajioka EH, Itoman EM, Li ML, Taira DA, Li GG, Yamamoto LG. Pediatric prescription pick-up rates after ED visits. *Am J Emerg Med* 2005; 23(4):454-8. Abstract: OBJECTIVE: To determine the compliance rate in filling outpatient medication prescriptions written upon discharge from the emergency department (ED). METHODS: Emergency department records of children during a 3-month period were examined along with pharmacy claim data obtained in cooperation with the largest insurance carrier in the community (private and Medicaid). Pharmacy claim data were used to validate the prescription pick-up date. RESULTS: Overall, 65% of high-urgency prescriptions were filled. The prescription pick-up rate in the 0-to 3-year age group (75%) was significantly higher than in the rest of the cohort (55%) (  $P < .001$ ). Children with private insurance were more likely to fill their prescriptions (68%) compared to children with Medicaid insurance (57%) (  $P = .03$ ). CONCLUSION: This study demonstrates that filling a prescription after discharge from an ED represents a substantial barrier to medication compliance.

Kalb LM, Loeber R. Child disobedience and noncompliance: a review. *Pediatrics* 2003; 111(3):641-52. Abstract: Child disobedience and noncompliance is a recurring problem frequently brought to the attention of

pediatricians and others working with children and their parents. This article reviews empirical studies concerning childhood noncompliance. Definitions of noncompliance (also called disobedience) are presented, and observational studies that have measured noncompliance in the laboratory and at home are reviewed. Studies show considerable variability in the prevalence of noncompliance, but demonstrate that it is a frequent problem for parents. Longitudinal data from the Pittsburgh Youth Study are presented to more closely examine the onset and stability of noncompliance in childhood and adolescence. Evidence suggests that extreme childhood noncompliance is relatively stable over time, peaking slightly during early adolescence and decreasing during late adolescence. Studies indicate that for some children noncompliance predicts aggression and externalizing problems. Antecedents of noncompliance including parental discipline techniques and child characteristics are reviewed. Parent training programs designed to reduce noncompliance are described, and the effectiveness of such programs is examined.

Kallstrom-Fuqua AC, Weston R, Marshall LL. Childhood and adolescent sexual abuse of community women: mediated effects on psychological distress and social relationships. *J Consult Clin Psychol* 2004; 72(6):980-92.

Abstract: Possible mediators of sexual abuse severity were tested on the basis of D. Finkelhor and A. Browne's (1985) traumagenic dynamics model with 178 low-income African American, European American, and Mexican American community women interviewed for Project HOW: Health Outcomes of Women. This subsample reported contact sexual abuse before the age of 18 years. Severity was level of force, number of perpetrators, relationship to perpetrator, and age at first assault. As expected, structural equation modeling showed powerlessness, and stigmatization largely mediated the effects of sexual abuse severity on women's psychological distress in adulthood. Powerlessness also mediated the effects of severity on maladaptive social relationships. The expected path from betrayal to relationships was nonsignificant. Overall, the results support extension of D. Finkelhor and A. Browne's model. Possible interventions are addressed.

Kamer B, Bieganski T, Filipiak-Miastkowska I, Raczynska J, Baranska D, Czyzewska S. [Difficulties in diagnosis of battered child syndrome in infant]. *Pol Merkuriusz Lek* 2004; 16(94):368-72. Abstract: The diagnosis of battered child syndrome in infants was reached on the basis of the risk factors appraisal in social and family history, combined with clinical and roentgenographic examinations; the difficulties in establishing the diagnosis are presented. Long hospitalisation also revealed that the observed injuries are due to child abuse. The interdisciplinary approach is needed when non-accidental injuries are

considered.

Kamibeppu K. Reconsideration of "motherhood" in contemporary Japan. *Am J Psychoanal* 2005; 65(1):13-29.

Abstract: In this paper, the author reconsiders "motherhood" in Japan. This reconsideration is based on Japanese psychoanalytic knowledge and a case study of a woman. As a child she was physically abused by her father, and struggled throughout her life with conflicts with her mother. The Japanese have historically idealized the concept of "motherhood" and maintained that it was possible for women to become the ideal mother for their children. The author maintains that "motherhood" is not dependent only on mothers, but is created and shared by fathers, children and all of society. In psychotherapy, the therapist provides a "motherly" energy to the client and shares the "motherhood" fantasy with the client to a certain extent. The therapist assists the client in the gradual process of abandoning the desire to be loved by the ideal mother and accept "motherhood" from other sources.

Kaminer Y. Cognitive group therapy for aggressive boys. *J Am Acad Child Adolesc Psychiatry* 2005; 44(9):843; author reply 843-5.

Kaminski RA, Stormshak EA, Good RH 3rd, Goodman MR. Prevention of substance abuse with rural head start children and families: results of project STAR. *Psychol Addict Behav* 2002; 16(4 Suppl):S11-26. Abstract: The effectiveness of a comprehensive intervention with preschool children aimed at reducing the risk of later substance abuse was examined. The intervention targeted risk factors during the preschool years linked to later substance use in adolescence and adulthood. Head Start classrooms were randomly assigned to either the intervention or the control group. A classroom-based curriculum was delivered by Head Start teachers who received a number of training workshops and continued consultation. Parent training and home visits were also provided to intervention families. Positive parenting as well as parent-school involvement increased over the 1st year of intervention. Intervention families maintained the positive effects on parenting into the kindergarten year over a matched control group; however, effects on school bonding were not maintained. Improvements in social competence, reported by teachers and parents, were found at the end of kindergarten. No changes were found for self-regulation.

Kamo T, Ujiie Y, Tamura A. [Actual situation and social prognosis of women seeking psychiatric care at the emergency hostel of Tokyo Metropolitan Women's Counseling Center]. *Seishin Shinkeigaku Zasshi* 2002; 104(4):292-309.

Abstract: The emergency hostel of Tokyo Metropolitan

Women's Counseling Center, established in 1957, provides protection and care for about 600 Japanese or foreign women per year. The women housed there need social support for various reasons such as prostitution, poverty, somatic or mental diseases, or domestic violence (DV). We investigated the sociodemographic characteristics, psychiatric diagnoses and social prognoses of 2667 women who consulted the psychiatric clinic in the emergency hostel between 1961 and 1997. Seventy-four women consulted the psychiatric clinic per year, on average. Most were aged between 20 and 49. During the study period, there was a gradual decline in the number referred through the prostitution prevention law. Psychiatric diagnoses at the first visit varied widely. Annual comparison showed a gradual decrease in schizophrenia and manic-depressive illness, but an increase in substance abuse, psychogenic reaction, and personality disorder. Sociodemographically, most subjects appeared to have been children from underprivileged backgrounds. The social prognoses of 930 cases judged in March 1998 were good in 25%, moderate in 23% and poor in 48%. The poor prognosis group contained significantly more women with schizophrenia and personality disorder than the other two groups. The poor prognosis group tended to include more cases of substance abuse, while the good prognosis group contained more cases of depression and mental retardation. Women in the DV group tended to have more children than those in the non-DV group, and to have a higher prevalence of psychogenic reaction and a lower prevalence of schizophrenia. The DV group also tended to include more subjects with a moderate social prognosis and fewer subjects with a poor social prognosis. Specialized treatment should be provided for women after emergency admission to the hostel and this treatment needs to be aimed at improving social adaptation of the hostel residents, especially those with schizophrenia, personality disorders and substance abuse. Victims of DV should receive more conscious attention. In particular, prevention of mental disorders should be aimed not only at the residents but also their children.

Kamoie B, Teitelbaum J, Rosenbaum S. "Megan's laws" and the US Constitution: implications for public health policy and practice. *Public Health Rep* 2003; 118(4):379-81.

Kanani K, Regehr C, Bernstein MM. Liability considerations in child welfare: lessons from Canada. *Child Abuse Negl* 2002; 26(10):1029-43. Abstract: OBJECTIVE: Recent years have been fraught with investigations into the deaths of children receiving child welfare services throughout North America, Europe, and Australia. These inquiries have attracted considerable media attention and public outrage. Added to this have been increases in attempts to hold social workers in child welfare responsible for the abuse and deaths of children through the criminal

and civil courts. As a result of fears regarding liability, many child welfare professionals are resorting to defensive practice strategies. METHOD: This article reviews recent court decisions and legislation in Canada regarding this issue in order to assess actual risks. RESULTS: Social workers who act according to accepted standards of practice and who in good faith make difficult judgments to the best of their abilities, will not be held to be criminally culpable or civilly negligent. CONCLUSION: It is concluded that child welfare professionals who exercise reasonable caution and engage in good clinical social work practice, good record keeping, effective communication and verification of information, can continue to strive to offer the high quality services to children and their families as they have always done without any serious fear of recrimination.

Kane JR, Hellsten MB, Coldsmith A. Human suffering: the need for relationship-based research in pediatric end-of-life care. *J Pediatr Oncol Nurs* 2004; 21(3):180-5. Abstract: Children living with and dying from advanced cancer and their families experience significant suffering. The cure of disease and the relief of suffering are dual moral obligations of our professions. To relieve suffering, health care providers must understand the multiple dimensions of the person who suffers and the complex set of relationships within the natural and the clinical social networks. Pediatric oncology research must include appropriately designed studies with sound methodology and measurement strategies to test and refine theories that account for the link between human relationships and the relief of suffering. Studies should assess as many theoretical models as possible, including the social network, perceptions of support, and provider-recipient interactions; their physical, emotional, behavioral, and spiritual concomitants; and their impact on medical decision making and health outcomes. Future directions in pediatric end-of-life care research must also include evaluating social and spiritual interventions developed on the basis of solid hypotheses regarding the positive and negative influences of interpersonal dynamics on the processes that mediate between suffering and well-being.

Kane P, Garber J. The relations among depression in fathers, children's psychopathology, and father-child conflict: a meta-analysis. *Clin Psychol Rev* 2004; 24(3):339-60. Abstract: Research on parental depression is beginning to recognize the importance of studying fathers in relation to maladaptive outcomes in their offspring. Paternal depression is hypothesized to correlate with internalizing and externalizing psychopathology in children and adolescents and to compromise adaptive parent-child relationships (e.g., increased conflict). In the present paper, meta-analytic procedures were applied to this literature to address the magnitude and direction of covariation between paternal depression and children's functioning. In addition, we tested

whether variation in findings could be accounted for by study characteristics. Results indicated that paternal depression was significantly related to offspring internalizing and externalizing psychopathology and father-child conflict. Larger effects for internalizing symptoms were associated with the use of community samples and symptom rating scales of internalizing problems.

Kankkunen P, Vehvilainen-Julkunen K, Pietila AM. Ethical issues in paediatric nontherapeutic pain research. *Nurs Ethics* 2002; 9(1):80-91. Notes: GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors; informed consent/minors Abstract: The purpose of this article is to describe the main ethical issues in paediatric nontherapeutic qualitative pain research. It is based on an analysis of the research literature related to ethical issues in research and on experiences from a family interview study focusing on pain assessment and management in children aged 1-6 years. In addition, different views concerning obtaining informed consent from children, as published in the research literature, are compared. Ethical challenges occur during all stages of qualitative research. The risks of emotional distress and possible benefits of the results must be assessed prior to conducting a study. However, risks and harm are difficult to avoid in a study in which the research area, pain, raises emotional distress in both parents and children. The children's assent and parental permission are both required. It is essential to obtain informed consent from all family members when family research is conducted. Participants' privacy and confidentiality should be protected during data collection, analysis and publication. Protecting children from harm may be impossible during pain research in which they are required to recall a painful postoperative period. However, after data collection they can be assisted to focus on pleasant activities, for example, by engaging in playful activities with them. Finally, the role of the nurse and the researcher should be carefully assessed, especially in qualitative research, in order to be able to analyse the data and report the findings in an unbiased manner.

Kanuga M, Rosenfeld WD. Adolescent sexuality and the internet: the good, the bad, and the URL. *J Pediatr Adolesc Gynecol* 2004; 17(2):117-24. Abstract: The Internet has become a widely used resource for sexual health information, especially among adolescents. The appeal lies in the ease and anonymity with which online seekers can obtain advice and reassurance, particularly regarding sensitive topics. This article reviews the positive and negative influences of the Internet on this age group. Specific aspects of how this medium affects adolescents as well as how it can be used to assist them are discussed.

Kao YF, Liu SH. [A nursing experience with a child with rape trauma by using therapeutic play in an emergency room]. *Hu Li Za Zhi* 2005; 52(1):88-93. Abstract: This article conceptualized a therapeutic game theory to discuss the pickings process of a preschool sexually violated victim with respect to nursing care delivery in our department of emergency medicine. In cooperation with the victim, we offered support to prevent her from fearing loss of her capacity for self-defense when facing a similar scenario. The overall exercise included observation time, a return outpatient visit and a follow-up phone interview. By using observation, role-play, leading drawing and interviews, we used Piaget's Cognitive Child Development model and game therapy theory to reduce the victim's sense of fear and shame, inducing the victim to eliminate her confusion by talking and to complete the whole pickings process.

Kaplan RM. There are worse things to celebrate. *S Afr Med J* 2004; 94(4):267-8.

Karapetyan AF, Sokolovsky YV, Araviyskaya ER, Zvartau EE, Ostrovsky DV, Hagan H. Syphilis among intravenous drug-using population: epidemiological situation in St Petersburg, Russia. *Int J STD AIDS* 2002; 13(9):618-23. Abstract: INTRODUCTION: An epidemic of syphilis and other sexually transmitted infections (STI) in the Russian Federation is believed to be related to the rise in injection drug use. A study was carried out in collaboration with a non-governmental organization, Foundation 'Vozvrastcheniye'. METHODS: Nine hundred and ten injection drug users participating in the programme were tested for syphilis, HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV); 65 participants who had laboratory markers for syphilis and 45 syphilis-negative serosurvey subjects agreed to participate in a questionnaire study. RESULTS: Syphilis, HIV, HBV and HCV were diagnosed in 12%, 0%, 48% and 79% of drug users, respectively. Prevalence of syphilis seromarkers was nine times higher in females than in males, and strongly associated with sex work. CONCLUSIONS: The results of the study indicate that resources to treat and prevent further infections including HIV should be prioritized toward risk reduction in drug injectors and sex workers in St Petersburg.

Karayiannis NB, Tao G, Xiong Y *et al.* Computerized motion analysis of videotaped neonatal seizures of epileptic origin. *Epilepsia* 2005; 46(6):901-17. Abstract: PURPOSE: The main objective of this research is the development of automated video processing and analysis procedures aimed at the recognition and characterization of the types of neonatal seizures. The long-term goal of this research is the integration of these computational procedures into the development of a stand-alone automated

system that could be used as a supplement in the neonatal intensive care unit (NICU) to provide 24-h per day noninvasive monitoring of infants at risk for seizures. **METHODS:** We developed and evaluated a variety of computational tools and procedures that may be used to carry out the three essential tasks involved in the development of a seizure recognition and characterization system: the extraction of quantitative motion information from video recordings of neonatal seizures in the form of motion-strength and motor-activity signals, the selection of quantitative features that convey some unique behavioral characteristics of neonatal seizures, and the training of artificial neural networks to distinguish neonatal seizures from random infant behaviors and to differentiate between myoclonic and focal clonic seizures. **RESULTS:** The methods were tested on a set of 240 video recordings of 43 patients exhibiting myoclonic seizures (80 cases), focal clonic seizures (80 cases), and random infant movements (80 cases). The outcome of the experiments verified that optical-flow methods are promising computational tools for quantifying neonatal seizures from video recordings in the form of motion-strength signals. The experimental results also verified that the robust motion trackers developed in this study outperformed considerably the motion trackers based on predictive block matching in terms of both reliability and accuracy. The quantitative features selected from motion-strength and motor-activity signals constitute a satisfactory representation of neonatal seizures and random infant movements and seem to be complementary. Such features lead to trained neural networks that exhibit performance levels exceeding the initial goals of this study, the sensitivity goal being  $\geq 80\%$  and the specificity goal being  $\geq 90\%$ . **CONCLUSIONS:** The outcome of this experimental study provides strong evidence that it is feasible to develop an automated system for the recognition and characterization of the types of neonatal seizures based on video recordings. This will be accomplished by enhancing the accuracy and improving the reliability of the computational tools and methods developed during the course of the study outlined here.

Karrass J, VanDeventer MC, Braungart-Rieker JM. Predicting shared parent-child book reading in infancy. *J Fam Psychol* 2003; 17(1):134-46. Abstract: This study examined the degree to which parental contextual factors and infant characteristics predicted whether parents read aloud to their 8-month-old infants. Discriminant function analysis revealed that mothers with higher family incomes and those who reported less parenting stress and fewer general hassles were more likely to read to their infants. Gender and temperament of the infant did not significantly predict whether mothers would engage in shared reading. Furthermore, there was no evidence that mothers who reported reading aloud to their infants display more enriching parenting practices in the laboratory. Paternal

contextual factors did not discriminate readers from nonreaders, but infant temperament did. Fathers who read aloud had infants who were less soothable and who displayed longer durations of orienting. The possibility that book reading could serve as 1 mediator of the temperament-cognition relationship is discussed.

Kasen S, Cohen P, Skodol AE, Johnson JG, Smailes E, Brook JS. Childhood depression and adult personality disorder: alternative pathways of continuity. *Arch Gen Psychiatry* 2001; 58(3):231-6. Abstract: **BACKGROUND:** This study extends previous findings of the risks posed by childhood major depressive disorder and other psychopathological features for later personality disorder (PD) in a random sample of 551 youths. **METHODS:** Self-reports and mother reports were used to evaluate DSM-III-R (Axes I and II) psychiatric disorders at mean ages of 12.7, 15.2, and 21.1 years. Logistic regression was used to examine the independent effects of major depressive disorder in childhood or adolescence on 10 PDs in young adulthood. **RESULTS:** Odds of dependent, antisocial, passive-aggressive, and histrionic PDs increased by more than 13, 10, 7, and 3 times, respectively, given prior major depressive disorder. Those effects were independent of age, sex, disadvantaged socioeconomic status, a history of child maltreatment, nonintact family status, parental conflict, preexisting PD in adolescence, and other childhood or adolescent Axis I psychopathological features, including disruptive and anxiety disorders. In addition, odds of schizoid and narcissistic PD increased by almost 6 times and odds of antisocial PD increased by almost 5 times given a prior disruptive disorder, and odds of paranoid PD increased by 4 times given a prior anxiety disorder. **CONCLUSION:** Personality disorders may represent alternative pathways of continuity for major depressive disorder and other Axis I disorders across the child-adult transition.

Kashdan TB, Jacob RG, Pelham WE *et al.* Depression and anxiety in parents of children with ADHD and varying levels of oppositional defiant behaviors: modeling relationships with family functioning. *J Clin Child Adolesc Psychol* 2004; 33(1):169-81. Abstract: This study investigated the relation between parental anxiety and depression, child attention deficit hyperactivity disorder (ADHD), and oppositional defiant disorder (ODD) symptoms were all included as predictors of 3 measures of family functioning to examine the independent contributions of each. Using a self-report battery completed by 45 mother-father pairs, 3 family functioning factors were derived: Parental Warmth and Positive Involvement, Intrusiveness and Negative Discipline, and Social Distress. Multilevel modeling simultaneously estimated the unique contributions of parental and child symptoms on family functioning. Results indicated that parental anxiety was



negatively associated with Parental Warmth and Positive Involvement, Intrusiveness and Negative Discipline, and Social Distress; parental depression was only negatively associated with Social Distress. Child ODD symptoms had independent associations with all outcomes; no relations were found with ADHD. Sex moderated the effects of parental anxiety on Parental Warmth and Positive Involvement such that only for mothers did greater anxiety lead to less Parental Warmth and Positive Involvement.

Kashner TM, Carmody TJ, Suppes T *et al.* Catching up on health outcomes: the Texas Medication Algorithm Project. *Health Serv Res* 2003; 38(1 Pt 1):311-31. Abstract: OBJECTIVE: To develop a statistic measuring the impact of algorithm-driven disease management programs on outcomes for patients with chronic mental illness that allowed for treatment-as-usual controls to "catch up" to early gains of treated patients. DATA SOURCES/STUDY SETTING: Statistical power was estimated from simulated samples representing effect sizes that grew, remained constant, or declined following an initial improvement. Estimates were based on the Texas Medication Algorithm Project on adult patients (age > or = 18) with bipolar disorder (n = 267) who received care between 1998 and 2000 at 1 of 11 clinics across Texas. STUDY DESIGN: Study patients were assessed at baseline and three-month follow-up for a minimum of one year. Program tracks were assigned by clinic. DATA COLLECTION/EXTRACTION METHODS: Hierarchical linear modeling was modified to account for declining-effects. Outcomes were based on 30-item Inventory for Depression Symptomatology-Clinician Version. PRINCIPAL FINDINGS: Declining-effect analyses had significantly greater power detecting program differences than traditional growth models in constant and declining-effects cases. Bipolar patients with severe depressive symptoms in an algorithm-driven, disease management program reported fewer symptoms after three months, with treatment-as-usual controls "catching up" within one year. CONCLUSIONS: In addition to psychometric properties, data collection design, and power, investigators should consider how outcomes unfold over time when selecting an appropriate statistic to evaluate service interventions. Declining-effect analyses may be applicable to a wide range of treatment and intervention trials.

Kaslow NJ, Heron S, Roberts DK, Thompson M, Guessous O, Jones C. Family and community factors that predict internalizing and externalizing symptoms in low-income, African-American children: a preliminary report. *Ann N Y Acad Sci* 2003; 1008:55-68. Abstract: To learn more about the roots of internalizing and externalizing problems in low-income, African-American children, aged 8-12 years, particularly for family and community factors, we aimed to determine which variables (mother's psychological functioning,

mother's intimate partner violence status [IPV], family cohesion and adaptability, neighborhood disorder) uniquely predicted a child's internalizing distress and externalizing distress, and the amount of variance explained by the model. Results from the regression model predicting internalizing distress indicates that the five predictor variables accounted for 38% of the variance. Two of the five predictors were significantly related to child's internalizing distress scores: mother's intimate partner violence status and maternal psychological distress. Results from the regression model predicting externalizing distress indicates that the five predictor variables accounted for 8% of the variance. The two predictors significantly related to child's externalizing distress scores were levels of family cohesion and maternal psychological distress. Directions for future research and clinical implications are provided.

Katon W, Sullivan M, Walker E. Medical symptoms without identified pathology: relationship to psychiatric disorders, childhood and adult trauma, and personality traits. *Ann Intern Med* 2001; 134(9 Pt 2):917-25. Abstract: Community studies have shown that stressful life events, psychological distress, and depressive and anxiety disorders are associated with 1) a range of medical symptoms without identified pathology, 2) increased health care utilization, and 3) increased costs. In both primary care and medical specialty samples, patients who have syndromes with ill-defined pathologic mechanisms (such as the irritable bowel syndrome and fibromyalgia) have been shown to have significantly higher rates of anxiety and depressive disorders than do patients with comparable, well-defined medical diseases and similar symptoms. Other studies show that after adjustment for severity of medical illness, patients with depression or anxiety and comorbid medical disease have significantly more medical symptoms without identified pathology than do patients with a similar medical disease alone. Both childhood maltreatment and psychological trauma in adulthood have been associated with increased vulnerability to psychiatric illness and more medical symptoms. The substantial functional impairment, distress, and costs associated with medical symptoms without identified pathology suggest that research promoting a better understanding of the biopsychosocial cause of these symptoms may yield pragmatic, cost-effective approaches to treatment in medical settings.

Katumba-Lunyanya J, Joss V, Latham P, Abbatuan C. Pulmonary tuberculosis and extreme prematurity. *Arch Dis Child Fetal Neonatal Ed* 2005; 90(2):F178-9; discussion F179-83. Notes: GENERAL NOTE: KIE: 29 refs. GENERAL NOTE: KIE: KIE Bib: AIDS; patient care/minors Abstract: A mother, newly found to be positive for HIV, delivered her first baby at 25 weeks gestation.

The infant initially did well in spite of a symptomatic patent duct and a severe intraventricular haemorrhage, but became severely unwell needing further respiratory support on day 18. Acid fast bacilli were found in endotracheal secretions. After the baby's death, the bacilli were confirmed to be *Mycobacterium tuberculosis*, and the same organism was grown from the mother's urine. The case raised challenging issues in relatively uncharted territory in terms of treatment of the infant, public health issues, ethical decision making, and media management.

Katz A. Neonatal HIV infection. *Neonatal Netw* 2004; 23(1):15-20.

Abstract: The purpose of this article is to describe the pertinent issues related to mother-to-child transmission of HIV infection. Significant success has been achieved in developed countries to reduce the incidence of this devastating disease in neonates through screening of pregnant women, maternal antiretroviral therapy to reduce transmission, and cesarean section for delivery. Prophylaxis continues for the first six weeks of the newborn's life with antiretroviral therapy and careful monitoring of clinical well-being. Antiretroviral therapy offers significant reduction in the rate of mother-to child transmission, and this is presently the cornerstone of therapy for the HIV-infected pregnant woman. Clinical studies of treatment modalities continue to offer new hope to prevent transmission of the virus to the fetus. Care for the HIV infected newborn is highly complex and constantly evolving. All neonatal nurses should be aware of these issues so that they can be partners in the identification of new cases and the ongoing treatment of babies who are infected.

Katz LF, Low SM. Marital violence, co-parenting, and family-level processes in relation to children's adjustment. *J Fam Psychol* 2004; 18(2):372-82. Abstract: A multimethod approach was used to examine relations between marital violence, coparenting, and family-level processes and children's adjustment in a community-based sample of marital violence. Two hypotheses were tested, one in which family-level and co-parenting processes mediate relations between marital violence and child functioning and one in which marital violence and family-level/co-parenting processes function relatively independently in influencing children's adjustment. Observations of family processes were made within a triadic parent-child interaction, and several dimensions of children's socioemotional adjustment (i.e., peer relations, behavior problems) were examined. Results indicated that hostile-withdrawn co-parenting mediated the relations between marital violence and children's anxiety and depression. Marital violence, co-parenting, and family-level processes also functioned independently in predicting child outcome. Findings are discussed in terms of the family dynamics present in maritally violent homes.

Katz LF, Woodin EM. Hostility, hostile detachment, and conflict engagement in marriages: effects on child and family functioning. *Child Dev* 2002; 73(2):636-51. Abstract: This study examined the relations between patterns of marital communication, child adjustment, and family functioning. Couples with a 4- or 5-year-old child were divided into three groups (N = 126) based on observed patterns of emotional communication: Hostile couples showed a cumulative increase in negative speaker behaviors over the course of a high-conflict marital discussion; hostile-withdrawn couples showed a cumulative increase in both negative speaker and negative listener behaviors over the course of the interaction; and engaged couples showed a cumulative increase in both positive speaker and listener behaviors over the course of the interaction. The families of these three types of couples were then compared on child outcomes (i.e., peer relations, behavior problems), parenting quality, co-parenting quality, and family-level functioning. Differences in marital violence and marital satisfaction between marital couples were also examined in relation to family risk. Families in which couples were hostile-detached showed the most negative outcomes. Hostile-detached couples were more likely than hostile or conflict-engaging couples to use more power-assertive methods of discipline; to be ineffective in co-parenting their child; to have family units that were less cohesive, less playful, and more conflictual; and to have children that exhibited behavior problems. Results also indicated that marital typology still accounted for significant variance in child outcome after controlling for marital violence and marital satisfaction. Differences in the absolute degree of negative behaviors also did not account for results. Findings are discussed in terms of the detrimental impact of marital conflict on child and family functioning.

Kaufman JS, Dole N, Savitz DA, Herring AH. Modeling community-level effects on preterm birth. *Ann Epidemiol* 2003; 13(5):377-84. Abstract: PURPOSE: We demonstrate modeling of community-level socioeconomic influences on risk of preterm birth (< 37 weeks gestation) in the Pregnancy, Infection, and Nutrition (PIN) Study. METHODS: Community-level information from the US Census was linked to 930 White and 817 African-American (Black) participants from a prospective cohort in central North Carolina through geocoded addresses, providing 123 census tracts with community-level and individual-level data for multi-level statistical analyses. RESULTS: Preterm delivery was experienced by 12.1% of Black and 10.4% of White participants. No appreciable aggregation of risk by community was discernable for White women. For Black women, random-coefficient logistic regression tract-specific preterm prevalence estimates ranged from 10.1% to 14.5%, "shrunk" from observed prevalences of 0% to 100%. Adding tract-level variables to the model representing median splits for household income and

percent of single women heads of households with dependents, adjusting for individual-level maternal age and household income, accounted for much of the remaining between-tracts variation. CONCLUSIONS: Residing in a wealthier tract (> \$30,000/year median income) was associated with reduced risk for Black women, adjusted OR = 0.59 (95% CI: 0.36, 0.96). The estimated conditional effect of lower community prevalence of female headed households was OR = 0.71 (95% CI: 0.43, 1.17).

Kavanagh R. Consent and confusion--who decides? *Br J Perioper Nurs* 2004; 14(11):489-91. Abstract: Current trends in the NHS promote patient rights including the right to accept or refuse surgery. Valid consent when the patient appears to have fluctuating competence can place theatre nurses in a difficult position. This article explores the legal framework in which the Department of Health consent forms work and looks at the NMC's Code of Professional Conduct for standards of practice.

Kavanaugh K, Savage T, Kilpatrick S, Kimura R, Hershberger P. Life support decisions for extremely premature infants: report of a pilot study. *J Pediatr Nurs* 2005; 20(5):347-59. Abstract: The purpose of this pilot study was to describe decision making and the decision support needs of parents, physicians, and nurses regarding life support decisions made over time prenatally and postnatally for extremely premature infants. Using the collective case study method, one prenatal, one postnatal, and one postdeath, if the infant had died, tape-recorded interviews were conducted with each parent. With parents' permission, prenatal interviews were done with the physicians and nurses who talked to them about life support decisions for their infants. Twenty-five tape-recorded interviews were conducted with six cases (six mothers, two fathers, six physicians, and two nurses). Hospital records were reviewed for documentation of life support decisions. Results of this pilot study demonstrated that most parents wanted a model of shared decision making and perceived that they were informed and involved in making decisions. Parents felt that to be involved in decision making they needed information and recommendations from physicians. Parents also stressed the importance of encouragement and hope. In contrast, physicians informed parents but most physicians felt that parents were the decision makers. Physicians used parameters to offer options or involve parents in decisions and became very directive at certain gestational ages. Nurses reported that they believed that parents needed information from the physician first, then they would reinforce information. The results of this study offer an initial understanding of the decision support needs of parents.

Kaveny MC. Conjoined twins and Catholic moral analysis:

extraordinary means and casuistical consistency. *Kennedy Inst Ethics J* 2002; 12(2):115-40. Notes: GENERAL NOTE: KIE: 29 refs. 9 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal/minors

Abstract: eThis article draws upon the Roman Catholic distinction between "ordinary" and "extraordinary" means of medical treatment to analyze the case of "Jodie" and "Mary," the Maltese conjoined twins whose surgical separation was ordered by the English courts over the objection of their Roman Catholic parents and Cormac Murphy-O'Connor, the Roman Catholic Cardinal Archbishop of Westminster. It attempts to shed light on the use of that distinction by surrogate decision makers with respect to incompetent patients. In addition, it critically analyzes various components of the distinction by comparing the reasoning used by Catholic moralists in this case with the reasoning used in other cases that raise similar issues, including women facing crisis pregnancies who prefer abortion to adoption and the Indiana "Baby Doe" case.

Kawachi I, Berkman LF. Social ties and mental health. *J Urban Health* 2001; 78(3):458-67.

Abstract: It is generally agreed that social ties play a beneficial role in the maintenance of psychological well-being. In this targeted review, we highlight four sets of insights that emerge from the literature on social ties and mental health outcomes (defined as stress reactions, psychological well-being, and psychological distress, including depressive symptoms and anxiety). First, the pathways by which social networks and social supports influence mental health can be described by two alternative (although not mutually exclusive) causal models--the main effect model and the stress-buffering model. Second, the protective effects of social ties on mental health are not uniform across groups in society. Gender differences in support derived from social network participation may partly account for the higher prevalence of psychological distress among women compared to men. Social connections may paradoxically increase levels of mental illness symptoms among women with low resources, especially if such connections entail role strain associated with obligations to provide social support to others. Third, egocentric networks are nested within a broader structure of social relationships. The notion of social capital embraces the embeddedness of individual social ties within the broader social structure. Fourth, despite some successes reported in social support interventions to enhance mental health, further work is needed to deepen our understanding of the design, timing, and dose of interventions that work, as well as the characteristics of individuals who benefit the most.

Kawashima R, Taira M, Okita K *et al.* A functional MRI study of simple arithmetic--a comparison between children and adults. *Brain Res Cogn Brain Res* 2004;

18(3):227-33.

Abstract: The purpose of this study was to examine brain areas involved in simple arithmetic, and to compare these areas between adults and children. Eight children (four girls and four boys; age, 9-14 years) and eight adults (four women and four men; age, 40-49 years) were subjected to this study. Functional magnetic resonance imaging (fMRI) was performed during mental calculation of addition, subtraction, and multiplication of single digits. In each group, the left middle frontal, bilateral inferior temporal and bilateral lateral occipital cortices were activated during each task. The adult group showed activation of the right frontal cortex during addition and multiplication tasks, but the children group did not. Activation of the intraparietal cortex was observed in the adult group during each task. Although, activation patterns were slightly different among tasks, as well as between groups, only a small number of areas showed statistically significant differences. The results indicate that cortical networks involved in simple arithmetic are similar among arithmetic operations, and may not show significant changes in the structure during the second decade of life.

Kaye D, Mirembe F, Bantebya G. Risk factors, nature and severity of domestic violence among women attending antenatal clinic in Mulago Hospital, Kampala, Uganda. *Cent Afr J Med* 2002; 48(5-6):64-8. Abstract: OBJECTIVES: To determine the prevalence, types, severity and risk factors for domestic violence among women attending antenatal clinic. DESIGN: Cross sectional study. SETTING: The antenatal clinic, Mulago Hospital, the national referral hospital, Kampala, Uganda. SUBJECTS: Pregnant women (n = 379) attending the antenatal clinic, on their index visit. METHODS: Interviewer-administered pre-coded questionnaires about history of domestic violence during the index pregnancy (prevalence, nature, severity, and associated factors from socio-demographic history, reproductive history, childhood history and domicile); during the previous one year prior to the interview, or beyond the previous year. MAIN OUTCOME MEASURES: History of domestic violence and its severity, type, risk factors and associated factors in the index pregnancy or prior to it. RESULTS: Over 57% of the subjects reported moderate-to-severe abuse due to domestic violence. Abuse in childhood and witnessing abuse in childhood were significantly associated with domestic violence in index pregnancy (p = 0.000). Staying with co-wife, adolescent pregnancy and the first pregnancy were significantly associated with domestic violence. CONCLUSIONS: Domestic violence is common in pregnancy at Mulago; is moderate to severe and physical abuse is often associated with both sexual and psychological abuse.

Kaysen D, Scher CD, Mastnak J, Resick P. Cognitive Mediation of Childhood Maltreatment and Adult

Depression in Recent Crime Victims. *Behav Ther* 2005; 36(3):235-44.

Abstract: Childhood maltreatment has been linked to adult depressive disorders. However, few studies have examined mechanisms through which childhood maltreatment may contribute to adult depression. Thus, we examined the role of one potential mechanism of this relationship, maladaptive cognitions, in a recently traumatized sample. Participants were adult women who had been recently raped (n = 133) or physically assaulted (n = 73). We examined whether maladaptive self-and other-cognitions mediated relationships between childhood sexual, physical, and emotional abuse and current depression. Relationships between childhood sexual abuse and both current depression symptoms and diagnosis were mediated by maladaptive cognitions about self. Relationships between both childhood sexual abuse and childhood physical abuse and adult depressive symptoms were mediated by maladaptive cognitions about others.

Kegler MC, Stern R, Whitecrow-Ollis S, Malcoe LH. Assessing lay health advisor activity in an intervention to prevent lead poisoning in Native American children. *Health Promot Pract* 2003; 4(2):189-96. Abstract: The purpose of this study is to assess patterns of lay health advisor (LHA) activity in an intervention to reduce lead exposure in Native American children exposed to mine waste. A total of 39 LHAs were recruited and trained to become LHAs from eight tribes in northeastern Oklahoma. LHAs completed activity tracking forms over a 2-year intervention period to document contacts made with community groups and individuals in their social networks. They engaged in an average of 5.4 activities per month, reaching an average of 39 persons. Close members of their social networks were reached in 40.4% of the contacts; persons outside of their networks were reached in 24% of the contacts. This study suggests that 1 to 3 contacts per week may be a reasonable expectation for LHA activity. Findings also suggest that LHA interventions are a promising approach for engaging Native American communities in addressing an environmental health problem.

Keirse MJ. Evidence-based childbirth only for breech babies? *Birth* 2002; 29(1):55-9.

Keller AS. Caring and advocating for victims of torture. *Lancet* 2002; 360 Suppl:s55-6.

Kellermann NP. Perceived parental rearing behavior in children of Holocaust survivors. *Isr J Psychiatry Relat Sci* 2001; 38(1):58-68. Abstract: Holocaust survivors have often been described as inadequate parents. Their multiple losses were assumed to create child-rearing problems around both attachment and detachment. Empirical research, however, has yielded contradictory evidence regarding

the parenting behavior of Holocaust survivors when investigated with classical parenting instruments. The present pilot-study investigated parental behavior with a new self-report instrument that also included salient Holocaust dimensions. The parent perception of 159 adult children of Holocaust survivors was thus compared with 151 control subjects. Factor analysis of data yielded four major kinds of parental rearing behaviors: transmission; affection; punishing and over-protection. While the second-generation group rated their parents higher on transmission, other differences in child-rearing practices were small, if taken as a whole. These findings largely support the descriptive literature on transgenerational transmission of trauma while at the same time refuting the view that Holocaust survivors function more inadequately than other parents do.

Kelley LS. Minor children and adult care exchanges with community-dwelling frail elders in a St. Lucian village. *J Gerontol B Psychol Sci Soc Sci* 2005; 60(2):S62-73. Abstract: OBJECTIVE: Research on care of community-dwelling frail elders typically includes formal health service providers and adult members of the informal care system. Involvement of children and adolescents with elder care is largely undocumented. The aim of this article is to describe children's involvement in elder care. These findings are part of an ethnographic community study that examined common Western assumptions about elder care in a St. Lucian village. METHODS: Data were obtained in a four-phase, 5-year, community-based ethnographic field study that included in-depth network analysis of elder households. RESULT: One hundred eighty-eight informal caregivers assisted 14 elder networks in obtaining the things they needed to live through provision of 355 care activities. Forty-five children (ages 3(1/2) to 16) provided 111 of 355 (31%) care activities. The frail elders gave adults and children community member caregivers 196 and 94 benefits, respectively. DISCUSSION: Minor children are integrally involved in reciprocal exchanges for elder care in this village. Although they do not provide all of the same care activities as adults, they clearly assist elders, especially with running errands. Elders emphasized different motivational mechanisms for involving minor children and adults in their care networks.

Kelley SJ, Yorker BC, Whitley DM, Sipe TA. A multimodal intervention for grandparents raising grandchildren: results of an exploratory study. *Child Welfare* 2001; 80(1):27-50. Abstract: This article describes the results of an exploratory study of a multimodal, home-based intervention designed to reduce psychological stress, improve physical and mental health, and strengthen the social support and resources of grandparents raising grandchildren. The six-month intervention included home visits by registered nurses, social workers, and

legal assistants; the services of an attorney; and monthly support group meetings. The intervention resulted in improved mental health scores, decreased psychological distress scores, and increased social support scores. Participants also experienced improvement in the level of public benefits received and in their legal relationships with their grandchildren. Implications of these findings for practice are highlighted.

Kelly J. Management. Lights, camera...action! *Hosp Health Netw* 2005; 79(3):25-6.

Kemp AM, Stoodley N, Cobley C, Coles L, Kemp KW. Apnoea and brain swelling in non-accidental head injury. *Arch Dis Child* 2003; 88(6):472-6; discussion 472-6.

Abstract: AIMS: (1) To identify whether infants and young children admitted to hospital with subdural haematomas (SDH) secondary to non-accidental head injury (NAHI), suffer from apnoea leading to radiological evidence of hypoxic ischaemic brain damage, and whether this is related to a poor prognosis; and (2) to determine what degree of trauma is associated with NAHI. METHODS: Retrospective case series (1992-98) with case control analysis of 65 children under 2 years old, with an SDH secondary to NAHI. Outcome measures were presenting symptoms, associated injuries and apnoea at presentation, brain swelling or hypoxic ischaemic changes on neuroimaging, and clinical outcome (KOSCHI). RESULTS: Twenty two children had a history of apnoea at presentation to hospital. Apnoea was significantly associated with hypoxic ischaemic brain damage. Severe symptoms at presentation, apnoea, and diffuse brain swelling/hypoxic ischaemic damage were significantly associated with a poor prognosis. Eighty five per cent of cases had associated injuries consistent with a diagnosis of non-accidental injury. CONCLUSIONS: Coma at presentation, apnoea, and diffuse brain swelling or hypoxic ischaemia all predict a poor outcome in an infant who has suffered from SDH after NAHI. There is evidence of associated violence in the majority of infants with NAHI. At this point in time we do not know the minimum forces necessary to cause NAHI. It is clear however that it is never acceptable to shake a baby.

Kemper AR, Fant KE, Clark SJ. Informing parents about newborn screening. *Public Health Nurs* 2005; 22(4):332-8.

Abstract: OBJECTIVE: To evaluate current rules and regulations for educating parents about newborn screening. DESIGN: Cross-sectional survey. SAMPLE: Newborn screening program coordinators in all 50 states and the District of Columbia. MEASUREMENTS: Answers to a standardized semi-structured telephone survey in January 2004. RESULTS: Fifty programs provide standardized

information about screening, and 32 of these have information available in multiple languages. Most programs (n=36) believe that parents should be informed about newborn screening as a part of prenatal care; however, none has rules or regulations requiring this. Five require documented informed consent; only one provides the consent form in a language other than English. Hospitals and birthing centers are required by many programs to educate families, including providing information (n=12), obtaining informed consent (n=5), informing parents of the right to refuse screening (n=13), and documenting refusal on institutionally developed forms (n=9). We found considerable variation in policy language across the newborn screening programs. **CONCLUSIONS:** The complexity of current newborn screening programs and the likelihood of expansion in the number of conditions on newborn screening panels present a unique opportunity and challenge for public health nurses to ensure that these programs are effective and that care is integrated.

Kempes M, Matthys W, de Vries H, van Engeland H. Reactive and proactive aggression in children--a review of theory, findings and the relevance for child and adolescent psychiatry. *Eur Child Adolesc Psychiatry* 2005; 14(1):11-9. Abstract: The clinical population of aggressive children diagnosed as having an oppositional defiant disorder (ODD) or a conduct disorder (CD) is heterogeneous, both with respect to behaviour and aetiology. Recently, the following distinction has been proposed that might further clarify this heterogeneity: reactive aggression is an aggressive response to a perceived threat or provocation, whereas proactive aggression is defined as behaviour that anticipates a reward. In this article we examine various aspects of this distinction. We will [1] examine the evidence that reactive and proactive aggression are distinct phenomena by discussing the theories underlying the distinction between the subtypes in humans and we briefly review evidence for a similar distinction in animals; [2] we critically review the literature on the measurement in children via questionnaires and behavioural observations; we then point out that the correlation observed between the subtypes is due to the fact that many children show both types of aggression; [3] we review the literature on specific characteristics of the subtypes giving attention to social information processing, peer status, biological correlates and developmental history, and demonstrate that there is some evidence to suggest that reactive and proactive aggression are distinct dimensions; [4] we discuss the relevance of the distinction between reactive and proactive aggression for child and adolescent psychiatry.

Kendall PC, Kessler RC. The impact of childhood psychopathology interventions on subsequent substance abuse: policy implications, comments, and recommendations. *J Consult Clin Psychol* 2002;

70(6):1303-6.

Abstract: This article makes observations about policy implications and offers a combination of commentary and recommendation regarding the special issue on the impact of childhood psychopathology interventions on subsequent substance abuse. The authors mention forward-looking directives to expand the mandate for early intervention, to expand the research agenda for randomized clinical trials, and to develop a policy-oriented evidence base. They also note topics that require consideration and offer recommendations with regard to how to proceed. The special issue, as well as this discussion, will spark thought and action directed toward the evaluation of interventions for youths to assess the degree to which treating mental disorders has beneficial effects on the sequelae of the initial intervention target.

Kendall-Tackett K. The health effects of childhood abuse: four pathways by which abuse can influence health. *Child Abuse Negl* 2002; 26(6-7):715-29. Abstract: **OBJECTIVES:** This article describes four possible pathways by which childhood abuse relates to health problems in adults. **METHOD:** Literature on the long-term effects of childhood abuse is organized in a health psychology framework describing behavioral, social, cognitive, and emotional pathways. Key studies from the health psychology and behavioral medicine literature are included to demonstrate how these pathways relate to health. **RESULTS:** Childhood abuse puts people at risk of depression and post-traumatic stress disorder, participating in harmful activities, having difficulties in relationships, and having negative beliefs and attitudes towards others. Each of these increases the likelihood of health problems, and they are highly related to each other. **CONCLUSIONS:** Childhood abuse is related to health via a complex matrix of behavioral, emotional, social, and cognitive factors. Health outcomes for adult survivors are unlikely to improve until each of these factors is addressed.

Kendrick D, Hapgood R, Marsh P. Do safety practices differ between responders and non-responders to a safety questionnaire? *Inj Prev* 2001; 7(2):100-3. Abstract: **OBJECTIVE:** To compare reported safety practices between responders and non-responders to a safety survey. **DESIGN:** Cross sectional survey at baseline compared with safety practices reported at subsequent child health surveillance checks. **SUBJECTS:** Parents of children aged 3-12 months registered with practices participating in a controlled trial of injury prevention in primary care that did, and did not, respond to the baseline survey and who subsequently attended child health surveillance checks. **RESULTS:** No difference in safety practices was found between responders and non-responders to the survey at the 6-9 month check. Responders were more likely to report owning a stair gate (odds ratio (OR) 2.75, 95% confidence interval (CI) 1.82 to 4.16) and socket

covers (OR 2.16, 95% CI 1.53 to 3.04) at the 12-15 month check, and owning socket covers (OR 2.19, 95% CI 1.34 to 3.61) at the 18-24 month check. Responders were more likely to report greater than the median number of safety practices at the 18 month check. CONCLUSIONS: Non-responders to a safety survey appear to be less likely to report owning several items of safety equipment than responders. Further work is needed to confirm these findings. Extrapolating the results of safety surveys to the population as a whole may lead to over estimation of safety equipment possession.

Kennedy AE, Rubin KH, Hastings PD, Maisel B. Longitudinal relations between child vagal tone and parenting behavior: 2 to 4 years. *Dev Psychobiol* 2004; 45(1):10-21.

Abstract: The longitudinal relations between physiological markers of child emotion regulation and maternal parenting practices were examined from 2 to 4 years of age. At Time 1, cardiac vagal tone was assessed for one hundred four 2-year-olds (54 females); their mothers completed an assessment of parenting styles. Two years later, at Time 2, 84 of the original participants were reassessed on measures of cardiac vagal tone and parenting style. Results indicated both baseline cardiac vagal tone and maternal parenting practices to be stable from 2 to 4 years of age. Children's cardiac vagal tone predicted specific parenting practices from the toddler to preschool years. Further, child cardiac vagal tone moderated maternal restrictive-parenting practices from 2 to 4 years of age; mothers of children who were highly or moderately physiologically dysregulated were more likely to report restrictive parenting practices at both 2 and 4 years of age.

Kenny C. Keeping children out of harm's way. *Nurs Times* 2005; 101(29):68-9.

Kent G. Response to "Breastfeeding and human rights" (*J Hum Lact*. 2003; 19:357-361). *J Hum Lact* 2004; 20(2):146-7; author reply 148.

Kent H. Edmonton tackles shaken baby syndrome. *CMAJ* 2003; 168(2):207.

Keown LJ, Woodward LJ. Early parent-child relations and family functioning of preschool boys with pervasive hyperactivity. *J Abnorm Child Psychol* 2002; 30(6):541-53.

Abstract: This study examined the quality of parent-child relationships and family functioning of preschool children with early onset hyperactivity by comparing a community sample of 33 pervasively hyperactive preschool boys with a comparison sample of 34 boys. Mothers and children were assessed at home on a range of interview, parent questionnaire, and observational measures of parenting and family functioning. Results

of the study showed that higher rates of reported lax disciplinary practices, less efficient parental coping, lower rates of father-child communication, and less synchronous mother-child interactions were significantly associated with hyperactivity following statistical adjustment for the effects of conduct problems and other confounding factors. The best parenting predictor of hyperactivity was maternal coping. The present findings suggest that the way in which parents interact with their preschool children may make a unique contribution to the development and ongoing behavioral difficulties experienced by children with pervasive hyperactivity. Findings also highlight the importance of considering the role of fathers in the behavioral development of boys with early tendencies to hyperactive and distractible behavior problems.

Kernic MA, Monary-Ernsdorff DJ, Koepsell JK, Holt VL. Children in the crossfire: child custody determinations among couples with a history of intimate partner violence. *Violence Against Women* 2005; 11(8):991-1021.

Abstract: Although most states mandate considerations of intimate partner violence (IPV) in child custody proceedings, little is known about how often a preexisting history of IPV is effectively presented to the courts in dissolution cases and, when it is, what effect it has on child custody and visitation outcomes. This retrospective cohort study examined the effects of a history of IPV, further categorized by whether substantiation of that history existed and whether the court handling the custody proceedings knew of that history, on child custody and visitation outcomes. The findings from this study highlight several issues of concern regarding the reality of child custody among families with a history of IPV. These include two primary concerns: a lack of identification of IPV even among cases with a documented, substantiated history, and a lack of strong protections being ordered even among cases in which a history of substantiated IPV is known to exist.

Kerns KA, Aspelmeier JE, Gentzler AL, Grabill CM. Parent-child attachment and monitoring in middle childhood. *J Fam Psychol* 2001; 15(1):69-81.

Abstract: Research on parent-child attachment and parental child rearing practices has been pursued independently. The purpose of the present study was to test whether a secure attachment relationship is related to parental monitoring and child efforts to contribute to the monitoring process. This question was examined in a cross-sectional study of third- and sixth-grade children and their parents. Attachment-based measures were used to tap child and parent perceptions of attachment. Monitoring (i.e., parents' awareness of children's whereabouts and activities) was assessed through phone interviews with children and parents. Child contributions to monitoring were assessed with parent and child questionnaires. A more secure

attachment was related to closer monitoring and greater cooperation by the child in monitoring situations, especially at sixth grade. The findings illustrate the importance of embedding attachment within a larger child rearing context.

Kerr E, Cottee C, Chowdhury R, Jawad R, Welch J. The Haven: a pilot referral centre in London for cases of serious sexual assault. *BJOG* 2003; 110(3):267-71. Abstract: OBJECTIVE: Several schemes have been reported to improve treatment of rape and to encourage reporting. The development of a comprehensive forensic and follow up service for complainants of sexual assault is described, and activities of the first year are reviewed. DESIGN: Retrospective review of case records of complainants examined in The Haven. SETTING: Department of Sexual Health in a London teaching hospital. SAMPLE: All case records, 676 complainants, from the first year of cases seen in The Haven. METHODS: Description of setting up a service in partnership between the National Health Service and the Metropolitan Police, called The Haven. Analysis of a standardised proforma used for case records. RESULTS: Mean age of complainants is 26 years (range 11-66); 6% were male. Assailant was categorised as a stranger in 52% of cases; attack involved physical violence in 50% of cases; 24% of victims had genital injuries; 39% had other physical injuries. Immediate care given at time of forensic examination included 30% of women receiving emergency contraception and 5% of clients receiving post-exposure prophylaxis against HIV. Fifty-five percent of clients returned for a sexual health screen and/or counselling. Thirty-one percent received screening for sexually transmitted infections and 12% were diagnosed with one or more infections. CONCLUSIONS: Requirements following sexual assault include forensic examination, first aid, postcoital contraception, prevention and management of sexually transmitted infections and psychosocial support. Provision of these services within a sexual health setting is feasible.

Kerruish N. In that case: a Lead Maternity Carer (LMC) is discussing newborn health checks with a pregnant woman and her partner. Response. *N Z Bioeth J* 2003; 4(1):38-40.  
Notes: GENERAL NOTE: KIE: 7 refs.  
GENERAL NOTE: KIE: KIE Bib: informed consent/minors; mass screening

Kerruish NJ, Robertson SP. Newborn screening: new developments, new dilemmas. *J Med Ethics* 2005; 31(7):393-8.  
Notes: GENERAL NOTE: KIE: KIE Bib: genetic screening; patient care/minors  
Abstract: Scientific and technological advances are lending pressure to expand the scope of newborn screening. Whereas this has great potential for

improving child health, it also challenges our current perception of such programmes. Standard newborn screening programmes are clearly justified by the fact that early detection and treatment of affected individuals avoids significant morbidity and mortality. However, proposals to expand the scope and complexity of such testing are not all supported by a similar level of evidence for unequivocal benefit. We argue that screening for genetic susceptibility to complex disorders is inherently different from standard screening and, while of potential value, must be considered separately from conventional testing.

Kershner M, Anderson JE. Barriers to disclosure of abuse among rural women. *Minn Med* 2002; 85(3):32-7. Abstract: The purposes of this study were to examine the prevalence of abuse (physical, emotional, and sexual) in women seeking care in rural medical clinics and WIC voucher pick-up sites, and to discover ways of improving the response of health care providers to violence. Data were collected in 8 medical clinics and 17 WIC supplemental food program sites in 9 counties of west central Minnesota during January and February 1997. Fifteen percent of respondents reported having had a discussion about abuse with a health care provider. Six of the 8 symptoms and injuries most associated with abuse indicate diminished emotional health. A series of barriers are identified as substantial obstacles to obtaining help and revealing abuse to health care providers. The most frequently reported barriers were self-reliance, reliance on God, and reliance on friends and family. These findings show that a large percentage of rural women experience abuse and that their health is adversely affected. The barriers to disclosure of abuse reported in this study illustrate the complexity of disclosing abusive relationships in rural and other settings. Low screening levels suggest that rural health care providers can develop additional opportunities to discuss abuse with their patients.

Keupp H. [Resource support as the basis of projects for the prevention of violence and addiction]. *Prax Kinderpsychol Kinderpsychiatr* 2004; 53(8):531-46. Abstract: Lastingly effective projects for the prevention of violence and addiction must ask which resources adolescents require for coping with their lives. A central criteria for a successful life is the creation of coherence in one's inner life and thus the basis for becoming capable of functioning in society. In earlier social eras, the readiness to take on ready-made identity packages was the central criteria for coping with life. Today, this depends on individual adaptation and identity work, and thus the capability for self-organisation, for "intentionality" or "embedding". Children and young people need "free spaces" in their worlds, in order to be able to outline themselves and to act formatively upon their everyday environment. The future prospects of adolescents depend upon their options for learning the "craft of freedom". Sustainable



key qualifications for coping with life in globalised, digital capitalism must grasp education as a hard-headed process in which the subject's capacity for self-organisation is to be given optimal encouragement, so that the patchwork of their own identity can succeed as a self-determined creative project.

Kezic S, Mihanovic M, Zilic-Dzeba J, Sain I. Influence of alcohol abuse of the father on the intensity of clinical picture of posttraumatic stress disorder. *Coll Antropol* 2005; 29(2):533-5.

Abstract: The subject of the study is the influence of alcohol abusing father on the clinical picture of PTSD patient. The father plays an important identification role in the psychological development of his son. Therefore it is to be expected that an alcohol abusing father will become a (negative) role model for his son and that he will also later on in stressful situations try to reduce the anxiety and depression by consuming larger quantities of alcoholic drinks. The aim of the study is to find out whether there are differences in PTSD clinical picture in patients whose fathers abused alcohol and in those whose fathers did not have such problem. The participating patients were from the Psychiatric hospital "Sveti Ivan". Mississippi and Watson scales were applied, as well as a questionnaire named "Early traumas" from which the variable "alcohol abuse of the father" was selected. The analysis shows that the participants who in their family histories had fathers who abused alcohol developed a milder clinical picture of PTSD, i.e. they reactions to the stress later on were less sensitive compared to the control group of participants whose fathers did not abuse alcohol and whose clinical pictures of the disorder were more severe.

Khan MA. Factors associated with oral contraceptive discontinuation in rural Bangladesh. *Health Policy Plan* 2003; 18(1):101-8.

Abstract: Oral contraceptives (OCs) account for half of all modern contraceptive methods used in Bangladesh, however, discontinuation remains fairly high in OC use. This paper identifies factors associated with discontinuation of OC use, where discontinuation refers to cessation of OC use in the 6 months prior to the survey. The data for this study were drawn from a survey on OC compliance in rural Bangladesh. A total of 1600 OC users, current or past, aged 15 to 49 years were interviewed; of these, 36% discontinued OC use. Of the women who discontinued, 47% reported the experience of side-effects as the main reason for OC discontinuation. Multivariate analysis identified lack of fieldworker's visit as the strongest predictor of OC discontinuation; women who were not visited by fieldworkers had a four-fold risk of discontinuing OC use. Discontinuation of OC use decreased with increased duration of use and number of living children. OC discontinuation was associated with side-effect experiences, lack of husband's support in OC use and failure to purchase OCs. Of great concern is that

about 70% of the women who were at risk of unintended pregnancy were not using any method of contraception following OC discontinuation. Husband's education was positively associated with the substitution of OCs with another contraceptive method. Effective OC use should be advocated through adequate counselling about how to take it correctly, the possibility of side-effects and their proper management and, more importantly, the possible alternative contraceptive method should OCs prove unsatisfactory or unsuitable. Better provider-client interactions along with improved access to the newly established community clinics could be instrumental in the continued and effective use of OCs.

Khang YH, Cho SI, Yang S, Lee MS. [Socioeconomic differentials in health and health related behaviors: findings from the Korea Youth Panel Survey]. *J Prev Med Pub Health* 2005; 38(4):391-400.

Abstract: OBJECTIVE: This study examined the socioeconomic differentials for the health and health related behaviors among South Korean middle school students. METHODS: A nationwide cross-sectional interview survey of 3,449 middle school second-grade students and their parents was conducted using a stratified multi-stage cluster sampling method. The response rate was 93.3%. The socioeconomic position indicators were based on self-reported information from the students and their parents: parental education, father's occupational class, monthly family income, out-of-pocket expenditure for education, housing ownership, educational expectations, educational performance and the perceived economic hardships. The outcome variables that were measured were also based on the self-reported information from the students. The health measures included self-rated health conditions, psychological or mental problems, the feelings of loneliness at school, the overall satisfaction of life and the perceived level of stress. The health related behaviors included were smoking, alcohol drinking, sexual intercourse, violence, bullying and verbal and physical abuse by parents. RESULTS: Socioeconomic differences for the health and health related behaviors were found among the eighth grade boys and girls of South Korea. However, the pattern varied with gender, the socioeconomic position indicators and the outcome measures. The prevalence rates of the overall dissatisfaction with life for both genders differed according to most of the eight socioeconomic position indicators. All the health measures were significantly different according to the perceived economic hardship. However, the socioeconomic differences in the self-rated health conditions and the psychosocial or mental problems were not clear. The students having higher socioeconomic position tended to be a perpetrator of bullying while those students with lower socioeconomic position were more likely to be a victim. CONCLUSIONS: The perceived economic hardships predicted the health status among the eighth

- graders of South Korea. The overall satisfaction of life was associated with the socioeconomic position indicators. Further research efforts are needed to explore the mechanisms on how and why the socioeconomic position affects the health and health related behaviors in this age group.
- Kharaboyan L, Avard D, Knoppers BM. Storing newborn blood spots: modern controversies. *J Law Med Ethics* 2004; 32(4):741-8.  
Notes: GENERAL NOTE: KIE: 41 refs.  
GENERAL NOTE: KIE: KIE Bib: blood donation; mass screening
- Khong TY. Falling neonatal autopsy rates. *BMJ* 2002; 324(7340):749-50.
- Khong TY, Arbuckle SM. Perinatal pathology in Australia after Alder Hey. *J Paediatr Child Health* 2002; 38(4):409-11.
- Khong TY, Turnbull D, Staples A. Provider attitudes about gaining consent for perinatal autopsy. *Obstet Gynecol* 2001; 97(6):994-8.  
Notes: GENERAL NOTE: KIE: 27 refs.  
GENERAL NOTE: KIE: KIE Bib: informed consent  
Abstract: OBJECTIVE: To examine the attitudes of neonatologists, obstetricians, midwives, and neonatal nurses toward perinatal autopsy and survey physicians about whom they perceive influence women's decisions on autopsy consent. METHODS: A postal survey that incorporated a questionnaire of eight fictitious case scenarios and combined three factors (confidence of antemortem diagnosis, intention to have future pregnancy, and parental attitude toward autopsy) in various permutations was sent to various Australian physicians and nurses (all consultant neonatologists working in neonatal intensive care units and a sample of consultant obstetricians, midwives, and neonatal nurses in level III maternity hospitals). Respondents were asked to rate how likely they were to seek consent for or suggest autopsies on a seven-point Likert scale (1 = certainly will not, 7 = certainly will). Interactions between factors and respondents were measured by analysis of variance, and differences were compared using Mann-Whitney U, chi(2), and generalized estimating equation tests. RESULTS: The overall response rate was 70% (neonatologists 57%, obstetricians 62%, midwives 77%, and neonatal nurses 75%). Neonatologists (median score 7, interquartile range 7, 7) were more likely to ask for autopsies than neonatal nurses (5; 2, 6) ( $P < .001$ ), as were obstetricians (7; 7, 7) compared with midwives (6; 3, 7) ( $P < .001$ ). Physicians rated midwives and neonatal nurses as having some to substantial influence on mothers' decisions about consent for autopsy. CONCLUSION: Physicians are not averse to seeking consent for perinatal autopsies. Midwives and nurses are influenced by the three factors studied, which might negatively influence the consent rate for perinatal autopsies. Intervention strategies aimed at changing nurses' attitudes should be considered.
- Kiesner J, Poulin F, Nicotra E. Peer relations across contexts: individual-network homophily and network inclusion in and after school. *Child Dev* 2003; 74(5):1328-43.  
Abstract: Peer relations across 2 contexts (in school and after school) were examined for 577 participants, approximately 12 years old, from 3 middle schools in Milan, Italy. The primary research questions were: Do peer networks from different contexts uniquely contribute to explaining variance in individual behavior? Do measures of peer preference and peer network inclusion across contexts uniquely contribute to explaining individual depressive symptoms? Structural equation models showed that both the in-school and the after-school peer networks uniquely contributed to explaining variance in 2 types of individual problem behavior (in-school problem behavior, after-school delinquency), and that similarity with the 2 peer networks varied according to behaviors specific to each context and across gender. Finally, both in-school and after-school peer network inclusion contributed to explaining variance in depressive symptoms, after controlling for classroom peer preference.
- Kiess W, Gausche R, Keller A, Burmeister J, Willgerodt H, Keller E. Computer-guided, population-based screening system for growth disorders (CrescNet) and on-line generation of normative data for growth and development. *Horm Res* 2001; 56 Suppl 1:59-66.  
Abstract: The mean age at which the diagnosis of growth disorders such as Turner's syndrome, growth hormone (GH) deficiency or true GH-dependent gigantism is established is still rather late in many countries around the world. In addition, the question of secular trends in a given population and the rate at which childhood obesity is increasing in industrialized countries make it mandatory to establish a time-adapted system to develop percentiles for body height, weight and body mass index (BMI) and also to develop a screening system for growth disorders. In 1998 we established a network, now involving more than 160 paediatric practices in Germany and seven paediatric endocrinology departments. Paediatricians record heights, weights and growth velocities of all children in their care and systematically feed the data into the database at our centre usually by mailing formatted, structured data tickets. Data are then continuously analysed at the centre and the paediatricians in the network are informed immediately about their individual patients' growth situations via phone or E-mail (feedback system). Regular annual conferences including structured reports, scientific presentations and discussion groups are organized for all participants at our centre. By May 2001, the data of 83,721 children and adolescents had been analysed. The mean values

for height were 1-1.5 cm higher than the mean values in the German Synthetic Growth Curve, which serves as an internal standard. However, and most importantly, in comparison with the internal standard and historical normative data from Germany and Switzerland, there is a continuous increase in the 97th percentile for weight and BMI, while the third percentile remains unchanged. In addition, many children with short stature and tall stature due to a variety of endocrine disorders and genetic diseases which had not been diagnosed previously are now being identified. In conclusion, the databank allows for a continuous adaptation of normative curves based on a large number of children in a given population, i.e. eastern Germany. Secondly, the system allows for detection of pathological growth curves and is already serving to diagnose growth disorders in a defined population in a systematic way.

Kihlstrom JF, McNally RJ, Loftus EF, Pope HG Jr. The problem of child sexual abuse. *Science* 2005; 309(5738):1182-5; author reply 1182-5.

Killingsworth JB, Tilford JM, Parker JG, Graham JJ, Dick RM, Aitken ME. National hospitalization impact of pediatric all-terrain vehicle injuries. *Pediatrics* 2005; 115(3):e316-21.

Abstract: OBJECTIVE: All-terrain vehicle (ATV) injuries among children represent a significant and growing problem. Although state-level analyses have characterized some aspects of pediatric ATV-related injuries, little information on the national impact on hospitalization is available. This study was designed to characterize more fully the patterns of injury, hospital length of stay, and hospital charges associated with ATV-related injuries, with a nationally representative sample. METHODS: Analyses were based on the 1997 and 2000 Healthcare Cost and Utilization Project Kids' Inpatient Database (KID). The KID is the only national, all-payer database of hospital discharges for children. KID data were weighted to represent all discharges from general hospitals in the United States. Discharges with external cause-of-injury codes consistent with off-road ATV-related injuries were selected, and the affected population was described. Nationally representative rates of ATV-related injuries were calculated, and changes between 1997 and 2000 were documented. RESULTS: An estimated 5292 children were hospitalized because of ATV-related injuries during the 2-year period, and hospitalizations increased 79.1% between 1997 and 2000. Rates of ATV-related hospitalization were highest among adolescent white male subjects, consistent with previous studies. Most patients had hospital lengths of stay of <4 days (68%), but 10% had stays of >8 days. Injury severity varied considerably, with more than one third of patients sustaining moderate to severe injuries. Approximately 1% of hospitalizations resulted in in-hospital deaths. Total hospital charges for this injury mechanism were 74367677 dollars for the 2-year study

period. Most of these charges were paid by private insurers. CONCLUSIONS: This study provides evidence supporting recent substantial increases in childhood ATV-related injuries. The hospitalization impact of ATV-related injuries among children is considerable. Our data support the need for ongoing creative attempts to identify effective strategies to decrease ATV injuries among children.

Kilpatrick DG, Ruggiero KJ, Acierno R, Saunders BE, Resnick HS, Best CL. Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: results from the National Survey of Adolescents. *J Consult Clin Psychol* 2003; 71(4):692-700.

Abstract: With a national household probability sample of 4,023 telephone-interviewed adolescents ages 12-17, this study provides prevalence, comorbidity, and risk-factor data for posttraumatic stress disorder (PTSD), major depressive episode (MDE), and substance abuse/dependence (SA/D). Roughly 16% of boys and 19% of girls met criteria for at least 1 diagnosis. Six-month PTSD prevalence was 3.7% for boys and 6.3% for girls, 6-month MDE prevalence was 7.4% for boys and 13.9% for girls, and 12-month SA/D prevalence was 8.2% for boys and 6.2% for girls. PTSD was more likely to be comorbid than were MDE and SA/D. Results generally support the hypothesis that exposure to interpersonal violence (i.e., physical assault, sexual assault, or witnessed violence) increases the risk of these disorders and of diagnostic comorbidity.

Kim HS. [Development of a sublimation program for Korean adolescents' aggression.]. *Taehan Kanho Hakhoe Chi* 2004; 34(1):81-92.

Abstract: PURPOSE: The purpose of this study was to identify a path diagram for the influence of family, personality, sexual abuse, drug abuse, coping strategies, and aggressive impulsiveness on aggression, and to develop a sublimation program for Korean adolescent's aggression. METHOD: Data was collected by self-report questionnaires. Subjects consisted of 2,111 adolescents. A proportional stratified random sampling method was used. The major instrument was the Mental Health Questionnaire for Korean Adolescents, and the Cronbach's Alpha ranged from .54 to .95 for each subscale. Statistical methods were Chi-square, correlation analysis, and path analysis. RESULT: The strongest contributing variables on aggression were person-related aggressive impulsiveness, antisocial personality, self-injured aggressive impulsiveness, gender, sexual abuse, psychosomatic symptoms II, drug abuse, age, parent-child relationship, alcohol abuse and cognitive avoidance coping strategies in the order named. Also the author developed a multi-systemic sublimation program for Korean adolescents's aggression. The multi-systemic sublimation program involves four domains including adolescents, parents, peers and community, and has several therapeutic sub-programs

- for each domain. CONCLUSION: The ecology of human development is composed of multiple, integrated levels of organization, including biological, individual-psychological, social-interpersonal, cultural, and historical levels. Therefore, this multi-systemic sublimation program will prevent and decrease the rate of aggressive behavior among Korean adolescents.
- Kim S, Brody GH. Longitudinal pathways to psychological adjustment among Black youth living in single-parent households. *J Fam Psychol* 2005; 19(2):305-13. Abstract: A 5-wave model linking family and maternal functioning to youth psychological adjustment was tested with 139 single-mother-headed African American families with young adolescents (mean age = 11 years at recruitment) living in the rural South. Structural equation modeling indicated that an accumulation of family risk factors at Wave 1 was linked with maternal psychological functioning at Wave 2, which forecast competence-promoting parenting practices at Wave 3. These parenting practices indirectly forecast youth externalizing and internalizing behaviors 2 years later at Wave 5, through youth self-regulation at Wave 4. The hypothesized model was retested, controlling for Wave 1 youth externalizing and internalizing behaviors. All paths remained significant, indicating that the model accounted for change in youth psychological adjustment across 4 years.
- Kimberly MB, Forte AL, Carroll JM, Feudtner C. Pediatric do-not-attempt-resuscitation orders and public schools: a national assessment of policies and laws. *Am J Bioeth* 2005; 5(1):59-65. Notes: GENERAL NOTE: KIE: 19 refs. GENERAL NOTE: KIE: KIE Bib: resuscitation orders Abstract: Some children living with life-shortening medical conditions may wish to attend school without the threat of having resuscitation attempted in the event of cardiopulmonary arrest on the school premises. Despite recent attention to in-school do-not-attempt-resuscitation (DNAR) orders, no assessment of state laws or school policies has yet been made. We therefore sought to survey a national sample of prominent school districts and situate their policies in the context of relevant state laws. Most (80%) school districts sampled did not have policies, regulations, or protocols for dealing with student DNARs. A similar majority (76%) either would not honor student DNARs or were uncertain about whether they could. Frequent contradictions between school policies and state laws also exist. Consequently, children living with life-shortening conditions who have DNARs may not have these orders honored if cardiopulmonary arrest were to occur on school premises. Coordinated efforts are needed to harmonize school district, state, and federal approaches in order to support children and families' right to have important medical decisions honored.
- Kinard EM. Characteristics of maltreatment experience and academic functioning among maltreated children. *Violence Vict* 2001; 16(3):323-37. Abstract: This article examined the impact of maltreatment characteristics on academic functioning in a sample of school-age maltreated children. Results revealed several differences among three types of maltreatment subgroups (physical abuse, neglect, and sexual abuse) on characteristics of maltreatment experience. Few maltreatment characteristics were significantly related to measures of academic functioning, but the findings suggest that the effects of maltreatment characteristics should be examined separately for different types of maltreatment.
- King G, Trocme N, Thatte N. Substantiation as a multitier process: the results of a NIS-3 analysis. *Child Maltreat* 2003; 8(3):173-82. Abstract: BACKGROUND: Previous studies on child maltreatment reporting have focused mainly on one level of substantiation. This article analyzes factors influencing the multitiered substantiation process. METHOD: The 1993 Third National Incidence Study (NIS-3) data of substantiated and non-substantiated reported incidents (N=7,263) of maltreatment were analyzed. Substantiation was classified into three categories: unfounded, indicated, and founded. Independent variables included demographic characteristics, case-processing variables, and maltreatment characteristics. DATA ANALYSIS: Bivariate and multiple logistic regression (MLR) analyses were calculated to determine whether demographic and case processing variables predicted unfounded or founded/indicated dispositions. Second-level analysis examined demographic, case processing, and maltreatment characteristics as predictors of founded or indicated status. RESULTS: These results showed that 60.2% of CPS investigations conducted were evaluated as unfounded, about 22% were categorized as founded, and 17% were classified as indicated. In the MLR analysis for the first level of substantiation, case processing variables were highly significant predictors of founded/indicated status. In the second-level substantiation MLR model, cases in the mid-range income level (dollars 15,000-29,999) had a lower probability (adjusted OR = .58, p = .02) of being founded than those of less than dollars 15,000, and reports involving Hispanic children (OR = 3.04, p = .05) were more likely than the "all other" race-ethnic social classification to have been substantiated as founded. CONCLUSIONS: This analysis of NIS-3 data suggests that a three-tiered rather than a two-tiered system is a more accurate representation of the CPS substantiation process. Further analysis of substantiation patterns is required to provide a basis for developing more effective investigation systems.
- King JA, Mandansky D, King S, Fletcher KE, Brewer J. Early sexual abuse and low cortisol. *Psychiatry Clin Neurosci* 2001; 55(1):71-4.

Abstract: Post-traumatic stress disorder (PTSD) is a mental health disorder precipitated by a stressful event that produces fear or terror in the individual. Post-traumatic stress disorder studies, particularly in early sexual abuse, have been associated with neuroendocrine dysfunction, most notably the hypothalamic-pituitary-adrenal (HPA) axis. Since the literature on PTSD and neuroendocrine factors in young subjects has been sparse, the present studies were designed to look at the basal functioning of the HPA axis in response to early sexual abuse in girls aged 5 to 7 years. Morning salivary samples were collected for cortisol determination from subjects and controls who were scheduled for a physical exam by their pediatrician. The present study shows that subjects who had been abused within the last couple of months had significantly lower cortisol in comparison to control subjects (age, social economic status and race matched). The data suggest that children may have an impaired HPA axis after early trauma.

King RE, Scianna JM, Petruzzelli GJ. Mandible fracture patterns: a suburban trauma center experience. *Am J Otolaryngol* 2004; 25(5):301-7. Abstract: PURPOSE: Mandible fractures are among the most frequently seen injuries in the trauma center setting. Recent shifts in the mechanism and age distribution of patients sustaining these injuries are well documented. This study attempts to define current, predictable patterns of fracture based on patient characteristics and mechanism of injury. MATERIAL AND METHODS: The charts of 134 patients with 225 mandible fractures treated over a 7-year period by the Otolaryngology-Head and Neck Surgery, Plastic and Reconstructive Surgery and Oral-Maxillofacial Surgery services, our institution, were retrospectively reviewed. Patients were categorized based on age, mechanism of fracture, and anatomic location of fracture. Multivariate analysis of data was performed to determine significant relationships among groups. RESULTS: Violent crimes such as assault and gunshot wounds accounted for the majority of fractures (50%) in this study, with motor vehicle accidents less likely (29%). Overall, parasymphyseal fractures were most frequent (35%), whereas angle and body fractures were also common (15% and 21%, respectively). There was a statistically significant association of motor vehicle accidents with parasymphyseal fractures (45%), and gunshot wounds with body fractures (36%), whereas assault victims had a higher than predicted frequency of angle fractures (27%) and fewer parasymphyseal fractures (19%). Patients aged 17 to 30 were more likely to suffer from gunshot wounds, whereas older adults (age 31-50) were more likely to be assault victims. Patients over age 50 suffered fractures from falls at a higher than expected rate. Although children and young adults seemed to suffer more parasymphyseal fractures and older adults body fractures, these correlations failed to show statistical significance. Parasymphyseal fractures were most

frequently associated with fractures at other sites within the mandible, ipsilateral body fractures being the most common. CONCLUSIONS: Updated data on the association of patient age and mechanism of injury with fracture pattern can guide treating physicians in anticipating and diagnosing traumatic mandible fractures.

King TM, Rosenberg LA, Fuddy L, McFarlane E, Sia C, Duggan AK. Prevalence and early identification of language delays among at-risk three year olds. *J Dev Behav Pediatr* 2005; 26(4):293-303. Abstract: The aims of this study were fourfold: to document the prevalence of language delays in a sample of at-risk 3 year olds; to assess the effectiveness of a home visiting program in preventing early language delays; to determine how often parents, pediatric providers, and home visitors identified early language delays; and to assess the effectiveness of a home visiting program in improving early identification of language delays. The Preschool Language Scale, Third Edition (PLS-3) was administered to 513 at-risk 3 year olds participating in a randomized trial of home visiting services. Families randomized to home visiting were expected to receive weekly to quarterly visits throughout the 3 years of this study. The content of home visits included teaching parents about child development, role-modeling parenting skills, and linking families to a medical home. Identification of delays was measured using structured parent interviews and review of primary care and home visiting records. At age 3 years, 10% of children had severe language delays, defined as scoring  $\geq 2$  SD below the national mean on the PLS-3, whereas 49% scored  $\geq 1$  SD below the national mean. No differences in prevalence were seen between children who did and did not receive home visiting. Among children with severe delays, 42% were identified by parents, 33% by pediatric providers, and 24% by home visitors. Among children with any delays, 24% were identified by parents, 25% by pediatric providers, and 17% by home visitors. No differences in rates of identification were seen between children who did and did not receive home visiting. Thus, while language delays were highly prevalent among these at-risk children, rates of identification were low, even among children with severe delays. Home visiting was not effective in either preventing language delays or improving early identification. This suggests that pediatric providers and home visiting programs need to reexamine their approaches to recognizing and intervening with early language delays.

King WJ, Klassen TP, LeBlanc J *et al.* The effectiveness of a home visit to prevent childhood injury. *Pediatrics* 2001; 108(2):382-8. Abstract: OBJECTIVE: To examine the effectiveness of a home visit program to improve home safety and decrease the frequency of injury in children. We

examined the effects of the program on 1) parental injury awareness and knowledge; 2) the extent that families used home safety measures; 3) the rate of injury; and 4) the cost effectiveness of the intervention. DESIGN: A randomized, controlled trial. SETTING: A multicenter trial conducted at 5 hospitals in 4 Canadian urban centers. PARTICIPANTS: Children <8 years old, initially enrolled in an injury case-control study, were eligible to participate. Intervention. Subsequent to a home inspection conducted to determine baseline hazard rates for both groups, participants in the intervention group received a single home visit that included the provision of an information package, discount coupons, and specific instruction regarding home safety measures. Main RESULTS: The median age was 2 years, with males comprising ~60% of participants. The experimental groups were comparable at outset in terms of case-control status, age, gender, and socioeconomic status. Parental injury awareness and knowledge was high; 73% correctly identified injury as the leading cause of death in children, and an intervention effect was not demonstrated. The adjusted odds ratios (ORs) for the home inspection items indicated that significant safety modifications only occurred in the number of homes having hot water not exceeding 54 degrees C (OR: 1.31, 95% confidence interval [CI]: 1.14, 1.50) or the presence of a smoke detector (OR: 1.45, 95% CI: 0.94, 2.22). However, the intervention group reported home safety modifications of 62% at 4 months and significantly less injury visits to the doctor compared with the nonintervention group (rate ratio: 0.75; 95% CI: 0.58, 0.96). The total costs of care for injuries were significantly lower in the intervention group compared with the nonintervention group with a cost of \$372 per injury prevented. CONCLUSIONS: An intervention using a single home visit to improve the extent to which families use safety measures was found to be insufficient to influence the long-term adoption of home safety measures, but was effective to decrease the overall occurrence of injuries. Future programs should target a few, well-focused, evidence-based areas including the evaluation of high-risk groups and the effect of repeated visits on outcome.

King WJ, LeBlanc JC, Barrowman NJ *et al.* Long term effects of a home visit to prevent childhood injury: three year follow up of a randomized trial. *Inj Prev* 2005; 11(2):106-9.  
 Abstract: OBJECTIVE: To assess the long term effect of a home safety visit on the rate of home injury. DESIGN: Telephone survey conducted 36 months after participation in a randomized controlled trial of a home safety intervention. A structured interview assessed participant knowledge, beliefs, or practices around injury prevention and the number of injuries requiring medical attention. SETTING: Five pediatric teaching hospitals in four Canadian urban centres. PARTICIPANTS: Children less than 8 years of age presenting to an emergency department with a targeted

home injury (fall, scald, burn, poisoning or ingestion, choking, or head injury while riding a bicycle), a non-targeted injury, or a medical illness. RESULTS: We contacted 774 (66%) of the 1172 original participants. A higher proportion of participants in the intervention group (63%) reported that home visits changed their knowledge, beliefs, or practices around the prevention of home injuries compared with those in the non-intervention group (43%;  $p < 0.001$ ). Over the 36 month follow up period the rate of injury visits to the doctor was significantly less for the intervention group (rate ratio = 0.74; 95% CI 0.63 to 0.87), consistent with the original (12 month) study results (rate ratio = 0.69; 95% CI 0.54 to 0.88). However, the effectiveness of the intervention appears to be diminishing with time (rate ratio for the 12-36 month study interval = 0.80; 95% CI 0.64 to 1.00). CONCLUSIONS: A home safety visit was able to demonstrate sustained, but modest, effectiveness of an intervention aimed at improving home safety and reducing injury. This study reinforces the need of home safety programs to focus on passive intervention and a simple well defined message.

Kinnair D. Put the child first. Interview by Pat Healy. *Nurs Stand* 2003; 18(4):16-7.

Kinsley M. The thin line between love and lust. *Time* 2002; 159(17):49.

Kipp J, Killick L, Kipp W. Predicting in-home time of community care professionals. *Int J Health Care Qual Assur Inc Leadersh Health Serv* 2002; 15(1):11-6. Abstract: The aim of this study was to test whether the client homebound score (CHS), the case management intensity score (CMIS) and the client priority visit score (CPVS) could be used to predict in-home time of professional caregivers in the Aspen community care program. A random sample of 34 community care clients from the different geographical areas of the Aspen Regional Health Authority was selected and the home visits for each client were tracked for three months. Information such as client demographics, the client diagnostic category, number and in-home time of visits was collected. In addition, the CHS, the CMIS and the CPVS were measured for each client. Data were analyzed, using a robust variance estimator regression model. CMIS was found to be the best predictor of in-home time (coefficient 9.521,  $p > 0.001$ ), followed by the CHS and the CPVS.

Kirby S. Bias, innateness and domain specificity. *J Child Lang* 2004; 31(4):927-30; discussion 963-8.

Kirisci L, Tarter RE, Vanyukov M, Reynolds M, Habeych M. Relation between cognitive distortions and neurobehavior disinhibition on the development of substance use during adolescence and substance use disorder by young adulthood: a prospective study. *Drug Alcohol Depend* 2004; 76(2):125-33.

Abstract: **OBJECTIVE:** Previous research has demonstrated that neurobehavior disinhibition increases the risk for a diagnosis of substance use disorder (SUD). This investigation tested the hypothesis that a deficiency in the capacity to appraise the effects of alcohol and drugs and interpret social interactions mediates the relation between neurobehavior disinhibition in childhood and SUD by early adulthood. **METHODS:** Boys with fathers having lifetime SUD (N=88) and no SUD or other psychiatric disorder (N=127) were prospectively tracked from ages 10-12 to 19 years. Neurobehavior disinhibition was evaluated at baseline followed by assessments of cognitive distortions and substance use involvement in early and mid-adolescence. SUD outcome was evaluated up to age 19 years. **RESULTS:** Cognitive distortions (age 12-14 years) mediated the association between neurobehavior disinhibition (age 10-12 years) and marijuana use (age 16 years) which, in turn, predicted SUD by age 19 years. Cognitive distortions in early adolescence did not directly predict SUD by young adulthood. **CONCLUSIONS:** Inaccurate social cognition, significantly predicted by childhood neurobehavior disinhibition, biases development toward marijuana use prodromal to SUD. These results indicate that cognitive processes, in conjunction with psychological self-regulation, comprise important components of the individual liability to SUD.

Kirk S, Glendinning C. Developing services to support parents caring for a technology-dependent child at home. *Child Care Health Dev* 2004; 30(3):209-18; discussion 219.

Abstract: **BACKGROUND:** A group of children with complex health care needs have emerged as a result of medical advances and government policies emphasizing the community as the arena for care. Some of these children remain dependent on the medical technology that enabled them to survive and require care of a complex and intensive nature to be carried out by their parents at home. **AIMS:** To explore the experiences of families caring at home for a technology-dependent child; to examine their needs for practical and other support; and to examine how far services are currently meeting these needs. **Methods** In-depth interviews were conducted with the parents of 24 technology-dependent children and with 44 health, social care and other professionals. **RESULTS:** Services in the community were not sufficiently developed to support this group of families. Major problems were identified in the purchasing and provision of both short-term care/home support services and specialist equipment/therapies in the community. Service provision could be poorly planned and co-ordinated at an operational level and few families had a designated key worker. Parents felt that professionals did not always recognize either the emotional costs entailed in providing care of this nature or their expertise in caregiving. Information-giving to parents was often described as poor and participants

reported that hospital professionals failed to negotiate the transfer of caregiving responsibility to parents. **CONCLUSIONS:** Services need to work in partnership with families and with each other at both strategic and operational levels, to develop integrated and co-ordinated services that can meet the needs of this group of families.

Kiros GE, White MJ. Migration, community context, and child immunization in Ethiopia. *Soc Sci Med* 2004; 59(12):2603-16.

Abstract: This paper examines the relationship between parental migration status and child immunization in Southern Ethiopia, a region characterized by high mortality and morbidity. Using the 1997 Community and Family Survey and a multilevel modeling approach, we find that children born to rural-rural migrant mothers have significantly less chance of receiving full immunization coverage than children born to non-migrant mothers. The social mechanism that explains this huge disparity is that rural-rural migrant women have limited social networks in the host community. In addition, significant variation in receiving complete immunization is found by age of child (a likely period effect), mother's education, and distance to nearest health center. Marked child immunization differentials are also observed by ethnicity. The results from the multilevel analysis confirm the persistence of substantial community effects, even after controlling for a standard array of personal and household characteristics. Given the low levels of vaccination among children born to migrant women, health policy interventions and information campaigns might be effectively augmented to reach such migrant women and their children. Community and ethnic group effects suggest that further targeting of health activities could be efficient and effective.

Kisida N, Holditch-Davis D, Miles MS, Carlson J. Unsafe caregiving practices experienced by 3-year-old children born prematurely. *Pediatr Nurs* 2001; 27(1):13-8, 23-4.

Abstract: Unsafe caregiving practices were studied in relation to risk factors for unintentional injuries as reported in the literature. A total of 54 premature children at 3 years of age and their mothers were observed twice in their homes for 2-hour periods, and the HOME Inventory was scored at one of the visits. Field notes from these visits were analyzed for unsafe practices, including hazards in the environment and inadequate parental supervision. Unsafe practices occurred for approximately 30% of the children studied. T-tests indicated that children with no unsafe practices had higher HOME scores than children with unsafe practices. In addition, lower HOME scores and later birth order were correlated with a greater number of unsafe practices. Maternal age and education, family size, child birthweight, and maternal perception of child vulnerability were not related to the presence of unsafe caregiving practices. The findings also suggest that the HOME Inventory may have promise as a

- useful tool in screening for unsafe caregiving of preschool children.
- Kiss C. Third joint meeting of Rumanian and Hungarian pediatric hematologists/oncologists. *Med Pediatr Oncol* 2002; 38(5):368.
- Kitamura T. [Early-rearing experience and environment as etiological factors for adult-onset depressive disorder]. *Seishin Shinkeigaku Zasshi* 2004; 106(1):84-7.
- Kivitie-Kallio S, Tupola S. [Shaken baby syndrome]. *Duodecim* 2004; 120(19):2306-12.
- Klahr D. Commentary: new kids on the connectionist modeling block. *Dev Sci* 2004; 7(2):165-6.
- Klassen AF, Lee SK, Barer M, Raina P. Linking survey data with administrative health information: characteristics associated with consent from a neonatal intensive care unit follow-up study. *Can J Public Health* 2005; 96(2):151-4.  
 Abstract: **BACKGROUND:** Health services and population health research often depends on the ready availability of administrative health data. However, the linkage of survey-based data to administrative data for health research purposes has raised concerns about privacy. Our aim was to compare consent rates to data linkage in two samples of caregivers and describe characteristics associated with consenters. **METHODS:** Subjects included caregivers of children admitted at birth to neonatal intensive care units (NICU) in British Columbia and caregivers of a sample of healthy children. Caregivers were asked to sign a consent form enabling researchers to link the survey information with theirs and their child's provincially collected health records. Bivariate analysis identified sample characteristics associated with consent. These were entered into logistic regression models. **RESULTS:** The sample included 1,140 of 2,221 NICU children and 393 of 718 healthy children. The overall response rate was 55% and the response rate for located families was 67.1%. Consent to data linkage with the child data was given by 71.6% of respondents and with caregiver data by 67% of respondents. Families of healthy children were as likely to provide consent as families of NICU children. Higher rates of consent were associated with being a biological parent, not requiring survey reminders, involvement in a parent support group, not working full-time, having less healthy children, multiple births and higher income. **CONCLUSION:** The level of consent achieved suggests that when given a choice, most people are willing to permit researcher access to their personal health information for research purposes. There is scope for educating the public about the nature and importance of research that combines survey and administrative data to address important health questions.
- Klein M. [Child of drug addicted parents--facts, risks, solutions]. *Kinderkrankenschwester* 2005; 24(6):230-4.
- Kleinbard P. The New York City Beacons: rebuilding communities of support in urban neighborhoods. *New Dir Youth Dev* 2005; (107):27-34, table of contents. Abstract: Established in 1991 in New York City and now operating in at least seven other cities, Beacons are designed to rebuild communities of support for children and youth in urban neighborhoods. The Beacon framework is based on research findings and practitioner experience indicating that programs taking a youth development approach are more effective than those focused on "fixing" specific youth problems. Successful Beacon programs provide positive ways to meet young people's need for safety, a sense of belonging, and mastery; they also provide opportunities for decision making and contributing to others. There are currently eighty Beacons in New York City, serving about 140,000 youth and adults annually. Beacons have been replicated in several parts of the country, including Denver, Minneapolis, Oakland, Palm Beach County, Philadelphia, San Francisco, and Savannah. The Youth Development Institute of the Fund for the City of New York provides technical assistance and training to Beacons in New York City and in all seven replication sites.
- Kleinman PK. Hangman's fracture caused by suspected child abuse. *J Pediatr Orthop B* 2004; 13(5):348; author reply 348.
- Kljakovic M, Parkin C. The presence of medical students in practice consultations. Rates of patient consent. *Aust Fam Physician* 2002; 31(5):487-9. Abstract: **OBJECTIVE:** To measure the frequency of nonconsent encountered by medical students and describe the influence of gender. **METHOD:** An observational study of general practice teaching consultations. **RESULTS:** Subjects: 63 students (40% female), 67 general practitioners (30% female), and 2572 patients (56% female). Outcome: 3.4% of all patients (79% female) did not give consent (4.6% for male students; 1.6% for female; OR = 3.0, 95% CI 1.7-5.3). The rates of nonconsent did not vary between age groups for men but occurred mainly in the 15-44 years age group for women. Male students encountered more nonconsenting female patients than female students, particularly in consultations with female GPs. **CONCLUSION:** Consent to allow medical students to be present in general practice consultations is usually provided. It is typically declined for male students by young women attending women doctors.
- Klosinski G. [Child sexual abuse. How to deal with suspected abuse?]. *MMW Fortschr Med* 2001; 143(5):29-31. Abstract: Sexual abuse in children is defined as the exploitation of children by adults for the sexual



gratification of the latter. A particular problem is sexual violence within the family. The chronicity of the abuse, by means of which the child is precipitated into role conflicts is typical. Whether inside or outside the family, sexual abuse almost always has negative effects on the child's development. When such abuse is suspected, a gentle physical examination and an empathetic age-adapted psychiatric diagnostic work-up are indicated. The overriding objective of an intervention is to protect the child. The indication of psychotherapy is determined by the severity of the symptomatology. Among other things, prevention strategies are aimed at increasing the autonomy of the child.

Kluge EH. Canada, the U.S., and the NICU: cultural differences and ethical consequences. *J Clin Ethics* 2001; 12(3):297-301.  
Notes: GENERAL NOTE: KIE: Kluge, Eike-Henner W  
GENERAL NOTE: KIE: 9 refs.  
GENERAL NOTE: KIE: KIE Bib: health care/foreign countries; patient care/minors; resource allocation/biomedical technologies

Kluger Y, Mayo A, Hiss J *et al.* Medical consequences of terrorist bombs containing spherical metal pellets: analysis of a suicide terrorism event. *Eur J Emerg Med* 2005; 12(1):19-23.  
Abstract: OBJECTIVE: Various metal objects added to explosives increase and diversify the wounding from bombing; especially favoured are spherical missiles for their special injuring characteristics. Our objective was to study the medical consequences and ballistic effects on human tissue of spherical metal pellets used in terrorist bombings. METHODS: The clinical and forensic data of all bodily injured casualties of a suicide terrorist bombing in a crowded hotel dining room were analysed retrospectively. RESULTS: Of the 250 people at the scene, 164 were injured, with 91 (55.5%) suffering bodily injuries; 30 of them died. The immediately deceased had disseminated tissue damage and their bodies were saturated with steel spheres. Thirty-two immediate survivors sustained severe injuries (Injury Severity Score > or =16), and all suffered tissue penetration by the pellets. Twenty-three (32%) underwent surgery and 15 (21%) required intensive care. CONCLUSIONS: Metal pellets propelled by the explosion enhanced the secondary pattern of injury and injured even patients remote from the origin. Tissue destruction and specific organ injuries among survivors were limited. To evaluate and manage victims of terrorist bombings properly, medical teams should become familiar with these severe injuries.

Kmietowicz Z. Children face same social problems as they did 100 years ago. *BMJ* 2005; 330(7484):163.

Kmietowicz Z. MPs call for smacking to be outlawed. *BMJ* 2003; 326(7404):1414.

Knapp JF, Soden SE, Dasouki MJ, Walsh IR. A 9-month-old baby with subdural hematomas, retinal hemorrhages, and developmental delay. *Pediatr Emerg Care* 2002; 18(1):44-7.

Knight DB. Neonatal shaken baby syndrome--lessons to be learned. *Arch Dis Child Fetal Neonatal Ed* 2003; 88(2):F161; author reply F161-2.

Knight S, Olson LM, Cook LJ, Mann NC, Corneli HM, Dean JM. Against all advice: an analysis of out-of-hospital refusals of care. *Ann Emerg Med* 2003; 42(5):689-96.

Abstract: STUDY OBJECTIVE: We examine the characteristics of patients involved in out-of-hospital emergency medical services (EMS) incidents that result in refusal of care and determine the rates of subsequent EMS, emergency department (ED), and inpatient care, as well as death within 7 days. METHODS: Utah statewide EMS data identifying refusals of care were probabilistically linked to Utah statewide ED, inpatient, and death certificate data within 7 days of the initial EMS refusals for 1996 to 1998. Refusals were defined as incidents in which field treatment or transport was refused and did not include incidents in which EMS providers deemed care or transport unnecessary. RESULTS: Of 277244 EMS incidents, 14109 (5.1%) resulted in refusals of care. For all age groups, motor vehicle crash dispatches resulted in the highest rate of refusal of care, ranging from 8.0% to 11.7%. Slightly more than 3% of patients involved in a refusal of care incident had a subsequent EMS dispatch within a week. One fifth of the patients involved in EMS refusals of care had a subsequent ED visit. Less than 2% of the EMS refusal patients were hospitalized; hospitalization was highest among children younger than 3 years and adults older than 64 years. Twenty-five adults died within a week of refusing EMS care, of whom 19 (76.0%) were older than 64 years. CONCLUSION: Refusal of care incidents are a small segment of all EMS incidents. They arise from a variety of situations, and the risk for missed intervention may be minimal.

Knoester PD, Belitser SV, Deckers CL *et al.* Patterns of lamotrigine use in daily clinical practice during the first 5 years after introduction in the Netherlands. *J Clin Pharm Ther* 2004; 29(2):131-8.

Abstract: OBJECTIVE: Follow-up data on the long-term effectiveness (efficacy and tolerability) of lamotrigine are limited. A useful though crude measure for effectiveness in daily clinical practice is the treatment retention rate determined from drug dispensing data. This study describes the baseline characteristics, the usage patterns and the retention rate of this antiepileptic drug (AED) in a population-based

cohort of lamotrigine users in the Netherlands during the first 5 years after its registration in 1995. Data from this cohort are compared with those from the initial randomized clinical trials (RCTs) in patients with refractory epilepsy. **METHODS:** This retrospective cohort study used dispensing data from community pharmacies. Baseline characteristics and usage patterns were evaluated for first time users of lamotrigine in this study. Usage patterns were characterized as continued, add-on or discontinued use during the patient observation time window. Cox regression analysis was used to explore possible relationships between baseline characteristics and specific usage patterns defined. The baseline characteristics and discontinuation rates in this cohort study were compared with RCT data reported in medical literature. **RESULTS:** A total of 3598 lamotrigine users were identified. The mean age of the population was 39 years and 54% were female. On average, patients used two other AEDs at the start of lamotrigine therapy and approximately 6% of the patients had no history of prior AED use. The discontinuation rate was 25% after 1 year, and approximately 32% at the end of the 5-year study. Addition of another drug or discontinuation was seen in more than half of the population 3 years after the start of therapy. Concurrent use of valproic acid was associated with a better retention rate. Absence of AED history, use of antidepressants, or use of migraine abortive drugs resulted in an increased likelihood of discontinuing lamotrigine. The population from RCTs differed from the study cohort with respect to age, concurrent use of AEDs and length of follow-up. **CONCLUSION:** Data from RCTs cannot easily be extrapolated to daily clinical practice. In this large, observational study, lamotrigine therapy failed in a considerable number of patients, although the mean retention rate was better than previously reported by others. Population-based linkage of health care records can be used to further clarify the effectiveness of lamotrigine.

Knoppers BM, Avard D, Cardinal G, Glass KC. Science and society: children and incompetent adults in genetic research: consent and safeguards. *Nat Rev Genet* 2002; 3(3):221-5.

Notes: **GENERAL NOTE:** KIE: KIE Bib: genetic research; human experimentation/informed consent; human experimentation/special populations  
**Abstract:** Recent changes to the legal and ethical criteria that govern the inclusion of children and incompetent adults in genetic research are likely to lead to advances in research, but might leave the rights of the participants in this research in need of additional safeguards. Here, we discuss why this might be and propose policy considerations that could help to protect the rights of these particularly vulnerable groups of research participants.

Knutson JF, DeGarmo D, Koepl G, Reid JB. Care neglect, supervisory neglect, and harsh parenting in the

development of children's aggression: a replication and extension. *Child Maltreat* 2005; 10(2):92-107.  
**Abstract:** To understand the effects of neglectful parenting, poor supervision, and punitive parenting in the development of children's aggression, 218 children ages 4 to 8 years who were disadvantaged and their mothers were recruited from two states to develop a sample that was diverse with respect to degree of urbanization and ethnicity. Multimethod and multisource indices of the predictive constructs (Social Disadvantage, Denial of Care Neglect, Supervisory Neglect, and Punitive Discipline) and the criterion construct (Aggression) were used in a test of a theoretical model using structural equation modeling. The results established the role of care neglect, supervisory neglect, and punitive parenting as mediators of the role of social disadvantage in the development of children's aggression, the importance of distinguishing between two subtypes of neglect, and the need to consider the role of discipline in concert with neglect when attempting to understand the parenting in the development of aggression.

Knutson JF, Johnson CR, Sullivan PM. Disciplinary choices of mothers of deaf children and mothers of normally hearing children. *Child Abuse Negl* 2004; 28(9):925-37.

**Abstract:** **OBJECTIVE:** To assess the disciplinary preferences of mothers of profoundly deaf children and normally hearing children in a test of the hypothesized link between child disabilities and punitive parenting. **METHOD:** Disciplinary preferences of mothers seeking a cochlear implant for their profoundly deaf child (n=57), mothers not seeking an implant for their deaf child (n=22), and mothers of normally hearing children (n=27) were assessed using an analog task in which subjects select discipline in response to slide images of children engaging in normative or frankly deviant behaviors that are potentially irritating. **RESULTS:** Results indicated that mothers of children with profound hearing impairments were more likely to select physical discipline in response to depicted child transgressions and more likely to escalate to physical discipline when the depicted child was described as persisting in the transgression. Additionally, escalation was more probable in response to scenes depicting children engaged in dangerous and destructive acts than in rule-violating acts. **CONCLUSIONS:** Findings were consistent with the hypothesized link between childhood disabilities and child maltreatment as well as the hypothesis that children with disabilities associated with communication problems could be at risk of physical abuse.

Kochanska G, Aksan N, Nichols KE. Maternal power assertion in discipline and moral discourse contexts: commonalities, differences, and implications for children's moral conduct and cognition. *Dev Psychol* 2003; 39(6):949-63.  
**Abstract:** Parental power assertion is traditionally

studied in the behavioral domain--discipline triggered by the child's immediate misbehavior--but rarely in the cognitive domain--parent-child discussions of the child's past misbehavior. Maternal power assertion was observed in "do" and 'don't" discipline contexts from 14 to 45 months and in the context of mother-child discourse about a recent misbehavior at 56 months. Mothers' use of power cohered across the "do," 'don't," and discourse contexts, but its implications were domain specific. Power assertion in the 'don't" discipline context predicted behavioral outcomes (more moral conduct at 56 and 73 months, less antisocial conduct at 73 months) but not cognitive outcomes (moral cognition at 56 and 73 months). Power assertion in the discourse context predicted less mature moral cognition but not moral or antisocial conduct. Mothers' high Neuroticism predicted more power assertion in all three contexts. Child effects were examined.

Kochansky GE, Herrmann F. Shame and scandal: Clinical and Canon Law perspectives on the crisis in the priesthood. *Int J Law Psychiatry* 2004; 27(4):299-319.

Kodish E, Eder M, Noll RB *et al.* Communication of randomization in childhood leukemia trials. *JAMA* 2004; 291(4):470-5.  
Notes: GENERAL NOTE: KIE: 39 refs.  
GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors  
Abstract: CONTEXT: Most children diagnosed as having leukemia become research subjects in randomized clinical trials (RCTs), but little is known about how randomization is explained to or understood by parents. OBJECTIVE: To investigate physicians' explanation and parental understanding of randomization in childhood leukemia RCTs. DESIGN AND SETTING: A multisite study of the informed consent communication process for RCTs of childhood leukemia. Consecutive cases were recruited from pediatric oncology inpatient wards at 6 US children's hospitals associated with major academic medical centers from July 1, 1999, until December 31, 2001. The informed consent conferences were observed and audiotaped, and the information obtained was coded and analyzed. Parents were interviewed shortly after the conference to ascertain their understanding. PARTICIPANTS: Parents and members of the health care team who participated in 137 informed consent conferences for children with newly diagnosed acute leukemia. MAIN OUTCOME MEASURES: Observed explanations of randomization and parental understanding of randomization after the consent conference. RESULTS: Randomization was explained by physicians in 83% of cases and a consent document was presented during the conference in 95% of cases. Interviews after the conference demonstrated that 68 (50%) of 137 parents did not understand randomization. Parents of racial minority and lower socioeconomic status were less likely to understand

randomization ( $P < .001$  for each). Discussion of specific clinical trial details and the presence of a nurse during the conference were associated with understanding. Eighty-four percent of children were enrolled in a leukemia trial. CONCLUSIONS: Despite oral and written explanation, half of the parents in this study did not understand randomization for childhood leukemia trials. To make informed consent more effective, future research must seek to improve communication during this critical interchange.

Koelsch S, Fritz T, Schulze K, Alsop D, Schlaug G. Adults and children processing music: an fMRI study. *Neuroimage* 2005; 25(4):1068-76.  
Abstract: The present study investigates the functional neuroanatomy of music perception with functional magnetic resonance imaging (fMRI). Three different subject groups were investigated to examine developmental aspects and effects of musical training: 10-year-old children with varying degrees of musical training, adults without formal musical training (nonmusicians), and adult musicians. Subjects made judgements on sequences that ended on chords that were music-syntactically either regular or irregular. In adults, irregular chords activated the inferior frontal gyrus, orbital frontolateral cortex, the anterior insula, ventrolateral premotor cortex, anterior and posterior areas of the superior temporal gyrus, the superior temporal sulcus, and the supramarginal gyrus. These structures presumably form different networks mediating cognitive aspects of music processing (such as processing of musical syntax and musical meaning, as well as auditory working memory), and possibly emotional aspects of music processing. In the right hemisphere, the activation pattern of children was similar to that of adults. In the left hemisphere, adults showed larger activations than children in prefrontal areas, in the supramarginal gyrus, and in temporal areas. In both adults and children, musical training was correlated with stronger activations in the frontal operculum and the anterior portion of the superior temporal gyrus.

Koh TH, Collie L, Budge D, Butow P. Informed consent in neonatal randomised trials. *Lancet* 2001; 357(9266):1445-6.  
Notes: GENERAL NOTE: KIE: 4 refs.  
GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors

Kohlhaas M, Wiegmann L, Gaszcyk M, Walter A, Schaudig U, Richard G. [Lacrimal duct treatment with ring intubation in injuries of the upper and lower eyelids]. *Ophthalmologie* 2001; 98(8):743-6.  
Abstract: BACKGROUND: Treating injuries of the lacrimal system with a silicon intubation is an approved method to prevent post-traumatic epiphora. MATERIALS AND METHODS: Between 1990 and

1999, operations were carried out on 44 patients with injuries of the canaliculi with silicon ring intubations. Interesting for us were the age distribution, causes of injuries, localisation and mid- to long-term postoperative complications. RESULTS: The age of the patients was between 1.75 and 74 years, 48% of the injuries were caused by household accidents, 23% by violence, 20% by traffic accidents and 9% by job-related accidents. The canaliculus inferior was injured in 68% of all patients. We found 10 postoperative complications, e.g. ectropia, a too long silicon ring or granuloma. We found a positive anatomical readapted lacrimal system in 88% and 12% of our patients complained of distinct to severe epiphora. CONCLUSIONS: The treatment of lacrimal laceration with a silicon intubation is an excellent method but special care should be taken with correct positioning of the lid margin.

Kolobe TH. Childrearing practices and developmental expectations for Mexican-American mothers and the developmental status of their infants. *Phys Ther* 2004; 84(5):439-53.

Abstract: BACKGROUND AND PURPOSE: The impact of parent education programs on early intervention programs is not thought to be uniform among children from majority and minority populations. This study examined the relationship between maternal childrearing practices and behaviors and the developmental status of Mexican-American infants. SUBJECTS: Participants were 62 Mexican-American mother-infant pairs. The infants' mean adjusted age was 12 months (SD=1.7, range=9-14). A third of the children were diagnosed with developmental delays and referred for early intervention by physicians or therapists when the children received their medical follow-up. The group was stratified according to socioeconomic status and acculturation using the Bidimensional Acculturation Scale for Hispanics. This scale uses cutoff points to classify individuals into 3 levels of acculturation. METHODS: Information on childrearing practices and behaviors was gathered using the Parent Behavior Checklist (PBC), the Home Observation for Measurement of the Environment (HOME) Inventory, and the Nursing Child Assessment Teaching Scale (NCATS). Infants' developmental status was assessed by use of the Bayley Scales of Infant Development II (BSID II). The Pearson product moment correlation, partial correlations, Fisher z transformation, and multiple regression analyses were used to examine the relationship between childrearing practices and parenting behaviors, demographic factors, and infants' developmental status. RESULTS: Maternal nurturing behaviors, parent-child interaction, and quality of the home environment were positively correlated with the infants' cognitive development. Maternal years of education modified the observed relationship between PBC and BSID II scores but not the observed relationship between HOME Inventory and NCATS

scores. The childrearing practices, maternal socioeconomic status (SES) and age, and infants' gestational age at birth (GA) explained 45% of the variance in infants' cognitive scores. The infants' GA, maternal SES and age, and NCATS scores accounted for 32% of the motor scores on the BSID II. DISCUSSION AND CONCLUSION: The findings partially support a link between aspects of the mothers' childrearing behaviors and their infants' cognitive developmental status. For motor developmental status, the association appeared stronger with the infants' characteristics than with maternal childrearing practices and behaviors tested in this study.

Kolowski J, Nowak KM. [Infanticide in the light of post-mortem findings and court files from the period 1990-2000 (selected problems)]. *Arch Med Sadowej Kryminol* 2005; 55(2):125-9. Abstract: Drawing upon 28 court files of the District Court in Poznan and 30 post-mortem protocols--from the Department of Forensic Medicine at Poznan Medical Academy. This article tackles the issue of infanticide in the period from 1990 to 2000. The aim of this paper was to find answers to the following questions: what was the social background and mental state of female offenders? How was infanticide committed? In order to solve certain research problems, a document examination technique was employed to analyse the contents of the documents available. Female offenders were aged between 17 to 42 years. In the majority of cases (56.7%), perpetrators were occupationally active, single young women with a low level of education and having a working-class background. In the majority of cases (80%), active infanticide was committed. Most frequently, infanticide was committed by shutting a child into a tight space, and tamponade of throat and larynx. Passive infanticide was committed in 20% of cases, with infants left without care at the place of birth. No case of psychosis was determined in the examined material.

Komen M. Physical child abuse and social change. Judicial intervention in families in The Netherlands, 1960-1995. *Child Abuse Negl* 2003; 27(8):951-65. Abstract: OBJECTIVE: To show changes in the way juvenile judges and judicial child protection workers deal with physical child abuse in the period 1960-1995 in the Netherlands. METHOD: The study is based on an analysis of files on adolescent and younger children placed by juvenile judges in the Dutch judicial child protection system during the 1960s, 1970s, 1980s, and 1990s. RESULTS: The prevalence of very severe physical violence against children was lower in the recent files than in the older files. Spanking and other minor violence acts were noted more often than in the older files. In the 1960s files, the parents talked still rather openly about the physical punishments they used in child rearing. In spite of the growing attention for and increasing concern about child abuse among professionals, judicial child protection workers

intervened less harshly in recent cases of physical child abuse than in the 1960s. CONCLUSION: The decrease in severe physical child abuse may indicate that physical child abuse is actually becoming a less serious problem in the Dutch judicial child protection system. But that may not be the case because of the increased reluctance of parents to report and changes in intervention practices. Other than expected, the growing sensibility for child abuse did not mean more effective control by judicial child protection workers. Possible reasons for these changes are discussed, including the strengthening of the position of perpetrators in law proceedings and the emancipation of children and women in society.

Kon AA, Ackerson L, Lo B. How pediatricians counsel parents when no "best-choice" management exists: lessons to be learned from hypoplastic left heart syndrome. *Arch Pediatr Adolesc Med* 2004; 158(5):436-41.

Notes: GENERAL NOTE: KIE: 23 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; informed consent/minors; patient care/minors

Abstract: BACKGROUND: Hypoplastic left heart syndrome (HLHS) is a life-threatening congenital cardiac defect. Three mutually exclusive management options exist: the Norwood palliative procedure, cardiac transplantation, and comfort care without surgical intervention. OBJECTIVES: To assess which management options are presented to parents of infants with HLHS, and to determine what factors influence physicians' recommendations. DESIGN: Cross-sectional survey. SETTING: Fourteen of the largest pediatric cardiac surgery centers in the United States. PARTICIPANTS: Attending physicians in neonatology, cardiology, critical care practice, and cardiac surgery. INTERVENTION: A survey was distributed asking physicians what options they present to parents of infants with HLHS and what their recommendations are in general, as well as physician perceptions of HLHS outcomes and demographic information. MAIN OUTCOME MEASURES: Which options physicians discuss and which they recommend. RESULTS: Of 454 eligible physicians 257 (57%) responded to the survey, of which 110 make treatment recommendations to parents. Neonatologists were least likely to recommend surgery. Physicians who recommend surgery recommend procedures performed at their own institution over those performed elsewhere (odds ratio, 2.80; 95% confidence interval, 2.24-3.51). Twenty-six percent of physicians do not discuss nonsurgical management, and 25% of those at centers that do not perform cardiac transplantation do not discuss this option. The recommendations physicians make to parents are poorly associated with their predictions of postoperative outcomes. CONCLUSIONS: Physician recommendations to parents are poorly associated with their estimates of outcomes, and some physicians recommend the

treatment preferred at their own institution over other options even when they predict better outcomes from another approach. Further, many physicians do not disclose all reasonable management options to parents of infants with HLHS. These findings raise doubts as to whether parents are given adequate information to make truly informed decisions.

Koniak-Griffin D, Anderson NL, Brecht ML, Verzemnieks I, Lesser J, Kim S. Public health nursing care for adolescent mothers: impact on infant health and selected maternal outcomes at 1 year postbirth. *J Adolesc Health* 2002; 30(1):44-54. Abstract: PURPOSE: To compare effects of an early intervention program (EIP) of intense home visitation by public health nurses (PHNs) with effects of traditional public health nursing care (TPHN) on infant health and selected maternal outcomes of adolescent mothers. METHODS: EIP adolescents (N = 102) received preparation-for-motherhood classes and individual home visits (from pregnancy through 1 year postpartum) from PHNs employed in a county health department. Participants were predominantly Latina (64%) and African-American (11%) and from impoverished backgrounds. Infant health outcomes were determined based on medical record data; interviews and standardized questionnaires evaluated other program effects (e.g., maternal educational achievement and psychological status). Data were analyzed using Chi-square and repeated measures ANOVA. RESULTS: Infants of EIP mothers experienced significantly fewer total days (n = 74) and actual episodes (n = 14) of hospitalization during the first year of life than those receiving TPHN (n = 154, n = 24, respectively). Similarly, positive program effects were found for immunization rates. There were no group differences in emergency room visits or repeat pregnancy rates. Alcohol, tobacco, and marijuana use significantly increased from pregnancy through 1 year postpartum in both groups but remained markedly lower than rates prior to pregnancy (lifetime rates). CONCLUSIONS: These findings demonstrate the positive effects of a PHN home visitation program on health outcomes for children of adolescent mothers. Days of infant hospitalization were substantially reduced and immunization rates increased during the first year of life for children of EIP mothers. Greater efforts need to be directed toward preventing repeat pregnancy and return to substance use following childbirth in at-risk adolescent mothers.

Konrad K, Gauggel S, Schurek J. Catecholamine functioning in children with traumatic brain injuries and children with attention-deficit/hyperactivity disorder. *Brain Res Cogn Brain Res* 2003; 16(3):425-33. Abstract: Recent studies suggest that children with attention-deficit/hyperactivity disorder (ADHD) and children with traumatic brain injuries (TBI) show changes in similar neuronal networks, including the dopaminergic (DA) and norepinephrine (NA)

systems. Therefore, indirect measures of catecholamine activity were assessed. Twenty-six children with TBI, 31 children with ADHD, and 26 normal controls, 8 to 12 years of age, were investigated with a 90-min cognitive test battery. Before and after the tests, urine samples were collected to measure catecholamine activity in response to cognitive stress. Spontaneous eyeblinking as an indirect measure of DA activity was counted. Children with TBI and ADHD excreted significantly more normetanephrine in resting situations and less epinephrine (EPI) after cognitive stress, and showed a decreased blink rate compared to normal controls. Children with TBI also showed a higher excretion of metanephrine in the resting situation in comparison to children with ADHD and controls. Whereas children with ADHD showed a higher tonic activity of the NA system and a less adaptive EPI excretion in response to cognitive stress, children with TBI seem to be additionally impaired in their tonic EPI excretion. Our study provides further support for similar but also different neurobiochemical characteristics in both groups.

Konrad K, Neufang S, Thiel CM *et al.* Development of attentional networks: an fMRI study with children and adults. *Neuroimage* 2005; 28(2):429-39. Abstract: Data on the development of the attentional systems remain scarce. We used structural and event-related functional magnetic resonance imaging to investigate differences in the neural mechanisms associated with alerting, reorienting, and executive control of attention between children (ages 8 to 12 years) and adults, while controlling for effects of performance and brain morphology. Behaviorally, children exhibited a numerically smaller alerting effect and significantly larger invalidity (reorienting) and interference (executive control of attention) effects. Neurally, children showed significantly reduced brain activation in a priori defined regions-of-interest in right-sided frontal-midbrain regions during alerting, in the right-sided temporo-parietal junction during reorienting of attention, and in the dorsolateral prefrontal cortex during executive control of attention. In addition, children activated significantly more brain regions outside the a priori defined regions-of-interest, such as the superior frontal gyrus during reorienting and the superior temporal gyrus during executive control of attention. Functional group differences overlapped with structural group differences in gray matter volume in particular within the frontopolar areas. The data suggest that there is a transition from functional yet immature systems supporting attentional functions in children to the more definitive adult networks and that the differences observed may reflect both developmental changes in cognitive strategies and morphology.

Konstantareas MM, Desbois N. Preschoolers perceptions of the unfairness of maternal disciplinary practices. *Child Abuse Negl* 2001; 25(4):473-88.

Abstract: OBJECTIVE: The aim of this study was to examine preschoolers' perceptions of maternal discipline's unfairness. The participants' gender, age, SES, family intactness and sibship size were examined for their possible relevance to such perceptions. METHOD: Five vignettes, describing forms of discipline the literature suggests constitute psychological maltreatment, were presented to 57 preschoolers (27 boys and 30 girls). They included excessive withdrawal of privileges, withdrawal of entertainment, differential treatment of siblings, threatening power assertion, and public humiliation. The children had to decide on the fairness or unfairness of each vignette in which a child was disciplined in each of these ways by his/her mother. They were then asked to offer an explanation for each of their choices. RESULTS: Of the five forms of discipline employed in the vignettes, children judged differential treatment of siblings as more unfair than either power assertion (threatening spanking), or public humiliation. No differences were found for withdrawal of privileges or entertainment. Of the various predictor variables employed, preschoolers from smaller families were more likely to judge threatening to spank as unfair. As well, compared to boys, girls and children from larger families were more likely to judge differential treatment as unfair. Age, SES, and family intactness had no effect on discipline judgements likely because of their limited range. CONCLUSIONS: The findings suggest that preschoolers can offer views on the fairness or unfairness of parental disciplinary practices, and can differentiate among them. Further, not all forms of parental discipline were viewed by preschoolers as unfair. Yet it has to be appreciated that the vignettes employed here were adapted for younger children, hence they may not have appeared as negative as in studies involving older children and adults.

Konu A, Rimpela M. Well-being in schools: a conceptual model. *Health Promot Int* 2002; 17(1):79-87. Abstract: Health and well-being have mostly been separated from other aspects of school life. Health services and health education have been available for school-aged children in Western societies for a long time. Recently, more comprehensive school health programmes have been developed, e.g. the WHO 'health promoting school' and 'coordinated school health programme' in the USA. They focus on how to implement health promotion and health education in school. However, a theoretically grounded model based on the sociological concept of well-being is needed for planning and evaluation of school development programmes. The School Well-being Model is based on Allardt's sociological theory of welfare and assesses well-being as an entity in school setting. Well-being is connected with teaching and education, and with learning and achievements. Indicators of well-being are divided into four categories: school conditions (having), social relationships (loving), means for self-fulfilment (being) and health status. 'Means for self-

fulfilment' encompasses possibilities for each pupil to study according to his/her own resources and capabilities. 'Health status' is seen through pupils' symptoms, diseases and illnesses. Each well-being category contains several aspects of pupils' life in school. The model takes into account the important impact of pupils' homes and the surrounding community. Compared with others, The School Well-being Model's main differences are the use of the well-being concept, the definition of health and the subcategory means for self-fulfilment. Making the outline of the well-being concept facilitates the development of theoretically grounded subjective and objective well-being indicators.

Kooiman CG, van Rees Vellinga S, Spinhoven P, Draijer N, Trijsburg RW, Rooijmans HG. Childhood adversities as risk factors for alexithymia and other aspects of affect dysregulation in adulthood. *Psychother Psychosom* 2004; 73(2):107-16. Abstract: **BACKGROUND:** Affect regulation is assumed to be a biologically based function that can become disrupted by inadequate parenting and by traumatic experiences. We studied the relation between the perceived parental parenting style, and sexual and physical abuse, with alexithymia, dissociation, anxiety and depression. **METHODS:** In a cross-sectional study psychiatric outpatients were administered a structured interview on childhood physical and sexual abuse and they completed a number of questionnaires about the parenting styles of their parents, and about alexithymia, dissociation and mood pathology. **RESULTS:** Maternal and paternal parenting styles were moderately correlated with alexithymia and depression. The paternal parenting style was also correlated with dissociation. Optimal parenting of one of the parents had a buffering effect on the degree of alexithymia, but not on the severity of other forms of affect dysregulation. The effect of sexual or physical abuse did not add to that of parental parenting style in terms of predicting affect dysregulation. However, a positively perceived maternal parenting style was found to have a buffering effect in terms of the degree of alexithymia, if sexual abuse had also taken place. **CONCLUSIONS:** Perceived parenting does appear to be of some significance in the development of alexithymia. Optimal parenting of one of the parents may protect against the development of alexithymia when the parenting of the other parent is perceived as non-optimal. However, it is likely that other factors besides parental care and sexual or physical abuse play an important role in the development of an adequate affect regulation.

Kools S, Kennedy C. Child sexual abuse treatment: misinterpretation and mismanagement of child sexual behavior. *Child Care Health Dev* 2002; 28(3):211-8. Abstract: **OBJECTIVE:** The purpose of the study was to examine caregiver understanding of the impact of child sexual abuse and the management of abused

children in residential treatment. **METHODS:** A purposive sample of 20 registered nurses and child care workers were interviewed about their experiences working in residential treatment and their knowledge about child development and child sexual abuse and its application to practice. Data from interviews and field notes were analysed using dimensional analysis. **FINDINGS:** Caregivers had limited knowledge of the sequelae of child sexual abuse. Developmentally appropriate behaviour of sexually abused children, as well as behavioural manifestations of child sexual abuse, were often misinterpreted and mismanaged. **CONCLUSION:** Residential care of sexually abused children should be based on sound developmental principles and caregiver sensitivity.

Koopman LP, Wijga A, Smit HA *et al.* Early respiratory and skin symptoms in relation to ethnic background: the importance of socioeconomic status; the PIAMA study. *Arch Dis Child* 2002; 87(6):482-8. Abstract: **AIMS:** To evaluate ethnic differences in the prevalence of respiratory and skin symptoms in the first two years of life. **METHODS:** A total of 4146 children participated in the Prevention and Incidence of Asthma and Mite Allergy (PIAMA) study. Parents completed questionnaires on respiratory and skin symptoms, ethnic background, and other potential confounders during pregnancy, and at 3 months, 1 year, and 2 years of age. **RESULTS:** In the first year, "non-Dutch" children (compared with "Dutch" children) had a higher prevalence of runny nose with itchy/watery eyes (11.0% versus 5.0%). In the second year, a higher prevalence of wheeze at least once (26.7% versus 18.5%), night cough without a cold (24.6% versus 15.5%), runny nose without a cold (34.1% versus 21.3%), and runny nose with itchy/watery eyes (13.7% versus 4.6%) was found. Adjustment for various confounders, especially adjustment for socioeconomic factors, reduced most associations between ethnicity and respiratory symptoms. Only runny nose with itchy/watery eyes in the second year of life was independently associated with non-Dutch ethnicity (adjusted odds ratio 2.89, 95% CI 1.3-6.4). **CONCLUSIONS:** Non-Dutch children more often had respiratory symptoms in the first two years of life than Dutch children. This could largely be explained by differences in socioeconomic status. Follow up of the cohort will determine whether this higher prevalence of respiratory symptoms in children with non-Dutch ethnicity represents an increased risk of developing allergic disease rather than non-specific or infection related respiratory symptoms.

Koos O, Gergely G. A contingency-based approach to the etiology of 'disorganized' attachment: the 'flickering switch' hypothesis. *Bull Menninger Clin* 2001; 65(3):397-410. Abstract: The authors present a new approach to the etiology of disorganized attachment based on contingency detection theory. According to this view,

the relevant common factor in parental maltreatment and unresolved loss that leads to disorganized attachment has to do with the type of "deviant contingency environment" that both of these conditions generate. In such environments, infants experience periods of being in control followed by periods of sudden loss of control over the caregiver's behavior. The authors hypothesize that this adversely affects the developmental unfolding of the infant's innate "contingency detection module" (Gergely & Watson, 1999), which normally involves a maturational shift around 3 months from an initial attention bias for perfectly contingent stimulation to an emerging preference for less-than-perfect social contingencies. The periodically changing controllability of abusive and dissociating "unresolved" attachment figures is hypothesized to block this process and to lead to the defensive fixation of a dysfunctional "flickering contingency switch" mechanism with two dominant and competing target positions (self-oriented vs. other-oriented). This results in the dissociative style of attention and behavioral organization characteristic of disorganized infant attachment. The authors summarize the preliminary results of an empirical study that provides support for this model in 6.5-month-old infants using a modified Still-Face situation (the Mirror Interaction Situation). The study demonstrates differential emotional and behavioral reactions to sudden loss of maternal contingency and a specific interest in exploring the perfectly contingent self-image in the mirror in infants who at 12 months become categorized as "disorganized" in the Strange Situation.

Kopec JA, Sayre EC. Traumatic experiences in childhood and the risk of arthritis: a prospective cohort study. *Can J Public Health* 2004; 95(5):361-5. Abstract: BACKGROUND: Recent data suggest that psychosocial factors, including childhood and adulthood stressors, may play a significant role in the development of chronic musculoskeletal pain and other symptoms. The purpose of this study was to determine if traumatic experiences in childhood are associated with an increased risk of self-reported arthritis later in life. METHODS: We used longitudinal data (N=9,159) from the first 3 cycles of the National Population Health Survey (NPHS) in Canada. New cases of arthritis were identified using an interviewer-administered questionnaire. Psychological trauma in childhood or adolescence was measured by a 7-item questionnaire asking about physical abuse, fearful experiences, hospitalization, being sent away from home, and 3 types of parental disturbance. The effects of trauma were examined in a multivariable discrete-time proportional hazards model. RESULTS: The incidence of self-reported arthritis was 27.1 per 1,000 person-years. We found a relative risk of 1.17 (95% CI=0.92, 1.48) for one traumatic event and 1.27 (95% CI=0.99, 1.62) for two or more traumatic events. Independent effects were observed for prolonged hospitalization (HR=1.33, 95% CI=1.05, 1.68) and

being very scared (HR=1.29, 95% CI=1.02, 1.62). In subgroup analyses, no significant interactions were found between trauma and sex, socio-economic status, or baseline health. CONCLUSIONS: In this large prospective study, we found a moderate increase in the risk of arthritis among persons reporting multiple traumatic experiences in childhood.

Kopelman LM, Murphy TF. Ethical concerns about federal approval of risky pediatric studies. *Pediatrics* 2004; 113(6):1783-9.

Notes: GENERAL NOTE: KIE: 19 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/ethics committees; human experimentation/minors; human experimentation/regulation

Abstract: The US Federal Code limits research with healthy children to no more than a minimal risk of harm; it restricts research with children who have some disorder or condition to no more than a minor increase over minimal risk, unless potential harms are offset by potential benefits to them, as in therapeutic studies. Higher risk studies require "407 approval," named after the relevant section of the code describing requirements. Rarely used until recently, 407 approval requirements include Institutional Review Board approval and authorization by the Secretary of the Department of Health and Human Services after consultation with a panel of experts; a period for public comment; and assurances that there are adequate permission, consent, and assent. This 407-approval mechanism contains both procedural and interpretative ambiguities, which raise ethical concerns about 1) the expertise represented on advisory panels, 2) the scope of the information offered to the public for comment and its potential conflicts with investigators' intellectual property or commercial interests, 3) whether any upper level of risk exists, and 4) how it conforms with other policies such as the best interest of the child standard in the law or in medical decision making.

Kopels S, Charlton T, Wells SJ. Investigation laws and practices in child protective services. *Child Welfare* 2003; 82(6):661-84.

Abstract: This study was triggered by the experience of one state agency when a state audit found that its investigation response and completion rates of child abuse and neglect reports did not reach 100%. At compliance rates of 99.6% and 97.58%, respectively, the auditors and news media reported a lack of compliance by the state child welfare agency. This article reviews the approaches legislatures and agencies have used to address and resolve problems of ensuring agency responsiveness without setting standards and expectations that are impossible to meet.

Korbanka JE, Gaede RC. An MMPI-2 scale to identify reported history of emotional abuse. *Psychol Rep* 2003;



92(2):593-4.

Abstract: A 42-item MMPI-2 scale classified 97.5% of 201 clinic outpatients into groups reporting or not reporting prior emotional abuse.

Koren G, Nulman I, Chudley AE, Loocke C. Fetal alcohol spectrum disorder. *CMAJ* 2003; 169(11):1181-5.

Korenbrodt CC, Ehlers S, Crouch JA. Disparities in hospitalizations of rural American Indians. *Med Care* 2003; 41(5):626-36.

Abstract: **BACKGROUND:** Disparities in hospitalization rates, particularly rates for avoidable hospitalizations, are indicators of potentially unmet health needs and inefficient use of health resources. Hospitalization rates that the Indian Health Service (IHS) can report underestimate disparities for American Indians (AIs) and Alaska Natives (ANs) relative to other Americans, because the IHS cannot track all hospitalizations of AIs/ANs in their user population. **OBJECTIVES:** To compare hospitalization and avoidable hospitalization rates for a rural AI/AN user population with those of non-Indians living in the same counties where both groups use the same hospital system, regardless of the expected source of payment. **RESEARCH DESIGN:** Retrospective analysis of California hospital discharge data for 1996 linked to rural IHS user data for 1995 and 1996 (3920 hospitalizations) compared with a random sample of discharge data for the rest of the non-Indian population in the 37 counties of the IHS Contract Health Service delivery area (7840 hospitalizations). **MEASURES:** Hospitalization and avoidable hospitalization rates and risk ratios (RRs). **RESULTS:** Hospitalization and avoidable hospitalization rates were both higher for the AI/AN user population than for the non-Indian general population. The age-adjusted hospitalization ratios were 72% higher for men (RR 1.72, confidence interval [CI] 1.40-2.12) and 52% higher for women (RR 1.52, CI 1.36-1.92). The comparable ratios for avoidable hospitalizations were 136% higher for men (RR 2.36, CI 1.52-3.29) and 106% higher for women (RR 2.06, CI 1.32-3.50). **CONCLUSIONS:** Disparities in both hospitalization and avoidable hospitalization rates of rural AIs/ANs in California were previously undetected by either federal IHS or state hospital discharge data alone. At least some of the disparities are likely reducible with improved access to care.

Kornelsen J, Grzybowski S. Is local maternity care an optional service in rural communities? *J Obstet Gynaecol Can* 2005; 27(4):329-31. Abstract: There has been a precipitous decline in the number of rural communities across Canada providing local maternity care. The evidence suggests that the outcome for newborns may be worse as a result. There is also an emerging understanding of the significant physiological and psychosocial consequences for rural parturient women. Because they cannot plan for birth

with any certainty, many of them experience labour and delivery in referral communities as a crisis event fraught with anxiety. The literature suggests that, within a regionalized perinatal system, small maternity services can offer safe care provided that an efficient mechanism for intrapartum transfer has been established. This commentary provides recommendations for sustainable maternity care that will meet the needs of women, their families, and maternity caregivers in rural communities. The recommendations stem from a rural maternity care program of research, consultations with communities, and review of relevant epidemiologic and policy literature.

Koroukian SM. Uterine rupture among women with a prior cesarean delivery. *N Engl J Med* 2002; 346(2):134-7.

Koschel MJ. Emergency: is it child abuse? *Am J Nurs* 2003; 103(4):45-6.

Koslap-Petraco MB, Parsons T. Communicating the benefits of combination vaccines to parents and health care providers. *J Pediatr Health Care* 2003; 17(2):53-7. Abstract: Infants may receive as many as 5 separate injections at an office visit in order to comply with the 2002 childhood immunization schedule. Many parents and healthcare providers disagree with administering 4 or 5 injections at one visit, and therefore may delay some injections until another visit. This practice may lead to decreased compliance and can increase costs for the parent. New combination vaccines will help to simplify the immunization schedule, and health care providers will need to be able to address parental concerns regarding these vaccines. Nurses are often responsible for administering vaccines in the office setting, and therefore are also influential in deciding which vaccines should be ordered. The purpose of this article is to educate nurses on communicating the benefits of combination vaccines to parents and other healthcare providers.

Kostelny K, Wessells M. Psychosocial aid to children after the Dec 26 tsunami. *Lancet* 2005; 366(9503):2066-7.

Kotagal UR, Robbins JM, Kini NM, Schoettker PJ, Atherton HD, Kirschbaum MS. Impact of a bronchiolitis guideline: a multisite demonstration project. *Chest* 2002; 121(6):1789-97.

Abstract: **STUDY OBJECTIVES:** The purpose of this study was to determine the impact of a multisite implementation of an evidence-based clinical practice guideline for bronchiolitis. **DESIGN:** Before and after study. **SETTING:** Eleven Child Health Accountability Initiative (CHAI) study hospitals. **PATIENTS:** Children < 12 months of age with a first-time episode of bronchiolitis. **INTERVENTION:** The guideline was implemented in December 1998. Complete preimplementation and postimplementation

administrative data on hospital admissions, resource utilization, and length of stay were available from seven study hospitals. At five sites, chart reviews were conducted for data on the number and type of bronchodilators used. **MEASUREMENTS AND RESULTS:** Complete administrative data were available for 846 historical control subjects and 792 study patients. Length of stay decreased significantly. While the proportion of eligible patients who received any bronchodilator did not change (84%), the proportion of patients who received albuterol decreased from 80 to 75% after guideline implementation ( $p < 0.03$ ). For patients who received bronchodilators, the mean ( $\pm$  SD) number of doses decreased from 13.6  $\pm$  14.0 to 7.3  $\pm$  9.1 doses ( $p < 0.0001$ ). For patients who received albuterol, the mean number of doses decreased from 12.8  $\pm$  11.8 to 6.4  $\pm$  7.8 doses ( $p < 0.0001$ ). Other resource use decreased modestly. Hospital readmission rates within 7 days of discharge were unchanged. **CONCLUSIONS:** We successfully extended the implementation of an evidence-based clinical practice guideline from one hospital to seven hospitals. Within just a single bronchiolitis season, some significant changes in practice were seen. The multisite CHAI collaborative appears to be a promising laboratory for large-scale quality improvement initiatives.

Kotch JB. Psychological maltreatment. *Pediatrics* 2003; 111(2):444-5; author reply 444-5.

Kotiranta-Ainamo A, Rautonen J, Rautonen N. Imbalanced cytokine secretion in newborns. *Biol Neonate* 2004; 85(1):55-60.

Abstract: In adults, a balance between Th1 and Th2 cytokine networks has been proposed to be associated with a healthy status. Newborn babies are reported to express Th2-type immune reactions. Further, the impaired protection of newborn babies against infections has been attributed to a deficient secretion of interferon gamma (IFN-gamma) and interleukin-10 (IL-10). Using IFN-gamma and IL-10 as surrogate markers of Th1 and Th2 orientation, we compared the patterns of IFN-gamma and IL-10 secretion by peripheral blood mononuclear cells between 52 healthy newborns and 35 adults. The baseline secretion of IFN-gamma in adults was similar to that of newborns. The lipopolysaccharide-stimulated IFN-gamma secretion was higher in newborns than in adults, whereas the concanavalin-A-stimulated IFN-gamma secretion was higher in adults. The unstimulated and stimulated IL-10 secretion was significantly lower in newborns than in adults. Using a threshold level of 1,000 pg/ml, we classified neonates and adults on the basis of their stimulated IL-10 and IFN-gamma secretion. Four different groups were identified: IL-10-oriented secretion, IFN-gamma-oriented secretion, balanced high secretion, and balanced low secretion. Only 25% of the neonates had a high IL-10 and a high IFN-gamma secretion as compared with 77% of the adults.

Eight percent of the newborns, but none of the adults, had a low secretion of both cytokines. Thirty-six percent of the neonates, but only 5% of the adults, had a high IL-10 and a low IFN-gamma secretion. Thirty-one percent of the neonates and 18% of the adults had a high IFN-gamma secretion, but a low IL-10 secretion. We conclude that neonates have an immature IL-10 and IFN-gamma response as compared with adults. However, individual neonates may have a mature cytokine secretion, whereas others may have a Th1- or a Th2-directed immune response.

Kowal AK, Krull JL, Kramer L. How the differential treatment of siblings is linked with parent-child relationship quality. *J Fam Psychol* 2004; 18(4):658-65.

Abstract: Little is currently known about the significance of parents' unequal treatment of siblings and their relationships with their children; for example, are high levels of differential treatment consistently indicative of poorer parent-child relationships? Associations among differential parenting practices, perceptions of the fairness of these practices, and parent-child relationship quality were assessed from the perspectives of adolescent siblings and their parents in 74 maritally intact families. Multilevel random coefficient modeling revealed that the magnitude of differential treatment was associated with more negative parent-child relationships only when adolescents perceived differential treatment to be unfair. Differential treatment judged to be fair is not linked with negative parent-child relationships. Results highlight the importance of examining all family members' viewpoints about the legitimacy of differential treatment and of encouraging family members to discuss their understanding of these events.

Kozyrskyj AL, Dahl ME, Chateau DG, Mazowita GB, Klassen TP, Law BJ. Evidence-based prescribing of antibiotics for children: role of socioeconomic status and physician characteristics. *CMAJ* 2004; 171(2):139-45.

Abstract: **BACKGROUND:** Evidence-based guidelines for antibiotic use are well established, but nonadherence to these guidelines continues. This study was undertaken to determine child, household and physician factors predictive of nonadherence to evidence-based antibiotic prescribing in children. **METHODS:** The prescription and health care records of 20 000 Manitoba children were assessed for 2 criteria of nonadherence to evidence-based antibiotic prescribing during the period from fiscal year 1996 (April 1996 to March 1997) to fiscal year 2000: receipt of an antibiotic for a viral respiratory tract infection (VRTI) and initial use of a second-line agent for acute otitis media, pharyngitis, pneumonia, urinary tract infection or cellulitis. The likelihood of nonadherence to evidence-based prescribing, according to child demographic characteristics, physician factors (specialty and place of training) and household income,

was determined from hierarchical linear modelling. Child visits were nested within physicians, and the most parsimonious model was selected at  $p < 0.05$ . RESULTS: During the study period, 45% of physician visits for VRTI resulted in an antibiotic prescription, and 20% of antibiotic prescriptions were for second-line antibiotics. Relative to general practitioners, the odds ratio for antibiotic prescription for a VRTI was 0.51 (95% confidence interval [CI] 0.42-0.62) for pediatricians and 1.58 (95% CI 1.03-2.42) for other specialists. The likelihood that an antibiotic would be prescribed for a VRTI was 0.99 for each successive 10,000 Canadian dollars increase in household income. Pediatricians and other specialists were more likely than general practitioners to prescribe second-line antibiotics for initial therapy. Both criteria for nonadherence to evidence-based prescribing were 40% less likely among physicians trained in Canada or the United States than among physicians trained elsewhere. INTERPRETATION: The links that we identified between nonadherence to evidence-based antibiotic prescribing in children and physician specialty and location of training suggest opportunities for intervention. The independent effect of household income indicates that parents also have an important role.

Krakov B, Sandoval D, Schrader R *et al.* Treatment of chronic nightmares in adjudicated adolescent girls in a residential facility. *J Adolesc Health* 2001; 29(2):94-100.

Abstract: PURPOSE: To evaluate imagery rehearsal therapy for the treatment of chronic nightmares in a sample of adolescent girls. METHODS: Adolescent girls ranging in age from 13 to 18 years were recruited from the Wyoming Girls School in Sheridan, Wyoming (treatment group,  $n = 9$ ; control group,  $n = 10$ ). These girls had previously suffered a high prevalence of unwanted sexual experiences in childhood and adolescence, and thus many suffered from nightmares, sleep complaints, and posttraumatic stress symptoms. Imagery rehearsal therapy was provided in a 1-day (6-h) workshop. Imagery rehearsal consists of three steps, all of which are performed in the waking state: (a) select a nightmare, (b) "change the nightmare any way you wish," and (c) rehearse the images of the new version ("new dream") 5 to 20 min each day. Control participants received no intervention. RESULTS: At baseline, these girls had been suffering from nightmares, on average, for 4.5 years, and they reported experiencing 20 nightmares per month, which occurred at a frequency of at least one bad dream every other night. At 3 months, self-reported, retrospectively assessed nightmare frequency measured in nights per month decreased 57% ( $p = .01$ ,  $d = 1.4$ ) and measured in nightmares per month decreased 71% ( $p = .01$ ,  $d = 1.7$ ) in the treatment group, compared with no significant changes in the control group. No significant changes were noted for sleep and posttraumatic stress disorder measures in either group. CONCLUSION:

Imagery rehearsal therapy was an effective treatment option for chronic nightmares in this adjudicated adolescent population.

Krantz G, Garcia-Moreno C. Violence against women. *J Epidemiol Community Health* 2005; 59(10):818-21. Abstract: Violence against women is now well recognised as a public health problem and human rights violation of worldwide significance. It is an important risk factor for women's ill health, with far reaching consequences for both their physical and mental health. This glossary aims to describe various forms of interpersonal violence that are directed towards women and girls. Terms and basic concepts used in research and policy on this public health problem will be explained.

Krause ED, Mendelson T, Lynch TR. Childhood emotional invalidation and adult psychological distress: the mediating role of emotional inhibition. *Child Abuse Negl* 2003; 27(2):199-213. Abstract: OBJECTIVE: To evaluate a model in which chronic emotional inhibition mediates the relationship between a history of childhood emotional invalidation or abuse and adult psychological distress. METHOD: One hundred and twenty-seven participants completed a series of self-report questionnaires, and a subset of this group ( $n=88$ ) completed an additional measure of current avoidant coping in response to a laboratory stressor. Structural equation modeling was used to evaluate and compare a full and partial mediational model. RESULTS: Findings strongly supported a model in which a history of childhood emotional invalidation (i.e., psychological abuse and parental punishment, minimization, and distress in response to negative emotion) was associated with chronic emotional inhibition in adulthood (i.e., ambivalence over emotional expression, thought suppression, and avoidant stress responses). In turn, emotional inhibition significantly predicted psychological distress, including depression and anxiety symptoms. CONCLUSION: This study found support for a model in which the relation between recollected negative emotion socialization in childhood and adult psychological distress was fully mediated by a style of inhibiting emotional experience and expression. Although it is likely that childhood emotional inhibition is functional (e.g., reduces parental distress and rejection), results suggest that chronic emotional inhibition may have long-term negative consequences for the inhibitor.

Krause G, Blackmore C, Wiersma S *et al.* Marijuana use and social networks in a community outbreak of meningococcal disease. *South Med J* 2001; 94(5):482-5.

Abstract: BACKGROUND: We examined the role of social networks and marijuana smoking in a community outbreak of infections due to *Neisseria meningitidis*. METHODS: We interviewed all patients

and their contacts. Isolates were tested by pulsed field electrophoresis and multilocus enzyme electrophoresis. RESULTS: Nine cases of meningococcal disease occurred in the outbreak; isolates from seven cases with positive cultures were identical. Multiple overlapping social networks were found for case-patients and their contacts. All case-patients were linked by the marijuana-related activities of their contacts. CONCLUSION: Investigation of social networks and marijuana exposure might help identify close contacts of patients with meningococcal disease and help prevent secondary infections.

Kreidler M. Group therapy for survivors of childhood sexual abuse who have chronic mental illness. *Arch Psychiatr Nurs* 2005; 19(4):176-83. Abstract: Medication and supportive services are usually the approaches used to treat women with chronic mental illness (CMI). The goal of this study was to evaluate the outcomes of group therapy for women with CMI in comparison with those for women without CMI, all of whom experienced childhood sexual abuse. The sample (N=121) consisted of women, all of whom were sexually abused as children. The results indicated that abused women with CMI had improved self-esteem and decreased symptom scores at the same rate as abused women without CMI. It was suggested that nurses can play an essential role in their practice with this population.

Kringlen E. [Sexual abuse, recovered memory and multiple personality disorder]. *Tidsskr Nor Laegeforen* 2002; 122(2):202-8.

Krischer MK, Sevecke K, Lehmkuhl G, Steinmeyer EM. [Less severe sexual child abuse and its sequelae: are there different psychic and psychosomatic symptoms in relation to various forms of sexual interaction?]. *Prax Kinderpsychol Kinderpsychiatr* 2005; 54(3):210-25. Abstract: A typology of less severe sexual encounters was used to analyze short and long term sequelae of sexual abuse via intimate skin contact. Well known theoretical approaches on the harmful effects of sexual abuse were tested. Do we find different peri- and posttraumatic reactions dependent upon varied forms of sexual interactions with children? A cluster analysis was calculated with symptom variables that were described in 141 child statements taken out of written expert opinions. Afterwards variance analyses of these symptom clusters were conducted in reference to six different abuse constellations. Different symptom profiles were found for these six abuse constellations. Panic symptoms, shame related feelings, avoidant behavior and physical reactions showed significant results. The sequelae to different forms of less severe sexual child abuse differ and depend more upon the situational dynamic than upon the kind of relationship between adult and child.

Krisin, Basri H, Fryauff DJ *et al.* Malaria in a cohort of Javanese migrants to Indonesian Papua. *Ann Trop Med Parasitol* 2003; 97(6):543-56. Abstract: The epidemiology of infection by *Plasmodium falciparum* and *P. vivax* was investigated among Javanese migrants to an endemic region of Papua, Indonesia. A cohort of 243 migrants from Java was followed for malaria in a new settlement village in the endemic Armopa area of north-eastern Papua, beginning on the day each migrant arrived in the village. The subjects were monitored during home visits (three/week) and by the twice-monthly production of bloodsmears that were checked for malarial parasites. At the end of 33 months, 159 (65%) of the subjects remained under follow-up. The prevalence of parasitaemia in the village declined from 16% among those already living there when the study began in August 1996, to 5% when the study finished in June 1999. Over this period, 596 infections by *P. falciparum* and 723 by *P. vivax* occurred in the cohort, 22 and 27 of the subjects each experiencing at least six infections by *P. falciparum* and *P. vivax*, respectively. The incidence of malarial infection was higher during the first and second years post-migration (3.2 and 2.7 infections/person-year) than during the third (1.2 infections/person-year). Although the geometric mean parasite counts for *P. falciparum* increased over time (1209, 1478, and 1830 parasites/microl in the first, second and third years, respectively), the corresponding values for *P. vivax* (497, 535 and 490 parasites/microl) showed no such trend. Only one of the nine subjects who developed severe malaria (requiring intravenous quinine therapy) was a child, giving an odds ratio for a case of severe malaria being in an adult of 6.1 (P=0.08).

Krueger DW. Body self. Development, psychopathologies, and psychoanalytic significance. *Psychoanal Study Child* 2001; 56:238-59. Abstract: Ego development or, more broadly, the sense of self has at its core a cohesive, distinct, and accurate body self. Compromise of body self development as a result of early overstimulation, empathic unavailability or nonresponse of the caretaker, and inconsistency or selectivity of response can lead to specific developmental arrests, including body-image distortions, nonintegration of body self and psychological self, and difficulties in the regulation of tension states and affect. The individual may then attempt to repair those disrupted developmental needs by such symptomatic expressions as eating disorders, compulsive exercise, substance abuse, and the creation of physical danger, as a step toward integration of mind and body as well as a defensive antidote to painful affect. In the psychoanalytic treatment of these patients, the need for the analyst's attunement to the patient's development of body self as well as psychological self development is illustrated by clinical vignettes of the enactments and attempted restitution of specific developmental trauma.

Kruse RL, Ewigman BG, Tremblay GC. The Zipper: a method for using personal identifiers to link data while preserving confidentiality. *Child Abuse Negl* 2001; 25(9):1241-8.

Abstract: OBJECTIVE: This report describes a method for linking separate confidential data sets that contain personal identifying information while preserving required anonymity. METHODS: Research data were linked with child abuse and neglect (CAN) report data by an independent "safe" analyst using an identical set of unique identifier codes assigned to each case in both data sets after all personal identifiers had been removed. RESULTS: The research team never learned CAN report status of individuals, the state agency never saw the research data, and the desired analyses were completed using the merged data set. CONCLUSIONS: The method was successfully used to merge data from separate sources without divulging confidential information.

Kryszak AC. Prohibiting procreation: a step in the right direction to protect the children of deadbeat dads; an analysis of the court decision in *State v. Oakley*. *J Law Health* 2002-2003; 17(2):327-57.

Kubiak SP. Trauma and cumulative adversity in women of a disadvantaged social location. *Am J Orthopsychiatry* 2005; 75(4):451-65.

Abstract: This study expands conceptual and empirical perspectives on stress exposure by evaluating cumulative exposure in 79 drug-convicted women. Logistic regression determined that (a) posttraumatic stress disorder (PTSD) increased 40% with each trauma and (b) adding chronic stressors increased the predictability of PTSD. This study supports cumulative adversity models and the importance of social location.

Kuhl PK, Tsao FM, Liu HM, Zhang Y, De Boer B. Language/culture/mind/brain. Progress at the margins between disciplines. *Ann N Y Acad Sci* 2001; 935:136-74.

Abstract: At the forefront of research on language are new data demonstrating infants' strategies in the early acquisition of language. The data show that infants perceptually "map" critical aspects of ambient language in the first year of life before they can speak. Statistical and abstract properties of speech are picked up through exposure to ambient language. Moreover, linguistic experience alters infants' perception of speech, warping perception in a way that enhances native-language speech processing. Infants' strategies are unexpected and unpredicted by historical views. At the same time, research in three additional disciplines is contributing to our understanding of language and its acquisition by children. Cultural anthropologists are demonstrating the universality of adult speech behavior when addressing infants and children across cultures, and this is creating a new view of the role adult speakers play in bringing about language in the child. Neuroscientists,

using the techniques of modern brain imaging, are revealing the temporal and structural aspects of language processing by the brain and suggesting new views of the critical period for language. Computer scientists, modeling the computational aspects of childrens' language acquisition, are meeting success using biologically inspired neural networks. Although a consilient view cannot yet be offered, the cross-disciplinary interaction now seen among scientists pursuing one of humans' greatest achievements, language, is quite promising.

Kujiraoka Y, Sato M, Tsuruta W, Yanaka K, Takeda T, Matsumura A. Shaken baby syndrome manifesting as chronic subdural hematoma: importance of single photon emission computed tomography for treatment indications--case report. *Neurol Med Chir (Tokyo)* 2004; 44(7):359-62.

Abstract: A boy with shaken baby syndrome first presented at age 3 months with acute subdural hematoma (SDH) and was treated by subdural tapping at a local hospital. Chronic SDH was identified at a rehabilitation center at age 19 months. The chronic SDH appeared to have developed within the preceding 16 months. His physical and mental development was already delayed. Magnetic resonance (MR) imaging revealed a 20-mm thick right chronic SDH with midline shift and small bilateral subdural effusions. The chronic SDH had compressed the right cerebral hemisphere. MR imaging also disclosed bilateral cerebral atrophy. 99mTc-ethylcysteinate dimer single photon emission computed tomography (SPECT) revealed decreased cerebral blood flow (CBF) in the non-hematoma hemisphere, although CBF is said to decrease on the chronic SDH side, especially if midline shift is present. Burr hole craniotomy with external drainage was performed, but the patient showed no change in CBF postoperatively, although the volume of hematoma decreased. The patient was clinically unchanged immediately after the operation. In this case, SPECT measurement of CBF was important in evaluating the pathophysiology of the delays in physical and mental growth. Atrophy of the bilateral hemispheres was the major mechanism in the decreased CBF, not the compression by chronic SDH. MR imaging and SPECT can determine the surgical indications for chronic SDH in patients with cortical atrophy.

Kulvichit K. Circumpapillary retinal ridge in the shaken-baby syndrome. *N Engl J Med* 2004; 351(19):2021.

Kumar S, Ng B, Howie W. The improvement of obsessive-compulsive symptoms in a patient with schizophrenia treated with clozapine. *Psychiatry Clin Neurosci* 2003; 57(2):235-6.

Kummeling I, Thijs C, Penders J *et al*. Etiology of atopy in infancy: the KOALA Birth Cohort Study. *Pediatr*

Allergy Immunol 2005; 16(8):679-84.  
 Abstract: The aim of the KOALA Birth Cohort Study in the Netherlands is to identify factors that influence the clinical expression of atopic disease with a main focus on lifestyle (e.g., anthroposophy, vaccinations, antibiotics, dietary habits, breastfeeding and breast milk composition, intestinal microflora composition, infections during the first year of life, and gene-environment interaction). The recruitment of pregnant women started in October 2000. First, participants with 'conventional lifestyles' (n = 2343) were retrieved from an ongoing prospective cohort study (n = 7020) on pregnancy-related pelvic girdle pain. In addition, pregnant women (n = 491) with 'alternative lifestyles' with regard to child rearing practices, dietary habits (organic, vegetarian), vaccination schemes and/or use of antibiotics, were recruited through organic food shops, anthroposophic doctors and midwives, Steiner schools, and dedicated magazines. All participants were enrolled between 14 and 18 wk of gestation and completed an intake questionnaire on family history of atopy and infant care intentions. Documentation of other relevant variables started in the pregnant mother and covered the first and third trimester as well as early childhood by repeated questionnaires at 14-18, 30, and 34 wk of gestation and 3, 7, 12, and 24 months post-partum. A subgroup of participants, including both conventional and alternative lifestyles, was asked to consent to maternal blood sampling, breast milk and a faecal sample of the infant at 1 month post-partum, capillary blood at age 1 yr, venous blood and observation of manifestation of atopic dermatitis during home visits at the age of 2 yr (using the UK working party criteria and the severity scoring of atopic dermatitis index), and buccal swabs for DNA isolation from child-parent trios. From the start, ethical approval and informed consent procedures included gene-environment interaction studies. Follow-up at 3 and 7 months post-partum was completed with high response rates (respectively 90% and 88% in the conventional group, and 97% and 97% in the alternative group). The home visits at 2 yr of age will be completed in 2005. Preliminary results show that we have succeeded in recruiting a large population with various lifestyle choices with a fairly large contrast with regard to dietary habits (including organic foods, vegetarian diet), vaccination schemes and/or use of antibiotics. We have also been able to collect a large number of faecal samples (n = 1176) and capillary blood samples at age 1 yr (n = 956). Furthermore, a large proportion of the participants have consented with genetic studies. Mid 2006 we expect to report our first results on the relationship between the various exposures in early life and childhood atopy. An outline of the focus and design of the KOALA Birth Cohort Study is presented.

Kumpfer KL, Alvarado R. Family-strengthening approaches for the prevention of youth problem behaviors. *Am Psychol* 2003; 58(6-7):457-65.  
 Abstract: Effective parenting is the most powerful way

to reduce adolescent problem behaviors. Dissemination of research-based family interventions has been slow, with most practitioners still implementing ineffective programs. This article reviews 2 federal studies that involved national searches for effective family interventions targeting pre-birth to adolescence: Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches (Center for Substance Abuse Prevention, 1998) and Strengthening America's Families (R. Alvarado, K. L. Kumpfer, K. Kendall, S. Beesley, & C. Lee-Cavaness, 2000). Results identified 3 effective prevention approaches, 13 principles of effectiveness, and 35 programs. Recommendations include increased dissemination research on training and technical assistance systems, adoption with fidelity and quality, and gender-, age-, and culturally sensitive adaptations.

Kumpfer KL, Bluth B. Parent/child transactional processes predictive of resilience or vulnerability to "substance abuse disorders". *Subst Use Misuse* 2004; 39(5):671-98.

Abstract: This article discusses implications of a theoretical model of resilience--the Resilience Framework, including the impact of parent/child transactional processes in moderating or mediating a child's biological or environmental risks and later substance misuse. Research is presented on behavioral and emotional precursors of substance abuse disorders in children of substance users. Detrimental processes within dysfunctional family environments are presented followed by a listing of strategies for increasing resilience in youth by improving family dynamics. The value in elucidating these interactive processes is to increase our understanding of ways to reduce the impact of risk factors. Prevention providers should use these strategies as benchmarks for selecting or developing effective family-focused prevention programs. Resources are presented for finding effective family interventions as well as an example of a family intervention based on resilience principles, namely the Strengthening Families Program. Recommendations are made for future research and better dissemination of evidence-based family interventions.

Kunken FR, McGee EM, Stell LK. Strap him down. *Hastings Cent Rep* 2001; 31(1):24; discussion 24-6.  
 Notes: GENERAL NOTE: KIE: Kunken, Frederic R; McGee, Ellen M; Stell, Lance K  
 GENERAL NOTE: KIE: KIE Bib: health care/economics; professional ethics

Kunst JL. Fraught with the utmost danger: the object relations of mothers who kill their children. *Bull Menninger Clin* 2002; 66(1):19-38.  
 Abstract: The author explores the psychodynamics of maternal filicide from an object relations perspective. Among psychotic women, the murder of the child reflects a critical interplay among the mother's

neurobiology, constitution, developmental experiences, and complex internal object world. Two types of personality structure are discussed. For the disorganized type, the psychodynamic scenario involves attempts to contend with the danger of massive internal breakdown. For the organized type, the scenario involves attempts to contend with the danger of persecution and annihilation. For these women, physical violence is used because of failures in mentalization, and is an enactment of catastrophic internal anxieties.

Kuperman S, Chan G, Kramer JR *et al.* Relationship of age of first drink to child behavioral problems and family psychopathology. *Alcohol Clin Exp Res* 2005; 29(10):1869-76.

Notes: CORPORATE NAME: Collaborative Study on the Genetics of Alcoholism  
Abstract: BACKGROUND: Studies have implicated a wide variety of variables as being associated with an early age of first drink (AFD). AFD in turn has been associated with a variety of negative outcomes in adolescence and early adulthood. This study is designed to quantify the contributions of these antecedent variables to prediction of AFD; in particular it will carefully examine the involvement of variables in four areas (child characteristics, family demographics, family psychopathology, and child behavior problems). METHODS: Using data from a multicenter study on alcoholism, we first investigated the differences between two groups of children (ages 7 to 17 years), one from families heavily loaded for alcohol dependence and the other from population controls. Second, a multidomain, multistep regression model using child characteristics, family demographics, family psychopathology, and child behavior problems was performed to determine significant contributors to predicted AFD. RESULTS: Five variables initially contributed to the prediction of AFD. These included gender, age at interview, the number of adult sibs with alcohol dependence, being held back a year in school, and conduct scale score. However, the number of conduct symptoms appeared to contain the contributions of gender and being held back a grade in school, and these two variables were subsequent removed from the model. The remaining three variables explained 45% of the model variance; age at interview accounted for 38.3%, conduct scale score accounted for 6.2%, and the number of alcohol-dependent adult sibs accounted for 0.5%. No family history measures of alcohol dependence or antisocial personality disorder were contributory to the prediction model for AFD. CONCLUSIONS: Both the "number of conduct symptoms" and the "number of adult sibs with alcohol dependence" are inversely associated with predicted AFD. The latter variable appears marginally predictive of AFD and suggests a condition in which the child's household, regardless of strength of family history of AD (or antisocial personality disorder), appears conducive to early drinking. Thus, child and

environmental factors are stronger predictors of age of first drink than family history.

Kupkova L, Bendukidze N, Slavcev A, Ivaskova E. The Czech Bone Marrow Donor Registry. *Ann Transplant* 2001; 6(2):46-9.

Abstract: OBJECTIVE: The Czech Bone Marrow Donor Registry (CBMD)--established 9 years ago, operates within the National HLA Centre, a constituent part of the Department of Immunology at the Institute for Clinical and Experimental Medicine. The Czech Cord Blood Register (CSCB) was recently established (in 1996) and started its activities. METHODS: CBMD is responsible for maintaining a database of HLA typed volunteer donors, for performing national and international searches in the file of bone marrow transplantation as well as for coordinating the communication between participating centres. RESULTS: The operation of the CBMD registry requires the modern communication technology for the exchange of data with local organisations (donor and transplant centres) and with international BM organisations and networks abroad (Bone Marrow Donors Worldwide--BMDW, National Marrow Donor Program--NMDP, European Donor Secretariat E.D.S., European Marrow Donor Information System--EMDIS). CONCLUSIONS: The CBMD is fully integrated into international cooperation. The HLA typed unrelated stem cells from Prague can be selected for patients in the whole world.

Kuritarne IS. [Childhood trauma in the etiology of borderline personality disorder]. *Psychiatr Hung* 2005; 20(4):256-70.

Abstract: Serious, prolonged intrafamilial childhood sexual abuse is considered to be the main etiological factor in about half of the patients with borderline personality disorder in the USA. Special features of childhood interpersonal trauma leading to the development of borderline personality disorder are the seriousness of the trauma and the fact that it is sexual in nature. Serious intrafamilial childhood abuse can lead not only to the classic post-traumatic stress syndrome, but can influence all aspects of personality development, including the distortion of the sense of identity, self-regulation, and the patterns of interpersonal relations. Viewed from the perspective of the trauma concept, the entire range of adult borderline symptoms are considered as being the consequences of severe complex traumatic experiences. Other clinicians regard such an abuse as a marker of the severity of familial dysfunction and emphasize the role of other pathogenic factors, such as biparental neglect and biological vulnerability of the pre-borderline child.

Kuznetsova T, Staessen JA, Kawecka-Jaszcz K *et al.* Quality control of the blood pressure phenotype in the European Project on Genes in Hypertension. *Blood Press Monit* 2002; 7(4):215-24.

Abstract: OBJECTIVES: In the European Project on Genes in Hypertension (EPOGH) standardized epidemiological methods were used to determine complex phenotypes consisting of blood pressure (BP) in combination with other traits. In this report, we present the quality control of one of the BP phenotypes. METHODS: In seven European countries eight different research groups recruited random samples of nuclear families. Trained observers measured the BP five times consecutively with the participants in the seated position at each of two separate home visits, 1 to 3 weeks apart, according to the guidelines of the British Hypertension Society. Quality assurance and quality control of this BP phenotype were implemented according to detailed instructions defined in the protocol of the EPOGH study. RESULTS: On 31 August 2001, BP measurements of 2476 subjects were available for analysis. Fewer BP readings than the five planned per visit occurred in one of the eight centres, but only in 0.4% of the home visits. Across centres the relative frequency of identical consecutive readings for systolic or diastolic blood pressure varied from 0 to 6%. The occurrence of odd readings ranged from 0 to 0.1%. Of the 49,488 systolic and diastolic BP readings, 24.0% ended on a zero (expected 20%). In most EPOGH centres there was a progressive decline in the BP from the first to the second home visit. Overall, these decreases averaged 2.36 mmHg [95% confidence interval (CI): 1.98-2.74,  $P < 0.001$ ] for systolic BP and 1.74 mmHg (95% CI: 1.46-2.02,  $P < 0.001$ ) for diastolic BP. CONCLUSIONS: Quality assurance and control should be planned at the design stage of a project involving BP measurement and implemented from its very beginnings until the end. The procedures of quality assurance set up in the EPOGH study for the BP measurements resulted in a well-defined BP phenotype, which was consistent across centres.

Kwon H, Reiss AL, Menon V. Neural basis of protracted developmental changes in visuo-spatial working memory. *Proc Natl Acad Sci U S A* 2002; 99(20):13336-41.

Abstract: Developmental studies have shown that visuo-spatial working memory (VSWM) performance improves throughout childhood and adolescence into young adulthood. The neural basis of this protracted development is poorly understood. In this study, we used functional MRI (fMRI) to examine VSWM function in children, adolescents, and young adults, ages 7-22. Subjects performed a 2-back VSWM experiment that required dynamic storage and manipulation of spatial information. Accuracy and response latency on the VSWM task improved gradually, extending into young adulthood. Age-related increases in brain activation were observed in focal regions of the left and right dorsolateral prefrontal cortex, left ventrolateral prefrontal cortex (including Broca's area), left premotor cortex, and left and right posterior parietal cortex. Multiple regression analysis

was used to examine the relative contributions of age, accuracy, and response latency on activation. Our analysis showed that age was the most significant predictor of activation in these brain regions. These findings provide strong evidence for a process of protracted functional maturation of bilateral fronto-parietal neural networks involved in VSWM development. At least two neural systems involved in VSWM mature together: (i) a right hemisphere visuo-spatial attentional system, and (ii) a left hemisphere phonological storage and rehearsal system. These observations suggest that visually and verbally mediated mnemonic processes, and their neural representations, develop concurrently during childhood and adolescence and into young adulthood.

Kyncl J, Paget WJ, Havlickova M, Kriz B. Harmonisation of the acute respiratory infection reporting system in the Czech Republic with the European community networks. *Euro Surveill* 2005; 10(3):30-3. Abstract: Respiratory virus activity is detected in Europe each winter, yet the precise timing and size of this activity is highly unpredictable. The impact of influenza infection and/or acute respiratory infection in European countries is continuously monitored through a variety of surveillance systems. All of these sources of information are used to assess the nature and extent of activity of influenza and other respiratory viruses, and to offer guidance on the prevention and control of morbidity and mortality due to influenza at a local, national and international level. The early warning system for a forthcoming influenza epidemic is mainly based on the use of a set of thresholds. In the Czech Republic, the acute respiratory infection (ARI) reporting system, with automated data processing, uses a statistical model for the early detection of unusual increased rates of the monitored indicators. The collected data consists of the number of ARI, the number of complications due to ARI and the population registered with the reporting general practitioners and paediatricians, all collected separately in five age groups. To improve the reporting system in the Czech Republic, clinical data on the weekly incidence of influenza-like illness (ILI) within the same population and the same age groups was started in January 2004. These data fit the European Commission's recently adopted ILI case definition and allows a better comparison of data with other countries in Europe, in particular those participating in EISS (European Influenza Surveillance Scheme).

Labouvie E, Bates ME. Reasons for alcohol use in young adulthood: validation of a three-dimensional measure. *J Stud Alcohol* 2002; 63(2):145-55. Abstract: OBJECTIVE: To evaluate the reliability and validity of a measure of reasons for use, which is based on a cognitive mediational view of alcohol use as a means for affect regulation. METHOD: Data for this study were obtained from the Rutgers Health and Human Development Project. Self-reports of young



men and women aged 25 to 31 years (N = 1,176; 598 women) were used to obtain measures of reasons for use, coping use, sex-enhancing use, use intensity and use problems. Regression analyses and structural equation modeling were used to assess a hypothesized model of relationships between these variables. RESULTS: Factor analysis of 33 reasons for use yielded three hypothesized dimensions: social reasons, disinhibition reasons and suppression reasons. Although moderately correlated with each other, they exhibited distinct relationships with other use variables. Increases in social reasons were related to decelerating increases in use intensity, but increases in disinhibition and suppression reasons were associated with accelerating increases in use intensity. Social reasons did not relate to use problems, whereas suppression reasons were strongly related to use problems even when controlling for use intensity. CONCLUSIONS: Suppression reasons not only motivate reactive coping use in response to the appraisal of stressful situations, they are also likely to instigate "prophylactic" or proactive coping use in anticipation of the possible occurrence of stressors, thereby blunting the emotional impact of encounters that would otherwise have been appraised as stressful and aversive.

Lachman P. Understanding the current position of research in Africa as the foundation for child protection programs. *Child Abuse Negl* 2004; 28(8):813-5.

Lacroix I, Berrebi A, Chaumerliac C, Lapeyre-Mestre M, Montastruc JL, Damase-Michel C. Buprenorphine in pregnant opioid-dependent women: first results of a prospective study. *Addiction* 2004; 99(2):209-14. Abstract: AIM: To report results on the prospective follow-up of 34 pregnant women exposed to buprenorphine maintenance for opiate dependence. DESIGN AND SETTING: Prospective multicentre study: all pregnant women receiving buprenorphine as maintenance therapy were included as early as possible during their pregnancy. PARTICIPANTS: The pregnant women were recruited from opiate maintenance therapy centres, general practitioner-networks involved in addiction, maternity hospitals and centres for drug information during pregnancy. MEASUREMENTS: Women: drugs and medications consumed, medical and obstetrical events; offspring: withdrawal syndrome, malformation, neonatal disease. FINDINGS: The buprenorphine-exposed pregnancies resulted in 31 live births, one stillbirth, one spontaneous abortion and one voluntary termination. A neonatal withdrawal syndrome was observed in 13 cases (41.9%) and eight of these babies required opiate treatment. Two neonates had a malformation: a premature ductus arteriosus stricture and a tragus appendix. CONCLUSION: Taken together with other prospective studies, no alarming results were observed concerning pregnancy outcomes. However, further data from the comparative prospective study are required to determine whether buprenorphine can be considered as

a good alternative to methadone treatment in pregnant women.

Laflamme L, Engstrom K, Moller J, Hallqvist J. Peer victimization during early adolescence: an injury trigger, an injury mechanism and a frequent exposure in school. *Int J Adolesc Med Health* 2003; 15(3):267-79.

Abstract: There is a documented effect of peer victimization in school as an injury trigger, but the question of differences between children according to age and sex remains unexplored. Nor do we know the role played by school peer victimization as a direct injury mechanism. OBJECTIVE: The study considered age and sex differences with regard to peer victimization's triggering effect on physical injury, its direct relation to injury (i.e. physical violence), and its age- and gender-specific frequency and manner of occurrence. METHOD: Data were gathered through structured interviews with children aged 10-15 years, residing in Stockholm County in Sweden during two consecutive school years, and who had been hospitalized due to injury (n = 592). RESULTS: Peer victimization operated on injury risk-both indirectly as a trigger of injurious events (most of which are unintentional), and directly as a causal mechanism in relation to intentional physical harm. Further, intentionally injured children frequently knew their offender(s)--often from school--and, in those instances, had been previously victimized by them. There is a quantitative and a qualitative difference in the manner in which occasional and frequent victims are victimized by their peers. CONCLUSION: Peer victimization impacts on children's safety and is a common element in the school background of many children. Differences between occasional and frequent victims in forms and consequences of victimization are more remarkable than those based on sex and age of the child, with the exception of victimization as a direct cause of injury.

Lagerberg D. Parents' observations of sexual behaviour in pre-school children. *Acta Paediatr* 2001; 90(4):367-9. Abstract: This commentary on the Larsson and Svedin study of sexual behaviour in pre-school children, published in the present issue of *Acta Paediatrica*, centres around three questions: 1. How can normal sexual behaviour in children be distinguished from problematic behaviour? 2. What characterizes the sexual development of the normal child? 3. Can knowledge about normal and problematic sexual behaviour be used to screen for sexual abuse or to confirm cases of sexual victimization? It is recommended that the inventory used by the authors be standardized on a representative sample of Swedish children, because this would enhance its usefulness in distinguishing normal from problematic behaviour. It is further recommended that research about sexual development in children be based on person-oriented rather than on variable-oriented analyses. It is finally

argued that knowledge about normal and problematic sexual behaviour may not contribute to more effective screening or confirmation procedures in suspicions of sexual abuse. However, knowledge about normal sexual behaviour is valuable in studies of sexual behaviour in different categories of children, e.g. in the developmentally delayed or psychosocially deprived. Conclusion: By helping to identify problematic sexual behaviour in individual children, a standardized inventory could guide professionals in detecting possible psychological problems accompanying the behaviour.

Lahey BB, Applegate B, Waldman ID, Loft JD, Hankin BL, Rick J. The structure of child and adolescent psychopathology: generating new hypotheses. *J Abnorm Psychol* 2004; 113(3):358-85. Abstract: To begin to resolve conflicts among current competing taxonomies of child and adolescent psychopathology, the authors developed an interview covering the symptoms of anxiety, depression, inattention, and disruptive behavior used in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994), the International Statistical Classification of Diseases and Related Health Problems (ICD-10; World Health Organization, 1992), and several implicit taxonomies. This interview will be used in the future to compare the internal and external validity of alternative taxonomies. To provide an informative framework for future hypothesis-testing studies, the authors used principal factor analysis to induce new testable hypotheses regarding the structure of this item pool in a representative sample of 1,358 children and adolescents ranging in age from 4 to 17 years. The resulting hypotheses differed from the DSM-IV, particularly in suggesting that some anxiety symptoms are part of the same syndrome as depression, whereas separation anxiety, fears, and compulsions constitute a separate anxiety dimension.

Lahey BB, Loeber R, Burke JD, Applegate B. Predicting future antisocial personality disorder in males from a clinical assessment in childhood. *J Consult Clin Psychol* 2005; 73(3):389-99. Abstract: It is essential to identify childhood predictors of adult antisocial personality disorder (APD) to target early prevention. It has variously been hypothesized that APD is predicted by childhood conduct disorder (CD), attention-deficit/hyperactivity disorder (ADHD), or both disorders. To test these competing hypotheses, the authors used data from a single childhood diagnostic assessment of 163 clinic-referred boys to predict future APD during early adulthood. Childhood Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.; American Psychiatric Association, 1987) CD, but not ADHD, significantly predicted the boys' subsequent APD. An interaction between socioeconomic status (SES) and CD indicated that CD predicted APD only in lower SES families, however.

Among children who met criteria for CD, their number of covert but not overt CD symptoms improved prediction of future APD, controlling for SES.

Laing IA. Clinical aspects of neonatal death and autopsy. *Semin Neonatol* 2004; 9(4):247-54. Abstract: An autopsy carried out by a trained perinatal pathologist can provide parents and professionals with new information about the cause of a baby's death. It is extremely stressful for parents to be asked for autopsy authorisation. The request is also very demanding for the staff. The rates of neonatal autopsy have been declining since 1990 and, almost certainly, the adverse publicity surrounding the Alder Hey enquiry precipitated a further fall in authorisation rates. Only a re-establishment of trust between parents and professionals can reverse this trend. This trust is founded on excellent perinatal communication and clinical care. The child's death must be managed in the most empathetic way, with an understanding of bereavement and the grief support required. If the parents and professionals work together as a team, the parents should sense the commitment of staff to their family. They may then be more likely to understand the importance of autopsy and to provide authorisation.

Laing IA, McIntosh N. Practicalities of consent. *Lancet* 2004; 364(9435):659. Notes: GENERAL NOTE: KIE: 2 refs. GENERAL NOTE: KIE: KIE Bib: informed consent/minors; mass screening

Laloe V. Epidemiology and mortality of burns in a general hospital of Eastern Sri Lanka. *Burns* 2002; 28(8):778-81.

Abstract: This 2-year prospective study examined the epidemiology and mortality of 345 patients admitted with burn injuries. Sixty-four percent of all burns were accidental in nature and at least 25% were self-inflicted. The rest were due to assaults or had a doubtful cause. The median age was 22 years. Forty-one percent of the accidents were due to the fall of a homemade kerosene bottle lamp. The main cause was flames, followed by scalds. Females outnumbered males in all categories of burns except cases of assault, and suffered from a higher mortality. Most at risk of accidental burns were children between 1 and 4 years, who suffered primarily from scalds. Self-inflicted burns were most common among women aged 20-29 years. The overall median total body surface area (TBSA) burned was 16%. Self-inflicted and 'doubtful' burns were much more extensive and more often fatal than accidental ones. The overall mortality rate was 27%. Burns involving more than 50% of the body surface area were invariably fatal. Mortality was highest in the elderly and in the 20-29 years age group. Burns were the first single cause of mortality in the surgical wards. The case is made for the establishment of more Burns Units.

Lam LT. Attention deficit disorder and hospitalization owing to intra- and interpersonal violence among children and young adolescents. *J Adolesc Health* 2005; 36(1):19-24.

Abstract: **PURPOSE:** To investigate the associations between intra- and interpersonal violence and related injuries and the diagnosis of attention deficit disorder (ADD) among children and young adolescents. **METHODS:** This was a population-based epidemiological study that analyzed data routinely collected on hospitalized patients owing to injuries. Data were obtained from the routinely collected inpatient statistics. Information included patients' demographics, diagnostic classifications of admitting problem, classification of external causes of injury, length of stay, and outcome of hospitalization. Patients with comorbidity of ADD were identified by the ICD-9CM diagnosis code. Data were analyzed univariately using Pearson Chi-square tests. Logistic regression analyses were also applied to calculate the adjusted odds ratio and their corresponding 95% confidence intervals. **RESULTS:** Significant associations between suicide and self-harm, injuries owing to assault, and diagnosis of ADD were found. Patients diagnosed with ADD stayed in the hospital longer than others, disregarding the cause of their injury. **CONCLUSION:** Children and adolescents with ADD are at risk of being victims of assaults, as well as suicide and self harm. Assessment for ADD can be considered as part of school-age childhood screening programs.

Lamberg L. Researchers seek roots of pedophilia. *JAMA* 2005; 294(5):546-7.

Landau R. Posthumous sperm retrieval for the purpose of later insemination or IVF in Israel: an ethical and psychosocial critique. *Hum Reprod* 2004; 19(9):1952-6.

Abstract: In October 2003, the Attorney General of the Government of Israel published guidelines allowing posthumous sperm retrieval for the purpose of later insemination or IVF by the surviving female partner. This paper presents an ethical and psycho-social critique of the guidelines, which challenges their basic premise that personal autonomy over-rides any other ethical principle and argues that the autonomy of the adult should not over-ride the well-being of the offspring. It also shows that, despite the centrality of autonomy in the guidelines, they actually infringe on the autonomy of the deceased, and pose challenges to that of the surviving partner. It questions the propriety and very possibility of ascertaining the 'presumed wishes' of the deceased for a posthumous child. Finally, it argues against the document's presentation of posthumous sperm retrieval as a medical procedure and contends that, on the contrary, medicine and science are suborned to the exploitation of the dead.

Landry SH, Smith KE, Swank PR, Assel MA, Vellet S. Does

early responsive parenting have a special importance for children's development or is consistency across early childhood necessary? *Dev Psychol* 2001; 37(3):387-403.

Abstract: The role of early versus ongoing maternal responsiveness in predicting cognitive and social development was examined in home visits for mothers, full-term children (n = 103), and medically low-risk (n = 102) and high-risk (n = 77) preterm children at 5 ages. There were 4 maternal clusters based on warm and contingent responsiveness behaviors observed early (at 6, 12, and 24 months) and late (at 3 and 4 years): high early, high late; high early, low late; low early, moderate late; and low early, low late. Children, especially preterm children, showed faster cognitive growth when mothers were consistently responsive. Social growth was similar in the consistently responsive (high-high) and the early-responsive inconsistent (high-low) clusters, but greater deceleration at 4 years among children with mothers in the inconsistent cluster refuted the notion of a unique role for early responsiveness. The importance of consistent responsiveness, defined by an affective-emotional construct, was evident even when a broader constellation of parenting behaviors was considered.

Langeland W, Draijer N, van den Brink W. Psychiatric comorbidity in treatment-seeking alcoholics: the role of childhood trauma and perceived parental dysfunction. *Alcohol Clin Exp Res* 2004; 28(3):441-7. Abstract: **BACKGROUND:** This study among treatment-seeking alcoholics examined the relationship between childhood abuse (sexual abuse only [CSA], physical abuse only [CPA], or dual abuse [CDA]) and the presence of comorbid affective disorders, anxiety disorders, and suicide attempts, controlling for the potential confounding effects of other childhood adversities (early parental loss, witnessing domestic violence, parental alcoholism, and/or dysfunction) and adult assault histories. **METHOD:** We assessed 155 (33 females, 122 males) treatment-seeking alcoholics using the European Addiction Severity Index, the Structured Trauma Interview, and the Composite International Diagnostic Interview. **RESULTS:** The severity of childhood abuse was associated with posttraumatic stress disorder (PTSD) and suicide attempts in females and with PTSD, social phobia, agoraphobia, and dysthymia in males. Among men, multiple logistic regression models showed that CPA and CDA were not independently associated with any of the examined comorbid disorders or with suicide attempts. However, CSA independently predicted comorbid social phobia, agoraphobia, and PTSD. For the presence of comorbid affective disorders (mainly major depression) and suicide attempts, maternal dysfunctioning was particularly important. CSA also independently contributed to the number of comorbid diagnoses. For females, small sample size precluded the use of multivariate analyses. **CONCLUSION:** Childhood abuse is an important factor in understanding clinical

- impairment in treated alcoholics, especially regarding comorbid phobic anxiety disorders, PTSD, and suicidality. These findings underline the importance of routine assessment of childhood trauma and possible trauma-related disorders in individuals presenting to alcohol treatment services. More studies with bigger samples sizes of female alcohol-dependent patients are needed.
- Langeland W, van den Brink W. Child sexual abuse and substance use disorders: role of psychiatric comorbidity. *Br J Psychiatry* 2004; 185:353.
- Langevin R. A study of the psychosexual characteristics of sex killers: can we identify them before it is too late? *Int J Offender Ther Comp Criminol* 2003; 47(4):366-82.  
 Abstract: Thirty-three sex killers were compared to 80 sexual aggressives, 23 sadists, and 611 general sex offenders on sexual history and preferences, substance abuse crime, violence, mental illness, personality, neurological and endocrine abnormalities. Compared to other groups, sex killers started their criminal careers earlier, more often had been to reform school, were members of criminal gangs, set fires, and were cruel to animals. They tended to show more sadism, fetishism, and voyeurism. They more often collected pornography, but they did not use it in their offenses. They more often abused drugs and some suffered from drug induced psychoses. Their most common diagnosis was antisocial personality disorder, but only 15.2% met criteria for psychopathy. Sex killers showed most signs of neuropsychological impairment, grades failure, and learning disabilities. Results suggest that greater emphasis be placed on studying adolescent sex offenders and conduct disordered children which may help identify potential sex killers.
- Lansford JE, Chang L, Dodge KA *et al*. Physical discipline and children's adjustment: cultural normativeness as a moderator. *Child Dev* 2005; 76(6):1234-46.  
 Abstract: Interviews were conducted with 336 mother-child dyads (children's ages ranged from 6 to 17 years; mothers' ages ranged from 20 to 59 years) in China, India, Italy, Kenya, the Philippines, and Thailand to examine whether normativeness of physical discipline moderates the link between mothers' use of physical discipline and children's adjustment. Multilevel regression analyses revealed that physical discipline was less strongly associated with adverse child outcomes in conditions of greater perceived normativeness, but physical discipline was also associated with more adverse outcomes regardless of its perceived normativeness. Countries with the lowest use of physical discipline showed the strongest association between mothers' use and children's behavior problems, but in all countries higher use of physical discipline was associated with more aggression and anxiety.
- Lantz PE. The evidence base for shaken baby syndrome: response to Reece et al from 41 physicians and scientists. *BMJ* 2004; 329(7468):741-2.
- Laor N, Wolmer L, Spirman S, Wiener Z. Facing war, terrorism, and disaster: toward a child-oriented comprehensive emergency care system. *Child Adolesc Psychiatr Clin N Am* 2003; 12(2):343-61.  
 Abstract: The combination of the overwhelming nature of disasters and the massive losses they engender gives rise to a complex clinical and social picture with longterm physical, psychological, and social effects on children, families, and communities. The authors suggest that to assess the damage properly, implement interventions on a large scale, keep tabs on rising needs, and restore societal function, mental health professionals must adopt an ecologic systems approach. This approach entails working within and together with related institutions (education, health, local government) and assisting other committed professionals within these institutions to mediate care. This is of utmost importance in the area of children's care because of their particular vulnerability and their special importance for families and society. For this reason, the authors suggest that emergency mental health systems be better designed and implemented while keeping children at the center of their focus. An essential component of the ecologic systems approach is improved education for mental health professionals, providing them the appropriate tools to cope with widespread disaster and the expertise to apply these tools. This approach, however, is not enough. A good outcome cannot be achieved without preparedness on the part of the other relevant institutions and the community as a whole. Greater awareness is needed among local and national authorities of the importance of metaadaptive systems and of local, national, and international networking. In the current global village that is threatened by pervasive terrorism, no community must face it alone. The challenge of a disaster to one community is a challenge to all. By working together we can lessen the devastating impact of these events, save countless lives, prevent untold suffering, and maintain hope for a better world for children.
- Laposata E, Verhoek-Oftedahl W. Rhode Island's Child Death Review Team. *Med Health R I* 2005; 88(9):323-5.
- Lareau AC. Who decides? Genital-normalizing surgery on intersexed infants. *Georgetown Law J* 2003; 92(1):129-51.  
 Notes: GENERAL NOTE: KIE: 136 fn.  
 GENERAL NOTE: KIE: KIE Bib: informed consent/minors; patient care/minors
- Larkin M. Paediatric heart sounds assessed by computer. *Lancet* 2001; 357(9271):1856.

Larrea C, Freire W. Social inequality and child malnutrition in four Andean countries. *Rev Panam Salud Publica* 2002; 11(5-6):356-64.

Abstract: OBJECTIVE: To analyze the effects of socioeconomic, regional, and ethnic conditions on chronic malnutrition in four Andean countries of South America: Bolivia, Colombia, Ecuador, and Peru. METHODS: The study was based on Demographic and Health Surveys (DHS) for Colombia (1995), Peru (1996), and Bolivia (1997), and on a Living Standard Measurement Survey for Ecuador (1998). We developed an index of household socioeconomic status using categorical principal components analysis. We broke down the prevalence of stunting by socioeconomic status (SES), ethnicity, place of residence (large cities, small cities, towns, and countryside), and region (highland region versus other areas of the country). We applied smoothed regression curves and linear functions to analyze SES effects on stunting, with specific models for Bolivia, Ecuador, and Peru. RESULTS: Bolivia, Ecuador, and Peru have similar characteristics, with high stunting prevalences overall; higher stunting prevalences in their highland areas, particularly among indigenous populations; and strong socioeconomic disparities. Colombia, in contrast, has a lower stunting prevalence and smaller regional disparities. The socioeconomic gradient of stunting is strong in all four countries, with prevalence rates in the poorest deciles at least three times as high as those in the top decile. DISCUSSION: The sharp contrast between the conditions found in Bolivia, Ecuador, and Peru and those in Colombia may be the result of specific ethnic factors affecting indigenous groups; a particular diet profile in the highland areas, with low protein and micronutrient intake; and differences in the long-term economic and social development paths that the countries have taken. Along with the strong socioeconomic gradient in all the countries, the weight of ethnic and regional factors suggests the need to reduce inequality as well as to comprehensively improve education and housing, better target health and nutrition programs, and implement participatory programs integrated into indigenous cultures.

Larson EL, Lin SX, Gomez-Pichardo C. Predictors of infectious disease symptoms in inner city households. *Nurs Res* 2004; 53(3):190-7.

Abstract: BACKGROUND: Despite the fact that hygienic practices have been associated with reduced risk of infection for decades, the potential role of specific home hygiene and cleaning practices in reducing risk have not been explicated. OBJECTIVE: This study aimed to determine the incidence and predictors of infectious disease symptoms over a 48-week period in inner city households. METHODS: Cleaning and hygiene practices and the incidence of infectious disease symptoms were closely monitored prospectively for 48 months in 238 households. Each household was contacted by trained interviewers

weekly via telephone, was visited monthly, and underwent an extensive home interview quarterly. RESULTS: The incidence of new symptoms in the month before quarterly home visits ranged from 8.9% to 12.4% for individuals and from 32% to 39.7% for households. Four factors were significantly associated with infection. Drinking only bottled water increased risk (relative risk [RR], 2.1; 95% confidence interval [CI], 1.2-3.7). Using hot water (RR, 0.7; 95% CI, .5-.9) and bleach (RR, 0.29; 95% CI, .23-.66) for laundry and reporting that germs were most likely to be picked up in the kitchen (RR, 0.5; 95% CI, .3-.8) were protective. No other hygiene practices, including hand washing, were associated with infection risk. CONCLUSIONS: Further studies of a potential role for bottled water in infections are warranted, as is a renewed appreciation for the potential protective role of laundry practices such as using bleach and hot water.

Larson EL, Lin SX, Gomez-Pichardo C, Della-Latta P. Effect of antibacterial home cleaning and handwashing products on infectious disease symptoms: a randomized, double-blind trial. *Ann Intern Med* 2004; 140(5):321-9.

Abstract: BACKGROUND: Despite the widespread household use of cleaning and personal hygiene products containing antibacterial ingredients, their effects on the incidence of infectious disease symptoms have not been studied. OBJECTIVE: To evaluate the effect of antibacterial cleaning and handwashing products for consumers on the occurrence of infectious disease symptoms in households. DESIGN: Randomized, double-blind clinical trial. SETTING: Northern Manhattan inner-city neighborhood, New York. PARTICIPANTS: 238 primarily Hispanic households (1178 persons) that included at least one preschool-age child. Interventions: Households were randomly assigned to use either antibacterial or nonantibacterial products for general cleaning, laundry, and handwashing. All products were commercially available, but the packaging was blinded and the products were provided free to participants. MEASUREMENTS: Hygiene practices and infectious disease symptoms were monitored by weekly telephone calls, monthly home visits, and quarterly interviews for 48 weeks. RESULTS: Symptoms were primarily respiratory: During 26.2% (717 of 2736) of household-months, 23.3% (640 of 2737) of household-months, and 10.2% (278 of 2737) of household-months, one or more members of the household had a runny nose, cough, or sore throat, respectively. Fever was present during 11% (301 of 2737) of household-months, vomiting was present in 2.2% (61 of 2737), diarrhea was present in 2.5% (69 of 2737), and boils or conjunctivitis were present in 0.77% (21 of 2737). Differences between intervention and control groups were not significant for any symptoms (all unadjusted and adjusted relative risks included 1.0) or for numbers of symptoms (overall incidence density ratio, 0.96 [95% CI, 0.82 to 1.12]). CONCLUSIONS: The tested

antibacterial products did not reduce the risk for symptoms of viral infectious diseases in households that included essentially healthy persons. This does not preclude the potential contribution of these products to reducing symptoms of bacterial diseases in the home.

Larsson I, Svedin CG. Sexual behaviour in Swedish preschool children, as observed by their parents. *Acta Paediatr* 2001; 90(4):436-44.  
Abstract: Issues of what constitutes normal and healthy childhood sexual behaviour have acquired new implications in the light of child sexual abuse. Increased knowledge in this area is therefore of vital importance and studies in different countries are needed. In the present study parents of 231 children aged 3-6 y were asked to answer questionnaires about their child's behaviour at home. The questionnaire consisted of four sections: demographic data, a general behaviour checklist, a sexual behaviour inventory, and attitudinal questions to the parents. The results showed that children in Sweden exhibit a wide range of sexual behaviour, most of them developmentally related. Some behaviour appeared to be very rare in a normative sample of preschool children and included behaviours usually referred to as sexualized and problematic. Reports on sexual behaviour in the children were also related to general behaviour reports, the parent's socioeconomic level, parental attitudes towards child sexuality and the openness of family habits. Conclusion: There is a need for further national studies in different settings, to help create a better understanding of what constitutes both normative and deviant sexual behaviour in children.

Lasher LJ, Feldman MD. Celiac disease as a manifestation of Munchausen by proxy. *South Med J* 2004; 97(1):67-9.

Abstract: In typical cases of Munchausen by proxy maltreatment, a mother feigns or produces illness in her child. Her primary goal is to accrue emotional gratification, and no mental disorder better accounts for the behavior. We present the first published case in which the principal manufactured ailment was celiac sprue. In addition, a panoply of other ailments ranging from seizures to behavioral abnormalities was reported. The case is also very unusual in the involvement of the paternal grandmother and, to a lesser extent, the paternal grandfather as the perpetrators. Although definitive intervention to protect the child occurred only after 7 years had passed, multidisciplinary teamwork ultimately resulted in a successful outcome for the child, who is now doing well.

Laskov-Peled R, Wolf Y. School violence in the eyes of the beholders: an integrative aggression-victimization perspective. *Int J Offender Ther Comp Criminol* 2002; 46(5):603-18.

Abstract: Five experiments explored, within the framework of functional measurement, the importance

assigned by 3rd and 4th graders ( $n = 117$ ) to expectations of potential perpetrators from their potential victims. Each participant was requested to imagine potential incidents of school violence where four familiar classmates were presented as protagonists (i.e., perpetrator and victim). An orderly manipulation of the combination of the level (high or low) of aggressiveness and susceptibility to victimization in each protagonist was made. The participants were informed whether or not the victim was about to deliver tangible rewards, display signs of suffering, or retaliate ( $2 \times 2 \times 2 = 8$  conditions). For each potential incident, the participant estimated the likelihood that an attack will take place. The following order of importance was found: Reward > Retaliation > Suffering. Victim's aggressiveness was slightly effective. From an applied perspective, most notable is the tendency to lower the likelihood of violence when the educator knows about the incidents.

Lassaletta A, Martino R, Gonzalez-Santiago P, Torrijos C, Cebrero M, Garcia-Frias E. Reversal of an antihistamine-induced coma with flumazenil. *Pediatr Emerg Care* 2004; 20(5):319-20.  
Abstract: Flumazenil is a competitive antagonist with specific action at the central benzodiazepine receptor. It is used when benzodiazepine intoxication is suspected. Its use has also been reported in cannabis intoxication, chloral hydrate overdose, hepatic encephalopathy, and alcohol intoxication. We report the case of a 7-month-old male infant with a depressed level of consciousness after intentional intoxication of antihistamines, whose mental status fully recovered after administration of flumazenil. To our knowledge, this is the first case in children where flumazenil has been reported to reverse antihistamine-induced coma.

Latalski M, Skorzynska H, Pacian A, Sokol M. Intensification of the phenomenon of violence in the family environment of teenagers. *Ann Univ Mariae Curie Sklodowska [Med]* 2004; 59(1):467-73.  
Abstract: Childhood and adolescence are the periods of life when the experience of violence accumulates. As socially weaker individuals, children and teenagers are exposed to violence. The factors that increase the risk of child maltreatment include, above all, social and cultural factors and the stress that family suffer from. The literature on this subject distinguishes four categories of child maltreatment, namely: emotional, physical, negligence and sexual abuse. The survey involved 250 representatives of high school teenagers aged 15-20, including 145 girls and 105 boys. The research method was the survey estimating the Scale of Battered Child Syndrome (for teenagers and adults). The results show that a big group of teenagers admitted to having experienced at least one of four kinds of domestic violence. The group is not uniform, however, and the socio-cultural factors that affect the kind and intensification of the phenomenon of violence have been revealed. The most frequent reasons for using

violence are: low level of education, unemployment of parents and material status connected with this fact, low frequency of attendance to religious services, alcohol abuse, and place of living. On account of the intensification of the phenomenon of violence in the domestic environment and both direct and distant consequences of the phenomenon in the form of mental and physical disorders of individuals as well as the dangers for the proper development of the society that result from it, there is a need to continue doing research on this phenomenon.

Lau BW. Does the stress in childhood and adolescence matter? A psychological perspective. *J R Soc Health* 2002; 122(4):238-44.

Abstract: Although stress in adults is well researched and acknowledged, little has been discussed on the existence and reactions of children and adolescents to stress, despite the mounting evidence that they are frequently among the most affected victims of a variety of threatening events. In reality stress is a normal part of a child's or adolescent's life and encompasses common, developmental stressors of daily life and those arising from unusual or traumatic experiences. Apart from more well known stress from family instability, poverty and life transitions, it is easy to forget or ignore the many school pressures and increasingly common social phenomenon of the 'hurried child' in modern life. We can make plans of intervention and prevention only when the condition is recognised by the health care professionals.

Lauer RT, Smith BT, Betz RR. Application of a neuro-fuzzy network for gait event detection using electromyography in the child with cerebral palsy. *IEEE Trans Biomed Eng* 2005; 52(9):1532-40.

Abstract: An adaptive neuro-fuzzy inference system (ANFIS) with a supervisory control system (SCS) was used to predict the occurrence of gait events using the electromyographic (EMG) activity of lower extremity muscles in the child with cerebral palsy (CP). This is anticipated to form the basis of a control algorithm for the application of electrical stimulation (ES) to leg or ankle muscles in an attempt to improve walking ability. Either surface or percutaneous intramuscular electrodes were used to record the muscle activity from the quadriceps muscles, with concurrent recording of the gait cycle performed using a VICON motion analysis system for validation of the ANFIS with SCS. Using one EMG signal and its derivative from each leg as its inputs, the ANFIS with SCS was able to predict all gait events in seven out of the eight children, with an average absolute time differential between the VICON recording and the ANFIS prediction of less than 30 ms. Overall accuracy in predicting gait events ranged from 98.6% to 95.3% (root mean-squared error between 0.7 and 1.5). Application of the ANFIS with the SCS to the prediction of gait events using EMG data collected two months after the initial data demonstrated comparable results, with no significant differences between gait

event detection times. The accuracy rate and robustness of the ANFIS with SCS with two EMG signals suggests its applicability to ES control.

Lauritsen AK, Charles AV. [Forensic examination of sexually abused children]. *Ugeskr Laeger* 2001; 163(18):2485-8.

Abstract: INTRODUCTION: The Department of Forensic Medicine, Aarhus, performs examinations of children suspected to have been sexually abused when reported to and requested by the police. A preliminary study was taken to evaluate all cases in one year including the legal outcome. MATERIAL AND METHODS: The material included all cases in one year, all examined on request by the police. All written material including court decisions were reviewed. RESULTS: The material included 34 cases with three boys, median-age 11 years, and 31 girls, median age six years, at the time of examination. The sexual abuse events were fondling, vaginal (14), anal (7) and oral (5) intercourse as well as showing pornography. The medical examination was most often performed more than one week after the abuse. The examination revealed normal findings in 20 cases, non specific findings including erythema of the vestibulum in 13 cases and in only one child was a traumatic lesion with rupture of the hymen seen. The perpetrators were above 25 years of age and were family members or someone known to the child. Eight perpetrators were convicted in court, of whom three admitted having abused the child. DISCUSSION: The time interval between the sexual abuse and the time of examination is important to the ano-genital findings at the examination. A medical examination in cases of sexual child abuse seldom provides legal proof of sexual abuse. The most important evidence is the story told by the child. Therefore, the examination is a supplement which may support or remain neutral to the story told by the child.

Lautze S, Leaning J, Raven-Roberts A, Kent R, Mazurana D. Assistance, protection, and governance networks in complex emergencies. *Lancet* 2004; 364(9451):2134-41.

Abstract: This article presents an introduction to the causes and characteristics of armed conflicts. It reviews some of the key humanitarian crises that broke new ground in terms of the technologies and practices that developed at the field level in response to each new complex emergency, with particular focus on the health sector. It introduces the concept of humanitarian governance as a framework for addressing the consequences and implications of the failure of worldwide governance for the protection of civilians in armed conflict. Here, we term humanitarian governance to include the use of international humanitarian law and human rights instruments to govern the behaviour of state and non-state organisations in conflict zones in a way that protects the lives and livelihoods of affected populations. We

- note, however, that terrorist concerns appear to be replacing humanitarian logic in the network of worldwide governance.
- Laverdino M. An issue that came to my attention recently regarding child benefit. *RCM Midwives* 2005; 8(5):232.
- Lawhon G. Challenges in providing developmentally supportive care: a case presentation. *J Obstet Gynecol Neonatal Nurs* 2003; 32(3):387-92. Abstract: A developmentally supportive family-centered approach to care is extremely valuable for even the most critically ill infant. This case presentation of Martha, a severely small for gestational age twin born at 30 weeks gestation, highlights three major areas in which clinical care is enhanced through the integration of neurobehavioral observation: self-regulation, comfort, and family advocacy. The ethical principles of autonomy, beneficence, and integrity were relied upon to ensure her humane care.
- Lawrence PR, Magee T, Bernard A. Reshaping primary care: the Healthy Steps Initiative. *J Pediatr Health Care* 2001; 15(2):58-62. Abstract: The Healthy Steps Initiative, funded by the Commonwealth Fund in New York and developed and implemented by Boston University School of Medicine, is an enhanced approach to pediatric care in the first 3 years of life. The goals of this effort in transforming pediatric care include (a) supporting the physical and emotional development of each infant and young child; (b) supporting a parental sense of confidence in their child-rearing knowledge and skills; and (c) supporting the clinical effectiveness of pediatric primary care practices to meet the needs of young children and families. The Healthy Steps Initiative enhances well-child care to achieve these goals by providing child development information and support as part of an expanded approach to pediatric primary care. Healthy Steps offers both pediatric practices and families a vehicle for meeting the needs of infants and young children within a preventative framework. This unique program, which is being quantitatively and qualitatively evaluated over 3 years, has been initiated in more than 24 pediatric sites nationwide.
- Laxenaire MC, Mertes PM. Anaphylaxis during anaesthesia. Results of a two-year survey in France. *Br J Anaesth* 2001; 87(4):549-58. Notes: CORPORATE NAME: Groupe d'Etudes des Reactions Anaphylactoides Peranesthesiques Abstract: Between January 1, 1997 and December 31, 1998, 467 patients were referred to one of the allergo-anaesthesia centres of the French GERAP (Groupe d'Etudes des Reactions Anaphylactoides Peranesthesiques) network and were diagnosed as having anaphylaxis during anaesthesia. Diagnosis was established on the basis of clinical history, skin tests and/or a specific IgE assay. The most frequent cause of anaphylaxis was a neuromuscular blocking agent (69.2%). Latex was less frequently incriminated (12.1%) than in previous reports. A significant difference was observed between the incidence of anaphylactic reactions observed with each neuromuscular blocking agent and the number of patients who received each drug during anaesthesia in France throughout the study period ( $P < 0.0001$ ). Succinylcholine and rocuronium were most frequently incriminated. Clinical reactions to neuromuscular blocking drugs were more severe than to latex. The diagnostic value of specific IgE assays was confirmed. These results are consistent with changes in the epidemiology of anaphylaxis related to anaesthesia and are an incentive for the further development of allergo-anaesthesia clinical networks.
- Lazzarini Z, Rosales L. Legal issues concerning public health efforts to reduce perinatal HIV transmission. *Yale J Health Policy Law Ethics* 2002; 3(1):67-98. Notes: GENERAL NOTE: KIE: 152 fn. GENERAL NOTE: KIE: KIE Bib: AIDS; public health
- Le Fanu J. Roy Meadow. *Lancet* 2005; 366(9484):450.
- Le Fanu J. Wrongful diagnosis of child abuse--a master theory. *J R Soc Med* 2005; 98(6):249-54.
- Le Grand R, Mondloch CJ, Maurer D, Brent HP. Expert face processing requires visual input to the right hemisphere during infancy. *Nat Neurosci* 2003; 6(10):1108-12. Abstract: Adult expertise in face processing is mediated largely by neural networks in the right hemisphere. Here we evaluate the contribution of early visual input in establishing this neural substrate. We compared visually normal individuals to patients for whom visual input had been restricted mainly to one hemisphere during infancy. We show that early deprivation of visual input to the right hemisphere severely impairs the development of expert face processing, whereas deprivation restricted mainly to the left hemisphere does not. Our results indicate that the neural circuitry responsible for adults' face expertise is not pre-specified, but requires early visual experience. However, the two hemispheres are not equipotent: only the right hemisphere is capable of using the early input to develop expertise at face processing.
- Leander L, Granhag PA, Christianson SA. Children exposed to obscene phone calls: what they remember and tell. *Child Abuse Negl* 2005; 29(8):871-88. Abstract: OBJECTIVE: This case study examined children's reports from an obscene phone call (i.e., a verbal sexual abuse). We investigated which type of information the children reported, the completeness and accuracy of the children's statements, and whether there were systematic patterns in terms of memory



distortions and omissions. METHOD: The completeness and the accuracy of the children's statements were examined by matching 64 children's statements given during police interviews with a detailed documentation of each phone call, made by the perpetrator during the actual phone calls. RESULTS: All children remembered the phone call per se, but they were found to omit almost all of the sexual and sensitive information (perpetrator's questions and statements) and about 70% of the neutral information given by the perpetrator. However, the children were accurate in the information they did report. CONCLUSIONS: The fact that the children did remember more of the neutral information suggests that they actually remembered the sexual information as well, but that they chose not to report it. Results indicate that children who have been sexually abused may remember more than they report in an initial interview. One possible underlying reason is that children experience shame or embarrassment.

Lear JG. Schools and adolescent health: strengthening services and improving outcomes. *J Adolesc Health* 2002; 31(6 Suppl):310-20. Abstract: School-based health services have made limited contributions to the well-being of school-age children. However, they have the potential for promoting health and improving service delivery for 50 million children and adolescents enrolled in the nation's schools. Recent changes in health care, particularly the spread of managed care and development of integrated health service networks, have reawakened mainstream interest in school health and created the possibility for strengthening its efficiency and effectiveness. Two promising strategies for enabling school health programs to fulfill their potential are being implemented by the Massachusetts state government and by an Austin, Texas, hospital system. These strategies suggest measures to create either closely linked school and community health systems or fully integrated school/community child health systems that may have widespread benefit for children and their families. Barriers to fully implementing these strategies and replicating them in other communities will include the challenge of securing adequate funding, disagreements regarding the appropriate content of a school health program, and opposition to new staffing and employment arrangements from professional and union organizations. Whether this moment of opportunity yields gains for child health and school health will, for the most part, depend on forces outside school health. Success will be particularly dependent on the degree to which the managed care plans or large health care organizations see value in building more comprehensive child health systems or identify financial benefits from linking more closely with school-based services.

Leary A, Katz LF. Observations of aggressive children during peer provocation and with a best friend. *Dev*

*Psychol* 2005; 41(1):124-34. Abstract: Observational methods were used to examine aggressive children's peer relations in 2 contexts: when being teased by a peer and when interacting with a best friend. Because aggressive children may have more difficulty than nonaggressive children in both peer contexts, the authors also examined whether relations between behaviors across contexts varied as a function of aggression. Results indicated that aggression was related to children's behavior when provoked. Children's behavior when provoked was associated with fewer positive and more negative interactions with their best friend, particularly for aggressive children. Results are discussed with respect to social norms in middle childhood and informing interventions for aggressive children.

LeBlanc JC, Binder CE, Armenteros JL *et al.* Risperidone reduces aggression in boys with a disruptive behaviour disorder and below average intelligence quotient: analysis of two placebo-controlled randomized trials. *Int Clin Psychopharmacol* 2005; 20(5):275-83. Abstract: The present study aimed to analyse the effect of risperidone on a priori defined core aggression items. Data were pooled from 163 boys (aged 5-12 years, with or without comorbid attention-deficit/hyperactivity disorder) with a DSM-IV diagnosis of either conduct disorder or oppositional defiant disorder who had participated in either of two identical, 6-week, randomized, double-blind, placebo-controlled trials. All received treatment with either placebo or oral risperidone solution (0.01-0.06 mg/kg/day). Subjects had below average intelligence [intelligence quotient (IQ) 36-84] and a score of  $\geq 24$  on the Conduct Problem subscale of the Nisonger Child Behaviour Rating Form (N-CBRF). An expert advisory panel selected six core aggression items from the N-CBRF, from which a total Aggression Score (AS, range 0-18) was constructed. Compared to those treated with placebo, risperidone-treated subjects experienced significantly greater mean decreases from baseline in the AS at each of weeks 1-6 ( $P < 0.001$ ). By study endpoint, aggression among risperidone-treated subjects had declined by 56.4% (mean baseline AS 10.1; mean endpoint AS 4.4), which was more than twice that of placebo-treated subjects (mean baseline AS 10.6; mean endpoint AS 8.3; 21.7% reduction). Risperidone was efficacious in reducing symptoms of aggression in boys of below average IQ with disruptive behaviour disorders.

Lee AC, Hau KL, Fong D. CT findings in hyperacute non-accidental brain injury. *Pediatr Radiol* 2001; 31(9):673-4.

Lee AC, Lam SY. Nonaccidental methadone poisoning. *Clin Pediatr (Phila)* 2002; 41(5):365-6.

Lee CM, Beauregard C, Bax KA. Child-related

disagreements, verbal aggression, and children's internalizing and externalizing behavior problems. *J Fam Psychol* 2005; 19(2):237-45. Abstract: Dual-income parents (N = 122 couples) with an oldest child 18-60 months of age completed the Child-Rearing Disagreements Scale (E. N. Jouriles et al., 1991), the Child Behavior Checklist (T. M. Achenbach & L. A. Rescorla, 2000), and the Verbal Aggression subscale of the Conflicts and Problem-Solving Scale (P. K. Kerig, 1996). Replicating the results of E. N. Jouriles et al. (1991) and extending these findings to daughters and fathers, the authors found links between child-related disagreements and parental ratings of child behavior problems in this low-risk sample. There were no links between fathers' reports of verbal aggression and child behavior problems. Among mothers, however, use of verbal aggression mediated the link between child-related disagreements and ratings of sons' internalizing problems. Verbal aggression did not moderate the link between child-related disagreements and child behavior problems for either mothers or for fathers.

Lee G. Removing the labels, meeting the needs. *RCM Midwives J* 2002; 5(4):135.

Lee JH, Kim HY, Park YA. Rearing behavior and rearing stress of fathers with children of preschool and school age. *Taehan Kanho Hakhoe Chi* 2004; 34(8):1491-8. Abstract: PURPOSE: This study was conducted to compare the paternal rearing behavior and rearing stress level between fathers with a preschooler and fathers with school children so that it can be utilized as a basic source for developing parental rearing education programs. METHODS: A descriptive comparative method was conducted to identify the paternal rearing behavior and paternal rearing stress. Respondents were 361 fathers who had either preschoolers (n=189) or children of elementary age (n=172). RESULTS: Comparing the two group's means, the rearing activity score and rearing stress there were significant differences. In the school children's group's father, 'outdoor activity' and 'guidance on discipline activity' were significantly higher than the other group. In the preschool children's fathers group, 'play interaction activity' was statistically significant higher than the other, and the child-part mean score of paternal rearing stress was significantly higher than the other group. The correlation between paternal rearing behavior and paternal rearing stress, indicates that more paternal rearing behavior means less paternal rearing stress. CONCLUSION: These results of this study will help design more effective rearing programs for fathers that have either preschool children or school children by providing the basic data for paternal rearing behaviors and paternal rearing stress.

Lee LC, Kotch JB, Cox CE. Child maltreatment in families

experiencing domestic violence. *Violence Vict* 2004; 19(5):573-91.

Abstract: This study examined the association between physical domestic violence (PDV) and reported child maltreatment in a cohort of children at risk for maltreatment. Participants were 219 6- to 7-year-old children and their caregivers. PDV was measured by combining caregivers' self-reports and children's reports, while child maltreatment was based on state Division of Social Services Central Registry records. Among 219 child-caregiver pairs studied, 42 (19.2%) had at least one maltreatment report in the 2 years following the interviews. PDV consistently predicted child maltreatment, with adjusted odds ratios ranging from 2.96 to 3.46. In addition, we investigated interactions between PDV and other predictors of child maltreatment. Among Aid to Families with Dependent Children (AFDC) participants, PDV was highly associated with child maltreatment. However, this pattern was not observed among subjects who did not have AFDC. There is an increased incidence of child maltreatment reports in families experiencing PDV. AFDC participation intensified the probability of child maltreatment in the presence of PDV. Findings also suggest that in households experiencing PDV, social supports may protect children from maltreatment.

Lee MB, Rotheram-Borus MJ. Parents' disclosure of HIV to their children. *AIDS* 2002; 16(16):2201-7. Abstract: OBJECTIVE: Parents' disclosure of their HIV serostatus to all of their children is described over time and the impact of disclosure is examined for their adolescent children. DESIGN A representative cohort of parents living with HIV (n = 301) and their adolescent children (n = 395) was recruited and assessed repeatedly over 5 years. METHODS: Disclosures by parents living with HIV of their HIV status to their children were examined in three ways: (i) trends in disclosure over 5 years to all children; (ii) factors associated with parental disclosure; and (iii) the impact of disclosure on adolescent children (not younger children). RESULTS: Parents were more likely to disclose to older (75%) than to younger children (40%). Mothers were more likely to disclose earlier than fathers and they disclosed more often to their daughters than to their sons. Parents were more likely to disclose over time to children of all ages; disclosure did not vary according to parents' ethnicity, socio-economic status, self-esteem, or mental health symptoms. Disclosure was significantly more common among parents with poor health, more stressful life events, larger social networks, and those who perceived their children experiencing more HIV-related stigma. Over time, poor health status and a self-destructive coping style were associated with higher rates of disclosure. Parental disclosure was significantly associated with more problem behaviors and negative family life events among their adolescent children. CONCLUSION: Parental disclosure of HIV status is similar to disclosures by parents with other illnesses.

Clinicians must assist patients to make individual decisions regarding disclosure.

Lee TC, Barshes NR, Washburn WK *et al.* Split-liver transplantation using the left lateral segment: a collaborative sharing experience between two distant centers. *Am J Transplant* 2005; 5(7):1646-51. Abstract: Split-liver transplantation (SLT) increases the pool of organs for pediatric orthotopic liver transplantation (pOLT). With increased collaboration and organ sharing, transplant centers can fully maximize the use of all split donor allografts. Herein, we report the collaborative results between two distant centers involved in a sharing alliance. The current study consists of a retrospective review of 56 pediatric LLS transplants performed at two collaborating centers between 9/1997 and 10/2003. Fifty-three patients (41% Status 1) were transplanted using 56 left lateral segment (LLS) grafts. Sixteen percent of LLS grafts were shared between the two institutions. Overall patient survival at both 1 and 3 years was 90% and 90%, respectively. Overall graft survival at both 1 and 3 years was 82% and 82%, respectively. Shared patient and graft survival was 89% and 89%, respectively. There was an 11% biliary complication and 18% vascular complication rate. Five patients required retransplantation. In conclusion, SLT increases the number of available allografts for pOLT. While SLT is technically demanding, with a significant learning curve, patient and graft survival rates compare favorably with United Network Organ Sharing (UNOS) averages. Sharing of grafts between centers is a safe and effective way to maximize organ usage and should be actively pursued through collaborative networks.

Lee TS, Eid T, Mane S *et al.* Aquaporin-4 is increased in the sclerotic hippocampus in human temporal lobe epilepsy. *Acta Neuropathol (Berl)* 2004; 108(6):493-502.

Abstract: The hippocampus of patients with mesial temporal lobe epilepsy is often hardened and shrunken, a condition known as sclerosis. Magnetic resonance imaging reveals an increase in the T2-weighted signal, while diffusion weighted imaging shows a higher apparent diffusion coefficient in sclerotic hippocampi, indicating increased water content. As water transport appears to be coupled to K<sup>+</sup> clearance and neuronal excitability [4], the molecular basis of the perturbed water homeostasis in the sclerotic hippocampus was explored. The expression of aquaporin-4 (AQP-4), the predominant water channel in the brain, was studied with quantitative real time PCR analysis, light microscopic immunohistochemistry and high-resolution immunogold labeling. A significant increase in AQP-4 was observed in sclerotic, but not in non-sclerotic, hippocampi obtained from patients with medically intractable temporal lobe epilepsy. This increase was positively correlated with an increase in the astrocyte marker glial fibrillary acidic protein.

AQP-4 was localized to the plasma membranes of astrocytes including the perivascular end-feet. Gene expression associated with increased AQP-4 was evaluated by high throughput gene expression analysis using Affymetrix GeneChip U133A and related gene networks were investigated with Ingenuity Pathways Analysis. AQP-4 expression was associated with a decrease in expression of the dystrophin gene, a protein implicated in the anchoring of AQP-4 in perivascular endfeet. The decreased expression of dystrophin may indicate a loss of polarity in the distribution of AQP-4 in astrocytes. We conclude that the perturbed expression of AQP-4 and dystrophin may be one factor underlying the loss of ion and water homeostasis in the sclerotic hippocampus and hypothesize that the reported changes may contribute to the epileptogenic properties of the sclerotic tissue.

Leeder JS. Developmental and pediatric pharmacogenomics. *Pharmacogenomics* 2003; 4(3):331-41. Abstract: Children, as well as adults, should benefit from the discoveries of the genomic era. Many diseases with complex etiologies originate during childhood (e.g., asthma, autism, attention deficit/hyperactivity disorder, epilepsy and juvenile rheumatoid arthritis) and persist into adulthood. Attempts to better understand the genetic basis of age-specific disease processes requires an appreciation that the period of human development encompasses the prenatal period through adolescence, and is a rapidly changing, dynamic process. As a result, pharmacologic modulation of developing gene networks may have unintended and unanticipated consequences that do not become apparent or relevant until later in life. Thus, there is considerable potential for large-scale pharmacogenomic technologies to impact the development and utilization of new therapeutic strategies in children.

Leeder JS. Translating pharmacogenetics and pharmacogenomics into drug development for clinical pediatrics and beyond. *Drug Discov Today* 2004; 9(13):567-73.

Abstract: Pharmacogenetic and pharmacogenomic investigations conducted in children must consider that human development from conception through to adolescence is a rapidly changing, dynamic process. An improved understanding of the gene networks that are involved in growth and development and of the unintended consequences of modulating those systems could provide insights into the susceptibility of an individual to drug-induced birth defects and to pediatric adverse drug reactions. Furthermore, these technologies potentially present the opportunity to develop novel, effective treatments for childhood diseases and for adult diseases that manifest primarily during childhood. The lack of pharmacogenetic and pharmacogenomic investigations in children and the potential to impact on all age groups provides a considerable incentive to invest in this area of research.

Leestma JE. Case analysis of brain-injured admittedly shaken infants: 54 cases, 1969-2001. *Am J Forensic Med Pathol* 2005; 26(3):199-212. Abstract: The English-language medical case literature was searched for cases of apparent or alleged child abuse between the years 1969 and 2001. Three-hundred and twenty-four cases that contained detailed individual case information were analyzed yielding 54 cases in which someone was recorded as having admitted, in some fashion, to have shaken the injured baby. Individual case findings were tabulated and analyzed with respect to shaking as being the cause for the injuries reported. For all 54 admittedly-shaken-infant cases, the provided details regarding the shaking incidents and other events are reported. Data in the case reports varied widely with respect to important details. Only 11 cases of admittedly shaken babies showed no sign of cranial impact (apparently free-shaken). This small number of cases does not permit valid statistical analysis or support for many of the commonly stated aspects of the so-called shaken baby syndrome.

Leiferman JA, Ollendick TH, Kunkel D, Christie IC. Mothers' mental distress and parenting practices with infants and toddlers. *Arch Womens Ment Health* 2005; 8(4):243-7.

Abstract: The purpose of this study was to examine whether maternal mental distress affects parenting practices related to monitoring activities (i.e. daily routines, enrichment activities). The nationally representative sample consisted of 1638 mothers. Maternal mental distress was assessed by the 5-item Mental Health Index (MHI). Logistic regression models were conducted, controlling for covariates (e.g. marital status, education level, etc.). Approximately 14% of the women reported high levels of mental distress and 25% of the women failed to engage in enrichment activities or consistent daily routines with their children. There was a significant adverse relationship between mental distress and routines, with women who were mentally distressed being more likely to not engage in daily routines. There was no significant relationship between mental distress and enrichment activities. Race differentials were evident among these relationships. These findings highlight the prevalence of maternal mental distress and its deleterious effects on select parenting behaviors.

Leissner KB, Holzman RS, McCann ME. Bioterrorism and children: unique concerns with infection control and vaccination. *Anesthesiol Clin North America* 2004; 22(3):563-77, viii.

Abstract: Treatment of child victims of a bioterrorism attack is complicated because they may be more vulnerable to the agents used and may suffer more complications from the treatment strategies. Isolation and other infection control measures can be psychologically harmful to young children and may require that they undergo sedation. Most of the

recommended antibiotics and antiviral treatments for bioterror agents have not been approved for use in children, and children undergoing smallpox vaccination have a higher incidence of complications than adults. Pediatric anesthesiologists should expect to be part of the pediatric care team and must be careful to observe infection control procedures to limit the spread of disease caused by bioterror attack.

Leite AJ, Puccini RF, Atalah AN, Alves Da Cunha AL, Machado MT. Effectiveness of home-based peer counselling to promote breastfeeding in the northeast of Brazil: a randomized clinical trial. *Acta Paediatr* 2005; 94(6):741-6.

Abstract: AIMS: To evaluate the effectiveness of home-based peer counselling to increase breastfeeding rates for unfavourably low birthweight babies. METHODS: Randomized clinical trial carried out in maternity hospitals and households in Fortaleza, one of the regions in Brazil with very low income; 1003 mothers and their newborns were selected in eight maternity hospitals. Newborns needed were healthy and weighed less than 3000 g. INTERVENTION: Breastfeeding counselling, conducted by lay counsellors from the community, during home visits carried out on days 5, 15, 30, 60, 90 and 120 after birth. MAIN OUTCOME MEASURE: Feeding methods in the fourth month of life. RESULTS: The intervention increased exclusive breastfeeding (24.7% vs 19.4%;  $p=0.044$ ), delayed the introduction of formula and increased the time infants substituted breastfeeding to bottle milk (bottle milk 33.4% in the control group and 20.1% in the intervention group;  $p=0.00002$ ). When comparing the frequency of artificial breastfeeding versus all other forms of breastfeeding (exclusive+predominant+partial), the intervention increased breastfeeding rates in 39% (RR=0.61; CI 95%: 0.50-0.75); 15% of children were free from artificial feeding (absolute risk reduction). The number of families to be visited to avoid one child receiving artificial feeding (NNT) was 7 (CI 95%: 5-13). CONCLUSIONS: Breastfeeding counselling, promoted by lay counsellors, can impact favourably on exclusive breastfeeding rates and contribute to delaying the utilization of milk formula and weaning. The intervention has great application potential because most cities in the northeast of Brazil count on community health workers that could do the counselling.

Leitenberg H, Gibson LE, Novy PL. Individual differences among undergraduate women in methods of coping with stressful events: the impact of cumulative childhood stressors and abuse. *Child Abuse Negl* 2004; 28(2):181-92.

Abstract: OBJECTIVE: The purpose of the current study was to determine if a history of greater exposure to different types of adverse and/or abusive experiences in childhood would influence coping strategies used by undergraduate women to deal with new stressful events

in young adulthood. **METHOD:** A sample of 828 women undergraduates from a New England state university participated in this questionnaire study. Disengagement and engagement coping strategies used in response to recent stressors were compared in groups who had none, one, two, or three or more types of adverse and/or abusive childhood experiences (sexual abuse, physical abuse, witnessing domestic violence, having an alcoholic parent, and parental rejection). **RESULTS:** There was an increased reliance on disengagement methods of coping (wishful thinking, problem avoidance, social withdrawal, and self-criticism) as a function of more extensive child abuse histories. Engagement methods of coping (problem solving, cognitive restructuring, social support, and express-emotions), however, did not show a corresponding decrease as a function of increased exposure to different types of childhood stressors and/or abuse. **CONCLUSIONS:** This study demonstrates that undergraduate women with cumulative adverse and/or abusive childhood histories are particularly at-risk of relying on maladaptive disengagement coping strategies to deal with various new stressors later in life.

Lemay G. The time for revolution. *Midwifery Today Int Midwife* 2002; (62):46, 64.

Leon IG. Adoption losses: naturally occurring or socially constructed? *Child Dev* 2002; 73(2):652-63. **Abstract:** The American definition of kinship based on biological ties, the practice of closed adoption, and stigmas associated with adoption may decisively influence adoption-related losses. Cross-cultural and historical accounts of adoption that do not apply to these contemporary American constructs of parenthood and practices of adoption suggest outcomes that are not as integrally based on loss. Adoption in infancy is defined as parenting a child with one set of (adoptive) parents and two (adoptive and birth) families. Implications for adoption research, policy, and practice are discussed.

Leonard H, Slack-Smith L, Phillips T, Richardson S, D'Orsogna L, Mulroy S. How can the Internet help parents of children with rare neurologic disorders? *J Child Neurol* 2004; 19(11):902-7. **Abstract:** The objective of this study was to determine the value of an e-mail listserv for parents of children with Rett syndrome, a rare neurologic disorder. This Web-based survey was completed by parents and carers. The setting was an e-mail listserv established by the International Rett Syndrome Association for parents of children with Rett syndrome and other interested persons. The participants included members of the e-mail listserv Rettnet. The main outcome measures were the perceived advantages and disadvantages of the listserv, overall rating of usefulness, and reasons for satisfaction or

dissatisfaction. Most (81.5%) of the participants felt that Rettnet provided helpful advice concerning their child's management. They also indicated that Rettnet was useful in dealing with their child's education and as a source of carer support. They rated it highly (mean 8.1 on a scale of 1 to 10), and the most common reason given for recommending the service to other parents was the emotional support provided. E-mail listservs can play an important role in disseminating information and providing networking and support to parents of children with rare disorders. Their impact and influence warrant attention from health professionals, including neurologists.

LeRoy BW, Walsh PN, Kulik N, Rooney M. Retreat and resilience: life experiences of older women with intellectual disabilities. *Am J Ment Retard* 2004; 109(5):429-41.

**Abstract:** Older women with intellectual disabilities remain the least studied and understood members of the disability population, and yet they often live well into late adulthood. In this exploratory study we used extensive interviews to examine the demographics, economic and personal safety nets, health, social roles, and well-being of 29 Irish and American older women with intellectual disabilities. Results suggest that these women have very limited resources, social networks, and opportunities. All the women were poor and most lived in group residences, with paid staff as their main allies and careproviders. They reported that their health was good, though it often limited their activities. Despite their societal limitations, these women reported this is the happiest period of their lives.

Les Whitbeck B, Chen X, Hoyt DR, Adams GW. Discrimination, historical loss and enculturation: culturally specific risk and resiliency factors for alcohol abuse among American Indians. *J Stud Alcohol* 2004; 65(4):409-18.

**Abstract:** **OBJECTIVE:** This report investigates the effects of discrimination, historical loss and enculturation on meeting diagnostic criteria for 12-month alcohol abuse among American Indians who share a common culture in the upper Midwest. We introduce an empirical measure of historical loss and hypothesize that historical loss will mediate the effects of discrimination on meeting 12-month diagnostic criteria for alcohol abuse. We also hypothesize that enculturation will be negatively associated with 12-month alcohol abuse and mediate or moderate the effects of discrimination. **METHOD:** A sample of 452 (351 women) American-Indian parents/caretakers (mean age: women = 39 years, men = 42 years) of children ages 10 to 12 years participated in diagnostic interviews for lifetime and 12-month alcohol abuse. The subjects' perceptions of discrimination, historical loss and enculturation were also measured. Structural equation modeling was used to evaluate direct and potential mediating effects of latent constructs of enculturation (a resiliency factor) and historical loss (a

risk factor) on the relationship between discrimination and meeting criteria for 12-month alcohol abuse. **RESULTS:** Historical loss mediated the effects of discrimination on 12-month alcohol abuse among women. Enculturation neither mediated nor moderated the effects of discrimination but had an independent negative effect on alcohol abuse. In a combined model comprising both enculturation and historical loss, the effects of discrimination on 12-month alcohol abuse were mediated. **CONCLUSIONS:** This study presents important new evidence that historical loss affects American-Indian alcohol abuse. It also provides evidence for the resiliency effects of enculturation on alcohol abuse.

Leslie LK, Weckerly J, Plemmons D, Landsverk J, Eastman S. Implementing the American Academy of Pediatrics attention-deficit/hyperactivity disorder diagnostic guidelines in primary care settings. *Pediatrics* 2004; 114(1):129-40.

**Abstract:** **OBJECTIVES:** To evaluate the feasibility of the San Diego Attention-Deficit/Hyperactivity Disorder Project (SANDAP) protocol, a pediatric community-initiated quality improvement effort to foster implementation of the American Academy of Pediatrics (AAP) attention-deficit/hyperactivity disorder (ADHD) diagnostic guidelines, and to identify any additional barriers to providing evidence-based ADHD evaluative care. **METHODS:** Seven research-naïve primary care offices in the San Diego area were recruited to participate. Offices were trained in the SANDAP protocol, which included 1) physician education, 2) a standardized assessment packet for parents and teachers, 3) an ADHD coordinator to assist in collection and collation of the assessment packet components, 4) educational materials for clinicians, parents, and teachers, in the form of handouts and a website, and 5) flowcharts delineating local paths for referral to medical subspecialists, mental health practitioners, and school-based professionals. The assessment packet included the parent and teacher versions of the Vanderbilt ADHD Diagnostic Rating Scales. In this study, we chose a conservative interpretation of the AAP ADHD guidelines for diagnosing ADHD, requiring that a child met criteria for ADHD on both the parent and teacher rating scales. A mixed-method analytic strategy was used to address feasibility and barriers, including quantitative surveys with parents and teachers and qualitative debriefing sessions conducted an average of 3 times per year with pediatricians and office staff members. **RESULTS:** Between December 2000 and April 2003, 159 children were consecutively enrolled for evaluation of school and/or behavioral problems. Clinically, only 44% of the children met criteria for ADHD on both the parent and teacher scales, and 73.5% of those children were categorized as having the combined subtype. More than 40% of the subjects demonstrated discrepant results on the Vanderbilt scales, with only the parent or teacher endorsing sufficient symptoms to meet the

criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Other mental health and learning problems were common in the sample; 58.5% of subjects met screening criteria for oppositional defiant disorder/conduct disorder, 32.7% met screening criteria for anxiety/depression, and approximately one-third had an active individualized education program in place or had received an individualized education program in the past. On evaluation, the SANDAP protocol was acceptable and feasible for all stakeholders. However, additional barriers to implementing the AAP ADHD guidelines were identified, including 1) limited information in the guidelines regarding the use of specific ADHD rating scales, the evaluation and treatment of children with discrepant and/or negative results, and the indications for psychologic evaluation of learning problems, 2) families' need for education regarding ADHD and support, 3) characteristics of physical health and mental health plans that limited care for children with ADHD, and 4) limited knowledge and use of potential community resources. **CONCLUSIONS:** Our results indicate that children presenting for evaluation of possible ADHD in primary care offices have complex clinical characteristics. Providers need mechanisms for implementing the ADHD diagnostic guidelines that address the physician education and delivery system design aspects of care that were developed in the SANDAP protocol. Additional barriers were also identified. Careful attention to these factors will be necessary to ensure the sustained provision of quality care for children with ADHD in primary care settings.

Lester BM, Andreozzi L, Appiah L. Substance use during pregnancy: time for policy to catch up with research. *Harm Reduct J* 2004; 1(1):5. **Abstract:** The phenomenon of substance abuse during pregnancy has fostered much controversy, specifically regarding treatment vs. punishment. Should the pregnant mother who engages in substance abuse be viewed as a criminal or as someone suffering from an illness requiring appropriate treatment? As it happens, there is a noticeably wide range of responses to this matter in the various states of the United States, ranging from a strictly criminal perspective to one that does emphasize the importance of the mother's treatment. This diversity of dramatically different responses illustrates the failure to establish a uniform policy for the management of this phenomenon. Just as there is lack of consensus among those who favor punishment, the same lack of consensus characterizes those states espousing treatment. Several general policy recommendations are offered here addressing the critical issues. It is hoped that by focusing on these fundamental issues and ultimately detailing statistics, policymakers throughout the United States will consider the course of action that views both pregnant mother and fetus/child as humanely as possible.

Letourneau EJ, Schoenwald SK, Sheidow AJ. Children and

adolescents with sexual behavior problems. *Child Maltreat* 2004; 9(1):49-61. Abstract: Youth with substantial sexual behavior problems (n = 166) were compared with youth from the same sample with few sexual behavior problems (n = 413) and with no sexual behavior problems (n = 943). It was hypothesized that youth with significant sexual behavior problems would be characterized by higher rates of sexual and physical abuse and higher rates of internalizing problems relative to youth without sexual behavior problems and that all youth would evidence a positive treatment response to multisystemic therapy. Relative to youth with no sexual behavior problems, youth with significant sexual behavior problems were more likely to have been sexually or physically abused and had higher rates of internalizing and externalizing behavior problems. These youth were also more likely to include girls, were younger, and had more social problems than youth with no sexual behavior problems. Youth in all groups responded with clinically relevant and statistically significant reductions in problem behaviors at posttreatment.

Letourneau NL, Stewart MJ, Barnfather AK. Adolescent mothers: support needs, resources, and support-education interventions. *J Adolesc Health* 2004; 35(6):509-25.

Abstract: Adolescent mothers are prone to live in poor conditions, lack adequate financial resources, suffer high stress, encounter family instability, and have limited educational opportunities. These factors contribute to inadequate parent-child interactions and diminished infant development. Social support can promote successful adaptation for adolescent mothers and their children. This review article describes the support needs and challenges faced by adolescent parents and their children, the support resources available to and accessed by adolescent parents, and existing support-education intervention studies, to provide directions for future research. Relevant research published between January 1982 and February 2003 was obtained from online database indices and retrieved article bibliographies. Frequently encountered problems included small sample sizes and attrition, lack of suitable comparison groups, and measurement inconsistencies. When planning support-education interventions, content, duration, intensity, mode, level, intervention agents, and targets should be considered. Future research can address these challenges.

Leuridan E, Wouters K, Stalpaert M, Van Damme P. Male sex workers in Antwerp, Belgium: a descriptive study. *Int J STD AIDS* 2005; 16(11):744-8. Abstract: The objective of this study was to describe the prevalence of sexually transmitted infections (STI), sociodemographic and behavioural characteristics in a population of male sex workers (MSW) in Antwerp, Belgium. Between September 1999 and March 2004, 129 MSW were reached by Gh@pro, an outreach programme providing preventive health care, free STI

check-up and hepatitis B vaccination, to sex workers (SW). Sera were collected from 121 men, urine samples from 115 men and a questionnaire was filled in by 43 MSW. In 45.5% of MSW one or more STI were diagnosed (including hepatitis B), 76% on laboratory testing at first screening, 9% through symptomatology at first visit. The prevalence of HIV was 10.8%, hepatitis B virus (HBV) infection 28.9%, syphilis 12.5%, gonorrhoea 1.7% and Chlamydia trachomatis 9.7%. More than 50% of non-immune MSW completed their three-dose hepatitis B vaccination course. Prevalence of STI is concordant with published data on MSW; this population clearly requests and deserves particular attention and approach. There is an important difference in sociodemographic and behavioural characteristics between MSW working in the red light district and those working on the street. Health promotion should be tailored to the different subpopulations and outreach appears to be a successful tool.

Lev-Or H. Childhood neglect and its effects a personal perspective. *Isr J Psychiatry Relat Sci* 2002; 39(3):183-7.

Leve LD, Kim HK, Pears KC. Childhood temperament and family environment as predictors of internalizing and externalizing trajectories from ages 5 to 17. *J Abnorm Child Psychol* 2005; 33(5):505-20. Abstract: Childhood temperament and family environment have been shown to predict internalizing and externalizing behavior; however, less is known about how temperament and family environment interact to predict changes in problem behavior. We conducted latent growth curve modeling on a sample assessed at ages 5, 7, 10, 14, and 17 (N = 337). Externalizing behavior decreased over time for both sexes, and internalizing behavior increased over time for girls only. Two childhood variables (fear/shyness and maternal depression) predicted boys' and girls' age-17 internalizing behavior, harsh discipline uniquely predicted boys' age-17 internalizing behavior, and maternal depression and lower family income uniquely predicted increases in girls' internalizing behavior. For externalizing behavior, an array of temperament, family environment, and Temperament x Family Environment variables predicted age-17 behavior for both sexes. Sex differences were present in the prediction of externalizing slopes, with maternal depression predicting increases in boys' externalizing behavior only when impulsivity was low, and harsh discipline predicting increases in girls' externalizing behavior only when impulsivity was high or when fear/shyness was low.

Leventhal JM. The field of child maltreatment enters its fifth decade. *Child Abuse Negl* 2003; 27(1):1-4.

Leverich GS, McElroy SL, Suppes T *et al.* Early physical

and sexual abuse associated with an adverse course of bipolar illness. *Biol Psychiatry* 2002; 51(4):288-97. Abstract: BACKGROUND: There is growing awareness of the association between physical and sexual abuse and subsequent development of psychopathology, but little is known, however, about their relationship to the longitudinal course of bipolar disorder. METHODS: We evaluated 631 outpatients with bipolar I or II disorder for general demographics, a history of physical or sexual abuse as a child or adolescent, course of illness variables, and prior suicide attempts, as well as SCID-derived Axis I and patient endorsed Axis II comorbidity. RESULTS: Those who endorsed a history of child or adolescent physical or sexual abuse, compared with those who did not, had a history of an earlier onset of bipolar illness, an increased number of Axis I, II, and III comorbid disorders, including drug and alcohol abuse, faster cycling frequencies, a higher rate of suicide attempts, and more psychosocial stressors occurring before the first and most recent affective episode. The retrospectively reported associations of early abuse with a more severe course of illness were validated prospectively. CONCLUSIONS: Greater appreciation of the association of early traumatic experiences and an adverse course of bipolar illness should lead to preventive and early intervention approaches that may lessen the associated risk of a poor outcome.

Levetown M. New programs for children living with life-threatening conditions. *Tex Med* 2001; 97(8):60-3. Abstract: Palliative care is not commonly available to most children who die. Some children who die need comprehensive child- and family-centered services for all their lives, or for several years, followed by bereavement care. Other children who die have needs that are emergent, acute, and short term with regard to medical care but very long term with regard to bereavement needs. Exciting new initiatives may soon change the experience of children living with life-threatening conditions and their families.

Levi BH, Brown G. Reasonable suspicion: a study of Pennsylvania pediatricians regarding child abuse. *Pediatrics* 2005; 116(1):e5-12. Abstract: OBJECTIVE: It has long been assumed that mandated reporting statutes regarding child abuse are self-explanatory and that broad consensus exists as to the meaning and proper application of reasonable suspicion. However, no systematic investigation has examined how mandated reporters interpret and apply the concept of reasonable suspicion. The purpose of this study was to identify Pennsylvania pediatricians' understanding and interpretation of reasonable suspicion in the context of mandated reporting of suspected child abuse. Methodology. An anonymous survey was sent (Spring 2004) to all members of the Pennsylvania chapter of the American Academy of Pediatrics (n = 2051). Participants were given several operational frameworks to elicit their understanding of

the concept of reasonable suspicion, 2 of which are reported here. Respondents were asked to imagine that they had examined a child for an injury that may have been caused by abuse and that they had gathered as much information as they felt was possible. They then were asked to quantify (in 2 different ways) the degree of likelihood needed for suspicion of child abuse to rise to the level of reasonable suspicion. The physicians were asked to identify (using a differential-diagnosis framework) how high on a rank-order list "abuse" would have to be for it to rise to the level of reasonable suspicion (ie, first on the list, second, third, and so on, down to tenth). The second framework, estimated probability, used a visual analog scale of 0% to 100% to determine how likely suspected abuse would have to be for physicians for them to feel that they had reasonable suspicion. That is, would they need to feel that there was a 99% likelihood that abuse occurred before they felt that they had reasonable suspicion, a 1% likelihood, or something in between? In addition to standard demographic features, respondents were queried regarding their education on child abuse, education on reasonable suspicion, frequency of reporting child abuse, and (self-reported) expertise regarding child abuse. The main outcome measures were physician responses on the 2 scales for interpreting reasonable suspicion. RESULTS: Pediatricians (n = 1249) completed the survey (61% response rate). Their mean age was 43 years; 55% were female; and 78% were white. Seventy-six percent were board certified, and 65% reported being in primary care. There were no remarkable differences in responses based on age, gender, expertise with child abuse, frequency of reporting child abuse, or practice type. The responses of pediatric residents were indistinguishable from experienced physicians, and the responses of primary care pediatricians were no different from pediatric subspecialists. Wide variation was found in the thresholds that pediatricians set for what constituted reasonable suspicion. On the differential-diagnosis scale (DDS), 12% of pediatricians responded that abuse would have to rank first or second on the DDS before the possibility rose to the level of reasonable suspicion, 41% indicated a rank of third or fourth, and 47% reported that a rank anywhere from fifth to as low as tenth still qualified as reasonable suspicion. On the estimated-probability scale (EPS), 35% of pediatricians responded that for reasonable suspicion to exist, the probability of abuse needed to be 10% to 35%. By contrast, 25% of respondents identified a 40% to 50% probability, 25% stipulated a 60% to 70% probability, and 15% required a probability of  $\geq 75\%$ . In comparing individual responses for the 2 scales (ie, paired comparisons between each pediatrician's DDS ranking and the estimated probability he or she identified), 85% were found to be internally inconsistent. To be logically consistent, any score  $\geq 50\%$  on the EPS would need to correspond to a DDS ranking of 1; an EPS score of  $\geq 34\%$  would need to correspond with a DDS



ranking no lower than 2; an EPS score of  $\geq 25\%$  no lower than a DDS ranking of 3; and so on. What we found, however, was that pediatricians commonly indicated that reasonable suspicion required a 50% to 60% probability that abuse occurred, but at the same time, they responded that child abuse could rank as low as fourth or fifth on the DDS and still qualify as reasonable suspicion. **CONCLUSIONS:** The majority of states use the term "suspicion" in their mandated reporting statutes, and according to legal experts, "reasonable suspicion" represents an accurate generalization of most mandated reporting thresholds. Our data show significant variability in how pediatricians interpret reasonable suspicion, with a range of responses so broad as to question the assumption that the threshold for mandated reporting is understood, interpreted, or applied in a coherent and consistent manner. If the variability described here proves generalizable, it will require rethinking what society can expect from mandated reporters and what sort of training will be necessary to warrant those expectations.

Levin AV. Ophthalmology of shaken baby syndrome. *Neurosurg Clin N Am* 2002; 13(2):201-11, vi. Abstract: Retinal hemorrhages are an important indicator of Shaken Baby syndrome. However, a thorough description which includes the number, type, and distribution pattern of hemorrhages can be useful in determining their specificity. In particular, numerous pre-retinal, intraretinal, and subretinal hemorrhages extending out to the edges of the retina and/or splitting of the retina (traumatic retinoschisis) seem to be particularly indicative of shaking with a very narrow differential diagnosis. Shaking appears to be a key element in creating hemorrhagic retinopathy.

Levin HS, Hanten G, Zhang L, Swank PR, Hunter J. Selective impairment of inhibition after TBI in children. *J Clin Exp Neuropsychol* 2004; 26(5):589-97. Abstract: Inhibition was studied in 12 children who had had sustained as severe traumatic brain injury (TBI) at least 1 year earlier and in 15 control children. On the flanker task, which involved pressing a button corresponding to the direction of an arrow, the TBI group performed less accurately than controls under interference (flankers were incongruent with arrow) and go-no-go (adjacent stimulus signaled child to withhold response) conditions, but not neutral or facilitation (flankers were congruent) conditions. Response latency was related to age and task condition, but not group. Severe TBI in children may disrupt development of distributed networks mediating inhibition.

Levine NB, Tanaka T, Jones BV, Crone KR. Minimally invasive management of a traumatic artery aneurysm resulting from shaken baby syndrome. *Pediatr Neurosurg* 2004; 40(3):128-31.

Abstract: Based on our review of the literature, we present the first use of coiling in an infant with a traumatic artery aneurysm that resulted from shaken baby syndrome. Computed tomography (CT) scans showed a skull fracture, hemorrhagic subdural collections, multiple parenchymal contusions, and intraventricular and subarachnoid hemorrhages in a 3-week-old infant who presented with lethargy, poor feeding, and seizure. These multiple injuries were consistent with shaken baby syndrome. After closed-head injury medical management, including subdural taps, the baby was discharged home. When increasing seizures and hydrocephalus developed 8 months later, CT angiographic scans showed a pseudoaneurysm of the anterior cerebral artery. We successfully occluded the aneurysm with pushable coils placed via a microcatheter and treated the obstructive hydrocephalus with endoscopic third ventriculostomy. We show that minimally invasive radiological and surgical techniques may be effective in managing the sequelae of trauma in children.

Levitan RD, Rector NA, Sheldon T, Goering P. Childhood adversities associated with major depression and/or anxiety disorders in a community sample of Ontario: issues of co-morbidity and specificity. *Depress Anxiety* 2003; 17(1):34-42.

Abstract: It has been well established that early adversity is a major risk factor for depression and for anxiety disorders in various populations and age groups. Few studies have considered the relative strength of these associations and the possible role of co-morbid depression/anxiety in understanding them. Using data from a large community sample of Ontario, Canada, we examined the relative strength of the associations between early physical abuse, sexual abuse, and/or parental strain with depression alone, anxiety alone, and co-morbid depression/anxiety. The current sample consisted of 6,597 individuals 15-64 years of age who were interviewed using the World Health Organization Composite International Diagnostic Interview (CIDI). Using a multivariate design, we compared early adversity scores across four diagnostic study groups including normal controls, individuals with major depression but no anxiety disorders, individuals with one or more anxiety disorders without major depression, and individuals with co-morbid major depression and anxiety. Individuals with past disorders were considered separately from those with current disorders. For both past and current disorders, highly significant differences in early adversity scores were found across the four study groups. A novel and robust finding, consistent across all analyses, was a marked association between early sexual abuse and co-morbid depression and anxiety but not the "pure" disorders. A strong association between early parental strain and major depression (independent of anxiety) was also found. The overall pattern of results suggest that there may be unique relationships linking particular

adversities to particular manifestations of depression and anxiety disorders later in life. A particularly strong association between early sexual abuse and co-morbid depression/anxiety was found.

Levy S. The lesser of two evils: a contextual view of the English case of the conjoined twins. *Med Law* 2003; 22(1):1-9.

Notes: GENERAL NOTE: KIE: 6 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors  
Abstract: In 2000 conjoined twin girls were born in Manchester, England. They were joined in such a way that it was impossible to separate them to enable both twins to survive. Their bodies were fused at the lower abdomen and they shared an aorta and a bladder. Their arms and legs were at right angles to their conjoined trunk. The situation of the conjoined twins is of supreme importance as a private tragedy for their family. The resulting litigation also presents an important landmark in English law. In deciding the fate of the two children, the Court of Appeal provided an authoritative review, analysis and application of family law and medical law with regard to neonates. The most significant legal legacy of the case, however, may well be in the field of criminal law by way of the court's interpretation and application of the defences of necessity and self-defence.

Levy SE, Hyman SL. Use of complementary and alternative treatments for children with autistic spectrum disorders is increasing. *Pediatr Ann* 2003; 32(10):685-91.  
Abstract: Interventions considered to be CAM are in constant flux. New treatments emerge, older treatments become less popular, and the cycle recurs. Data supporting new treatments should be scrutinized for scientific study design, clinical safety, and scientific validity. Many families approach the clinician armed with brochures, handouts, and printouts from Web sites that are dedicated to the care and support of parents and children with ASD. A recent web search using "autism and detoxification" resulted in almost 8,000 sites. The Defeat Autism Now! (DAN!) Project arose in 1995 from collaboration of members of the Autism Research Institute. The DAN! Project advocates a specific and extensive protocol for diagnosis and treatment and can be viewed at <http://www.autism.com/ari/#dan>. The scientific validation and support for many interventions is incomplete and disparate from the recommendation in the American Academy of Pediatrics Policy Statement. Families should be encouraged to discuss all proposed investigations or treatments they wish to try with their primary care provider so the practitioner can serve as the medical home (Sidebar, page 688). The clinician should communicate and collaborate with the family and educational professionals to encourage objective identification of what works. With increasing access to health information and societal pressure for families to actively participate in their health management, continued growth of interest in CAM can be

anticipated. Clinicians must remember that parents may have different beliefs regarding the effectiveness of treatment and different tolerance for treatment risks. Practitioners must keep avenues of communication open, remain open-minded, and not assume a "don't ask, don't tell" posture in the context of providing a medical home to the increasing number of children diagnosed with autism.

Lewis MW, Petry NM. Relationship between custodial status and psychosocial problems among cocaine-abusing parents initiating substance abuse treatment. *Am J Addict* 2005; 14(5):403-15.  
Abstract: Using the Addiction Severity Index and Brief Symptom Inventory, drug use and psychosocial problems are compared between 93 custodial and 125 non-custodial mothers and fathers initiating outpatient treatment for cocaine dependence. Compared to non-custodial parents, custodial parents experienced more severe current cocaine and alcohol problems, including spending more money on cocaine and alcohol, as well as using more cocaine and being intoxicated on more days. Non-custodial parents demonstrated more psychological distress, more prior history of alcohol problems, and greater current employment and legal problems than custodial parents. Suggestions are made for differential treatment plans based on these findings.

Lewis TC, Robins TG, Joseph CL *et al.* Identification of gaps in the diagnosis and treatment of childhood asthma using a community-based participatory research approach. *J Urban Health* 2004; 81(3):472-88.  
Abstract: The goal of this investigation was to use a community-based participatory research approach to develop, pilot test, and administer an asthma screening questionnaire to identify children with asthma and asthma symptoms in a community setting. This study was conducted as the recruitment effort for Community Action Against Asthma, a randomized trial of a household intervention to reduce exposure to environmental triggers of asthma and was not designed as a classic prevalence study. An asthma screening questionnaire was mailed and/or hand delivered to parents of 9,627 children, aged 5 to 11 years, in two geographic areas of Detroit, Michigan, with predominantly African American and Hispanic populations. Additional questionnaires were distributed via community networking. Measurements included parent report of their child's frequency of respiratory symptoms, presence of physician diagnosis of asthma, and frequency of doctor-prescribed asthma medication usage. Among the 3,067 completed questionnaires, 1,570 (51.2% of returned surveys, 16.3% of eligible population) were consistent with asthma of any severity and 398 (12.9% of returned surveys, 4.1% of eligible population) met criteria for moderate-to-severe asthma. Among those meeting criteria for moderate-to-severe asthma, over 30% had not been diagnosed by a physician, over one half were not taking daily asthma medication, and one quarter had not taken any

physician-prescribed asthma medication in the past year. Screening surveys conducted within the context of a community-based participatory research partnership can identify large numbers of children with undiagnosed and/or undertreated moderate-to-severe asthma. These children are likely to benefit from interventions to reduce morbidity and improve quality of life.

Li J. Integration of HIV/AIDS and family planning. *Lancet* 2005; 366(9491):1077.

Li P, Farkas I, MacWhinney B. Early lexical development in a self-organizing neural network. *Neural Netw* 2004; 17(8-9):1345-62.

Abstract: In this paper we present a self-organizing neural network model of early lexical development called DevLex. The network consists of two self-organizing maps (a growing semantic map and a growing phonological map) that are connected via associative links trained by Hebbian learning. The model captures a number of important phenomena that occur in early lexical acquisition by children, as it allows for the representation of a dynamically changing linguistic environment in language learning. In our simulations, DevLex develops topographically organized representations for linguistic categories over time, models lexical confusion as a function of word density and semantic similarity, and shows age-of-acquisition effects in the course of learning a growing lexicon. These results match up with patterns from empirical research on lexical development, and have significant implications for models of language acquisition based on self-organizing neural networks.

Li TK, Hewitt BG, Grant BF. Alcohol use disorders and mood disorders: a National Institute on Alcohol Abuse and Alcoholism perspective. *Biol Psychiatry* 2004; 56(10):718-20.

Li Y, Shi A, Wan Y, Hotta M, Ushijima H. Child behavior problems: prevalence and correlates in rural minority areas of China. *Pediatr Int* 2001; 43(6):651-61. Abstract: BACKGROUND: Ethnicity may possibly associate with different maternal child-rearing practices and child developmental problems. The aim of this study was to better understand epidemiological features and correlates of child behavior problems in a large sample of children in economically disadvantaged rural minority areas of China and to provide reference data for subsequent intervention of child developmental problems. METHODS: A total of 1222 rural mother-child pairs belonging to Hani, Yi, Hui, Miao and Han were drawn from four economically disadvantaged minority counties in Yunnan Province of China. Well-trained investigators completed child physical examination and measurements (height and weight) in village clinics and interviews of mothers at respondents' homes using a structured questionnaire.

RESULTS: Child behavior problems were prevalent in children aged 2-6 years: 71.4% for temper tantrums; 48.2% for swearing; 36.0% for nocturnal bed-wetting; 29.9% for disobedience; 29.5% for difficulty initiating sleep; and 17.0% for picky eating. Child behavior problems significantly differed across Hani, Yi, Hui, Miao and Han ethnic groups. Logistic regression indicated that ethnicity of Hui compared with Han, younger children, prenatal risk factors, being a twin, ineffective child-rearing behaviors such as pampering, corporal punishment, swaddling, family disagreement among child-rearing contributed independently to the risk for child behavior problems. CONCLUSIONS: The child behavior problems were prevalent in children aged 2-6 years in rural minority children of China. Ineffective family child-rearing practices increase risk for child behavior problems.

Licanin I, Laslo E, Kelly KB, Lagerkvist B, Fisekovic S. Comparing youth health in Sweden and Bosnia. *Med Arh* 2004; 58(2):91-2.

Abstract: The Adolescence Medical Group in Sweden has performed a questionnaire every second year since 1990. The questionnaire is performed during school hours in seventh and ninth grade and also in the second grade in the upper secondary school (gymnasium). The questionnaire is completed anonymously. The schools are not chosen by statistical methods, but more depending on youth-health-interested school doctors and nurses who have interest in these studies. The result of these studies has been used locally in each community, but also been reported for example in *Acta Paediatrica*. After the war in Bosnia there has been different projects to help to build up the countries health system, for example in psychiatry. The question was also raised how the youth health was in Bosnia. Representatives from the Adolescence section in Sweden were invited to Bosnia to introduce the questionnaire and also to help in analysing the results. We were also in Bosnia to present results to local authorities and those who performed the study locally.

Lichtenstein B, Sharma AK, Wheat JR. Health inequity: the plight of uninsured children in a rural Alabama county and the plan to cure it. *Fam Community Health* 2005; 28(2):156-67.

Abstract: Many children in the United States do not have access to health insurance. Providing health insurance for children has been particularly challenging in rural America. This article describes and evaluates a local plan to provide access to health care for school children in a rural Alabama county. A triangulated methodology (personal interviews, ad hoc survey focus groups, US census and health fair data) was used in the evaluation. Gains were made in enrolling children despite some limitations, especially in rural outreach. The most successful aspect of the program was a partnership between local leaders, health providers, and educators to provide impetus for a coordinated plan. The stability of the program is uncertain because of

diminishing resources and the negative effects of economic recession.

Liebelt EL. Therapeutics and toxicology issues associated with the agitated, violent, or psychotic pediatric patient. *Curr Opin Pediatr* 2004; 16(2):199-200.

Liebl B, Nennstiel-Ratzel U, von Kries R *et al.* Expanded newborn screening in Bavaria: tracking to achieve requested repeat testing. *Prev Med* 2002; 34(2):132-7. Abstract: OBJECTIVES: Expansion of newborn screening programs may increase the risk of missing cases through procedural failures. A coordinated process quality assurance procedure to track recalls was, therefore, introduced in parallel to expansion (including MS-MS and 17alpha-OHP) in Bavaria. METHODS: Using comprehensive computerized registration and automated monitoring a state-funded center coordinated all individual measures to achieve complete testing of all repeat requests-case-specific contacts to physicians, midwives, and parents. Mailing and phoning from the center were supplemented by local public health activities including home visits if needed. RESULTS: Among 243,422 children tested in 1999 and 2000 overall recall was 3.62% (8,809 children): 0.30% (726) were due to sample inadequacy, 1.35% (3,282) to early sampling (<48 h), and 1.97% (4,801) to abnormal results. Of all recalls, 80.9% were received following the initial request, 1,679 (19.1%) required special efforts. Of these, 873 were achieved following a single and 601 following repeated central activities, and 102 were achieved following local support. Sixty-three cases of parental refusal and 47 untraceable children remained. Altogether, 98.8% recalls were achieved, corresponding to 99.96% of all tested children for which definite screening results could be obtained. CONCLUSIONS: Expansion of newborn screening programs does not necessarily mean unsolvable problems in tracking of recalls if adequate logistics is established in parallel.

Liebowitz MR, Ninan PT, Schneier FR, Blanco C. Integrating neurobiology and psychopathology into evidence-based treatment of social anxiety disorder. *CNS Spectr* 2005; 10(10):suppl13 1-11; discussion 12-3; quiz 14-5. Abstract: Social anxiety disorder (SAD) is a common, chronic psychiatric disorder characterized by a persistent fear of social or performance situations in which embarrassment can occur. This disorder typically appears during the mid-adolescent years and is unremitting throughout life if not properly treated. SAD presents as two subtypes: the more common and debilitating generalized form, and the nongeneralized form, which consists predominantly of performance anxiety. The majority of patients with SAD have comorbid mental disorders, including mood, anxiety, and substance abuse. No single development theory has been proposed to account for the origins of SAD,

although current understanding of the etiology of SAD posits an interaction between psychological and biological factors. Risk factors include environmental and parenting influences and dysfunctional cognitive and conditioning events in early childhood. The neurobiology of SAD appears to involve neurochemical dysfunction, as evidenced by studies of neuroreceptor imaging, neuroendocrine function, and profiles of response to specific medications. Clinical trials have demonstrated that benzodiazepines and antidepressants are effective in the treatment of SAD. The selective serotonin reuptake inhibitors are emerging as the first-line treatment for SAD, based on their proven safety, tolerability, and efficacy. Goals for ongoing future research include development of approaches to achieve remission, to convert nonresponders and partial responders to full responders, and to prevent relapse and maintain long-term efficacy. This monograph explores the epidemiology, clinical presentation, and differential diagnosis of SAD, with a focus on neural circuitry of social relationships and neurochemical dysfunction. The prevalence, rates of recognition and treatment, patterns of comorbidity, quality-of-life issues, and natural history of SAD are discussed as well as pharmacologic and psychosocial treatment strategies for SAD.

Light KC, Grewen KM, Amico JA, Boccia M, Brownley KA, Johns JM. Deficits in plasma oxytocin responses and increased negative affect, stress, and blood pressure in mothers with cocaine exposure during pregnancy. *Addict Behav* 2004; 29(8):1541-64. Abstract: In animals, oxytocin enhances maternal behavior and lowers blood pressure (BP) and negative affect, while parturitional cocaine disrupts oxytocin activity and increases maternal neglect and aggression. Thus, we compared oxytocin, BP, maternal behavior, and affect in mothers of infants who used cocaine (cocaine, n = 10) or did not (no drug, n = 25) during pregnancy. Laboratory BP and circulating oxytocin, catecholamines, and cortisol were examined before and during a speech stressor on 2 days, with vs. without prestress baby holding. Ambulatory monitoring assessed BP, urinary norepinephrine, and cortisol for 24 h at home. The cocaine group had lower oxytocin levels, greater hostility and depressed mood, less support from others and mastery over life events, higher BP during all events of testing without the baby, and higher ambulatory BP and urinary norepinephrine at home, while cortisol and epinephrine responses were blunted. Although they tended to hold their babies less often at home, baby holding in the laboratory led to decreased BP in cocaine mothers who then did not differ from no-drug mothers in BP or observed affect.

Lijtmaer R. Psychoanalysis and visual art: a female painter and her dilemma. *J Am Acad Psychoanal* 2002; 30(3):475-88.

Abstract: Since ancient times, creativity, genius, or

special artistic accomplishments have been a topic of curiosity. The case presentation that follows describes a painter's resistance to success. The patient's developmental history associated with issues of maternal deprivation and paternal abuse had an effect in her artistic creation. Furthermore, her difficulties with achievement and acknowledgment of audience attention were defenses to sabotage her creativity. Her economic struggle was another ingredient used defensively for fear of success. As suggested by Ambers and Burke (2000), artistically inclined individuals have greater fluidity of self-other boundaries, more preoccupation with early separation-individuation issues and are more vulnerable to self-fragmentations anxiety. The patient presented manifests some of these symptoms. However, needing to work full-time to support herself, and painting only in spare time, added to her resistances. V's frustrations, anxieties, and guilt related to her creation are explored.

Lima MS, Soares BG, Mari Jde J. Mental health epidemiological research in South America: recent findings. *World Psychiatry* 2004; 3(2):120-2. Abstract: This paper aims to review the recent mental health epidemiological research conducted in South America. The Latin American and the Caribbean (LILACS) database was searched from 1999 to 2003 using a specific strategy for identification of cohort, case-control and cross-sectional population-based studies in South America. The authors screened references and identified relevant studies. Further studies were obtained contacting local experts in epidemiology. 140 references were identified, and 12 studies were selected. Most selected studies explored the prevalence and risk factors for common mental disorders, and several of them used sophisticated methods of sample selection and analysis. There is a need for improving the quality of psychiatric journals in Latin America, and for increasing the distribution and access to research data. Regionally relevant problems such as violence and substance abuse should be considered in designing future investigations in this area.

Limura B. Birth in Japan. *Midwifery Today Int Midwife* 2005; (74):60-1, 69.

Lin CL, Hwang SL, Su YF *et al*. External subdural drainage in the treatment of infantile chronic subdural hematoma. *J Trauma* 2004; 57(1):104-7. Abstract: BACKGROUND: The management of chronic subdural hematoma (CSDH) in infants remains controversial. The purpose of this study was to analyze the clinical characteristics of CSDH in infancy and evaluate the efficacy of continuous external subdural drainage in the treatment of infantile CSDH. METHODS: We prospectively collected 36 consecutive infants with CSDH, to receive continuous external subdural drainage as the initial management.

Medical records were reviewed for comparison of age, gender, cause of injury, clinical presentation, surgical management, and outcome. Diagnosis was made by computed tomography and/or magnetic resonance imaging. RESULTS: There were 20 boys and 16 girls, with ages ranging from 1 to 11 months (average, 5.9 months). The most common cause of CSDH was head injury (44.5%), followed by shaken baby syndrome (36.1%). The most common clinical presentations were seizure, bulging fontanel, and consciousness disturbance. Continuous external subdural drainage was the definite treatment in 34 patients (94.4%). The drains were left in place for no more than 9 days. Only two (5.6%) patients needed permanent subduroperitoneal shunting. No obvious complication was found. At follow-up (17-160 months; mean, 86.6 months), 23 (63.9%) had good recovery, 5 (13.9%) had moderate disability, 3 (8.3%) had severe disability, 4 (11.1%) were in a vegetative state, and 1 (2.8%) died. CONCLUSION: Continuous external subdural drainage was an effective treatment in infantile CSDH, with a low complication rate and good clinical outcome. It might be considered as a strategy before subduroperitoneal shunting in the treatment of CSDH in infants.

Lin KC, Yang MS, Liu HC, Lirng JF, Wang PN. Generalized Kohonen's competitive learning algorithms for ophthalmological MR image segmentation. *Magn Reson Imaging* 2003; 21(8):863-70.

Abstract: Kohonen's self-organizing map is a two-layer feedforward competitive learning network. It has been used as a competitive learning clustering algorithm. In this paper, we generalize Kohonen's competitive learning (KCL) algorithm with fuzzy and fuzzy-soft types called fuzzy KCL (FKCL) and fuzzy-soft KCL (FSKCL). These generalized KCL algorithms fuse the competitive learning with soft competition and fuzzy c-means (FCM) membership functions. We then apply these generalized KCLs to MRI and MRA ophthalmological segmentations. These KCL-based MRI segmentation techniques are useful in reducing medical image noise effects using a learning mechanism. They may be particularly helpful in clinical diagnosis. Two real cases with MR image data recommended by an ophthalmologist are examined. First case is a patient with Retinoblastoma in her left eye, an inborn malignant neoplasm of the retina frequently metastasis beyond the lacrimal cribrosa. The second case is a patient with complete left side oculomotor palsy immediately after a motor vehicle accident. Her brain MRI with MRA, skull routine, orbital CT, and cerebral angiography did not reveal brainstem lesions, skull fractures, or vascular anomalies. These generalized KCL algorithms were used in segmenting the ophthalmological MRIs. KCL, FKCL and FSKCL comparisons are made. Overall, the FSKCL algorithm is recommended for use in MR image segmentation as an aid to small lesion diagnosis.

Lindbloom EJ, Ewigman BG, Hickner JM. Practice-based research networks: the laboratories of primary care research. *Med Care* 2004; 42(4 Suppl):III45-9. Abstract: Medical research has traditionally been based in academic centers, and the findings are frequently not applicable in community primary care settings. The result is a large gap between the possible and the practical in delivering high-quality primary medical care in the United States. Practice-based research networks (PBRNs), laboratories for primary care clinical research, are the appropriate vehicles for uniting the worlds of community primary care practice and clinical research. Although they have received little attention in the mainstream of clinical and health services research, PBRNs have already reported a variety of findings useful for primary care providers, and these networks have helped to identify key issues in healthcare delivery that affect important outcomes. In this report, we outline the rationale for and history of PBRNs. We describe the organization and work of several productive PBRNs, giving examples of their studies that have changed the standards of modern primary care practice. Finally, we describe a developing electronic process for identifying research questions obtained directly from primary care providers that can be used to focus the national primary care research agenda on questions of clinical relevance and importance. As electronic technologies are fully developed and tested, they will facilitate communication between clinicians and researchers, thereby improving the effectiveness and efficiency of practice-based research.

Linden DW, Doron MW. Eyes of Texas fasten on life, death and the premature infant. *NY Times (Print)* 2002; F5, F8.

Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants

Linkins RW. Immunization registries: progress and challenges in reaching the 2010 national objective. *J Public Health Manag Pract* 2001; 7(6):67-74. Abstract: Immunization registries are confidential, population-based, computerized information systems that contain data about children's immunizations and have been described as the cornerstone of immunization delivery in the 21st century. Work to ensure the privacy of registry participants and the confidentiality of their information, recruit provider participation, overcome technical and operational challenges, and identify sustainable funding streams has resulted in 24 percent of children less than 6 years of age currently in an immunization registry in the United States. New solutions will be needed before reaching the national health objective of increasing the proportion of children to 95 percent in a fully operational immunization registry by 2010.

Linver MR, Brooks-Gunn J, Kohen DE. Family processes as

pathways from income to young children's development. *Dev Psychol* 2002; 38(5):719-34. Abstract: A variety of family processes have been hypothesized to mediate associations between income and young children's development. Maternal emotional distress, parental authoritative and authoritarian behavior (videotaped mother-child interactions), and provision of cognitively stimulating activities (Home Observation for Measurement of the Environment [HOME] scales) were examined as possible mediators in a sample of 493 White and African American low-birth-weight premature infants who were followed from birth through age 5. Cognitive ability was assessed by standardized test, and child behavior problems by maternal report, when the children were 3 and 5 years of age. As expected, family income was associated with child outcomes. The provision of stimulating experiences in the home mediated the relation between family income and both children's outcomes; maternal emotional distress and parenting practices mediated the relation between income and children's behavior problems.

Lipley N. Rough justice? *Emerg Nurse* 2003; 11(2):5.

Lipman EL. Don't let anyone bully you into thinking bullying is not important! *Can J Psychiatry* 2003; 48(9):575.

Listernick R. A 9-year-old boy with bizarre behavior and growth delay. *Pediatr Ann* 2003; 32(5):292-5.

Litt IF. Separation of church and "state". *J Adolesc Health* 2002; 31(1):1.

Little L, Hamby SL. Memory of childhood sexual abuse among clinicians: characteristics, outcomes, and current therapy attitudes. *Sex Abuse* 2001; 13(4):233-48.

Abstract: This paper reports preliminary data on a sample of therapists with memory of childhood sexual abuse. Therapists who reported experiencing childhood sexual abuse (CSA, n = 131) were compared with therapists who suspected sexual abuse but had no memories (n = 24) on variables related to abuse characteristics, outcomes, and perceived difficulties working with clients with a CSA history. Therapists who suspected abuse, in contrast to those who made definite reports, were more likely to report that the perpetrator was a family member, that their CSA did not involve physical contact, that there was alcoholism in their families of origin, and that the CSA had negative effects on their relationships with their own children, ability to trust others, sexual satisfaction, and work life. Therapists who suspected abuse also reported more difficulty treating CSA clients because of interpersonal pulls during sessions, arousal without memories of abuse, and some countertransference behaviors. These findings indicate that issues related to

personal trauma should be addressed during training and practice.

Little L, Kantor GK. Using ecological theory to understand intimate partner violence and child maltreatment. *J Community Health Nurs* 2002; 19(3):133-45. Abstract: This article describes the relation between intimate partner violence (IPV) and child maltreatment using an ecological model. It further clarifies the multidimensionality of IPV and child maltreatment at the individual, family, community, and societal levels. The article reviews the dynamics of IPV and the relationship issues between mother and child when IPV is present. Areas relevant to nursing, such as assessment and intervention with mothers and children, are addressed along with professional biases and understanding. This article expands the community nurses' conceptualization of intimate violence issues and strengthen his or her nursing interventions.

Liu J, Raine A, Venables PH, Mednick SA. Malnutrition at age 3 years and externalizing behavior problems at ages 8, 11, and 17 years. *Am J Psychiatry* 2004; 161(11):2005-13.

Abstract: OBJECTIVE: Poor nutrition is thought to predispose to externalizing behavior problems, but to date there appear to have been no prospective longitudinal studies testing this hypothesis. This study assessed whether 1) poor nutrition at age 3 years predisposes to antisocial behavior at ages 8, 11, and 17 years, 2) such relationships are independent of psychosocial adversity, and 3) IQ mediates the relationship between nutrition and externalizing behavior problems. METHOD: The participants were drawn from a birth cohort (N=1,795) in whom signs of malnutrition were assessed at age 3 years, cognitive measures were assessed at ages 3 and 11 years, and antisocial, aggressive, and hyperactive behavior was assessed at ages 8, 11, and 17 years. RESULTS: In relation to comparison subjects (N=1,206), the children with malnutrition signs at age 3 years (N=353) were more aggressive or hyperactive at age 8 years, had more externalizing problems at age 11, and had greater conduct disorder and excessive motor activity at age 17. The results were independent of psychosocial adversity and were not moderated by gender. There was a dose-response relationship between degree of malnutrition and degree of externalizing behavior at ages 8 and 17. Low IQ mediated the link between malnutrition and externalizing behavior at ages 8 and 11. CONCLUSIONS: These results indicate that malnutrition predisposes to neurocognitive deficits, which in turn predispose to persistent externalizing behavior problems throughout childhood and adolescence. The findings suggest that reducing early malnutrition may help reduce later antisocial and aggressive behavior.

Lochner C, Seedat S, du Toit PL *et al.* Obsessive-

compulsive disorder and trichotillomania: a phenomenological comparison. *BMC Psychiatry* 2005; 5(1):2.

Abstract: BACKGROUND: Similarities between obsessive-compulsive disorder (OCD) and trichotillomania (TTM) have been widely recognized. Nevertheless, there is evidence of important differences between these two disorders. Some authors have conceptualized the disorders as lying on an OCD spectrum of conditions. METHODS: Two hundred and seventy eight OCD patients (n = 278: 148 male; 130 female) and 54 TTM patients (n = 54; 5 male; 49 female) of all ages were interviewed. Female patients were compared on select demographic and clinical variables, including comorbid axis I and II disorders, and temperament/character profiles. RESULTS: OCD patients reported significantly more lifetime disability, but fewer TTM patients reported response to treatment. OCD patients reported higher comorbidity, more harm avoidance and less novelty seeking, more maladaptive beliefs, and more sexual abuse. OCD and TTM symptoms were equally likely to worsen during menstruation, but OCD onset or worsening was more likely associated with pregnancy/puerperium. CONCLUSIONS: These findings support previous work demonstrating significant differences between OCD and TTM. The classification of TTM as an impulse control disorder is also problematic, and TTM may have more in common with conditions characterized by stereotypical self-injurious symptoms, such as skin-picking. Differences between OCD and TTM may reflect differences in underlying psychobiology, and may necessitate contrasting treatment approaches.

Locke LM, Prinz RJ. Measurement of parental discipline and nurturance. *Clin Psychol Rev* 2002; 22(6):895-929.

Abstract: This paper reviews the measurement of parental discipline and nurturance over the past 20 years. Discipline and nurturance are two of the most heavily referenced constructs in the parenting research literature, but there are varying ways to operationalize them with respect to both method and content. The review considered 76 questionnaires that purported to assess discipline, nurturance, or both. The evaluation included examination of a total of 27 interview schedules that used either in-person or telephone structured questions or a vignette format and focused on discipline and nurturance or discipline only. A total of 33 observational systems were reviewed, the majority of which addressed both discipline and nurturance. All measures were profiled, and several noteworthy instruments were discussed. Recommendations were offered regarding how to strengthen measurement and scientific understanding of discipline and nurturance, including the need for greater attention to cultural variation and measurement equivalence issues.

Loffredo CA, Wilson PD, Ferencz C. Maternal diabetes: an

independent risk factor for major cardiovascular malformations with increased mortality of affected infants. *Teratology* 2001; 64(2):98-106.

**Abstract: BACKGROUND:** Intensive medical care of women with diabetes has reduced their risks of bearing infants with congenital anomalies. To assess the preventive potential of preconceptional care, the data of a population-based study of cardiovascular malformations (CVM) were analyzed to determine the morphogenetic specificity of maternal diabetes risks, the morbidity and mortality of the infants, and maternal characteristics that might affect these risks. **METHODS:** The Baltimore-Washington Infant Study was a case-control study (1981-1989) that included all live born infants with confirmed CVM; control infants were a representative sample of the birth cohort. A questionnaire administered in home visits recorded parental information on social, medical, occupational, and environmental factors. For these analyses of preconceptional diabetes risks, the case group excluded chromosomal and mendelian disorders and was divided into 3 developmental categories and 12 diagnostic groups. **RESULTS:** Preconceptional maternal diabetes was strongly associated with CVM of early embryonic origin (odds ratio [OR] = 4.7, 95% confidence interval [CI] 2.8-7.9) and with cardiomyopathy (OR = 15.1, 95% CI 5.5-41.3), but not with obstructive and shunting defects (OR = 1.4, 95% CI 0.7-3.0). There was heterogeneity within these developmental categories: among laterality defects, diabetes was associated only with cardiovisceral and atrioventricular discordance (OR = 10.0, 95% CI 3.7-27.0); among outflow tract anomalies, the risk was strongly associated with normally related great arteries (OR = 6.6, 95% CI 3.2-13.3) but not with simple transpositions; and among atrioventricular septal defects, diabetes was associated with the complete but not with the partial forms (OR = 22.8, 95% CI 7.4-70.5). The association in early CVM was strongest among infants with multisystem, predominantly VACTERL, anomalies. All-cause mortality of infants with CVM was 39% among those with diabetic mothers and 17.8% in those with nondiabetic mothers. Deceased infants of diabetic mothers were also more likely to have extracardiac anomalies (P = 0.041), to be born prematurely (P = 0.007), and to have low birth weight (P = 0.011). Multivariate analyses of maternal factors revealed no significant confounders of the diabetes associations. **CONCLUSIONS:** The evidence of diabetes-induced major cardiac defects is of urgent clinical significance. The effectiveness of early preconceptional care in the prevention of congenital anomalies has been demonstrated repeatedly.

Loftus E. Dispatch from the (un)civil memory wars. *Lancet* 2004; 364 Suppl 1:s20-1.

Loh JK, Lin CL, Kwan AL, Howng SL. Acute subdural hematoma in infancy. *Surg Neurol* 2002; 58(3-4):218-24.

**Abstract: BACKGROUND:** Acute subdural hematoma in infants is distinct from that occurring in older children or adults because of differences in mechanism, injury thresholds, and the frequency with which the question of nonaccidental injury is encountered. The purpose of this study is to analyze the clinical characteristics of acute subdural hematoma in infancy, to discover the common patterns of this trauma, and to outline the management principles within this group. **METHODS:** Medical records and films of 21 cases of infantile acute subdural hematoma were reviewed retrospectively. Diagnosis was made by computed tomography or magnetic resonance imaging. Medical records were reviewed for comparison of age, gender, cause of injury, clinical presentation, surgical management, and outcome. **RESULTS:** Twenty-one infants (9 girls and 12 boys) were identified with acute subdural hematoma, with ages ranging from 6 days to 12 months. The most common cause of injury was shaken baby syndrome. The most common clinical presentations were seizure, retinal hemorrhage, and consciousness disturbance. Eight patients with large subdural hematomas underwent craniotomy and evacuation of the blood clot. None of these patients developed chronic subdural hematoma. Thirteen patients with smaller subdural hematomas were treated conservatively. Among these patients, 11 developed chronic subdural hematomas 15 to 80 days (mean = 28 days) after the acute subdural hematomas. All patients with chronic subdural hematomas underwent burr hole and external drainage of the subdural hematoma. At follow-up, 13 (62%) had good recovery, 4 (19%) had moderate disability, 3 (14%) had severe disability, and 1 (5%) died. Based on GCS on admission, one (5%) had mild (GCS 13-15), 12 (57%) had moderate (GCS 9-12), and 8 (38%) had severe (GCS 8 or under) head injury. Good recovery was found in 100% (1/1), 75% (8/12), and 50% (4/8) of the patients with mild, moderate, and severe head injury, respectively. Sixty-three percent (5/8) of those patients undergoing operation for acute subdural hematomas and 62% (8/13) of those patients treated conservatively had good outcomes. **CONCLUSIONS:** Infantile acute subdural hematoma if treated conservatively or neglected, is an important cause of infantile chronic subdural hematoma. Early recognition and suitable treatment may improve the outcome of this injury. If treatment is delayed or the condition is undiagnosed, acute subdural hematoma may cause severe morbidity or even fatality.

Loimer L, Bichler A, Brezinka C *et al.* [Guideline of the Austrian Society of Gynecology and Obstetrics on suspected sexual offenses. November 2001 status]. *Wien Klin Wochenschr* 2002; 114(5-6):233-5.

Lonczak HS, Abbott RD, Hawkins JD, Kosterman R, Catalano RF. Effects of the Seattle social development project on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years. *Arch Pediatr Adolesc Med* 2002; 156(5):438-47.



Abstract: OBJECTIVE: To examine the long-term effects of the full Seattle Social Development Project intervention on sexual behavior and associated outcomes assessed at age 21 years. DESIGN: Nonrandomized controlled trial with long-term follow-up. SETTING: Public elementary schools serving children from high-crime areas in Seattle, Wash. PARTICIPANTS: Ninety-three percent of the fifth-grade students enrolled in either the full-intervention or control group were successfully interviewed at age 21 years (n = 144 [full intervention] and n = 205 [control]). INTERVENTIONS: In-service teacher training, parenting classes, and social competence training for children. MAIN OUTCOME MEASURES: Self-report measures of all outcomes. RESULTS: The full-intervention group reported significantly fewer sexual partners and experienced a marginally reduced risk for initiating intercourse by age 21 years as compared with the control group. Among females, treatment group status was associated with a significantly reduced likelihood of both becoming pregnant and experiencing a birth by age 21 years. Among single individuals, a significantly increased probability of condom use during last intercourse was predicted by full-intervention group membership; a significant ethnic group x intervention group interaction indicated that after controlling for socioeconomic status, single African Americans were especially responsive to the intervention in terms of this outcome. Finally, a significant treatment x ethnic group interaction indicated that among African Americans, being in the full-intervention group predicted a reduced probability of contracting a sexually transmitted disease by age 21 years. CONCLUSION: A theory-based social development program that promotes academic success, social competence, and bonding to school during the elementary grades can prevent risky sexual practices and adverse health consequences in early adulthood.

Lonczak HS, Huang B, Catalano RF *et al.* The social predictors of adolescent alcohol misuse: a test of the social development model. *J Stud Alcohol* 2001; 62(2):179-89.

Abstract: OBJECTIVE: This study was conducted to investigate the ability of the social development model (SDM) to predict alcohol misuse at age 16 and to investigate the ability of the SDM to mediate the effects of alcohol use at age 14 on alcohol misuse at age 16. METHOD: The sample of 807 (411 males) is from the longitudinal panel of the Seattle Social Development Project which, in 1985, surveyed all consenting fifth-grade students from 18 elementary schools serving high-crime neighborhoods in Seattle, Washington. Alcohol use was measured at age 14, predictors of alcohol misuse were measured at age 15 and alcohol misuse was measured at age 16. Structural equation modeling was used to examine the fit of the model to the data. RESULTS: All factor loadings were highly significant and the measurement model

achieved a good fit with the data (Comparative Fit Index [CFI] = 0.93). A second-order structural model fit the data well (CFI = 0.91) and also explained 45% of the variance in alcohol misuse at age 16. The SDM partially and significantly mediated the direct effect of age-14 alcohol use on age-16 alcohol misuse. CONCLUSIONS: The risk and protective processes specified by the SDM serve as potential targets for the prevention or reduction of adolescent alcohol misuse.

Longjohn MM, Christoffel KK. Are medical societies developing a standard for gun injury prevention? *Inj Prev* 2004; 10(3):169-73.

Abstract: CONTEXT: Following heightened gun violence in the 1990s, many medical societies in the United States adopted policies on the topic. OBJECTIVE: Identify points of firearm violence policy agreement among large medical organizations. DESIGN: Fourteen national medical societies-clinical focus, demonstrated interest in gun injury prevention, >2000 members-were selected for policy review in 2002. Policies were categorized on areas covered and items within these. Consensus areas were addressed by >=7/14 societies. Consensus items were included by >=7/14 societies, shared items by 5-6. RESULTS: There were five consensus areas: access prevention, gun commerce, research, public education, and clinical counseling. There were four consensus items: restricting gun access by enforcing existing laws, restricting access to all guns at the point of sale, restricting access to handguns at the point of sale, and creating a national database on gun injury and death. Shared items promote violence prevention, clinical education on risks of guns in the home, treating guns as consumer products, restricting gun access to children, bans on automatic weapons, and promoting trigger locks. CONCLUSIONS: Large medical societies in the United States agree on key approaches for reducing gun injury mortality and morbidity. Future research will be needed to track the evolution of this emerging standard for physician action, which now includes the consensus areas and items. It promises to be, in effect, a medical standard of care for gun injury prevention. The United States experience may be useful to others working on gun injury prevention.

Longo RE. Emerging issues, policy changes, and the future of treating children with sexual behavior problems. *Ann N Y Acad Sci* 2003; 989:502-14.

Abstract: Children and adolescents with sexual behavior problems are a growing national concern. While the field continues to make advances, we have much more work to do. We are working in a difficult and trying period for juvenile justice. It is a time when many are willing to give up on adolescents or punish them as we do adults. We have reached a point where many in our society do not know about, or care to understand, the complex issues that are the roots of violence and sexual violence in youth. Certainly their faith in the resiliency of youth has been tarnished. Nine

critical areas that need to be taken into account when working with youth with sexual behavior problems are addressed. These areas include the unfortunate but continued trickle-down and use of adult-based treatment models to treat youth with sexual behavior problems, changes in juvenile law that have an impact on our ability to treat these youths effectively, the need for continued research in developing typologies for youths with sexual behavior problems and valid and reliable risk assessment scales, continued work with understanding and developing dynamic risk factors for sexually abusive youth, the need to develop better treatments for special populations of youth with sexual behavior problems, the need for a continuum of care, what constitutes best practice in treating youths with sexual behavior problems, the need for developing and refining standards of care, and the need for continued public education that supports prevention efforts to reduce sexual abuse by youth.

Lopez Gaston AR, Andrusch A, Catuogno P, Lopez De Luise G, Vazquez P. [History of patients with pelvic floor dysfunction]. *Acta Gastroenterol Latinoam* 2003; 33(2):79-92.

Abstract: OBJECTIVES: 1) To determine differences between sexes; 2) To determine differences by sex and age groups in symptom onset, time of evolution, clinical forms and probable associated causes. POPULATION AND SAMPLE: 83 consecutive patients with diagnosed PCP (X age = 50.9 SE 2.21). 25 males (30.1% x 51.2 years-old, SE 4.1) and 58 females (69.9%, X 50.8 years-old, SE 2.2). Patients with organic colon-rectum pathology (with the exception of hemorrhoidal pathology, proctologic surgery and active anus fissure) had been excluded. METHODS: Colonic Double-contrasted Rx, rectum-sigma endoscopy, and eventually a Colonofibrosocopy Historic facts and syndromic protocol. Diagnosis criteria: 1) Perineal inspection: perineal contraction with pujo; 2) Rectal tact; 3) Ano-Rectum manometry with perfused system; 4) 150 ml Rectal balloon expulsion dynamic; 5) Utoreported signs and symptoms from a cuestionnaire ad hoc. Division into evolutive groups (continuous and intermittent). Division by age (< = 5, 5.1-25, > 25 years old). Experiment design: descriptive, comparative, correlation, prospective, simple blind. STATISTICS: Levene, descriptive, chi square, ANOVA, Kruskall-Wallis, Kendal tau b. RESULTS: 1) Difference in sex proportion was significative (p = 0.0001); 2) There were not differences between sexes in age media at the moment of the study (p = 0.92); 3) The continue evolutive form represented 77.1%, (p = 0.0001) but there weren't differences between sexes (p = 0.19) There weren't evolutive differences between age groups. (p = 0-78) 4) Age of onsec: x = 24.04 years-old, SE 2.02 (4-80 years-old), without differences between sexes (p = 0.16). 14.5% started before age of 5, 85% after that age, without differences between sexes (p = 0.07); 5) The time of evolution x = 26.7

years, SE 2.21, without differences between sexes (p = 0.25); 6) Potential causes were divides into tree categories: I "the patient doesn't remember associated facts" (30.1%, II: psychological or physical stress (39.8%), III: facts related to sexual trauma (30.1%). The differences (p = 0.0001); 7) Analyzed in general by sec, the most common cause was psychological-physical stress rather than sexual trauma in men, while among women sexual trauma was most common than psychological-physical stress (p = 0.03); 8) Analyzed by age groups: in the under 5 years-old group: main cause was "I don't remember". In 5.1-25-years-old group: sexual trauma; and psychological-physical stress was the main cause in > 25 years-old group (p 0.0001). CONCLUSIONS: 1) Women suffer from or consult much more frequently than man; 2) Once the disease is present, there would not be differences in age, age of onset, or time or evolution into proportions by sex; 3) The continue forms were the predominant ones; 4) The probable associated causes vary for each age group; 5) The sub-group "I don't remember" could represent in many cases a mismatch learning, but not constantly (there are cases of stress in familiar context); 6) In the subgroup "late childhood-adolescence" the predominant causes were traumatic experiences in erotic zones (rapping intent, sexual abuse, fantasies, elimination of parasites by the anus); 7) in the subgroup "older than 25 years-old" the predominant causes were physical stress, (violence, accidents, surgery) or emotional stress (familiar environment, social environment, affective losses). Some paradigmatic cases are presented. Anismus would be a complex situation involving an striated, voluntary, automatized muscle (puborectalis) controlling independently genital-sexual, urinary and ano-rectal functions.

Lopez-Herrera G, Garibay-Escobar A, Alvarez-Zavala BJ *et al*. Severe combined immunodeficiency syndrome associated with colonic stenosis. *Arch Med Res* 2004; 35(4):348-58.

Abstract: BACKGROUND: This is the first report in Mexico of a case of severe combined immunodeficiency syndrome (SCID) associated with colonic stenosis. The patient was an 8-month-old Mexican female who died at this age. She suffered infections due to microorganisms such as Mycobacterium tuberculosis, bacille Calmette-Guerin (BCG), Candida sp., and Pneumocystis carinii; and had frequent diarrhea. She was HIV-negative without familial history of immunodeficiency. The aim of the work was to analyze the immunologic status of this patient. METHODS: Peripheral blood from the patient and from a healthy matched control were analyzed by flow cytometry to determine peripheral leukocytes and production of cytokines and their receptors in T-lymphocytes and monocytes. Immunohistochemical analysis was performed in spleen and lymph node sections from the patient and control samples to assess alterations in architectural and cellular distribution

within these lymphoid tissues. RESULTS: Peripheral blood analysis demonstrated reduced numbers of both T and B cells and defective expression of cytokines by activated T cells. Postmortem analysis revealed very small T and B cell zones in spleen and lymph nodes, absence of germinal centers and follicular dendritic cell networks, and two zones of stenosis at level of colon sigmoides. CONCLUSIONS: As a whole, these data are consistent with severe combined immunodeficiency (SCID) syndrome; thus, we conclude that this patient may have had a variant of SCID syndrome associated with intestinal stenosis.

Lopez J, Lopez V, Rojas D *et al.* Effect of psychostimulants on distinct attentional parameters in attentional deficit/hyperactivity disorder. *Biol Res* 2004; 37(3):461-8.

Abstract: Although there is extensive literature about the effects of stimulants on sustained attention tasks in attentional deficit/hyperactivity disorder (ADHD), little is known about the effect of these drugs on other attentional tasks involving different neural systems. In this study we measured the effect of stimulants on ADHD children, both in the electroencephalographic (EEG) activity during sustained attentional tasks and in psychometric performance during selective attentional tasks. These tasks are known to rely on different cortical networks. Our results in children medicated with 10 mg of d-amphetamine administered 60 min before the study indicate (i) a significant increase in amplitude but not latency of the P300 component of the event-related potential (ERP) during the sustained attentional task and (ii) a significant improvement in the reaction times and correct responses in the selective attentional task. In addition to supporting the use of stimulants in children with attentional deficit/hyperactivity disorder, these results show a multifocal activity improvement of cortical structures linked to dopamine, and interestingly, to attention. All these analyses are framed in a wider study of diverse attentional functions in this syndrome.

Lopez-Meza E, Corona-Vazquez T, Ruano-Calderon LA, Ramirez-Bermudez J. Severe impulsiveness as the primary manifestation of multiple sclerosis in a young female. *Psychiatry Clin Neurosci* 2005; 59(6):739-42. Abstract: Severe impulsiveness in the absence of apparent neurological signs has rarely been reported as a clinical presentation of multiple sclerosis (MS). An 11-year-old female developed progressive and sustained personality disturbances including disinhibition, hypersexuality, drug abuse, aggressiveness and suicide attempts, without neurological signs. She was given several unsuccessful psychopharmacological and psychotherapeutic interventions. At age 21, a diagnosis of MS was made, confirmed by imaging, laboratory and neurophysiological studies. Although unusual, MS may produce pure neurobehavioral disturbances. In the present case, widespread demyelination produced a

complex behavioral disorder, with features compatible with orbitofrontal and Kluver-Bucy syndromes.

Lorber MF. Psychophysiology of aggression, psychopathy, and conduct problems: a meta-analysis. *Psychol Bull* 2004; 130(4):531-52.

Abstract: A meta-analysis of 95 studies was conducted to investigate the relations of heart rate (HR) and electrodermal activity (EDA) with aggression, psychopathy, and conduct problems. Analyses revealed a complex constellation of interactive effects, with a failure in some cases of autonomic patterns to generalize across antisocial spectrum behavior constructs. Low resting EDA and low task EDA were associated with psychopathy/sociopathy and conduct problems. However, EDA reactivity was positively associated with aggression and negatively associated with psychopathy/sociopathy. Low resting HR and high HR reactivity were associated with aggression and conduct problems. Physiology-behavior relations varied with age and stimulus valence in several cases. Empirical and clinical implications are discussed.

Lorber MF, O'leary SG. Mediated paths to over-reactive discipline: mothers' experienced emotion, appraisals, and physiological responses. *J Consult Clin Psychol* 2005; 73(5):972-81.

Abstract: The present investigation was designed to evaluate whether mothers' emotion experience, autonomic reactivity, and negatively biased appraisals of their toddlers' behavior and toddlers' rates of misbehavior predicted over-reactive discipline in a mediated fashion. Ninety-three community mother-toddler dyads were observed in a laboratory interaction, after which mothers' emotion experience and appraisals of their toddler's behavior were measured via a video-recall procedure. Autonomic physiology and over-reactive discipline were measured during the interactions. Mothers' negatively biased appraisals mediated the relation between emotion experience and over-reactive discipline. Heart rate reactivity predicted discipline independent of this mediation. Toddler misbehavior appeared to be an entry point into the above process. Interventions that more actively target physiological and experiential components of mothers' emotion may further reduce their over-reactive discipline.

Lorber MF, O'Leary SG, Kendziora KT. Mothers' overreactive discipline and their encoding and appraisals of toddler behavior. *J Abnorm Child Psychol* 2003; 31(5):485-94.

Abstract: The relations of observed overreactive discipline with mothers' tendencies to notice negative, relative to positive, child behavior (preferential negative encoding), and mothers' negative appraisals of neutral and positive child behavior (negative appraisal bias), were examined in mothers of toddlers. The mothers rated both their own children's and unfamiliar

children's behavior. Negative appraisal bias with respect to mothers' own (but not unfamiliar) children was related to mothers' overreactivity, independent of child misbehavior. Overreactivity was not related to mothers' preferential negative encoding either of their own or of unfamiliar children's behavior. However, in the case of mothers' own children, preferential negative encoding moderated the relation between negative appraisal bias and overreactive discipline, such that the negative appraisal bias-overreactivity relation was significant only in the context of high preferential negative encoding.

Lorenz JM. Prenatal counseling and resuscitation decisions at extremely premature gestation. *J Pediatr* 2005; 147(5):567-8.

Lorenz JM. The roles of the community and physician in treatment decisions for extremely premature infants. *Paediatr Perinat Epidemiol* 2002; 16(1):5-7.

Loughrey J. Medical information, confidentiality and a child's right to privacy. *Leg Stud (Soc Leg Scholars)* 2003; 23(3):510-35.  
Notes: GENERAL NOTE: KIE: 154 fn.  
GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; patient care/minors  
Abstract: Following the Gillick case in 1986, it was recognised that mature minors were owed a duty of confidentiality in respect of their medical information. Subsequent cases confirmed that the duty was also owed to non-competent children, including infants, but without explaining the basis for finding the existence of such a duty and its scope. It is particularly unclear when and upon what legal basis a doctor could disclose information to parents when their child wished to keep it confidential. This paper will examine the law of confidentiality as it applies to children, identifying issues which are problematic. Developments in the law of personal confidences which have taken place as a result of the Human Rights Act 1998, and the recognition of Article 8 rights as part of the law, will be reviewed and analysed from the perspective of the duty of confidence owed to children in respect of their medical information. Finally, the paper will offer an explanation of a basis for disclosure to parents which minimises violations of a minor's autonomy.

Loyola E, Castillo-Salgado C, Najera-Aguilar P, Vidaurre M, Mujica OJ, Martinez-Piedra R. [Geographic information systems as a tool for monitoring health inequalities]. *Rev Panam Salud Publica* 2002; 12(6):415-28.  
Abstract: OBJECTIVE: To show how geographic information systems (GISs) can be used as technological tools to support health policy and public health actions. METHODS: We assessed the relationship between infant mortality and a number of socio-economic and geographic determinants. In

explaining how GISs are applied, we stressed their ability to integrate data, which makes it possible to perform epidemiologic evaluations in a simpler, faster, automated way that simultaneously analyzes multiple variables with different levels of aggregation. In this study, GISs were applied in analyzing infant mortality data with three levels of aggregation in countries of the Americas from 1995 to 2000. RESULTS: Infant mortality in the Region of the Americas was estimated at an overall average of 24.4 deaths per 1,000 live births. However, the inequalities that were found indicate that the probability of an infant death is almost 20 times greater in the less developed countries of the Region than in more developed ones. Mapping infant mortality throughout the Region of the Americas allowed us to identify the countries that need to focus more attention on health policy and health programs, but not to determine what specific actions are of the highest priority. An analysis of smaller geopolitical units (states and municipalities) revealed important differences within countries. This shows that, as is true of data for the entire Region of the Americas, using national-level average figures for indicators can obscure the differences that exist within countries. When we examined the relationship between female illiteracy and malnutrition as determinants of infant mortality in Brazil and Ecuador, we identified social and epidemiologic strata where risk factors had different distribution patterns and that thus require health interventions that match their individual social and epidemiologic profiles. CONCLUSIONS: With this type of epidemiologic study using GISs at the local level of health services, it is easy to see how a health event and its risk factors behave at a specific period in time. It is also possible to identify patterns in the spatial distribution of risk factors and in these factors' potential impact on health. Using GISs in an appropriate way will make it easier to deliver more effective, equitable public health services.

Lu D, Medeiros LJ, Eskenazi AE, Abruzzo LV. Primary follicular large cell lymphoma of the testis in a child. *Arch Pathol Lab Med* 2001; 125(4):551-4.  
Abstract: Primary follicular lymphoma of the testis in childhood is extremely rare. To our knowledge, only 5 cases have been reported to date. We report a case in a 6-year-old boy who presented with painless right scrotal enlargement. Right radical orchiectomy revealed a follicular large cell lymphoma with diffuse areas confined to the testis and epididymis, clinical stage IE. Immunohistochemical stains demonstrated that the neoplastic cells were of B-cell lineage, positive for CD10, CD20, CD79a, and BCL-6. Staining for CD21 accentuated networks of dendritic reticulum cells within the nodules. The cells were negative for BCL-2, p53, and T-cell antigens. There was no evidence of the t(14;18) detected by polymerase chain reaction. The data suggest that follicular lymphoma of the testis in children has a different pathogenesis than follicular lymphoma in adults.

Lubsen-Brandsma MA. [Adhesions of the labia minora in three young girls]. *Ned Tijdschr Geneesk* 2003; 147(2):53-6.

Abstract: Three girls, 2, 5 and 6 years of age, had labial adhesions: one without complaints but whose mother was anxious about abnormal anatomy of the external genitalia, one with urinary problems because of pooling of the urine in the almost completely covered vagina, relapsing after surgical intervention, and one with irregular adhesions because of sexual abuse. In all three, after (repeated) application of oestrogen cream the adhesions reduced or disappeared. Adhesions of the labia minora can often be noticed under the age of 8 years and dissolve after that age during the period of progressive natural oestrogen production. Therapy consists of application of oestrogen cream on the contact surface of the labia minora. Surgical treatment is disputable and causes a high recurrence, probably higher than conservative treatment.

Lucassen A, Parker M. Revealing false paternity: some ethical considerations. *Lancet* 2001; 357(9261):1033-5.  
Notes: GENERAL NOTE: KIE: Lucassen, Anneke; Parker, Michael  
GENERAL NOTE: KIE: 20 refs.  
GENERAL NOTE: KIE: KIE Bib: confidentiality; genetic counseling; truth disclosure

Luce R. The Children Act: key points and implications for nursing. *Nurs Times* 2005; 101(17):26-7.  
Abstract: This article sets out the key points of the Children Act 2004 and considers the implications for practice, with particular regard to the patient assessment process and the links between adult behaviour and child protection.

Lucey J. Abuse of people trying to protect children from abuse. *Lancet* 2001; 358(9292):1556.

Luciana M. Practitioner review: computerized assessment of neuropsychological function in children: clinical and research applications of the Cambridge Neuropsychological Testing Automated Battery (CANTAB). *J Child Psychol Psychiatry* 2003; 44(5):649-63.

Abstract: BACKGROUND: Computers have been used for a number of years in neuropsychological assessment to facilitate the scoring, interpretation, and administration of a variety of commonly used tests. There has been recent interest in applying computerized technology to pediatric neuropsychological assessment, which poses unique demands based on the need to interpret performance relative to the child's developmental level. FINDINGS: However, pediatric neuropsychologists have tended to implement computers in the scoring, but not administration, of tests. This trend is changing based on the work of experimental neuropsychologists who frequently combine data obtained from test batteries

with lesion or neuroimaging data allowing descriptions of brain-behavior relations to be made with increasing confidence. One such battery is the Cambridge Neuropsychological Testing Automated Battery (CANTAB), and current studies in which the CANTAB has been used to measure executive functions in children are reviewed. CONCLUSIONS: Computerized batteries of this type can record aspects of performance that are difficult for psychometrists to achieve, and these may reflect activity in developing neural networks with more sensitivity than can be achieved with traditional tests. However, before computerized test administration becomes a routine part of pediatric neuropsychological assessment, several obstacles must be overcome. Despite these limitations, it is concluded that computerized assessment can improve the field by facilitating the collection of normative and clinical data.

Luecken LJ, Lemery KS. Early caregiving and physiological stress responses. *Clin Psychol Rev* 2004; 24(2):171-91.  
Abstract: Inadequate early caregiving has been associated with risks of stress-related psychological and physical illness over the life span. Dysregulated physiological stress responses may represent a mechanism linking early caregiving to health outcomes. This paper reviews evidence linking early caregiving to physiological responses that can increase vulnerability to stress-related illness. A number of high-risk family characteristics, including high conflict, divorce, abuse, and parental psychopathology, are considered in the development of stress vulnerability. Three theoretical pathways linking caregiving to physiological stress responses are outlined: genetic, psychosocial, and cognitive-affective. Exciting preliminary evidence suggests that early caregiving can impact long-term physiological stress responses. Directions for future research in this area are suggested.

Lueder GT. Retinal hemorrhages in accidental and nonaccidental injury. *Pediatrics* 2005; 115(1):192; author reply 192.

Lugina HI, Johansson E, Lindmark G, Christensson K. Developing a theoretical framework on postpartum care from Tanzanian midwives' views on their role. *Midwifery* 2002; 18(1):12-20.  
Abstract: OBJECTIVES: to describe a theoretical framework developed from the views of midwives in relation to provision of systematic postpartum care. DESIGN: qualitative focus group study using grounded theory approach. SETTING: Dar es Salaam, Tanzania. PARTICIPANTS: 49 nurse-midwives in five focus group discussions each having 9-11 participants. FINDINGS: the components of the Basic Social Process of 'Becoming a good resource and support person for the postpartum woman' consisted of 'reflection' as an entry point into the process.

Integration, networking, balancing, and dealing with reality, emerged as categories related to process activities. The category of 'defining abilities' required that midwives become aware of their competency and their limitations in reflection and all process activities, so that improvement can be part of 'getting ready', a category that describes what needs to be done at individual and health system level to prepare for systematic postpartum care programmes. The 'caring' category was linked to an outcome of the process 'doing things in the right way', which means providing quality postpartum care. The conditional matrix shows the midwife as an individual affected by several micro and macro conditions. CONCLUSIONS: the proposed theoretical framework can be used in understanding the dynamics of work situations and in assisting midwives to achieve the goal of being good resource and support persons for postpartum women. Interventions for midwives should focus on the major components of the framework but also on the concepts that relate the proposed framework to other central concepts in midwifery and nursing, issues in the theory-practice gap, empowerment, political awareness, involvement in policy making, decision making and dealing with job stress.

Lugina HI, Lindmark G, Johansson E, Christensson K. Tanzanian midwives' views on becoming a good resource and support person for postpartum women. *Midwifery* 2001; 17(4):267-78. Abstract: OBJECTIVES: to explore midwives' views in relation to the provision of systematic postpartum care. DESIGN: qualitative focus group study using grounded theory approach. SETTING: Dar es Salaam, Tanzania. PARTICIPANTS: 49 nurse/midwives in five focus group discussions, each having 9-11 participants. FINDINGS: eight categories were identified: 'reflecting', 'getting ready', 'defining abilities', 'networking', 'integrating', 'balancing', 'dealing with reality', and 'caring'. The identified core category that integrated and encapsulated all other categories was 'becoming a good resource and support person for postpartum woman'. The mediating factors found to have potential for influencing how a midwife can function in order to become a good resource and support person were: a) the structure and approach in maternal and child health services, b) midwives' knowledge, attitude and skills, c) informal sources of knowledge to parents, and d) cultural beliefs and practices. CONCLUSION: the findings of this study provide an understanding of the way midwives feel and think about the provision of postpartum care. The findings demonstrate that midwives need support in their efforts to achieve what they consider necessary for postpartum care. Interventions for educating and supporting midwives should be targeted at enabling them to deal with all the factors that influence their role and help them to identify and use better strategies to provide quality care.

Lugosi CI. Playing God: Mary must die so Jodie may live longer. *Issues Law Med* 2001; 17(2):123-65. Notes: GENERAL NOTE: KIE: 312 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal/minors Abstract: In 2000, conjoined twins were born in England. What made this case unique was the fact that if the twins remained unseparated, medical opinion held they would die; if they were separated one twin would live, and one twin would die; the parents refused to consent to separation; and the hospital charged with their care brought the matter to court. The trial court and court of appeal approved of the surgery, which was promptly performed, resulting in the immediate death of the weaker twin. The author argues that there is no justification in law or morality for the courts' decisions, and that, in fact, the courts' decisions over-rule prior precedent and effectively divorced law from morality.

Luhmann UF, Lin J, Acar N *et al.* Role of the Norrie disease pseudoglioma gene in sprouting angiogenesis during development of the retinal vasculature. *Invest Ophthalmol Vis Sci* 2005; 46(9):3372-82. Abstract: PURPOSE: To characterize developmental defects and the time course of Norrie disease in retinal and hyaloid vasculature during retinal development and to identify underlying molecular angiogenic pathways that may be affected in Norrie disease, exudative vitreoretinopathy, retinopathy of prematurity, and Coats' disease. METHODS: Norrie disease pseudoglioma homologue (Ndp) knock-out mice were studied during retinal development at early postnatal (p) stages (p5, p10, p15, and p21). Histologic techniques, quantitative RT-PCR, ELISA, and Western blot analyses provided molecular data, and scanning laser ophthalmoscopy (SLO) angiography and electroretinography (ERG) were used to obtain in vivo data. RESULTS: The data showed that regression of the hyaloid vasculature of Ndp knock-out mice occurred but was drastically delayed. The development of the superficial retinal vasculature was strongly delayed, whereas the deep retinal vasculature did not form because of the blockage of vessel outgrowth into the deep retinal layers. Subsequently, microaneurysm-like lesions formed. Several angiogenic factors were differentially transcribed during retinal development. Increased levels of hypoxia inducible factor-1alpha (HIF1alpha) and VEGFA, as well as a characteristic ERG pattern, confirmed hypoxic conditions in the inner retina of the Ndp knock-out mouse. CONCLUSIONS: These data provide evidence for a crucial role of Norrin in hyaloid vessel regression and in sprouting angiogenesis during retinal vascular development, especially in the development of the deep retinal capillary networks. They also suggest an early and a late phase of Norrie disease and may provide an explanation for similar phenotypic features of allelic retinal diseases in mice and patients as secondary consequences of pathologic hypoxia.

Lukefahr JL, Angel CA, Hendrick EP, Torn SW. Child abuse by percutaneous insertion of sewing needles. *Clin Pediatr (Phila)* 2001; 40(8):461-3.

Luna G, Adye B, Haun-Hood M, Berry M, Taylor L, Thorn R. Intentional injury treated in community hospitals. *Am J Surg* 2001; 181(5):463-5. Abstract: BACKGROUND: The impact of intentional injury in major metropolitan trauma centers has been established. Nonaccidental injury has become an increasingly important component of trauma care in mid-sized urban areas. To determine the medical and economic impact of personal violence in the Spokane, Washington, community we undertook a 5-year retrospective review. PATIENTS AND METHODS: Trauma registries were used to identify all victims of intentional injury admitted between May 1, 1994, and April 31, 1999. Demographic data, blood alcohol, mechanism, injury severity, hospital course, and outcome were abstracted from the registries. Financial data were obtained from hospital financial offices. SETTING: Spokane, Washington, has a population of 200,000 with 400,000 in the metropolitan area. Trauma patients are triaged to hospitals according to Washington Administrative Code guidelines, supervised by central medical control. The two level II and two level III facilities are staffed by private practice surgeons and serve a referral area of 650,000. RESULTS: Five hundred eighty-one intentional injury patients were admitted. This represented 15% of all significant injuries. Males accounted for 80% of the patients and 84% were Caucasian. The mean patient age was 30 years, only one quarter were listed as employed. Sixteen percent of the injuries were self-inflicted, gunshot was the most common mechanism (39%). Alcohol was involved in one half of the injuries. Sixty-three patients died, 39 died prior to intensive care unit admission. Hospital stay averaged 6.4 days, with a mean hospital charge of \$18,000. Hospitals were reimbursed at 67%. Surgeons collected 31% of billed fees. Fewer than one third of patients had any form of private insurance. CONCLUSIONS: Intentional injury is a significant component of trauma care in our community. Patients are seriously injured and the fatality rate is high. Care is expensive and poorly funded.

Lund CH, Kuller J, Lane AT, Lott JW, Raines DA, Thomas KK. Neonatal skin care: evaluation of the AWHONN/NANN research-based practice project on knowledge and skin care practices. *Association of Women's Health, Obstetric and Neonatal Nurses/National Association of Neonatal Nurses. J Obstet Gynecol Neonatal Nurs* 2001; 30(1):30-40. Abstract: OBJECTIVE: To develop and evaluate an evidence-based clinical practice guideline for assessment and routine care of neonatal skin, educate nurses about the scientific basis for practices recommended in the guideline, and design procedures that facilitate implementation of the project guideline

into clinical practice. DESIGN: Descriptive report of the collaborative neonatal skin care research-based practice project of the Association of Women's Health, Obstetric and Neonatal Nurses and the National Association of Neonatal Nurses. SETTING: Neonatal intensive-care unit (NICU) and special-care nurseries and well-baby nurseries in 51 hospitals located throughout the United States. PARTICIPANTS: Member site coordinators (N = 51), nurses who work at the selected sites, and the neonates observed during both the pre- and postimplementation phases of the project (N = 2,820). METHOD: An evidence-based clinical practice guideline was developed, sites were selected from all respondents of the call for sites, site coordinator training was provided, data collection was facilitated by project-specific data collection tools, and the project was evaluated by the science team. MAIN OUTCOME MEASURES: Diversity and numbers of sites represented, patient representation, site coordinator knowledge of neonatal skin care pre- and postimplementation, use of project-designed implementation tools, satisfaction with project implementation and the data collection process, changes in practices and product use, and site coordinators' experiences during guideline implementation. RESULTS: Fifty-one sites completed the project, representing NICU, special-care, and well-baby nurseries in both academic and community hospital settings in 27 states. Registered nurses working in these sites totaled 4,754 full-time equivalent positions (FTEs) (in NICU/special-care and well-baby nurseries). Site coordinators demonstrated increased knowledge of research-based neonatal skin care and satisfaction with the implementation tools and data collection process. Product use changed, reflecting acquisition of new knowledge. Barriers to implementation of the guideline were identified. CONCLUSIONS: The AWHONN/NANN Neonatal Skin Care Research-Based Practice Project demonstrated increased knowledge among site coordinators who received training, facilitated changes in neonatal skin care as defined by the practice guideline, and thus advanced evidence-based clinical practice.

Lund CH, Osborne JW. Validity and reliability of the neonatal skin condition score. *J Obstet Gynecol Neonatal Nurs* 2004; 33(3):320-7. Abstract: OBJECTIVE: To demonstrate the validity and reliability of the Neonatal Skin Condition Scale (NSCS) used in the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the National Association of Neonatal Nurses (NANN) neonatal skin care evidence-based practice project. SETTING: NICU and well-baby units in 27 hospitals located throughout the United States. PARTICIPANTS: Site coordinators (N = 27) and neonates (N = 1,006) observed during both the pre and postimplementation phases of the original neonatal skin care project. METHOD: To assess reliability, two

consecutive NSCS assessments on a single infant were analyzed. Site coordinators were contacted after the original project was concluded. Sites indicating that a single nurse scored all infant skin observations provided data that were used to evaluate intrarater reliability. Sites using more than one nurse to score skin observations provided data that were used to assess interrater reliability. To assess validity, the following variables were used from the original data set: the Neonatal Skin Condition Scale (NSCS), with three subscales for dryness, erythema, and breakdown; birth weight in grams; number of skin score observations for each infant; and the prevalence of infection, defined as a positive blood culture. RESULTS: For intrarater reliability, 16 sites used a single nurse for all NSCS assessments; total NSCS assessments 475. For interrater reliability, 11 sites used multiple raters; total assessments 531. The NSCS demonstrated adequate reliability for each of the three subscales and for the total score, with the percent agreement between scores ranging from 68.7% to 85.4% (intrarater) and 65.9% to 89% (interrater); all Kappas were significant at  $p < .001$  and were in the moderate range for reliability. The validity of the NSCS was demonstrated by the findings that smaller infants were 6 times more likely to have erythema ( $\chi^2(6) = 109.55, p < .0001$ ), and approximately twice as likely to have the most severe breakdown ( $\chi^2(6) = 108.01, p < .0001$ ). Infants with more observations (longer length of stay) had higher skin scores (odds ratio = 1.21,  $p < .0001$ ), and an increased probability of infection was noted for infants with higher skin scores (odds ratio = 2.25,  $p < .0001$ ). CONCLUSIONS: The Neonatal Skin Condition Score (NSCS) is reliable when used by single and multiple raters to assess neonatal skin condition, even across weight groups and racial groups. Validity of the NSCS was demonstrated by confirmation of the relationship of the skin condition scores with birth weight, number of observations, and prevalence of infection.

Lund CH, Osborne JW, Kuller J, Lane AT, Lott JW, Raines DA. Neonatal skin care: clinical outcomes of the AWHONN/NANN evidence-based clinical practice guideline. Association of Women's Health, Obstetric and Neonatal Nurses and the National Association of Neonatal Nurses. *J Obstet Gynecol Neonatal Nurs* 2001; 30(1):41-51. Abstract: OBJECTIVE: To test the effectiveness of an evidence-based clinical practice guideline for neonatal skin care on selected clinical outcomes for newborns in neonatal intensive-care units (NICU), special-care units (SCU), and well-baby nurseries. DESIGN: Prospective evaluation of the collaborative neonatal skin care research-based practice project of the Association of Women's Health, Obstetric and Neonatal Nurses and the National Association of Neonatal Nurses. SETTING: NICU and well-baby units in 51 hospitals located throughout the United States. PARTICIPANTS: Member site coordinators (N = 51)

and the neonates (N= 2,820) observed during both the pre- and postimplementation phases of the project. METHOD: Site coordinators received specialized education in neonatal skin care and implemented an evidence-based clinical practice guideline addressing 10 aspects of neonatal skin care. Baseline observations of skin condition, care practices, and environment of newly admitted neonates were collected by site coordinators. Postimplementation observations were then completed. MAIN OUTCOME MEASURES: Skin condition was assessed with the Neonatal Skin Condition Score (NSCS), which ranges from a score of three (best condition) to a score of nine (worst condition), based on dryness, erythema, and skin breakdown. Changes in frequency of selected skin care practices were used to assess the effectiveness and feasibility of using the practice guideline in everyday clinical practice. Aspects of the care environment with potential effect on skin integrity were monitored to determine risk factors. RESULTS: Fifty-one site coordinators made 11,468 systematic assessments of 2,464 NICU and SCU newborns and 356 well newborns. Baseline skin scores were better in well newborns compared with premature newborns. After implementation of the guideline, skin condition was improved, as reflected by less visible dryness, redness, and skin breakdown in both the NICU/SCU and well newborns. The guideline was integrated into care, as evidenced by increased use of emollients, particularly with premature infants, and decreased frequency of bathing. A relationship was shown between selected aspects of the environment and alterations in skin integrity. CONCLUSIONS: Use of the AWHONN/NANN Neonatal Skin Care Research-Based Clinical Practice Guideline was successfully implemented at 51 sites, and effectiveness was demonstrated by changed care practices and improved skin condition in premature and full-term newborns. The results of this project support a wider dissemination of the project's practice guideline for neonatal skin care.

Lundborg P. Young people and alcohol: an econometric analysis. *Addiction* 2002; 97(12):1573-82. Abstract: AIMS: To analyse the determinants of youth drinking behaviour within an economic -theoretical framework. The paper focuses especially on the effects of (a) having parents willing to supply alcohol, (b) living in a single-parent household, (c) having parents who are currently unemployed and (d) having received education about alcohol, narcotics and tobacco. DESIGN, SETTING AND PARTICIPANTS: A Swedish cross-sectional survey data on 833 individuals aged 12-18 years was used to analyse the effects of the above variables on participation in drinking, frequency of drinking, intensity of drinking and binge drinking. Separate analyses were conducted for beer, wine and spirits. Care was taken in using appropriate econometric methods for the questions posed (negative binomial regression, censored regression and probit



regression). FINDINGS: Having parents willing to supply alcohol increased frequency ( $P < 0.05$ ) of beer, wine and spirits consumption, intensity ( $P < 0.05$ ) of wine, spirits and illicit alcohol consumption, and increased probabilities ( $P < 0.10$ ) of binge drinking and participation in drinking ( $P < 0.05$ ). No effects were seen from living in a single-parent household. Having received education about alcohol, narcotics and tobacco had a negative association only with intensity ( $P < 0.10$ ) of beer consumption. Having a father who was currently unemployed was associated with an increased ( $P < 0.05$ ) probability of binge drinking but a reduced ( $P < 0.05$ ) frequency of wine consumption. CONCLUSIONS: The positive effect of having parents willing to supply alcohol could reflect that these individuals face lower acquisition costs or lower psychological costs in consumption. It could also reflect a price effect, if the individual receives the alcohol free from his or her parents.

Lung FW, Lin TJ, Lu YC, Shu BC. Personal characteristics of adolescent prostitutes and rearing attitudes of their parents: a structural equation model. *Psychiatry Res* 2004; 125(3):285-91. Abstract: The aim of this study was to investigate the risk factors of family structure, personality traits, and other variables among adolescent prostitutes. The subjects comprised 158 adolescent prostitutes in a halfway house as the case group and 65 high school girls as the control group. Data were collected by using questionnaires about demographic information, the Junior Eysenck Personality Questionnaire and the Parental Bonding Instrument. A high rate of tobacco, alcohol and drug use was found in the case group. Numerous factors distinguished the cause-effect relationship among adolescent prostitutes. Of all risk factors studied, maternal protection, paternal care, neurotic characteristics, tobacco use, discontinuous schooling and a dysfunctional family had the most direct effect. These results provide useful information for the evaluation of and interventions with adolescent prostitution.

Luoma R, Raboei E, Fadallah S, al-Sherif N. [On investigating sexual abuse of a child]. *Duodecim* 2001; 117(9):1004; author reply 1005.

Lupton BA, Pendray MR. Regionalized neonatal emergency transport. *Semin Neonatol* 2004; 9(2):125-33. Abstract: This article reviews the components that facilitate an effective neonatal emergency transport network, and discusses the human resources required for safe transport, including a section focused on the option of an expanded role for the paramedic. In addition, the topics of transport equipment, communications, quality assurance, data management, family support and education are addressed in the context of a neonatal transport programme. Finally, elements involved in the organization of neonatal

transport and transport issues pertaining to networking of neonatal medical care are highlighted and illustrated with reference to local experience in British Columbia.

Lupton D, Fenwick J. 'They've forgotten that I'm the mum': constructing and practising motherhood in special care nurseries. *Soc Sci Med* 2001; 53(8):1011-21. Abstract: Little sociological research has sought to investigate the ways in which women with hospitalized newborn infants construct and practice motherhood. This article seeks to address this lacuna, using data from a qualitative research project based in two Australian neonatal nurseries. Thirty-one mothers of hospitalized newborns and 20 neonatal nurses were interviewed, and other data were obtained via observations of the nurseries, tape-recorded verbal interactions between parents and nursery staff and casual conversations with mothers and nurses. The data revealed that while the mothers' and nurses' discourses on what makes a 'good mother' in the context of the neonatal nursery converged to some extent, there were important differences. The mothers particularly emphasized the importance of physical contact with their infants and breastfeeding, while the nurses privileged presence in the nursery and willingness to learn about the infant's condition and treatment. There was evidence of power struggles between the mothers and nurses over the handling and treatment of the infants, which had implications for how the mothers constructed and practised motherhood. The mothers attempted to construct themselves as 'real mothers', which involved establishing connection with their infants and normalizing them. In time, many of the mothers sought to position themselves as the 'experts' on their infants. For their part, the nurses attempted to position themselves as 'teachers and monitors of the parents', 'protectors of the infants' and 'experts' by virtue of their medical training and experience. Differences in defining the situation resulted in frustration, resentment and anger on the part of the mothers and disciplinary and surveillance actions on the part of many of the nurses, both covert and overt. The nurses' attitude to and treatment of the mothers was integral in the development of the mothers' relationship with their infants in the nurseries, and this influence extended beyond discharge of the infants.

Lush L, Walt G, Ogden J. Transferring policies for treating sexually transmitted infections: what's wrong with global guidelines? *Health Policy Plan* 2003; 18(1):18-30.

Abstract: The paper uses a case study of the development of syndromic management for treating sexually transmitted infections (STIs) and subsequent policies recommending worldwide use of syndromic management guidelines. These treatment policies emerged in the late 1970s from researchers and public health physicians working in sub-Saharan Africa where they had to treat large numbers of STIs in difficult circumstances. Syndromic management was initially

developed in specific local epidemiological and resource situations. By the late 1980s, the World Health Organization had adopted syndromic management as policy, and began to promote it globally in the form of algorithms and training guidelines. Dissemination was assisted by the context of the rapid spread of HIV/AIDS and the apparent effectiveness of syndromic management for treating STIs and slowing the transmission of HIV/AIDS. In the mid 1990s, international donors interested in HIV control and women's reproductive health took it up, and encouraged national programmes to adopt the new guidelines. Implementation, however, was a great deal more complex than anticipated, and was exacerbated by differences between three rather separate policy networks involved in the dissemination and execution of the global guidelines. The analysis focuses on two parts of the process of policy transfer: the organic development of scientific and medical consensus around a new policy for the treatment of STIs; and the formulation and subsequent dissemination of international policy guidelines. Using a political science approach, we analyze the transition from clinical tools to global guidelines, and the associated debates that accompanied their use. Finally, we comment on the way current global guidelines need to be adapted, given the growth in knowledge.

Luthar SS, Doyle K, Suchman NE, Mayes L. Developmental themes in women's emotional experiences of motherhood. *Dev Psychopathol* 2001; 13(1):165-82. Abstract: In this study, women's levels of ego development and their psychological difficulties were examined in relation to feelings in the maternal role. The sample consisted of 91 mothers from diverse socioeconomic backgrounds. Ego development was assessed by the Washington University Sentence Completion Test, and psychological difficulties were operationalized by self-reported global symptomatology, maternal substance abuse, and expressed anger. Outcome variables included feelings of satisfaction, distress, and support in the maternal role, as well as the degree to which negative and positive emotions were integrated in response to hypothetical vignettes of challenging everyday child-rearing experiences. Hypotheses were that women at high levels of ego development would show greater deterioration in the presence versus absence of self-reported adjustment problems than would those at lower levels. A series of interaction effects each indicated trends consistent with the hypotheses. These results add to accumulating evidence that tendencies toward self-examination, characteristic of high developmental levels, do not inevitably serve protective functions but may be linked with heightened reactivity to negative intrapsychic forces.

Lutzker JR, Whitaker DJ. The expanding role of behavior analysis and support: current status and future directions. *Behav Modif* 2005; 29(3):575-94.

Abstract: Although many of the pioneers of behavior analysis thought on a large scale and encouraged others to do so, most behavior analytic projects have remained small scale. The intent of this article is to urge the application of behavior analytic principles on a large scale. This article begins with a brief history of applied behavior analysis. It then describes some early behavior analysts who thought big and describes several examples of large-scale behavioral projects. It then shows how behavior analysis fits well with the public health model and describes how behavior analytic principles can be implemented broadly to combat public health problems. The article ends with some practical advice for behavior analysts on how to think big and speculates on the future of behavior analysis.

Lyford J, Breen N, Grove M. Diabetes training for schools using a community partnership model in rural Oregon. *Diabetes Educ* 2003; 29(4):564-7, 570, 573.

Lynch L, Bemrose S. It's good to talk: pre- and post-birth interaction. *Pract Midwife* 2005; 8(3):17-20. Abstract: This article describes the development of evidence-based pictorial information and activity cards that can be used with parents in the antenatal and postnatal period. The focus of this project is on developing early pre- and post-birth interaction between the baby and its family. AIM: To develop a way of working with parents-to-be and their families in pregnancy and the early postnatal days that will improve interaction and communication to maximise the baby's full potential. OBJECTIVES: To develop information cards and activities that are evidence based to support positive early interaction and communication. To support parent baby attachment prior to birth. To support parent-baby attachment post birth. To establish good patterns of parent-baby communication from an early age. To provide the baby with maximum stimulation to aid brain development, physical development and growth, hearing and communication skills (Verney 1981). To increase parents' self-esteem. To involve family members. To reduce sibling rivalry.

Lynch ME, Coles CD, Corley T, Falek A. Examining delinquency in adolescents differentially prenatally exposed to alcohol: the role of proximal and distal risk factors. *J Stud Alcohol* 2003; 64(5):678-86. Abstract: OBJECTIVE: An association has been reported between prenatal alcohol exposure and delinquent behavior in adolescents. Problems are believed to be particularly significant for those who were exposed prenatally but do not have full fetal alcohol syndrome (FAS). The goals of this study were (1) to examine the relation between a range of levels of prenatal exposure and delinquent behavior in a community sample and (2) to examine the effect of other current risk factors, in addition to prenatal

exposure, on delinquent behavior. **METHOD:** In this study, 250 low income, predominantly black youths (mean age = 15.1 years) and their primary caregivers participated in an evaluation that included measures of delinquency, life stress, substance use, behavior problems, parenting practices, negative peer influence, caregiver substance use and the dysmorphia characteristic of FAS. Three groups were drawn from a sample initially seen at birth: Alcohol-exposed and dysmorphic (n = 39), alcohol-exposed, nondysmorphic (n = 77) and nonexposed controls (n = 48). A special education contrast group (n = 84) was recruited at adolescence to control for disability status. **RESULTS:** The exposure groups did not differ from controls on measures of variety and frequency of delinquent behavior; boys engaged in a wider range of delinquent acts than girls did. Regression analysis for the full sample revealed that higher adolescent life stress, higher self-reported drug use and lower parental supervision were significantly related to a wider range of delinquent acts. **CONCLUSIONS:** Other current influences should be considered in addition to prenatal alcohol exposure in interpreting the development of delinquency in alcohol-exposed adolescents. These results demonstrate the importance of examining risk factors and controlling effects of sociocultural influences and disability status when working with clinical samples.

Lynskey MT, Hall W. Attention deficit hyperactivity disorder and substance use disorders: Is there a causal link? *Addiction* 2001; 96(6):815-22. Abstract: Attention-deficit hyperactivity disorder (ADHD), characterized by restless, inattentive and hyperactive behaviours, is a relatively common childhood disorder that affects approximately 5% of the general population. There has been controversy about whether ADHD increases risks of developing substance use disorders. The available evidence suggests that, in the absence of conduct disorder, ADHD is not associated with an increased risk of substance use problems in males. There is only limited evidence on the role of ADHD in the aetiology of substance use disorders among females. While ADHD has traditionally been considered as a childhood disorder, it may also occur in adults; research needs to examine the extent to which ADHD in adulthood increases the risk of substance use disorders.

Lyon A. Perinatal autopsy remains the "gold standard". *Arch Dis Child Fetal Neonatal Ed* 2004; 89(4):F284.

Lyons-Ruth K, Melnick S. Dose-response effect of mother-infant clinical home visiting on aggressive behavior problems in kindergarten. *J Am Acad Child Adolesc Psychiatry* 2004; 43(6):699-707. Abstract: **OBJECTIVE:** The objective of this follow-up study was to assess the long-term effects of clinical infant home-visiting services on child outcomes at

school entry. **METHOD:** Participants were 63 five-year-olds from low-income families, half of whom were referred to parent-infant home-visiting services during the first 18 months of life due to concerns about the caretaking environment. Families received between 0 and 18 months of weekly home visits based on infant age at entry into the study. At age 5, children were rated by teachers on the Preschool Behavior Questionnaire for behavior problems in the classroom and by parents both on the Simmons Behavior Checklist for behavior problems at home and on the Achenbach Social Competence Items for positive play behaviors with friends. **RESULTS:** With initial family risk status and child gender controlled, teacher-rated hostile behavior problems decreased in dose-response relation to the duration of early home-visiting services, which accounted for 15% of the variance in child hostile behavior. Parents' reports of positive play behaviors were positively linearly related to service duration. Parents' reports of behavior problems were less reliably related to service duration than teacher reports. **CONCLUSIONS:** Early home-visiting services reduced the incidence of aggressive behavior problems among socially at-risk children for up to 3.5 years after the end of services.

Lyons-Ruth K, Yellin C, Melnick S, Atwood G. Childhood experiences of trauma and loss have different relations to maternal Unresolved and Hostile-Helpless states of mind on the AAI. *Attach Hum Dev* 2003; 5(4):330-52; discussion 409-14. Abstract: This study of 45 high-risk mothers and infants examined the current indirect effects model of intergenerational transmission of disorganized attachment, which posits that maternal childhood experiences of loss or trauma contribute to maternal states of mind on the AAI which in turn contribute to infant disorganization. The severity of experiences of both abuse and loss were examined in relation to both Unresolved states of mind and Hostile-Helpless states of mind on the AAI and to infant disorganization at both 12 and 18 months. Neither the experience of parental death in childhood nor the severity of abuse in childhood was related to Unresolved states of mind on the AAI. Instead, an Unresolved state of mind and the experience of parental death contributed independently and additively to the prediction of infant disorganization at 12 months. At 18 months, an indirect effects model was supported in relation to Hostile-Helpless but not Unresolved states of mind, in that severity of trauma had no direct relation to infant disorganization but severity of trauma was related to Hostile-Helpless states of mind which in turn predicted infant disorganization. Unresolved states of mind and experiences of parental loss did not add to prediction of disorganization at 18 months. The findings suggest that the influence of maternal trauma on infant attachment may become more prominent at 18 months as the infant makes the transition to toddlerhood. The results also suggest that a more complex etiologic model may be

needed of the aspects of early experience that contribute to adult Unresolved states of mind on the AAI.

Mabe PA, Josephson AM. Child and adolescent psychopathology: spiritual and religious perspectives. *Child Adolesc Psychiatr Clin N Am* 2004; 13(1):111-25, vii-viii.

Abstract: This article addresses the relationship between children's religious beliefs and spiritual practices and the presence of psychopathology. Study of this subject represents a formidable task due to the complexity and diversity of the constructs involved, heterogeneity in religious beliefs and practices, and the difficulty in discriminating between the independent effects of religion and culture. Nevertheless, broad links between child psychopathology and spiritual/religious beliefs and practices are proposed. On the whole, the available empiric data suggest that religion is primarily health promoting in direct, positive benefits for children and in indirect, positive effects through parent and family functioning, although there are isolated exceptions. When spirituality and religious beliefs/practices are associated with negative mental health outcomes in children or their families, evidence points to "poorness-of-fit," based on an interaction between the child's psychopathology and aspects and religious beliefs/practice. Clinical implications of the findings and proposals are outlined.

MacCallum F, Lycett E, Murray C, Jadva V, Golombok S. Surrogacy: the experience of commissioning couples. *Hum Reprod* 2003; 18(6):1334-42. Notes: GENERAL NOTE: KIE: 23 refs. GENERAL NOTE: KIE: KIE Bib: surrogate mothers Abstract: BACKGROUND: Findings are presented of a study of families with a child created through a surrogacy arrangement. This paper focuses on the commissioning couples' reports of their experiences. METHODS: A total of 42 couples with a 1-year-old child born through surrogacy were assessed using a standardized semi-structured interview. Data were obtained on motivations for surrogacy, details about the surrogate mother, experience of surrogacy during pregnancy and after birth and disclosure of the surrogacy to friends and family. RESULTS: Couples had considered surrogacy only after a long period of infertility or when it was the only option available. Couples retrospectively recalled their levels of anxiety throughout the pregnancy as low, and relationships between the couple and the surrogate mother were found to be generally good. This was the case regardless of whether or not the couple had known the surrogate mother prior to the arrangement. After the birth of the child, positive relations continued with the large majority of couples maintaining some level of contact with the surrogate mother. All couples had told family and friends about the surrogacy and were planning to tell the child. CONCLUSIONS: Commissioning couples generally perceived the

surrogacy arrangement as a positive experience.

Macdonald AJ. Maintaining older people's dignity and autonomy in healthcare settings. Whole system must be looked at to prevent degrading treatment. *BMJ* 2001; 323(7308):340.

MacDonald KS, Matukas L, Embree JE *et al.* Human leucocyte antigen supertypes and immune susceptibility to HIV-1, implications for vaccine design. *Immunol Lett* 2001; 79(1-2):151-7. Abstract: T cell responses against HIV-1 have been identified in a number of exposed uninfected populations. We hypothesized that the ability to mount an effective T cell response is partly determined by the human leucocyte antigens (HLA) phenotype of the individual. We examined whether certain HLA supertypes were associated with differential HIV-1 susceptibility in sexually exposed adults and in the setting of mother to child HIV-1 transmission. By multivariate analysis, decreased HIV-1 infection risk was strongly associated with possession of a cluster of closely related class I HLA alleles (A2/6802 supertype) in sexually exposed adults (Hazard ratio=0.42, 95% confidence intervals (CI): 0.22-0.81, P=0.009) and perinatally exposed infants (Odds ratio=0.12, 95% CI: 0.03-0.54, P=0.006). The alleles in this HLA supertype are known in some cases, to present the same peptide epitopes (termed 'supertopes'), for T cell recognition. The identification of HIV-1 supertopes, which are associated with protection from HIV-1 infection, has important implications for the application of epitope-based HIV-1 vaccines in a variety of racial groups.

Machado-Coelho GL, Caiaffa WT, Genaro O, Magalhaes PA, Mayrink W. Risk factors for mucosal manifestation of American cutaneous leishmaniasis. *Trans R Soc Trop Med Hyg* 2005; 99(1):55-61. Abstract: A case-comparison study was carried out to identify risk factors for mucosal manifestations of American cutaneous leishmaniasis (ACL) in southeast Brazil, using a series of 2820 patients, diagnosed with ACL between 1966 and 1999. The significant factors independently associated with mucosal leishmaniasis were: gender, age, nutritional status and length of disease. Mucosal leishmaniasis occurred 1.7 times more frequently among males than females; twice as often in individuals older than 22 years compared with the younger group; almost four times as often in individuals with severe malnutrition compared with those who were well nourished; and almost four times more frequently in individuals reporting the disease for more than 4 months compared with those reporting a shorter duration of the disease. Among individuals older than 22 years the risk of mucosal leishmaniasis increased significantly (from 1.9 to 9.6) as the nutritional status decreased, when compared with younger and well-nourished patients. The characteristics herein described and correlated with

severe forms could be used as diagnostic markers as part of clinical screening in areas endemic for ACL.

Macintosh MC. Continuous fetal heart rate monitoring: is there a conflict between confidential enquiry findings and results of randomized trials? *J R Soc Med* 2001; 94(1):14-6.

MacKenzie JM. Dural haemorrhage in non-traumatic infant deaths: an observation on Smith vs. Geddes. *Neuropathol Appl Neurobiol* 2004; 30(3):311; author reply 312.

Mackner LM, Crandall WV. Oral medication adherence in pediatric inflammatory bowel disease. *Inflamm Bowel Dis* 2005; 11(11):1006-12. Abstract: The purpose of this study was to examine reports of adherence to oral medications, parent-child concordance in reports of adherence, and factors associated with poor adherence in adolescents with inflammatory bowel disease (IBD). Participants were 50 children with IBD 11 to 17 years of age and their parents. Parents completed an adherence interview and the Child Behavior Checklist, Family Assessment Device, and demographics questionnaires. Separately, adolescents completed the adherence interview and the Piers Harris Self-Concept Scale, Children's Depression Inventory, and Coping Strategies Inventory questionnaires. The treating gastroenterologists of participating children completed the Pediatric Crohn's Disease Activity Index during a clinic visit within a week of completion of the questionnaires. Mean parent- and child-reported adherence scores fell between the "most of the time" and "always" categories, although perfect adherence was low. Among IBD-specific medications (5-ASAs, immunomodulators, steroids), 48% of children and 38% of parents reported being always adherent to all medications. Parent-child concordance was high. Family dysfunction and poor child coping strategies were associated with worse adherence. The correlation between more behavioral/emotional problems and lower adherence approached significance. Adherence should be monitored in families that lack appropriate child discipline and in children who cope by simply wishing stressors would go away. Because these issues are associated with poor adherence, it has been suggested that psychotherapy addressing these areas may contribute to improved adherence.

MacMillan HL, Fleming JE, Streiner DL *et al.* Childhood abuse and lifetime psychopathology in a community sample. *Am J Psychiatry* 2001; 158(11):1878-83. Abstract: OBJECTIVE: The authors assessed lifetime psychopathology in a general population sample and compared the rates of five psychiatric disorder categories between those who reported a childhood history of either physical or sexual abuse and those who did not. METHOD: A modified version of the

Composite International Diagnostic Interview and a self-completed questionnaire on child abuse were administered to a probability sample (N=7,016) of Ontario residents 15 to 64 years of age. RESULTS: Those reporting a history of childhood physical abuse had significantly higher lifetime rates of anxiety disorders, alcohol abuse/dependence, and antisocial behavior and were more likely to have one or more disorders than were those without such a history. Women, but not men, with a history of physical abuse had significantly higher lifetime rates of major depression and illicit drug abuse/dependence than did women with no such history. A history of childhood sexual abuse was also associated with higher rates of all disorders considered in women. In men, the prevalence of disorders tended to be higher among those who reported exposure to sexual abuse, but only the associations with alcohol abuse/dependence and the category of one or more disorders reached statistical significance. The relationship between a childhood history of physical abuse and lifetime psychopathology varied significantly by gender for all categories except for anxiety disorders. Although not statistically significant, a similar relationship was seen between childhood history of sexual abuse and lifetime psychopathology. CONCLUSIONS: A history of abuse in childhood increases the likelihood of lifetime psychopathology; this association appears stronger for women than men.

MacMillan HL, Jamieson E, Walsh CA. Reported contact with child protection services among those reporting child physical and sexual abuse: results from a community survey. *Child Abuse Negl* 2003; 27(12):1397-408.

Abstract: OBJECTIVE: This study uses results from a large community survey to examine the relationship between a history of child maltreatment and self-reports of contact with Child Protection Services (CPS). METHODS: The Ontario Health Supplement was a province-wide, probability-based survey of household dwellings in the province of Ontario, Canada. A random sample of residents aged 15 and older participated in the Ontario Health Supplement (N=9953). A face-to-face interview included a question about contact with Child Protection Services (CPS), and the Child Maltreatment History Self-Report, a self-administered questionnaire, was used to assess history of child physical and sexual abuse. RESULTS: Only a very small percentage of respondents with a history of child abuse reported contact with CPS; 5.1% of those with a history of physical abuse, and 8.7% of those with a history of sexual abuse. Contact with CPS was associated with younger age of respondent for both types of abuse and female gender for physical abuse. In the case of sexual abuse, younger respondents whose parental employment classification was in the lower socioeconomic group were more likely to have contact with CPS. CONCLUSIONS: Interventions that target only those who come in contact with CPS will not

reach most persons exposed to child abuse.

Macmillan R, McMorris BJ, Kruttschnitt C. Linked lives: stability and change in maternal circumstances and trajectories of antisocial behavior in children. *Child Dev* 2004; 75(1):205-20.

Abstract: Drawing on the notion of linked lives, this study examined the effects of stability and change in maternal circumstance on developmental trajectories of antisocial behavior in children 4 to 7 years of age. Using data from a national sample of young mothers and growth curve analysis, the study demonstrated that early maternal circumstances influences early antisocial behavior, whereas stability and change in these circumstances both exacerbate and ameliorate behavior problems. Of particular note, meaningful escape from poverty attenuates antisocial behavior whereas persistence in poverty or long-term movement into poverty intensifies such problems. These findings highlight the importance of structural context for parenting practices and the need to consider child development in light of dynamic and changing life-course fortunes of parents.

MacNab YC. Hierarchical Bayesian modeling of spatially correlated health service outcome and utilization rates. *Biometrics* 2003; 59(2):305-16.

Abstract: We present Bayesian hierarchical spatial models for spatially correlated small-area health service outcome and utilization rates, with a particular emphasis on the estimation of both measured and unmeasured or unknown covariate effects. This Bayesian hierarchical model framework enables simultaneous modeling of fixed covariate effects and random residual effects. The random effects are modeled via Bayesian prior specifications reflecting spatial heterogeneity globally and relative homogeneity among neighboring areas. The model inference is implemented using Markov chain Monte Carlo methods. Specifically, a hybrid Markov chain Monte Carlo algorithm (Neal, 1995, Bayesian Learning for Neural Networks; Gustafson, MacNab, and Wen, 2003, Statistics and Computing, to appear) is used for posterior sampling of the random effects. To illustrate relevant problems, methods, and techniques, we present an analysis of regional variation in intraventricular hemorrhage incidence rates among neonatal intensive care unit patients across Canada.

Macones GA, Hausman N, Edelstein R, Stamilio DM, Marder SJ. Predicting outcomes of trials of labor in women attempting vaginal birth after cesarean delivery: a comparison of multivariate methods with neural networks. *Am J Obstet Gynecol* 2001; 184(3):409-13.

Abstract: OBJECTIVE: Our aim was to assess the utility and effectiveness of a neural network for predicting the likelihood of success of a trial of labor, relative to standard multivariate predictive models.

STUDY DESIGN: We identified 100 failed trials of labor and 300 successful trials of labor in women with a prior cesarean delivery performed at our institution. Information was collected on >70 potential predictors of labor outcomes from the medical records, including demographic, historical, and past obstetric information, as well as information from the index pregnancy. Bivariate analyses comparing women in whom a trial of labor failed with those whose trial succeeded were performed. These initial analyses were used to select variables for inclusion into our multivariate predictive model. From the same data we trained and tested a neural network, using a back-propagation algorithm. The test characteristics of the multivariate predictive model and the neural network were compared. RESULTS: From the bivariate analysis a history of substance abuse (adjusted odds ratio, 0.27; 95% confidence interval, 0.09-0.80), a successful prior vaginal birth after cesarean delivery (adjusted odds ratio, 0.13; 95% confidence interval, 0.05-0.31), cervical dilatation at admission (adjusted odds ratio, 0.53; 95% confidence interval, 0.31-0.88), and the need for labor augmentation (adjusted odds ratio, 2.15; 95% confidence interval, 1.14-4.06) were ultimately discovered to be important in predicting the likelihood of the success or failure of a trial of labor. With these variables in the predictive model the sensitivity of the derived rule for predicting failure was 77%, the specificity was 65%, and the overall accuracy was 69%. We also built a network using the 4 variables that were included in the final multivariate model. We were unable to achieve the same degree of sensitivity and specificity that we observed with the regression-based predictive model (sensitivity and specificity, 59% and 44%). CONCLUSION: In this study a standard multivariate model was better able to predict outcome in women attempting a trial of labor.

Maconochie I, Redhead J. The National Service Framework: paediatric emergency care. *Lancet* 2005; 365(9472):1673-4.

Notes: CORPORATE NAME: National Service Framework

MacPhee M. Using evidence-based practice to create a venous access team: the Venous Access Task Force of the Children's Hospital of Denver. *J Pediatr Nurs* 2002; 17(6):450-4.

Notes: CORPORATE NAME: Venous Access Task Force

Abstract: The following article is an example of evidence-based practice applied to an institutional Quality Improvement (QI) project. QI originated in the 1980s and is best associated with the work of W. Deming (1986). It is also known as Continuous Quality Improvement, because a major principle of this approach is constant improvement of services or products. This improvement process contains other critical components: scientific method, employee participation and teamwork, accountable leadership,

appropriate training and ongoing education, and client focus (Demming, 1986). QI has been globally successful and has helped transform American industry, including health care services. The following clinically based project illustrates the application of QI concepts and evidence-based practice to enhance outcomes.

MacQueen G, Nagy T, Santa Barbara J, Raichle C. 'Iraq Water Treatment Vulnerabilities': a challenge to public health ethics. *Med Confl Surviv* 2004; 20(2):109-19. Notes: GENERAL NOTE: KIE: 32 refs. GENERAL NOTE: KIE: KIE Bib: public health; war Abstract: A formerly classified US document, 'Iraq Water Treatment Vulnerabilities,' provides evidence that ill health was knowingly induced in the population of Iraq through the ruination of that country's water purification system. We believe that the uncovering of this document should stimulate the public health community to clarify principles of public health ethics and to formulate statements giving voice to these principles. We propose here two statements, one dealing with the broad issue of public health ethics and international relations, and one dealing specifically with public health ethics and water purification.

Madan A, Beech DJ, Flint L. Drugs, guns, and kids: the association between substance use and injury caused by interpersonal violence. *J Pediatr Surg* 2001; 36(3):440-2. Abstract: BACKGROUND: Drug and alcohol uses have been linked to the frequency of injury events, recurrent hospital admission for injury, and interpersonal violence. Data regarding the association of recent substance use and injury type and frequency in children and young adults are not available. Such data probably would be valuable in planning interventions to prevent substance use and reduce the risks of injuries. METHODS: Evidence of substance use was assessed in trauma patients presenting to the authors' level 1 trauma center over a 6-month interval. Demographic data, mechanisms of injury, revised trauma scores (RTS), injury severity scores (ISS), hospital days, and mortality rate were evaluated. Chi square analysis and 2-tailed, paired t tests were used for statistical analysis. Multivariate logistic regression was utilized to determine the influence of individual variables. RESULTS: From a total group of 743 patients with life-threatening injuries, trauma registry records of 186 patients less than 21 years old were eligible for evaluation, and 126 of these had complete blood and urine drug assessments completed on admission to the trauma center. Forty-two percent (53 of 126) patients tested positive for alcohol or drugs. No patients less than 14 years of age (n = 61) had positive drug screen results. However, in the cohort of patients aged 14 and 15 (n = 17), 71% tested positive. Also, 72% of adolescents (age < 18) who were victims of injuries from gunshot wounds had evidence of substance use. Multivariate analysis showed gunshot

wounds (P <.003) to be associated independently with positive drug screens. No statistical differences were observed in ethnic distribution, ISS, RTS, hospital days, or mortality rate when patients with positive screen results were compared with those without evidence of substance use. CONCLUSIONS: Trauma victims had evidence of substance use in early teen age years especially in the 14 and 15-year-old age groups. Toxicology screening disclosed that substance use is associated strongly with gunshot wounds. Substance use, along with poverty, inadequate family support, and peer pressure are factors that influence injury risk. Interventions to prevent substance use in young children may reduce the risk of injury.

Madden JM, Soumerai SB, Lieu TA, Mandl KD, Zhang F, Ross-Degnan D. Effects of a law against early postpartum discharge on newborn follow-up, adverse events, and HMO expenditures. *N Engl J Med* 2002; 347(25):2031-8.

Notes: CORPORATE NAME: Health maintenance organization

Abstract: BACKGROUND: Concern about harm to newborns from early postpartum discharges led to laws establishing minimum hospital stays in the mid-1990s. We evaluated the effects of an early-discharge protocol (a hospital stay of one postpartum night plus a home visit) in a health maintenance organization (HMO) and a subsequent state law guaranteeing a 48-hour hospital stay. METHODS: Using interrupted-time-series analysis and data on 20,366 mother-infant pairs with normal vaginal deliveries, we measured changes in length of stay, newborn examinations on the third or fourth day of life, and office visits, emergency department visits, and hospital readmissions for newborns. We also examined expenditures for hospitalizations and home-based care. RESULTS: The early-discharge program increased the rate of stays of less than two nights from 29.0 percent to 65.6 percent (P<0.001). The rate declined to 13.7 percent after the state mandate (P<0.001). The rate of newborn examinations on the third or fourth day of life increased from 24.5 percent to 64.4 percent with the program (P<0.001), then dropped to 53.0 percent after the mandate (P<0.001)--changes that primarily reflected changes in the rate of home visits. The rate of nonurgent visits to a health center increased from 33.4 percent to 44.7 percent (P<0.001) after the reduced-stay program was implemented. There were no significant changes in the rate of emergency department visits (quarterly mean, 1.1 percent) or rehospitalizations (quarterly mean, 1.5 percent). Results were similar for a vulnerable subgroup with lower incomes, younger maternal age, a lower level of education, or some combination of these characteristics. Average HMO expenditures on hospital and home-based services decreased by \$90 per delivery with the early-discharge program and increased by \$100 after the mandate. CONCLUSIONS: Neither policy appears to have affected the health outcomes of

newborns. After the mandate, newborns were less likely to be examined as recommended on day 3 or 4. Because of changes in hospital prices, the two policies had minimal effects on HMO expenditures for hospital and home-based services.

Madhavan S. Fosterage patterns in the age of AIDS: continuity and change. *Soc Sci Med* 2004; 58(7):1443-54.

Abstract: An estimated 4 million children, or about 10% of the entire South African population, will be orphaned by the year 2015. There is growing consensus that the extended family system is no longer capable of providing for orphans given severe economic constraints. There is, therefore, an urgency to develop appropriate interventions to support families and take care of these children. This article examines some of the existing literature on child fosterage and uses it to highlight understudied aspects of the current situation of children orphaned through AIDS in South Africa. Of particular concern are the points of continuity and change in fosterage patterns before and after the onset of the epidemic in South Africa. I suggest that an understanding of the short- and long-term consequences for children orphaned by AIDS in South Africa calls for historical contextualisation given that child fostering, both voluntarily and involuntarily, has been a feature of black family life since well before the onset of HIV/AIDS. In addition, I demonstrate the value of examining kinship, family, and networks in order to fully understand the circumstances of fostering these children. The paper concludes with a call for more research on children orphaned by AIDS in South Africa that will provide not only more data, but also enrich theoretical approaches to studying patterns of child fosterage in Africa and elsewhere.

Madhiwalla N. Women's illnesses: life cycle approach. *Natl Med J India* 2003; 16 Suppl 2:35-8.

Madlon-Kay DJ, DeFor TA, Egarter S. Newborn length of stay, health care utilization, and the effect of Minnesota legislation. *Arch Pediatr Adolesc Med* 2003; 157(6):579-83.

Abstract: OBJECTIVE: To describe newborn length of stay, postdischarge follow-up, and health care utilization in the context of Minnesota's early discharge legislation. DESIGN AND SETTING: Retrospective study using claims data from a large managed care organization. PARTICIPANTS: Term newborns born from January 1995 through February 1999 (N = 22 944). OUTCOME MEASURES: Newborn length of stay, home or clinic visits within 1 week of discharge (early follow-up), immunizations completed by age 3 months, readmissions within 1 month of discharge, and urgent care or emergency department visits within 2 months of discharge. RESULTS: After enactment of Minnesota's early discharge legislation in 1996, the percentage of newborns with short stays (0-1 days after

vaginal birth or 2-3 days after cesarean birth) decreased from 52% to 16% for vaginally born infants and from 87% to 63% for cesarean-born infants (P =.001). Although the legislation mandated coverage for home visits after short stays, only 12.4% of short-stay newborns had early home visits. Overall, 50% of infants had early home or clinic follow-up; compared with those who did not receive early follow-up, these infants were more likely to have complete immunizations (adjusted odds ratio [OR], 1.09; 95% confidence interval [CI], 1.03-1.14), urgent care or emergency department visits (adjusted OR, 1.22; 95% CI, 1.07-1.39), and readmissions (adjusted OR, 2.49; 95% CI, 2.02-3.08). CONCLUSIONS: Although implementation of Minnesota's early discharge legislation corresponded with significantly increased lengths of stay, very few short-stay infants received the postdischarge care for which coverage was mandated. Our findings indicate, however, that infants at higher risk for adverse outcomes were appropriately identified to receive early follow-up.

Maffei FA, Powers KS, van der Jagt EW. Apparent life-threatening events as an indicator of occult abuse. *Arch Pediatr Adolesc Med* 2004; 158(4):402; author reply 402-3.

Magee BD. Uterine rupture among women with a prior cesarean delivery. *N Engl J Med* 2002; 346(2):134-7.

Mahalingam S, Meanger J, Foster PS, Lidbury BA. The viral manipulation of the host cellular and immune environments to enhance propagation and survival: a focus on RNA viruses. *J Leukoc Biol* 2002; 72(3):429-39.

Abstract: Virus infection presents a significant challenge to host survival. The capacity of the virus to replicate and persist in the host is dependent on the status of the host antiviral defense mechanisms. The study of antiviral immunity has revealed effective antiviral host immune responses and enhanced our knowledge of the diversity of viral immunomodulatory strategies that undermine these defences. This review describes the diverse approaches that are used by RNA viruses to trick or evade immune detection and response systems. Some of these approaches include the specific targeting of the major histocompatibility complex-restricted antigen presentation pathways, apoptosis, disruption of cytokine function and signaling, exploitation of the chemokine system, and interference with humoral immune responses. A detailed insight into interactions of viruses with the immune system may provide direction in the development of new vaccine strategies and novel antiviral compounds.

Maher J, Macfarlane A. Inequalities in infant mortality: trends by social class, registration status, mother's age and birthweight, England and Wales, 1976-2000.



Health Stat Q 2004; (24):14-22.  
Abstract: This article examines trends in inequalities in infant mortality in England and Wales between 1976 and 2000. It describes variations in neonatal, postneonatal and infant mortality by mother's age, registration status, father's social class, multiplicity and birthweight. Throughout the period, social class differences in mortality were wider in the postneonatal period than the neonatal period and there was considerable variation in infant mortality by age of mother, birthweight and multiplicity within both manual and non-manual groups.

Maher VF, Ford J. The heartbreak of parents patriae. *JONAS Healthc Law Ethics Regul* 2002; 4(1):18-22.  
Notes: GENERAL NOTE: KIE: 10 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal/minors

Mahon-Daly P, Andrews GJ. Liminality and breastfeeding: women negotiating space and two bodies. *Health Place* 2002; 8(2):61-76.  
Abstract: It is almost universally accepted that breastfeeding infants is nutritionally superior to bottle-feeding. However, despite this medical advice, in many countries breastfeeding rates remain low and in the UK, rates are relatively static. The literature on breastfeeding has discussed international rates and the broad socio-economic factors influencing these rates. Through an observational study of a group of breastfeeding and non-breastfeeding women in the United Kingdom, this research utilises contemporary theoretical perspectives on the body, space and rites of passage, and investigates the reasons why some breastfeeding mothers may be in a liminal period, and the breastfeeding event itself, at times, a liminal and marginalised act. The paper argues that, for the group studied, breastfeeding is sometimes discouraged by its medicalisation, and that breastmilk and breastfeeding are often considered by mothers to be embarrassing. Many of the women studied regarded certain public and private places to be unacceptable places to breastfeed and claimed to modify their behaviour accordingly. The paper demonstrates the value of conducting locally based qualitative research into breastfeeding experiences, and of using theoretical perspectives from post-medical geography to interpret women's experiences.

Mahoney A, Pargament KI, Tarakeshwar N, Swank AB. Religion in the home in the 1980s and 1990s: a meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. *J Fam Psychol* 2001; 15(4):559-96.  
Abstract: The authors reviewed 94 studies published in journals since 1980 on religion and marital or parental functioning. Meta-analytic techniques were used to quantify religion-family associations examined in at least 3 studies. Greater religiousness appeared to

decrease the risk of divorce and facilitate marital functioning, but the effects were small. Greater Christian conservatism was modestly associated with greater endorsement and use of corporal punishment with preadolescents. Isolated findings suggested that greater parental religiousness relates to more positive parenting and better child adjustment. The scope, meaningfulness, and potential strength of findings were restricted because of reliance on global or single-item measures of religious and family domains. To facilitate more conceptually and methodologically sophisticated research, the authors delineated mechanisms by which the substantive and psychosocial elements of religion could benefit or harm family adjustment.

Mahoney G, Wheeden CA, Perales F. Relationship of preschool special education outcomes to instructional practices and parent-child interaction. *Res Dev Disabil* 2004; 25(6):539-58.

Abstract: Developmental outcomes attained by children receiving preschool special education services in relationship to both the general instructional approach used by their teachers and their parents' style of interaction were examined. The sample included 70 children from 41 Early Childhood Special Education (ECSE) classrooms. The type of instructional model children received was determined by dividing the sample into three clusters based upon six global ratings of children's classroom environment: Choice; Cognitive Problem-Solving; Child-Initiated Learning; Developmental Match; Child-Centered Routines; and Rewards and Discipline Strategies. Based on this analysis, 27 children were classified as receiving developmental instruction; 15 didactic instruction; and 28 naturalistic instruction. Observations of parent-child interaction collected at the beginning and end of the year were classified along four dimensions using the Maternal Behavior Rating Scale: Responsiveness, Affect, Achievement Orientation and Directiveness. Results indicated that the kinds of experiences that children received varied significantly across the three instructional models. However, there were no significant differences in the impact of these instructional models on children's rate of development. Regression analyses indicated that children's rate of development at the end of intervention was significantly related to their parents' style of interaction but was unrelated to the type of instructional model they received.

Mahua C. Children's bill smacks of compromise. *Nurs Times* 2004; 100(28):12-3.

Maida AM, Molina ME, Erazo R. [Munchausen syndrome by proxy, an unusual presentation]. *Rev Med Chil* 2001; 129(8):917-20.  
Abstract: We report a 12 year old girl that first consulted for fever with bilateral knee arthralgias. A neurological workout was started due to a progressive

gait disturbance, but all results were incongruent with nerve or nerve root lesions, leading to the diagnosis of a functional paralysis. The patient worsened to the point of prostration. Due to the suspicion that the mother was inducing the symptoms, the patient was admitted to the hospital, where she improved notably. She was discharged walking. The improvement during hospital stay confirmed the diagnosis of a Munchausen by proxy syndrome, mimicking a disabling neurological condition.

Majeed A. Referral of Dr Peter Mansfield to the GMC. *BMJ* 2001; 323(7309):356.

Major EF. [Treatment of psychologically traumatised patients in Norway]. *Tidsskr Nor Laegeforen* 2003; 123(19):2709-12.

Abstract: **BACKGROUND:** The Norwegian Directorate of Health and Social Affairs is carrying out a project on various aspects of traumatic stress. The present survey was carried out in 2001 in order to gather more knowledge about these patients within the mental health care system. **MATERIAL AND METHODS:** 325 hospitals, outpatient clinics and district psychiatric centres were asked by questionnaire to comment on the types of traumatised patients they treated, their own perceived professional skills, the diagnoses they used and the therapy they offered, and their contact with national and regional specialist units. **RESULTS:** Refugees and victims of sexual abuse were the groups treated by most units; only a few treated veterans of UN/NATO peacekeeping forces. Half of the units reported lack of professional skills in treating refugees. Only a few units reported changes in diagnosis and treatment as a result of advice from the specialist units. **INTERPRETATION:** The high frequency of units reporting a need for better skills in treating refugees is a challenge to the mental health care system and the specialist units. The results suggest a need for discussion of the role of the national and regional specialist units as well as a need for closer cooperation between psychiatric and primary health care.

Makkar RP. Concerns about research and prevention strategies in Munchausen Syndrome by Proxy (MSBP) abuse. *Child Abuse Negl* 2003; 27(9):987-8.

Malakoff D. Human research. Nigerian families sue Pfizer, testing the reach of U.S. law. *Science* 2001; 293(5536):1742.

Malamuth N, Huppin M. Pornography and teenagers: the importance of individual differences. *Adolesc Med Clin* 2005; 16(2):315-26, viii. Abstract: This article focuses on the effects of exposure to pornography on teenagers, particularly males, and concentrates on sexually aggressive outcomes and on the characteristics of the individual as crucial in

determining whether pornography consumption may or may not lead to sexually aggressive outcomes. In future work, it is important not to use an overly simplistic lens of focus in which pornography exposure is seen as generally harmful or not. Depending on particular constellations of personality characteristics, the effects of pornography may differ considerably among different teenagers as well as within different cultures. The research suggests that particular concerns may be needed for those who are highly frequent consumers of pornography, those who seek out sexually violent content, and those who also have other risk factors.

Malcoe LH, Duran BM, Montgomery JM. Socioeconomic disparities in intimate partner violence against Native American women: a cross-sectional study. *BMC Med* 2004; 2:20.

Abstract: **BACKGROUND:** Intimate partner violence (IPV) against women is a global public health problem, yet data on IPV against Native American women are extremely limited. We conducted a cross-sectional study of Native American women to determine prevalence of lifetime and past-year IPV and partner injury; examine IPV in relation to pregnancy; and assess demographic and socioeconomic correlates of past-year IPV. **METHODS:** Participants were recruited from a tribally-operated clinic serving low-income pregnant and childbearing women in southwest Oklahoma. A self-administered survey was completed by 312 Native American women (96% response rate) attending the clinic from June through August 1997. Lifetime and past-year IPV were measured using modified 18-item Conflict Tactics Scales. A socioeconomic index was created based on partner's education, public assistance receipt, and poverty level. **RESULTS:** More than half (58.7%) of participants reported lifetime physical and/or sexual IPV; 39.1% experienced severe physical IPV; 12.2% reported partner-forced sexual activity; and 40.1% reported lifetime partner-perpetrated injuries. A total of 273 women had a spouse or boyfriend during the previous 12 months (although all participants were Native American, 59.0% of partners were non-Native). Among these women, past-year prevalence was 30.1% for physical and/or sexual IPV; 15.8% for severe physical IPV; 3.3% for forced partner-perpetrated sexual activity; and 16.4% for intimate partner injury. Reported IPV prevalence during pregnancy was 9.3%. Pregnancy was not associated with past-year IPV (odds ratio = 0.9). Past-year IPV prevalence was 42.8% among women scoring low on the socioeconomic index, compared with 10.1% among the reference group. After adjusting for age, relationship status, and household size, low socioeconomic index remained strongly associated with past-year IPV (odds ratio = 5.0; 95% confidence interval: 2.4, 10.7). **CONCLUSIONS:** Native American women in our sample experienced exceptionally high rates of lifetime and past-year IPV. Additionally, within this low-income sample, there was strong evidence of

socioeconomic variability in IPV. Further research should determine prevalence of IPV against Native American women from diverse tribes and regions, and examine pathways through which socioeconomic disadvantage may increase their IPV risk.

Mallett RB. Teledermatology in practice. *Clin Exp Dermatol* 2003; 28(4):356-9.  
Abstract: Teledermatology has been the focus of much interest in recent years. Potential uses include a simple supporting role for primary care, more accurate triage of dermatology patients or an 'advice only' service reducing the need for dermatology patients to attend outpatient clinics. With the current under-provision of dermatology services in the UK and the waiting list targets set by government, teledermatology systems have been proposed as a possible solution. 'Store and forward' teledermatology systems are easy to set up and it has been shown that accurate diagnoses can be made using digital images attached to an E-mailed history. In an area of geographical isolation a store and forward teledermatology system has been used successfully to reduce patient waiting times. In Peterborough we have been using a store and forward teledermatology system for over 4 years. Our experience has demonstrated that for only a small number of selected patients was it possible to provide an advice-only service, but the majority of patients still need to be seen in the outpatient clinic. Despite the technical simplicity of these systems today there is still little evidence that teledermatology will have a significant impact on patient workload in the average dermatology clinic. It must be recognized that teledermatology is potentially a useful communication tool for selected patients in primary care but is unlikely to solve waiting list problems or replace the need for local dermatology services.

Mallia P. The case of the Maltese Siamese Twins--when moral arguments balance out should parental rights come into play. *Med Health Care Philos* 2002; 5(2):205-9.  
Notes: GENERAL NOTE: KIE: 17 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Malmstrom PM. A regional approach to promoting improved care of multiples. *Twin Res* 2001; 4(2):67-70.  
Abstract: Live births of multiples in the U.S. rose 35% from 87,700 in 1988 to 118,295 in 1998. This increase presents public health issues due to the elevated health and psychosocial risks that accompany multiple birth. However, health and social service providers and educators are poorly prepared to address the specific needs of the multiple birth population. The Twin Service Network Project therefore developed regional networks of multiple birth training and resources in California to address this problem. Results indicate that these can substantially improve the care available to

multiples. The project's integrated package of training and parenting education materials is available to other regions to assist in such efforts.

Malone RE. Tobacco industry surveillance of public health groups: the case of STAT (Stop Teenage Addiction to Tobacco) and INFACT (Infant Formula Action Coalition). *Am J Public Health* 2002; 92(6):955-60.  
Abstract: OBJECTIVES: The goal of this study was to describe how the tobacco industry collects information about public health groups. METHODS: Publicly available internal tobacco industry documents were reviewed and analyzed using a chronological case study approach. RESULTS: The industry engaged in aggressive intelligence gathering, used intermediaries to obtain materials under false pretenses, sent public relations spies to the organizations' meetings, and covertly taped strategy sessions. Other industry strategies included publicly minimizing the effects of boycotts, painting health advocates as "extreme," identifying and exploiting disagreements, and planning to "redirect the funding" of tobacco control organizations to other purposes. CONCLUSIONS: Public health advocates often make light of tobacco industry observers, but industry surveillance may be real, intense, and covert and may obstruct public health initiatives.

Maloni JA, Albrecht SA, Thomas KK, Halleran J, Jones R. Implementing evidence-based practice: reducing risk for low birth weight through pregnancy smoking cessation. *J Obstet Gynecol Neonatal Nurs* 2003; 32(5):676-82.  
Abstract: In 1989, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) developed a research utilization program to integrate evidence into practice areas where there were large discrepancies between research evidence and clinical practice. The current program, renamed Research-Based Practice (RBP), uses translational research methods to build from evidence such as that in the Cochrane database and to create protocols for integration of research directly into clinical practice. This article describes the development of the sixth project (RBP6), in which an evidence-based protocol to address smoking in pregnancy was integrated into clinical practice. The protocol includes screening women using descriptive statements and integrates the 5 As (ask, advise, assess, assist, arrange) into prenatal and postpartum care at every visit. By integrating smoking cessation counseling into care, nurses may reduce the risk of low birth weight among pregnant women in both the United States and Canada.

Mancuso CE, Tanzi MG, Gabay M. Paradoxical reactions to benzodiazepines: literature review and treatment options. *Pharmacotherapy* 2004; 24(9):1177-85.  
Abstract: Benzodiazepines frequently are administered to patients to induce sedation. Paradoxical reactions to

benzodiazepines, characterized by increased talkativeness, emotional release, excitement, and excessive movement, are relatively uncommon and occur in less than 1% of patients. The exact mechanism of paradoxical reactions remains unclear. Most cases are idiosyncratic; however, some evidence suggests that these reactions may occur secondary to a genetic link, history of alcohol abuse, or psychological disturbances. This review evaluates the numerous cases of paradoxical reactions to benzodiazepines in adult and pediatric patients that have been reported in the biomedical literature. It also explores the advantages and disadvantages of the various available treatment options.

Mandavilli A. The coming epidemic. *Nature* 2005; 436(7050):496-8.

Mander R. Care in labour in the event of perinatal death. *Pract Midwife* 2002; 5(8):10-3.

Mandich AD, Polatajko HJ, Rodger S. Rites of passage: understanding participation of children with developmental coordination disorder. *Hum Mov Sci* 2003; 22(4-5):583-95.  
Abstract: Children with developmental coordination disorder (DCD) experience difficulty participating in the typical activities of childhood and are known to have a more sedentary pattern of activities than their peers. Little research has been done to investigate the impact of these deficits on the lives of children with DCD and the importance of their participation in the typical activities of childhood. This qualitative study explored the impact of the disorder and the importance of participation for children with DCD from the perspective of the parent. Twelve in-depth interviews were conducted with parents of children with DCD who attended a university clinic specializing in using the Cognitive Orientation to daily Occupational Performance (CO-OP) approach, a cognitive-based intervention. Findings revealed that incompetence in everyday activities had serious negative effects for the children. Conversely, intervention that was focused on enablement at the activity and participation level had a significant positive impact on the children's quality of life. Emerging themes highlighted the notion that performance competency played an important role in being accepted by peers and being able "to be part of the group". As well, parents reported that successful participation built confidence in their children and allowed them to try other new activities. The World Health Organization's International Classification of Functioning, Disability, and Health provides a unique framework for analyzing and understanding the impact of the physical disability on the lives of families with children with DCD. Results illustrate how intervention that focuses on enabling children to choose their own functional goals in the area of physical activity has important implications for enabling participation and

building the social networks of children with DCD.

Mandl KD, Feit S, Larson C, Kohane IS. Newborn screening program practices in the United States: notification, research, and consent. *Pediatrics* 2002; 109(2):269-73.  
Abstract: OBJECTIVE: To define current practice among US newborn screening programs for notification of results, research, and consenting procedures. METHODS: A telephone survey of all US newborn screening program supervisors. RESULTS: All 51 programs participated. All states reported abnormal results to the infant's physician, and some also reported to the hospital and parents. Cases with abnormal results were tracked to different endpoints but usually (92.1%) at least until a follow-up appointment was made. A total of 66.6% of programs can communicate with programs in other states; 9.8% enable families to suppress reporting of results to the infant's physician. No state has a mechanism for parents to prevent results from entering the medical record. Parents or physicians who request results are often authenticated by providing their name (52.9%). Many programs (45.1%) report only to physicians and require just their name (43.5%), an identification number (17.4%), a letter (26.1%), or a parent's signature (26.1%). A total of 70.6% retain residual blood samples; of these, only 8.3% store them completely devoid of patient identifiers. A total of 49.0% of programs aggregate data for research. In 16.0% of these, the data are publicly available. In 24.0%, researchers obtain approval at their own institution; in 24.0%, researchers obtain approval through the state laboratory Institutional Review Board. In 74.5% of programs, parents are notified but not asked for consent before collection of the sample; 19.6% neither notify parents nor obtain consent before screening. CONCLUSIONS: There is wide variation in practice among the US newborn screening programs. Because the programs collectively manage a comprehensive nationwide genomic databank, careful consideration of how information technology and high-throughput genomic analysis are used will be essential to allow progress in clinical care, public health, and research while protecting individual privacy.

Mandlawitz MR. The impact of the legal system on educational programming for young children with autism spectrum disorder. *J Autism Dev Disord* 2002; 32(5):495-508.

Abstract: Since 1990, State Educational Agency (SEA) and Local Educational Agency (LEA) policies and practices of educational programming for young children with autism have evolved in response to the due process system and court decisions. This has become an issue because of an increase in the identification of children with autism, reclassification of children previously reported under other disability categories, publicity about the competition between methodologies, parent advocacy for specific methodologies, shortages of qualified personnel, and

the demand for due process to ensure appropriate services. A review is made of substantive and procedural issues presented in due process and court cases, the legal standards used by hearing officers and judges, and a synthesis of the case law. It is recommended that school districts consider legal standards as programs are designed, that programs fit the unique needs of the child, that programs ensure appropriate progress educationally and socially, and that communication between parents and school districts be open and honest so that the due process system is used as the last resort.

Mani S, Cooper GF. Causal discovery using a Bayesian local causal discovery algorithm. *Medinfo* 2004; 11(Pt 1):731-5.

Abstract: This study focused on the development and application of an efficient algorithm to induce causal relationships from observational data. The algorithm, called BLCD, is based on a causal Bayesian network framework. BLCD initially uses heuristic greedy search to derive the Markov Blanket (MB) of a node that serves as the "locality" for the identification of pair-wise causal relationships. BLCD takes as input a dataset and outputs potential causes of the form variable X causally influences variable Y. Identification of the causal factors of diseases and outcomes, can help formulate better management, prevention and control strategies for the improvement of health care. In this study we focused on investigating factors that may contribute causally to infant mortality in the United States. We used the U.S. Linked Birth/Infant Death dataset for 1991 with more than four million records and about 200 variables for each record. Our sample consisted of 41,155 records randomly selected from the whole dataset. Each record had maternal, paternal and child factors and the outcome at the end of the first year--whether the infant survived or not. Using the infant birth and death dataset as input, BLCD out-put six purported causal relationships. Three out of the six relationships seem plausible. Even though we have not yet discovered a clinically novel causal link, we plan to look for novel causal pathways using the full sample.

Manly JT. Advances in research definitions of child maltreatment. *Child Abuse Negl* 2005; 29(5):425-39.

Manly T, Anderson V, Nimmo-Smith I, Turner A, Watson P, Robertson IH. The differential assessment of children's attention: the Test of Everyday Attention for Children (TEA-Ch), normative sample and ADHD performance. *J Child Psychol Psychiatry* 2001; 42(8):1065-81.

Abstract: "Attention" is not a unitary brain process. Evidence from adult studies indicates that distinct neuroanatomical networks perform specific attentional operations and that these are vulnerable to selective damage. Accordingly, characterising attentional

disorders requires the use of a variety of tasks that differentially challenge these systems. Here we describe a novel battery, the Test of Everyday Attention for Children (TEA-Ch), comprising nine subtests adapted from the adult literature. The performance of 293 healthy children between the ages of 6 and 16 is described together with the relationships to IQ, existing measures of attention, and scholastic attainment. This large normative sample also allows us to test the fit of the adult model of functionally separable attention systems to the observed patterns of variance in children's performance. A Structural Equation Modelling approach supports this view. A three-factor model of sustained and selective attention and higher-level "executive" control formed a good fit to the data, even in the youngest children. A single factor model was rejected. There are behavioural and anatomical grounds to believe that Attention Deficit Disorder (ADD) is particularly associated with poor self-sustained attention and behavioural control. The TEA-Ch performance of 24 boys diagnosed with ADD presented here is consistent with this view. When performance levels on WISC-III subtests were taken into account, specific deficits in sustained attention were apparent while selective attention performance was within the normal range.

Mannes M, Roehlkepartain EC, Benson PL. Unleashing the power of community to strengthen the well-being of children, youth, and families: an asset-building approach. *Child Welfare* 2005; 84(2):233-50. Abstract: Search Institute's decade-plus emphasis on the elements of positive human development and community approaches to asset building can make a meaningful contribution to the field of child welfare. The institute's framework of developmental assets identifies a set of interrelated experiences, relationships, skills, and values that are associated with reduced high-risk behaviors and increased thriving behaviors. Its community-building work emphasizes the human relations and developmental infrastructure children, youth, and families require for their health and well-being.

Mansky PJ, Liewehr DJ, Steinberg SM *et al.* Treatment of metastatic osteosarcoma with the somatostatin analog OncoLar: significant reduction of insulin-like growth factor-1 serum levels. *J Pediatr Hematol Oncol* 2002; 24(6):440-6.

Abstract: BACKGROUND: Insulin-like growth factor-1 (IGF-1) has been implicated in the growth and/or metastasis of osteosarcoma (OS) and chondrosarcoma based on in vitro and experimental animal studies. STUDY PURPOSE: To determine the degree of growth hormone (GH), IGF-1 axis blockade, toxicities, and antitumor effect of OncoLar (ONC) (Novartis, East Hanover, NJ, U.S.A.) in OS. DESIGN/METHODS: A phase 1 study with ONC enrolled 21 OS patients (median age 19 y) in four cohorts: ONC 60 mg or 90 mg intramuscularly every 4 weeks with/without

tamoxifen (TAM) 20 mg oral daily. RESULTS: There were no dose-limiting toxicities. Nineteen percent of patients had grade III drug-related toxicities including: 62% of patients showed progressive disease after two courses (8 wk). Nineteen percent received four courses. No clinical responses were observed. At weeks two and eight of therapy, IGF-1 serum levels dropped 46% ( $< 0.0001$ ,  $n = 21$ ) and 53% ( $= 0.003$ ,  $n = 10$ ). The difference of the area under the curve (AUC) minus baseline AUC (DeltaAUC) for arginine-stimulated GH serum levels at week two was lower than baseline ( $< 0.01$ ). At weeks two and eight, GH peak values were lower than baseline ( $< 0.0001$  and  $= 0.002$ , respectively). CONCLUSIONS: A long-acting somatostatin analog was able to lower IGF-1 levels of OS patients. IGF-BP-3 and GH were only transiently reduced. Although ONC was well tolerated, no sustained clinical responses were observed. The pathophysiology of serum versus tissue concentrations of IGF-1 as well as the interplay of IGFs, IGF-binding proteins, and other growth factors and cytokines in osteosarcoma warrants further investigation. A better understanding of these processes should lead to a more effective exploitation of these pathways for the targeted therapy of OS.

Manwell LB, Czabala JC, Ignaczak M, Mundt MP. Correlates of depression among heavy drinkers in Polish primary care clinics. *Int J Psychiatry Med* 2004; 34(2):165-78.  
Abstract: OBJECTIVE: Depression and co-morbid substance abuse disorders are a major public health problem. Information is limited for patients attending Polish primary care clinics. This article addresses 30-day and lifetime prevalence of major depression in a heavy drinking population from 12 Polish primary care clinics. METHOD: 277 heavy drinkers were interviewed by a researcher in each clinic. Heavy drinking was defined as more than 20 drinks per week for males, or more than 13 drinks per week for females, or consumption of more than four drinks five or more times in the previous 30 days, or two or more positive replies to the CAGE questions. Criteria from the Diagnostic and Statistical Manual were used to assess lifetime and past 30-day depression. RESULTS: 35% of women and men met criteria for depression in the 30 days prior to the interview. Lifetime rates were 45% for women and 52% for men. Men and women with a CAGE score of 4 were at higher risk for both 30-day (67%, OR = 3.85 [1.47, 10.08]) and lifetime (78%, OR = 3.28 [1.12, 9.66]) depression. Recreational drug users and patients reporting symptoms of anti-social personality disorders were at increased risk for lifetime depression. Subjects reporting symptoms of a childhood conduct disorder were at higher risk for 30-day depression. CONCLUSIONS: Depression among patients with substance abuse problems is a common problem. The rates are higher than for other countries and highlight the need for Polish primary care clinicians to routinely screen for depression in patients

with substance use disorders.

Marais S, Kritzinger A. Farm worker injuries on Western Cape fruit farms: the role of the lay health worker. *Curationis* 2005; 28(4):86-92.  
Abstract: AIM AND METHOD: An exploratory and descriptive study to obtain basic data on the extent, nature, sources and severity of injuries sustained on fruit farms was conducted. The possibility of utilizing lay health workers (LHWs) on farms to document routine information on injuries was also investigated. Descriptive information of all injuries occurring on selected farms, both occupational and other, needing some form of treatment, were documented over a one-year period from June 1999 to May 2000. A purposive non-probability sampling method was used. Forty-eight fruit farms with a history of trained LHWs were purposefully selected. Injuries were documented using a one-page questionnaire. RESULTS: A total of 500 injuries were recorded, giving an average of 10.4 injuries per farm per year. Half of these injuries were work-related. Workers aged 20-39 were most at risk. Injuries sustained were related to routine activities of fruit farming, occurred mostly in the orchards and involved cuts, bruises and abrasions to the hands, including the fingers, and the eyes. Most of the non-work related injuries occurred in and around the home. A third of these injuries were sustained by persons  $< 20$ . A large percentage of the non-work related injuries were violence- and alcohol related. Most of the injuries required basic primary health care that could be managed by the LHW. Injury severity caused people to take time off for one third of the cases. CONCLUSION: A relatively high occupational injury rate in comparison to high-income countries. Occupational Health and Safety legislation needs to be institutionalized and adhered to. Alcohol and violence on farms is a serious public health problem. LHWs could potentially play an important role in documenting injury data.

Maranan P. Training community members for action: Washington's Action Training Network. *J Health Hum Serv Adm* 2002; 24(4):413-30.  
Abstract: The Children's Alliance in Washington State has established an ambitious goal of building the "Children's Action Network" (Network), a statewide network of children's advocates who regularly take action to inform public policy related to children and families. There are currently about 3,000 members in the Network. Policy advocacy training is an integral component of the Network providing advocates with necessary tips and tools for communicating with policy-makers. In order to meet key objectives and overcome significant challenges and barriers, the training program evolved greatly over the last five years. This article describes some of the challenges faced, particularly in reaching specific target populations, key strategies undertaken, and how the curriculum developed over time.

Marcovitch H. Learning from tragedies: clinical lessons from the Climbe report. *Qual Saf Health Care* 2003; 12(2):82-3.

Margolina IA, Kozlovskaia GV, Proselkova ME. [Mental development of children in condition of chronic physical abuse: methodical aspect]. *Zh Nevrol Psikhiatr Im S S Korsakova* 2005; 105(9):4-9. Abstract: Mental dysfunction of 130 children aged 0-14 years with a history of family physical abuse was studied using a number of known methods adapted for early aged children including an original scale of mental dysfunction assessment, which has been elaborated in Mental Health Research Center (Moscow). A battery of clinico-psychopathological and clinico-psychological methods allowed comprehensive assessment of mental state, with 95% cases of mental dysfunction being found in the group studied. The most pronounced were depression spectrum disorders.

Marino R, Villa A, Guerrero S. A community trial of fluoridated powdered milk in Chile. *Community Dent Oral Epidemiol* 2001; 29(6):435-42. Abstract: OBJECTIVE: To demonstrate the effectiveness of a dental caries prevention program on the primary dentition of Chilean rural children, using fluoridated powdered milk and milk derivatives. METHODS: Fluoridated milk and milk-cereal was given to about 1000 preschool children in Codegua, a rural community located in the 6th Region of Chile, using the standard National Complementary Feeding Program (PNAC). The daily fluoride dose from fluoridated powdered milk was estimated at 0.25 mg for infants (0-2 years old), 0.5 mg for children aged 2-3 years and 0.75 for children aged 3-6 years. Cross-sectional samples of children aged 3-6 years were taken from Codegua (study community) from 1994 to 1999 and from La Punta (control community) from 1997 and 1999. RESULTS: Significant reductions (72%) were observed in the dmfs indices in the 3-6-year-old groups in Codegua, when comparing 1999 with 1994 data. In 1999, children in the study community showed significantly lower dmfs than children in the control community (41%). The proportion of caries-free children in the study community increased after 4 years of program implementation (from 22.0% to 48.4%). CONCLUSION: Under Chilean rural conditions, fluoridation of powdered milk distributed through the PNAC is an effective caries prevention alternative for areas where water fluoridation might not be feasible.

Marjorie V. The mutilated orchid. *RCM Midwives* 2005; 8(3):119.

Marks DJ, Berwid OG, Santra A, Kera EC, Cyrulnik SE, Halperin JM. Neuropsychological correlates of ADHD symptoms in preschoolers. *Neuropsychology* 2005; 19(4):446-55.

Abstract: The authors examined the neuropsychological status of 22 preschoolers at risk for attention-deficit/hyperactivity disorder (ADHD) and 50 matched control children, using measures of nonverbal working memory, perceptual and motor inhibition, and memory for relative time. All tasks included paired control conditions, which allowed for the isolation of discrete executive function constructs. Group differences were evident on several measures of neuropsychological functioning; however, after accounting for nonexecutive abilities, no deficits could be attributed to specific functions targeted by the tasks. Performance on executive measures was not related to objective indices of activity level or ratings of ADHD symptoms. Yet, the fact that at-risk preschoolers were highly symptomatic casts doubt on whether executive function deficits and/or frontostriatal networks contribute etiologically to early behavioral manifestations of ADHD.

Marks L. Sacred practices in highly religious families: Christian, Jewish, Mormon, and Muslim perspectives. *Fam Process* 2004; 43(2):217-31. Abstract: Quantitative research examining linkages between family relationships and religious experience has increased substantially in recent years. However, related qualitative research, including research that examines the processes and meanings behind recurring religion-family correlations, remains scant. To address this paucity, a racially diverse sample (N = 24) of married, highly religious Christian, Jewish, Mormon, and Muslim parents of school-aged children were interviewed regarding the importance of religious family interactions, rituals, and practices in their families. Mothers and fathers discussed several religious practices that were meaningful to them and explained why these practices were meaningful. Parents also identified costs and challenges associated with these practices. Interview data are presented in connection with three themes: (1) "practicing [and parenting] what you preach," (2) religious practices, family connection, and family communion, and (3) costs of family religious practices. The importance of family clinicians and researchers attending to the influence of religious practice in the lives of highly religious individuals and families is discussed.

Marks MB, Lawson HA. Co-production dynamics and time dollar programs in community-based child welfare initiatives for hard-to-serve youth and families. *Child Welfare* 2005; 84(2):209-32. Abstract: Hard-to-serve youth and families residing in high-poverty communities often have multiple, interlocking needs. These needs necessitate complex service models. The complex model described in this article combines a unique approach to wraparound services with a coproduction framework and related theories. The model aims to improve outcomes for vulnerable youth and their families, simultaneously strengthening communities by employing residents and

engaging participants in community service. Examples derived from current pilot projects illustrate co-production's importance for other child welfare initiatives.

Marleau JD. Birth order and fratricide: an evaluation of Sulloway's hypothesis. *Med Sci Law* 2005; 45(1):52-6. Abstract: Sulloway (1996) suggested that older siblings were more likely to be fratricidal than younger ones. Our data, based on 113 case studies found in the psychiatric, psychological and criminological literature since 1959, confirms his hypothesis. In 72 out of the 92 cases (78%) where age could be determined, the aggressor was older than the victim. The same held true even when the age of aggressor, sex of aggressor and victim, presence or not of a blood tie, and presence of one or more victims are taken into account. Surprisingly, most of the aggressors in our sample were under the age of 18 years. Also, first-borns were more often the aggressor than the victim. This result seems to confirm the Adlerian theory of dethronement. Some suggestions and hypotheses are advanced for future research to improve our understanding of this phenomenon.

Marley JA, Buila S. Crimes against people with mental illness: types, perpetrators, and influencing factors. *Soc Work* 2001; 46(2):115-24. Abstract: The current emphasis on studying why people with severe mental illness are potentially violent has overlooked the effect of violence committed against these individuals. To balance the understanding of the person-in-environment conceptualization of severe mental illness, the nature, scope, and effect of crime and victimization should be examined as part of the context in which these individuals live and function. The study reported in this article examined the nature and scope of victimization as experienced by 234 individuals with a diagnosed major mental illness; what types of victimization experiences occurred during their lifetime; what specific victimization experiences these individuals identified as the most troubling; who the perpetrators for these specific victimization experiences were; and what influence demographic and clinical characteristics played in influencing the risk of victimization among this group. The study indicates that social workers should better assess for experiences of victimization among people with mental illness and better understand the effect of such experiences on the individual's symptoms and day-to-day functioning.

Maroteaux P, Le Merrer M. [Battered or brittle child?]. *Arch Pediatr* 2003; 10(8):679-80.

Marquardt RK, Levitt JG, Blanton RE *et al.* Abnormal development of the anterior cingulate in childhood-onset schizophrenia: a preliminary quantitative MRI study. *Psychiatry Res* 2005; 138(3):221-33.

Abstract: The anterior cingulate is a key component of neural networks subserving attention and emotion regulation, functions often impaired in patients with psychosis. The study aimed to examine anterior cingulate volumes and sulcal morphology in a group of patients with childhood-onset schizophrenia (COS) compared with controls. Brain magnetic resonance imaging (MRI) scans were obtained in 13 COS and 18 matched control children, ages 6-17 years. Volume measures for the anterior cingulate gyrus (ACG) were obtained through manual labeling. A determination of cingulate sulcal pattern (single or double) was made for each hemisphere. The COS group had a reduced leftward skew of the double cingulate sulcal pattern, and absence of the normal left>right ACG volume asymmetry. The right ACG was larger in the COS than in controls. The schizophrenic children showed decreases in all ACG volumes with age, while the controls showed increases or no change. The data suggest that significant cingulate abnormalities may result from deviations in progressive neurodevelopmental processes, beginning before birth and continuing through childhood and adolescence, in persons who develop schizophrenia. These structural differences may relate to the well-described cognitive deficits these children display, and to the cardinal symptoms of schizophrenia.

Marques NM, Lira PI, Lima MC *et al.* Breastfeeding and early weaning practices in northeast Brazil: a longitudinal study. *Pediatrics* 2001; 108(4):E66. Abstract: OBJECTIVES: To describe breastfeeding practices from 0 to 12 months of age in 4 small towns that are representative of urban northeast Brazil and to identify factors associated with introduction of other milk in the first month of life. METHODS: From January to August 1998, 364 mothers were interviewed at delivery to ascertain antenatal care; delivery room practices; and their intentions regarding breastfeeding, pacifiers, and introduction of water, teas, and other milk. Their perceptions of home support and the advantages of breastfeeding also were assessed. Thereafter, daily information about feeding practices was collected at twice-weekly home visits. When other milk was started, a second interview was conducted to ascertain initial and current breastfeeding problems and use of a pacifier. Reasons for starting other milk were investigated using 5-point Likert scales. RESULTS: Mothers were positive toward breastfeeding, and 99% breastfed their new infant. Few intended to breastfeed exclusively, and in the first week 80% gave water/tea and 56% used a pacifier. The median duration of exclusive breastfeeding was 0 days, and the median age for starting other milk was 24 days. The median duration of breastfeeding was 65 days for mothers who started other milk within 1 month and 165 days for other mothers. After adjustment for confounding variables, the main factors associated with introduction of other milk within 1 month were pacifier use in the first week (odds ratio [OR], 4.01; 95% confidence



- interval [CI]: 2.07-7.78), intention to start other milk in the first month (OR, 3.79; 95% CI: 1.74-8.24), giving water/tea in the first week (OR, 3.07; 95% CI: 1.56-6.03), and leaving the maternity ward before breastfeeding was started (OR, 2.59; 95% CI: 1.34-5.04). CONCLUSION: Although breastfeeding is common in this community, it rarely is exclusive and takes place for a relatively short duration. Identification of risk factors for early introduction of other milk offers potential avenues for future intervention, including improvement of breastfeeding support in antenatal and maternity services.
- Marsella LT, Savastano L, Saracino V, Del Vecchio R. [Child labour]. *Clin Ter* 2005; 156(6):273-80. Abstract: The authors emphasize the violation of children's and adolescents' rights as a result of the exploitation of child labour. Besides the legal aspect, they pointed out the medical features related to the delicate growing process of the child in the phases of development and adaptation of the main organs to hard work. Currently the problem is being supervised by those states that recognize the right for minors to be protected against any kind of physical, mental, spiritual and moral risk.
- Marsh A. Testing pregnant women and newborns for HIV: legal and ethical responses to public health efforts to prevent pediatric AIDS. *Yale J Law Fem* 2001; 13(2):195-263. Notes: GENERAL NOTE: KIE: Marsh, Andrea GENERAL NOTE: KIE: 444 fn. GENERAL NOTE: KIE: KIE Bib: AIDS/testing and screening; public health
- Marsh M. The missing piece. *Nurs Stand* 2003; 17(25):22-3.
- Martin MA, Rubio JC, Buchbinder J *et al*. Molecular heterogeneity of myophosphorylase deficiency (McArdle's disease): a genotype-phenotype correlation study. *Ann Neurol* 2001; 50(5):574-81. Abstract: We report on 54 Spanish patients with McArdle's disease from 40 unrelated families. Molecular analysis revealed that the most common R49X mutation was present in 70% of patients and 55% of alleles. The G204S mutation was less frequent and found in 14.8% of patients and 9% of mutant alleles. The W797R mutation was observed in 16.5% of patients, accounting for 13.7% of mutant alleles. Moreover, 78% of mutant alleles among Spanish patients can be identified by using polymerase chain reaction-restriction fragment length polymorphism analysis for the R49X, G204S, and W797R mutations, which makes noninvasive diagnosis possible through molecular genetic analysis of blood DNA. Six novel mutations were found. Three were missense mutations, E348K, R601W, and A703V; two nonsense mutations, E124X and Q754X; and one single base pair deletion, 533 delA. No clear genotype-phenotype correlation emerges from our study. Most of the mutations of uncharged and solvent inaccessible residues and the truncations must disrupt the basic structure of the protein. The mutations of charged residues would be expected to interfere with internal hydrogen bonding networks, introducing severe incompatible partnering that is caused by poor packing or electrostatic repulsions.
- Martin PL. Moving toward an international standard in informed consent: the impact of intersexuality and the Internet on the standard of care. *Duke J Gend Law Policy* 2002; 9:135-69. Notes: GENERAL NOTE: KIE: 310 fn. GENERAL NOTE: KIE: KIE Bib: informed consent/minors; patient care/minors
- Martin SG. Children exposed to domestic violence: psychological considerations for health care practitioners. *Holist Nurs Pract* 2002; 16(3):7-15. Abstract: This article reviews the psychological impact of exposure to domestic violence on child development. The purpose is to give insight to the following questions: How does the experience of family violence affect a child's perception of the world and relationships with others? What type of coping style might this same child be likely to develop? What factors help protect a child who has been exposed to violence in the home? In addition, the article discusses assessment considerations for health care practitioners and recommends areas for future research and public policy development.
- Martin SL, Mackie L, Kupper LL, Buescher PA, Moracco KE. Physical abuse of women before, during, and after pregnancy. *JAMA* 2001; 285(12):1581-4. Abstract: CONTEXT: Clinicians who care for new mothers and infants need information concerning postpartum physical abuse of women as a foundation on which to develop appropriate clinical screening and intervention procedures. However, no previous population-based studies have been conducted of postpartum physical abuse. OBJECTIVES: To examine patterns of physical abuse before, during, and after pregnancy in a representative statewide sample of North Carolina women. DESIGN, SETTING, AND PARTICIPANTS: Survey of participants in the North Carolina Pregnancy Risk Assessment Monitoring System (NC PRAMS). Of the 3542 women invited to participate in NC PRAMS between July 1, 1997, and December 31, 1998, 75% (n = 2648) responded. MAIN OUTCOME MEASURES: Prevalence of physical abuse during the 12 months before pregnancy, during pregnancy, and after infant delivery; injuries and medical interventions resulting from postpartum abuse; and patterns of abuse over time in relation to sociodemographic characteristics and use of well-baby care. RESULTS: The prevalence of abuse before pregnancy was 6.9% (95% confidence interval [CI],

5.6%-8.2%) compared with 6.1% (95% CI, 4.8%-7.4%) during pregnancy and 3.2% (95% CI, 2.3%-4.1%) during a mean postpartum period of 3.6 months. Abuse during a previous period was strongly predictive of later abuse. Most women who were abused after pregnancy (77%) were injured, but only 23% received medical treatment for their injuries. Virtually all abused and nonabused women used well-baby care; private physicians were the most common source of care. The mean number of well-baby care visits did not differ significantly by maternal patterns of abuse. CONCLUSION: Since well-baby care use is similar for abused and nonabused mothers, pediatric practices may be important settings for screening women for violence.

Martines J, Paul VK, Bhutta ZA *et al.* Neonatal survival: a call for action. *Lancet* 2005; 365(9465):1189-97. Notes: CORPORATE NAME: Lancet Neonatal Survival Steering Team  
Abstract: To achieve the Millennium Development Goal for child survival (MDG-4), neonatal deaths need to be prevented. Previous papers in this series have presented the size of the problem, discussed cost-effective interventions, and outlined a systematic approach to overcoming health-system constraints to scaling up. We address issues related to improving neonatal survival. Countries should not wait to initiate action. Success is possible in low-income countries and without highly developed technology. Effective, low-cost interventions exist, but are not present in programmes. Specific efforts are needed by safe motherhood and child survival programmes. Improved availability of skilled care during childbirth and family/community-based care through postnatal home visits will benefit mothers and their newborn babies. Incorporation of management of neonatal illness into the integrated management of childhood illness initiative (IMCI) will improve child survival. Engagement of the community and promotion of demand for care are crucial. To halve neonatal mortality between 2000 and 2015 should be one of the targets of MDG-4. Development, implementation, and monitoring of national action plans for neonatal survival is a priority. We estimate the running costs of the selected packages at 90% coverage in the 75 countries with the highest mortality rates to be US\$4.1 billion dollars a year, in addition to current expenditures of 2.0 billion dollars. About 30% of this money would be for interventions that have specific benefit for the newborn child; the remaining 70% will also benefit mothers and older children, and substantially reduce rates of stillbirths. The cost per neonatal death averted is estimated at 2100 dollars (range 1700-3100 dollars). Maternal, neonatal, and child health receive little funding relative to the large numbers of deaths. International donors and leaders of developing countries should be held accountable for meeting their commitments and increasing resources.

Martinez CR Jr, Forgatch MS. Adjusting to change: linking family structure transitions with parenting and boys' adjustment. *J Fam Psychol* 2002; 16(2):107-17. Abstract: This study examined links between family structure transitions and children's academic, behavioral, and emotional outcomes in a sample of 238 divorcing mothers and their sons in Grades 1-3. Multiple methods and agents were used in assessing family process variables and child outcomes. Findings suggest that greater accumulations of family transitions were associated with poorer academic functioning, greater acting-out behavior, and worse emotional adjustment for boys. However, in all three cases, these relationships were mediated by parenting practices: Parental academic skill encouragement mediated the relationship between transitions and academic functioning, and a factor of more general effective parenting practices mediated the relationships between transitions and acting out and emotional adjustment.

Martinez-Campillo Garcia F, Maura da Fonseca A, Santiago Oliva J *et al.* [Vaccine coverage study and intervention with health community agents in a marginal gypsy community of Alicante]. *Aten Primaria* 2003; 31(4):234-8.

Abstract: OBJETIVOS: To measure the vaccination coverage in a pediatric population living in Parque Ansaldo, Montoto, Casa Larga, Cabrera Vicario, San Anton and Travesia del Canal and evolution after an intervention health program performed by Gypsy educators specially trained for such intervention. DESIGN: Descriptive study, pretest-posttest without control group. SETTING: Community. Primary health care. Participants. Four hundred and sixty three marginals Gypsies children younger than 15 years old. MEASUREMENTS AND MAIN RESULTS: The project includes an educational program and health care actions by means of home visits. Duration of the project was from 1-10-96 until 1-10-97 and from 1-10-98 until 1-10-99. Before intervention the vaccine coverage was for polio, diphtheria and tetanus 41%, pertussis 24% and measles, mumps and rubella 36%. After intervention the overall coverage increased 17%. The vaccine coverage was for polio, diphtheria and tetanus 53%, pertussis 45% y measles, mumps and rubella 54%. CONCLUSIONS: This study shows up the low vaccine coverage founded and the increase of overall coverage after the intervention in 17%. We also conclude of the intervention the necessity of collaboration between Gypsies associations, health primary care centers and public health centers to carry out efficacy interventions in marginal population.

Martinez E. Children's Dental Safety Net--a collaborative initiative of San Diego County's Council of Community Clinics. *Compend Contin Educ Dent* 2002; 23(12 Suppl):36-8.

Martino SC, Collins RL, Kanouse DE, Elliott M, Berry SH.

Social cognitive processes mediating the relationship between exposure to television's sexual content and adolescents' sexual behavior. *J Pers Soc Psychol* 2005; 89(6):914-24.

Abstract: This study used multiple-group structural equation modeling to test a model explaining the association between exposure to televised sexual content and initiation of intercourse among an ethnically diverse national sample of 1,292 adolescents. The authors hypothesized, on the basis of social-cognitive theory, that exposure to televised sexual content would influence adolescents' safe-sex self-efficacy, sex-related outcome expectancies, and perceived peer norms regarding sex, and that each of these would, in turn, influence intercourse initiation. Findings support a model in which the relationship between exposure to TV's sexual content and intercourse initiation is mediated by safe-sex self-efficacy among African Americans and Whites but not among Hispanics. Outcome expectancies and perceived peer norms may also mediate the link between exposure and intercourse initiation among all 3 racial/ethnic groups, although evidence of this could not be confirmed.

Martins CB, Andrade SM. [Epidemiology of accidents and violence against children in a city of Southern Brazil]. *Rev Lat Am Enfermagem* 2005; 13(4):530-7. Abstract: This study aimed to analyze the epidemiological characteristics of accidents and violence against children under 15 years old who lived in Londrina, a city in the South of Brazil, in 2001. Morbidity data were collected from general hospitals records and mortality data were obtained from the Municipal Mortality Information Center. A total of 8,854 children were studied, which corresponded to an incidence rate of 74.8/1,000 children. Admission and fatality rates were 4.2% and 0.2%, respectively. The incidence rate was higher among two-year olds (109/1,000) and male victims prevailed (60.7%). Other causes of injuries were the main subtype of external cause (61.0%), followed by events of undetermined intention (30.6%) and by transport-related injuries (7.5%). The head was the most affected body part (34.9%) and superficial injuries were the most frequent kind of trauma (32.4%). The results contribute to the planning of injury control and prevention actions.

Martins CS, Ferriani MG. [Reintegration of victimized children and adolescents in their parents' view]. *Rev Bras Enferm* 2003; 56(6):651-4. Abstract: This study aims at learning, from some aggressor families' point of view, the way reintegration of child and adolescent victims into their own families happen, in the city of Ribeirao Preto-SP in 2002. The methodology used is descriptive and qualitative; data were collected through interviews and observation of participants. Nine families whose children were institutionalized were surveyed. Results showed that the institutionalization of children is a way for some

families to rethink the kind of education parents are providing their children with/their own education. For the other ones, it was perceived as a support for behavioral problems. As noticed, some parents stressed a negative influence falling upon their children, which made them more disobedient on their return home, and causing disciplinary procedures harder to be established. The conclusion is that reintegration of the target children/adolescents is harnessed by violence happening inside families.

Martyn C. Politics as a determinant of health. *BMJ* 2004; 329(7480):1423-4.

Masi G, Millepiedi S, Mucci M, Bertini N, Milantoni L, Arcangeli F. A naturalistic study of referred children and adolescents with obsessive-compulsive disorder. *J Am Acad Child Adolesc Psychiatry* 2005; 44(7):673-81.

Abstract: OBJECTIVE: To report on clinical features, comorbidity, and response to pharmacotherapy in children and adolescents with obsessive-compulsive disorder (OCD) naturalistically followed and treated with serotonin reuptake inhibitors (SRIs). METHOD: A consecutive series of 94 patients (65 males, 29 females, age 13.6 +/- 2.8 years), referred in the period January 2001-April 2004, diagnosed with a clinical interview (Diagnostic Interview for Children and Adolescents-Revised), and followed for 10 +/- 6 months, were included in the study. RESULTS: Contamination obsessions and washing rituals were associated with less impairment than other subtypes of OCD. Aggressive sexual obsessions and checking rituals as well as symmetry obsessions and ordering-repeating rituals were more frequently comorbid with tic disorders. According to the Clinical Global Impressions-Improvement scale (score 1 or 2), 63 subjects (67%) were responders to treatment. Nonresponders were more severely impaired and had a higher number of comorbid disorders, namely, bipolar disorder and conduct disorder ( $p < .05$ ). Forty-seven patients (50%) received an SRI monotherapy, whereas the other 47 (50%) needed other medications. Patients receiving SRI monotherapy were less severely impaired; had a later onset of OCD; were at a younger age at the visit, had higher rates of depression and anxiety and lower rates of bipolar disorder, attention-deficit/hyperactivity disorder, and conduct disorder ( $p < .05$ ). CONCLUSIONS: Long-term naturalistic prospective studies in pediatric patients with OCD might represent an important source of information for everyday care regarding the effectiveness of a treatment over extended periods of time under routine clinical conditions.

Mason PR, Gregson S, Gwanzura L, Cappuccinelli P, Rapelli P, Fiori PL. Enzyme immunoassay for urogenital trichomoniasis as a marker of unsafe sexual behaviour. *Epidemiol Infect* 2001; 126(1):103-9.

Abstract: Enzyme immunoassay (EIA) was used to detect antibodies to *Trichomonas vaginalis* in sera from Zimbabwe. The EIA showed a sensitivity of 95 and 94% when compared with vaginal swab culture among women attending a family planning clinic (FPC) and female commercial sex workers (CSW) respectively. The specificity was 85 and 77% in the two groups. Culture-negative FPC women were sub-divided into high risk or low risk of exposure to trichomoniasis. The seroprevalence was 10% (6/61) among low risk women, 21% (10/48) among high risk women and 23% (9/39) among culture negative CSW. The EIA was positive in 46% (18/39) men with genital discharge but only 5% (2/37) healthy blood donors. None of 31 sera from prepubescent children was positive. The EIA may be useful for community surveys of trichomoniasis. Because *T. vaginalis* is a common sexually transmitted disease, the test may indicate behaviour that increases the risk of STD transmission.

Mastal MF. Building a caring community. Coordinating the health care of children with special needs. *Healthplan* 2001; 42(5):58, 60-2.

Mastroianni AC, Kahn JP. Risk and responsibility: ethics, *Grimes v Kennedy Krieger*, and public health research involving children. *Am J Public Health* 2002; 92(7):1073-6.

Notes: GENERAL NOTE: KIE: 10 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors; public health  
Abstract: The legal case of *Grimes v. Kennedy Krieger Institute, Inc*, has raised concerns in the public health research community regarding the acceptable level of risk in research involving children, parental authority for informed consent, and exploitation of research subjects for the benefit of public health. We provide an overview of the case and discuss the impact of the court's decision and its possible effect on future research protection policies and practices.

Mathew SJ, Mao X, Coplan JD *et al.* Dorsolateral prefrontal cortical pathology in generalized anxiety disorder: a proton magnetic resonance spectroscopic imaging study. *Am J Psychiatry* 2004; 161(6):1119-21.  
Abstract: OBJECTIVE: Few neuroimaging studies of generalized anxiety disorder have been conducted. The present study used proton magnetic resonance spectroscopy to assess concentrations of N-acetylaspartate, often considered a marker of neuronal viability, in generalized anxiety disorder patients. METHOD: N-Acetylaspartate/creatine resonance ratios were measured in the left and right dorsolateral prefrontal cortex and hippocampus of 15 medication-free generalized anxiety disorder patients and 15 age- and sex-matched healthy volunteers. RESULTS: Generalized anxiety disorder patients had a 16.5% higher N-acetylaspartate/creatine ratio in the right

dorsolateral prefrontal cortex compared with healthy participants; 13 of 15 matched patient-comparison subject pairs displayed a difference in this direction. In addition, generalized anxiety disorder patients reporting childhood abuse had lower N-acetylaspartate/creatine ratios in the right dorsolateral prefrontal cortex than did nonabused patients. Metabolite differences were not detected in other regions. CONCLUSIONS: Generalized anxiety disorder is associated with asymmetric increases in the N-acetylaspartate/creatine ratio, a suggested marker of neuronal viability, in the prefrontal cortex. The findings also support prior research linking childhood abuse to reduced neuronal viability.

Maton KI, Hrabowski FA 3rd. Increasing the number of African American PhDs in the sciences and engineering: a strengths-based approach. *Am Psychol* 2004; 59(6):547-56.

Abstract: Fifty years after *Brown v. Board of Education*, the percentage of African American students who receive PhDs in natural science, technology, engineering, or mathematics (STEM) fields remains disappointingly low. A multifaceted, strengths-based approach to intervention and research that holds great promise for increasing the number of African American students who achieve at the highest levels academically is described. This work began in 1988 with the development of the Meyerhoff Scholars Program for undergraduate minority STEM majors at the University of Maryland, Baltimore County (UMBC). If current PhD receipt rates of program graduates continue, UMBC will in all likelihood become the leading predominantly White baccalaureate-origin university for Black STEM PhDs in the nation. The program is described and outcome and process findings from its ongoing evaluation are highlighted. The parenting practices that helped these youths to overcome the odds and achieve at the highest levels prior to coming to college are also examined.

Matsuda I. Bioethical considerations in neonatal screening: Japanese experiences. *Southeast Asian J Trop Med Public Health* 2003; 34 Suppl 3:46-8.  
Abstract: Since 1979, at least 13,000 affected babies have been identified with one of the tested diseases. The outcome for patients is generally favorable if adequate treatment is given. Recently, ethical issues have arisen concerning whether or not written informed consent should be required, under what conditions the residual blood spot may be used for research purposes other than that originally designed, and whether or not the test is cost-effective. Mandatory screening seems acceptable under certain conditions, but parental education and opportunity for refusal should be part of the system. Refusal should be documented only after an attempt has been made to persuade parents to consent. Informed consent is necessary if there is uncertainty about the test's benefit to the child. Parents should be informed of the potential research value of

the samples and assured that research results will not be linked to any particular/individual newborn. If identified or coded blood spots are used for research, IRB review and approval by IRB must occur. The net health care benefit from screening for six disorders in Japan was 0.25 billion yen (\$2.2 million) per 100,000 screened newborns compared to \$3.2 million for PKU and CH in the US for 100,000 screened newborns.

Matsumoto T, Yamaguchi A, Asami T, Okada T, Yoshikawa K, Hirayasu Y. Characteristics of self-cutters among male inmates: association with bulimia and dissociation. *Psychiatry Clin Neurosci* 2005; 59(3):319-26.

Abstract: It was examined whether bulimia and dissociation are common in male self-cutters, as has been found in female self-cutters. The subjects were 796 male inmates of a juvenile prison. A self-reporting questionnaire was used to assess self-cutting, histories of psychoactive substance use, problem behaviors, and traumatic life events in the subjects. The Adolescent Dissociative Experience Scale and the Bulimia Investigatory Test of Edinburgh were also used. Subjects were divided into two groups: self-cutting and non-cutting. Questionnaire responses and dissociation and bulimia assessments were compared between the groups. Self-cutters began smoking ( $P < 0.001$ ) and drinking ( $P < 0.001$ ) earlier, and more frequently used illicit psychoactive drugs ( $P < 0.001$ ), experienced childhood physical abuse ( $P < 0.001$ ), and reported suicide attempts ( $P < 0.001$ ), suicidal ideation ( $P < 0.001$ ), and outward violence toward a person ( $P < 0.001$ ) or object ( $P < 0.001$ ) than non-cutters. Self-cutters also scored significantly higher on the bulimia ( $P < 0.001$ ) and dissociation tests ( $P < 0.001$ ). Logistic regression analysis demonstrated that suicide attempt (odds ratio, 4.311) and suicidal ideation (odds ratio, 2.336) could discriminate between male inmates with and without self-cutting. Male self-cutters showed 'multi-impulsive bulimic' tendencies resembling those of female self-cutters, although to a lesser extent. Clinical features of male as opposed to female self-cutters were influenced by gender differences.

Matthys W, Maassen GH, Cuperus JM, van Engeland H. The assessment of the situational specificity of children's problems behaviour in peer-peer context. *J Child Psychol Psychiatry* 2001; 42(3):413-20. Abstract: In both theory and research the general issue of the extent to which children's problem behaviour is generalised across situations, and to what extent it is situation specific, has been neglected. In the clinical assessment of disordered children, too, little attention has been paid to the specific situations in which these children display their inappropriate behaviour. In this study the Taxonomy of Problematic Social Situations (TOPS) (Dodge, McClaskey, & Feldman, 1985) was employed. This is a questionnaire in which the child's teacher is asked to rate the likelihood of a child responding in an inappropriate manner in a specific

situation. Characteristics of TOPS were investigated both in randomly selected normal school children and in boys with a conduct disorder. Four factors appeared to underlie the TOPS scores from 652 randomly selected boys and girls from grades 1 to 6, these being: teachers' scores for the types of problem situation Being Disadvantaged, Coping with Competition, Social Expectations of Peers, and Teacher Expectations. Because of the high internal consistency of the four factors, TOPS was abbreviated to a TOPS-Short Form (18 instead of 44 items). The four-factor model was cross-validated by means of a second sample of 326 boys and girls. A model with only one general problem behaviour factor did not fit the data of both samples. When the four specific factors were added a satisfactory fit resulted. Moreover, it was found that in the first sample 52% of the variance was explained by the general factor, whereas 18% of the variance was explained by the four specific factors together. Thus, the extent to which problem behaviour is situation specific should not be disregarded. In all four types of problem situation, boys showed more inappropriate behaviour than girls. With increasing age, children were rated as being more competent in dealing with the problem situation Being Disadvantaged. Teachers rated the four types of problem situation as more problematic for boys with a conduct disorder ( $N = 42$ ) than for normal control boys ( $N = 67$ ). Conduct disordered boys also differed individually in the number of situational types that were problematic for them. With respect to clinical implications, the identification of the particular social context in which a conduct disordered child displays his or her inappropriate behaviour may help refine treatment goals: more adequate social functioning should be aimed at specifically in those situations that are problematic.

Maughan B, Iervolino AC, Collishaw S. Time trends in child and adolescent mental disorders. *Curr Opin Psychiatry* 2005; 18(4):381-5.

Abstract: PURPOSE OF REVIEW: 1995 saw the publication of a major review of time trends in psychosocial disorders of youth across the second half of the twentieth century. It found evidence for substantial increases in rates of youth crime, alcohol and drug use, depression and suicide in most industrialized countries in the decades following the Second World War, slowing in some instances in the 1980s. Ten years on, we review findings on more recent trends in rates of these and other indicators of child and adolescent mental health. RECENT FINDINGS: Prevalence estimates for autism spectrum disorders have increased in recent decades, as has public and professional awareness of hyperactivity and attention deficits. Trends in adolescent conduct problems, and in alcohol and drug use, appear to reflect culture-specific influences. Rates of suicide among young males, and self-harm among females have risen in many countries in recent years; trends in emotional disorders are more varied, but there is little evidence

for any rise in rates of anorexia nervosa. Although some contributors to these trends have been identified, much remains to be learned about the key risks involved. SUMMARY: Monitoring time trends in child and adolescent mental health is essential for service planning; knowledge of changing trends can also provide important pointers to potential risk factors. Current data sources allow relatively reliable tracking of trends in some areas, but remain severely limited in others. Further research is needed to understand the mechanisms underlying recently identified trends in child and adolescent mental health.

Maughan B, Rowe R, Messer J, Goodman R, Meltzer H. Conduct disorder and oppositional defiant disorder in a national sample: developmental epidemiology. *J Child Psychol Psychiatry* 2004; 45(3):609-21. Abstract: BACKGROUND: Despite an expanding epidemiological evidence base, uncertainties remain over key aspects of the epidemiology of the 'antisocial' disorders in childhood and adolescence. METHODS: We used cross-sectional data on a nationally representative sample of 10,438 5-15-year-olds drawn from the 1999 British Child Mental Health Survey to examine age trends, gender ratios and patterns of comorbidity in DSM-IV Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD). RESULTS: CD was significantly more common in boys than girls, and increased in prevalence with age. Among children who met diagnostic criteria for CD, status violations and other non-aggressive conduct problems increased with age, while aggressive symptoms became less common. Gender differences in ODD varied by reporter. Estimates of age trends in ODD depended heavily on treatment of overlaps with CD. Following DSM-IV guidelines (where ODD is not diagnosed in the presence of CD), rates of ODD fell with age; if that constraint was released, clinically significant rates of oppositionality persisted at similar levels from early childhood to middle adolescence. CD and ODD showed high levels of overlap, and both diagnoses showed substantial comorbidity with other non-antisocial disorders. CONCLUSIONS: Results from this large-scale study confirm and extend previous findings in the epidemiology of the disruptive behaviour disorders.

Max JE, Robin DA, Taylor HG *et al.* Attention function after childhood stroke. *J Int Neuropsychol Soc* 2004; 10(7):976-86. Abstract: We investigated attentional outcome after childhood stroke and orthopedic diagnosis in medical controls. Twenty-nine children with focal stroke lesions and individually matched children with clubfoot or scoliosis were studied with standardized attention and neuroimaging assessments. Stroke lesions were quite varied in location and commonly involved regions implicated in Posner's model of attention networks. Children with stroke lesions performed significantly more poorly regarding attention function

compared with controls. Performance on the Starry Night, a test demanding alerting and sensory-orienting but not executive attention function, was significantly associated with lesion size in the alerting and sensory-orienting networks but not the executive attention network. Furthermore, earlier age at lesion acquisition was significantly associated with poorer attention function even when lesion size was controlled. These findings support the theory of dissociable networks of attention and add to evidence from studies of children with diffuse and focal brain damage that early insults are associated with worse long-term outcomes in many domains of neuropsychological function. In addition, these results may provide clues towards the understanding of mechanisms underlying attention in children.

Maxeiner H. Demonstration and interpretation of bridging vein ruptures in cases of infantile subdural bleedings. *J Forensic Sci* 2001; 46(1):85-93. Abstract: Report of two cases of lethal infantile subdural bleedings (SDB). Bridging vein (BV) ruptures were directly proven as the source of the (minimal) SDB by a postmortem X-ray. In the controversial discussion concerning the causes of infantile SDB, proof of the occurrence of several BV ruptures is seen as an important sign of a trauma of significant degree. Although infantile SDB undoubtedly can result from accidental as well as intentional injuries, and therefore, the SDB itself does not allow far-reaching conclusions as to the cause of injury, the presence of several BV ruptures combined with an SDB of insignificant volume, in an infant dead or in a deep coma on clinical presentation, is not compatible with the supposition of a minor fall as the cause. We have not observed such findings as the result of a minor accidental event for more than 15 years.

Maxeiner H. [Evaluation of subdural hemorrhage in infants after alleged minor trauma]. *Unfallchirurg* 2001; 104(7):569-76. Abstract: QUESTIONING: Recently the discussion concerning the causes of infantile subdural bleedings (SDB) has become quite controversial. The widespread interpretation that most of these cases are the result of abuse, especially by the shaken-baby-syndrome, was doubted, and the role of (even minor) accidental events was emphasized. METHODS: This situation should be analyzed basing on the official statistics of the causes of death in the city of Berlin (1978-1998) and the autopsy material of our institute (1978-1999). RESULTS: In this period, approximately 440.000 children lived their first year of life in our city. Only 80 violent deaths of infants (up to 1 year old) were recorded in the official statistics, including 27 deaths due to blunt forces, with 24 lethal head injuries as the main group. Only two cases were attributed to "falls under unclear conditions"; all other accidental cases were the results of traffic accidents or falls from a height. No death due to an undoubted minor fall was

recorded, nor was any in our autopsy material. We investigated 10 cases of infantile SDB, all without skull fractures and gross brain injuries. Only 1 victim had a SDB of a significant volume; in all other cases only small amounts of blood were present in the subdural space. Bridging vein ruptures were directly demonstrated in 8 cases and were bilaterally in most instances; recently their detection has been simplified by postmortem x-ray using contrast material. All 10 cases were interpreted as typical acceleration-deceleration injuries (as in shaking), although only in 2 cases a confession of this procedure could be obtained. CONCLUSION: Comparing cases of accidental and non-accidental SDB in the literature, infantile SDB obviously cannot be looked at as a homogeneous entity: two quite different types should be kept separate: the patients suffering from an accidental SDB due to a minor fall mostly do not deteriorate immediately after the trauma, develop SDB of some volume, up to a space-occupying mass lesion, and have often a good prognosis. A lethal outcome is extremely uncommon; we have not observed a single case of an infantile lethal SDB resulting from such a minor injury for more than 20 years. The source of the SDB in those cases currently is unknown in most instances. The second group of infantile SDB includes the well-known group of shaken-baby-syndrome: no adequate history, infants dead or nearly dead on clinical presentation, often a poor outcome if the event is survived, typically no significant volume of SDB, and--according to our experiences--in all cases BV ruptures. This combination of several BV ruptures with no significant subdural bleeding is not compatible with a supposition of a minor fall causing this.

Maxeiner H. [A postmortem view on "pure" subdural hemorrhages in infants and toddlers]. *Klin Padiatr* 2002; 214(1):30-6. Abstract: In the last years, the discussion concerning the causes of infantile subdural hemorrhages became controversial. Many authors still suppose that child abuse is the predominant cause of such cases. On the other hand, reports presenting series of accidental cases were published, and the fear of an overdiagnosis of the shaken baby syndrome has been expressed. Our autopsy material concerning all lethal head injuries of infants and toddlers from 2 decades was reviewed. 17 of these 64 cases were characterized by the following: history of no trauma or only an insignificant event; children found dead or apnoic or in coma; no skull fractures; no focal brain injury; ruptures of several bridging veins but only minimal subdural bleeding. 11 victims were infants (1st year of life) and either 3 were 2 years resp. 3 - 6 years old; 50 % of all lethal head injuries of infants were of this type, while only 25 % resp. 10 % of the following age groups. None of these 17 cases was a result of a minor accident witnessed by unrelated persons. Abuse could be ascertained with a high degree of probability in most cases and remained quite likely in the others. Two different types of

subdural hemorrhages should be kept from another: a) patients suffering a moderate head injury from a minor accident which results in a subdural bleeding (from a small intracranial lesion) often do not deteriorate soon after the impact, develop a hemorrhage of significant volume, respond well to therapy and have a good prognosis. b) cases with a history of no or only of an insignificant trauma, infants dead or nearly dead on clinical presentation, often a poor outcome in cases of survival. There is typically no significant subdural bleeding despite multiple bridging vein ruptures in the majority of these cases: the subdural hemorrhage is here only a visible sign of a much more serious and general cerebral alteration, resulting in a rapid increase of intracranial pressure (often complicated by respiratory arrest) which prevents a significant bleeding into the subdural space. This combination of findings is typically found in victims of massive events (car occupants in high-velocity crashes) and not compatible with a supposition of a minor fall causing this.

May PA, Gossage JP. Estimating the prevalence of fetal alcohol syndrome. A summary. *Alcohol Res Health* 2001; 25(3):159-67.

Abstract: Since the late 1970s, many studies have reported on the prevalence of fetal alcohol syndrome (FAS), alcohol-related birth defects (ARBD), and alcohol-related neurodevelopmental disorders (ARND). The three main types of research methods used in these studies are passive surveillance, clinic-based studies, and active case ascertainment. This article describes each of these methods, including their strengths and weaknesses, and summarizes the estimated prevalence of FAS produced by each of these approaches. The maternal risk factors associated with FAS and other alcohol-related anomalies include advanced maternal age, low socioeconomic status, frequent binge drinking, family and friends with drinking problems, and poor social and psychological indicators. Overall, the available literature points to a prevalence rate of FAS of 0.5 to 2 cases per 1,000 births in the United States during the 1980s and 1990s.

May WE. "Jodie" and "Mary": separating the Maltese twins. *Natl Cathol Bioeth Q* 2001; 1(3):407-16. Notes: GENERAL NOTE: KIE: May, William E GENERAL NOTE: KIE: 32 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors

Maybloom B, Champion Z. Development and implementation of a multi-centre information system for paediatric and infant critical care. *Intensive Crit Care Nurs* 2003; 19(6):326-41. Abstract: BACKGROUND: With no UK collective information system, a need existed to establish an integrated information system for public and private sector hospitals providing paediatric and infant critical care services. A lack of information in the past made it difficult for those procuring, providing and monitoring

services to make informed, evidence-based decisions using reliable integrated data. OBJECTIVES: To develop and implement a collective multi-purpose information system for paediatric and infant critical care that was easily adaptable to any UK infant or paediatric critical care setting. Information outputs had to fulfil policy requirements and meet the needs of stakeholders. METHOD: Two minimum datasets, corresponding data definitions, survey forms and a user database were developed through a process of consultation by utilising an information partnership. Design, content, development and implementation issues were identified, discussed and resolved through a co-ordinated collaborative process. RESULTS: Data collection was implemented in all London and Brighton National Health Service (NHS) general and cardio-thoracic paediatric intensive care (PIC) units, several private PIC units and one NHS tertiary referral neonatal unit (NNU) 24 months from project start. CONCLUSIONS: The development of universal integrated information systems for defined settings of care is achievable within reasonable timeframes; however, successful development and implementation requires working within an information partnership to maximise co-ordination, co-operation and collaboration. Those collecting and using data must be identified and involved in all aspects of development from project start. Financial and manpower resources must be well planned. Datasets should be as small as possible in order to make the collection of complete and valid data realistically achievable. When considering service-based information needs, considerable thought should be given to a multi-purpose; multi-use approach based on the most refined minimum dataset possible.

Mayer KL, Ho HS, Goodnight JE Jr. Childbearing and child care in surgery. *Arch Surg* 2001; 136(6):649-55. Abstract: HYPOTHESIS: The responsibility for childbearing and child care has a major effect on general surgical residency and subsequent surgical practice. METHODS: A survey of all graduates from a university general surgical training program between 1989 and 2000. RESULTS: Twenty-seven women and 44 men completed general surgical training at our university during the period, and 42 (59%) responded to our survey. The age at completion of the residency was 34.0 +/- 2.2 years for men and 33.9 +/- 2.8 years for women. During residency, 64% (14/22) of the men and 15% (3/20) of the women had children. At the time of the survey, 21 (95%) of the men and 8 (40%) of the women had children. Most residents (24 [57%] of 42) relied on their spouse for child care. During surgical practice, 18 (43%) indicated that they rely on their spouse; 19 (45%) use day care, home care, or both; and (8%) of 26 are unsatisfied with their current child care arrangement. During training, 38% (5/13) of men and 67% (2/3) of women took time off for maternity leave, paternity leave, or child care. Two of 3 surgeons would like to have had more time off during residency; most

men (70%, or 7 of 10) recommended a leave of 1 to 3 months, and all women preferred a 3-month maternity or child care leave of absence. During surgical practice, only 12% (2/17) of men but 64% (7/11) of women have taken time off for either childbearing or child care. Half of the respondents (21/42) have a formal leave of absence policy at work, 52% (11/21) of which are paid leave programs. Although the workweek of our practicing graduates is 69 +/- 16 hours for men and 64 +/- 12 hours for women, 62% (26/42) spend more than 20 hours per week parenting. More than 80% (27/32) would consider a part-time surgical practice for more parenting involvement; one third of the responders suggested that 30 hours a week constitutes a reasonable part-time practice, one third preferred fewer than 30 hours, and one third favored more than 30 hours per week. Data are presented as mean +/- SD. CONCLUSIONS: Childbearing and child care may have an enormous impact on one's decision to pursue a career in surgery. To attract and retain the best candidates for future surgeons, formal policies on the availability of child care services in the residency program and the workplace should be studied and implemented. Furthermore, national studies are needed to define appropriate, acceptable workweeks for part-time or flexible practices and the duration of leaves of absence for childbearing or child care.

Mayor S. Report calls for clinical networks to improve babies' survival. *BMJ* 2003; 326(7391):680.

Mayor S. WHO report shows public health impact of violence. *BMJ* 2002; 325(7367):731.

Maziak W. Smoking in Syria: profile of a developing Arab country. *Int J Tuberc Lung Dis* 2002; 6(3):183-91. Abstract: One of the main obstacles to tobacco control in the Middle East lies in the shortage of reliable, standardised data on the spread and patterns of tobacco use in society. In Syria, a project aiming at drawing an epidemiological map of the tobacco epidemic in this country was started 4 years ago. Overall, nine studies have resulted, with a total of 6780 participants. The crude prevalence of current smoking among adults in Syria, based on combined information from all studies, is 48% and 9% for males and females, respectively. The prevalence of current smoking among high school adolescents is 16% and 7% for boys and girls, respectively, and was strongly associated with parental and sibling smoking. High school students from families with parents and/or siblings who smoked were 4.4 times more likely to be current smokers than those from non-smoking families. The biggest influx of new smokers among males in Syria is occurring in the early twenties, but an earlier pattern can occur among youths with low academic performance or socioeconomic status. Smoking in women, evaluated by data from physicians, tends to start later than in men and continues to increase with age. Women's smoking in



Syria is related to their level of social liberalisation. Data show that active smoking is associated with an increased risk of respiratory diseases among smokers, and that exposure to environmental tobacco smoke (ETS) is associated with an increased risk of respiratory symptoms in children. Knowledge about the harmful effects of smoking and the desire to quit are disproportionate to the rate of successful cessation. The evidence collected indicates possible avenues for tobacco control in Syria, including price increases, smoking cessation programmes, restriction of adolescents' access to cigarettes, and intensive prevention work among women.

Mazzoni CM. The rights of the embryo and the foetus in private law: the Italian experience. *Law Hum Genome Rev* 2002; (17):83-97.  
Notes: GENERAL NOTE: KIE: KIE Bib: embryo; embryo and fetal research; personhood

Mbassa Menick D, Ngoh F. [Psychological mistreatment of children with sickle cell disease in Cameroon: description and analysis of 1 case]. *Med Trop (Mars)* 2001; 61(2):163-8.  
Abstract: Psychological maltreatment of a children with sickle-cell disease is a form of parental dysfunction provoked by a crisis situation. In most cases, this type of child abuse involves a relatively harmonious family going through a period of adaptation that jeopardizes its internal equilibrium. The weakest components of the family, i.e., the children, become the scapegoats for the crisis. After a brief description of this disorder, the authors analyze the different causes that lead to eruption of intra-familial violence. Several cultural, social, and economic factors combine to trigger the maltreatment to which hapless children with sickle-cell disease fall victim. Special legislation to provide appropriate child care is the only alternative to prevent these situations from becoming chronic subject only to the socio-economic conditions of the parents and prevailing ethos.

McAliley LG, Daly BJ. Baby Grace. *Hastings Cent Rep* 2002; 32(1):12; discussion 13-5.  
Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; treatment refusal/minors

McAlonan GM, Cheung V, Cheung C *et al.* Mapping the brain in autism. A voxel-based MRI study of volumetric differences and intercorrelations in autism. *Brain* 2005; 128(Pt 2):268-76.  
Abstract: Autism is a disorder of neurodevelopment resulting in pervasive abnormalities in social interaction and communication, repetitive behaviours and restricted interests. There is evidence for functional abnormalities and metabolic dysconnectivity in 'social brain' circuitry in this condition, but its structural basis has proved difficult to establish reliably. Explanations for this include replication difficulties inherent in

'region of interest' approaches usually adopted, and variable inclusion criteria for subjects across the autism spectrum. Moreover, despite a consensus that autism probably affects widely distributed brain regions, the issue of anatomical connectivity has received little attention. Therefore, we planned a fully automated voxel-based whole brain volumetric analysis in children with autism and normal IQ. We predicted that brain structural changes would be similar to those previously shown in adults with autism spectrum disorder and that a correlation analysis would suggest structural dysconnectivity. We included 17 stringently diagnosed children with autism and 17 age-matched controls. All children had IQ >80. Using Brain Activation and Morphological Mapping (BAMM) software, we measured global brain and tissue class volumes and mapped regional grey and white matter differences across the whole brain. With the expectation that volumes of interconnected regions correlate positively, we carried out a preliminary exploration of 'connectivity' in autism by comparing the nature of inter-regional grey matter volume correlations with control. Children with autism had a significant reduction in total grey matter volume and significant increase in CSF volume. They had significant localized grey matter reductions within fronto-striatal and parietal networks similar to findings in our previous study, and additional decreases in ventral and superior temporal grey matter. White matter was reduced in the cerebellum, left internal capsule and fornices. Correlation analysis revealed significantly more numerous and more positive grey matter volumetric correlations in controls compared with children with autism. Thus, using similar diagnostic criteria and image analysis methods in otherwise healthy populations with an autistic spectrum disorder from different countries, cultures and age groups, we report a number of consistent findings. Taken together, our data suggest abnormalities in the anatomy and connectivity of limbic-striatal 'social' brain systems which may contribute to the brain metabolic differences and behavioural phenotype in autism.

McBeth J, Morris S, Benjamin S, Silman AJ, Macfarlane GJ. Associations between adverse events in childhood and chronic widespread pain in adulthood: are they explained by differential recall? *J Rheumatol* 2001; 28(10):2305-9.  
Abstract: OBJECTIVE: Clinic based studies suggest that adverse events in childhood may predispose to chronic pain in adult life. These have been conducted on highly selected groups, and it is unknown whether these relationships hold in the general population and to what extent the increased rate of adverse childhood events in persons with pain is an artefact of differential reporting. We examined the hypothesis that chronic widespread pain was associated with reports of adverse experiences in childhood and whether any observed relationships could be explained by differential recall.

**METHODS:** A cross sectional population based screening survey was conducted. Subjects completed a questionnaire that included assessments of pain and psychological state. In total, 296 subjects who had demonstrated psychological distress were randomly selected and had a detailed interview, which included an assessment of 14 adverse childhood experiences. Medical records relating to childhood were also examined for those subjects. **RESULTS:** The prevalence of self-reported adverse childhood experiences was greatest in adult subjects with current chronic widespread pain. Exposure to illness in family members, parental loss, operations, and abuse were all associated with increased, but nonsignificant, odds of having chronic widespread pain versus those without such exposures. However the only statistically significant association was with childhood hospitalizations. From medical record information the associations of hospitalizations (OR 5.1, 95% CI 2.0-13.0) and operations (OR 3.0, 95% CI 1.2-7.2) with pain previously noted were partly explained by differential recall between subjects with and without pain: hospitalizations, OR 2.2, 95% CI 0.9-5.5; operations, OR 1.2, 95% CI 0.5-3.4. **CONCLUSION:** Although several reported adverse events in childhood were observed to be associated with chronic widespread pain in adulthood, only reports of hospitalizations were significantly associated. Validation of self-reported exposures suggests that there was differential recall of past events among those with and without pain, and this differential recall explained the association between hospitalizations and current chronic pain. Such differential recall may explain other observations of an association between reports of adverse childhood events and chronic pain in adulthood.

McBurney PG, Simpson KN, Darden PM. Potential cost savings of decreased emergency department visits through increased continuity in a pediatric medical home. *Ambul Pediatr* 2004; 4(3):204-8. Abstract: **PURPOSE:** To determine the potential cost savings of decreased emergency department (ED) visits resulting from increased continuity of care provided in a pediatric medical home. **METHODS:** An economic modeling study comparing the cost of ED visits associated with average continuity of care versus the cost of ED visits associated with a 10% point increase in continuity was performed. This model's premise is that increased continuity will decrease care in the ED. Parameters of the model included average continuity of care and expected use of the ED by pediatric patients as well as the relationship between these two variables. Parameters were estimated from the literature. Average continuity, as measured by the Continuity of Care Index by Bice and Boxerman, was determined to be 40%. Average ED use was estimated to be 0.68 visits/child per year. Continuity of care was stratified into low, medium, and high levels. The Medical University of South Carolina's ED charges were used. An average pediatric practice was estimated to contain 2000 patients. **RESULTS:** Two hypothetical practices of 2000 patients each were created to represent pediatric medical homes: practice 1 received 40% continuity and practice 2 received 50%. The model's outcome was measured in terms of expected ED charges per practice averted over a 1-year period. Increasing continuity of care by 10% points yielded a decline in expected ED visits from 1362 to 1290 per practice: 19,905 US dollars was saved. **CONCLUSION:** Continuity of care can yield many benefits, including cost savings from decreased charges associated with less frequent ED use.

McBurnett K, Kerckhoff C, Capasso L *et al.* Antisocial personality, substance abuse, and exposure to parental violence in males referred for domestic violence. *Violence Vict* 2001; 16(5):491-506. Abstract: This study investigated whether childhood disruptive behavior (hyperactivity, oppositional-defiance, conduct problems) plus adult psychopathic adjustment are associated with domestic violence. Adult males (n = 66) in diversion programs completed the Wender Utah Rating Scale (WURS), MMPI Psychopathic Deviate scale (PD), Conflict Tactics Scales representing themselves and their parents, and substance use measures. Substance use and lifespan antisocial personality (measured by high WURS and PD scores) were robust predictors of verbal and moderate physical domestic abuse. Violence in the family of origin was associated with abuse when tested alone, but failed to exhibit unique association with abuse when other predictors were taken into account. The possibility that antisocial batterers respond to contingencies by moderating physical harm, while persisting at psychological harm, is discussed.

McCabe KM, Hough R, Wood PA, Yeh M. Childhood and adolescent onset conduct disorder: a test of the developmental taxonomy. *J Abnorm Child Psychol* 2001; 29(4):305-16. Abstract: Hypotheses generated by a developmental taxonomy that distinguishes between childhood and adolescent onset conduct disorders were tested. Hypotheses predicted that (1) individual and familial factors would be more strongly related to childhood onset conduct disorder, whereas ethnic minority status and exposure to deviant peers would be more strongly related to adolescent onset conduct disorder and (2) individuals with childhood onset disorder would be more likely to commit violent and victim oriented offenses than individuals with adolescent onset conduct disorder. The first hypothesis was strongly supported and the second hypothesis was partially supported. Implications for early identification of youth at risk for chronic offending are discussed.

McCabe KM, Lansing AE, Garland A, Hough R. Gender differences in psychopathology, functional impairment, and familial risk factors among adjudicated

delinquents. *J Am Acad Child Adolesc Psychiatry* 2002; 41(7):860-7.

Abstract: OBJECTIVE: To test the hypotheses that female juvenile delinquents would have higher rates of psychological symptoms, DSM-IV psychiatric and substance use disorders, functional impairment, and familial risk factors than male juvenile delinquents. METHOD: A stratified random sample of adjudicated delinquents (n = 513 males, n = 112 females) was drawn from San Diego County administrative databases. Of those sampled youths who could be located, 65.7% completed interviews. Psychological symptoms, DSM-IV diagnoses, and familial risk factors were assessed between October 1997 and January 1999. RESULTS: Female delinquents scored higher on parent and self-report measures of psychological symptoms and had higher rates of DSM-IV mental disorders than did male delinquents. Girls also experienced greater incidences of physical, emotional, and sexual abuse; physical neglect; and family history of mental illness than their male counterparts. No gender differences were found on parental ratings of youth functional impairment, substance use disorders, comorbidity, or parental history of antisocial behavior. CONCLUSIONS: Findings indicated that female adjudicated delinquents have significantly higher rates of psychopathology, maltreatment history, and familial risk factors than males and suggest that the mental health needs of girls in juvenile justice deserve increased attention.

McCarter-Spaulding DE, Kearney MH. Parenting self-efficacy and perception of insufficient breast milk. *J Obstet Gynecol Neonatal Nurs* 2001; 30(5):515-22. Abstract: OBJECTIVE: Insufficient breast milk is a major reason why mothers give up breastfeeding and may be related to low levels of maternal confidence. This study explored the relationship between parenting self-efficacy (PES) and perception of insufficient breast milk. DESIGN: Cross-sectional descriptive correlational study. SETTING: Four private primary care pediatric practices in the northern United States. PARTICIPANTS: Sixty breastfeeding mothers of infants ages 1 to 11 weeks. PROCEDURES: Mothers were recruited during well-baby pediatric visits. They returned completed questionnaires by mail. Data were analyzed using descriptive statistics, t tests, and multiple regression analysis. MAIN OUTCOME MEASURE: The Perception of Insufficient Milk (PIM) questionnaire, an investigator-developed instrument. RESULTS: There was a significant correlation ( $r = .487$ ,  $p < .01$ ) between the self-efficacy and perceived insufficient milk scores. Regression analysis revealed that 23% of the variance in PIM was explained by PES, after maternal age, education, and parity had been taken into account. CONCLUSIONS: Although further research is needed to refine the measurement of perceived insufficient milk and differentiate breastfeeding self-efficacy from general parenting self-efficacy, nursing interventions to enhance self-efficacy

may improve mothers' confidence in the adequacy of their milk supply.

McClelland GM, Elkington KS, Teplin LA, Abram KM. Multiple substance use disorders in juvenile detainees. *J Am Acad Child Adolesc Psychiatry* 2004; 43(10):1215-24.

Abstract: OBJECTIVE: To estimate the 6-month prevalence of multiple substance use disorders (SUDs) among juvenile detainees by demographic subgroups (sex, race/ethnicity, age). METHOD: Participants were a randomly selected sample of 1,829 African American, non-Hispanic white, and Hispanic detainees (1,172 males, 657 females, aged 10 to 18). Patterns and prevalence of DSM-III-R multiple SUDs were assessed using the Diagnostic Interview Schedule for Children Version 2.3. The authors used two-tailed F and t tests with an alpha of .05 to examine combinations of SUDs by sex, race/ethnicity, and age. RESULTS: Nearly half of the detainees had one or more SUDs; more than 21% had two or more SUDs. The most prevalent combination of SUDs was alcohol and marijuana use disorders (17.25% females, 19.42% males). Among detainees with any SUD, almost half had multiple SUDs. Among detainees with alcohol use disorder, more than 80% also had one or more drug use disorders. Among detainees with a drug use disorder, approximately 50% also had an alcohol use disorder. CONCLUSIONS: Among detained youths with any SUD, multiple SUDs are the rule, not the exception. Substance abuse treatments need to target detainees with multiple SUDs who, upon release, return to communities where services are often unavailable. Clinicians can help ensure continuity of care by working with juvenile courts and detention centers.

McCloskey KA, Raphael DN. Adult perpetrator gender asymmetries in child sexual assault victim selection: results from the 2000 National Incident-Based Reporting System. *J Child Sex Abus* 2005; 14(4):1-24. Abstract: Data from the 2000 National Incident-Based Reporting System (NIBRS) show that while males make up about nine out of every 10 adult sexual assault perpetrators, totaling about 26,878 incidents within the reporting period, females account for about one out of 10 perpetrators, totaling about 1,162 incidents. Male sexual assault perpetrators offend against child victims about 25% of the time and predominantly choose female child victims, whereas female perpetrators offend against child victims about 40% of the time and choose child victims of both genders equally. Male perpetrators offend against adolescent victims about 40% of the time, and once again tend to choose female adolescent victims. Female perpetrators offend against adolescent victims a comparable amount of time (about 45%), and for forcible offenses (rape, sodomy, sexual assault with an object, and forcible fondling) choose adolescent victims of both genders equally, while for non-forcible offenses (non-forcible incest and statutory rape) they tend to choose predominantly male victims.

- Finally, adult male sexual assault perpetrators choose adult victims about 36% of the time while female perpetrators choose adult victims only 16% of the time. Implications for professionals are discussed, including recommendations to aid in correct identification of adult perpetrators and child/adolescent victims of sexual assault.
- McCloskey LA, Stuewig J. The quality of peer relationships among children exposed to family violence. *Dev Psychopathol* 2001; 13(1):83-96. Abstract: Three hundred sixty-three school-aged children from maritally violent and nonviolent families were interviewed about their friendship networks, frequency of social contact, the interpersonal quality of their friendships, and hostile attributional biases. Mothers answered items from the Child Behavior Checklist about peer conflict. Children did not differ on the number of friends they claimed or their frequency of contact with peers. However, children exposed to marital violence reported feeling more lonely and having more conflict with a close friend. Their mothers also reported them as having more problems with peers. In addition, children with punitive mothers had more conflict with a best friend. Residing in a shelter added further to children's feelings of loneliness, with one third having no best friend. Children's attributional biases were unrelated to the quality of their peer relations or any other index of peer functioning. Results are discussed in terms of an attachment framework. Findings confirm that it is important to examine the quality of relationships to determine how children at risk fare in their social lives.
- McCoy ML. Factors impacting the assessment of maternal culpability in cases of alleged fetal abuse. *J Drug Educ* 2003; 33(3):275-88. Abstract: These studies explored attitudes toward maternal culpability in cases of alleged fetal abuse. In experiment one, general culpability for the use of various substances during pregnancy was assessed as well as the impact of other potentially relevant factors. One hundred and twenty students completed the survey. Participants overwhelmingly supported treating drug use by pregnant women as a criminal offense. With regard to the assessment of more specific questions, the lack of consensus regarding what factors effect culpability is striking. Experiment two examined the possible impact of the mothers' race (White or Black) and social class (Poor or Middle class) on the assessment of culpability. One hundred and sixty-four community members responded to a survey sent to randomly selected persons in upstate South Carolina. The results indicate that at least in response to a brief, written, case scenario, neither race nor social class make a large impact on participants' sanction recommendations.
- McCracken L. A freedom chain of women. *Midwifery Today Int Midwife* 2002; (62):25.
- McCullough LB. A framework for the ethically justified clinical management of intersex conditions. *Adv Exp Med Biol* 2002; 511:149-65; discussion 165-73.
- McDermott BM, Jaffa T. Eating disorders in children and adolescents: an update. *Curr Opin Psychiatry* 2005; 18(4):407-10. Abstract: PURPOSE OF REVIEW: Children and adolescents with eating disorders frequently present to child mental health and paediatric services and have significant morbidity, psychosocial impairment and mortality. Efforts to treat these individuals have been hampered by a poor evidence base for effective interventions. This article reviews research published during 2004 with a primary focus on this challenging clinical area. RECENT FINDINGS: Research published during 2004 has replicated past epidemiological findings and expanded our understanding of the relationship of family meal structure and disordered eating. Research has provided assistance in the well known clinical conundrums of excessive exercising in anorexia nervosa and predicting when return of menses will occur. There has also been clarification of adolescent bingeing. Potential advances include a new, noninvasive method of measuring body composition and investigations in adolescents on leptin, neuro and gastrointestinal peptides. Importantly, further evidence of the effectiveness of family therapy for anorexia nervosa and short-term benefits from intervention programs have been published. SUMMARY: The research base that will influence clinical practice in child and adolescent eating disorders is increasing. More research is required in all areas of intervention.
- McDonald EM, Solomon B, Shields W *et al.* Evaluation of kiosk-based tailoring to promote household safety behaviors in an urban pediatric primary care practice. *Patient Educ Couns* 2005; 58(2):168-81. Abstract: We tested a kiosk-based tailoring intervention with a sample of 144 parents of young children using a two-group randomized controlled design to evaluate the kiosk. Intervention group parents (n = 70) answered 50 questions at a practice-based kiosk and they and their child's physician received immediate feedback reports of their injury prevention needs. Four weeks later, both control (n = 74) and intervention parents completed a telephone interview. Safety knowledge, beliefs, and practices were compared at follow-up. Compared to control group parents, intervention group parents were more knowledgeable about the inappropriateness of young children riding in the front seat of a car (16% versus 5%, p < 0.05), less likely to believe that teaching a child to mind you is the best way to prevent injuries (64% versus 86%, p < 0.05), and more likely to report that they "have syrup of ipecac" (34% versus 9%, p <

0.001) and "know how to use" it (24% versus 4%,  $p < 0.002$ ). This study provides further support for the use of tailored communication to address the prevention of injuries to young children but calls for continued investigation in the area.

McDougle CJ, Stigler KA, Posey DJ. Treatment of aggression in children and adolescents with autism and conduct disorder. *J Clin Psychiatry* 2003; 64 Suppl 4:16-25.

Abstract: The optimal clinical management of aggression in children and adolescents involves both behavioral and pharmacologic intervention strategies. This article reviews medication treatments for youngsters with autistic disorder and conduct disorder, conditions for which the pharmacologic management of aggression is often necessary. Efficacy results and associated adverse effects from selected clinical trials of most classes of psychotropic medications are discussed. While preliminary progress has been made in the development of medication treatments for these serious disorders of youth, additional controlled research and longitudinal studies are needed to better understand the efficacy and tolerability of currently available compounds within each diagnostic group.

McDowell BM. Volunteering--a community partnership. *J Spec Pediatr Nurs* 2002; 7(3):121-2.

McElroy PD, Rothenberg RB, Varghese R *et al.* A network-informed approach to investigating a tuberculosis outbreak: implications for enhancing contact investigations. *Int J Tuberc Lung Dis* 2003; 7(12 Suppl 3):S486-93.

Abstract: BACKGROUND: To elucidate networks of Mycobacterium tuberculosis transmission, it may be appropriate to characterize the types of relationships among tuberculosis (TB) cases and their contacts (with and without latent TB infection) in addition to relying on traditional efforts to distinguish 'close' from 'casual' contacts. SETTING: A TB outbreak in a US low incidence state. OBJECTIVE: To evaluate whether social network analysis can provide insights into transmission settings that might otherwise go unrecognized by routine practices. DESIGN: All adult outbreak-associated cases ( $n = 19$ ) and a convenience sample of their contacts with and without latent TB infection (LTBI) ( $n = 26$ ) were re-interviewed in 2001 using a structured questionnaire. Network analysis software was used to create diagrams illustrating important persons within the outbreak network, as well as types of activities TB cases engaged in with their contacts. RESULTS: Drug use and drug sharing were more commonly reported among cases and their infected contacts than among contacts without LTBI. TB cases central to the outbreak network used crack cocaine, uncovering the need to focus control efforts on specific sites and persons involved in illicit drug use. CONCLUSION: Outbreaks occur even in areas with

low TB incidence, frequently among groups whose drug use or other illegal activities complicate control efforts. TB programs should consider the use of network analysis as a supplement to routine contact investigations to identify unrecognized patterns of M. tuberculosis transmission.

McEvoy M, Lee C, O'Neill A *et al.* Are there universal parenting concepts among culturally diverse families in an inner-city pediatric clinic? *J Pediatr Health Care* 2005; 19(3):142-50.

Abstract: INTRODUCTION: Cultural competence is necessary in providing care to culturally diverse families. Numerous studies have emphasized similarities and differences between predetermined cultural groups, yet few have studied groups across cultures. This project aimed to investigate parenting concepts, which in this context pertains to philosophy of parenting and child care practices across cultures. METHOD: Using a grounded theory approach, ethnographic interviews of 46 families representing 27 countries were taped, transcribed, and analyzed. RESULTS: Similarities in parenting concepts were found among families. Teaching values and respect and the need for strict discipline were important. A sense of community, family, and spirituality/religion was strong. Television was viewed as educational and parents anticipated opportunities for jobs and higher education for their children. Parents were more inclined to use medical treatments than home remedies for acute illnesses, which may have been linked to the finding that their providers had a strong influence. Parents feared children playing alone outdoors; distrusted nonfamily babysitters; and felt conflicted between a desire for cultural preservation versus assimilation. DISCUSSION: Universal concepts in parenting philosophies and practices exist among culturally diverse families. Providers may approach anticipatory guidance by addressing global parental concerns that transcend culture in order to relieve time constraints and the overwhelming task of being knowledgeable about all cultures.

McFarlane A, Clark CR, Bryant RA *et al.* The impact of early life stress on psychophysiological, personality and behavioral measures in 740 non-clinical subjects. *J Integr Neurosci* 2005; 4(1):27-40.

Abstract: Early Life Stress (ELS) has been associated with a range of adverse outcomes in adults, including abnormalities in electrical brain activity [1], personality dimensions [40], increased vulnerability to substance abuse and depression [14]. The present study seeks to quantify these proposed effects in a large sample of non-clinical subjects. Data for the study was obtained from The Brain Resource International Database (six laboratories: two in USA, two in Europe, two in Australia). This study analyzed scalp electrophysiological data (EEG eyes open, closed and target auditory oddball data) and personality (NEO-FFI), history of addictive substance use and ELS) data

that was acquired from 740 healthy volunteers. The ELS measures were collected via a self-report measure and covered a broad range of events from childhood sexual and physical abuse, to first-hand experience of traumatizing accidents and sustained domestic conflict [41]. Analysis of covariance, controlling for age and gender, compared EEG data from subjects exposed to ELS with those who were unexposed. ELS was associated with significantly decreased power across the EEG spectrum. The between group differences were strongest in the eyes closed paradigm, where subjects who experienced ELS showed significantly reduced beta ( $F_{1,405}=12.37$ ,  $p=.000$ ), theta ( $F_{1,405}=20.48$ ,  $p=.000$ ), alpha ( $F_{1,405}=9.65$ ,  $p=.002$ ) and delta power ( $F_{1,450}=36.22$ ,  $p=.000$ ). ELS exposed subjects also showed a significantly higher alpha peak frequency ( $F_{1,405}=6.39$ ,  $p=.012$ ) in the eyes closed paradigm. Analysis of covariance on ERP components revealed that subjects who experienced ELS had significantly decreased N2 amplitude ( $F_{1,405}=7.73$ ,  $p=.006$ ). Analyses of variance conducted on measures of personality revealed that subjects who experienced ELS had significantly higher levels of neuroticism ( $F_{1,264}=13.39$ ,  $p=.000$ ) and openness ( $F_{1,264}=17.11$ ,  $p=.000$ ), but lower levels of conscientiousness, than controls ( $F_{1,264}=4.08$ ,  $p=.044$ ). The number of ELS events experienced was shown to be a significant predictor of scores on the DASS questionnaire [27], which rates subjects on symptoms of depression ( $F_{3,688}=16.44$ ,  $p=.000$ ,  $R^2=.07$ ), anxiety ( $F_{3,688}=14.32$ ,  $p=.000$ ,  $R^2=.06$ ) and stress ( $F_{3,688}=20.02$ ,  $p=.000$ ,  $R^2=.08$ ). Each additional early life stressor was associated with an increase in these scores independent of age, gender and the type of stressor. Furthermore, the number of ELS experiences among smokers was also found to be a positive predictor of the nicotine dependency score (Faegstrom Test For Nicotine Dependence, [19]) ( $F_{3,104}=10.99$ ,  $p=.000$ ,  $R^2=.24$ ), independent of age, gender and type of stressor. In conclusion, we highlight the impact of a history of ELS showed significant effects on brain function (EEG and ERP activity), personality dimensions and nicotine dependence.

McGarvey TP, Haen C. Intervention strategies for treating traumatized siblings on a pediatric inpatient unit. *Am J Orthopsychiatry* 2005; 75(3):395-408. Abstract: This article examines the course of treatment for 2 traumatized siblings in an acute inpatient child psychiatric unit following severe physical abuse by their mother. In treating these 2 boys, the authors used intervention strategies that can be applied to the treatment of other traumatized siblings in institutional settings. Issues of self-worth, survivor guilt, and conflictual sibling dynamics are illustrated as they relate to the treatment. In addition, transference-countertransference dynamics are examined.

McGeary D. Editorial board's eye view. *Emerg Nurse* 2003; 11(2):9.

McGeary J. The costs of penance. *Time* 2002; 159(12):53-4.

McGee R, Williams S, Nada-Raja S. Is cigarette smoking associated with suicidal ideation among young people? *Am J Psychiatry* 2005; 162(3):619-20. Abstract: OBJECTIVE: The authors examined the association between suicidal ideation in early adulthood and daily tobacco smoking in a community sample of adolescents. METHOD: Participants were enrolled in a longitudinal study of health and development. The factors of disadvantage, impulsiveness, stress, depressed mood, tobacco smoking, other substance use, and parental attachment were included in multivariate modelling of suicidal ideation. RESULTS: Data on tobacco use were available for 764 participants. Early tobacco smoking was significantly predictive of later suicidal ideation, but there was no longer a significant relationship when high levels of stress and depression and low levels of parental attachment in adolescence were included in the multivariate model. CONCLUSIONS: Tobacco smoking in adolescence does not appear to elevate the risk of later suicidal ideation.

McGillicuddy NB, Rychtarik RG, Morsheimer ET. Psychometric evaluation of the parent situation inventory: a role-play measure of coping in parents of substance-using adolescents. *Psychol Assess* 2004; 16(4):386-90.

Abstract: This article reports on the generalizability, reliability, and construct validity of the Parent Situation Inventory (PSI), a role-play measure of coping skills in parents experiencing problems from an adolescent's drug and alcohol use. Generalizability was robust (.80) and alternate form and test-retest reliability were satisfactory. PSI skillfulness was negatively related to the parent's own substance use and to the adolescent's alcohol use. The PSI shows promise as a reliable and potentially valid measure of coping in this population and has direct implications for developing and evaluating skill-based parent training programs.

McGinn D. Father fixit. *Newsweek* 2002; 139(19):42-3.

McGlade MS, Saha S, Dahlstrom ME. The Latina paradox: an opportunity for restructuring prenatal care delivery. *Am J Public Health* 2004; 94(12):2062-5. Abstract: Latina mothers in the United States enjoy surprisingly favorable birth outcomes despite their social disadvantages. This "Latina paradox" is particularly evident among Mexican-born women. The social and cultural factors that contribute to this paradox are maintained by community networks--informal systems of prenatal care that are composed of family, friends, community members, and lay health workers. This informal system confers protective factors that provide a behavioral context for healthy births. US-born Latinas are losing this protection, although it could be maintained with the support of

community-based informal care systems. We recommend steps to harness the benefits of informal systems of prenatal care in Latino communities to meet the increasing needs of pregnant Latina women.

McGoodwin L, McKeown T. Poisoning trends and the importance of educating patients about poison prevention. *J Okla State Med Assoc* 2004; 97(3):127-30.

Abstract: Medical professionals are recognized as a vital link in communities for education and treatment of poisoning exposures. The Oklahoma Poison Control Center (OPCC) is a resource for medical professionals as well as the public. Nationally and in Oklahoma, among all age groups, analgesics are responsible for the most fatalities. Trends in common exposures in the age 5 and younger age group and the 13 through 19 age group, an acetaminophen protocol, information about the poison center and HIPPA privacy regulations, poison prevention tips and where to obtain educational materials are outlined. National Poison Prevention Week, March 21-27, 2004, is an excellent time to educate all age groups about poison prevention techniques and what to do when there is a poisoning emergency. Board certified toxicologists, pharmacists and registered nurses are available 24 hours a day, 7 days a week by calling 1-800-222-1222.

McGough JJ, Smalley SL, McCracken JT *et al*. Psychiatric comorbidity in adult attention deficit hyperactivity disorder: findings from multiplex families. *Am J Psychiatry* 2005; 162(9):1621-7.

Abstract: OBJECTIVE: Patterns of psychiatric comorbidity were assessed in adults with and without attention deficit hyperactivity disorder (ADHD) identified through a genetic study of families containing multiple children with ADHD. METHOD: Lifetime ADHD and comorbid psychopathology were assessed in 435 parents of children with ADHD. Rates and mean ages at onset of comorbid psychopathology were compared in parents with lifetime ADHD, parents with persistent ADHD, and those without ADHD. Age-adjusted rates of comorbidity were compared with Kaplan-Meier survival curves. Logistic regression was used to assess additional risk factors for conditions more frequent in ADHD subjects. RESULTS: The parents with ADHD were significantly more likely to be unskilled workers and less likely to have a college degree. ADHD subjects had more lifetime psychopathology; 87% had at least one and 56% had at least two other psychiatric disorders, compared with 64% and 27%, respectively, in non-ADHD subjects. ADHD was associated with greater disruptive behavior, substance use, and mood and anxiety disorders and with earlier onset of major depression, dysthymia, oppositional defiant disorder, and conduct disorder. Group differences based on Kaplan-Meier age-corrected risks were consistent with those for raw frequency distributions. Male sex added risk for disruptive behavior disorders. Female sex and

oppositional defiant disorder contributed to risk for depression and anxiety. ADHD was not a significant risk factor for substance use disorders when male sex, disruptive behavior disorders, and socioeconomic status were controlled. CONCLUSIONS: Adult ADHD is associated with significant lifetime psychiatric comorbidity that is not explained by clinical referral bias.

McGreevy D. Risks and benefits of the single versus the triple MMR vaccine: how can health professionals reassure parents? *J R Soc Health* 2005; 125(2):84-6. Abstract: Measles, mumps and rubella (MMR) are all preventable but infectious diseases caused by viruses. A particular study by Wakefield *et al* suggests that there are potentially adverse effects of having the triple MMR vaccine. This has been reported widely by the media and has caused alarm to parents of young children, probably contributing to the decline in its uptake. In order to provide the context for the debate regarding the single versus the triple vaccine, this paper briefly appraises firstly, the Wakefield *et al* research paper that has led to public health concerns and secondly, a more rigorous research study (Madsen *et al*) that contradicts the findings; the paper then explores the risks and benefits of the single and the triple MMR vaccine programmes, finally providing a short discussion on factors that might influence the decision-making process by parents when faced with the dilemma of not having their child vaccinated, or opting for either the single or triple vaccination programme.

McHaffie HE, Fowlie PW, Hume R, Laing IA, Lloyd DJ, Lyon AJ. Consent to autopsy for neonates. *Arch Dis Child Fetal Neonatal Ed* 2001; 85(1):F4-7. Abstract: OBJECTIVES: To determine parents' views on autopsy after treatment withdrawal. DESIGN: Face to face interviews with 59 sets of bereaved parents (108 individual parents) for whose 62 babies there had been discussion of treatment withdrawal. RESULTS: All except one couple were asked for permission for postmortem examination; 38% refused. The main reasons for declining were concerns about disfigurement, a wish to have the child left in peace, and a feeling that an autopsy was unnecessary because the parents had no unanswered questions. The diagnosis, the age of the child, and the approach of the consultant appeared to influence consent rates. Of those who agreed to autopsies, 92% were given the results by the neonatologist concerned. Whether or not they had agreed to the procedure, at 13 months no parent expressed regrets about their decision. CONCLUSIONS: Autopsy rates in the East of Scotland stand at 62%. Parents' perceptions are an important element in consent to postmortem examination.

McHaffie HE, Laing IA, Parker M, McMillan J. Deciding for imperilled newborns: medical authority or parental

autonomy? *J Med Ethics* 2001; 27(2):104-9.  
Notes: GENERAL NOTE: KIE: McHaffie, Hazel E; Laing, Ian A; Parker, Michael; McMillan, John  
GENERAL NOTE: KIE: 13 refs.  
GENERAL NOTE: KIE: KIE Bib: allowing to die/infants

Abstract: The ethical issues around decision making on behalf of infants have been illuminated by two empirical research studies carried out in Scotland. In-depth interviews with 176 medical and nursing staff and with 108 parents of babies for whom there was discussion of treatment withholding/withdrawal, generated a wealth of data on both the decision making process and the management of cases. Both staff and parents believe that parents should be involved in treatment limitation decisions on behalf of their babies. However, whilst many doctors and nurses consider the ultimate responsibility too great for families to carry, the majority of parents wish to be the final arbiters. We offer explanations for the differences in perception found in the two groups. The results of these empirical studies provide both aids to ethical reflection and guidance for clinicians dealing with these vulnerable families. They demonstrate the value of empirical data in the philosophical debate.

McHugh K. Neuroimaging in non-accidental head injury: if, when, why and how. *Clin Radiol* 2005; 60(7):826-7; author reply 827-8.

McInnes RJ, Stone DH. The process of implementing a community-based peer breast-feeding support programme: the Glasgow experience. *Midwifery* 2001; 17(1):65-73.

Abstract: AIM: to document the process of implementing and maintaining a community-based peer-support programme. DESIGN AND SETTING: a community-based study located in a socio-economically disadvantaged housing estate on the outskirts of Glasgow. PARTICIPANTS: pregnant women residing in a target postcode area. INTERVENTION: a programme of peer counselling and support for breast feeding, comprising antenatal and postnatal home visits over a period of three years. IMPLICATIONS FOR PRACTICE: peer support may provide an acceptable and appropriate role model for breast-feeding mothers. However, further research is required on other influential factors such as the social network and the impact of this programme on the peer supporter. CONCLUSIONS: despite a low prevalence of breast feeding, initiating and maintaining peer breast-feeding support was possible. Peer support appeared to be acceptable to mothers and health professionals. Study mothers spoke enthusiastically of the intervention and mentioned increased confidence and self-esteem.

McIntosh JE. Thought in the face of violence: a child's need. *Child Abuse Negl* 2002; 26(3):229-41.

Abstract: OBJECTIVE: This article provides a clinical perspective on the combined impacts on children of spousal violence in the home and the absence of attuned parental thought that accompanies it. METHODS: This article takes the form of a commentary, drawing on clinical case studies and research literature to illustrate the child's experience of "unthinking," nonreflective parental states of mind, from the point of witnessing violence through to contact arrangements post-separation. Parallel dynamics and impacts are discussed with caregiving and legislative systems. RESULTS: The article suggests that "unthinking" states of mind in parents can be as damaging for a child as the overt witnessing and experiencing of violence. CONCLUSIONS: The prevention or early overturning of unthinking states of mind, in and out of the home, greatly influences the nature of a child's recovery from domestic violence.

McKay MM, Atkins MS, Hawkins T, Brown C, Lynn CJ. Inner-city African American parental involvement in children's schooling: racial socialization and social support from the parent community. *Am J Community Psychol* 2003; 32(1-2):107-14.

Abstract: Parents (n = 161) and teachers (n = 18) from an urban elementary school serving primarily African American children completed questionnaires regarding racial socialization, social support, and involvement in activities that support youth educational achievement at home and school. Parental reports of racism awareness, and contact with school staff were significantly correlated with parent reports of at-home involvement and at-school involvement. Parent reports of social support from the parent community were significantly related to at-home involvement only. Relative to teacher reports, parents reported more formal contacts with school staff, and higher levels of racism awareness, religiosity, and African American cultural pride. Teachers and parents agreed on school climate and parental levels of at-home and at-school involvement. The results suggest that racial socialization processes are related to parent involvement in children's schooling and that increased efforts are needed to bridge a cultural gap between parents and teachers in inner-city communities.

McKee TE, Harvey E, Danforth JS, Ulaszek WR, Friedman JL. The relation between parental coping styles and parent-child interactions before and after treatment for children with ADHD and oppositional behavior. *J Clin Child Adolesc Psychol* 2004; 33(1):158-68.

Abstract: This study examined the relation between parental coping styles, discipline, and child behavior before and after participating in a parent training program for parents of children with Attention-Deficit/Hyperactivity Disorder (ADHD) and oppositional behavior. For mothers, use of more maladaptive and less adaptive coping styles was related to more self-reported lax and overreactive discipline, more observed coercive parenting, and more observed



child misbehavior prior to parent training. No significant relations were found for mothers following parent training after controlling for pretreatment variables. For fathers, use of more maladaptive and less adaptive coping styles was related to self-reported lax discipline before and after parent training. Contrary to prediction, fathers who reported less seeking support and adaptive-focused coping showed the most improvement in their children's behavior. Most results remained significant after controlling for self-reported depression. Implications for improving parent training research and programs were discussed.

McKeever P, Miller KL. Mothering children who have disabilities: a Bourdieusian interpretation of maternal practices. *Soc Sci Med* 2004; 59(6):1177-91. Abstract: In the last three decades, mothers of children who have chronic illnesses or disabilities have been studied extensively. With some notable exceptions, most research has overlooked the socio-political context of disability and has interpreted maternal behaviours and feelings in negative or psychopathological terms. In this paper we report the results of using Pierre Bourdieu's central concepts to reanalyse three independent qualitative studies focused on mothers' accounts of raising children with severe disabling conditions. We illustrate the logic of mothers' practices and conclude that they represent strategic manipulations of accessible bodily, cultural and symbolic capital consistent with the 'rules of the game' across multiple fields. Mothers struggled to establish and maintain the personhood and value of their children, and to obtain resources within a broader context of body normativeness, exclusion and inequity. This Bourdieusian rendering of the logic of maternal practices has important implications for research and paediatric practices.

McKenzie B, Bacon B. Parent education after separation: results from a multi-site study on best practices. *Can J Commun Ment Health* 2002; (4 Suppl):73-88. Abstract: Although parent education after separation in Canada is relatively new, most provinces and territories now have some type of program that provides separating parents with information on their children's needs, co-parenting options, and strategies for improving communication. A 1999-2000 survey of parents in 10 such program sites throughout Canada: (a) demonstrates a high level of parent satisfaction with the programs, (b) chronicles benefits related to reduced conflict and improved child well-being 3 to 4 months following program attendance, and (c) identifies several implications for best practices. Results of this study suggest that parent education is but one program within a network of services needed to support both parents and children after separation.

McMahon SD, Grant KE, Compas BE, Thurm AE, Ey S. Stress and psychopathology in children and

adolescents: is there evidence of specificity? *J Child Psychol Psychiatry* 2003; 44(1):107-33. Abstract: Research on the relations between specific stressors and specific psychological outcomes among children and adolescents is reviewed. Specificity, the notion that particular risk factors are uniquely related to particular outcomes is discussed from a theoretical perspective, and models of specificity are described. Several domains of stressors are examined from a specificity framework (e.g., exposure to violence, abuse, and divorce/marital conflict) in relation to broad-band outcomes of internalizing and externalizing symptoms. Studies that tested for specificity conducted within the past 15 years are examined, and definitional problems are highlighted. Little evidence for specificity was found. Methodological problems in the literature and the lack of theory-driven specificity research are discussed, and directions for future research are identified.

McMurray A. Domestic violence: conceptual and practice issues. *Contemp Nurse* 2005; 18(3):219-32. Abstract: This article analyses the conceptual issues surrounding domestic violence against women, including the lack of clarity in identifying accurate prevalence rates, and the affect of domestic violence on other family members. Research conducted in Australia and overseas provides an evidence base for the contention that violence against women is a serious problem for healthcare and society, and should be addressed comprehensively in both the healthcare and socio-legal context to protect the woman and the family. It is argued that solutions to the problem rely on knowledge and understanding of gender relations, cultural factors, the psychology of intimate partner attachments and the socio-legal system, particularly for separating couples. Recommendations for best practice in helping victims of violence are provided.

McNally RJ, Clancy SA, Schacter DL. Directed forgetting of trauma cues in adults reporting repressed or recovered memories of childhood sexual abuse. *J Abnorm Psychol* 2001; 110(1):151-6. Abstract: An item-cuing directed forgetting task was used to investigate whether women reporting repressed (n = 13) or recovered (n = 13) memories of childhood sexual abuse (CSA) exhibit an avoidant encoding style (and resultant impaired memory) for trauma cues relative to women reporting no CSA experience (n = 15). All participants viewed intermixed trauma (e.g., molested), positive (e.g., confident), and categorized neutral (e.g., mailbox) words on a computer screen and were instructed either to remember or to forget each word. The results provided no support for the hypothesis that people reporting either repressed or recovered memories of CSA are especially adept at forgetting words related to trauma. These groups recalled words they were instructed to remember more often than words they were instructed to forget regardless of whether they were trauma related.

McNaughton DB. Nurse home visits to maternal-child clients: a review of intervention research. *Public Health Nurs* 2004; 21(3):207-19. Abstract: Home visiting has been considered a promising strategy for addressing the multiple needs of families at risk. Research reviews are a valuable resource for researchers, policymakers, and practitioners who develop and support new home-visiting interventions. This review examines 13 research studies published between the years of 1980 and 2000 that test the effectiveness of home-visiting interventions using professional nurses as home visitors. Findings indicate that a wide range of client problems are addressed during home visits using a variety of nursing interventions. Missing from most of the reports is a clear theoretical link between the client problem addressed, the nursing intervention, and target outcomes. About half of the studies were successful in achieving desired outcomes. Future research should be directed by middle-range practice theory, clearly explicate the nursing intervention being tested, use power analysis to determine sample size, and report reliability and validity of dependent variable measures with culturally diverse samples.

McNeil-Haber FM. Ethical considerations in the use of nonerotic touch in psychotherapy with children. *Ethics Behav* 2004; 14(2):123-40. Notes: GENERAL NOTE: KIE: 35 refs. GENERAL NOTE: KIE: KIE Bib: patient care/minors; professional patient relationship Abstract: Although touch frequently occurs in psychotherapy with children, there is little written on the ethical considerations of therapeutic touch. Because physical contact does occur, therapists must consider if, how, and when it is used, for both their clients' safety and their own. In this review, I further develop the issues suggested by Aquino and Lee (2000) in the use of nurturing touch in therapy by considering many types of touch that occur in psychotherapy with children; the possible positive role of touch; clients' perception of touch in therapy; considerations related to the therapist, the child's safety, and any history of abuse in the child's and family's background; and other practical considerations. I list guidelines.

McNicholas J, Collis GM. Children's representations of pets in their social networks. *Child Care Health Dev* 2001; 27(3):279-94. Abstract: OBJECTIVES: To develop a child-friendly methodology to study children's representations of social support available from their personal relationships; and to examine children's representations of support from their pets compared to support from human relationships. DESIGN: Participants were 22 year-3 primary school children aged 7-8 years. They were asked to list all the people and animals important to them and then to select a 'top 10' of most special relationships. Using a story-based methodology, children were asked who from their 'top 10' they would

turn to if they were the child in the story. RESULTS: Consistency in the data indicated that the children could reliably discriminate between different relationships in terms of the support functions they serve. Pets were often ranked higher than certain kinds of human relationship, and they featured prominently as providers of comfort, esteem support and confidants for a secret. Confidence in these findings is gained through pets not being nominated for functions they could not realistically perform.

McPhee J, Stewart C. Recent developments in law. *J Bioeth Inq* 2005; 2(2):63-8. Notes: GENERAL NOTE: KIE: KIE Bib: bioethics

McPhee J, Stewart C. Recent developments in law. *J Bioeth Inq* 2005; 2(1):4-9. Notes: GENERAL NOTE: KIE: KIE Bib: bioethics

McPherson ML, Lairson DR, Smith EO, Brody BA, Jefferson LS. Noncompliance with medical follow-up after pediatric intensive care. *Pediatrics* 2002; 109(6):e94.

Abstract: OBJECTIVES: To describe the medical follow-up ordered, the health care utilization, the appointment compliance, and the risk factors associated with noncompliance in patients who are discharged after a pediatric intensive care unit (PICU) stay. METHODS: A prospective, analytic, cohort study of 111 critically ill children, age 1 day to 16 years, who were admitted to a 30-bed PICU in an urban, tertiary-care, pediatric teaching hospital compared children who were compliant with medical follow-up with those who were not. The main outcomes measured were emergent and unscheduled physician visits during the first 6 weeks after hospital discharge; compliance with ordered medical follow-up after hospital discharge; and comparisons of socioeconomic, demographic, and medical need factors between compliant and noncompliant children. Discharge orders for follow-up appointments with general pediatricians and subspecialists were collected from the chart at hospital discharge. Patients were contacted after hospital discharge to determine whether and when they received medical follow-up; 28% were found to be noncompliant. Risk factors associated with noncompliance were evaluated. Emergent and unscheduled physician visits were tracked during the first 6 weeks after hospital discharge. RESULTS: Lack of follow-up orders at hospital discharge did not affect the frequency of emergent visits. Children fell into 2 groups: those who were 100% compliant and those with < or =67% compliance. No socioeconomic or demographic risk factors could be identified between the 2 groups. Compared with the 100% compliant patients, patients who were compliant with < or =67% of appointments were more severely ill, as defined by higher peak pediatric risk of mortality scores during their PICU stay (11.5 vs 8.4), longer PICU length of

stays (10.1 days vs 4.6 days), and longer hospital length of stays (25.5 days vs 14 days). Most predictive of noncompliance was the number of medical appointments ordered by physicians. Patients with 3 or more appointments were less likely to be compliant with follow-up. After hospital discharge, children were more likely to visit a primary care physician compared with a subspecialist (95% vs 82%). When patients were ordered to see a specialist, scheduled appointments were much better attended than the recommended appointments (92% vs 67%). CONCLUSIONS: Lack of ordered medical follow-up did not affect emergent visits. In this group of critically ill children, a significant percentage (28%) did not receive timely medical follow-up. No socioeconomic or demographic risk factors were identified in noncompliant children. However, severity of illness (higher peak pediatric risk of mortality score, longer PICU stay, and longer hospital stay) and the number of follow-up appointments ordered were predictors of noncompliance. Potential exists for implementing strategies to improve compliance in identified populations.

McQuoid-Mason D. Parental refusal of blood transfusions for minor children solely on religious grounds--the doctor's dilemma resolved. *S Afr Med J* 2005; 95(1):29-30.

Notes: GENERAL NOTE: KIE: KIE Bib: treatment refusal/minors

Meacham J. Sex and the church. A case for change. *Newsweek* 2002; 139(18):22-32.

Meadow W, Frain L, Ren Y, Lee G, Soneji S, Lantos J. Serial assessment of mortality in the neonatal intensive care unit by algorithm and intuition: certainty, uncertainty, and informed consent. *Pediatrics* 2002; 109(5):878-86.

Notes: GENERAL NOTE: KIE: 40 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; patient care/minors

Abstract: OBJECTIVES: Does predictive power for outcomes of neonatal intensive care unit (NICU) patients get better with time? Or does it get worse? We determined the predictive power of Score for Neonatal Acute Physiology (SNAP) scores and clinical intuitions as a function of day of life (DOL) for newborn infants admitted to our NICU. METHODS: We identified 369 infants admitted to our NICU during 1996-1997 who required mechanical ventilation. We calculated SNAP scores on DOL 1, 3, 4, 5, 7, 10, 14, 21, 28, and weekly thereafter until either death or extubation. We also asked nurses, residents, fellows, and attendings on each day of mechanical ventilation: "Do you think this child is going to live to go home to their family, or die before hospital discharge?" RESULTS: Two thousand twenty-eight SNAP scores were calculated for 285 infants. On DOL 1, SNAP for nonsurvivors (24 +/- 8.7 [standard

deviation]) was significantly higher than SNAP for survivors (13 +/- 6.1). However, this difference diminished steadily and by DOL 10 was no longer statistically significant (12.7 +/- 4.9 vs 10.0 +/- 4.8). On each NICU day, at all ranges of SNAP scores, there were at least as many infants who would ultimately survive as would die. Consequently, the positive predictive value of any SNAP value for subsequent mortality was <0.5 on all NICU days. Prediction profiles were obtained for 230 ventilated infants reflecting over 11 000 intuitions obtained on 2867 patient days. One hundred fifty-seven (81%) of 192 survivor profiles displayed consistent accurate prediction profiles--at least 90% of their NICU ventilation days were characterized by 100% prediction of survival. Twenty-five (13%) of 192 surviving infants survived somewhat unexpectedly; that is, after at least 1 day characterized by at least 1 estimate of "death." Thirty-three (60%) of the 55 nonsurvivors died before DOL 10. Eighty-two percent of the prediction profiles for these early dying infants were homogeneous, dismal, and accurate. Twenty-two (40%) of the 55 nonsurvivors died after DOL 10. Seventeen (78%) of these 22 late-dying infants were predicted to live by many observers on many hospital days. Sixty-one (30%) of 230 profiled patients had at least 1 NICU day characterized by at least 1 prediction of death; 26/61 (43%) of these patients were incorrectly predicted; that is, they survived. Seventeen infants who were predicted to die during but survived nonetheless were assessed neurologically at 1 year. Fourteen (82%) of these 17 were not neurologically normal--8 were clearly abnormal, 1 suspicious, and 5 had died. CONCLUSIONS: If absolute certainty about mortality is the only criterion that can justify a decision to withhold or withdraw life-sustaining treatment in the NICU, these data would make such decisions difficult on the first day of life, and increasingly problematic thereafter. However, if we acknowledge that medicine is inevitably an inexact science and that clinical predictions can never be perfect, we can ask the more interesting question of whether good but less-than-perfect predictions of imprecise but ethically relevant clinical outcomes can still be useful. We think that they can--and that they must.

Meadows LM, Thurston WE, Lackner S. Wealth study: women's reports of childhood abuse. *Health Care Women Int* 2001; 22(5):439-54.

Abstract: Most samples of adult women will contain a significant proportion who have been or are currently in abusive relationships. While past research has linked childhood abuse of girls to adult health concerns, little is known about the process through which women retrospectively reconcile these experiences. This article reports on data collected in an ongoing project on midlife women's health. Twenty-seven of 50 urban, middle-class participants in this phase of the project reported childhood abuse experiences. In the analysis, several aspects of these experiences were identified:

definitions of abuse; recontextualizing abuse; responsibility for abuse; abuse avoidance; and experiences of multiple abuse. The women's discourse reflected a number of ideologies that provide a context in which women negotiate their understandings of these childhood experiences. This article provides insight into our understanding of abuse. It addresses the fundamental issue of promoting a worldview that precludes child abuse while leaving adult survivors with options for "moving on."

Meadows M. Drug research and children. *FDA Consum* 2003; 37(1):12-7.

Mechanic D. Disadvantage, inequality, and social policy. *Health Aff (Millwood)* 2002; 21(2):48-59. Abstract: Eliminating disparities in health is a primary goal of the federal government and many states. Our overarching objective should be to improve population health for all groups to the maximum extent. Ironically, enhancing population health and even the health of the disadvantaged can conflict with efforts to reduce disparities. This paper presents data showing that interventions that offer some of the largest possible gains for the disadvantaged may also increase disparities, and it examines policies that offer the potential to decrease disparities while improving population health. Enhancement of educational attainment and access to health services and income support for those in greatest need appear to be particularly important pathways to improved population health.

Medora NP, Wilson S, Larson JH. Attitudes toward parenting strategies, potential for child abuse, and parental satisfaction of ethnically diverse low-income U.S. mothers. *J Soc Psychol* 2001; 141(3):335-48. Abstract: Among a sample of 176 low-income mothers from 3 ethnic groups in the United States, the authors investigated ethnic differences in attitudes toward preferred parenting strategies, or styles; ethnic differences in the potential for child abuse; and the relationship between parenting strategies, the potential for child abuse, and parental satisfaction. They distributed the Maternal Reactions to Child's Deviant Behavior subscale (K. M. Rickard, W. Graziano, & R. Forehand, 1984), a shortened version of the Child Abuse Potential Inventory (CAPI; J. S. Milner & R. C. Wimberley, 1979), and a Parental Satisfaction Scale (N. P. Medora, S. M. Wilson, & J. Larson, 1996) to the participants. The results indicated no significant ethnic differences in preferred parenting styles. Mothers from all 3 ethnic groups ranked praise and reasoning as the 1st and 2nd preferred parenting strategies. There were no ethnic differences in the perceived potential for child abuse. Parental satisfaction was negatively related to 2 of the CAPI subscales--Loneliness and Problems. The parenting strategy reasoning was positively correlated with parental satisfaction.

Meel BL. Incidence and patterns of violent and/or traumatic deaths between 1993 and 1999 in the Transkei region of South Africa. *J Trauma* 2004; 57(1):125-9. Abstract: BACKGROUND: Incidence and patterns of violent and/or traumatic deaths among 4,525 victims over a 7-year period in the Transkei region of South Africa were investigated. METHOD: Retrospective review and analysis was performed of all medicolegal autopsies (n = 6,181) between January 1993 and December 1999, of which 4,525 were violent or traumatic deaths. RESULTS: During the 7-year period (January 1993-December 1999), violent and/or traumatic deaths in the Transkei region accounted for an average annual rate of 162 per 100,000 of the population. The common causes of deaths per 100,000 of population per year were as follows: motor vehicle collisions, 63; firearm injuries, 43; stab wounds, 32; and blunt trauma, 24. Male subjects outnumbered female subjects by a 3.3:1 ratio. The murder rate in female subjects was 18 per 100,000 population. The murder rate in this area increased from 94 per 100,000 in 1993 to 121 in 1999. Nearly 50% of the violent and/or traumatic deaths occurred in the 21- to 40-year age group. There has been an increase in nontraumatic deaths such as hanging (1.5 times) and poisoning (5 times). CONCLUSION: The average annual incidence of violent and/or traumatic deaths in the Transkei region of South Africa is 162 per 100,000 population. Firearm-related deaths, at 43 per 100,000 of the population per year, have contributed substantially to this high incidence. This is a major cause of concern.

Meel BL. Mortality of children in the Transkei region of South Africa. *Am J Forensic Med Pathol* 2003; 24(2):141-7.

Abstract: This study attempted to unfold, perhaps for the first time, the problem of childhood mortality resulting from trauma in the Eastern Cape Province of South Africa. This study was carried out in the Umtata and Ngqeleni magisterial districts, which have a combined population of about 400,000. Most people there have very few resources and have historically relied on money repatriated by migrant workers. In the Transkei region, unemployment is at a very high level: 48.5%. Assault on children is very common in this region, and this may result in death. The aim of this study was to establish the state of deaths resulting from pediatric trauma, and to formulate recommendations that could probably help prevent or reduce these deaths. The objective was to gather epidemiologic information on the victims of pediatric trauma. The study was designed as a descriptive study, using reviews of traumatic deaths in pediatric age groups during the period January 1993 to December 1999. This study was carried out on cases that were brought to the medicolegal laboratory at Umtata General Hospital, Umtata, in the Transkei region of the Eastern Cape Province, South Africa. There were 6181 autopsies conducted from 1993 to 1999. All the medicolegal autopsies were divided into two groups:

pediatric (15 years of age or younger) and adult (older than 15 years). Of the autopsies, 89.4% (n = 5587) were in the adult group, and 10.6% (n = 594) were in the pediatric group. Of the pediatric deaths, 64% (n = 383) were related to trauma. The highest numbers were in the 11- to 15-year (n = 146, 38%) and the 6- to 10-year (n = 135, 34%) age groups. Of the children who died of trauma, 112 (28%) were aged 0 to 5 years. Unintentional injuries from motor vehicle accidents were the leading cause of death (59%), whereas intentional injuries (41%) were associated with murder. Nearly a quarter (22%) of pediatric traumatic deaths were due to penetrating injuries: stab (12%) and gunshot (10%) wounds. Most of the pediatric deaths occurred during the festive months of December, January, and April; the death toll during these months was three to four times higher than in the rest of the year. It was concluded that 64% of pediatric deaths in the Transkei region were the result of trauma. This represents 1 pediatric trauma death for every 10 adult trauma deaths. Forty-one percent of the child trauma deaths were due to intentional injuries, usually murder. It is recommended that the government set targets and put into place strategies for the reduction of pediatric deaths due to trauma. The different deaths so called "rule of reversal" could be considered as an indicator of social health.

Mehta PD, Neale MC, Flay BR. Squeezing interval change from ordinal panel data: latent growth curves with ordinal outcomes. *Psychol Methods* 2004; 9(3):301-33. Abstract: A didactic on latent growth curve modeling for ordinal outcomes is presented. The conceptual aspects of modeling growth with ordinal variables and the notion of threshold invariance are illustrated graphically using a hypothetical example. The ordinal growth model is described in terms of 3 nested models: (a) multivariate normality of the underlying continuous latent variables ( $y_t$ ) and its relationship with the observed ordinal response pattern ( $Y_t$ ), (b) threshold invariance over time, and (c) growth model for the continuous latent variable on a common scale. Algebraic implications of the model restrictions are derived, and practical aspects of fitting ordinal growth models are discussed with the help of an empirical example and Mx script (M. C. Neale, S. M. Boker, G. Xie, & H. H. Maes, 1999). The necessary conditions for the identification of growth models with ordinal data and the methodological implications of the model of threshold invariance are discussed.

Meier P, Schmitz F, Wiedemann P. Vitrectomy for pre-macular hemorrhagic cyst in children and young adults. *Graefes Arch Clin Exp Ophthalmol* 2005; 243(8):824-8. Abstract: **BACKGROUND:** A pre-macular accumulation of blood is termed a hemorrhagic macular cyst and may be found both in eyes with Terson's syndrome and in shaken baby syndrome. In this study, we report on our experience and results of

vitrectomy for treatment of pre-macular hemorrhagic cyst in eyes of patients suffering from Terson's syndrome and shaken baby syndrome. **PATIENTS AND METHODS:** Between November 1995 and May 2003 seven eyes of six children underwent vitrectomy for pre-macular hemorrhagic cyst. Patients' age ranged from 5 months to 17 years. Indication for vitrectomy was pre-macular hemorrhagic cyst in eyes with Terson's syndrome (n=5) and shaken baby syndrome (n=2). During vitrectomy, rhexis of internal limiting membrane was performed. Four children received intensive orthoptic treatment postoperatively. **RESULTS:** All eyes in our series showed a submembranous localization of pre-macular hemorrhagic cyst. The results of electron microscopic examination showed that the excised anterior walls contain internal limiting membrane. In all eyes improvement of the anatomic situation and of visual acuity was achieved. Duration of follow-up ranged from 6 months to 5 years. **CONCLUSIONS:** Vitrectomy for hemorrhagic macular cyst in children is a safe and effective alternative to observation, offering visual rehabilitation, especially if amblyopia has developed or if both eyes are affected. If a hemorrhagic macular cyst is encountered, its complete removal is recommended to prevent development of proliferative vitreoretinopathy.

Meller K, Passero C. The cold truth. *Pediatr Nurs* 2004; 30(1):41-2.

Mellins CA, Smith R, O'Driscoll P *et al.* High rates of behavioral problems in perinatally HIV-infected children are not linked to HIV disease. *Pediatrics* 2003; 111(2):384-93.

Notes: **CORPORATE NAME:** NIH NIAID/NICHD/NIDA-Sponsored Women and Infant Transmission Study Group  
**Abstract: OBJECTIVE:** Descriptive studies and clinical reports have suggested that human immunodeficiency virus (HIV)-positive children are at risk for behavioral problems. Inadequate control groups and sample sizes have limited the ability of investigators to consider multiple influences that place HIV-positive children at risk for poor behavioral outcomes. We examined the unique and combined influences of HIV, prenatal drug exposure, and environmental factors on behavior in children who were perinatally exposed to HIV. **METHODS:** Participants included 307 children who were born to HIV-positive mothers (96 HIV infected and 211 seroreverters) and enrolled in a natural history, longitudinal study of women to infant HIV transmission. Caregivers completed parent behavioral rating scales, beginning when the children were 3 years old. Data were also collected on prenatal drug exposure; child age, gender, and ethnicity; caregiver relationship to child; and birth complications. **RESULTS:** Multivariate analyses comparing the HIV-infected children with perinatally exposed but uninfected children from similar backgrounds failed to

- find an association between either HIV status or prenatal drug exposure and poor behavioral outcomes. The strongest correlates of increased behavioral symptoms were demographic characteristics. CONCLUSIONS: This study suggests that although a high prevalence of behavioral problems does exist among HIV-infected children, neither HIV infection nor prenatal drug exposure is the underlying cause. Rather, other biological and environmental factors are likely contributors toward poor behavioral outcomes.
- Melton GB. Mandated reporting: a policy without reason. *Child Abuse Negl* 2005; 29(1):9-18.
- Menard CB, Bandeen-Roche KJ, Chilcoat HD. Epidemiology of multiple childhood traumatic events: child abuse, parental psychopathology, and other family-level stressors. *Soc Psychiatry Psychiatr Epidemiol* 2004; 39(11):857-65. Abstract: BACKGROUND: Multiple family-level childhood stressors are common and are correlated. It is unknown if clusters of commonly co-occurring stressors are identifiable. The study was designed to explore family-level stressor clustering in the general population, to estimate the prevalence of exposure classes, and to examine the correlation of sociodemographic characteristics with class prevalence. METHOD: Data were collected from an epidemiological sample and analyzed using latent class regression. RESULTS: A six-class solution was identified. Classes were characterized by low risk (prevalence=23%), universal high risk (7%), family conflict (11%), household substance problems (22%), non-nuclear family structure (24%), parent's mental illness (13%). CONCLUSIONS: Class prevalence varied with race and welfare status, not gender. Interventions for childhood stressors are person-focused; the analytic approach may uniquely inform resource allocation.
- Menick DM. [Problems of child sexual abuse in Africa or the imbroglio of a double paradox: the example of Cameroon]. *Child Abuse Negl* 2001; 25(1):109-21. Abstract: OBJECTIVE: This study has investigated the prevalence of sexual abuse cases in Cameroon (Africa) and approached the way these cases are solved. METHOD: 405 medical certificates have been reviewed within a three years period. RESULTS: Over 405 medical certificates, 19 cases of sexual abuse have been identified. All the victims were girls. The great majority of them were aged 10-14 (57.9%) and 15-19 (31.6%). The sexual assaults have been perpetrated out of the family. CONCLUSION: The results show evidence of sexual abuse cases in Africa. Friendly adjustments by private contracts and family interventions with financial amends for the parents of the victims are often preferred to the court of justice, because of poverty, cultural pressures and judicial injunctions.
- Menick DM. [Sexual abuse at schools in Cameroon: results of a survey-action program in Yaounde]. *Med Trop (Mars)* 2002; 62(1):58-62. Abstract: The purpose of this questionnaire-based study was to determine the incidence of sexual abuse in schools in Yaounde, Cameroon, to assess the extent of teacher involvement in such acts and to provide children an opportunity to come forward with their experiences. The author hypothesized that the number of sexual abuse victims was increasing and that the most frequent abusers were teachers, school staff, and classmates. To check this hypothesis, a total of 1710 questionnaires were sent to 10 public and private secondary schools between January 4 and April 30, 1999. The response rate was 98.7%. A total of 269 students reported being sexual abused before the age of 16 for an overall incidence of 15.9%. There were 74 boys (27.5%) and 195 girls (72.5%) with a mean age 11.6 years (range 4 to 15 years) at the time of abuse. Sexual abuse involved rape in 38.7% of cases, fondling in 54.6% and pornographic scenes in 6.7%. Of the 274 sexual abusers identified, 86.5% were men and 13.5% were women. Sexual abuse took place within the family in 31.4% of cases and outside the family setting 68.6%. Sexual abuse occurred in a school setting in approximately 15% of cases and involved classmates in approximately 30%. The alleged extrafamilial abusers were teachers in 7.9% of cases and tutors in 7.6%. Survey data supports the working hypothesis of this study and warrants implementation of a program to prevent sexual abuse in schools.
- Menikoff J. The involuntary research subject. *Camb Q Healthc Ethics* 2004; 13(4):338-45. Notes: GENERAL NOTE: KIE: 20 refs. GENERAL NOTE: KIE: KIE Bib: genetic screening; human experimentation/informed consent; human experimentation/minors
- Mercer J. Coercive restraint therapies: a dangerous alternative mental health intervention. *MedGenMed* 2005; 7(3):6. Abstract: Physicians caring for adopted or foster children should be aware of the use of coercive restraint therapy (CRT) practices by parents and mental health practitioners. CRT is defined as a mental health intervention involving physical restraint and is used in adoptive or foster families with the intention of increasing emotional attachment to parents. Coercive restraint therapy parenting (CRTP) is a set of child care practices adjuvant to CRT. CRT and CRTP have been associated with child deaths and poor growth. Examination of the CRT literature shows a conflict with accepted practice, an unusual theoretic basis, and an absence of empirical support. Nevertheless, CRT appears to be increasing in popularity. This article discusses possible reasons for the increase, and offers suggestions for professional responses to the CRT problem.

Mercer JA. The Protestant child, adolescent, and family. *Child Adolesc Psychiatr Clin N Am* 2004; 13(1):161-81, ix.

Abstract: This article addresses Protestant Christianity as an often-overlooked but significant factor in clinical work with children and adolescents. Noting the wide range of beliefs and practices among Protestants, the article identifies key tenets of Protestant faith that shape the worldviews of children, adolescents, and their families. Clinical implications of these beliefs are explored, with particular attention to three potentially psychopathologic features: the religious legitimization of child maltreatment; paranormal, direct experiences of the divine through unusual perceptions such as trance states or visions deemed normal within their religious context but that may also evidence serious pathology; and sexuality issues of particular significance for adolescents. Research suggests that Protestant beliefs also constitute resources for clinical work because they appear to be protective factors in relation to depression, avoidance of high-risk behaviors, and other measures of resiliency among adolescents. Clinicians who do not take the Protestant Christian family's religious/spiritual worldview into consideration in case formulation risk misunderstanding or alienating them from treatment. The article concludes with suggestions for collaboration.

Merk T. Beyond the burns. Managing the pain & consequences of pediatric burns. *JEMS* 2001; 26(9):66-75; quiz 76-7.

Mermin J, Lule J, Ekwaru JP *et al*. Cotrimoxazole prophylaxis by HIV-infected persons in Uganda reduces morbidity and mortality among HIV-uninfected family members. *AIDS* 2005; 19(10):1035-42.

Abstract: **BACKGROUND:** The effect of cotrimoxazole prophylaxis taken by persons with HIV on community health and antimicrobial resistance is unknown. **OBJECTIVE:** To assess the effect of cotrimoxazole prophylaxis taken by persons with HIV on morbidity, mortality, and antimicrobial resistance of diarrheal pathogens infecting their HIV-negative family members. **DESIGN:** Prospective cohort in rural Uganda. **METHODS:** A total of 879 persons with HIV and 2771 HIV-negative family members received weekly home-visits. After 5 months, persons with HIV received daily cotrimoxazole prophylaxis and households were followed for an average of 17 additional months. **FINDINGS:** During the study, 224 participants with HIV (25%) and 29 household members (1%) died. Mortality among HIV-negative family members < 10 years old was 63% less during the cotrimoxazole period than before [hazard ratio, 0.37; 95% confidence interval (CI), 0.14-0.95; P = 0.04]. Malaria among family members was less common during cotrimoxazole treatment [incidence rate ratio (IRR), 0.62; CI, 0.53-0.74; P < 0.0001], as were diarrhea (IRR, 0.59; CI, 0.45-0.76; P = 0.0001),

and hospitalizations (IRR, 0.57; CI, 0.36-0.92; P = 0.02). Death of a parent with HIV was associated with a threefold increase in mortality among HIV-negative children < 10 years old (hazard ratio, 2.9; CI, 1.1-8.1; P = 0.04). Of 134 bacterial isolates from family members before cotrimoxazole treatment, 89 (66%) were resistant to cotrimoxazole; of 75 recovered during cotrimoxazole treatment, 54 (72%) were resistant (P = 0.41). **INTERPRETATION:** Cotrimoxazole prophylaxis taken by persons with HIV was associated with decreased morbidity and mortality among family members. Antimicrobial resistance among diarrheal pathogens infecting family members did not increase. Concerns regarding the spread of bacterial resistance should not impede implementation of cotrimoxazole programs.

Mermin J, Lule J, Ekwaru JP *et al*. Effect of co-trimoxazole prophylaxis on morbidity, mortality, CD4-cell count, and viral load in HIV infection in rural Uganda. *Lancet* 2004; 364(9443):1428-34.

Abstract: **BACKGROUND:** Prophylaxis with co-trimoxazole (trimethoprim-sulphamethoxazole) is recommended for people with HIV infection or AIDS but is rarely used in Africa. We assessed the effect of such prophylaxis on morbidity, mortality, CD4-cell count, and viral load among people with HIV infection living in rural Uganda, an area with high rates of bacterial resistance to co-trimoxazole. **METHODS:** Between April, 2001, and March, 2003, we enrolled, and followed up with weekly home visits, 509 individuals with HIV-1 infection and their 1522 HIV-negative household members. After 5 months of follow-up, HIV-positive participants were offered daily co-trimoxazole prophylaxis (800 mg trimethoprim, 160 mg sulphamethoxazole) and followed up for a further 1.5 years. We assessed rates of malaria, diarrhoea, hospital admission, and death. **FINDINGS:** Co-trimoxazole was well tolerated with rare (<2% per person-year) adverse reactions. Even though rates of resistance in diarrhoeal pathogens were high (76%), co-trimoxazole prophylaxis was associated with a 46% reduction in mortality (hazard ratio 0.54 [95% CI 0.35-0.84], p=0.006) and lower rates of malaria (multivariate incidence rate ratio 0.28 [0.19-0.40], p<0.0001), diarrhoea (0.65 [0.53-0.81], p<0.0001), and hospital admission (0.69 [0.48-0.98], p=0.04). The annual rate of decline in CD4-cell count was less during prophylaxis than before (77 vs 203 cells per microL, p<0.0001), and the annual rate of increase in viral load was lower (0.08 vs 0.90 log(10) copies per mL, p=0.01). **INTERPRETATION:** Daily co-trimoxazole prophylaxis was associated with reduced morbidity and mortality and had beneficial effects on CD4-cell count and viral load. Co-trimoxazole prophylaxis is a readily available, effective intervention for people with HIV infection in Africa.

Merry S, McDowell H, Hetrick S, Bir J, Muller N. Psychological and/or educational interventions for the

prevention of depression in children and adolescents. Cochrane Database Syst Rev 2004; (1):CD003380. Abstract: BACKGROUND: Depression is the fourth most important disease in the estimation of the burden of disease Murray 1996 and is a common problem with prevalence rates estimated to be as high as 8% in young people. Depression in young people is associated with poor academic performance, social dysfunction, substance abuse, suicide attempts, and completed suicide (NHMRC 1997). This has precipitated the development of programmes aimed at preventing the onset of depression. This review evaluates evidence for the effectiveness of these prevention programmes. OBJECTIVES: To determine whether psychological and/or educational interventions (both universal and targeted) are effective in reducing risk of depressive disorder by reducing depressive symptoms immediately after intervention or by preventing the onset of depressive disorder in children and adolescents over the next one to three years. SEARCH STRATEGY: The Cochrane Depression, Anxiety and Neurosis Group trials register (August 2002), MEDLINE (1966 to December Week 3 2002), EMBASE (1980 to January Week 2 2003), PsychInfo (1886 to January Week 2 2003) and ERIC (1985 to December 2002) were searched. In addition, conference abstracts, the reference lists of included studies, and other reviews were searched and experts in the field were contacted. SELECTION CRITERIA: Each identified study was assessed for possible inclusion by two independent reviewers based on the methods sections. The determinants for inclusion were that the trial include a psychological and/or educational prevention programme for young people aged 5 to 19 years-old, who did not meet DSM or ICD criteria for depression and/or did not fall into the clinical range on standardised, validated, and reliable rating scales of depression. DATA COLLECTION AND ANALYSIS: The methodological quality of the included trials was assessed by two independent reviewers according to a list of pre-determined criteria, which were based on quality ratings devised by Moncrieff and colleagues (Moncrieff 2001). Outcome data was extracted and entered into Revman 4.2. Means and standard deviations for continuous outcomes and number of events for dichotomous outcomes were extracted where available. For trials where the required data were not reported or could not be calculated, further details were requested from first authors. If no further details were provided, the trial was included in the review and described, but not included in the meta-analysis. Results were presented for each type of intervention: targeted or universal interventions; and educational or psychological interventions and if data were provided, by gender. Where possible data were combined in meta-analyses to give a treatment effect across all trials. Sensitivity analysis were conducted on studies rated as "adequate" or "high" quality, that is with a score over 22, based on the scale by Moncrieff et al (Moncrieff 2001). The presence of publication bias was

assessed using funnel plots. MAIN RESULTS: Studies were divided into those that compared intervention with an active comparison or placebo (i.e. a control condition that resembles the intervention being investigated but which lacks the elements thought to be active in preventing depression) and those that used a "wait-list" or no intervention comparison group. Only two studies fell into the former category and neither showed effectiveness although one study was inadequately powered to show a difference and in the other the "placebo" contained active therapeutic elements, reducing the ability to demonstrate a difference from intervention. Psychological interventions were effective compared with non-intervention immediately after the programmes were delivered with a significant reduction in scores on depression rating scales for targeted (standardised mean difference (SMD) of -0.26 and a 95% confidence interval (CI) of -0.40 to -0.13 ) but not universal interventions (SMD -0.21, 95% CI -0.48, 0.06), with a significant effect maintained on pooling data (SMD -0.26, 95% CI -0.36, -0.15). While small effect sizes were reported, these were associated with a significant reduction in depressive episodes. The overall risk difference after intervention translates to "numbers needed to treat" (NNT) of 10. The most effective study is the targeted programme by Clarke (Clarke 2001) where the initial effect size of -0.46 is associated with an initial risk difference of -0.22 and NNT 5. There was no evidence of effectiveness for educational interventions. Reports of effectiveness for boys and girls were contradictory. The quality of many studies was poor, and only two studies made allocation concealment explicit. Sensitivity analysis of only high quality studies did not alter the results significantly. The only analysis in which there was significant statistical heterogeneity was the sub-group analysis by gender where there was variability in the response to different programmes for both girls and boys. For the most part funnel plots indicate findings are robust for short term effects with no publication bias evident. There are too few studies to comment on whether there is publication bias for studies reporting long-term (12-36 month) follow-up. REVIEWER'S CONCLUSIONS: Although there is insufficient evidence to warrant the introduction of depression prevention programmes currently, results to date indicate that further study would be worthwhile. There is a need to compare interventions with a placebo or some sort of active comparison so that study participants do not know whether they are in the intervention group or not, to investigate the impact of booster sessions to see if effectiveness immediately after intervention can be prolonged, ideally for a year or longer, and to consider practical implementation of prevention programmes when choosing target populations. Until now most studies have focussed on psychological interventions. The potential effectiveness of educational interventions has not been fully investigated. Given the gender differences in prevalence, and the change in these that



occurs in adolescence with a disproportionate increase in prevalence rates for girls, it is likely that girls and boys will respond differently to interventions. Although differences have been reported in studies in this review the findings are contradictory and a more definitive delineation of gender specific responses to interventions would be helpful.

Merskey H. Abuse and ACTH response to corticotropin-releasing factor. *Am J Psychiatry* 2002; 159(1):157; author reply 157-8.

Mertin P, Mohr PB. Incidence and correlates of posttrauma symptoms in children from backgrounds of domestic violence. *Violence Vict* 2002; 17(5):555-67. Abstract: In recent years, evidence has emerged of the presence of posttrauma symptoms in children from backgrounds of domestic violence. The present study examined the incidence and correlates of posttrauma symptoms in 56 children of mothers who had been residents in women's shelters in Adelaide, South Australia. The most frequently endorsed symptoms among this sample of children were being troubled by distressing thoughts, conscious avoidance, hypervigilance, and sleep difficulties. Twenty percent of children met the criteria for a diagnosis of posttraumatic stress disorder (PTSD). Children meeting full PTSD criteria scored significantly higher on measures of anxiety, depression, and dissociation. Results support the use of a posttrauma framework for understanding the effects on children of living with domestic violence.

Metneki J, Puho E, Czeizel AE. Maternal diseases and isolated orofacial clefts in Hungary. *Birth Defects Res A Clin Mol Teratol* 2005; 73(9):617-23. Abstract: BACKGROUND: Isolated orofacial clefts (OFCs) are likely to be caused by gene-environment interaction; therefore, the objective of the current study was to evaluate the possible association between all maternal diseases during pregnancy and isolated cleft lip with or without cleft palate (CL+/-CP) and posterior cleft palate (PCP) in the offspring. METHODS: The database of the large population-based Hungarian Case-Control Surveillance of Congenital Abnormalities, 1980-1996, was evaluated. The database includes 1374 cases with isolated CL+/- CP and 601 with PCP, plus 38,151 matched population controls (without defects) and 20,868 patient controls with other defects. Data collection was based on prospective medical records, retrospective maternal data via a self-reported questionnaire, and home visits of nonresponding families. RESULTS: An increased risk for isolated CL+/- CP was found for children born to mothers with influenza, common cold, orofacial herpes, and gastroenteritis during pregnancy. Risk for isolated PCP was increased in children of mothers with influenza, sinusitis, and bronchitis. Among chronic maternal diseases, epilepsy and angina pectoris showed

a higher prevalence in the mothers of children born with isolated OFCs (cases). CONCLUSIONS: Some maternal diseases are risk factors for the pathogenesis of isolated OFCs. It is worth considering the prevention of possible harmful effects of influenza by vaccination during the expected epidemic period.

Mettner J. Champion of children. *Minn Med* 2003; 86(3):8-12.

Metzger X. [Data aggregation in measuring inequalities and inequities in the health of populations]. *Rev Panam Salud Publica* 2002; 12(6):445-53. Abstract: OBJECTIVES: To compare how different degrees of data aggregation influence the measurement of health inequalities and health inequities within a population, and to assess the appropriateness of those different degrees of data aggregation in performing studies on inequalities and inequities. METHODS: As an example, we used data on the infant mortality rate in Costa Rica in 1973 and in 1984 and calculated measurements that are frequently used to quantify inequalities and inequities. RESULTS: According to our results, the inequality measures presented (except for those that were derived using regression models) are not sensitive to data aggregation by socioeconomic groups. However, when geographic areas are compared, more disaggregation of the data results in the measures indicating greater inequality. CONCLUSIONS: Our results show that some measures can vary widely depending on the level of data aggregation. It is thus crucial to know how to select these measures and also how to aggregate the data in a way that is consistent with the objectives of each study.

Meyer-Bahlburg HF. Child-adult sexual contact: terminology. *Arch Sex Behav* 2002; 31(2):157.

Meyers LA, Pourbohloul B, Newman ME, Skowronski DM, Brunham RC. Network theory and SARS: predicting outbreak diversity. *J Theor Biol* 2005; 232(1):71-81. Abstract: Many infectious diseases spread through populations via the networks formed by physical contacts among individuals. The patterns of these contacts tend to be highly heterogeneous. Traditional "compartmental" modeling in epidemiology, however, assumes that population groups are fully mixed, that is, every individual has an equal chance of spreading the disease to every other. Applications of compartmental models to Severe Acute Respiratory Syndrome (SARS) resulted in estimates of the fundamental quantity called the basic reproductive number  $R_0$ --the number of new cases of SARS resulting from a single initial case--above one, implying that, without public health intervention, most outbreaks should spark large-scale epidemics. Here we compare these predictions to the early epidemiology of SARS. We apply the methods of contact network epidemiology to illustrate that for a

- single value of R0, any two outbreaks, even in the same setting, may have very different epidemiological outcomes. We offer quantitative insight into the heterogeneity of SARS outbreaks worldwide, and illustrate the utility of this approach for assessing public health strategies.
- Michalowski S. Reversal of fortune--Re A (Conjoined Twins) and beyond: who should make treatment decisions on behalf of young children? *Health Law J* 2001; 9:149-69.  
Notes: GENERAL NOTE: KIE: 74 fn.  
GENERAL NOTE: KIE: KIE Bib: informed consent/minors
- Michalowski S. Sanctity of life--are some lives more sacred than others? *Leg Stud (Soc Leg Scholars)* 2002; 22(3):377-97.  
Notes: GENERAL NOTE: KIE: 105 fn.  
GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; allowing to die/legal aspects; patient care/minors  
Abstract: Court decisions concerning the life and death of patients become more and more frequent in the context of medical practice. One of the most controversial decisions in this area in recent years has been the decision of the Court of Appeal in Re A (Conjoined Twins: Medical Treatment), authorising the separation of conjoined twins. This paper will argue that the decision was flawed both on legal and moral grounds and that its potential implications for future cases are more far-reaching than the judgment itself suggests.
- Mick E, Biederman J, Pandina G, Faraone SV. A preliminary meta-analysis of the child behavior checklist in pediatric bipolar disorder. *Biol Psychiatry* 2003; 53(11):1021-7.  
Abstract: BACKGROUND: A possible explanation for the ongoing controversy surrounding pediatric bipolar disorder is that differences in assessment methodologies lead to conflicting results. One way to address methodological differences in assessment across studies is to use a single standardized assessment of psychopathology to calibrate the findings reported in different studies. To this end, we conducted a meta-analysis of several studies that have employed the Child Behavior Checklist in the assessment of children with a diagnosis of bipolar disorder. METHODS: MEDLINE was searched for all publications that utilized the Child Behavior Checklist in addition to structured diagnostic interviews to assess pediatric bipolar disorder. Random effects models were used to calculate combined estimates of Child Behavior Checklist clinical subscales. RESULTS: Children with bipolar disorder had scaled scores of >70 in the Aggression, Attention Problems, and Anxious/Depressed subscales of the Child Behavior Checklist. The Child Behavior Checklist was useful in distinguishing bipolar from attention-deficit/hyperactivity disorder subjects. CONCLUSIONS: While there was a significant heterogeneity in estimates between studies, a consistent pattern of elevations in inattention/hyperactivity, depression/anxiety, and aggression was identified.
- Middeldorp S, Peters M. [Diagnostic image (177). A lifeless infant. Shaken baby syndrome]. *Ned Tijdschr Geneesk* 2004; 148(23):1168; author reply 1168.
- Mifflin P. Protection of children born with severe disabilities. Part 1: The legal framework. *Pract Midwife* 2001; 4(1):30-1.
- Mifflin P. Protection of children born with severe disabilities. Part 2: Some relevant cases and their implications. *Pract Midwife* 2001; 4(2):30-1.
- Mifflin PC. Jodie and Mary. Ethical and legal implications of separating conjoined twins. *Pract Midwife* 2001; 4(7):48-9.
- Mijanovich T, Weitzman BC. Which "broken windows" matter? School, neighborhood, and family characteristics associated with youths' feelings of unsafety. *J Urban Health* 2003; 80(3):400-15.  
Abstract: Young people's fears of victimization and feelings of unsafety constitute a serious and pervasive public health problem and appear to be associated with different factors than actual victimization. Our analysis of a population-based telephone survey of youths aged 10-18 years in five economically distressed cities and their suburbs reveals that a substantial minority of youths feel unsafe on any given day, and that an even greater number feel unsafe in school. While some traditional predictors of victimization (such as low socioeconomic status) were associated with feeling unsafe, perceived school disorder was the major factor associated with such feelings. Disorderliness may thus be the school's version of "broken windows," which serve to signal to students a lack of consistent adult concern and oversight that can leave them feeling unsafe. We suggest that fixing the broken windows of school disorderliness may have a significant, positive impact on adolescents' feelings of safety.
- Mikropoulos TA, Strouboulis V. Factors that influence presence in educational virtual environments. *Cyberpsychol Behav* 2004; 7(5):582-91.  
Abstract: The present article is a part of a project for the measurement of presence in educational virtual environments (VEs), since presence is correlated with higher levels of cognitive performance and emotional development, factors that contribute to knowledge construction. The aim of our study was to investigate the sense of presence of 12-year-old pupils within an educational VE representing an ancient Greek house through a sense of embodiment and the ability to

handle task performance, while using various peripheral devices. This is the first report on presence measurement with children, based on the indication that children and adults may apply very unrelated criteria. Our results showed statistically significant differences on the level of tiredness and ease of use in using six different input devices. The combination of the keyboard and mouse and the keyboard on its own were the least tedious and easiest input devices, giving a sense of presence as stated by the pupils. Environmental richness and the high level of interactivity within the VE resulted in a high degree of presence for almost all the pupils. The majority of them felt a sense of presence whilst driving the avatar, indicating that presence is significantly correlated with pupils' degree of association with their virtual bodies. All the pupils felt a sense of presence when wearing the head-mounted display. Our findings are in line with those of other researchers and show evidence of personal, social and environmental presence.

Milazzo AS Jr, Herlong JR, Li JS, Sanders SP, Barrington M, Bengur AR. Real-time transmission of pediatric echocardiograms using a single ISDN line. *Comput Biol Med* 2002; 32(5):379-88. Abstract: We tested the adequacy of a videoconferencing system using a single integrated systems digital network (ISDN) line (128 kilobits per second) for the remote diagnosis of children with suspected congenital heart disease (CHD). Real-time echocardiogram interpretation was compared to subsequent videotape review in 401 studies with concordance in 383 (95.5%) studies. A new diagnosis of CHD was made in 98 studies. Immediate patient transfer was arranged based upon a real-time diagnosis in five studies. In 300 studies, a normal diagnosis obviated further evaluation. A single ISDN line is adequate for transmission of pediatric echocardiograms and it allows for remote management of patients with CHD.

Mildred J. Claimsmakers in the child sexual abuse "wars": who are they and what do they want? *Soc Work* 2003; 48(4):492-503.

Abstract: The research findings described in this article are based on in-depth interviews with 40 people who helped bring concerns about child sexual abuse to audiences in the Western world. The results of this study suggest that significant differences of opinion and perspective exist both within and between the two widely recognized camps of opinion that have developed around this issue. From respondents' descriptions of their own and others' viewpoints, a continuum model of eight positions on issues related to child sexual abuse was developed and is described in this article. Using a social constructionist framework, the author suggests that debates about child sexual abuse, although framed primarily as empirical issues, may reflect moral and political, as well as scientific, disagreements. Debates about issues related to child

sexual abuse take place in larger social and political contexts that include concerns about the family, gender relations, sexuality and sexual behavior, the "science wars," and the role of government. Conflicting claims about practice issues related to child sexual abuse require that social work practitioners be taught to critically examine how the moral and political beliefs of researchers might influence the kinds of questions they ask and how they interpret and frame their research findings.

Milgrom P, Garcia RI, Ismail A, Katz RV, Weintraub JA. Improving America's access to care: The National Institute of Dental and Craniofacial Research addresses oral health disparities. *J Am Dent Assoc* 2004; 135(10):1389-96.

Abstract: BACKGROUND AND OVERVIEW: The National Institute of Dental and Craniofacial Research, or NIDCR, in 2001 sponsored the establishment of Centers for Research to Reduce Oral Health Disparities. The centers are based at Boston University; New York University; the University of Michigan; the University of Washington; and the University of California, San Francisco. Reflecting the importance of research to reduce disparities, the centers, along with related grants, represent one of the largest financial commitments ever made by the NIDCR. The centers are sponsored in part by the National Center on Minority Health and Health Disparities, or NCMHHD. Each of the five centers has forged partnerships that include ties with dental societies, state and local health agencies, community and migrant health centers, American Indian tribal nations and institutions that serve other diverse patient populations. CONCLUSIONS AND CLINICAL IMPLICATIONS: This network is attempting to address the needs of communities with poor oral health. A major part of the effort of these new centers is to build community networks and establish long-term relationships. Center investigators also recognize that solutions to these vexing problems must be built on an understanding of the social, economic, racial, educational, political and behavioral factors that affect most health care issues.

Miller BD. Female-selective abortion in Asia: patterns, policies, and debates. *Am Anthropol* 2001; 103(4):1083-95.

Notes: GENERAL NOTE: KIE: Miller, Barbara D  
GENERAL NOTE: KIE: 80 refs.  
GENERAL NOTE: KIE: KIE Bib: abortion/foreign countries; sex determination  
Abstract: Since the early 1980s, the use of sex-selective abortion increased in many Asian contexts. Estimates indicate that several million female fetuses were aborted in the last two decades of the twentieth century. This article takes a currently unusual approach for a cultural anthropologist in pursuing cross-national comparisons of trends in sex-selective abortion. The risks involved in such an approach are taken in the hope that it will yield insights not gained through

localized analysis. After reviewing the available evidence on female-selective abortion, I discuss features of Asian culture that support strong son preference. Next I review the related issues of increased technological availability for prenatal sex selection and national policies about sex selection. Last, I consider several positions on female-selective abortion and how cultural anthropology may contribute to understanding the global context and consequences of prenatal gender discrimination.

Miller-Johnson S, Coie JD, Maumary-Gremaud A, Bierman K. Peer rejection and aggression and early starter models of conduct disorder. *J Abnorm Child Psychol* 2002; 30(3):217-30.

Notes: CORPORATE NAME: Conduct Problems Prevention Research Group  
Abstract: Peer rejection and aggression in the early school years were examined for their relevance to early starting conduct problems. The sample of 657 boys and girls from 4 geographical locations was followed from 1st through 4th grades. Peer rejection in 1st grade added incrementally to the prediction of early starting conduct problems in 3rd and 4th grades, over and above the effects of aggression. Peer rejection and aggression in 1st grade were also associated with the impulsive and emotionally reactive behaviors found in older samples. Being rejected by peers subsequent to 1st grade marginally added to the prediction of early starting conduct problems in 3rd and 4th grades, controlling for 1st grade ADHD symptoms and aggression. Furthermore, peer rejection partially mediated the predictive relation between early ADHD symptoms and subsequent conduct problems. These results support the hypothesis that the experience of peer rejection in the early school years adds to the risk for early starting conduct problems.

Miller L, France D, Clemetson L *et al.* Sins of the fathers. *Newsweek* 2002; 139(9):42-9, 51-2.

Miller L, Schweingruber H, Oliver R, Mayes J, Smith D. Teaching neuroscience through Web adventures: adolescents reconstruct the history and science of opioids. *Neuroscientist* 2002; 8(1):16-21.  
Abstract: New technological and cultural developments surrounding adolescents' use of the World Wide Web offer an opportunity for turning aspects of the Internet gaming phenomenon to the advantage of neuroscience education. Specifically, an experimental project to transmit aspects of problem-based learning and the National Science Standards through an interactive Web adventure is reported here. The Reconstructors is an episodic Web-based adventure series entitled Medicinal Mysteries from History. It is funded by the National Institute on Drug Abuse, and the first series focuses on opioids. It was created with the input of middle school students and teachers. Through the use of multimedia technologies, middle school students

enter a futuristic world in which they become "reconstructors," members of an elite scientific unit charged with recovering lost medical knowledge about analgesic drugs. Two of the four episodes have been evaluated through a comprehensive review process involving middle school students, teachers, neuroscience researchers, and clinicians. Analysis of the pretest and posttest scores demonstrated significant knowledge gain that validly can be attributed to use of the game. These data provide evidence that science content can be transmitted through innovative online techniques without sacrificing compelling content or effective pedagogical strategies.

Miller-Loncar C, Lester BM, Seifer R *et al.* Predictors of motor development in children prenatally exposed to cocaine. *Neurotoxicol Teratol* 2005; 27(2):213-20.  
Abstract: The current study examined the pattern of motor development across the first 18 months of life in infants with in utero exposure to cocaine to determine how prenatal drug effects and level of exposure relates to motor development. Motor development was examined at 1, 4, 12, and 18 months of age (corrected for prematurity). Infants were divided into cocaine exposed (n=392) and comparison (n=776) groups. Exposure status was determined by meconium assay and maternal self-report with alcohol, marijuana, tobacco, and opiates present in both groups. Motor skills were assessed at 1 month using the NICU Network Neurobehavioral Scale (NNS), at 4 months using the posture and fine motor assessment of infants (PFMAI), at 12 months using the Bayley Scales of Infant Development-Second Edition (BSID-II), and at 18 months using the Peabody Developmental Motor Scales (PDMS). Examiners masked to exposure status performed all assessments. Motor scores were converted to standard (z) scores, and hierarchical linear modeling (HLM) was used to examine the change in motor skills from 1 to 18 months of age. Infants with exposure to cocaine showed low motor skills at their initial status of 1 month but displayed significant increases over time. Both higher and lower levels of tobacco use related to poorer motor performance on average. Heavy cocaine use related to poorer motor performance as compared to no use, but there were no effects of level of cocaine use on change in motor skills.

Miller M. Fractures during physical therapy. *Pediatr Radiol* 2002; 32(7):536-7.

Miller TR, Fisher DA, Cohen MA. Costs of juvenile violence: policy implications. *Pediatrics* 2001; 107(1):E3.

Miller VA, Drotar D, Burant C, Kodish E. Clinician-parent communication during informed consent for pediatric leukemia trials. *J Pediatr Psychol* 2005; 30(3):219-29.  
Abstract: OBJECTIVE: To address the need to

describe informed consent in pediatric settings and to identify barriers to parent understanding, this study assessed how aspects of clinician-parent communication during the informed consent conference (ICC) relate to parent understanding of informed consent and parent perception of the impact of the ICC on their anxiety and control. **METHODS:** Parents of 127 children with newly diagnosed leukemia who were eligible for clinical trials were the participants. The study used comprehensive methods including both observational and self-report assessment methods. **RESULTS:** Structural equation modeling demonstrated that parent race and socioeconomic status (SES) were powerful predictors of clinician-parent communication, parent anxiety and control as a result of the ICC, and parent understanding. Clinician information giving and partnership building predicted parent participation during the ICC. **CONCLUSIONS:** These findings may be used to design interventions that increase the effectiveness of the ICC by identifying specific elements of the conference that influence parent affect and understanding.

Mimasaka S, Hashiyada M, Nata M, Funayama M. Correlation between serum IL-6 levels and death: usefulness in diagnosis of "traumatic shock"? *Tohoku J Exp Med* 2001; 193(4):319-24. Abstract: Interleukin-6 (IL-6) has been considered as an important mediator of inflammation. Clinically it is a well-known marker of the severity of injury following major trauma. In this study, the levels of IL-6 in body serum were applied to a traumatic death index. Of ninety victims 55 were men and 35 women, with a mean age of 53.4+/- 19 (S.D.) years. The cases were classified as traumatic deaths (38 cases), non-traumatic deaths other than natural causes of deaths (36 cases), and deaths due to natural causes (16 cases). All samples were collected within 2 days after death. The mean values of IL-6 levels of the traumatic, non-traumatic and disease groups were 8608.97, 2205.65, and 3266.64 pg/ml, respectively. Some cases in non-traumatic and disease cases were beyond 10 000 pg/ml, however, the mean value of the traumatic group was statistically higher than that of the other two groups. Even though several cases had high levels of IL-6 in spite of instantaneous death, the results showed that IL-6 levels are helpful in the diagnosis of traumatic shock.

Mimran S, Rotem R. Ocular trauma under the shadow of terror. *Insight* 2005; 30(3):10-2. Abstract: **OBJECTIVES:** To determine the prevalence and severity of penetrating eye trauma (PET) in victims of terror attacks in Jerusalem and to determine their specific in-hospital needs; and to evaluate the role of the ophthalmic nurse in helping to treat these patients in wards other than the ophthalmology ward and to determine how the ophthalmic nurse can coordinate care of the patients with other hospital personnel. **BACKGROUND:** PET is a common cause of significant visual loss. Early treatment is mandatory if

maximum vision is to be restored. From January 2000 through February 2003, 468 victims of terror were examined in one of two major hospitals in Jerusalem that treat ocular injuries; 40 (8.5%) of these patients suffered from PET. **METHODS:** We conducted in our hospital a retrospective chart review of 109 consecutive patients with PET from January 2000 to February 2003; 40 (36.7%) cases were caused by terrorism. Data were collected on demographic characteristics; type, cause and extent of injury; and visual acuity (VA) on admission and at discharge. The terror victims were hospitalized in intensive care, surgical, and ophthalmology wards. **RESULTS:** Of the patients admitted after terrorist attacks, 64% were male. Arab patients comprised 20% of those admitted. Ninety-five percent of the terror victims with PET required surgery (20% for enucleation, 30% for retinal detachment, and the remaining 45% for other causes). Eighty-two percent of these victims presented with a visual acuity > or = 20/200 in the injured eye (versus 63% in patients admitted with ocular trauma from other causes), and 44% remained blind at discharge (versus 28% from other causes). **CONCLUSIONS:** Terror victims have more severe ocular injuries than do other patients with PET. Ophthalmic nurses must make a special effort to attend to these patients in wards other than the ophthalmology wards and to coordinate their in-hospital care and follow-up treatments with hospital personnel in intensive care and surgical wards.

Miner MH, Munns R. Isolation and normlessness: attitudinal comparisons of adolescent sex offenders, juvenile offenders, and nondelinquents. *Int J Offender Ther Comp Criminol* 2005; 49(5):491-504. Abstract: The authors explored attitudinal differences among adolescent male sex offenders, juvenile delinquents, and nondelinquent youth based on three variables drawn from integrated delinquency theory: conventional attitudes, normlessness, and social isolation. Consistent with previous juvenile delinquency studies, the results indicate no differences among the three groups on conventional attitudes. With respect to normlessness, both the sex offenders and juvenile delinquent groups demonstrated more school normlessness than did nondelinquent youths, and adolescent sex offenders showed greater peer normlessness than did either nondelinquent youths or juvenile delinquents. Examination of perceived social isolation among the three groups indicates that sex offenders consistently perceived themselves as more isolated than other youths with their families, in their school, and among their peers. These results suggest that interpersonal factors, in addition to a lack of social controls and normlessness, are associated with sexually inappropriate behavior.

Minkoff H, McCalla S. Uterine rupture among women with a prior cesarean delivery. *N Engl J Med* 2002; 346(2):134-7.

Minkovitz CS, Hughart N, Strobino D *et al.* A practice-based intervention to enhance quality of care in the first 3 years of life: the Healthy Steps for Young Children Program. *JAMA* 2003; 290(23):3081-91. Abstract: CONTEXT: There is growing concern regarding the quality of health care available in the United States for young children, and specific limitations have been noted in developmental and behavioral services provided for children in the first 3 years of life. OBJECTIVE: To determine the impact of the Healthy Steps for Young Children Program on quality of early childhood health care and parenting practices. DESIGN, SETTING, AND PARTICIPANTS: Prospective controlled clinical trial enrolling participants between September 1996 and November 1998 at 6 randomization and 9 quasi-experimental sites across the United States. Participants were 5565 children enrolled at birth and followed up through age 3 years. INTERVENTION: Incorporation of developmental specialists and enhanced developmental services into pediatric care in participants' first 3 years of life. MAIN OUTCOME MEASURES: Quality of care was operationalized across 4 domains: effectiveness (eg, families received > or =4 Healthy Steps-related services or discussed >6 anticipatory guidance topics), patient-centeredness (eg, families were satisfied with care provided), timeliness (eg, children received timely well-child visits and vaccinations), and efficiency (eg, families remained at the practice for > or =20 months). Parenting outcomes included response to child misbehavior (eg, use of severe discipline) and practices to promote child development and safety (eg, mothers at risk for depression discussed their sadness with someone at the practice). RESULTS: Of the 5565 enrolled families, 3737 (67.2%) responded to an interview at 30 to 33 months (usual care, 1716 families; Healthy Steps, 2021 families). Families who participated in the Healthy Steps Program had greater odds of receiving 4 or more Healthy Steps-related services (for randomization and quasi-experimental sites, respectively: odds ratio [OR], 16.90 [95% confidence interval [CI], 12.78 to 22.34] and OR, 23.05 [95% CI, 17.38 to 30.58]), of discussing more than 6 anticipatory guidance topics (OR, 8.56 [95% CI, 6.47 to 11.32] and OR, 12.31 [95% CI, 9.35 to 16.19]), of being highly satisfied with care provided (eg, someone in the practice went out of the way for them) (OR, 2.06 [95% CI, 1.64 to 2.58] and OR, 2.11 [95% CI, 1.72 to 2.59]), of receiving timely well-child visits and vaccinations (eg, age-appropriate 1-month visit) (OR, 1.98 [95% CI, 1.08 to 3.62] and OR, 2.11 [95% CI, 1.16 to 3.85]), and of remaining at the practice for 20 months or longer (OR, 2.02 [95% CI, 1.61 to 2.55] and OR, 1.75 [95% CI, 1.43 to 2.15]). They also had reduced odds of using severe discipline (eg, slapping in face or spanking with object) (OR, 0.82 [95% CI, 0.54 to 1.26] and OR, 0.67 [95% CI, 0.46 to 0.97]). Among mothers considered at risk for depression, those who participated in the Healthy Steps Program had greater odds of discussing their sadness

with someone at the practice (OR, 0.95 [95% CI, 0.56 to 1.63] and OR, 2.82 [95% CI, 1.57 to 5.08]). CONCLUSION: Universal, practice-based interventions can enhance quality of care for families of young children and can improve selected parenting practices.

Minns RA, Busuttill A. Patterns of presentation of the shaken baby syndrome: four types of inflicted brain injury predominate. *BMJ* 2004; 328(7442):766.

Mintz Y, Shapira SC, Pikarsky AJ *et al.* The experience of one institution dealing with terror: the El Aqsa Intifada riots. *Isr Med Assoc J* 2002; 4(7):554-6. Abstract: BACKGROUND: During a period of 13 months--1 October 2000 to 31 October 2001--586 terror assault casualties were treated in the trauma unit and emergency department of Hadassah University Hospital (Ein Kerem campus); 27% (n = 158) were hospitalized and the rest were discharged within 24 hours. OBJECTIVES: To analyze the special requirements of a large number of victims who received treatment during a short period. METHODS: Data were attained from the main admitting office and the trauma registry records. Factors analyzed included age, gender, mechanism of injury, anatomic site of injury, Injury Severity Score, and length of stay. RESULTS: Males comprised 81% of the hospitalized patients. The majority of the injuries (70%) were due to gunshot wounds and 31% of the hospitalized patients were severely injured (ISS > or = 16). Twelve patients died, yielding a mortality rate of 7.5%. CONCLUSION: The nature of the injuries was more complex and severe than trauma of other etiologies, as noted by the mean length of stay (10.2 vs. 7.2 days), mean intensive care unit stay (2.8 vs. 0.9 days), and mean operations per patient (0.7 vs. 0.5). The mean insurance cost for each hospitalized terror casualty was also higher than for other trauma etiologies (US\$ 3,200 vs. 2,500).

Mirsal H, Kalyoncu A, Pektas O, Tan D, Beyazyurek M. Childhood trauma in alcoholics. *Alcohol Alcohol* 2004; 39(2):126-9.

Abstract: AIMS: Many studies have been conducted to evaluate the relationship between childhood trauma and alcoholism. In this study 80 alcoholics were chosen according to their hospitalization order. The control group consisted of 60 subjects, with no history of alcohol use, matched with the patient group in age and sex. METHODS: A sociodemographic and clinical data form, a questionnaire focusing on traumatic life experiences in childhood and The Childhood Trauma Questionnaire, Hamilton Depression Rating Scale, and Hamilton Anxiety Rating Scale were applied to both groups. RESULTS: Significant differences were found between the two groups on traumatic life experiences in childhood. Results suggested that childhood trauma positively correlates with anxiety and affective

- symptoms among alcoholics. **CONCLUSIONS:** Further studies are needed concerning this issue.
- Mitka M. Hospital study offers hope of changing lives prone to violence. *JAMA* 2002; 287(5):576-7.
- Moag-Stahlberg A, Miles A, Marcello M. What kids say they do and what parents think kids are doing: The ADAF/Knowledge Networks 2003 Family Nutrition and Physical Activity Study. *J Am Diet Assoc* 2003; 103(11):1541-6.  
Notes: CORPORATE NAME: ADAF/Knowledge Networks 2003 Family Nutrition and Physical Activity Study
- Moe MC, Westerlund U, Varghese M, Berg-Johnsen J, Svensson M, Langmoen IA. Development of neuronal networks from single stem cells harvested from the adult human brain. *Neurosurgery* 2005; 56(6):1182-8; discussion 1188-90.  
Abstract: **OBJECTIVE:** It was long held as an axiom that new neurons are not produced in the adult human brain. More recent studies, however, have identified multipotent cells whose progeny express glial or neuronal markers. This discovery may lead to new therapeutic strategies against central nervous system disorders by transplanting stem cells that have been propagated in vitro. Still, it is not known whether stem cells from the adult human brain retain the potential to mature into neurons that integrate and communicate in a network. **METHODS:** We cultured cells from the ventricular wall of the adult human brain as monoclonal neurospheres. After two passages, the neurospheres were dissociated and the cells were allowed to differentiate. After 4 weeks of maturation, the cells were studied by immunocytochemistry, confocal microscopy, and whole-cell patch-clamp. **RESULTS:** We show that monoclonal stem cells harvested from the ventricular wall of the adult human brain develop into mature neurons with functional glutamate receptors and glutamatergic nerve terminals. By patching pairs of cells simultaneously, we also present direct evidence for synaptic communication between neurons developed from the same monoclonal cell. **CONCLUSION:** Neural stem cells harvested from the adult human brain retain the potential to mature into fully differentiated neurons that integrate and communicate by synapses. This opens a possible future scenario of autotransplantation, in which stem cells are harvested from small biopsies of the ventricular wall and propagated in vitro before transplantation.
- Moen C, Ohlund LS. Negative memories of childhood and current drug use. *Nord J Psychiatry* 2003; 57(4):303-8.  
Abstract: Data on drug abuse and memories of the childhood were collected through a self-report questionnaire from a group of current drug users and a group of non-using controls. Both samples were unidentified as groups by the society and were identified by the researchers through snowball sampling. Earlier results of an unstable childhood and a poor social situation from studies that used other sampling methods were replicated. The drug users had an earlier nicotine and alcohol debut, and perceived themselves as unloved, physically abused children that were afraid of their parents during childhood. In addition, depression, suicide attempts and convictions were more common among the drug users.
- Moghtaderi A, Rahimi-Movaghar V, Safdari M. Spontaneous brain rupture: a complication of untreated hydrocephalus. *Clin Neurol Neurosurg* 2005; 108(1):48-51.  
Abstract: A case of infantile hydrocephalus with secondary spontaneous brain rupture is reported. As far as the authors' knowledge, this is the first case of spontaneous brain and ventricular rupture secondary to high-pressure hydrocephalus. It is a case of infantile hydrocephalus occurring due to the expansibility of an infantile skull, which is normally not seen these days, and is a fatal sequela of untreated hydrocephalus. This rare complication occurs with the rupture of thinnest part of the ependymal layer of the ventricle, cerebral tissue, meningeal membranes, bone and scalp.
- Mohan P. Inequities in coverage of preventive child health interventions: the rural drinking water supply program and the universal immunization program in Rajasthan, India. *Am J Public Health* 2005; 95(2):241-4.  
Abstract: **OBJECTIVES:** I assessed whether the Rural Drinking Water Supply Program (RDWSP) and the Universal Immunization Program (UIP) have achieved equitable coverage in Rajasthan, India, and explored program characteristics that affect equitable coverage of preventive health interventions. **METHODS:** A total of 2460 children presenting at 12 primary health facilities in one district of Rajasthan were enrolled and classified into economic quartiles based on possession of assets. Immunization coverage and prime source of drinking water were compared across quartiles. **RESULTS:** A higher access to piped water by wealthier families ( $P < .001$ ) was compensated by higher access to hand pumps by poorer families ( $P < .001$ ), resulting in equal access to a safe source ( $P = .9$ ). Immunization coverage was inequitable, favoring the wealthier children ( $P < .001$ ). **CONCLUSIONS:** The RDWSP has achieved equitable coverage, while UIP coverage remains highly inequitable. Programs can make coverage more equitable by formulating explicit objectives to ensure physical access to all, promoting the intervention's demand by the poor, and enhancing the support and monitoring of frontline workers who deliver these interventions.
- Mohatt GV, Rasmus SM, Thomas L, Allen J, Hazel K, Hensel C. "Tied together like a woven hat:" Protective pathways to Alaska native sobriety. *Harm Reduct J*

2004; 1(1):10.  
Abstract: BACKGROUND: The People Awakening Project (1R01 AA 11446-03) had two purposes, completed in Phase I and Phase II of the project. The purpose of Phase I was to complete a qualitative study; the research objective was discovery oriented with the specific aim of identification of protective and recovery factors in Alaska Native sobriety. Results were used to develop a heuristic model of protective and recovery factors, and measures based on these factors. The research objective of Phase II was to pilot these measures and provide initial validity data. METHODS: Phase I utilized a life history methodology. People Awakening interviewed a convenience sample of 101 Alaska Natives who had either recovered from alcoholism (n = 58) or never had a drinking problem (n = 43). This later group included both lifetime abstainers (LAs) and non-problem drinkers (NPs). Life histories were transcribed and analyzed using grounded theory and consensual data analytic procedures within a participatory action research framework. Analyses were utilized to generate heuristic models of protection and recovery from alcohol abuse among Alaska Natives. RESULTS: Analyses generated a heuristic model of protective factors from alcohol abuse. The resulting multilevel and multi-factorial model describes interactive and reciprocal influences of (a) individual, family, and community characteristics; (b) trauma and the individual and contextual response to trauma, (c) experimental substance use and the person's social environment; and (d) reflective processes associated with a turning point, or a life decision regarding sobriety. The importance of cultural factors mediating all these protective processes is emphasized. For NPs, the resilience process drew from personal stores of self-confidence, self-efficacy, and self-mastery that derived from ability to successfully maneuver within stressful or potentially traumatizing environments. In contrast, for many LAs, efficacy was instead described in more socially embedded terms better understood as communal mastery. One style of mastery is more associated with individualistic orientations, the other with more collectivistic. Future research is needed regarding the generalizeability of this group difference. CONCLUSIONS: Results suggest that preventative interventions should focus on intervening simultaneously at the community, family, and individual levels to build resilience and protective factors at each level. Of particular importance is the building of reflexivity along with other cognitive processes that allow the individual to think through problems and to reach a life decision to not abuse alcohol.

Mohr WK, Anderson JA. Reconsidering punitive and harsh discipline. *J Sch Nurs* 2002; 18(6):346-52.  
Abstract: Corporal punishment and other harsh interventions continue to be widespread despite the fact that the leading theories or models of behavioral management do not support their effectiveness. There

is overwhelming evidence that harsh interventions are damaging to children, both emotionally and physically. The effects of such trauma may be compounded when a child has preexisting learning difficulties. When schools respond to these challenges using harsh methods, children can be further traumatized. The authors review principles of childhood neurodevelopment, describe a model to understand children in context, and discuss how exposure to certain noxious sensory experiences can affect children's responses to threat or perceived threat. They also describe implications for school nurses.

Moineau G, Plint A. Tibial fractures possibly linked to use of a baby stationary activity center. *Pediatr Emerg Care* 2005; 21(3):181-3.

Molczan KA. Triaging pediatric orthopedic injuries. *J Emerg Nurs* 2001; 27(3):297-300.

Molinari E, Selvini M, Lenzini F. Sexual abuse and eating disorders: clinical cases. *Eat Weight Disord* 2003; 8(4):253-62.

Abstract: The aim of this analysis of five clinical cases is to show how an experience of sexual abuse can contribute towards increasing individual vulnerability and become one of several factors that come together to aggravate and complicate the symptoms characterising eating disorders. It is also intended to enhance the importance of a "multifactorial" model for approaching this kind of psychopathology.

Mollen CJ, Fein JA, Localio AR, Durbin DR. Characterization of interpersonal violence events involving young adolescent girls vs events involving young adolescent boys. *Arch Pediatr Adolesc Med* 2004; 158(6):545-50.

Abstract: BACKGROUND: Multiple studies have demonstrated that girls are engaging in interpersonal violence. However, little is known about the potentially unique aspects of violent events involving girls. OBJECTIVES: To describe characteristics of interpersonal violence events in preadolescents and young adolescents and to determine if events involving any girl are different than those involving only boys. DESIGN: A cross-sectional survey of 8- to 14-year-old patients who were being evaluated at an urban children's hospital emergency department for injuries caused by interpersonal violence was conducted between September 2000 and August 2001. The survey asked the patient to describe details about event circumstances, opponents, weapon use, and injury severity. RESULTS: We enrolled 190 patients into the study; 58 (31%) were girls. Seventy-four events (39%) had a girl involved, 156 (82%) occurred on a weekday, 127 (67%) were classified as fights, 140 (74%) were with a known opponent, and 93 (49%) occurred at school. Events involving girls were more likely than events involving all boys to occur at home (relative risk



[RR], 1.6; 95% confidence interval [CI], 1.0-2.5). Both boys and girls reported "being disrespected" and "teasing" as popular reasons for a fight. Events involving girls were more commonly related to a "recurrence of a previous fight" (RR, 6.4; 95% CI, 1.9-21.5), were more likely to end because of adult intervention (RR, 1.7; 95% CI, 1.1-2.6), and have a family member try to physically break up the fight (RR, 3.7; 95% CI, 1.5-9.1). CONCLUSION: Violent events involving preadolescent and early adolescent girls are more likely to be in response to a previous event and to involve the home environment and family member intervention. Health care professionals should screen violently injured girls for safety concerns and retaliation plans and consider engaging the family in efforts to prevent future events.

Molnar BE, Roberts AL, Browne A, Gardener H, Buka SL. What girls need: recommendations for preventing violence among urban girls in the US. *Soc Sci Med* 2005; 60(10):2191-204.  
Abstract: The last decade saw increases in arrests of girls for violent behavior and a corresponding concern that girls' involvement in violence was increasing in the USA. However, there are few empirical studies of the dynamics of violence by girls, leaving providers of violence prevention programs and policy-makers without evidence on which to base gender-appropriate prevention strategies. To address this gap, qualitative interviews were conducted with a diverse sample of 61 urban girls aged 11-17. Findings were compared with quantitative interviews from the prospective cohort of 961 girls from whom these respondents were drawn, from the Project on Human Development in Chicago Neighborhoods. Mixed-method techniques were employed. Qualitative data were analyzed for girls' recommendations for preventing involvement in violence. Data from the larger cohort were used to test these recommendations quantitatively. Due to study design, in the qualitative sample, 36 girls (64%) were involved in recent violence, most often with or against other girls. Pro-social behavior was common among both violent and nonviolent girls. In the overall cohort sample, 24.9% of girls reported violent perpetration and 97% reported pro-social activities. Eight themes regarding staying safe and preventing violence emerged from the qualitative interviews: girls stayed safe by staying home, avoiding dangerous people, staying busy with after-school activities, remaining calm when confronted, using escorts, and fighting back if attacked. Girls' protective influences included: empathic parental involvement, positive relationships with peers and older youth, and involvement in safe and constructive activities. These findings emphasize that safety in community, school, and family settings is critical for girls in avoiding violence and other risky behaviors. Violence prevention programs should focus on enhancing girls' relationships with mothers, older girls, and friends their age.

Monagle P, Robb B, Driscoll S, Bowes G. Organ retention following paediatric and perinatal autopsy: where to from here? *J Paediatr Child Health* 2002; 38(4):405-8.

Mondaini N, Ponchietti R, Gontero P *et al.* Penile length is normal in most men seeking penile lengthening procedures. *Int J Impot Res* 2002; 14(4):283-6.  
Abstract: Concerns over penile size and a desire for a longer penis are common in the male population. The number of male patients seeking an andrological consultation for the problem of 'short penis' is increasing. We looked at the numbers of patients presenting to a University andrology clinic over a 2-y period and correlated their perceived penis size with the accepted norms. Sixty-seven patients were evaluated with a median age of 27 (range 16-55) complaining of 'short penis' and requesting surgical correction. Clinical history, including the IIEF-5 questionnaire and an accurate physical examination were obtained. Data concerning measures of penile length and circumference were recorded in both the flaccid and fully stretched states and compared to the normal reference range as previously described in the nomogram we recently published (*Eur Urol* 2001; 39: 183-186.). All patients were also asked to estimate the length of a normal sized penis. Forty-four (65.7%) complained of a short penis only while flaccid, 22 patients (32.8%) while both flaccid and erect, and only one patient (1.5%) was worried only by the erect length of the penis. Fifteen (22.4%) also complained about their penile circumference. Fifty-seven (85%) patients thought a 'normal' penile length should range from 10 to 17 cm (median value of 12 cm). Ten patients (15%) were not able to estimate 'normal' penile size. No patient was found to have a penile length under the 2.5 percentile according to our nomogram. Forty-two (62.7%) subjects recalled the problem starting in childhood, when they felt that their penis was smaller than their friends'. In 25 patients (37.3%) the problem started in the teenage years after seeing erotic images. Our data show that most men who seek penile lengthening surgery overestimate 'normal' penile length. In our series, none of the patients could be classified as having a severely short penis according to our nomogram and none had any anatomical penile abnormality. Most found the use of a nomogram to show them how they compared with other men helpful. We suggest that documentation of such a demonstration should be made for any man seeking an opinion on penile lengthening surgery.

Monsen RB. Adopting children. *J Pediatr Nurs* 2004; 19(3):214-5.

Monsen RB. Advocating for children. *J Pediatr Nurs* 2004; 19(5):364-5.

Monsen RB. Children hearing. *J Pediatr Nurs* 2003; 18(6):421-2.

Monsen RB. Drawing the pain. *J Pediatr Nurs* 2003; 18(4):284-5.

Monteiro C, Trindade E, Monteiro F *et al.* Blood group-antigen profile predicted by molecular biology in Munchausen syndrome by proxy. *J Lab Clin Med* 2004; 144(6):319.

Monteiro Caran EM, Dias CG, Seber A, Petrilli AS. Clinical aspects and treatment of pain in children and adolescents with cancer. *Pediatr Blood Cancer* 2005; 45(7):925-32.

Abstract: BACKGROUND: The aim of this study was to characterize the clinical aspects and the treatment of mild to severe pain in Brazilian children and adolescents with cancer. We evaluated the importance of classifying patients according to the phase of cancer treatment (diagnosis, treatment, recurrence, and end-of-life palliative care) and the opioid-related side effects. METHODS: An institutional prospective study of 184 episodes of pain in children and adolescents with cancer was conducted. Pain was classified according to its cause, physiopathology and intensity. Treatment was based on the WHO guidelines for cancer pain relief. RESULTS: Pain scales were completed by 77% of the patients. Numerical scales were used by 49% of them. Morphine was given in 111 episodes for 2,758 patient days. Morphine doses had to be escalated when it was given to patients during end-of-life palliative care. Opioids were well tolerated with no severe side effects. Psychological dependence on morphine was found in 2% (2/111) of the cases. Pain control was satisfactory in 97% of the episodes. CONCLUSIONS: The WHO guidelines for cancer pain relief were effective in controlling pain in children and adolescents with cancer. Despite their low socioeconomic level, patients were able to quantify their pain using rating scales.

Montgomery E. Tortured families: a Coordinated Management of Meaning analysis. *Fam Process* 2004; 43(3):349-71.

Abstract: Torture is known to affect both the individual and the family. The aim of the present study was to reach a better understanding of the significance of communication and information about parental exposure to violence in torture-surviving families. The theoretical background is Social Constructionism and Coordinated Management of Meaning (CMM). In-depth interviews were carried out with 14 members of 3 Middle Eastern refugee families living in Denmark in which the father had been exposed to torture. The 3 families experienced their life stories and situations as refugees in very different ways, ranging from meaninglessness, discontinuance, and alienation to a sense of community, solidarity, and openness. Communications about past events were related to such meaning-providing contexts. The way in which parents talk with their children about torture and organized

violence can be understood in terms of "stories told" and "stories lived." When stories told (e.g., the experience of torture and organized violence) are in contradiction to stories lived, a situation of ambiguity and uncertainty is created. The meaning-providing contexts for making sense of the family history of violence and exile can be more or less coherent or contradictory, and might result in a strengthened relationship or confusion, powerlessness, and action paralysis. Clinicians can help traumatized families deal with their past histories of violence by paying attention to such ambiguities and contradictions.

Montgomery E, Foldspang A. Seeking asylum in Denmark: refugee children's mental health and exposure to violence. *Eur J Public Health* 2005; 15(3):233-7. Abstract: AIMS: The aim of this study was to compare profiles of present mental health and previous exposure to violence among refugee children from the Middle East, whose asylum seeking families either did or did not obtain permission to stay in Denmark. METHODS: Shortly after arrival in Denmark, the parents of 311 Middle-Eastern children answered a structured interview on their children's exposure to organized violence and their mental health. The families were followed-up as concerns receipt of a residence permit. RESULTS: At arrival in Denmark, the children's patterns of previous exposure to violence and present mental health was generally similar irrespective of the family getting a residence permit, as was the case for 90 families (60.4%) with 190 children (61.1%). In both groups an overwhelming majority, eight to nine out of 10 children, had been exposed to conditions of war and had stayed in a refugee camp, and seven out of 10 had witnessed violence. Half of the children had a tortured parent. Considerably more children of families who did not get a residence permit had lost a parent (30.6% versus 13.7%;  $P < 0.001$ ). In both groups about two-thirds suffered from anxiety and about 30% from sleep problems, and children whose families did not later on get a residence permit more often appeared sad or miserable (43.8% versus 27.9%;  $P < 0.005$ ). CONCLUSIONS: The asylum-granting decision process seems to have divided the children into two groups with only superficial disparity as concerns their previous exposure to violence and their present mental health. There seems to be good reason to systematically integrate evidence on the children of refugee families in the treatment of applications for permission to stay.

Montgomery E, Foldspang A. Traumatic experience and sleep disturbance in refugee children from the Middle East. *Eur J Public Health* 2001; 11(1):18-22. Abstract: BACKGROUND: Sleep disturbance is frequently reported in children after traumatic experiences associated with organised violence. The aim of this study was to identify specific traumatic risk indicators and modifying factors for sleep disturbance among recently arrived refugee children from the Middle East. METHODS: The study group comprises

311, 3-15 year old refugee children from the Middle East. On arrival in Denmark, their parents participated in a structured interview about their children's health and history of exile and eventual exposure to war, organised violence and human rights violation. RESULTS: A family history of violence (grandparent's violent death before the birth of the child or parental exposure to torture) as well as a stressful present family situation (father scolds the child more than previously) were the strongest predictors of prevalent sleep disturbance in the children. Arriving in Denmark with both parents rather than one was a modifying factor, so the effect of traumatic experience on sleep patterns later in childhood was mediated through parental presence and behaviour. CONCLUSION: This study indicates that the family environment is of primary importance for childhood sleep disturbance following traumatic experiences connected with war and other organised violence.

Montigny F, Lacharite C. Perceived parental efficacy: concept analysis. *J Adv Nurs* 2005; 49(4):387-96. Abstract: AIMS: This paper describes a concept analysis carried out to remove some of the ambiguity surrounding the conceptual meaning of perceived parental efficacy and to distinguish it from related concepts such as parental confidence and parental competence. BACKGROUND: Constructing parental efficacy is a crucial step for family members after the birth of their first child. For some authors, perceived parental efficacy is a motor for adequate parental practices. Confusion about the definition and measurement of this concept has hindered both psychology and nursing practice and research. Concept delineation and concept clarification are required in order to further the development of the concept of perceived parental efficacy. METHODS: A literature search using a variety of online databases yielded 113 articles between the years 1980 and 2000. The final sample (n=60) consisted of 30 articles from two disciplines: nursing and psychology. A content analysis of the literature was done using Rodger's evolutionary concept analysis method. FINDINGS: Content analysis of the literature yielded four contributors to perceived parental efficacy: positive enactive mastery experiences, vicarious experiences, verbal persuasion and an appropriate physiological and affective state. Perceived parental efficacy can thus be defined as 'beliefs or judgements a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child'. CONCLUSION: This conceptual analysis has allowed perceived parental efficacy to be distinguished from parental confidence and parental competence. Both nursing and psychology research, practice and education will benefit from a more precise and delineated concept.

Moody-Williams JD, Krug S, O'Connor R, Shook JE, Athey JL, Holleran RS. Practice guidelines and performance measures in emergency medical services for children.

*Ann Emerg Med* 2002; 39(4):404-12. Abstract: Practice guidelines and performance measures are critical elements of an effective quality improvement process for emergency medical services for children (EMSC). Practice guidelines address the clinical management of individual patients, and performance measures assess the quality of care delivered to a population. The public and private sectors have invested considerable resources in developing practice guidelines and performance measures to improve the quality of health care services. As organizations continue development efforts, health care professionals who are actively involved in emergency care must collaborate to develop guidelines that address the unique physiologic, psychologic, and cultural needs of children. The Emergency Medical Services for Children Managed Care Task Force recommended the development of a series of white papers to focus on issues related to practice guidelines and performance measures in EMSC. The Maternal and Child Health Bureau, Health Resources and Services Administration, the National Highway Traffic Safety Administration, and the Robert Wood Johnson Foundation jointly sponsored the project. The paper was developed by a panel selected from a pool of experts in managed care, quality improvement, and emergency medical services. After a review of the literature, the panelists met to discuss critical issues related to practice guidelines and performance measures in EMSC. The panelists developed recommendations that can serve as resources for managed care organizations, health care providers, professional associations, and governmental policy makers. The panel recognized the lack of nationally recognized pediatric emergency care guidelines and performance measures and called for immediate action in these areas.

Mooney JF 3rd, Cramer KE. Lower extremity compartment syndrome in infants associated with child abuse: a report of two cases. *J Orthop Trauma* 2004; 18(5):320-2.

Abstract: Compartment syndrome associated with child abuse is unreported in the literature. We describe two cases secondary to lower extremity fractures resulting from child abuse. The diagnosis and management of compartment syndrome are reviewed. Orthopaedic surgeons involved in the care of pediatric patients must be aware of this potentially devastating complication, and must be prepared for timely management.

Moore C, Dunkelberg E, Chivers L, O'Berg J, Waldinger RJ. The role of shame and guilt in male aggression toward partners. *J Am Psychoanal Assoc* 2004; 52(2):480-1.

Moore KA, Coker K, DuBuisson AB, Swett B, Edwards WH. Implementing potentially better practices for improving family-centered care in neonatal intensive care units: successes and challenges. *Pediatrics* 2003;

Abstract: OBJECTIVE: Multidisciplinary teams from 11 medical center neonatal intensive care units collaborated in a quality improvement project with a focus on family-centered care. METHODS: Through a process of self-analysis, literature review, benchmarking site visits, and expert consultation, 10 potentially better practice (PBP) areas were defined. Improvement activities in 4 of the 10 areas are given as examples of successes and challenges that individual centers encountered. The 4 areas are vision and philosophy, unit culture, family participation in care, and families as advisors. RESULTS: Centers were at different places for all of the PBPs at the beginning and throughout the collaboration. Seven centers developed or revised their vision or philosophy of care statements about family-centered care. Incorporating the vision and philosophy of care into performance appraisals, hiring of new personnel, and changing unit culture to a more family-centered practice were more challenging than developing the statements. Full parent participation in care requires unrestricted access to the neonatal intensive care unit. The shift from considering parents to be "visitors" to being partners in caring for their child was more difficult for centers with restricted visitation policies. All centers developed, expanded, or started plans for establishing family advisory councils. The experience of 2 centers is described. CONCLUSIONS: Family-centered care is more of a journey than a destination. Collaborating centers in this project found themselves at different places in that journey. Through perseverance in implementing the PBPs, all have moved further along the path.

Moore PD, Bay RC, Balcazar H, Coonrod DV, Brady J, Russ R. Use of home visit and developmental clinic services by high risk Mexican-American and white non-Hispanic infants. *Matern Child Health J* 2005; 9(1):35-47.

Abstract: OBJECTIVE: To investigate whether US-born infants of mothers of Mexican descent who were enrolled in Arizona's Newborn Intensive Care Program (NICP) received follow-up services (developmental clinic and community health nurse [(CHN)] home visits) at the rates similar to White non-Hispanic (WNH) infants. Socio-economic and health status characteristics were controlled using stepped regressions in order to assess the impact of each on service use. METHODS: This population-based study used retrospective data from the NICP administrative database that were linked to birth certificates for years 1994-1998. The study population was limited to Arizona-born infants; it included 7442 infants of WNH mothers, 2612 infants of US-born Mexican American (MA) mothers and 2872 infants of Mexico-born mothers. Four service use indicators were used in the analysis. RESULTS: Both Hispanic infant subgroups were less likely to have a CHN visit by 6 months and by 1 year, and to average fewer CHN visits. A smaller percent attended the developmental clinic by age one.

After controlling for language, demographics, health status, socio-economic characteristics, and mothers' prenatal care use, infants of US-born MA mothers had rates of use similar to WNH. However, even after controlling for the study variables, infants of Mexico-born mothers were less likely (OR = .83) to use the developmental clinic. Hispanics continued to lag behind in the use of services compared with WNHs. The disparity is not a function of ethnicity, but appears attributable to demographic and socio-economic characteristics. Infants who had a CHN visit were significantly more likely (OR = 2.51) to use the developmental clinic than those without a nurse visit. Infants whose mothers had inadequate prenatal care were less likely to use these follow-up services even after controlling for study variables. CONCLUSIONS: Infants whose mothers had inadequate prenatal care should be targeted for more intense CHN visits. Infants of mothers born in Mexico may need additional support/assistance in using the developmental clinic.

Moore A, Pace NA. Children's rights in Europe. *Eur J Anaesthesiol* 2005; 22(4):245-8.

Moosajee M. Violence--a noxious cocktail of genes and the environment. *J R Soc Med* 2003; 96(5):211-4.

Moraczewski AS. Against the separation of Jodie and Mary. *Ethics Medics* 2001; 26(6):1-2.  
Notes: GENERAL NOTE: KIE: Moraczewski, Albert S  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Morad Y, Avni I, Capra L *et al.* Shaken baby syndrome without intracranial hemorrhage on initial computed tomography. *J AAPOS* 2004; 8(6):521-7.  
Abstract: OBJECTIVE: We sought to describe the unique characteristics of children diagnosed with shaken baby syndrome (SBS) despite the absence of intracranial hemorrhage on cranial computerized tomography (CT) on hospital admission. METHODS: Using an international e-mail-based listserv for professionals with an interest in child abuse, we identified and reviewed the charts of children hospitalized in different medical centers who were diagnosed with SBS although CT disclosed no signs of intracranial bleeding. Children with normal imaging were not included. RESULTS: Eight cases were identified. All children had cerebral edema in CT, which was severe on 7/8 cases (88%). All of these children had extensive retinal hemorrhage. The prognosis was poor; 5/8 infants died (63% mortality), and the rest had permanent neurologic damage. CONCLUSION: The diagnosis of SBS can be established even when CT at presentation does not demonstrate intracranial hemorrhage. We hypothesize that rapidly developing cerebral edema may cause increased intracranial pressure and tamponade that prevents the accumulation of intracranial blood. The

prognosis in these cases is grave.

Morad Y, Kim YM, Mian M, Huyer D, Capra L, Levin AV. Nonophthalmologist accuracy in diagnosing retinal hemorrhages in the shaken baby syndrome. *J Pediatr* 2003; 142(4):431-4.

Abstract: Nonophthalmologists did not attempt to (36%) or were "unable to" (19%) examine the fundus in 72 children with shaken baby syndrome. When the retina was examined, nonophthalmologists were accurate in recognizing the absence or presence of retinal hemorrhage in 87%. However, false-negative examinations occurred in 13%. Ophthalmology consultation should be an integral part of the evaluation of children with suspected abuse.

Moraes LR, Cancio JA, Cairncross S, Huttly S. Impact of drainage and sewerage on diarrhoea in poor urban areas in Salvador, Brazil. *Trans R Soc Trop Med Hyg* 2003; 97(2):153-8.

Abstract: A longitudinal prospective study of the effect of drainage and sewerage systems on diarrhoea in children aged < 5 years was conducted in 9 poor urban areas of the city of Salvador (population 2.44 million) in north-east Brazil in 1989-90. Due to complex political and administrative reasons, 3 areas had benefited from drainage improvements, 3 from both drainage and sewerage improvements, and 3 from neither. An extensive questionnaire was applied to collect information on each child and on the conditions of the household, and mothers recorded diarrhoea episodes in their children aged < 5 years daily for 1 year, using calendars. Fortnightly home visits were made to collect the data. The incidence of diarrhoea in children in neighbourhoods with drainage was less than two-thirds, and in neighbourhoods with drainage and sewerage less than one-third, of the incidence in neighbourhoods with neither. After controlling for potential confounders, the proportion of children with 'frequent diarrhoea' showed the same significant trend across the study groups. Though the groups were not exactly comparable, more than one child was monitored per household, and it was not possible to rotate fieldworkers between study groups, the study provides evidence that community sanitation can have an impact on diarrhoeal disease, even without measures to promote hygiene behaviour.

Morano JP. Sexual Abuse of the Mentally Retarded Patient: Medical and Legal Analysis for the Primary Care Physician. *Prim Care Companion J Clin Psychiatry* 2001; 3(3):126-35.

Abstract: The primary care physician has a vital role in documenting and preventing sexual abuse among the mentally retarded populations in our community. Since the current national trend is to integrate citizens with mental retardation into the community away from institutionalized care, it is essential that all physicians have a basic understanding of the unique medical and

legal ramifications of their clinical diagnoses. As the legal arena is currently revising laws concerning rights of sexual consent among the mentally retarded, it is essential that determinations of mental competency follow national standards in order to delineate clearly any instance of sexual abuse. Clinical documentation of sexual abuse and sexually transmitted disease is an important part of a routine examination since many such individuals are indeed sexually active. Legal codes adjudicating sexual abuse cases of the mentally retarded often offer scant protection and vague terminology. Thus, medical documentation and physician competency rulings form a solid foundation for future work toward legal recourse for the abused.

Moreno JD. "Of uncertain viability." The new federal rules for fetal and neonatal research. *Hastings Cent Rep* 2002; 32(5):47-8.

Notes: GENERAL NOTE: KIE: 3 refs. GENERAL NOTE: KIE: KIE Bib: embryo and fetal research; human experimentation/minors; human experimentation/regulation

Moreno L, Sanchez JL, Manas S *et al.* Tools for acquisition, processing and knowledge-based diagnostic of the electroencephalogram and visual evoked potentials. *J Med Syst* 2001; 25(3):177-94.

Abstract: The objective of our research is to develop computer-based tools to automate the clinical evaluation of the electroencephalogram (EEG) and visual evoked potentials (VEP). This paper describes a set of solutions to support all the aspects regarding the standard procedures of the diagnosis in neurophysiology, including: (1) acquisition and real-time processing and compression of EEG and VEP signals, (2) real-time brain mapping of spectral powers, (3) classifier design, (4) automatic detection of morphologies through supervised neural networks. (5) signal analysis through fuzzy modelling, and (6) a knowledge based approach to classifier design.

Moriyama M, Suwa T, Kabuto M, Fukushima T. Participatory assessment of the environment from children's viewpoints: development of a method and its trial. *Tohoku J Exp Med* 2001; 193(2):141-51.

Abstract: To understand the actual viewpoints of children about daily life and the environment, the authors, adopting a participatory strategy, visited 21 classes of Japanese school children, improved in a stepwise process their ways of question-asking, and developed "WIFY"(what is important for you); a set of interactive questions composed of a basic question and three accompanying instructions. In applying WIFY, 59 fourth graders, 22 in Nagasaki, Japan and 37 in Beijing, China, reported their viewpoints in each of classroom settings. In both settings, when children were allowed to communicate with each other by the use of WIFY answering sheet, spontaneous exchanges arose and continued. WIFY itself is supposed to bring

out and enhance mutual collaboration and spontaneous networking. In this instance, WIFY functioned as a communication tool. When answering sheets were collected and obtained responses were analyzed as cases, a rather materialistic view was suggested among Japanese children and a more disciplined view, which put much value on school and home, was suggested among Chinese children. Further studies are needed to confirm the changing environmental views of children from the collaborative research framework.

Mork M. [Medical problems and needs of follow-up in a group of children with mild cerebral palsy]. *Tidsskr Nor Laegeforen* 2001; 121(13):1566-9. Abstract: **BACKGROUND:** There is no specialized health service for routine follow-up for ambulatory children with cerebral palsy in Rogaland county. Our aim was to investigate the kind of medical problems these children had and whether these problems were discovered by the health services. **MATERIAL AND METHODS:** 37 children with cerebral palsy born 1987-1992 were investigated. They were all independent walkers without mental retardation at the time of selection. The majority had spastic hemiplegia or spastic diplegia. Their parents were interviewed and the children underwent a neurological examination. **RESULTS:** Orthopedic problems such as scoliosis, hip abnormalities, tight tendons and muscles, and leg length discrepancy were not discovered by the local health service. The children had a high incidence of epilepsy, visual disorders and minor speech problems. Minor learning difficulties were frequent. **INTERPRETATION:** Children with mild cerebral palsy have specific problems and need the attention of neuropediatricians in order to establish the primary and secondary problems involved.

Morrill AC, Dai J, Dunn S, Sung I, Smith K. Child custody and visitation decisions when the father has perpetrated violence against the mother. *Violence Against Women* 2005; 11(8):1076-107. Abstract: This research evaluated the effectiveness of statutes mandating a presumption against custody to a perpetrator of domestic violence (DV) and judicial education about DV. Across six states, the authors examined 393 custody and/or visitation orders where the father perpetrated DV against the mother and surveyed 60 judges who entered those orders. With the presumption, more orders gave legal and physical custody to the mother and imposed a structured schedule and restrictive conditions on fathers' visits, except where there was also a "friendly parent" provision and a presumption for joint custody. The presumption is effective only as part of a consistent statutory scheme. Although 86% of judges had received DV education, they scored no better in knowledge or attitudes. More of their orders gave mothers sole physical custody, and knowledge was associated with maternal custody, yet fewer structured or restricted fathers' visitation. Quality of DV

education is more important than statutory mandate.

Morrongiello BA, Kiriakou S. Mothers' home-safety practices for preventing six types of childhood injuries: what do they do, and why? *J Pediatr Psychol* 2004; 29(4):285-97.

Abstract: **OBJECTIVE:** To identify determinants of mothers' home-safety practices for preventing six types of common injuries to children (burns, poisoning, drowning, cuts, strangulation/suffocation/choking, and falls). **METHODS:** Home interviews were conducted with mothers of children 19-24 and 25-30 months old about home-safety practices. For each of 30 safety precautions to prevent these six types of injuries, mothers indicated whether or not they engaged in the practice, and explained why. **RESULTS:** Regression analyses revealed both common and unique determinants of mothers' home-safety practices to prevent these six types of home injuries. For burns, cuts, and falls, beliefs that child characteristics and parent characteristics elevated the child's risk of injury were the key determinants of the mother's engaging in precautionary measures. For drowning, poisoning, and suffocation/strangulation/choking, health beliefs also contributed to predict mothers' practices, including beliefs about potential injury severity and extent of effort required to implement precautionary measures. **CONCLUSIONS:** The factors that motivated mothers to engage in precautionary measures at home varied depending on the type of injury. Intervention programs to enhance maternal home-safety practices will need to target different factors depending on the type of injury to be addressed.

Morrow AL, Guerrero ML. From bioactive substances to research on breast-feeding promotion. *Adv Exp Med Biol* 2001; 501:447-55.

Abstract: Despite known health benefits, exclusive breast-feeding for at least 4 months is uncommon in many countries. In Mexico, most mothers initiate breast-feeding but few breast-feed exclusively. **OBJECTIVE:** The objective was to examine the effectiveness of home visits by lay peer counselors to increase exclusive breast-feeding among mothers in a periurban area of Mexico. **METHODS:** An ethnographic assessment conducted in 1994 that identified key maternal beliefs, practices, and needs was used to guide educational strategies. Lay counselors were recruited from the same community and trained by La Leche League. From March 1995 through September 1996, pregnant women were identified by community census and invited to participate. Women were enrolled into a randomized, controlled study of 3 groups: no intervention (control), 3 visits, and 6 visits during pregnancy and early postpartum. Data collection was performed by a social worker apart from the counselors. Exclusive breast-feeding was defined by WHO criteria. **RESULTS:** The study enrolled 130 women; 52 were in the 3-visit group, 44 in the 6-visit group, and 34 in the control

group. Study groups did not differ in the maternal characteristics or initiation of breast-feeding (96%). At 3 months postpartum, exclusive breast-feeding was practiced by only 12% of controls vs. 52% in the 3-visit group and 67% in the 6-visit group ( $P < 0.001$ , log rank test). In the first 3 months, significantly ( $P = 0.037$ ) fewer intervention than control infants had an episode of diarrhea (11% vs. 26%, respectively). Intervention effectiveness was independent of maternal factors or birth hospital. CONCLUSIONS: This unique experimental study demonstrated a dramatic increase in exclusive breast-feeding and a significant reduction in infant illness in an urban community through well-designed maternal support including early intervention and repeated contact.

Morrow OI, Sweat MD, Morrow RH. The matalisi: pathway to early sexual initiation among the youth of Mpigi, Uganda. *AIDS Behav* 2004; 8(4):365-78. Abstract: This paper describes the role and personal characteristics of the "matalisi," a previously unreported phenomenon uncovered during a study of youth sexual behavior in Uganda. The "matalisi," a go-between, played a central role in sexual relationships of most youth in Mpigi, Uganda. The first phase of the study was an ethnographic inquiry of youth (ages 10-16) sexual behavior. During this phase it became evident that matalisis were used in most courtships and initial sexual liaisons. The second phase included a sociometric investigation of youth networks and a mini survey of youth who had been matalisis. Among youth interviewed, 47.3% of males (105/222) and 14.1% of females (42/298) had experienced sexual intercourse. For 88%, participating as someone's matalisi preceded first coitus. By understanding the role of the matalisi, interventions may be developed to improve sex education and more effectively address sexual behaviors that lead to unwanted pregnancies, STIs, and HIV infection.

Morrow V. Using qualitative methods to elicit young people's perspectives on their environments: some ideas for community health initiatives. *Health Educ Res* 2001; 16(3):255-68. Abstract: This paper describes qualitative methods used in a research project for the former Health Education Authority, exploring Putnam's concept of 'social capital' in relation to children and young people's well-being and health. Putnam's conceptualization of social capital consists of the following features: trust, reciprocal support, civic engagement, community identity and social networks, and the premise is that levels of social capital in a community have an important effect on people's well-being. Research was carried out with 102 children aged between 12 and 15 in two relatively deprived parts of a town in southeast England. The paper describes the research setting, methods, consent process and ethical issues that arose. It explores how the methods generated different forms of interconnected data,

giving rise to a number of health/well-being-related themes. The paper concludes that using a range of methods, including visual methods, has helped to explore quality of life issues for children that are usually neglected in studies of young people's health-related behaviours.

Morton JB, Munakata Y. Active versus latent representations: a neural network model of perseveration, dissociation, and decalage. *Dev Psychobiol* 2002; 40(3):255-65. Abstract: Children of different ages often perseverate, repeating previous behaviors when they are no longer appropriate, despite appearing to know what they should be doing. Using neural network models, we explore an account of these phenomena based on a distinction between active memory (subserved by the prefrontal cortex) and latent memory (subserved by posterior cortex). The models demonstrate how (a) perseveration occurs when an active memory of currently relevant knowledge is insufficiently strong to overcome a latent bias established by previous experience, (b) apparent dissociations between children's knowledge and action may reflect differences in the amount of conflict between active and latent memories that children need to resolve in the tasks, and (c) differences in when children master formally similar tasks (decalage) may result from differences in the strength of children's initial biases. The models help to clarify how prefrontal development may lead to advances in flexible thinking.

Morton JB, Munakata Y. What's the difference? Contrasting modular and neural network approaches to understanding developmental variability. *J Dev Behav Pediatr* 2005; 26(2):128-39. Abstract: Understanding why development differs across individuals is an important challenge for developmental theory. This paper evaluates two approaches to developmental variability observed in domains such as language processing and across populations such as typically developing children, children with developmental disorders, and typical adults. Modular accounts attribute developmental variability to delay, damage, or dysfunction in discrete underlying structures. Neural network approaches attribute developmental variability to emergent effects of graded variations in an interactive, developing system. The authors conclude that neural network approaches offer more formal and parsimonious accounts of the nature and sources of developmental variability.

Moskalewicz J, Zulewska-Sak J. [Alcohol drinking in the time of political transition in Poland. Report of the National Health Programme ]. *Przegl Epidemiol* 2003; 57(4):713-23. Abstract: The National Health Programme was adopted in Poland in the mid-1990s. It consists of 18 targets

including target 4 that calls for diminishing alcohol consumption and changing its structure as well as limiting health harms associated with alcohol. The programme is being monitored on bi-annual basis. The monitoring covers a level of alcohol consumption and associated harm including trends in mortality and morbidity as well as in road accidents in 1990-2001 period. During the period in point, particularly in the beginning of the transition alcohol consumption increased at least by one third reaching 10-11 litres of pure ethanol per capita, mostly due to sudden disruption of the alcohol control system and high tide of unrecorded supply. Currently, the consumption is estimated to be 9.5-10.0 litres with 30% share of the unrecorded. During last decade recorded morbidity due to mental disorders associated with alcohol increased by 80% and 60% respectively in out- and in-patient system while mortality rates almost doubled. Male mortality due to liver diseases increased by 50% while that of women remained relatively flat. In last few years, alcohol related mortality tended to decline slightly parallel to consumption trends. Significant improvement has been achieved in prevention of drunken diving. The number of deaths in alcohol related road accidents decreased two fold while a rate of drunken crashes per 1000 vehicles dropped three times.

Moss HB, Lynch KG, Hardie TL. Affiliation with deviant peers among children of substance dependent fathers from pre-adolescence into adolescence: associations with problem behaviors. *Drug Alcohol Depend* 2003; 71(2):117-25.  
Abstract: OBJECTIVE: Affiliation with delinquent peers has been shown to be a major risk factor for the development of antisocial and substance abuse behaviors in adolescence. However, little data are available concerning the developmental trajectories of deviant peer affiliation. METHOD: In this study, we have prospectively examined the density of deviant peers among the social networks of children of drug dependent fathers at age 10, and at 2 and 5 year follow-ups, and compared them with those of controls. Measures of internalizing and externalizing psychopathology were employed as time varying covariates, while socioeconomic status (SES) was used as a time invariant covariate. A pattern mixture analysis of missing data was conducted. RESULTS: Using mixed effects models, we found significant main effects of time, group, externalizing psychopathology, and to lesser extent, SES on the magnitude of affiliation with deviant peers. Greater deviant peer affiliation among the high-risk children was found at each time point. Externalizing psychopathology augmented the magnitude of deviant peer affiliation in both high-risk and comparison children. CONCLUSION: Offspring of drug dependent fathers have heightened affiliation with deviant peers from pre-adolescence through mid-adolescence. This social developmental process may be a component of the

familial risk for substance abuse and antisocial behaviors.

Moss HB, Lynch KG, Hardie TL, Baron DA. Family functioning and peer affiliation in children of fathers with antisocial personality disorder and substance dependence: associations with problem behaviors. *Am J Psychiatry* 2002; 159(4):607-14.  
Abstract: OBJECTIVE: Family functioning and peer influences are theoretically linked to child psychopathology. This study quantified the functional status of families with fathers with substance dependence with or without comorbid antisocial personality disorder and evaluated the peer environments of preadolescent offspring. The authors examined associations between the child's psychopathology, paternal substance dependence/antisocial personality disorder status, and measures of family and peer environments. METHOD: Families with the presence or absence of paternal substance dependence were subdivided into those with and without paternal antisocial personality disorder. Grouped families were contrasted on measures of family functioning, the child's peer affiliation, and the child's problem behaviors. Regression analysis determined the influence of these factors on the child's psychopathology. RESULTS: Families with paternal substance dependence functioned worse than normal comparison families. However, families with paternal substance dependence and antisocial personality disorder (N=34) did not differ markedly from those with substance dependence without antisocial personality disorder (N=84). The children of fathers with both substance dependence and antisocial personality disorder had greater affiliation with deviant peers than those with substance dependence without antisocial personality disorder and comparison families (N=104). CONCLUSIONS: Children of fathers with substance dependence and antisocial personality disorder demonstrated higher externalizing and internalizing psychopathology than those with substance dependence but not antisocial personality disorder and those without either condition. Paternal substance dependence/antisocial personality disorder status and the child's affiliation with deviant peers were most robustly associated with the child's psychopathology. Research is needed to develop interventions that effectively address parental risk and healthy peer relations.

Moura AT, Reichenheim ME. [Are we really detecting violence in families of children visiting our health services? The experience of a public health service in Rio de Janeiro, Brazil]. *Cad Saude Publica* 2005; 21(4):1124-33.  
Abstract: Domestic violence, particularly in childhood, is a growing public health concern. Information on morbidity is mostly underreported due to constraints in case detection. This paper analyzes the frequency of events measured actively by outpatient services as



compared to spontaneous reports. Information on violence was assessed for 245 families from April to June 2001 using the Conflict Tactics Scales: Parent-Child Version (CTS-PC) and the Revised Conflict Tactics Scales (CTS2). Cases referred to the Social Work Department provided the caseload for the active search period (12 months). There was a high prevalence of physical violence in the couple, with serious events occurring in 17.0% of the families. In relation to children, cases of "minor" physical aggression were reported in 46.0% of families and serious cases in 9.9%. The spontaneously identified prevalence was 3.3%. This case study demonstrates the missed opportunities for detection and calls attention to the need to review the approach to domestic violence by health services.

Mouradian WE, Schaad DC, Kim S *et al.* Addressing disparities in children's oral health: a dental-medical partnership to train family practice residents. *J Dent Educ* 2003; 67(8):886-95.

Abstract: Providing oral health care to rural populations in the United States is a major challenge. Lack of community water fluoridation, dental workforce shortages, and geographical barriers all aggravate oral health and access problems in the largely rural Northwest. Children from low-income and minority families and children with special needs are at particular risk. Family-centered disease prevention strategies are needed to reduce oral health disparities in children. Oral health promotion can take place in a primary care practitioner's office, but medical providers often lack relevant training. In this project, dental, medical, and educational faculty at a large academic health center partnered to provide evidence-based, culturally competent pediatric oral health training to family medicine residents in five community-based training programs. The curriculum targets children birth to five years and covers dental development, the caries process, dental emergencies, and oral health in children with special needs. Outcome measures include changes in knowledge, attitudes, and self-efficacy; preliminary results are presented. The program also partnered with local dentists to ensure a referral network for children with identified disease at the family medicine training sites. Pediatric dentistry residents assisted in didactic and hands-on training of family medicine residents. Future topics for oral health training of family physicians are suggested.

Mowbray CT, Lewandowski L, Bybee D, Oyserman D. Children of mothers diagnosed with serious mental illness: patterns and predictors of service use. *Ment Health Serv Res* 2004; 6(3):167-83. Abstract: Children who have a parent diagnosed with a mental illness are at risk of psychiatric and behavioral problems; yet, these children do not necessarily receive needed services. Research has investigated correlates of child mental health service use, but not for these high-risk children. This study is part of an NIMH-

funded, longitudinal investigation and describes child problems, service use, and predictors of service use for 506 children of 252 mothers diagnosed with serious mental illness. Mothers are primarily poor, minority women from urban areas. A multilevel-model approach is used to examine service use for multiple siblings in a family. More than one third of children had received services (from school or mental health agencies) in their lifetimes. Service use was predicted by child demographic characteristics (being male, non-African American, and older), social context variables (more negative life events, less financial satisfaction, and more parenting dissatisfaction), and maternal psychiatric variables (positively by high levels of case management receipt and affective diagnoses, negatively by maternal substance abuse history). In a subsample of "target children," mothers' rating of child behavior problems additionally predicted service use. Implications of results for research and intervention are discussed.

Moya FR, Lally KP. Evidence-based management of infants with congenital diaphragmatic hernia. *Semin Perinatol* 2005; 29(2):112-7.

Abstract: The mortality rate associated with congenital diaphragmatic hernia (CDH) varies widely between centers and remains relatively high despite widespread use of new therapeutic modalities. Many of these have been implemented without properly controlled studies. Over the past 10 to 15 years, only 9 randomized trials enrolling a total of approximately 250 infants with CDH have been published. The limited evidence available suggests that better outcomes are observed by delivering infants with CDH at experienced centers, by delaying surgical repair until hemodynamic and respiratory stability is achieved, and by the judicious utilization of nonaggressive mechanical ventilation and permissive hypercapnea. Other therapeutic modalities, such as high frequency oscillatory ventilation, inhaled nitric oxide, and ECMO, may provide additional advantages for selected infants. There is a dire need to establish networks of centers that manage enough infants with CDH, to conduct appropriately sized randomized trials that can answer some of the critical questions about the management and long-term outcome of these infants.

Mueller M, Wagner CL, Annibale DJ, Hulsey TC, Knapp RG, Almeida JS. Predicting extubation outcome in preterm newborns: a comparison of neural networks with clinical expertise and statistical modeling. *Pediatr Res* 2004; 56(1):11-8.

Abstract: Even though ventilator technology and monitoring of premature infants has improved immensely over the past decades, there are still no standards for weaning and determining optimal extubation time for those infants. Approximately 30% of intubated preterm infants will fail attempted extubation, requiring reintubation and resuming of mechanical ventilation. A machine-learning approach

using artificial neural networks (ANNs) to aid in extubation decision making is hereby proposed. Using expert opinion, 51 variables were identified as being relevant for the decision of whether to extubate an infant who is on mechanical ventilation. The data on 183 premature infants, born between 1999 and 2002, were collected by review of medical charts. The ANN extubation model was compared with alternative statistical modeling using multivariate logistic regression and also with the clinician's own predictive insight using sensitivity analysis and receiver operating characteristic curves. The optimal ANN model used 13 parameters and achieved an area under the receiver operating characteristic curve of 0.87 (out-of-sample validation), comparing favorably with multivariate logistic regression. It also compared well with the clinician's expertise, which raises the possibility of being useful as an automated alert tool. Because an ANN learns directly from previous data obtained in the institution where it is to be used, this makes it particularly amenable for application to evidence-based medicine. Given the variety of practices and equipment being used in different hospitals, this may be particularly relevant in the context of caring for preterm newborns who are on mechanical ventilation.

Mueller M, Wagner CL, Annibale DJ, Hulsey TC, Knapp RG, Almeida JS. Web-based prediction of extubation outcome in premature infants on mechanical ventilation using an artificial neural network. *AMIA Annu Symp Proc* 2003; 945. Abstract: The web-based implementation of a decision-support tool for the prediction of extubation outcome in mechanically ventilated premature infants enables the integration of advanced and computationally intensive modeling approaches with easy-usage, no maintenance requirements and wide availability. Accordingly, the artificial neural network predictive tool developed provides decision-support in determining whether to extubate a premature infant to clinicians in NICUs anywhere with access to the Internet.

Muennig P, Franks P, Jia H, Lubetkin E, Gold MR. The income-associated burden of disease in the United States. *Soc Sci Med* 2005; 61(9):2018-26. Abstract: In this study, we estimate the total burden of disease associated with income in the US. We calculate the relationships between income and life expectancy, health-adjusted life expectancy, annual years of life lost (YLLs), and health adjusted life years (HALYs). We used the 2000 US Medical Expenditure Panel Survey to derive quality of life estimates by income and age, the 1990-1992 US National Health Interview Survey linked to National Death Index data through the end of 1995 to derive mortality risks by income and by age, and 2000 US mortality data from the National Center for Health Statistics to derive current mortality estimates for the US population by age-group. The bottom 80% of adult income earners' life expectancy is 4.3 years and 5.8 HALYs shorter

relative to those in the top 20% of earnings. This translates into the loss of 11 million YLLs and 17.4 million HALYs each year. Compared with persons living above the poverty threshold, those living below the poverty threshold live an average of 3.2 million fewer HALYs per year—a difference of 8.5 HALYs per individual between age 18 and death. The income-associated burden of disease appears to be a leading cause of morbidity and mortality in the US.

Mueser KT, Salyers MP, Rosenberg SD *et al.* Interpersonal trauma and posttraumatic stress disorder in patients with severe mental illness: demographic, clinical, and health correlates. *Schizophr Bull* 2004; 30(1):45-57. Notes: CORPORATE NAME: 5 Site Health and Risk Study Research Committee Abstract: This study's purpose was to evaluate the prevalence and correlates of posttraumatic stress disorder (PTSD) in persons with severe mental illness. Standardized assessments of interpersonal trauma and PTSD were conducted in 782 patients with severe mental illness receiving services in one of five inpatient and outpatient treatment settings. Analyses examined the prevalence of PTSD and the demographic, clinical, and health correlates of PTSD diagnosis. The overall rate of current PTSD in the sample was 34.8 percent. For demographic characteristics, the prevalence of PTSD was higher in patients who were younger, white, homeless, and unemployed. For clinical and health variables, PTSD was more common in patients with major mood disorders (compared to schizophrenia or schizoaffective disorders), alcohol use disorder, more recent psychiatric hospitalizations, more health problems, more visits to doctors for health problems, and more nonpsychiatric hospitalizations over the past year. The results support prior research documenting the high rates of PTSD in patients with severe mental illness and suggest that PTSD may contribute to substance abuse, psychiatric and medical comorbidity, and psychiatric and health service utilization.

Mujkic A, Vuletic G, Kozaric-Kovacic D. Evaluation of community based intervention for the protection of children from small arms and explosive devices during the war: observational study. *Croat Med J* 2002; 43(4):390-5.

Abstract: AIM: To evaluate the influence of a community-based intervention aimed at reducing the risk of unintentional injuries caused by small arms and explosive devices accessible to children during the 1991-1995 war in Croatia. METHOD: From May 5 to June 15 in 1994 and 1995, we performed a cross-sectional survey on exposure of the children in Croatia to different small arms and explosive devices, using specially prepared questionnaires. The survey was conducted in Dubrovnik-Neretva and Karlovac counties, where community-based intervention was carried out, and Lika-Senj and Sisak-Moslavina counties, where only national intervention was

implemented. The sample included a total of 5,317 parents and 2,581 children. The response rate was 98%. All participants were asked to give answers according to current situation. RESULTS: Approximately a third of children in the counties without community-based intervention and a fifth in the counties with community-based intervention could access small arms and explosive devices at home. Boys were more exposed than girls ( $p=0.001$ ). In the communities with community-based intervention, children were less exposed to the devices, such as small-arms, hand grenades, and explosives, which were the main cause of injuries. In 1994, parents in counties without community-based intervention handled weapons in front of their children in 45% cases vs 31% of those in the counties with community-based intervention ( $p<0.001$ ). In 1995, the percentages were 44 and 32, respectively ( $p<0.001$ ). CONCLUSION: Although it is impossible to quantify the exact amount of risk reduction due to health intervention alone, community-based intervention reduced the exposure of children to weapons.

Mukadam S, Gilles EE. Unusual inflicted hot oil burns in a 7-year-old. *Burns* 2003; 29(1):83-6. Abstract: Pediatric burn injuries occur not infrequently as the result of abuse. While the majority of these burns are inflicted scald burns, those due to contact or contact/scald mechanisms may present diagnostic challenges. A child with unusual combined contact and scald burns caused by a metal spatula heated in hot cooking oil is described. The odd pattern of healed injury limited the initial diagnosis to inflicted healing burns. Despite the initial lack of disclosure, an inflicted etiology was supported by clearly delineated margins, macular lesions with hyper-pigmented rims and variegated central regions. Additional findings of numerous adult bites and bruises provided adjunctive support for an inflicted etiology. Aspects of this case are atypical for the usual demographics of a burn victim. This case extends the known presentations of inflicted contact/scald burns.

Mulholland H. Child protection. The nurse's role. *Nurs Times* 2003; 99(18):20-4.

Mulholland H. Nurses can make sure it never happens again. *Nurs Times* 2003; 99(5):10-1.

Mullins SM, Suarez M, Ondersma SJ, Page MC. The impact of motivational interviewing on substance abuse treatment retention: a randomized control trial of women involved with child welfare. *J Subst Abuse Treat* 2004; 27(1):51-8. Abstract: Previous studies have supported the efficacy of Motivational Interviewing (MI) in increasing treatment engagement and retention among people with substance abuse disorders. However, few studies have assessed the impact of MI with coerced populations,

particularly women referred to drug abuse treatment by child welfare due to prenatal drug use. Seventy-one such women who used drugs during pregnancy were randomly assigned to either receive three MI sessions or to watch two educational videos and participate in a home visit. Treatment retention group attendance and random urine analysis results were evaluated in these women during the first 8 weeks of treatment. No differences were found between the two conditions on these variables. Possible reasons for these negative findings are discussed, as are ideas for future research with coerced populations.

Mulvihill A, Buncic JR. Vertical sensory nystagmus associated with intraocular haemorrhages in the shaken baby syndrome. *Eye* 2004; 18(5):545-6.

Munjanja SP. Ethics in reproductive health: clinical issues in Zimbabwe. *Cent Afr J Med* 2001; 47(6):159-63. Notes: GENERAL NOTE: KIE: 14 refs. GENERAL NOTE: KIE: KIE Bib: reproduction Abstract: Reproductive health can present health practitioners with ethical problems because of the complex interaction between cultural practices, the laws of the country and individual personal preferences. In particular, the problems of pregnancy, sexually transmitted infections, family planning, sexual violence, and domestic abuse require a good knowledge of the laws of the country and the culture in which they operate. The practitioner should at all times respect the patient's autonomy and serve their best interests, whilst keeping in mind the legitimate interest of their partners, spouses, parents or guardians.

Munoz Cobos F, Martin Carretero ML, Vivancos Escobar D, Blanca Barba F, Rodriguez Carrion T, Ruiz Ramos M. [Improving care for victims of domestic violence. Impact of a priority intervention]. *Aten Primaria* 2001; 28(4):241-8.

Abstract: OBJECTIVE: To evaluate the impact of a priority intervention in the care given to women who are victims of domestic violence and their children. DESIGN: Non-randomised intervention study. SETTING: Urban health centre. PATIENTS: Women and children living at a reception centre for families suffering domestic violence and who had clinical records opened at the health centre. Pre-intervention group (December 1997-July 1999): 36 women, 70 children. Post-intervention group (August 1999-June 2000): 35 women and 41 children. Interventions. Allocation to a single family doctor and paediatrician. Elimination of bureaucratic obstacles and prioritised care. Social/family assessment by the social worker. Preferential inclusion in programmes: Women: family planning, hepatitis B vaccination, pregnancy control, early diagnosis of breast cancer (women > 50), same for cervical cancer. Children: child health (< 5) (priority activities: psychomotor development and somatometry) and vaccinations. This intervention

started in August 1999. MEASUREMENTS AND MAIN RESULTS: Measurement of the impact of the intervention: bivariate analysis through Chi<sup>2</sup> test for qualitative variables and Student's t test and U Mann-Whitney test for quantitative variables (alpha 0.05) in the pre- and post-intervention groups. Statistically significant differences in participation were detected between the pre- and post-intervention groups in the following activities: number of visits to programmes (0.49, SD 0.95; 1.01, SD 1.24, respectively), social and family assessment (83%/100%), family planning (14%/51.4%), hepatitis B vaccination (19%/48.7%), early cervical cancer diagnosis (0/25.7%), child health (33.4%/70%), vaccinations (26.34%/64%), somatometric assessment (25%/100%) and psychomotor development assessment (41.6%/94%). CONCLUSIONS: Prioritised intervention in families that are victims of domestic violence improves their participation in preventive activities.

Munro VE. Square pegs in round holes: the dilemma of conjoined twins and individual rights. *Soc Leg Stud* 2001; 10(4):459-82.

Notes: GENERAL NOTE: KIE: Munro, Vanessa E  
GENERAL NOTE: KIE: 33 refs. 7 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors; personhood

Abstract: The judgment in the English Court of Appeal case of *Re A (Conjoined Twins: Surgical Separation)* highlights forcefully the highly individualistic and abstract assumptions that commonly shape the deployment of rights discourse in liberal legal adjudication. Forced by the all-or-nothing nature of this discourse into a dilemma between perceiving of the twins as separate right-bearers or perceiving of the stronger twin, Jodie, as the singular right-bearer and of Mary, her weaker sibling, as a non-legal entity, the court chose the former option. Perceiving of the twins as distinct and equal legal persons forced the court to employ a balancing of incommensurate interests, implicitly accepting a utilitarian analysis within the strongly deontological confines of law and medicine. The implications of this turn towards utilitarianism are significant. Within the confines of this article, it will be argued, however, that these implications are avoidable if the law concedes a more flexible approach to the dominant notion of the distinct and autonomous right-bearer.

Muntaner C, Lynch JW, Hillemeier M *et al.* Economic inequality, working-class power, social capital, and cause-specific mortality in wealthy countries. *Int J Health Serv* 2002; 32(4):629-56.  
Abstract: This study tests two propositions from Navarro's critique of the social capital literature: that social capital's importance has been exaggerated and that class-related political factors, absent from social epidemiology and public health, might be key determinants of population health. The authors estimate cross-sectional associations between economic

inequality, working-class power, and social capital and life expectancy, self-rated health, low birth weight, and age- and cause-specific mortality in 16 wealthy countries. Of all the health outcomes, the five variables related to birth and infant survival and nonintentional injuries had the most consistent association with economic inequality and working-class power (in particular with strength of the welfare state) and, less so, with social capital indicators. Rates of low birth weight and infant deaths from all causes were lower in countries with more "left" (e.g., socialist, social democratic, labor) votes, more left members of parliament, more years of social democratic government, more women in government, and various indicators of strength of the welfare state, as well as low economic inequality, as measured in a variety of ways. Similar associations were observed for injury mortality, underscoring the crucial role of unions and labor parties in promoting workplace safety. Overall, social capital shows weaker associations with population health indicators than do economic inequality and working-class power. The popularity of social capital and exclusion of class-related political and welfare state indicators does not seem to be justified on empirical grounds.

Munzarova M. Towards the abolition of man: the voice of disabled persons cannot be ignored. *Bull Med Ethics* 2002; (174):13-21.

Notes: GENERAL NOTE: KIE: 21 refs.  
GENERAL NOTE: KIE: KIE Bib: bioethics; euthanasia

Munzer SR, Smith FO. Limited property rights in umbilical cord blood for transplantation and research. *J Pediatr Hematol Oncol* 2001; 23(4):203-7.

Muram D. Evidence-based medicine (EBM) in pediatric and adolescent gynecology. *J Pediatr Adolesc Gynecol* 2003; 16(2):63-4.

Murphy C. Is Saint Pat's for sale? Plus six other burning questions. *Fortune* 2002; 145(10):32.

Murphy EK. Withdrawing consent after a procedure has begun. *AORN J* 2003; 78(1):116-8, 121.

Murphy JF. Flawed expert witnesses: the breaking of the profession's china. *Ir Med J* 2003; 96(2):36.

Murphy S. Non accidental injury vs staphylococcal scalded skin syndrome. A case study. *Emerg Nurse* 2001; 9(1):26-30.

Murray K. Children in need. *Nurs Stand* 2001; 16(6):12.

Murray L, Woolgar M, Murray J, Cooper P. Self-exclusion from health care in women at high risk for postpartum depression. *J Public Health Med* 2003; 25(2):131-7.

Abstract: **BACKGROUND:** A significant proportion of women who are vulnerable to postnatal depression refuse to engage in treatment programmes. Little is known about them, other than some general demographic characteristics. In particular, their access to health care and their own and their infants' health outcomes are uncharted. **METHODS:** We conducted a nested cohort case-control study, using data from computerized health systems, and general practitioner (GP) and maternity records, to identify the characteristics, health service contacts, and maternal and infant health outcomes for primiparous antenatal clinic attenders at high risk for postnatal depression who either refused (self-exclusion group) or else agreed (take-up group) to receive additional Health Visiting support in pregnancy and the first 2 months postpartum. **RESULTS:** Women excluding themselves from Health Visitor support were younger and less highly educated than women willing to take up the support. They were less likely to attend midwifery, GP and routine Health Visitor appointments, but were more likely to book in late and to attend accident and emergency department (A&E). Their infants had poorer outcome in terms of gestation, birthweight and breastfeeding. Differences between the groups still obtained when age and education were taken into account for midwifery contacts, A&E attendance and gestation; the difference in the initiation of breast feeding was attenuated, but not wholly explained, by age and education. **CONCLUSION:** A subgroup of psychologically vulnerable child-bearing women are at particular risk for poor access to health care and adverse infant outcome. Barriers to take-up of services need to be understood in order better to deliver care.

very instrumental in both decreasing and preventing bullying behaviors.

Mustillo S, Worthman C, Erkanli A, Keeler G, Angold A, Costello EJ. Obesity and psychiatric disorder: developmental trajectories. *Pediatrics* 2003; 111(4 Pt 1):851-9.

Abstract: **OBJECTIVES:** To identify age-related trajectories of obesity from childhood into adolescence, and to test the association of these trajectories with the development of psychiatric disorders (conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, substance abuse, depression, and anxiety). **METHODS:** White children (N = 991) 9 to 16 years old from the Great Smoky Mountains Study, a representative sample of rural youth, were evaluated annually over an 8-year period for height, weight, psychiatric disorder, and vulnerabilities for psychiatric disorder. Longitudinal analyses on the repeated measures data were conducted using developmental trajectory models and generalized estimating equation models. **RESULTS:** Obesity was 3 to 4 times more common than expected from national rates using Centers for Disease Control and Prevention 2000 criteria. Four developmental trajectories of obesity were found: no obesity (73%), chronic obesity (15%), childhood obesity (5%), and adolescent obesity (7%). Only chronic obesity was associated with psychiatric disorder: oppositional defiant disorder in boys and girls and depressive disorders in boys. **CONCLUSIONS:** In a general population sample studied longitudinally, chronic obesity was associated with psychopathology.

Myer L, Abdool Karim SS, Lombard C, Wilkinson D. Treatment of maternal syphilis in rural South Africa: effect of multiple doses of benzathine penicillin on pregnancy loss. *Trop Med Int Health* 2004; 9(11):1216-21.

Abstract: **OBJECTIVES:** Despite few data, the treatment of syphilis in pregnant women using a single dose of benzathine penicillin is the standard of care in many resource-poor settings. We examined the effect of various doses of benzathine penicillin on pregnancy loss among women with a positive Rapid Plasma Reagin (RPR) test result in a rural South African district. **METHODS:** All pregnant women making their first antenatal care visit during pregnancy were screened for syphilis using the RPR test. Those testing positive were counselled to receive three weekly doses of benzathine penicillin, and received a partner notification card. Pregnancy outcomes were determined from facility records or home visits where necessary. **RESULTS:** Of 8917 women screened, 1043 (12%) had reactive syphilis serology; of those with titre data available, 30% had titres of 1:8 or greater. While 41% (n = 430) of women received all three doses as counselled, 30% (n = 312) received only one dose, and 20% (n = 207) did not return to the clinic to receive treatment. Among the 947 women with pregnancy

Murray PE. Exposure to possible risk is unethical. *Arch Pediatr Adolesc Med* 2002; 156(1):87; author reply 88.

Muscari ME. Identifying victims and perpetrators of violence. Forensic techniques for primary care settings. *Adv Nurse Pract* 2004; 12(4):83-6, 98.

Muscari ME. Sticks and stones: the NP's role with bullies and victims. *J Pediatr Health Care* 2002; 16(1):22-8. Abstract: Bullying is a worldwide problem that can create negative lifelong consequences for both bullies and victims. Victims of bullies can suffer from low self-esteem, depression, and anxiety, all problems that may carry into adulthood. The academic progress of victims may be impaired, and they may find themselves isolated because their peers fear losing status or being bullied themselves. Bullies may develop conduct disorders and delinquent behaviors during their teen years, as well as serious antisocial and criminal behavior in adulthood. The majority of bullies remain bullies throughout their lives, cherishing the power and control over others that their behavior evokes. Nurse practitioners play a critical role in the identification of both bullies and victims and can be

- outcome data available, there were 17 miscarriages and 48 perinatal deaths observed. There was a strong trend towards reduced risk of pregnancy loss among women receiving multiple doses of penicillin (adjusted OR for perinatal mortality for each additional dose received, 0.63; 95% CI, 0.48-0.84). CONCLUSIONS: While this association requires further investigation, these results suggest that there may be substantial benefit to providing multiple doses of benzathine penicillin to treat maternal syphilis in this setting.
- Myers JE. Examination of liability considerations for professionals in child protection. *Child Abuse Negl* 2002; 26(10):1007-9.
- Myers JE. Keep the lifeboat afloat. *Child Abuse Negl* 2002; 26(6-7):561-7.
- Naciones Unidas. Asamblea General. Los derechos del niño: Resolución aprobada por la Asamblea General. New York: Naciones Unidas, 2003:17.
- Nagelkerke NJ, Jha P, de Vlas SJ *et al.* Modelling HIV/AIDS epidemics in Botswana and India: impact of interventions to prevent transmission. *Bull World Health Organ* 2002; 80(2):89-96. Abstract: OBJECTIVE: To describe a dynamic compartmental simulation model for Botswana and India, developed to identify the best strategies for preventing spread of HIV/AIDS. METHODS: The following interventions were considered: a behavioural intervention focused on female sex workers; a conventional programme for the treatment of sexually transmitted infections; a programme for the prevention of mother-to-child transmission; an antiretroviral treatment programme for the entire population, based on a single regimen; and an antiretroviral treatment programme for sex workers only, also based on a single regimen. FINDINGS: The interventions directed at sex workers as well as those dealing with sexually transmitted infections showed promise for long-term prevention of human immunodeficiency virus (HIV) infection, although their relative ranking was uncertain. In India, a sex worker intervention would drive the epidemic to extinction. In Botswana none of the interventions alone would achieve this, although the prevalence of HIV would be reduced by almost 50%. Mother-to-child transmission programmes could reduce HIV transmission to infants, but would have no impact on the epidemic itself. In the long run, interventions targeting sexual transmission would be even more effective in reducing the number of HIV-infected children than mother-to-child transmission programmes. Antiretroviral therapy would prevent transmission in the short term, but eventually its effects would wane because of the development of drug resistance. CONCLUSION: Depending on the country and how the antiretroviral therapy was targeted, 25-100% of HIV cases would be drug-resistant after 30 years of use.
- Nainan OV, Armstrong GL, Han XH, Williams I, Bell BP, Margolis HS. Hepatitis a molecular epidemiology in the United States, 1996-1997: sources of infection and implications of vaccination policy. *J Infect Dis* 2005; 191(6):957-63. Abstract: BACKGROUND: The genetic relatedness of hepatitis A virus (HAV) isolates was determined to identify possible infection sources for case patients in the Sentinel Counties Study of Acute Viral Hepatitis. METHODS: A 315-nucleotide segment of the VP1-P2 region of the HAV genome was amplified and sequenced from serum of case patients and analyzed together with risk-factor data. RESULTS: Of 508 HAV-RNA-positive case patients, 449 (88.4%) were interviewed, and 255 (50.1%) reported  $\geq 1$  risk factor. Some 123 unique nucleotide sequence patterns (UNSPs) were identified--77 (62.6%) from only 1 case patient and the rest in 2-99 persons. Among international travelers, a single person was more often infected with a single type of UNSP (17/54 [31.5%]), compared with other case patients (48/393 [12.2%];  $P < .001$ ). UNSPs from travelers to Mexico (33/37 [89.2%]) clustered with those from Hispanic children (47/49 [95.9%]). Of 119 men who had sex with men, 96 (80.7%) had the same or similar UNSPs, which were also found in 37 men and 10 women with no identified infection source. CONCLUSION: HAV is often transmitted within networks of persons with similar risk factors, which may be the infection source for others in the community.
- Nair MK. Child abuse. *Indian Pediatr* 2004; 41(4):319-20.
- Nandi S, Kumar R, Ray P, Vohra H, Ganguly NK. Group A streptococcal sore throat in a periurban population of northern India: a one-year prospective study. *Bull World Health Organ* 2001; 79(6):528-33. Abstract: OBJECTIVE: To estimate the incidence and risk factors of group A streptococcus (GAS) sore throat among school-aged children living in a periurban slum area of Chandigarh, North India. METHODS: A total of 536 children aged 5-15 years from 261 families identified by a systematic random selection method were enrolled in the study. Episodes of sore throat were recorded through fortnightly home visits over a one-year period. The local vernacular (Hindi) terms gala kharab (bad throat) and khansi jukam (cough and cold) were used to identify symptoms of sore throat, and throat swab specimens were collected from children who had these symptoms on the day of the home visit. Bacterial culture was carried out and the isolation of GAS was confirmed using group-A-specific antiserum. FINDINGS: The incidences of sore throat and GAS sore throat were, respectively, 7.05 and 0.95 episodes per child-year. The incidence was higher in the following situations: among 11-year-olds, during the winter (November to January) and rainy (August)

months (a bimodal peak), among children living in houses where there was no separate room for the kitchen, and in homes that included a tobacco smoker. CONCLUSION: The results show that the incidence of GAS sore throat was related to age, season, and indoor air pollution.

Nansel TR, Craig W, Overpeck MD, Saluja G, Ruan WJ. Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Arch Pediatr Adolesc Med* 2004; 158(8):730-6. Notes: CORPORATE NAME: Health Behaviour in School-aged Children Bullying Analyses Working Group

Abstract: OBJECTIVE: To determine whether the relationship between bullying and psychosocial adjustment is consistent across countries by standard measures and methods. DESIGN: Cross-sectional self-report surveys were obtained from nationally representative samples of students in 25 countries. Involvement in bullying, as bully, victim, or both bully and victim, was assessed. SETTING: Surveys were conducted at public and private schools throughout the participating countries. PARTICIPANTS: Participants included all consenting students in sampled classrooms, for a total of 113 200 students at average ages of 11.5, 13.5, and 15.5 years. MAIN OUTCOME MEASURES: Psychosocial adjustment dimensions assessed included health problems, emotional adjustment, school adjustment, relationships with classmates, alcohol use, and weapon carrying. RESULTS: Involvement in bullying varied dramatically across countries, ranging from 9% to 54% of youth. However, across all countries, involvement in bullying was associated with poorer psychosocial adjustment ( $P < .05$ ). In all or nearly all countries, bullies, victims, and bully-victims reported greater health problems and poorer emotional and social adjustment. Victims and bully-victims consistently reported poorer relationships with classmates, whereas bullies and bully-victims reported greater alcohol use and weapon carrying. CONCLUSIONS: The association of bullying with poorer psychosocial adjustment is remarkably similar across countries. Bullying is a critical issue for the health of youth internationally.

Narang DS, Contreras JM. The relationships of dissociation and affective family environment with the intergenerational cycle of child abuse. *Child Abuse Negl* 2005; 29(6):683-99. Abstract: OBJECTIVE: The purpose was to test a model that may explain how physically abused children become physically abusive parents. It was predicted that when the family's affective environment is uncohesive, unexpressive, and conflictual, a history of abuse experiences would be associated with elevated dissociation. It was hypothesized that dissociation would mediate between a childhood history of abuse and the current potential to be physically abusive.

METHOD: Abuse history, affective environment in the family-of-origin, dissociation, and abuse potential were assessed in a sample of 76 mothers with elementary school-age children. RESULTS: Predictions were supported. Affective Family Environment moderated the relation between abuse history and dissociation, with abuse history relating to greater dissociation primarily when the family environment was conflictual, uncohesive and unexpressive. Further, dissociation significantly mediated the relation between abuse history and abuse potential ( $Z = 2.19, p < .05$ ). CONCLUSIONS: Dissociation's strong association with abuse potential may partially explain why only some abused children later perpetuate the cycle of abuse, as those who are not dissociative into adulthood are likely to have lower abuse potential, in contrast to those displaying elevated dissociation. The extent of the dissociation may depend on the affective family environment in which the abuse took place.

Narayanasamy A, Owens J. A critical incident study of nurses' responses to the spiritual needs of their patients. *J Adv Nurs* 2001; 33(4):446-55. Notes: GENERAL NOTE: KIE: 35 refs. GENERAL NOTE: KIE: KIE Bib: patient care; professional patient relationship Abstract: AIMS OF STUDY: The aims of the study were to carry out a critical incident study to: (1) Describe what nurses consider to be spiritual needs; (2) Explore how nurses respond to the spiritual needs of their patients; (3) Typify nurses' involvement in spiritual dimensions of care; (4) Describe the effect of nurses' intervention related to spiritual care. BACKGROUND: In the caring professions a focus on individuals as bio-psychological-spiritual beings is gaining recognition and this notion is based on the premise that there should be a balance of mind, body and spirit for the maintenance of health in a person (Stoll 1979). Emerging research highlights the importance of spiritual care in nursing and suggests that there is scope for improving this dimension of care in order to improve the quality of life for many patients. However, there is very little evidence about how nurses respond to the spiritual needs of their patients. Therefore the purpose of this study was to map by critical incident techniques how nurses construct and respond to patients' spiritual needs in a variety of clinical settings. METHODS: Critical incidents were obtained from 115 nurses. The data from these incidents were subjected to content analysis and categories were developed and described. The emerging categories were subjected to peer reviews to ensure reliability and validity of findings. FINDINGS: The findings suggest that there is confusion over the notion of spirituality and the nurse's role related to spiritual care. A variety of approaches to spiritual care emerged in this study from the critical incidents derived from nurse respondents. These were categorized as 'personal', 'procedural', 'culturalist' or 'evangelical'. There was an overwhelming consensus

that patients' faith and trust in nurses produces a positive effect on patients and families, and nurses themselves derived satisfaction from the experience of giving spiritual care. In this respect, spiritual care interventions promote a sense of well-being in nurses as well as being a valuable part of total patient care. CONCLUSION: The study concluded that there is scope for developing an ideal model of spiritual care using the critical incident data from this study.

Narbona J, Crespo N. [Developmental amnesias]. *Rev Neurol* 2002; 34 Suppl 1:S110-4. Abstract: OBJECTIVE: The literature on clinical and physiopathologic characteristics of the spectrum of memory disorders in childhood is reviewed in this article. DEVELOPMENT: There are only a few detailed reports of permanent specific memory disorders in children. Early anoxic ischaemic bihippocampal injuries can cause a selective permanent impairment of episodic daily life memory with preservation of semantic learning and general intelligence; this dissociation has been related to partial hippocampal damage whilst the entorhinal, parahippocampal and prefrontal cortices, which are critical to systematized memorizing and work memory, keep normal. Biological psychiatry research has shown that early childhood amnesias after psychological maltreatment or abuse could be related to damage in neuronal systems which support memory, caused by glutamatergic cascade. Both severe bilateral hippocampal sclerosis (also mediated by toxic neurotransmitters) in early malignant epilepsies, and massive bilateral damage of mesial temporal lobes due to herpes virus encephalitis or Reye's syndrome, cause severe amnesic deficits, frequently accompanied by absence of any language development and autism with features of Kluver-Bucy syndrome. There are also on record some examples of Korsakoff's syndrome in children with midfossa tumors. CONCLUSIONS: All types of classical amnesias described in adults have been observed in children. Developmental amnesias are probably more frequent than currently presumed. It must be paid special attention to selective autobiographical memory impairments in individuals who underwent a partial bihippocampal damage in perinatal or early postnatal periods; they are to be distinguished from, although it may coexist with, other clinical situations such as attention deficit disorder or semantic pragmatic disorder.

Nassogne MC, Sharrard M, Hertz-Pannier L *et al.* Massive subdural haematomas in Menkes disease mimicking shaken baby syndrome. *Childs Nerv Syst* 2002; 18(12):729-31. Abstract: INTRODUCTION: Menkes disease is an X-linked inherited disorder of intestinal copper absorption resulting in copper deficiency. Cardinal features include hair abnormalities, facial dysmorphism, severe neurological impairment, hypothermia, arterial anomalies, bone abnormalities and a fatal outcome.

CASE REPORT: We present a case of Menkes disease complicated by progressive macrocephaly following the development of massive subdural haematomas. These lesions associated with femoral metaphyseal spurs could be confused with nonaccidental injury such as that seen in the shaken baby syndrome. DISCUSSION: This case emphasises that Menkes disease, like glutaric aciduria type 1, should be included in the differential diagnosis of unexplained subdural haematomas and neurological deficits in infants.

Navaie-Waliser M, Misener M, Mersman C, Lincoln P. Evaluating the needs of children with asthma in home care: the vital role of nurses as caregivers and educators. *Public Health Nurs* 2004; 21(4):306-15. Abstract: To date, few evaluations have examined issues specific to children's asthma management in their homes. This study examined the characteristics, risk factors, and needs of children with asthma, and the impact of home health nurses on improving parents'/family caregivers' knowledge about asthma triggers and management. The medical records of children,  $\leq 19$  years, residing in New York City, who were admitted to home care with asthma in 1999 ( $n = 1,007$ ) were reviewed retrospectively to collect a wide range of data. The majority of children with asthma in home care were  $\leq 5$  years, male, racial/ethnic minorities, and hospital referred. Approximately one in four children with asthma suffered from additional comorbidities. Home environmental triggers included dust/dust mites, animal dander, mold, perfumes/detergents, and cigarette smoke. Notable psychosocial triggers were family tensions, physical activity, anxiety/stress, and friends/peer pressure. Most parents/family caregivers had inadequate knowledge about recognition of asthma attacks and its triggers and management. Discharge assessments suggested that home health nurses can help improve caregivers' knowledge about asthma management. Children with asthma in home care have diverse needs, receive few nurse home visits, and have parents/family caregivers in need of more intensive education on asthma symptom recognition and management.

Navarro V, Borrell C, Benach J *et al.* The importance of the political and the social in explaining mortality differentials among the countries of the OECD, 1950-1998. *Int J Health Serv* 2003; 33(3):419-94. Abstract: This article analyzes (within the conceptual frame defined in the previous article) the impact of political variables such as time of government by political parties (social democratic, Christian democratic or conservative, liberal, and ex-dictatorial that have governed the OECD countries during the 1950-1998 period) and their electoral support on (1) redistributive policies in the labor market and in the welfare state; (2) the income inequalities measured by Theil and Gini indexes; and (3) health indicators, such as infant mortality and life expectancy. This analysis is



carried out statistically by a bivariate and a multivariate analysis (a pooled cross-sectional study). Both analyses show that political variables play an important role in defining how public and social policies determine the levels of inequalities and affect the level of infant mortality. In general, political parties more committed to redistributive policies, such as social democratic parties, are the most successful in reducing inequalities and improving infant mortality. Less evidence exists, however, on effects on life expectancy. The article also quantifies statistically the relationship between the political and the policy variables and between these variables and the dependent variables--that is, the health indicators.

Navratil F. [Genital infections in prepubertal girls]. *Ther Umsch* 2002; 59(9):475-9. Abstract: Vulvitis and vulvovaginitis are the most common gynecologic complaint in prepubertal girls. The frequently observed therapeutic failures are due mainly to lack of knowledge of the characteristics of this age group, of age and development in appropriate diagnostic procedures and of therapeutic measures similar to those in the adult female patient. Prepubertal girls are anatomically, physiologically and behaviorally at relative risk for vulvovaginitis. Symptoms include pruritus, genital pain, "vulvar dysuria" and discharge. History taking and a general pediatric examination are mandatory, thereafter an age appropriate careful anogenital examination should follow. It requires time, patience and knowledge of the different non traumatizing examination techniques. The findings in girls with vulvovaginitis are variable and erythema, excoriations and discharge can be found. The genital inspection and the use of microscopy and microbiologic studies are helpful in planning an appropriate therapy. The majority of vulvovaginal infections in children are nonspecific but they can also be caused by specific organisms and are mostly bacterial. Yeast infections are not found in otherwise healthy prepubertal girls. The therapeutic approach consists of improved anogenital hygiene, sitz/tub baths and use of non irritating soaps. However if an abnormal population of bacteria is present antimicrobial therapy should be considered. Reassurance and a review of preventive methods are crucial in the management of girls with vulvovaginitis.

Navratil F. [Sexual abuse in adolescence: patient assessment, necessity and meaning of the physical examination]. *Gynakol Geburtshilfliche Rundsch* 2003; 43(3):146-51. Abstract: The objective of this paper is to report on the characteristics of sexual abuse in adolescence, on the medical evaluation and interpretation of findings and on the necessity of a multidisciplinary intervention. Sexual abuse is a common problem affecting children and adolescents, males and females of any age or socio-economic class. 10-22% of adolescents are victims of sexual abuse. They engage more frequently in risk-taking behaviours, such as early sexual activity,

unprotected sexual contact with multiple partners (risk of sexually transmitted diseases, of an unwanted pregnancy), substance abuse, delinquency, school failure or suicide. Professionals who deal with adolescents should be aware of the devastating medical and psychosocial sequelae of sexual abuse and should be able to recognize it, incorporating questions regarding victimization into the psycho-social or sexual history. A medical examination, including an external anogenital inspection and in selected cases a pelvic examination, should always be performed. It is important to acknowledge that normal anogenital findings do not exclude sexual abuse and that a multidisciplinary medical-psychosocial evaluation is mandatory.

Needlman R, Toker KH, Dreyer BP, Klass P, Mendelsohn AL. Effectiveness of a primary care intervention to support reading aloud: a multicenter evaluation. *Ambul Pediatr* 2005; 5(4):209-15. Abstract: OBJECTIVE: Failure to read at grade level predicts life-long economic and social disability. Early exposure to reading aloud may prevent reading problems. This study seeks to determine whether institution of Reach Out and Read (ROR) programs is associated with increased reading aloud in a national sample. DESIGN: Before-after intervention study: separate convenience samples were studied before and after institution of ROR programs at multiple sites. PARTICIPANTS AND SETTING: A convenience sample of parents of children age 6-72 months seeking routine health care at 19 clinical sites in 10 states. INTERVENTIONS: The ROR model incorporates anticipatory guidance about reading aloud and distribution of free picture books at health supervision visits from 6 months through 5 years as well as reading aloud in the waiting room. MAIN OUTCOME MEASURES: Parents were interviewed about their attitudes and practices related to reading aloud, using questions drawn from validated instruments. RESULTS: The sample included 1647 subjects (730 intervention, 917 comparison). After controlling for multiple potential confounding factors, significant associations were found between exposure to ROR and reading aloud as a favorite parenting activity (Adjusted Odds Ratio [AOR] 1.6,  $P < .001$ ); reading aloud at bedtime (Adjusted Odds Ratio [AOR] 1.5,  $P < .001$ ); reading aloud 3 or more days per week (AOR 1.8,  $P < .001$ ); and ownership of  $>$  or  $=$  10 picture books (AOR 1.6,  $P < .001$ ). CONCLUSIONS: In a national sample, implementation of ROR programs was associated with increased parental support for reading aloud. This study provides evidence of the effectiveness of a primary care intervention strategy to promote reading aloud to young children.

Neggens Y, Goldenberg R, Cliver S, Hauth J. Effects of domestic violence on preterm birth and low birth weight. *Acta Obstet Gynecol Scand* 2004; 83(5):455-60.

Abstract: **BACKGROUND:** Domestic violence is increasingly recognized as a potentially modifiable risk factor for adverse pregnancy outcomes. This study was conducted to evaluate the relationship between abuse during pregnancy or within the last year and low birth weight and preterm birth. **METHODS:** From 1997 to 2001, 3149 low income, relatively low-risk pregnant women (82% African-American) participated in this prospective study. The Abuse Assessment Screen, a validated screening tool, which assesses emotional, physical or sexual abuse, injuries due to physical abuse and physical abuse in the index pregnancy, was filled out by 3103 women. **RESULTS:** Of the women screened, 26.6% reported emotional abuse, 18.7% reported physical abuse in the past year and 10.3% women reported being beaten, bruised, threatened with a weapon or being permanently injured. Abuse during pregnancy was reported by 5.9% of the women. Low birth weight and preterm birth occurred in 10.9% and 10.2% of the pregnant women, respectively. Logistic regression analyzes indicated that injury due to physical abuse within the past year was significantly associated with both preterm birth [adjusted odds ratio (AOR) = 1.6, 95% confidence interval (CI) = 1.1-2.3] and low birth weight (AOR = 1.8, 95% CI = 1.3-2.5) after adjusting for other covariates. The mean birth weight of infants born to women who were injured due to physical abuse was significantly lower (-75.2 g,  $p = 0.04$ ) than the mean birth weight of infants of women who were not injured. **CONCLUSION:** These results indicate that in our population, injuries resulting from physical abuse are associated with both low birth weight and preterm birth.

Nelson S. Your body tells the truth. *Ment Health Today* 2003; 20-3.

Nemeth L, O'Briain DS, Puri P. Demonstration of neuronal networks in the human upper urinary tract using confocal laser scanning microscopy. *J Urol* 2001; 166(1):255-8.

Abstract: **PURPOSE:** To our knowledge innervation of the upper urinary tract and its role in motility and sensation are not clearly understood. The whole mount preparation technique provides 3-dimensional (D) morphology of the innervation and its relationship of branching and interconnecting nerve fibers to each other and to the neighboring tissues. Confocal laser scanning microscopy provides dramatic optical advantages for detecting 3-D structures in thick specimens. We investigated the distribution and morphology of the neuronal structures in the human upper urinary tract using the whole mount preparation technique and confocal laser scanning microscopy. **MATERIALS AND METHODS:** Whole mount preparations of the human renal pelvis and ureter were stained by standard immunohistochemical method using various neuronal markers (protein gene product 9.5, neuron specific enolase and neurofilament). The 3-D architecture of the specimens was investigated with the help of confocal laser scanning microscopy. **RESULTS:** We detected 2 mesh-like neuronal networks or plexus in the human upper urinary tract. The first and more prominent plexus was located in the submucosa between the lamina propria and tunica muscularis, and the second neuronal network was found between the smooth muscle fibers of the ureteral wall. There were frequent interconnections between the 2 networks in the ureteral wall. **CONCLUSIONS:** To our knowledge our study shows for the first time that there are 2 well formed mesh-like neuronal plexus in the human upper urinary tract. Our findings suggest that the autonomic nervous system of the human upper urinary tract may have a significant role in the propagation, coordination and modulation of ureteropelvic peristalsis.

Nemets B, Witztum E, Kotler M. [False memory syndrome: state of the art]. *Harefuah* 2002; 141(8):726-30, 760.

Abstract: The review describes the heated dispute on the present state of recovered traumatic memories. There are two main schools concerning the status of recovered memories of child abuse. One school believes in their authenticity unconditionally. Those who oppose the authenticity claim False Memory Syndrome's existence. They describe it as "a serious form of psychopathology characterized by strongly believed pseudomemories of childhood sexual abuse" and "condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes". This review presents the allegations of both sides involved in the dispute, with updates of scientific and judicial

Nelms BC. Emotional abuse: helping prevent the problem. *J Pediatr Health Care* 2001; 15(3):103-4.

Nelson CA. Can we develop a neurobiological model of human social-emotional development? Integrative thoughts on the effects of separation on parent-child interactions. *Ann N Y Acad Sci* 2003; 1008:48-54. Abstract: After summarizing the main points raised in articles by Kaslow et al. and Plotsk, a number of questions that derive from these authors' work are listed. Additional questions are then posed, the answers to which will likely facilitate one's ability to translate animal models of child psychopathology into human terms. After summarizing the various advantages and disadvantages to models using mice, rats, and monkeys, several examples of recent research that have attempted to meld animal models with human studies are described.

Nelson EA. Category D: unknown whether ill treatment is cause. *Arch Dis Child* 2003; 88(7):645.

Nelson L. Quashed convictions reignite row over British cot deaths. *Nature* 2004; 427(6973):384.

- references and relevant recommendations to care takers.
- Neto MT. Regionalization, networks and neonatal transport. *J Matern Fetal Neonatal Med* 2002; 11(2):140.
- Neufeld S, Wright SM, Gaut J. Not raising a "bubble kid": farm parents' attitudes and practices regarding the employment, training and supervision of their children. *J Rural Health* 2002; 18(1):57-66. Abstract: This article explores farm parents' attitudes and practices regarding the employment, training and supervision of their children among a sample of 24 farm couples from southeastern Washington state. The goal was to gain a greater understanding of parental attitudes and practices in order to devise appropriate and meaningful efforts to improve the safety of children and adolescents involved in farm work. Demographic data regarding the farm families and their farm safety practices were collected through a short questionnaire, and parental attitudes and practices regarding the employment, training and supervision of their children were explored through open-ended, semi-structured interviews. The results suggest that farm parents have developed a logical and consistent set of beliefs and attitudes regarding the employment, training, and supervision of their children that is based in part on the belief that farm work is highly beneficial to their children's development. Safety interventions to reduce childhood farm injuries will have to acknowledge farm work as important and beneficial for children in order to maintain legitimacy and credibility. Nevertheless, because farm parents' practices regarding their children's employment reflect cultural beliefs and values regarding children and child-rearing, some recommended safety guidelines will be difficult to implement.
- Newcomb MD, Locke TF. Childhood adversity and poor mothering: consequences of polydrug abuse use as a moderator. *Addict Behav* 2005; 30(5):1061-4. Abstract: Drug abuse consequences have been typically examined as a direct or main effect on various later outcomes. Drug abuse may also serve as a consequence that alters (moderates) critical developmental trajectories. This study examined the relationship between childhood adversity factors (parent alcohol and drug-related problems, childhood maltreatment) and future parenting practices through an analysis of the moderating effects of polydrug problems. Data from a community sample of mothers was divided into two groups based on the median split level of polydrug problems (alcohol, marijuana, cocaine) that they reported (low, N=123; high, N=114). Confirmatory factor models (CFAs) were developed for the two groups and compared with multiple group analyses (MGAs). Results revealed that mothers who had parents with alcohol or drug-related problems were more likely to become poor parents, if they themselves used drugs and had problems related to drug use.
- Newman BS, Dannenfels PL. Children's protective services and law enforcement: fostering partnerships in investigations of child abuse. *J Child Sex Abus* 2005; 14(2):97-111. Abstract: Although collaboration in child abuse investigations has been emphasized since 1974, barriers, including role conflicts and organizational differences, have often been reported. This study describes the process of collaboration based on the perceptions of investigators working with a Child Advocacy Center. Telephone interviews were conducted with 290 child protective service workers and law enforcement officers from 28 child advocacy centers in 20 different states. Respondents identified barriers to the process of collaboration such as conflicts over case control and facilitators including co-housing and cross-training. Conditions that should contribute to successful collaboration are discussed.
- Newman JD, Sheehan KM, Powell EC. Screening for intimate-partner violence in the pediatric emergency department. *Pediatr Emerg Care* 2005; 21(2):79-83. Abstract: OBJECTIVE: The aims of this study were to determine the annual prevalence of intimate-partner violence (IPV) in an urban pediatric emergency department (ED) among mothers seeking care for their children, to examine the associations between IPV and family socioeconomic characteristics, triage time, and child's diagnosis, and to describe perceptions and preferences for IPV screening. METHODS: A confidential 15-item survey was completed by 451 women caretakers who were unaccompanied by a male partner in an urban pediatric ED associated with a children's hospital. Women were enrolled during 4-hour time blocks selected to represent ED use patterns during June and July 2002. Survey questions addressed experiences of IPV (physical or sexual violence and perception of safety) in the preceding year and preferences for IPV screening. We also collected information about the women's socioeconomic characteristics and the child's triage time and diagnosis. RESULTS: Fifty women reported IPV, an annual prevalence of 11%. Compared with white women, the relative risk of IPV among black women was 1.1 (95% confidence interval [CI], 1.0-1.2) and among Hispanic women was 1.1 (95% CI, 1.0-1.2). Compared with women who completed college, the relative risk of women who had not completed high school was 5.8 (95% CI, 2.0-26.4). We observed no association with poverty. Women who reported IPV more often sought care for their child in the evening (4-12 pm,  $\chi^2$ ,  $P < 0.01$ ); there was no association with the child's diagnosis. Most (75%) stated that IPV screening in the pediatric ED was appropriate. CONCLUSIONS: The annual prevalence of IPV in a pediatric ED is 11%. As socioeconomic and visit characteristics are imprecise in identifying women at risk, screening should include all women. Screening for IPV in the pediatric ED is

acceptable to women.

Newport DJ, Heim C, Bonsall R, Miller AH, Nemeroff CB.

Pituitary-adrenal responses to standard and low-dose dexamethasone suppression tests in adult survivors of child abuse. *Biol Psychiatry* 2004; 55(1):10-20. Abstract: BACKGROUND: Previous studies indicate that adverse childhood events are associated with persistent changes in corticotropin-releasing factor neuronal systems. Our aim was to determine whether altered glucocorticoid feedback mediates the neuroendocrine sequelae of childhood trauma. METHODS: Standard and low-dose dexamethasone suppression tests (DST) were performed in women with a history of child abuse (n=19), child abuse and major depression (n=16), major depression and no childhood trauma (n=10), and no history of mental illness or childhood trauma (n=19). Secondary analysis with posttraumatic stress disorder (PTSD) as the organizing diagnosis was also conducted. RESULTS: In the low-dose DST, depressed women with a history of abuse exhibited greater cortisol suppression than any comparator group and greater corticotropin suppression than healthy volunteers or nondepressed abuse survivors. There were no differences between nondepressed abuse survivors and healthy volunteers in the low-dose DST or between any subject groups in the standard DST. The PTSD analysis produced similar results. CONCLUSIONS: Cortisol supersuppression is evident in psychiatrically ill trauma survivors, but not in nondepressed abuse survivors, indicating that enhanced glucocorticoid feedback is not an invariable consequence of childhood trauma but is more related to the resultant psychiatric illness in traumatized individuals.

Newton R. Neurological networks. *Dev Med Child Neurol* 2002; 44(12):795.

Ney JP, Joseph KR, Mitchell MH. Late subdural hygromas from birth trauma. *Neurology* 2005; 65(4):517.

Nguyen M, Perry S, Parsonnet J. QuantiFERON-TB predicts tuberculin skin test boosting in U.S. foreign-born. *Int J Tuberc Lung Dis* 2005; 9(9):985-91. Abstract: SETTING: Santa Clara County, Northern California. OBJECTIVE: To characterize agreement of tuberculin skin test (TST) and QuantiFERON-TB (QFT) with repeated testing. DESIGN: Fifty-two subjects participating in an ongoing prospective study of infectious disease transmission were tested by TST and QFT at two home visits 3 months apart. Boosting was defined as reclassification of TST from negative to positive. Agreement and reproducibility of TST and QFT were assessed using kappa and McNemar statistics. RESULTS: Of 48 individuals completing all tests, 75% were foreign-born (92% Latin America) and 58% were BCG-vaccinated. Initial TST and QFT were positive in 13 (27%) and 21 (44%), respectively, with

an overall agreement of 67% (K = 0.29). Ten (29%) of 35 initial TST-negative reactions boosted, nine of whom were BCG-vaccinated subjects. Boosting occurred in eight (67%) of 12 subjects who were initially QFT-positive/TST-negative. Compared to the second TST, initial QFT had a relative post-test probability of 76% (95% CI 0.58-0.95); boosting accounted for 8/16 (50%) of initial testing discordances. CONCLUSION: Positive QFT in the setting of negative TST frequently anticipates a TST boost. This finding helps explain discordance between the two tests and may provide an alternative to serial TST testing.

Nguyen T, Malley R, Inkelis S, Kuppermann N. Comparison of prediction models for adverse outcome in pediatric meningococcal disease using artificial neural network and logistic regression analyses. *J Clin Epidemiol* 2002; 55(7):687-95.

Abstract: The objective of this study was to compare artificial neural network (ANN) and multivariable logistic regression analyses for prediction modeling of adverse outcome in pediatric meningococcal disease. We analyzed a previously constructed database of children younger than 20 years of age with meningococcal disease at four pediatric referral hospitals from 1985-1996. Patients were randomly divided into derivation and validation datasets. Adverse outcome was defined as death or limb amputation. ANN and multivariable logistic regression models were developed using the derivation set, and were tested on the validation set. Eight variables associated with adverse outcome in previous studies of meningococcal disease were considered in both the ANN and logistic regression analyses. Accuracies of these models were then compared. There were 381 patients with meningococcal disease in the database, of whom 50 had adverse outcomes. When applied to the validation data set, the sensitivities for both the ANN and logistic regressions models were 75% and the specificities were both 91%. There were no significant differences in any of the performance parameters between the two models. ANN analysis is an effective tool for developing prediction models for adverse outcome of meningococcal disease in children, and has similar accuracy as logistic regression modeling. With larger, more complete databases, and with advanced ANN algorithms, this technology may become increasingly useful for real-time prediction of patient outcome.

Ngwenya C. Access to health care services as a justiciable socio-economic right under the South African constitution. *Med Law Int* 2003; 6(1):13-23. Notes: GENERAL NOTE: KIE: 43 fn. GENERAL NOTE: KIE: KIE Bib: AIDS; health care/foreign countries; health care/rights Abstract: This commentary describes and analyses the decision of the Constitutional Court of South Africa in *Minister of Health and Others v Treatment Action*

Campaign and Others where the South African government was found to have violated the right of access to health care under the Constitution. Section 27(1) guarantees everyone the right of access to health care services. Section 27(2) imposes on the state a duty to take reasonable measures within its available resources to achieve the progressive realisation of this right. To the extent that government was unreasonably delaying access to patently affordable life-saving therapy for the prevention of mother-to-child transmission of HIV to a class of persons that was largely vulnerable and indigent, it is submitted that the case was correctly decided. However, there is little doubt that the decision, and in particular the prescriptive nature of the remedy granted by the Court and its budgetary implications, do not sit easily with a traditional notion of separation of powers between the judiciary on the one hand, and the executive and Parliament on the other. At the same time, it must be accepted that the remedy and its budgetary implications are an inevitable consequence of the inclusion of justiciable socio-economic rights in the Bill of Rights. The principles that were applied by the Court in determining the case were largely drawn from jurisprudence developed by organs under treaty bodies, and in particular the Committee on Economic, Social and Cultural Rights.

Nicholas SW, Abrams EJ. Boarder babies with AIDS in harlem: lessons in applied public health. *Am J Public Health* 2002; 92(2):163-5.

Nichols LA. The infant caring process among Cherokee mothers. *J Holist Nurs* 2004; 22(3):226-53. Abstract: The purpose of this study was to identify the social process of infant care among Cherokee mothers. Nineteen informants, who had an infant less than 2 years of age, were interviewed. The data were analyzed using the technique of constant comparative analysis. A social process of Indian infant care among Cherokee mothers was identified. Eight concepts emerged from data analysis. The first and principal concept, being a Cherokee mother, describes the functions of being an Indian mother in Cherokee society. The other seven concepts describe the patterns of cultural care the mothers provided to their infants. These included accommodating everyday infant care, accommodating health perspectives, building a care-providing consortium, living spiritually, merging the infant into Indian culture, using noncoercive discipline techniques, and vigilantly watching for the natural unfolding of the infant. Trustworthiness and credibility of the generated theory were evaluated through multiple measures.

Nicholson J, Biebel K. Commentary on "Community mental health care for women with severe mental illness who are parents" - The tragedy of missed opportunities: of missed opportunities: What providers can do. *Community Ment Health J* 2002; 38(2):167-72.

Abstract: Women and men who meet criteria for psychiatric disorder are likely to be parents. Many go undiagnosed and untreated, putting themselves and their children at risk of poor outcomes. Adults with mental illness may fear disclosing their status as parents; providers may not ask. Practices can be modified to promote the well being of parents with mental illness and their children.

Nicklas TA, Baranowski T, Baranowski JC, Cullen K, Rittenberry L, Olvera N. Family and child-care provider influences on preschool children's fruit, juice, and vegetable consumption. *Nutr Rev* 2001; 59(7):224-35.

Abstract: Children's intakes of fruit, juice, and vegetables (FJV) do not meet the recommended minimum of five daily servings, placing them at increased risk for development of cancer and other diseases. Because children's food preferences and practices are initiated early in life (e.g., 2-5 years of age), early dietary intervention programs may have immediate nutritional benefit, as well as reduce chronic disease risk when learned healthful habits and preferences are carried into adulthood. Families and child-care settings are important social environments within which food-related behaviors among young children are developed. FJV preferences, the primary predictor of FJV consumption in children, are influenced by availability, variety, and repeated exposure. Caregivers (parents and child-care providers) can influence children's eating practices by controlling availability and accessibility of foods, meal structure, food modeling, food socialization practices, and food-related parenting style. Much remains to be learned about how these influences and practices affect the development of FJV preferences and consumption early in life.

Nicklin S, Spencer SA. Recruitment failure in early neonatal research. *Arch Dis Child Fetal Neonatal Ed* 2004; 89(3):F281.

Nicolaidis C. The Voices of survivors documentary: using patient narrative to educate physicians about domestic violence. *J Gen Intern Med* 2002; 17(2):117-24. Abstract: This article describes a method of developing physician education materials using analysis of domestic violence patient experiences and patients' descriptions of their experiences. The process began with interviews of 21 domestic violence survivors, focusing on what they wanted to teach physicians. Qualitative analysis of these interviews identified 4 main themes regarding what survivors wanted physicians to understand about life in an abusive relationship: that domestic violence is universal, that it is more than just physical assaults, that it is all about power and control, and that it affects the entire family. Because what survivors wanted from physicians differed depending on where they were in their abusive

relationships, recommendations were developed for each of 5 common situations: when a patient may not yet recognize the abuse, when s/he may not be ready or able to disclose the abuse, when s/he chooses to remain in an abusive relationship, when s/he is seeking care for an acute assault, and when s/he has left the relationship but not yet healed. Interview excerpts representing each of the identified themes are used to create a 30-minute educational documentary. A written companion guide covers the traditional aspects of domestic violence education. In teaching about domestic violence or other health problems where it is difficult for physicians to understand their patients intuitively, an educator's most important role may be to direct learners to listen to the experience and wisdom of patients.

Nicoletti A. A role for the nurse practitioner. *J Pediatr Adolesc Gynecol* 2001; 14(2):101-2.

Nielsen LA, Mikkelsen SJ, Charles AV. [Chlamydia trachomatis and Neisseria gonorrhoeae infections in sexually abused children in Jutland]. *Ugeskr Laeger* 2002; 164(49):5806-9.  
Abstract: INTRODUCTION: At the Department of Forensic Medicine, University of Aarhus, Denmark, examinations are performed of children who are suspected of having been sexually abused. The medical forensic investigation aims at documenting sexual abuse if there are any physical findings. The presence of certain sexually transmitted diseases, which cannot be explained otherwise, may be such documentation. This article focuses on Chlamydia trachomatis and Neisseria gonorrhoeae, and the risk for the sexually abused child to contract these diseases. MATERIAL AND METHODS: Retrospectively, we went through the Institute's files from 1996 to 2000 concerning child abuse. Information about age, sex, cultures for Chlamydia trachomatis and for Neisseria gonorrhoeae, and the results of these cultures was registered. If the child had been cultured, the suspected perpetrator's age and gender were registered as well. The children were all between 0 and 15 years of age, and in all cases the suspicion of sexual abuse had led to reporting to the police. RESULTS: 295 girls and 41 boys were examined in the period from 1996 to 2000. A total of 100 cultures for Chlamydia trachomatis and 105 cultures for Neisseria gonorrhoeae were performed. Among the 111 children who were examined for Chlamydia trachomatis and/or Neisseria gonorrhoeae there were no positive results. In 102 cases the suspected perpetrator was known to be one or more men, and only in one case it was a women. The mean age of the suspected perpetrators was 35.4 years. DISCUSSION: The prevalence of Neisseria gonorrhoeae and Chlamydia trachomatis should reflect the prevalence in the group of perpetrators. Neisseria gonorrhoeae is uncommon outside Copenhagen, the capital of Denmark, whereas Chlamydia trachomatis is quite common. On this background, we had expected

some of the children to be infected with Chlamydia trachomatis. Therefore, the risk for sexually abused children to be infected with Chlamydia trachomatis or Neisseria gonorrhoeae is very low, depending on the kind of abuse and the perpetrator's possible risk behaviour, age, and gender. As a conclusion, only children with a clear indication should be tested for these sexually transmitted diseases.

Nievas F, Justicia F. Development of memory structures for homographs using pathfinder network representations. *Span J Psychol* 2003; 6(1):12-27.  
Abstract: Some studies with children have shown that there is no semantic priming at short stimulus onset asynchrony (SOA) in lexical decision and naming tasks for homographs. The predictions of spreading activation theories might explain this missing effect. There may be differences in children's and adults' memory structures. We have explored this hypothesis. The development of memory structure representations for homographs was measured by a Pathfinder algorithm. In Experiment 1, the three dependent variables were: the number of links in the network, closeness measures (C), and distances between nodes. Results revealed developmental differences in network structure representations in adults and children. In Experiment 2, results revealed that these differences were not due to the cohort effect. In Experiment 3, the relationship between associative strength, as measured by associative norms, and distances, as measured by Pathfinder algorithm, was explored. The results of these three experiments and empirical research from semantic priming experiments show that these differences in memory structure representations could be one of the sources of the missing semantic priming effect in children.

Nilsson C, Horgby K, Borres MP. [Increasing number of child abuse cases in Sweden--in accordance with reality?]. *Lakartidningen* 2001; 98(19):2298-301.  
Abstract: The number of police reports on child assault shows an increasing trend during the last two decades in Sweden. The purpose of this article is to present possible explanations. Increased awareness of child abuse, legislative reforms, changes in attitudes toward corporal punishment and violence in general, and changed routines within schools can explain the increasing trend in police reporting. An actual increase in the rate of child abuse is possible but less likely. Reports of increasingly violent behavior among young people must be taken seriously.

Nishida A, Sugiyama S, Aoki S, Kuroda S. Characteristics and outcomes of school refusal in Hiroshima, Japan: proposals for network therapy. *Acta Med Okayama* 2004; 58(5):241-9.  
Abstract: The authors conducted a study on children undergoing treatment at major school refusal treatment centers in Hiroshima Prefecture. On the whole, school

refusal in the prefecture was found to peak between 13 and 14 years of age. By age group, the main reason for school refusal in elementary school group was parent-child relationship with separation anxiety. Given additional problems such as neglect at home and complicated social situations in their schools, junior high school students were found to present diverse symptoms from introversion and self-analysis to extroversion, neglect of studies, and delinquency. Among high school students, there were more cases suffering withdrawal and schizophrenia spectrum disorders. The major task regarding treatment seems to lie in how to treat complex cases combining different problems. We summarized herein the studies we have carried out and propose a model for a network therapy system based on functional liaisons between treatment centers. With this system, a child psychiatric medical facility plays the part of a liaison center for the overall network system.

Nixon RD, Sweeney L, Erickson DB, Touyz SW. Parent-child interaction therapy: a comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *J Consult Clin Psychol* 2003; 71(2):251-60.

Abstract: Families of 54 behaviorally disturbed preschool-aged children (3 to 5 years) were randomly assigned to 1 of 3 treatment conditions: standard parent-child interaction therapy (PCIT; STD); modified PCIT that used didactic videotapes, telephone consultations, and face-to-face sessions to abbreviate treatment; and a no-treatment waitlist control group (WL). Twenty-one nondisturbed preschoolers were recruited as a social validation comparison condition. Posttreatment assessment indicated significant differences in parent-reported externalizing behavior in children, and parental stress and discipline practices from both treatment groups on most measures compared with the WL group. Clinical significance testing suggested a superior effect for the STD immediately after intervention, but by 6-month follow-up, the two groups were comparable. The findings indicate that abbreviated PCIT may be of benefit for families with young conduct problem children.

Noeker M. [Factitious disorder and factitious disorder by proxy]. *Prax Kinderpsychol Kinderpsychiatr* 2004; 53(7):449-67.

Abstract: Similar to the adult patient, a child or adolescent may actively feign or produce artificial symptoms (synonymous: Munchausen syndrome). The more frequent case is that the child suffers from being an object of symptom fabrication induced by a close person caring for the child, regularly the mother (Munchausen syndrome by proxy). This review focuses on psychopathological aspects of the clinically more relevant factitious disorder by proxy. Typical behaviour and personality characteristics are presented that can be taken as clinical warning signs. Doctor-mother-interaction is affectively challenging due to

conflicting tasks imposed on the physician. Complementary to pediatric exclusion of genuine disease, psychopathological assessment is required to exclude other sources of deviant illness behaviour. Factitious disorder shares particular features (active violation of the child, false report of history, aggravated symptom presentation and increased doctor-hopping, difficulties in conforming maternal report in biomedical data) with other psychopathological entities (child abuse, simulation, dissociative disorders, somatoform disorders including hypochondria, variants of maternal overprotection and infantilization, psychosis or delusion in the mother). Criteria for differentiation are presented. Three concepts on the psychopathological etiology of factitious disorder by proxy are relevant: In some cases, it may be conceived as secondary manifestation of a primary psychopathological entity or personality disorder. Learning theory emphasises operant rewards received from vicarious sick role. Attachment theory provides possible explanations concerning the traumatic impact on the child, early sources of psychopathology in the fabricating mother and risks for intergenerational transmission of factitious disorders.

Nokes DJ, Okiro EA, Ngama M *et al.* Respiratory syncytial virus epidemiology in a birth cohort from Kilifi district, Kenya: infection during the first year of life. *J Infect Dis* 2004; 190(10):1828-32.

Abstract: We report estimates of incidence of respiratory syncytial virus (RSV) infection during the first year of life for a birth cohort from rural, coastal Kenya. A total of 338 recruits born between 21 January 2002 and 30 May 2002 were monitored for symptoms of respiratory infection by home visits and hospital referrals. Nasal washings were screened by use of immunofluorescence. From 311 child-years of observation (cyo), 133 RSV infections were found, of which 48 were lower respiratory tract infections (LRTIs) and 31 were severe LRTIs, resulting in 4 hospital admissions. There were 121 primary RSV infections (248 cyo), of which 45 were LRTIs and 30 were severe LRTIs, resulting in 4 hospital admissions; there was no association with age. RSV contributed significantly to total LRTI disease in this vaccine-target group.

Noland JS, Singer LT, Short EJ *et al.* Prenatal drug exposure and selective attention in preschoolers. *Neurotoxicol Teratol* 2005; 27(3):429-38.

Abstract: Deficits in sustained attention and impulsivity have previously been demonstrated in preschoolers prenatally exposed to cocaine. We assessed an additional component of attention, selective attention, in a large, poly-substance cocaine-exposed cohort of 4 year olds and their at-risk comparison group. Employing postpartum maternal report and biological assay, we assigned children to overlapping exposed and complementary control groups for maternal use of cocaine, alcohol, marijuana,

and cigarettes. Maternal pregnancy use of cocaine and use of cigarettes were both associated with increased commission errors, indicative of inferior selective attention. Severity of maternal use of marijuana during pregnancy was positively correlated with omission errors, suggesting impaired sustained attention. Substance exposure effects were independent of maternal postpartum psychological distress, birth mother cognitive functioning, current caregiver functioning, other substance exposures and child concurrent verbal IQ.

Nooraudah AR, Mohd Sham K, Zahari N, Fauziah K. Non-accidental fatal head injury in small children--a clinicopathological correlation. *Med J Malaysia* 2004; 59(2):160-5.

Abstract: Non-accidental head injury leading to massive intracranial trauma has been identified as a leading cause of death in small children. In a typical case, a child usually below the age of one year is violently shaken, leading to rupture of the connecting veins between the dura mater and the brain substance with variable degrees of bleeding into the subdural space resulting in increased intracranial pressure. The accompanying venous thrombosis affecting the vessels of the brain substance leads to cerebral hypoxia and cellular death. In this study conducted throughout the year 1999, all children below the age of 3 years who were admitted to Hospital Kuala Lumpur and had died due to non-accidental injuries were included. Postmortems, including histopathological studies, were conducted to determine the most likely mechanisms of the injuries. Ten cases were identified for the whole year. In 2 cases, both below one year of age, the features presented showed evidence of violent shaking of the infants. In 6 other cases whose average age was 13 (range 4-24) months, there were evidences of direct trauma and violent shaking. In the last two cases, aged 24 and 33 months respectively, there was only evidence of direct trauma on the heads without being shaken. This study shows that death due to intracranial trauma caused by shaking with or without direct impact is the most frequent cause of mortality in abused children. Death due to direct impact between the head and another object is a less frequent occurrence.

Norr KF, Crittenden KS, Lehrer EL *et al.* Maternal and infant outcomes at one year for a nurse-health advocate home visiting program serving African Americans and Mexican Americans. *Public Health Nurs* 2003; 20(3):190-203.

Abstract: This article describes the outcomes at 1 year for a randomized clinical trial of Resources, Education and Care in the Home-Futures: a program to reduce infant mortality through home visits by a team of trained community residents led by a nurse. Low-income, inner-city pregnant women who self-identified as African American or Mexican American were recruited in two university prenatal clinics in Chicago. Because African Americans and Mexican Americans

differed greatly at intake, we compared their outcomes at 12 months and then examined the effects of the intervention separately for these two groups. Participants were randomly assigned to the intervention or control group and were interviewed during the last trimester of pregnancy and at 2, 6, and 12 months after birth. The effects of the program varied by race/ethnicity. For African Americans, the program was associated with better maternal documentation of infant immunizations, more developmentally appropriate parenting expectations, and higher 12-month infant mental development scores. For Mexican Americans, the program had positive effects on maternal daily living skills and on the play materials subscale of the Home Observation for the Measurement of the Environment assessment. This study, along with previous research, suggests that home visits by a nurse-health advocate team can improve maternal and infant outcomes even for inner-city, low-income, minority families. Effective programs must be culturally sensitive, intensive, and adequately staffed and financed.

Norris DM. Forensic consultation and the clergy sexual abuse crisis. *J Am Acad Psychiatry Law* 2003; 31(2):154-7.

Norris JW. Roy Meadow. *Lancet* 2005; 366(9484):451.

Novins DK, King M, Stone LS. Developing a plan for measuring outcomes in model systems of care for American Indian and Alaska Native children and youth. *Am Indian Alsk Native Ment Health Res* 2004; 11(2):88-98.

Abstract: The Circles of Care initiative emphasized the importance of developing an outcomes measurement plan that was consonant with the model system of care as well as community values and priorities. This analysis suggests that the Circles of Care grantees achieved this key programmatic objective, but that a major constraint was the tendency of funders, including the Substance Abuse and Mental Health Services Administration (the funder of Circles of Care), to mandate their own outcomes measurement plans. Funders are encouraged to balance their needs for commonality of measures across programs for their own evaluation purposes with the needs of service providers to utilize measures that meet their unique programmatic and community contexts.

Novins DK, LeMaster PL, Jumper Thurman P, Plested B. Describing community needs: examples from the Circles of Care initiative. *Am Indian Alsk Native Ment Health Res* 2004; 11(2):42-58.

Abstract: The assessment of community needs was one of the key foundations of the Circles of Care planning effort. Grantees identified a range of needs at the child, adolescent, family, programmatic, and community levels. This information, along with an emphasis on the



importance of each community's history and culture, served as an important guide for each program as they developed their model systems of care.

Nowinski CV, Minshew NJ, Luna B, Takarae Y, Sweeney JA. Oculomotor studies of cerebellar function in autism. *Psychiatry Res* 2005; 137(1-2):11-9. Abstract: Histopathological, neuroimaging and genetic findings indicate cerebellar abnormalities in autism, but the extent of neurophysiological dysfunction associated with those findings has not been systematically examined. Suppression of intrusive saccades (square wave jerks) and the ability to sustain eccentric gaze, two phenomena requiring intact cerebellar function, were examined in 52 high-functioning individuals with autism and 52 age- and IQ-matched healthy subjects during visual fixation of static central and peripheral targets. Rates of intrusive saccades were not increased in autism during visual fixation, and foveopetal ocular drift was also not increased when subjects held an eccentric gaze. The absence of gross disturbances of visual fixation associated with cerebellar disease in individuals with autism, such as increased square wave jerk rates and foveopetal drift when holding eccentric gaze, indicates that the functional integrity of cerebellar--brainstem networks devoted to oculomotor control is preserved in autism despite reported anatomic variations. However, increased amplitude of intrusive saccades and reduced latency of target refixation after intrusive saccades were observed in individuals with autism, especially when subjects maintained fixation of remembered target locations without sensory guidance. The atypical metrics of intrusive saccades that were observed may be attributable to faulty functional connectivity in cortico-cerebellar networks.

Nowlan WJ. Ethics and genetics. *N Engl J Med* 2003; 349(19):1870-2; author reply 1870-2. Notes: GENERAL NOTE: KIE: 3 refs. GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; genetic screening

Nullis-Kapp C. The knowledge is there to achieve development goals, but is the will? *Bull World Health Organ* 2004; 82(10):804-6.

Nunn PE. A study examining the health perceptions and parenting stressors of parenting African-American grandparents. *ABNF J* 2002; 13(5):99-102. Abstract: The objectives of this study of African-American, parenting grandparents were to examine the antecedents to grandparent parenting, the grandparents' perception of their health status, and their assessment of parenting stress. Thirty-one subjects completed a demographic questionnaire, two questions from the Short form-36-Health Survey, and the Parenting Stress Index (PSI). Results indicated that the grandparents parented minor grandchildren because of biological

parent neglect/abuse, abandonment, mental illness, substance abuse, teen mother, or death of a parent. While most grandparents considered their health to be satisfactory, the grandparents, ages thirty to sixty reported a greater number of health concerns. The PSI identified life stress greater than parenting stress. In conclusion, additional research is needed to identify life stresses that add to the parenting burden, and grandparents' needs to continue parenting.

Nurcombe B. The future of child and adolescent mental health. *World Psychiatry* 2005; 4(3):157.

Nurse J. Screening for domestic violence. Cultural shift is needed. *BMJ* 2002; 325(7377):1417; author reply 1417.

Nwomeh BC, Waller AL, Caniano DA, Kelleher KJ. Informed consent for emergency surgery in infants and children. *J Pediatr Surg* 2005; 40(8):1320-5. Abstract: The informed consent process for emergency surgery in children poses a challenge for pediatric surgeons because the child and his/her surrogates (usually parents) must make medical decisions in a relatively short period. The unique circumstances of a surgical emergency create potential barriers to achieving the central goals of the informed consent process, respect for patient autonomy and beneficence. The purpose of this review is to provide a practical guide for pediatric surgeons on the informed consent process as it applies to emergency surgery in pediatric patients. We will also discuss innovative methods of preoperative education that can be adopted in the emergency setting and highlight areas in which further research might help to improve this important aspect of surgical care.

Nyambedha EO, Wandibba S, Aagaard-Hansen J. Policy implications of the inadequate support systems for orphans in western Kenya. *Health Policy* 2001; 58(1):83-96.

Abstract: This paper describes the support systems available for orphans in a rural Luo community in Nyang'oma sub-location in Bondo District of Western Kenya. Qualitative data were collected through in-depth interviews with orphaned children and their caretakers as well as key informants, and through focus group discussions with orphaned children, widows and community elders. Quantitative data were obtained by questionnaires administered to 100 caretakers of orphaned children. The most serious problem was inability of the orphan households to afford school fees, although lack of food, medicare and clothing were also prominent. The traditional, kinship-based support systems made a major contribution to catering for the orphans though the resources were far from enough. Various community-based groups in the area did not contribute significantly. The problem is getting desperate due to a combination of an exponentially

increasing prevalence of orphans, poor socio-economic conditions and decline of the traditional support systems. For health planners and policy makers there are two major concerns. In the short term, a big and rapidly growing group of children are without adequate access to health services, while in the long term, the negative consequences for (in particular the girl) orphans' schooling pose a serious threat to the health of their future children. Based on the study findings, two recommendations are made: that the responsible parties address the issue of education for orphans rapidly and sufficiently and with due consideration of their food security and medicare; and that potential community resources such as kinship networks and community groups are mobilised in order to assist in achieving the goal.

O'Brien D. Borderline viability resuscitation cases. *Med Etika Bioet* 2002; 9(3-4):6-10.  
Notes: GENERAL NOTE: KIE: 11 refs.  
GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; allowing to die/religious aspects; resuscitation orders  
Abstract: Decisions on whether to resuscitate severely premature infants are especially difficult in "borderline viability" cases--those where the probability of survival is slim, and where, if survival is possible, multiple comorbidities and severe disabilities are likely. The 2000 International Guidelines on Cardiopulmonary Resuscitation are comprehensive, yet leave open some of the more difficult ethical questions that must be addressed by decision-makers. This paper recommends evidence-based, clinical ethical guidelines for neonatal resuscitation, drawing on one large Catholic health system's approach, arguing from the perspective of the Catholic moral tradition and the Ethical and Religious Directives for Catholic Health Care Services (the ERD are policy for all of Catholic health care in the U.S.). The paper presumes that there is an inherent dignity of the human person to be respected and protected regardless of the nature of the person's health problem or social status. But it also presumes and argues that treatments can be justified only by a proportionate benefit to the patient. In maintaining a holistic view of the human person, two extremes are avoided: a "vitalistic" approach where life is preserved at all costs; and the "easy" alternative of euthanasia. Several principles of medicine, theology, ethics and Anglo-American common law are applied to three categories of preterm infants, each of which calls for a different basic response: Category I - infants with a confirmed gestational age of < 23-0/7 weeks; Category II - infants with a confirmed gestational age between 23-0/7 and 25-0/7 weeks; and Category III - infants with a gestational age > 25-0/7 weeks. Studies show that survival rates and outcomes vary dramatically for these three groups, even with the availability of the latest technologies.

O'Brien SM. Staying alive: a client with chronic mental

illness in an environment of domestic violence. *Holist Nurs Pract* 2002; 16(3):16-23.  
Abstract: This case study of a young, African American mother with chronic mental illness demonstrates the impact of domestic violence on a vulnerable population. The client was economically disadvantaged, socially isolated, stigmatized, and victimized by repeated abuse from her live-in male partner of 7 years. With this overlay of violence in the home, the client experienced a downward trajectory in health, self-esteem, economic status, personal freedom, social relationships, and legal standing. Using a public health model in the context of an urban nursing center, an advanced practice nurse provided case management and outreach services for the client.

O'Connor LA, Morgenstern J, Gibson F, Nakashian M. "Nothing about me without me": leading the way to collaborative relationships with families. *Child Welfare* 2005; 84(2):153-70.  
Abstract: This article discusses the National Center on Addiction and Substance Abuse's CASA Safe Haven, an evidence-based, community-driven intervention program for children and families in child welfare whose lives have been adversely affected by substance abuse, and for staff in the agencies that work with them. CASA Safe Haven builds collaborative relationships that feature a blend of multidisciplinary teams that share responsibility for helping families; family group conferencing, in which families are equal and welcome participants in designing and driving a service plan; and the influence of family court to hold families and service providers accountable for progress. CASA Safe Haven is a framework for collaboration.

O'Connor M. Reading between the lines in Beijing. Putting birth on the agenda: justice, equality and maternity care. *Pract Midwife* 2002; 5(6):28-30.

O'Connor T. Collaboration is essential to improve health outcomes for children. *Nurs N Z* 2003; 9(3):29.

O'Donnell L, Stueve A, Agronick G, Wilson-Simmons R, Duran R, Jeanbaptiste V. Saving Sex for Later: an evaluation of a parent education intervention. *Perspect Sex Reprod Health* 2005; 37(4):166-73.  
Abstract: CONTEXT: Initiation of sexual intercourse prior to high school is prevalent among inner-city black and Hispanic youths, and has multiple negative health and social consequences. A promising strategy for addressing early adolescent sexual activity is parent education that addresses normal pubertal changes and the challenges of becoming a teenager. METHODS: A 2003-2005 randomized trial to test the effectiveness of Saving Sex for Later, a parent education program presented on three audio CDs, enrolled 846 families with fifth- and sixth-grade students in seven New York City schools. Parent and youth surveys were conducted

at baseline and three months postintervention. Multivariate logistic and linear regression analyses were performed to assess relationships between youth and parent outcomes and treatment condition. RESULTS: At follow-up, parents in the intervention group were significantly more likely than controls to score high on indexes of communication with children about targeted risk behaviors, self-efficacy to discuss pubertal development and sexuality, and perceived influence over youths' behaviors (odds ratios, 1.9-2.5). Youths in the intervention condition were more likely than controls to report high family support, and reported more family rules and fewer behavioral risks. Family support and rules partially mediate the relationship between treatment condition and behavioral risks. CONCLUSION: Saving Sex for Later is a promising intervention for promoting youths' sexual abstinence. The intervention may also be effective in enhancing positive parenting practices among parents who are typically difficult to reach because of economic hardship, full schedules and complicated lives.

O'Donovan O. The conjoined twins. Transcript of the speeches given at the BAFS annual dinner on 28 February 2002. British Academy of Forensic Sciences. *Med Sci Law* 2002; 42(4):280-4.

O'Doriso MS, Hauger M, O'Doriso TM. Age-dependent levels of plasma neuropeptides in normal children. *Regul Pept* 2002; 109(1-3):189-92. Abstract: Several neuropeptides are secreted in high amounts in pediatric tumors such as neuroblastoma and have been used as markers of residual or recurrent disease. Plasma levels of neuropeptides might be expected to change during development, but have not been determined in normal children. We have obtained fresh plasma from cord blood of six full-term infants and from peripheral blood in 41 healthy children, ages 1 month to 21 years. Levels of six neuropeptides, vasoactive intestinal peptide (VIP), somatostatin, gastrin releasing peptide (GRP), substance P, pancreastatin and neuropeptide Y (NPY) were measured by radioimmunoassay along with insulin-like growth factor-1 (IGF-1) whose plasma levels are known to vary during development. A child with neuroblastoma was treated with the somatostatin analogue, octreotide, and the effect on plasma neuropeptides quantified. Octreotide doses of 2-3 microg/kg daily resulted in a 40-60% decrease in plasma levels of IGF-1, pancreastatin and GRP. These results are the first publication of plasma neuropeptide levels in normal children.

O'Leary CM. Fetal alcohol syndrome: diagnosis, epidemiology, and developmental outcomes. *J Paediatr Child Health* 2004; 40(1-2):2-7. Abstract: In Australia the issue of fetal alcohol syndrome (FAS) has not been the subject of policy

development or of extensive research. There is a lack of knowledge, both in the general community and by health professionals, of the nature of the risks associated with heavy alcohol consumption during pregnancy and the factors that increase this risk. This paper reviews the literature surrounding FAS with the aim of providing the reader an understanding of the diagnostic features and epidemiology of FAS and of the developmental sequelae associated with this syndrome.

O'Leary D, Jyringi D, Sedler M. Childhood conduct problems, stages of Alzheimer's disease, and physical aggression against caregivers. *Int J Geriatr Psychiatry* 2005; 20(5):401-5.

Abstract: OBJECTIVE: To assess the prevalence of physical aggression against caregivers by Alzheimer's patients. METHOD: One hundred and ninety-eight individuals with dementia, primarily Alzheimer's disease (AD) were evaluated with the Cohen-Mansfield Agitation Inventory, the Mini Mental Status Examination, two measures of Activities of Daily Living, portions of the Conflict Tactics Scale to measure physical aggression against partner, questions about conduct problems during childhood/adolescence of the patients, and chart records of delusion and paranoia. RESULTS: 25% of the patients engaged in physical aggression against their caregivers in the past year, and 33% of the patients engaged in some act of physical aggression against any individual in the past two weeks. Physical aggression against a caregiver was more likely in the middle (34%) than the early stage of AD (4%). Physical aggression against a partner and agitation were more likely if the patient had a history of symptoms of conduct disorder. Delusions and paranoia were both associated with general physical aggression and general verbal aggression but not physical aggression against a caretaker. CONCLUSIONS: 25% of Alzheimer's disease and Multi-Infarct dementia patients engaged in acts of physical aggression against their caregivers. The rate of aggression seen in this clinical sample was much higher than the rate of physical aggression in a community sample of the elderly.

O'Leary SG, Vidair HB. Marital adjustment, child-rearing disagreements, and overreactive parenting: predicting child behavior problems. *J Fam Psychol* 2005; 19(2):208-16.

Abstract: Using structural equation modeling, the authors evaluated the hypothesis that the relation between marital adjustment and children's behavior problems is mediated by child-rearing disagreements, whose effects are mediated by parents' overreactive discipline. In a community sample, fully or partially mediated models of internalizing and externalizing behavior problems of 3- to 7-year-old boys (N = 99) and girls (N = 104) were supported for mothers and fathers in 7 of 8 cases. Child-rearing disagreements always mediated the relation of marital adjustment and

- child behavior problems, and overreactive discipline was a final mediator in 3 cases. More variance was accounted for in mothers' than fathers' ratings. For mothers' ratings, the most variance was accounted for in boys' externalizing and girls' internalizing behavior problems.
- O'Neill DJ. Electronic tagging of people with dementia. Tagging should be reserved for babies, convicted criminals, and animals. *BMJ* 2003; 326(7383):281. Notes: GENERAL NOTE: KIE: 5 refs. GENERAL NOTE: KIE: KIE Bib: behavior control; patient care/drugs
- O'Neill M. Ohio's patient-physician privilege: whether planned parenthood is a protected party. *J Law Health* 2002-2003; 17(2):297-325.
- O'Shaughnessy RJ. Violent adolescent sexual offenders. *Child Adolesc Psychiatr Clin N Am* 2002; 11(4):749-65.  
 Abstract: The past 20 years have brought a significant increase in the general knowledge about adolescent offenders and sexual offenders and the potential harm that they cause to victims. Currently, however, we are left with perhaps more questions than answers in several important areas. We have concluded that there is no single cause or etiologic agent common to all sexual offenders. Sexual offenders are by nature a complex and a heterogeneous group, and sexual offending is likely caused by multiple causation and interactive factors. Awareness has spread as to the necessity of providing appropriate assessment and treatment facilities for adolescents. The limited outcome studies indicate a lower recidivism rate for adolescent offenders than adult offenders. This may reflect a better prognosis for adolescent offenders who have not had years of reinforcement of deviant sexual arousal patterns and whose personality traits are more malleable than those of adult offenders. Further research is needed in the area of subclassification of sexual offenders, controlled treatment studies, and prospective longitudinal studies to determine more accurate risk assessment.
- Oberklaid F. Child advocacy and the Queen's representative; an unlikely link. *Arch Dis Child* 2003; 88(11):980.
- Oberle A. [Possibilities and limitations of children's physicians in exposing of child abuse]. *Kinderkrankenschwester* 2002; 21(8):345-8.
- Ochsner AK, Alexander JL, Davis A. Increasing awareness of asthma and asthma resources in communities on the southwest border. *J Am Acad Nurse Pract* 2002; 14(5):225-30, 232, 234.  
 Abstract: PURPOSE: To provide outpatient asthma education for children and families along the southwest border of the U.S. and to study the effectiveness of a southwest border hospital's in-house asthma educational program. DATA SOURCES: (1) "Increasing the Knowledge Base of Asthmatics and Their Families through Asthma Clubs along the Southwest Border." (2) American Lung Association. (3) National Institutes of Health, National Heart, Lung and Blood Institute. (4) Referrals from a southwest border hospital. CONCLUSIONS: Only two of 23 patients referred for asthma follow-up were readmitted to hospital and/or emergency care during the following year. Large group teaching pretest-posttest score means for 3,429 fourth and fifth grade students revealed a 23% increase in asthma knowledge. Small follow-up groups of students received in-depth asthma education. IMPLICATIONS FOR PRACTICE: Effectiveness of hospital inpatient asthma education combined with outpatient family follow-up was supported. An additional finding was that southwest border families are more receptive to visits arranged with a school nurse in their children's school than to home visits from primary care clinic nurses.
- Oermann MH, Lowery NF, Thornley J. Evaluation of Web sites on management of pain in children. *Pain Manag Nurs* 2003; 4(3):99-105.  
 Abstract: Increasingly, consumers access the Internet for information about their health problems and treatments and to learn more about their health care. Although Web sites can be valuable resources, the information may not be accurate or current. The purpose of this project was to evaluate the quality of Web sites for parents on the management of children's pain. The Health Information Technology Institute criteria were used to evaluate 40 Web sites identified from two search engines: MSN and Google. After the evaluation process was completed, the readability of the sites was determined. Of the 40 sites, 29 (72.5%) provided useful information for parents searching to educate themselves about pain management. Other sites advertised the pain management services of their facility or were not relevant for patient education. The reading levels of the Web sites ranged from grade 7.7 to 12; the mean reading grade level of the 40 sites was 10.8, too high for many consumers. This article discusses the role of the nurse in evaluating health Web sites and teaching patients how best to use the Web for their health information.
- Oh KJ, Shin YJ, Moon KJ, Hudson JL, Rapee RM. Child-rearing practices and psychological disorders in children: cross-cultural comparison of Korea and Australia. *Yonsei Med J* 2002; 43(4):411-9.  
 Abstract: The present study was designed to explore cultural differences in the relationship between parenting behaviors and psychological adjustment of the child. Mother-son interaction behaviors of 37 Korean boys (11 with Anxiety Disorder, 10 with Externalizing Disorders and 16 Non-clinical boys) and 54 Australian boys (20 with Anxiety Disorder, 17 with Externalizing Disorders and 17 Non-clinical boys)

between the ages of 7 and 15 were compared in terms of parental negativity and involvement. The results indicated that Korean mothers displayed more overall negativity and lower overall involvement than Australian mothers. Furthermore, anxiety diagnosis was associated with low maternal involvement in the Korean subjects, while in the Australian subjects, high maternal involvement was associated with clinical status in the child.

Ohan JL, Johnston C. Gender appropriateness of symptom criteria for attention-deficit/hyperactivity disorder, oppositional-defiant disorder, and conduct disorder. *Child Psychiatry Hum Dev* 2005; 35(4):359-81. Abstract: We examined the gender appropriateness of the DSM-IV symptoms of attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD). In Study 1, 100 mothers (35 of children with and 65 of children without ADHD) rated how gender-typical and problematic they saw DSM-IV symptoms of ADHD, ODD, and CD; feminine descriptions of ADHD, ODD, and CD behaviors that we created; and relationally and overtly aggressive behaviors. Mothers rated the DSM-IV symptoms and overt aggression as boy-descriptive, and the feminine items that we created and relational aggression as girl-descriptive. Mothers saw the feminine items as less problematic than the masculine items. In Study 2, for 80 girls (40 with and 40 without ADHD), mothers' ratings on the feminine items were related to the corresponding DSM-IV symptoms, and to general psychopathology and impairment. Most correlations were significant and support the construct validity of the feminine items.

Ohanaka EC. Discharge against medical advice. *Trop Doct* 2002; 32(3):149-51. Abstract: An audit of surgical patients who requested discharge against medical advice over a 5 year period (July 1996-July 2001) at the University of Benin Teaching Hospital showed that 78 patients (66 males and 12 females) were involved. The age range was 3 days to 85 years (mean 37.86 years). The 21-40 age group was the most involved. Trauma in general accounted for the most common clinical condition that caused a patient to discharge against medical advice (64 or 82%), while fracture involving the long bones was the most common condition (37 or 47.4%). The plausible reasons for this practice have been outlined including measures that may help to reduce discharge against medical advice in a developing country.

Ohannessian CM, Hesselbrock VM, Kramer J *et al.* The relationship between parental alcoholism and adolescent psychopathology: a systematic examination of parental comorbid psychopathology. *J Abnorm Child Psychol* 2004; 32(5):519-33. Abstract: The relationship between parental alcohol dependence (with and without comorbid

psychopathology) and adolescent psychopathology was examined in a sample of 665 13-17 year-old adolescents and their parents. Results indicated that adolescents who had parents diagnosed with alcohol dependence only did not significantly differ from adolescents who had parents with no psychopathology in regard to any of the measures of psychological symptomatology (substance use, conduct disorder, and depression) or clinical diagnoses (alcohol dependence, marijuana dependence, conduct disorder, or depression) assessed. In contrast, adolescents who had parents diagnosed with alcohol dependence and either comorbid drug dependence or depression were more likely to exhibit higher levels of psychological symptomatology. In addition, adolescents who had parents diagnosed with alcohol dependence, depression, and drug dependence were most likely to exhibit psychological problems. These findings underscore the importance of considering parental comorbid psychopathology when examining the relationship between parental alcoholism and offspring adjustment.

Ohnishi T, Moriguchi Y, Matsuda H *et al.* The neural network for the mirror system and mentalizing in normally developed children: an fMRI study. *Neuroreport* 2004; 15(9):1483-7. Abstract: We performed fMRI measurements in normal children to clarify which cortical areas are commonly involved in the mirror system (MS) and mentalizing, which areas are specific for mentalizing, and whether children have the same neural networks for MS and mentalizing as adults. Normal children had the same neural networks for the MS and mentalizing as adults. Common activations were found in the superior temporal sulcus and the fusiform gyri, whereas mentalizing specific activation was found in the medial prefrontal, temporal pole and the inferior parietal cortices. We suggest that mentalizing might evolve from a capacity to detect the motion of agents and to infer intentions. Further, mentalizing might require self-perspectives.

Ojeda SR, Heger S. New thoughts on female precocious puberty. *J Pediatr Endocrinol Metab* 2001; 14(3):245-56.

Abstract: Much effort has been devoted in recent years to unravel the neuroendocrine mechanisms responsible for the initiation of mammalian puberty. The concept that has emerged is that puberty results from the unfolding of a centrally originated process involving the concerted influence of neuronal systems that utilize excitatory and inhibitory amino acids as transmitters and astroglial networks that produce growth factors able to affect LHRH secretion. We discuss the idea that an isolated alteration of each of these components may result in the precocious activation of pulsatile LHRH release, and thus lead to idiopathic sexual precocity. According to this notion, such a premature activation of LHRH neuronal function would be neither

associated with structural damage of the neuroendocrine brain system, nor related to a generalized activation of the neuronal-glia mechanisms underlying the onset of puberty. On the contrary, localized activation of discrete cellular subsets functionally connected to LHRH neurons would suffice to promote an increase in LHRH release of sufficient magnitude and duration to initiate the pubertal process.

Okabayashi H, Liang J, Krause N, Akiyama H, Sugisawa H.

Mental health among older adults in Japan: do sources of social support and negative interaction make a difference? *Soc Sci Med* 2004; 59(11):2259-70. Abstract: This study addresses the question of whether social support and interpersonal strain from different sources (i.e., spouse, children, and other relatives and friends) have differential impact on mental health. Data for this research came from a national probability sample of 2200 persons aged 60 and over in Japan. Structural equation models were evaluated within the context of two types of social networks: (a) persons who had a spouse and children (n=1299), and (b) those with children only (n=677). Between these two networks, the links among social support, negative relations, and mental health were contrasted. The effects of various sources of social support and negative interactions on mental health vary depending on the specific dimension of mental health as well as the nature of social networks. Among older Japanese who are married with children, social support from spouse has a greater association with positive well-being than social support from children and others. However, cognitive functioning is uncorrelated with all sources of positive and negative social exchanges. In contrast, among those without a spouse, only greater support from children is significantly correlated with higher positive well-being, less distress, and less cognitive impairment.

Okasha A. Focus on psychiatry in Egypt. *Br J Psychiatry* 2004; 185:266-72.

Okonkwo JE, Ibeh CC. Female sexual assault in Nigeria. *Int J Gynaecol Obstet* 2003; 83(3):325-6.

Okoromah CN, Egri-Qkwaji MT. Profile of and control measures for paediatric discharges against medical advice. *Niger Postgrad Med J* 2004; 11(1):21-5. Abstract: BACKGROUND: Children are minors in health decision-making and discharges against medical advice (DAMA) may portend adverse health, social and psychological consequences. This study was aimed at ascertaining the prevalence rate and the determining clinical, sociodemographic factors as well as caregivers' perceptions associated with paediatric DAMA with the view of proffering possible control measures. DESIGN: Pre-tested administered questionnaires were used to collect relevant data

prospectively (March 2000- March 2002) from consecutive patients undertaking DAMA. RESULTS: Prevalence rate of DAMA was 1.2%, comprising 202 of 16,440 discharges, of which 95 (47.0%) were neonates. Neonatal jaundice, gross congenital anomalies and severe birth asphyxia among neonates, and bronchopneumonia, gastroenteritis, malaria and malignancies among infant and older children, were the commonest diagnoses. Twenty (9.9%) cases were critically ill and 53(26.2%) were partially improved at discharge. Perceived improvement of illness, preference for outpatient care, financial constraints, high cost of hospital services, dissatisfaction and disagreements with care, were the commonest reasons for DAMA. CONCLUSION: DAMA is of multifactorial aetiology, involving clinically heterogeneous patients who may be critically ill or partially recovered. Socioeconomic, quality and cost of health care are implicated. This study recommends some control measures.

Olafson E. Attachment theory and child abuse:some cautions. *J Child Sex Abus* 2002; 11(1):125-9.

Olatawura MO. Mental health care for children: the needs of African countries. *World Psychiatry* 2005; 4(3):159.

Olauson A. The Agrenska centre: a socioeconomic case study of rare diseases. *Pharmacoeconomics* 2002; 20 Suppl 3:73-5.

Abstract: The Agrenska Centre in Gothenburg, Sweden, provides support services to children with disabilities and their families; these services include a unique programme of family activities, respite services, education, information projects, and research. Participants in their programmes have noted how their experiences at the Agrenska Centre differed from their experiences with the healthcare system in other parts of Sweden. The Department of Economics at the University of Gothenburg conducted a study to evaluate whether the benefits of the Agrenska approach might also extend to healthcare savings. There was, in fact, nearly a three-fold decrease in direct and indirect healthcare costs for families using the Agrenska Centre versus those utilising only routine support services. The implication is that society and governments can ill afford not to seek new ways to organise support networks for patients with rare disorders.

Olds DL, Robinson J, O'Brien R *et al.* Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics* 2002; 110(3):486-96. Abstract: OBJECTIVE: To examine the effectiveness of home visiting by paraprofessionals and by nurses as separate means of improving maternal and child health when both types of visitors are trained in a program model that has demonstrated effectiveness when delivered by nurses. METHODS: A randomized, controlled trial was conducted in public- and private-

care settings in Denver, Colorado. One thousand one hundred seventy-eight consecutive pregnant women with no previous live births who were eligible for Medicaid or who had no private health insurance were invited to participate. Seven hundred thirty-five women were randomized to control, paraprofessional, or nurse conditions. Nurses completed an average of 6.5 home visits during pregnancy and 21 visits from birth to the children's second birthdays. Paraprofessionals completed an average of 6.3 home visits during pregnancy and 16 visits from birth to the children's second birthdays. The main outcomes consisted of changes in women's urine cotinine over the course of pregnancy; women's use of ancillary services during pregnancy; subsequent pregnancies and births, educational achievement, workforce participation, and use of welfare; mother-infant responsive interaction; families' home environments; infants' emotional vulnerability in response to fear stimuli and low emotional vitality in response to joy and anger stimuli; and children's language and mental development, temperament, and behavioral problems. **RESULTS:** Paraprofessional-visited mother-child pairs in which the mother had low psychological resources interacted with one another more responsively than their control-group counterparts (99.45 vs 97.54 standard score points). There were no other statistically significant paraprofessional effects. In contrast to their control-group counterparts, nurse-visited smokers had greater reductions in cotinine levels from intake to the end of pregnancy (259.0 vs 12.32 ng/mL); by the study child's second birthday, women visited by nurses had fewer subsequent pregnancies (29% vs 41%) and births (12% vs 19%); they delayed subsequent pregnancies for longer intervals; and during the second year after the birth of their first child, they worked more than women in the control group (6.83 vs 5.65 months). Nurse-visited mother-child pairs interacted with one another more responsively than those in the control group (100.31 vs 98.99 standard score points). At 6 months of age, nurse-visited infants, in contrast to their control-group counterparts, were less likely to exhibit emotional vulnerability in response to fear stimuli (16% vs 25%) and nurse-visited infants born to women with low psychological resources were less likely to exhibit low emotional vitality in response to joy and anger stimuli (24% vs 40% and 13% vs 33%). At 21 months, nurse-visited children born to women with low psychological resources were less likely to exhibit language delays (7% vs 18%); and at 24 months, they exhibited superior mental development (90.18 vs 86.20 Mental Development Index scores) than their control-group counterparts. There were no statistically significant program effects for the nurses on women's use of ancillary prenatal services, educational achievement, use of welfare, or their children's temperament or behavior problems. For most outcomes on which either visitor produced significant effects, the paraprofessionals typically had effects that were about half the size of those produced by nurses.

**CONCLUSIONS:** When trained in a model program of prenatal and infancy home visiting, paraprofessionals produced small effects that rarely achieved statistical or clinical significance; the absence of statistical significance for some outcomes is probably attributable to limited statistical power to detect small effects. Nurses produced significant effects on a wide range of maternal and child outcomes.

Oleke C, Blystad A, Rekdal OB. "When the obvious brother is not there": political and cultural contexts of the orphan challenge in northern Uganda. *Soc Sci Med* 2005; 61(12):2628-38.

**Abstract:** It is estimated that two million of Uganda's children today are orphaned primarily due to AIDS. While recognising the immense impact of HIV/AIDS on the present orphan problem, this article calls for a broader historic and cultural contextualisation to reach an understanding of the vastness of the orphan challenge. The study on which the article is based was carried out among the Langi in Lira District, northern Uganda, with a prime focus on the situation of orphans within the extended family system. The data were collected through ethnographic fieldwork (8 months); in-depth interviews with community leaders (21), heads of households (45) and orphans (35); through focus group discussions (5) with adult men and women caring for orphans, community leaders and with orphans; and also through documentary review. A survey was conducted in 402 households. The findings reveal a transition over the past 30 years from a situation dominated by 'purposeful' voluntary exchange of non-orphaned children to one dominated by 'crisis fostering' of orphans. Sixty-three percent of the households caring for orphans were found to be no longer headed by resourceful paternal kin in a manner deemed culturally appropriate by the patrilineal Langi society, but rather by marginalised widows, grandmothers or other single women receiving little support from the paternal clan. This transition is partly linked to an abrupt discontinuation of the Langi 'widow inheritance' (laku) practice. It is argued that the consequential transformations in fostering practices in northern Uganda must be historically situated through a focus on the effects of armed conflicts and uprooting of the local pastoral and cotton-based economy, which have occurred since the late 1970s. These processes jointly produced dramatic economic marginalisation with highly disturbing consequences for orphans and their caretakers.

Olesen PJ, Nagy Z, Westerberg H, Klingberg T. Combined analysis of DTI and fMRI data reveals a joint maturation of white and grey matter in a fronto-parietal network. *Brain Res Cogn Brain Res* 2003; 18(1):48-57. **Abstract:** The aim of this study was to explore whether there are networks of regions where maturation of white matter and changes in brain activity show similar developmental trends during childhood. In a previous study, we showed that during childhood, grey matter

activity increases in frontal and parietal regions. We hypothesized that this would be mediated by maturation of white matter. Twenty-three healthy children aged 8-18 years were investigated. Brain activity was measured using the blood oxygen level-dependent (BOLD) contrast with functional magnetic resonance imaging (fMRI) during performance of a working memory (WM) task. White matter microstructure was investigated using diffusion tensor imaging (DTI). Based on the DTI data, we calculated fractional anisotropy (FA), an indicator of myelination and axon thickness. Prior to scanning, WM score was evaluated. WM score correlated independently with FA values and BOLD response in several regions. FA values and BOLD response were extracted for each subject from the peak voxels of these regions. The FA values were used as covariates in an additional BOLD analysis to find brain regions where FA values and BOLD response correlated. Conversely, the BOLD response values were used as covariates in an additional FA analysis. In several cortical and sub-cortical regions, there were positive correlations between maturation of white matter and increased brain activity. Specifically, and consistent with our hypothesis, we found that FA values in fronto-parietal white matter correlated with BOLD response in closely located grey matter in the superior frontal sulcus and inferior parietal lobe, areas that could form a functional network underlying working memory function.

Olesen T. [Chlamydia among children and adolescents]. *Ugeskr Laeger* 2005; 167(47):4482-3; author reply 4483.

Olivan-Gonzalvo G. [Prevalence of hepatitis B, hepatitis C, HIV and latent tuberculosis infection and syphilis in a population of immigrant children at high social risk]. *Enferm Infecc Microbiol Clin* 2004; 22(4):250.

Oliveira RG, Marcon SS. [Infantile and juvenile sexual exploration: causes, consequences and relevant aspects for health professionals]. *Rev Gaucha Enferm* 2005; 26(3):345-57.

Abstract: This article brings a literature revision about the infantile and juvenile sexual exploration. It approaches the subject of sexual exploration in the national context by adopting, as crossed theme, different forms of violence, particularly the gender kind. It presents the causes and consequences of this kind of violence for the individuals' health. From reports on some experiences, it points out and discusses relevant aspects of the performance of health professionals when facing the problem.

Oliver-Vazquez M. [The ethics of public health]. *P R Health Sci J* 2003; 22(1):21-2.

Olson PM, Pacheco MR. Bipolar disorder in school-age children. *J Sch Nurs* 2005; 21(3):152-7.

Abstract: This article examines the individual components of bipolar disorder in children and the behaviors that can escalate as a result of misdiagnosis and treatment. The brain/behavior relationship in bipolar disorders can be affected by genetics, developmental failure, or environmental influences, which can cause an onset of dramatic mood swings and dysfunctional behavior. School is often the site where mental health disorders are observed when comparing behaviors with other children. Assessing the emotional, academic, and health needs of a student with a bipolar disorder is a critical step in designing effective interventions and school accommodations. Without appropriate medical, psychological, pharmaceutical, and academic interventions, a child is at risk for uncontrolled mania, depression, substance abuse, or suicide. The school nurse is part of the multidisciplinary team and plays a key role in facilitating case management to potentially reverse this possible negative trajectory. Successful case management provides children with bipolar disorder the opportunity to reach their academic potential.

Olson SL, Ceballo R, Park C. Early problem behavior among children from low-income, mother-headed families: a multiple risk perspective. *J Clin Child Adolesc Psychol* 2002; 31(4):419-30.

Abstract: Examined proximal and contextual factors most strongly related to externalizing behavior among young children growing up in low-income, mother-headed families. Participants were 50 low-income single mothers and their preschool-age children who were visited twice in the home setting. Measures of proximal (low levels of supportive parenting, high levels of punitive disciplinary practices, low levels of maternal emotional well-being) and contextual (low maternal support, high levels of family stress) risk were assessed in relation to maternal reports of child externalizing behavior and an index of negative child behavior during a clean-up task. Child defiance during the clean-up task was highly associated with punitive maternal control in the same situation but had no other direct correlates. However, multiple risk factors representing both proximal and contextual variables were associated with variations in children's behavior problem scores. Mothers of children with high behavior problem scores reported lower feelings of self-efficacy in handling child care and emotional stressors, more frequent use of punitive child disciplinary practices, and lower feelings of satisfaction with the quality of their supportive resources than others. Maternal self-evaluations of coping efficacy mediated the relation between perceived support and child behavior problems, suggesting that constructs of personal control are important to represent in future studies of highly stressed parents.

Omar HA. Child and adolescent prostitution. *J Pediatr Adolesc Gynecol* 2002; 15(5):329-30.



Omer H. Helping parents deal with children's acute disciplinary problems without escalation: the principle of nonviolent resistance. *Fam Process* 2001; 40(1):53-66.

Abstract: There are two kinds of escalation between parents and children with acute discipline problems: (a) complementary escalation, in which parental giving-in leads to a progressive increase in the child's demands, and (b) reciprocal escalation, in which hostility begets hostility. Extant programs for helping parents deal with children with such problems focus mainly on one kind of escalation to the neglect of the other. The systematic use of Gandhi's principle of "nonviolent resistance" allows for a parental attitude that counters both kinds of escalation. An intervention is described, which allows parents to put this principle into practice.

Omigbodun OO. Psychosocial issues in a child and adolescent psychiatric clinic population in Nigeria. *Soc Psychiatry Psychiatr Epidemiol* 2004; 39(8):667-72. Abstract: **BACKGROUND:** Psychosocial issues and interventions play a very important role in the aetiology, course and prognosis of several child psychiatric disorders. Psychosocial problems in a child and adolescent psychiatric clinic population in Nigeria were documented as a preliminary step towards the planning and development of this new facility. **METHODS:** A standardised assessment procedure was integrated into the routine at the clinic when services commenced. Psychosocial stressors and life events were measured using the interview method so that in-depth information could be obtained. **RESULTS:** Over the 3-year period of study, 79 (62.2%) of the 127 new referrals to the clinic had significant psychosocial stressors in the year preceding presentation. Problems with primary support, such as separation from parents to live with relatives, disruption of the family, abandonment by mother, psychiatric illness in a parent and sexual/physical abuse, occurred in 50 (39.4%) of the subjects. Problems with social environment occurred in 11 (8.7%), 39 (30.7%) had educational problems, 5 (3.9%) had economic problems and 15 (11.8%) of the children had "other" psychosocial stressors. Significantly more children and adolescents with disruptive behaviour disorders and disorders like enuresis, separation anxiety and suicidal behaviour had psychosocial stressors when compared to children with psychotic conditions, autistic disorder and epilepsy ( $\chi^2 = 9.6$ ;  $p = 0.048$ ). **CONCLUSIONS:** The importance of the psychosocial diagnostic dimension in routine practice is illustrated in this study. Some psychosocial factors identified are cultural practices. The effects of these practices on child mental health require further study.

Ong T, Hodgkins P, Marsh C, Taylor D. Blinding keratoconjunctivitis and child abuse. *Am J Ophthalmol* 2005; 139(1):190-1. Abstract: **PURPOSE:** To report an unusual, blinding inflicted eye injury in young children. **DESIGN:**

Observational case report. **METHODS:** Retrospective study in an institutional clinical practice of two families in whom the probands had inferior half keratoconjunctivitis and additional signs of child abuse. **RESULTS:** Two unrelated infants presented with bilateral, asymmetrical, external eye disease affecting the lower half of the cornea and conjunctiva. One eye had perforated. All eyes recovered quickly while the patients were in the hospital with no specific treatment. There were other signs of child abuse detected by further studies on the patients, and in one case, the younger sibling was the subject of severely damaging physical abuse. **CONCLUSIONS:** Inflicted corneal injuries are nonspecific, and unexplained keratoconjunctivitis, especially in the lower half of the conjunctiva and cornea in infants should alert the clinician to the possibility child abuse, but, by itself cannot be taken as being pathognomonic of abuse.

Onyskiw JE. Health and use of health services of children exposed to violence in their families. *Can J Public Health* 2002; 93(6):416-20. Abstract: **OBJECTIVE:** To obtain baseline data on the health status and use of health services of children exposed to violence in their families. **METHOD:** The study used data from the first cycle of the National Longitudinal Survey of Children and Youth (1994/95). According to parental reports, 8.6% of children ( $n = 1,648$ ; representing 329,657 children) aged 2 to 11 years witnessed some violence in their families. They were compared to children who were reported to have never witnessed any violence at home. **FINDINGS:** Children exposed to domestic violence had lower health status and more conditions or health problems which limited their participation in normal age-related activities than children in non-violent families. Despite this, they had no more contacts with family practitioners in the previous year and even fewer contacts with pediatricians than comparison children. They did, however, have more contacts with "other medical doctors," public health nurses, child welfare workers, and other therapists than comparison children. In addition, more child witnesses regularly used prescription medication than children not exposed to violence at home. **CONCLUSION:** These baseline findings suggest that exposure to domestic violence has an adverse impact on children's health and use of health services. As future cycles become available, these children will be followed to determine the long-term impact on these outcomes.

Oona M, Kalda R, Lember M, Maaros HI. Family doctors' involvement with families in Estonia. *BMC Fam Pract* 2004; 5:24. Abstract: **BACKGROUND:** Family doctors should care for individuals in the context of their family. Family has a powerful influence on health and illness and family interventions have been shown to improve health outcomes for a variety of health problems. The aim of the study was to investigate the Estonian family

doctors' (FD) attitudes to the patients' family-related issues in their work: to explore the degree of FDs involvement in family matters, their preparedness for management of family-related issues and their self-assessment of the ability to manage different family-related problems. **METHODS:** A random sample (n = 236) of all FDs in Estonia was investigated using a postal questionnaire. Altogether 151 FDs responded to the questionnaire (response rate 64%), while five of them were excluded as they did not actually work as FDs. **RESULTS:** Of the respondents, 90% thought that in managing the health problems of patients FDs should communicate and cooperate with family members. Although most of the family doctors agreed that modifying of the health damaging risk factors (smoking, alcohol and drug abuse) of their patients and families is their task, one third of them felt that dealing with these problems is ineffective, or perceived themselves as poorly prepared or having too little time for such activities. Of the respondents, 58% (n = 83) were of the opinion that they could modify also relationship problems. **CONCLUSIONS:** Estonian family doctors are favourably disposed to involvement in family-related problems, however, they need some additional training, especially in the field of relationship management.

Oosterlaan J, Geurts HM, Knol DL, Sergeant JA. Low basal salivary cortisol is associated with teacher-reported symptoms of conduct disorder. *Psychiatry Res* 2005; 134(1):1-10.

**Abstract:** Cortisol has been implicated in psychobiological explanations of antisocial behavior. This study measured basal salivary cortisol in a sample of 25 children (age range 6 to 12 years) selected to vary in levels of antisocial behavior. Regression analyses were used to predict cortisol concentrations from parent- and teacher-reported symptoms. Parent-reported symptoms did not predict basal cortisol. Teacher-reported conduct disorder (CD) symptoms explained 38% of the variance in the cortisol concentrations, with high symptom severity associated with low cortisol. When a distinction was made between aggressive and non-aggressive CD symptoms, aggressive CD symptoms were more clearly related to low cortisol than non-aggressive CD symptoms. In contrast to previous research, no evidence was found for a mediating role of anxiety symptoms in the relationship between CD and cortisol. The results support biologically based models of antisocial behavior in children that involve reduced autonomic activity.

Oppenheimer M. Who lives? Who dies? The utility of Peter Singer. *Christ Century* 2002; 119(14):24-9. Notes: GENERAL NOTE: KIE: KIE Bib: ethicists and ethics committees

Oppenheimer S. Confronting child abuse. *J Halacha*

*Contemporary Society* 2002; (44):31-50. Notes: GENERAL NOTE: KIE: 63 fn. GENERAL NOTE: KIE: KIE Bib: confidentiality/legal aspects; patient care/minors

Opperman S, Alant E. The coping responses of the adolescent siblings of children with severe disabilities. *Disabil Rehabil* 2003; 25(9):441-54. **Abstract:** **PURPOSE:** There is a paucity of literature conducted on adolescents' perceptions of their siblings with severe disabilities. The period of adolescence is characterized by personal and emotional conflicts resulting from teenagers' search towards self-identity and autonomy and exploration of the boundaries of parental support. The study attempts to describe the coping responses of these adolescent siblings in their adjustment to the family stressor of having a sibling with a disability; and the adolescents' available coping resources. **METHOD:** This study is qualitative in nature and open-ended, structured interviews were conducted with 19 adolescents between the ages of 12 and 15 years who had a sibling with severe disabilities. The interviews were then analysed according to categories using an editing analysis style. **RESULTS:** The results indicated that the subjects reported limited family interaction and were often reticent in expressing their feelings about their sibling with a disability. In addition, they expressed guilt feelings regarding their siblings with disabilities. Furthermore, siblings of children with severe disabilities received limited information and guidance regarding their sibling's disability. **CONCLUSION:** The need for professional support to facilitate adolescents' coping with the disability and its consequences as well as the establishment of strong support networks for these adolescents became evident.

Oransky I. Vincent J. Fontana. *Lancet* 2005; 366(9487):710.

Orekhova EV, Stroganova TA, Posikera IN. Alpha activity as an index of cortical inhibition during sustained internally controlled attention in infants. *Clin Neurophysiol* 2001; 112(5):740-9. **Abstract:** **OBJECTIVES:** The study examined the suggestion that infant ability to maintain attention in anticipatory task and to sustain interference is related to the active inhibitory processes in cortical neural networks. **METHODS:** The extent of selective EEG synchronization in the alpha range has been taken as a measure of cortical inhibition. EEG was registered in 60 infants aged 8-11 months during: (1) attention to an object in the visual field (externally controlled attention); (2) anticipation of the person in the peek-a-boo game (internally controlled attention). **RESULTS:** The infants who demonstrated longer periods of anticipatory attention had higher absolute spectral amplitude in the broad frequency range under both experimental conditions. It was suggested that the effect of 'overall' EEG synchronization is related to

some stable individual differences in psychophysiological traits. To control for the effect of overall EEG synchronization the relation between relative alpha amplitudes in 6.4-10 Hz range and the duration of internally controlled attention was analyzed. The infants with longer compared to shorter anticipatory attention spans had relatively higher 6.8 Hz alpha synchronization at posterior parietal sites under this experimental condition. CONCLUSIONS: It was suggested that alpha synchronization over posterior parietal cortex reflects an active inhibition of certain parietal networks involved in maintaining attention to peripheral visual field rather than merely an 'idle' state of this cortical area. Such an inhibition appears to allow infants to avoid interference of concurrent visual stimulation at the periphery of the visual field.

Orfali K. Parental role in medical decision-making: fact or fiction? A comparative study of ethical dilemmas in French and American neonatal intensive care units. *Soc Sci Med* 2004; 58(10):2009-22. Abstract: Neonatal intensive care has been studied from an epidemiological, ethical, medical and even sociological perspective, but little is known about the impact of parental involvement in decision-making, especially in critical cases. We rely here on a comparative, case-based approach to study the parental role in decision-making within two technologically identical but culturally and institutionally different contexts: France and the United States. These contexts rely on two opposed models of decision-making: parental autonomy in the United States and medical paternalism in France. This paternalism model excludes parents from the decision-making process. We investigate whether parental involvement leads to different outcomes from exclusively medically determined decisions or whether "technological imperatives" outplay all other factors to shape a unique, 'medically optimal' outcome. Using empirical data generated from extensive ethnographic fieldwork, in-depth interviews with 60 clinicians and 71 parents and chart review over a year in two neonatal intensive care units (one in France and one in the US), we analyze the factors that can explain the observed differences in decision-making in medically identical cases. Parental involvement and the legal context play a less role than physicians' differential use of certainty versus uncertainty in prognosis, a conclusion that corroborates the fact that medical control over ethical dilemmas remains even in the context of autonomy. French physicians do not ask parents permission to withdraw care (as expected in a paternalistic context); but symmetrically, American neonatologists (despite the prevailing autonomy model) tend not to ask permission to continue. The study provides an analysis of the making of "ethics", with an emphasis on how decisions are conceptualized as ethical dilemmas. The final conclusion is that the ongoing medical authority on ethics remains the key issue.

Ornoy A. The impact of intrauterine exposure versus postnatal environment in neurodevelopmental toxicity: long-term neurobehavioral studies in children at risk for developmental disorders. *Toxicol Lett* 2003; 140-141:171-81.

Abstract: Various investigators have shown that enriched environment may positively affect the early brain development of experimental animals. Environment was also shown to positively affect the development of young children born to mothers of low socio-economic class (low SES). It is unknown, however, to what extent can an enriched environment improve the developmental outcome of children born with slight brain damage. We studied the development of preschool and early school age children born to heroin dependent parents raised at home or adopted in comparison to children suffering only from environmental deprivation (low parental SES) and to controls. They were examined by several professionals, using standard, age appropriate, neurological and psychological tests. Similar evaluations were performed on a group of early school age children born to mothers with pregestational or with gestational diabetes and on a group of children born prematurely, with a birth weight of less than 1500 g using various developmental tests. Young children born to heroin dependent mothers and fathers raised at home and children of low SES had, in comparison to controls, lower intellectual skills and a higher rate of inattention. This persisted at school age, too. Children born to heroin dependent mothers adopted at a young age and hence being raised in a good environment had normal intellectual function but a high rate of inattention and behavioral problems. We also examined the school age children for possible presence of ADHD and found a high rate of ADHD among all children born to heroin dependent parents including those adopted, as well as in the children with low parental SES. Similar findings regarding the strong positive influence of an enriched environment were observed in children born to diabetic mothers, where the intellectual abilities of the children were directly related with parental education. The cognitive abilities of the children born prematurely were also strongly associated with parental education and not with the degree of perinatal complications. In conclusion, in all groups of children at high risk for developmental problems was found that the environment has a strong influence on their intellectual abilities but not on motor skills or attention span. A good environment (high parental SES) may significantly improve the outcome.

Ornoy A, Segal J, Bar-Hamburger R, Greenbaum C. Developmental outcome of school-age children born to mothers with heroin dependency: importance of environmental factors. *Dev Med Child Neurol* 2001; 43(10):668-75.

Abstract: Development of children aged 5 to 12 years born to mothers with heroin dependency raised at home or adopted was studied in comparison with: (1)

children with environmental deprivation alone (i.e. low parental socioeconomic status [SES] and evidence of neglect), (2) children born to fathers with heroin dependency fathers, and (3) control individuals of average SES. One hundred and sixty children (84 males and 76 females; average age at examination 8 years) were evaluated between 1998 and 1999. All were attending mainstream schools. All participants were examined by a paediatrician and a psychologist using standard neurological and psychological age-appropriate tests, as well as tests and questionnaires to assess learning ability and attention span. The Conners and Achenbach questionnaires and the Pollack Taper test were used to assess possible presence of attention-deficit-hyperactivity disorder (ADHD). Mothers were assessed for ADHD using Wender's questionnaire. Children born to parents with heroin dependency raised at home and those of low SES exhibited intellectual impairment both on verbal and performance skills. They also had impaired reading and arithmetic skills. Children born to mothers with heroin dependency but who were adopted at a young age had normal intellectual and learning abilities, except for some reduced function on the performance Wechsler Intelligence Scale for Children-Revised. We found a high rate of ADHD among all children born to parents with heroin dependency, including those adopted, as well as in children with low parental SES. The highest rate of ADHD was in children born to mothers with heroin dependency raised at home, being twice that observed in the other groups. Mothers of these groups of children also had a high rate of ADHD.

Orr RD. Clinical ethics case consultation. *Ethics Med* 2002; 18(2):33-4.

Notes: GENERAL NOTE: KIE: KIE Bib: treatment refusal/minors

Abstract: Question: Should we seek a court order to use blood products and/or extra-corporeal membrane oxygenation (ECMO) on this critically ill child of Jehovah's Witness parents?

Ortenstrand A, Winbladh B, Nordstrom G, Waldenstrom U. Early discharge of preterm infants followed by domiciliary nursing care: parents' anxiety, assessment of infant health and breastfeeding. *Acta Paediatr* 2001; 90(10):1190-5.

Abstract: The aim of this study was to evaluate the effect of early discharge of preterm infants, followed by domiciliary nursing care, on the parents' anxiety, their assessment of infant health and breastfeeding. Seventy-five families including 88 preterm infants who were physiologically stable but in need of further special care, such as gavage feeding, were allocated to an early discharge group (EDG) that was offered home visits (n = 40), or to a control group offered standard neonatal care (CG) (n = 35). Seventy families (37 in the EDG and 33 in the CG) completed the study to the 1-y follow-up. Data were collected by means of questionnaires on three occasions: in the EDG, at

hospital discharge, on completion of the domiciliary care programme and after 1 y, and in the CG at the corresponding points in time, which were during hospitalization, at hospital discharge and after 1 y. No statistical differences were observed between the groups in emotional well-being, except that mothers in the EDG had a lower level of situational anxiety at the time of hospital discharge compared with CG mothers whose infants remained in hospital. One year after the birth, the EDG mothers said they had felt better prepared to take responsibility for the care of their babies after completion of the domiciliary care programme, in contrast to CG mothers. However, no statistical differences were observed in the recollection of anxiety, confidence in handling the baby and periods of mental imbalance. No statistical difference was observed in breastfeeding rates between the groups. Fathers in the EDG group tended to perceive their babies as being healthier, compared with CG fathers. CONCLUSION: Early discharge of preterm infants followed by domiciliary nursing care did not seem to have any major effect on the parents' anxiety and their assessment of infant health.

Osman M, Kebede Y, Anberbir S. Magnitude and pattern of injuries in north Gondar administrative zone, northwest Ethiopia. *Ethiop Med J* 2003; 41(3):213-20. Abstract: A prospective study was carried out between April and July 2000 in North Gondar administrative zone, Northwest Ethiopia, to assess the magnitude, pattern, outcome and burden of injuries. All trauma victims presenting to twenty health institutions were included. Of 37026 patients registered, 1982 (5.4%) presented with injury as main complaint. Trauma constituted about 46% of surgical patients, which shows a significant burden to the institutions. Seventy three percent of the injured patients were males. The leading cause of injury was assault (48.5%) followed by fall down injury (18.6%) and road traffic injuries (14.7%). Of the vehicle related injuries, 59.6% were caused by commercial vehicles. Admission was required in 15.2% of the injured patients. An average of 4.2 hours was required for initial outpatient management. The average hospital stay for the admitted patients was twelve and half days. In this and other parts of Ethiopia, injury prevention efforts should focus on assault, falls and transport safety with special attention to commercial vehicles. A community-based study is also recommended to explore the burden of trauma on the general community.

Osterhoudt KC. A toddler with recurrent episodes of unresponsiveness. *Pediatr Emerg Care* 2004; 20(3):195-7.

Overstreet K, Mannino FL, Benirschke K. The role of placental pathology in the evaluation of interpersonal violence: a case of abdominal gunshot wound in a 27-week gravid uterus. *J Perinatol* 2002; 22(8):675-8.

Abstract: We present a 17-year-old G1P0 Asian American woman with a previously undiagnosed pregnancy who sustained an intra-abdominal gunshot wound at 27 weeks' gestation. Within 2 hours of the traumatic event, the victim was taken emergently to the operating room for exploratory laparotomy. Findings included a gravid uterus with two entrance wounds and two small exit wounds with active bleeding from the right broad ligament. The fetus was bradycardic but viable, having suffered a gunshot wound to the left shoulder. Evaluation of the placenta revealed no sequelae from the acute event. Unexpectedly, two older, green, 7.0 cm retromembranous hematomas were present, both ringed by hemosiderin-laden macrophages. These hemorrhages clearly preceded the acute event. Although these findings seemed suspicious for a history of prior abuse or trauma, corroborative clinical data were unavailable at the time of initial placental evaluation. However, days later, the victim admitted to a history of interpersonal violence, with previous abuse from her boyfriend, a fatal victim of the same attack. The old retroplacental hemorrhages proved to be the only physical documentation of her previous abuse.

Owens PL, Hoagwood K, Horwitz SM *et al.* Barriers to children's mental health services. *J Am Acad Child Adolesc Psychiatry* 2002; 41(6):731-8. Abstract: OBJECTIVE: To examine the characteristics associated with barriers to children's mental health services, focusing on the effect of children's psychosocial problems on parents. METHOD: Data come from a first-grade, prevention-intervention project conducted in Baltimore, Maryland. Analyses were restricted to 116 families who participated in seventh-grade interviews and indicated the index child needed services. The Services Assessment for Children and Adolescents was used to measure barriers to children's mental health services. RESULTS: More than 35% of parents reported a barrier to mental health services. Types of barriers included those related to structural constraints, perceptions of mental health, and perceptions of services (20.7%, 23.3%, and 25.9%, respectively). Although parenting difficulties were associated with all barriers (structural: OR = 10.63, 95% CI: 2.37, 47.64; mental health: OR = 8.31, 95% CI: 1.99, 34.79; services: OR = 5.22, 95% CI: 1.56, 17.51), additional responsibilities related to attendance at meetings was associated only with structural barriers (OR = 5.49, 95% CI: 1.22, 24.59). CONCLUSIONS: Researchers and policymakers interested in increasing children's access to mental health services should consider strategies to reduce barriers related to perceptions about mental health problems and services, in addition to structural barriers. Particular attention should be given to programs that focus on the needs of families who are most affected by their child's psychosocial problems.

Oyserman D, Bybee D, Mowbray C, Hart-Johnson T. When  
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mothers have serious mental health problems: parenting as a proximal mediator. *J Adolesc* 2005; 28(4):443-63.

Abstract: Maternal mental health (MMH) problems are associated with lack of confidence in one's parenting, overly lax or too harsh discipline, and child academic underperformance. We asked if parenting mediates the effect of MMH problems on academic outcomes even among mothers with serious mental illness (n=164). Structural equation analyses show a significant association between MMH problems and permissive (lack of parenting confidence, lack of follow through) parenting and verbal hostility as well as worse academic outcomes (school recorded grades, teacher reported behaviour). Permissive parenting completely mediated the direct effect of MMH on academic outcomes. Further analyses showed that the mediation effect was attributed to a single component of permissive parenting-lack of parenting confidence.

Paavilainen E, Astedt-Kurki P, Paunonen-Ilmonen M, Laippala P. Caring for maltreated children: a challenge for health care education. *J Adv Nurs* 2002; 37(6):551-7.

Abstract: AIM OF THE STUDY: The aim of this study was to establish whether paediatric nurses and doctors in a university hospital need supplementary training in the identification of child physical abuse and whether there is a need to develop health care education on child abuse issues. BACKGROUND: Child physical abuse was defined as actions of a parent or a primary caregiver of a child under 18 years of age, which have caused physical injuries to the child. METHODS: The sample consisted of paediatric staff (n=513) in a university hospital. Data were collected with a questionnaire, and the response rate was 62%. The data were analysed using statistical methods and quantitative content analysis. FINDINGS: Sixty per cent of respondents needed supplementary training in the identification of child abuse. Those having experience in caring for abused children considered the identification most difficult ( $P < 0.001$ ) and needed training more often ( $P < 0.005$ ) than the others. The need for training was explained by stating that their basic education had not addressed child abuse issues, and by the complexity of the issue. CONCLUSIONS: The findings indicate that research-based knowledge of the identification and treatment of child abuse should be incorporated into health care education. Supplementary education should address the management of complex and sensitive issues with customers, legislation, division of labour and multiprofessional collaboration in which nurses and doctors have an important, family wellbeing promoting role.

Paavola L, Kunnari S, Moilanen I. Maternal responsiveness and infant intentional communication: implications for the early communicative and linguistic development. *Child Care Health Dev* 2005; 31(6):727-35.

Abstract: BACKGROUND: Maternal responsiveness has been found to have an important role in early language acquisition. From early on, children can also be regarded as active participants in interaction who demonstrate increasing competence in conveying messages to their interactive partners. Hence, in order to demonstrate consistent effects of maternal responses, it is important to take into account individual differences among children. In the present study, the relation between the frequencies of maternal responses and infant intentional communicative acts as well as their predictive validity to subsequent early communicative and linguistic skills was examined. METHODS: The participants were 27 Finnish-speaking mothers and their healthy firstborn infants. Maternal and infant interactive behaviour was analysed from 20-min samples of free play collected during home visits at the infants' age of 10 months. At 12 months the children were assessed for their communicative and linguistic skills by using the Finnish version of the MacArthur Communicative Development Inventories and the Communication and Symbolic Behaviour Scales. RESULTS: The frequencies of maternal responses and infant intentional communicative acts were not intercorrelated. As for subsequent communicative and linguistic skills, the results of regression analyses indicated that both maternal responsiveness and infant intentional communication predict early comprehensive skills, whereas expressive skills--the use of both verbal and gestural communicative means--are predicted only by infant intentional communication. CONCLUSION: The results of the present study suggest that maternal responsiveness during the prelinguistic stage is not necessarily dependent on children's communicative competence. As predictors of early communicative and linguistic skills, both maternal responsiveness and infant intentional communication make a distinctive contribution.

Pacton S, Perruchet P, Fayol M, Cleeremans A. Implicit learning out of the lab: the case of orthographic regularities. *J Exp Psychol Gen* 2001; 130(3):401-26. Abstract: Children's (Grades 1 to 5) implicit learning of French orthographic regularities was investigated through nonword judgment (Experiments 1 and 2) and completion (Experiments 3a and 3b) tasks. Children were increasingly sensitive to (a) the frequency of double consonants (Experiments 1, 2, and 3a), (b) the fact that vowels can never be doubled (Experiment 2), and (c) the legal position of double consonants (Experiments 2 and 3b). The latter effect transferred to never doubled consonants but with a decrement in performance. Moreover, this decrement persisted without any trend toward fading, even after the massive amounts of experience provided by years of practice. This result runs against the idea that transfer to novel material is indicative of abstract rule-based knowledge and suggests instead the action of mechanisms sensitive to the statistical properties of the material. A

connectionist model is proposed as an instantiation of such mechanisms.

Paeglis C, Loftus-Hills A. Child protection: reflection on practice. *RCM Midwives* 2004; 7(6):246-7.

Pagani L, Jyrkinen L, Niinimäki J *et al.* A portable diagnostic workstation based on a Webpad: implementation and evaluation. *J Telemed Telecare* 2003; 9(4):225-9.

Abstract: A wireless hand-held Webpad device was used to review a sample set of cranial computerized tomography (CT) studies to assess its diagnostic capabilities and its feasibility as a portable diagnostic workstation for radiology. The data-set consisted of 30 head CT studies of emergency cases. Two neuroradiologists and a senior radiologist participated in the evaluation of the portable workstation. They used a Web-based viewer that we developed, which provided all the major functionalities required for radiological image review. The reported radiological findings and diagnoses were compared with a gold standard, comprising a set of diagnoses previously formulated by a consensus panel of radiologists who had reviewed the original studies. The diagnoses made using the Webpad were correct (no major discrepancies) in 82 out of 90 interpretations (91%), which is comparable to the accuracy reported in image review with a conventional radiological workstation. The average total working time per diagnosis was 5 min 25 s (range 2-12 min). The simplicity of use of the system and its low cost make it suitable for distributing radiological studies within hospital facilities.

Paget WJ, Meerhoff TJ, Meijer A. Epidemiological and virological assessment of influenza activity in Europe during the 2003-2004 season. *Euro Surveill* 2005; 10(4):107-11.

Notes: CORPORATE NAME: EISS

Abstract: The 2003-2004 influenza season in Europe was dominated by the spread of the new drift variant A/Fujian/411/2002 (H3N2)-like virus which was not perfectly matched with the A(H3N2) component of the influenza vaccine. Sporadic cases of this virus were detected in Europe at the end of the 2002-2003 season and influenza activity associated with this virus began relatively early during the 2003-2004 season. Generally, influenza activity first occurred in the west of Europe (Ireland, the United Kingdom and the Iberian Peninsula) in October/November and gradually moved east across Europe, affecting Latvia, Lithuania and Poland during the months of January and February 2004. In general, the intensity of clinical activity was higher than during the 2002-2003 season (in 13 out of 20 networks) and, in countries reporting age specific data, the highest consultation incidences were observed among children aged 0-14. However, despite the emergence of the A(H3N2) drift variant, clinical incidences were not especially high compared with

historical data. The composition of the 2004-2005 influenza vaccine has been modified compared with the 2003-2004 season and includes an A/Fujian/411/2002 (H3N2)-like virus strain and a new B virus strain (a B/Shanghai/361/2002-like virus).

Paine RW, Grossberg S, Van Gemmert AW. A quantitative evaluation of the AVITEWRITE model of handwriting learning. *Hum Mov Sci* 2004; 23(6):837-60. Abstract: Much sensory-motor behavior develops through imitation, as during the learning of handwriting by children. Such complex sequential acts are broken down into distinct motor control synergies, or muscle groups, whose activities overlap in time to generate continuous, curved movements that obey an inverse relation between curvature and speed. The adaptive vector integration to endpoint handwriting (AVITEWRITE) model of Grossberg and Paine (2000) [A neural model of corticocerebellar interactions during attentive imitation and predictive learning of sequential handwriting movements. *Neural Networks*, 13, 999-1046] addressed how such complex movements may be learned through attentive imitation. The model suggested how parietal and motor cortical mechanisms, such as difference vector encoding, interact with adaptively-timed, predictive cerebellar learning during movement imitation and predictive performance. Key psychophysical and neural data about learning to make curved movements were simulated, including a decrease in writing time as learning progresses; generation of unimodal, bell-shaped velocity profiles for each movement synergy; size scaling with isochrony, and speed scaling with preservation of the letter shape and the shapes of the velocity profiles; an inverse relation between curvature and tangential velocity; and a two-thirds power law relation between angular velocity and curvature. However, the model learned from letter trajectories of only one subject, and only qualitative kinematic comparisons were made with previously published human data. The present work describes a quantitative test of AVITEWRITE through direct comparison of a corpus of human handwriting data with the model's performance when it learns by tracing the human trajectories. The results show that model performance was variable across the subjects, with an average correlation between the model and human data of 0.89+/-0.10. The present data from simulations using the AVITEWRITE model highlight some of its strengths while focusing attention on areas, such as novel shape learning in children, where all models of handwriting and the learning of other complex sensory-motor skills would benefit from further research.

Paiva T, Coelho H, Araujo MT *et al.* Neurological teleconsultation for general practitioners. *J Telemed Telecare* 2001; 7(3):149-54. Abstract: A neurology teleconsulting network was implemented between a university hospital in Lisbon and five nearby health centres. PCs equipped for

videoconferencing were installed, connected by ISDN lines at 128 kbit/s. Fifty-three general practitioners (GPs) were surveyed. The survey showed that the GPs had difficulties in using computers, but they had definite intentions to use teleconsultation for neurology cases and 83% of the respondents stated that they would probably use the technique. During the study, 90 neurology teleconsultations took place over 55 weeks. The average consultation rate was 1.6 teleconsultations per week (SD 1.3, range 0-6). The conferences lasted 10-45 min. Longer teleconsultations were mainly due to technical difficulties in using computers on the part of users with a low level of computer literacy. The patients were 42 males and 46 females, with a mean age of 38 years (SD 20, range 1-84); two patients were discussed twice. The benefits consisted mainly of advice on patient medication, diagnosis and the prevention of unnecessary specialist consultations or laboratory examinations. Doctor-doctor teleconsultation allows the rapid resolution of queries which otherwise cause stress to patients and increase the cost and complexity of care.

Paivio SC. Stability of retrospective self-reports of child abuse and neglect before and after therapy for child abuse issues. *Child Abuse Negl* 2001; 25(8):1053-68. Abstract: OBJECTIVE: This study is a follow-up to a previously reported outcome study evaluating the efficacy of an emotionally focused therapy for adult survivors of childhood abuse. The present purpose was to evaluate the stability of self-reports of child maltreatment in the context of reduced psychopathology after therapy. The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) was used to measure the extent of child abuse and neglect. METHOD: The CTQ and measures of symptomatology, abuse resolution, and self-esteem were administered at pretreatment to 44 clients and after 6 months of therapy to 33 therapy completers. Post-treatment interviews also assessed changes in clients' perceptions of self and abusive and neglectful others. Analyses examined change on dependent measures, in interviews, and on the CTQ, as well as the test-retest and alpha reliabilities of CTQ factor scales, and the relationship of CTQ factor scales with pretreatment measures of distress. RESULTS: Analyses revealed significant reductions in psychopathology on all dependent measures and reduced self-blame, negatively biased memories, avoidance, and minimization of the abuse after therapy. Reports of abuse and physical neglect on the CTQ remained stable from pre- to post-therapy. All CTQ dimensions demonstrated good internal consistency and convergent validity with trauma-specific measures of distress. CONCLUSIONS: The stability of the CTQ in the context of significantly reduced psychopathology contributes to evidence supporting the accuracy of retrospective self-reports of childhood abuse.

Paivio SC, Laurent C. Empathy and emotion regulation:

reprocessing memories of childhood abuse. *J Clin Psychol* 2001; 57(2):213-26. Abstract: This article argues that therapist empathy is both an essential context and an active intervention for addressing the emotion regulation problems common among adult survivors of child abuse. We define healthy emotion regulation, the role of parental empathy in the development of these capacities, and the results of abuse and neglect as empathic failures. We define therapeutic empathy and outline how it functions both to modulate arousal and to increase client awareness of emotional experience, thus facilitating emotional processing of trauma memories.

Pakalnis A, Paolicchi J. Frequency of secondary conversion symptoms in children with psychogenic nonepileptic seizures. *Epilepsy Behav* 2003; 4(6):753-6. Abstract: We retrospectively identified 22 patients (19 were girls) with psychogenic nonepileptic seizures (NES) studied with video EEG telemetry over a 24-month period. A history of other conversion symptoms was identified in 11 of 22 patients. Symptoms were frequently neurological in nature. A strong association with depression and history of abuse was noted in children with multiple conversion manifestations. These NES patients with secondary conversion symptoms may require more intensive psychological therapy and be at risk for long-term pathology.

Pal D, Raut DK, Das A. A study of HIV/STD infections amongst commercial sex workers in Kolkata (India). Part-I: some socio-demographic features of commercial sex workers. *J Commun Dis* 2003; 35(2):90-5. Abstract: A community-based survey of Human Immunodeficiency Virus (HIV) and sexually transmitted diseases (STD) was carried out among commercial sex worker's (CSW) in different red light areas of Kolkata. By multistage random sampling technique 867 female sex workers (FSW) studied who were belonging to Sonagachi 77.28%, Metiabruz 14.07%, Rampurgali and Khidderpore 8.65% red light areas. Among sex workers surveyed 58.94% were Hindu and 33.33% Muslims. There were 22.07% CSW of foreign origin, out of which 17.99% from Bangladesh and 4.04% from Nepal. Majority of CSW 74.28% were under thirty years of age. The lowest age was 13 years and mean age was 26.55 years. There were 22.26% sex workers under twenty years and 6.92% above forty years of age. About 79.0% of sex workers were illiterate. The average number of clients visiting each sex workers was 2.67, with a range between 1 to 8 clients per day. The average duration for which sex workers remain in the trade was 6 to 7 years. Around 60.09% sex workers were in the trade for five years, while 2.64% were for more than twenty years. Average monthly income of sex workers was around Rs. 500-1000. History of pregnancy was present in 84.66% with one child in 24.91 % to maximum eight in 0.23% sex workers. The mean number of pregnancies was 1.9 per female sex workers.

About 36.2% had history of abortion and 65.51 % had living children.

Pal DK, Chaudhury G, Das T, Sengupta S. Predictors of parental adjustment to children's epilepsy in rural India. *Child Care Health Dev* 2002; 28(4):295-300. Abstract: BACKGROUND: Negative societal attitudes towards disability affect the adjustment of parents when their child is diagnosed with epilepsy. Recent studies have suggested that parental and child outcomes, including adjustment, can be influenced by non-directed social support to mothers of children with disability. The objective of our study was to test the hypothesis that maternal satisfaction with social support, measured at the beginning of treatment, would predict parental adjustment to the child's epilepsy after 1 year of treatment. METHODS: We enrolled 46 mothers of children aged 6-18 years with epilepsy in the study. We measured social support using the modified Dunst family support scale, and parental adjustment using a locally validated instrument (S-PAM). Correlation was tested using a multiple linear regression model, allowing for confounding variables. RESULTS: Parental adjustment at outcome was positively independently correlated with satisfaction with social support at baseline, and negatively with severity of the child's epilepsy. The regression model explained 34% of the total variance. CONCLUSIONS: Taken together with evidence from previous studies, this finding supports the idea that helping parents to find more satisfaction within their (new or existing) social networks will promote adjustment to their child's disability.

Palermo GB. Adult antisocial behavior following childhood abuse: a new protective factor? *Int J Offender Ther Comp Criminol* 2004; 48(6):635-7.

Palermo TM, Childs G, Burgess ES, Kaugars AS, Comer D, Kelleher K. Functional limitations of school-aged children seen in primary care. *Child Care Health Dev* 2002; 28(5):379-89. Abstract: OBJECTIVE: The purpose of the present study was to assess the prevalence of functional limitations in children seen in a large paediatric practice network and to identify sociodemographic, family and psychosocial factors related to functional limitations. STUDY DESIGN: Cross-sectional analysis. POPULATION: Children were recruited from two large, practice-based primary care research networks during their paediatric office visits. For the present study, participants included 14 630 school-aged children (ages 6-15 years) and their caregivers. OUTCOMES MEASURED: Parents completed written questionnaires including the Pediatric Symptom Checklist, the Family Apgar and the Functional Limitations Index. RESULTS: Findings indicated that 15% of children surveyed had some limitation in their daily functioning. More children had schoolwork and



physical function limitations than limitations in personal and self-care. Logistic regression equations predicted functional limitations and health status in children from a model of sociodemographic factors, psychosocial symptoms and family functioning. CONCLUSIONS: A low but significant number of school-age children seen in the primary care setting experience functional limitations. Children with any psychosocial symptoms were at increased risk for functional limitations, indicating the critical need to screen for functional impairment in children with suspected behavioural or emotional problems. A screening tool of functional limitations may be useful for assessing the presence or absence of such limitations in children's daily function and warrants further investigation.

Palermo TM, Valenzuela D, Stork PP. A randomized trial of electronic versus paper pain diaries in children: impact on compliance, accuracy, and acceptability. *Pain* 2004; 107(3):213-9.

Abstract: Electronic diary assessment of pain and disability has become increasingly popular in adult chronic pain research but use of this methodology with children has received limited attention. The aim of this study was to compare two formats of a prospective daily diary (handheld computer=e-diary; paper diary=p-diary) on children's compliance, accuracy, and acceptability ratings. Sixty children, ages 8-16 (M=12.3) with headaches or juvenile idiopathic arthritis, were randomized to receive either e-diaries administered via home visits (n=30) or p-diaries (n=30) handed out during clinic visits for return by mail. Results demonstrated significant mean differences in diary entries completed between groups, with children with e-diaries completing more days (M=6.6) compared to children with p-diaries (M=3.8),  $P<0.001$ . Diaries returned by children in the p-diary group contained significantly more errors and omissions compared to diaries returned by children in the e-diary group (which contained none),  $P<0.001$ . Children rated both diary formats as highly acceptable and easy to use. A significant gender x diary format interaction ( $P<0.01$ ) was found for compliance where boys demonstrated greater compliance with the e-diary format. Findings demonstrated that the e-diary was feasible to use with children and showed significantly greater compliance and accuracy in diary recording compared to traditional paper diaries in a population of children with recurrent pain.

Pallesh O, Saltzman K, Koopman C. Internet use and attitudes towards illicit internet use behavior in a sample of Russian college students. *Cyberpsychol Behav* 2004; 7(5):553-8.

Abstract: This study assessed Internet use and attitudes toward illicit use of the Internet in a sample of Russian college students. A sample comprised of 198 students was recruited from a university in Moscow. Each participant completed a survey assessing demographic

characteristics, Internet use, and attitudes towards engaging in illicit behaviors over the Internet. About half of the students reported that they used the Internet at least several times a year, with 8% reporting daily use of the Internet. Among Internet users, most reported having Internet access either at home or at a friends' home, and 16 % reported having Internet access from work, school, or a computer center. Among Internet users, the main purpose was for school-related activities (60%), followed by e-mail (55%), entertainment (50%), chatting (24%), and searching for pornography (6%). Although most students thought it was inappropriate to read someone else's e-mail, use someone else's password or credit card information without their permission, or break into someone's computer, many students did endorse those illicit behaviors. Over a fifth of the students reported that they knew hackers. Forty three percent of students agreed that people make too much fuss about watching videos, movies or downloading music on the Internet without paying. Males were more likely than females to report using the Internet for entertainment purposes ( $p = 0.006$ ) and were more likely to agree that it was okay to break into someone's computer ( $p = 0.04$ ). The results of this study suggest that these Russian college students predominately use the Internet to help with their schoolwork, to communicate with others, and for entertainment. These results also suggest that interventions may be useful to change attitudes endorsing illicit uses of the Internet.

Palmieri TL, Aoki T, Combs E *et al.* Saturday-morning television: do sponsors promote high-risk behavior for burn injury? *J Burn Care Rehabil* 2004; 25(4):381-5; discussion 372-3.

Abstract: Television has become an important tool for learning and socialization in children. Although television violence has been associated with adverse effects, data on depiction of fire and burn injury are lacking. We sought to determine whether Saturday-morning television programming, viewed primarily by children, depicts fire and burn injury as safe or without consequence, thus potentially increasing the incidence of burn injury in children. This was a prospective observational study. Saturday-morning children's television programs were videotaped from 7 AM to 11 AM for eight different television networks during a 6-month period. Tapes were scored for scenes depicting fire or smoke by independent observers. Recorded items included show category, scene type, gender target, context of fire, and outcome after exposure to flame. Fire events were documented during programs and their associated commercials. A total of 108 hours of children's programs, 16 hours per network, were recorded. Scenes depicting fire or smoke were identified 1960 times, with 39% of events occurring during the program itself and 61% in commercials. Fire was depicted as either safe or without consequence in 64% of incidents. Action adventure stories accounted for 56% of flame depictions. Overall, one incident

involving flame and fire was portrayed for each 3 minutes of television programming. Saturday-morning television programming frequently depicts fire as safe, empowering, or exciting. The incidence of flame use in programming varies between stations but is most prevalent in action/adventure stories. Television commercials, although brief, provide the majority of the misinformation regarding fire. Medical professional societies should alert the public to this potential hazard and recommend responsible portrayal of fire in children's television programming.

Pan RJ, Littlefield D, Valladolid SG, Tapping PJ, West DC. Building healthier communities for children and families: applying asset-based community development to community pediatrics. *Pediatrics* 2005; 115(4 Suppl):1185-7.

Abstract: Social capital is the power of social networks and relationships, which constitute the social environment. Social capital has been associated with many measures of health and development. Asset-based community development (ABCD) provides a framework to increase social capital and build stronger, healthier communities for children. ABCD is a strength-based approach to community building that emphasizes bringing together community assets including individual community members, voluntary associations, and institutions. How pediatricians can apply ABCD to child health is described.

Panchaud C, Woog V, Singh S, Darroch JE, Bankole A. Issues in measuring HIV prevalence: the case of Nigeria. *Afr J Reprod Health* 2002; 6(3):11-29. Abstract: This article reviews methodologies and data sources that have been used to measure HIV prevalence and sexual behaviours associated with the transmission of HIV in Nigeria. The review includes 35 studies on HIV prevalence and methodology and 34 studies on sexual behaviour published between 1990 and 2000. As at 1999, 5.1-5.4% of the general population was estimated to be infected with HIV. Trend data, although limited, indicate that HIV prevalence is increasing among both the general population and specific subgroups. Data on sexual behaviours indicate that risk behaviours are very common in Nigeria while condom use remains low. Studies in local areas and on population subgroups indicate great variability in both HIV prevalence and sexual risk behaviour. Comparability of data is limited as a result of differences in design and measurement across studies. Also, there is a dearth of information on certain groups at high risk for HIV. Despite efforts to establish and improve HIV surveillance in Nigeria, this review illustrates limitations and challenges undoubtedly shared by other countries.

Paolucci EO, Genuis ML, Violato C. A meta-analysis of the published research on the effects of child sexual abuse. *J Psychol* 2001; 135(1):17-36.

Abstract: A meta-analysis of the published research on the effects of child sexual abuse (CSA) was undertaken for 6 outcomes: posttraumatic stress disorder (PTSD), depression, suicide, sexual promiscuity, victim-perpetrator cycle, and poor academic performance. Thirty-seven studies published between 1981 and 1995 involving 25,367 people were included. Many of the studies were published in 1994 (24; 65%), and most were done in the United States (22; 59%). All six dependent variables were coded, and effect sizes ( $d$ ) were computed for each outcome. Average unweighted and weighted  $d$ s for each of the respective outcome variables were .50 and .40 for PTSD, .63 and .44 for depression, .64 and .44 for suicide, .59 and .29 for sexual promiscuity, .41 and .16 for victim-perpetrator cycle, and .24 and .19 for academic performance. A file drawer analysis indicated that 277 studies with null  $d$ s would be required to negate the present findings. The analyses provide clear evidence confirming the link between CSA and subsequent negative short- and long-term effects on development. There were no statistically significant differences on  $d$ s when various potentially mediating variables such as gender, socioeconomic status, type of abuse, age when abused, relationship to perpetrator, and number of abuse incidents were assessed. The results of the present meta-analysis support the multifaceted model of traumatization rather than a specific sexual abuse syndrome of CSA.

Papanikolaou EG, Plachouras N, Drougia A *et al.* Comparison of misoprostol and dinoprostone for elective induction of labour in nulliparous women at full term: a randomized prospective study. *Reprod Biol Endocrinol* 2004; 2:70. Abstract: BACKGROUND: The objective of this randomized prospective study was to compare the efficacy of 50 mcg vaginal misoprostol and 3 mg dinoprostone, administered every nine hours for a maximum of three doses, for elective induction of labor in a specific cohort of nulliparous women with an unfavorable cervix and more than 40 weeks of gestation. MATERIAL AND METHODS: One hundred and sixty-three pregnant women with more than 285 days of gestation were recruited and analyzed. The main outcome measures were time from induction to delivery and incidence of vaginal delivery within 12 and 24 hours. Admission rate to the neonatal intensive care unit within 24 hours post delivery was a secondary outcome. RESULTS: The induction-delivery interval was significantly lower in the misoprostol group than in the dinoprostone group (11.9 h vs. 15.5 h,  $p < 0.001$ ). With misoprostol, more women delivered within 12 hours (57.5% vs. 32.5%,  $p < 0.01$ ) and 24 hours (98.7% vs. 91.4%,  $p < 0.05$ ), spontaneous rupture of the membranes occurred more frequently (38.8% vs. 20.5%,  $p < 0.05$ ), there was less need for oxytocin augmentation (65.8% vs. 81.5%,  $p < 0.05$ ) and fewer additional doses were required (7.5% vs. 22%,  $p < 0.05$ ). Although not statistically significant, a

lower Caesarean section (CS) rate was observed with misoprostol (7.5% vs. 13.3%,  $p > 0.05$ ) but with the disadvantage of higher abnormal fetal heart rate (FHR) tracings (22.5% vs. 12%,  $p > 0.05$ ). From the misoprostol group more neonates were admitted to the intensive neonatal unit, than from the dinoprostone group (13.5% vs. 4.8%,  $p > 0.05$ ). One woman had an unexplained stillbirth following the administration of one dose of dinoprostone. CONCLUSIONS: Vaginal misoprostol, compared with dinoprostone in the regimens used, is more effective in elective inductions of labor beyond 40 weeks of gestation. Nevertheless, this is at the expense of more abnormal FHR tracings and more admissions to the neonatal unit, indicating that the faster approach is not necessarily the better approach to childbirth.

Papin T, Houck T. All it takes is leadership. *Child Welfare* 2005; 84(2):299-310.

Abstract: The authors, as leaders in a public child welfare system, have teamed together and reached out to their private sector partners in a large, rural county in western Colorado. This effort was part of a comprehensive, communitywide effort to redesign and fundamentally improve the entire child welfare service delivery system. Across the country in many areas where collaboration and integration have been the focus, we often hear voices in the private and public sector declaring the importance of integration. Why, then, does it not happen as a general course of action? The authors believe the answer lies in leadership, both public and private. They hold the Mesa County model up as witness to that fact.

Papworth S, Cartlidge P. Learning from adverse events - the role of confidential enquiries. *Semin Fetal Neonatal Med* 2005; 10(1):39-43.

Abstract: National confidential enquiries collect data on adverse events to identify shortfalls and improve future clinical care; they also highlight inadequacies in service organisation. This article focuses on the work of the Confidential Enquiry into Maternal Deaths (CEMD) and the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI).

Paquette D, Laporte L, Bigras M, Zoccolillo M. [Validation of the French version of the CTQ and prevalence of the history of maltreatment]. *Sante Ment Que* 2004; 29(1):201-20.

Abstract: This study demonstrates that the five maltreatment scales in the long and short versions of the CTQ are valid and usable with French-speaking populations. It also shows emotional neglect to be the most common form of maltreatment in its general population sample, and physical neglect to be the least common. Physical, emotional and sexual abuse prevalences in the convenience sample roughly correspond to the rates generally obtained in non-clinical samples. Finally, women in the sample display

greater co-occurrence of different forms of maltreatment, especially involving sexual abuse, than men.

Paradise JL, Dollaghan CA, Campbell TF *et al.* Otitis media and tympanostomy tube insertion during the first three years of life: developmental outcomes at the age of four years. *Pediatrics* 2003; 112(2):265-77. Abstract: OBJECTIVE: In a long-term, prospective study, we set out to determine whether otitis media in the first 3 years of life persisting for periods currently considered developmentally threatening actually results in later impairments of children's cognitive, language, speech, or psychosocial development; whether prompt insertion of tympanostomy tubes prevents or lessens any such impairments; and whether, irrespective of causality, associations exist between persistent early-life otitis media and later developmental impairments. This report describes findings in study participants at the age of 4 years. METHODS: We enrolled 6350 healthy infants from 2 to 61 days of age at urban hospitals and 2 small-town/rural and 4 suburban private pediatric practices. We regularly evaluated the children for the presence of middle-ear effusion (MEE) throughout their first 3 years of life by pneumatic otoscopy, supplemented by tympanometry; we monitored the validity of the otoscopic observations on an ongoing basis; and we treated children for otitis media according to specified guidelines. In the clinical trial component of the study, we randomly assigned 429 children who met specified minimum criteria regarding the persistence of MEE to undergo tympanostomy tube insertion either promptly or after a defined extended period if MEE remained present. In the associational component of the study, we selected a representative sample of 241 children who ranged from having no MEE to having MEE the cumulative duration of which fell just short of meeting randomization criteria for the clinical trial. In 397 (92.5%) of the children in the clinical trial and in 234 (97.1%) of the children in the representative sample, we assessed cognitive, language, speech, and psychosocial development at the age of 4 years, using formal tests, conversational samples, and parent questionnaires. RESULTS: In children in the randomized clinical trial, there were no statistically significant differences in mean (+/-standard deviation) scores (higher denotes more favorable) favoring the early-treatment group over the late-treatment group on the General Cognitive Index of the McCarthy Scales of Children's Abilities (97 +/- 14 and 98 +/- 14, respectively); the Peabody Picture Vocabulary Test-Revised, a measure of receptive language (90 +/- 15 vs 92 +/- 16); the Nonword Repetition Test, a measure of phonological memory (66 +/- 12 vs 70 +/- 12); the Number of Different Words, a measure of word diversity (150 +/- 34 vs 150 +/- 31); the Mean Length of Utterance in Morphemes, a measure of sentence length and grammatical complexity (3.4 +/- 0.8 vs 3.4 +/- 0.7); or the Percentage of Consonants Correct-

Revised, a measure of speech-sound production (92 +/- 5 vs 93 +/- 5). There were also no significant differences in ratings (higher denotes less favorable) on the Parenting Stress Index-Short Form (Total Stress scores: 68 +/- 18 vs 65 +/- 17) or the Child Behavior Checklist (Total Problem T scores: 50 +/- 10 vs 49 +/- 10). In the associational component of the study, correlations between the children's durations of MEE and their developmental outcomes were generally weak and, in most instances, nonsignificant. Exceptions, after adjustment for sociodemographic variables and for hearing thresholds at the time of developmental testing, consisted of a significant negative correlation between children's cumulative durations of MEE in their first 3 years of life and scores on the McCarthy Verbal subscale, and significant positive correlations between durations of MEE and scores on 2 measures of parent-child stress. The percentage of variance in these scores explained by time with MEE beyond that explained by sociodemographic variables ranged from 1.6% to 3.3%. In both the randomized clinical trial and the associational component, sociodemographic variables seemed to be the most important factors influencing developmental outcomes, and in both components, the results at 4 years of age were consistent with the results that had been obtained at 3 years of age. CONCLUSIONS: In otherwise healthy children who are younger than 3 years and have persistent MEE within the duration limits that we studied, prompt insertion of tympanostomy tubes does not measurably improve developmental outcomes at 4 years of age. In such children, persistent MEE within the duration limits that we studied is negligibly associated with and probably does not affect developmental outcomes at 4 years of age.

Parent AS, Rasier G, Gerard A *et al*. Early onset of puberty: tracking genetic and environmental factors. *Horm Res* 2005; 64 Suppl 2:41-7. Abstract: Under physiological conditions, factors affecting the genetic control of hypothalamic functions are predominant in determining the individual variations in timing of pubertal onset. In pathological conditions, however, these variations can involve different genetic susceptibility and the interaction of environmental factors. The high incidence of precocious puberty in foreign children migrating to Belgium and the detection in their plasma of a long-lasting 1,1,1-trichloro-2,2-bis(4-chlorophenyl) ethane (DDT) residue suggest the potential role of environmental endocrine disrupting chemicals in the early onset of puberty. This hypothesis was confirmed by experimental data showing that temporary exposure of immature female rats to DDT *in vivo* results in early onset of puberty. We compared the gene expression profile of hypothalamic hamartoma associated or not with precocious puberty in order to identify gene networks responsible for both hamartoma-dependent sexual precocity and the onset of normal human puberty. In conclusion, pathological variations in the

timing of puberty may provide unique information about the interactions of either environmental conditions or genetic susceptibility with the hypothalamic mechanism controlling the onset of sexual maturation, as shown by examples of precocious puberty following exposure to endocrine disrupters or due to hypothalamic hamartoma.

Parfitt T. Care of learning-disabled Russian children condemned. *Lancet* 2003; 362(9392):1291.

Paris JJ. Resuscitation decisions for "fetal infants". *Pediatrics* 2005; 115(5):1415.

Paris JJ, Ferranti J, Reardon F. From the Johns Hopkins Baby to Baby Miller: what have we learned from four decades of reflection on neonatal cases? *J Clin Ethics* 2001; 12(3):207-14. Notes: GENERAL NOTE: KIE: Paris, John J; Ferranti, Jeffrey; Reardon, Frank GENERAL NOTE: KIE: 42 fn. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; allowing to die/legal aspects; patient care/minors

Paris JJ, Schreiber MD, Reardon F. The "emergent circumstances" exception to the need for consent: the Texas Supreme Court ruling in *Miller v. HCA*. *J Perinatol* 2004; 24(6):337-42.

Parizel PM, Ceulemans B, Laridon A, Ozsarlak O, Van Goethem JW, Jorens PG. Cortical hypoxic-ischemic brain damage in shaken-baby (shaken impact) syndrome: value of diffusion-weighted MRI. *Pediatr Radiol* 2003; 33(12):868-71. Abstract: Shaken-baby syndrome (SBS) is a type of child abuse caused by violent shaking of an infant, with or without impact, and characterized by subdural hematomas, retinal hemorrhages, and occult bone fractures. Parenchymal brain lesions in SBS may be missed or underestimated on CT scans, but can be detected at an earlier stage with diffusion-weighted MRI (DW-MRI) as areas of restricted diffusion. We demonstrate the value of DW-MRI in a 2-month-old baby boy with suspected SBS. The pattern of diffusion abnormalities indicates that the neuropathology of parenchymal lesions in SBS is due to hypoxic-ischemic brain injuries, and not to diffuse axonal injury.

Parker MH, Forbes KL, Findlay I. Eugenics or empowered choice? Community issues arising from prenatal testing. *Aust N Z J Obstet Gynaecol* 2002; 42(1):10-4. Notes: GENERAL NOTE: KIE: KIE Bib: genetic screening; prenatal diagnosis Abstract: The prevention of inherited disabilities is viewed in two contrasting ways--either as enhancing reproductive choice and improving population health, or as discriminating against disabled community members. We argue that modern clinical genetics,

including preimplantation genetic diagnosis (PGD), reflects a persistent and defensible desire by the community to prevent disability, rather than as increasing discrimination or threatening to produce a 'new eugenic' society. Screening should be presented as a distinct issue for decision-making about the prevention or acceptance of disability, rather than as a routinely accepted component of antenatal care. The community must improve its understanding of the experiences of those who manage disability, and continue to debate the issues of discrimination, selective genetic prevention and enhancement, reproductive freedom, and eugenics.

Parkes J, Donnelly M, Dolk H, Hill N. Use of physiotherapy and alternatives by children with cerebral palsy: a population study. *Child Care Health Dev* 2002; 28(6):469-77.

Abstract: **OBJECTIVES:** To describe the use of physiotherapy services and alternative therapies by a population of children with moderate to severe cerebral palsy (CP). **DESIGN:** Descriptive cross-sectional survey. **SUBJECTS:** A total of 212 parents of children aged 4-14 years with moderate to severe CP were identified from the Northern Ireland Cerebral Palsy Register (NICPR) and a random subsample of their paediatric physiotherapists. **MAIN MEASURES:** A standardized description of motor impairment or assessment form; a postal questionnaire to parents and paediatric physiotherapists (to validate parents' reports of service use). **RESPONSE RATES:** In total, 85% of parent questionnaires were returned and 100% of paediatric physiotherapists responded. **RESULTS:** Service use among families was high; on average the families had contact with approximately seven services in a 6-month time interval. The overwhelming majority of children (96%) received physiotherapy during the school term and most (59%) received treatment at least twice a week for 30 min; 43% of children had their physiotherapy discontinued over the summer holidays. Over one-quarter (28%) of families had opted out of the NHS and bought alternatives like conductive education (21%) or private forms of conventional physiotherapy (16%). Children with more severe forms of CP, in special education, particularly at schools for physical disability, were high-intensity users of the physiotherapy service. Despite this, 74% of parents wanted more physiotherapy for their child. **CONCLUSIONS AND IMPLICATIONS:** The demand for physiotherapy services is likely to continue given the relatively stable prevalence rate of CP, the proportion of children with disabling CP and the level of parent interest in the service. A number of quality aspects and gaps in the service have been identified.

Parra GR, Martin CS, Clark DB. The drinking situations of adolescents treated for alcohol use disorders: a psychometric and alcohol-related outcomes investigation. *Addict Behav* 2005; 30(9):1725-36. Abstract: Psychometric properties of the Inventory of

Drinking Situations (IDS) were examined using a sample of adolescents with Alcohol Use Disorders (AUDs; N = 352; mean age=16.6; 65.6% boys). Relations of drinking situations to alcohol-related outcomes 1 and 3 years following treatment also were investigated. Consistent with the higher-order structure of the IDS reported in adult samples, findings indicated that a 3 factor solution provided the best fit to the data: Negative (alpha = .98), Social (alpha = .95), and Temptation (alpha = .84) Situations. With regard to convergent and discriminate validity, evidence suggested that the Negative Situations subscale was related more strongly to an indicator of negative emotionality than to an indicator behavioral undercontrol. Conversely, the Social Situations subscale was associated more strongly with an indicator of behavioral undercontrol than an indicator of negative emotionality. Social and temptation drinking situations were associated with alcohol-related outcomes 1 year following treatment, but this was generally not the case 3 years following treatment. These results indicate that the IDS is a reliable and valid measure for use with adolescents receiving treatment for alcohol-related problems.

Parra GR, O'Neill SE, Sher KJ. Reliability of self-reported age of substance involvement onset. *Psychol Addict Behav* 2003; 17(3):211-8.

Abstract: The authors investigated the reliability of self-reported age of onset (AO) for alcohol, tobacco (cigarette), and illicit drug involvement. Participants were 410 young adults taking part in an 11-year longitudinal study. A moderate degree of reliability was found for the 3 substances. Despite this level of stability, results illustrate a tendency for reported AOs to increase over time. The trend is more salient for participants who reported younger AOs at the initial assessment. Findings also indicate that, for alcohol and tobacco, more individuals were classified as early onset based on Year 1 compared with Year 11 reports. Despite these systematic changes, at least for alcohol and illicit drugs, age at which onset was assessed did not moderate the association between AO and substance-related outcomes.

Pascalis O, de Haan M, Nelson CA. Is face processing species-specific during the first year of life? *Science* 2002; 296(5571):1321-3.

Abstract: Between 6 and 10 months of age, the infant's ability to discriminate among native speech sounds improves, whereas the same ability to discriminate among foreign speech sounds decreases. Our study aimed to determine whether this perceptual narrowing is unique to language or might also apply to face processing. We tested discrimination of human and monkey faces by 6-month-olds, 9-month-olds, and adults, using the visual paired-comparison procedure. Only the youngest group showed discrimination between individuals of both species; older infants and adults only showed evidence of discrimination of their

own species. These results suggest that the "perceptual narrowing" phenomenon may represent a more general change in neural networks involved in early cognition.

Pascual-Castroviejo I, Pascual Pascual SI, Ruza-Tarrio F, Viano J, Garcia-Segura JM. [Battered baby syndrome. Report of a case with severe sequelae]. *Rev Neurol* 2001; 32(6):532-5.

Abstract: OBJECTIVE. To present a case with shaken-baby syndrome after having seizures and respiratory problems. CLINICAL CASE. A previously normal child of 7 months of age presented an acute picture of status epilepticus with respiratory problems and periods of apnea. He was studied with electroencephalography, computerized tomography, magnetic resonance (MR) imaging and spectroscopic-MR. The child showed the presence of small subdural and epidural hematomas in both frontal regions 24 hours after the onset of the problem. The follow-up with MR studies revealed voluminous subdural bilateral hygroma that increased the size along the following six months, despite treatment with bilateral subdural-peritoneal shunt, and the patient showed infantile spasms. At 8 years of age, the patient shows severe mental retardation with autistic behavior and blindness, though he is able to walk without help and he has not seizures. The subdural hygroma decreased the size, but MR shows severe cortico-subcortical atrophy of both parieto-occipital regions. Spectroscopic MR study discloses severe neuronal loss and gliosis. CONCLUSIONS. The shaken-baby syndrome causes severe encephalopathy and vision problems, blindness in many cases, after showing voluminous subdural and/or epidural hematomas which lead to a severe neuronal loss and gliosis. Shaken-baby syndrome is not always associated with skull fracture nor is necessarily related with battered-child syndrome.

Patel AM. Appropriate consent and referral for general anaesthesia - a survey in the Paediatric Day Care Unit, Barnsley DGH NHS Trust, South Yorkshire. *Br Dent J* 2004; 196(5):275-7; discussion 271.

Notes: GENERAL NOTE: KIE: 7 refs. GENERAL NOTE: KIE: KIE Bib: informed consent/minors

Abstract: BACKGROUND: In November 1998 the General Dental Council introduced guidelines for dental practitioners when referring a patient for general anaesthesia (GA). The practitioner is required to explain the risks associated with GA and the alternatives, give a detailed medical history and a clear justification for providing GA in the letter of referral. METHOD: A survey was administered on 202 parents or guardians, which aimed to investigate whether they felt that their dental practitioners had advised them of any risks of GA prior to referral. A record was also made if any reasons were given for the provision of GA in the letter of referral. RESULTS: The majority of the parents or guardians (66%) felt that they were not informed of any of the risks of GA and 25% felt that

they were. From the letters of referral, 37% contained a reason for GA and 63% did not give any reason or justification for GA. CONCLUSION: There is evidence that referring practitioners do not adequately explain the risks of the anaesthetic to parents or guardians of children undergoing GA. There is also a lack of clear justification in the letters of referral for providing GA. PRACTICE IMPLICATION: It is essential that the alternatives and the risks of GA are discussed and if GA is still required, a clear justification should be contained in the letter of referral as part of informed consent. More importantly the referring practitioner should keep a contemporaneous record of this, preferably with a signature from the parent or guardian on agreement of referral.

Paterson J, Tukuitonga C, Butler S, Williams M. Infant bed-sharing among Pacific families in New Zealand. *N Z Med J* 2002; 115(1154):241-3.

Abstract: AIM: To describe infant bed-sharing among Pacific families in New Zealand. METHODS: The data were gathered as part of the Pacific Island Families: First Two Years of Life (PIF) Study in which 1376 mothers were interviewed when their infants were six-weeks-old. Maternal reports of infant bed-sharing practices were assessed by questions about infant sleep location and the number of people who usually shared a mattress with the infant. RESULTS: Over half of the mothers (54.9%) reported that their infants shared a mattress with other people, 44.2% sharing with one other person, the remainder sharing with two or more people. Of the bed-sharing infants, 4.7% slept on a mattress on top of the bed, and 4.7% only slept part of the night in the shared bed. CONCLUSIONS: Together with effective information delivery, the educational and housing issues that many Pacific families in New Zealand face need to be addressed so that parents can make informed decisions about infant care practices.

Patric D. Safeguarding children through police checks: a discussion. *Paediatr Nurs* 2004; 16(9):36-8.

Patten P. Medicolegal diary: standards of conduct. *N Z Med J* 2001; 114(1125):50-1.

Patterson GR, DeGarmo D, Forgatch MS. Systematic changes in families following prevention trials. *J Abnorm Child Psychol* 2004; 32(6):621-33.

Abstract: A selective prevention design was applied to 238 recently separated families. Of these, 153 mothers randomly assigned to the experimental (E) group participated in 14 group sessions focused on Parent Management Treatment (PMT). Prior analyses showed that, over time, the group of families in the untreated group deteriorated in both parenting practices and in child outcomes. In keeping with the classic prevention pattern, families in the E group showed modest improvements in parenting and in child outcomes. Improvements in parenting were associated with

significant reductions in problem behavior. The data showed that those mothers who improved their parenting skills during the first 12 months also showed significant reductions in maternal depression during that same interval. A cross-lagged panel analysis showed that a reduction in maternal depression during the first year of the study was a significant predictor of maintenance or improvements over the next 18 months. The findings are consistent with the concept of the family as a system.

Paul B, Bryant JA. Adolescents and the internet. *Adolesc Med Clin* 2005; 16(2):413-26, x. Abstract: The interactive, multimedia nature of the Internet makes it a potentially invaluable resource for adolescents. These same characteristics also mean that the Internet could be a potentially hazardous medium for certain members of this age group. Although the Internet allows adolescents access to an unprecedented amount of content in an endless number of areas, it also allows them access to content that many parents and caregivers find particularly objectionable. This article addresses several primary benefits and potential hazards associated with adolescent Internet use. It describes general trends in adolescent Internet use and considers how the medium allows individuals to extend their social networks and create new ones. Several ideas for maximizing the potential benefits and minimizing any potential harms are presented.

Pauli-Pott U, Mertesacker B, Beckmann D. Predicting the development of infant emotionality from maternal characteristics. *Dev Psychopathol* 2004; 16(1):19-42. Abstract: Few studies have examined the associations between environmental conditions and developing infant emotionality or the differential susceptibility to those conditions. The present longitudinal study aims to make a contribution to close that gap. We analyzed whether positive emotionality, negative emotionality/irritability, and withdrawal/fear at the end of the first year of life are predictable from preceding caregiver's depression/anxiety, social support, and sensitivity in the interaction with the infant while controlling for antecedent states of emotionality. Furthermore, the question of whether associations between maternal characteristics and subsequent fear are stronger in the subgroup of infants high in irritability as opposed to those who are low in irritability was investigated. Subjects were 101 healthy firstborn infants and their primary caregivers. Assessments were conducted at infant ages of 4, 8, and 12 months. Depression, anxiety, and the social support of the caregiver were assessed by questionnaire. Sensitivity in the caregiver-infant interaction was assessed by behavior observations within the scope of home visits. Temperament characteristics were observed in standardized laboratory episodes. Whereas negative emotionality and withdrawal/fear were significantly predictable from the maternal characteristics, no predictability could be shown for

developing positive emotionality. There were indications of a stronger association between the maternal characteristics and developing withdrawal/fear in irritable infants.

Payne CA. The evolution of community involvement in public health community-based efforts: a case study. *J Health Soc Policy* 2001; 14(2):55-70. Abstract: It is the opinion of many practitioners and analysts of public health efforts that community involvement is necessary to improve local health status. The nature of community involvement, however, can vary among projects, among sites in the same project and through time in the same site. Clear conceptions of community involvement assist in foreseeing the potential activities, outcomes and challenges of any particular community-based effort. Himmelman's concepts of community betterment and community empowerment offer a useful framework when community-involvement entails the direct participation of local organizations and constituencies. These two concepts are the ends of a continuum whereby in the movement from a community betterment to a community empowerment effort, there is an increase in community ownership and self-determination over all aspects of a project. This paper presents an empirical investigation of one community-based public health effort which instances a movement from community betterment to community empowerment.

Paz I, Jones D, Byrne G. Child maltreatment, child protection and mental health. *Curr Opin Psychiatry* 2005; 18(4):411-21. Abstract: PURPOSE OF REVIEW: This review summarizes advances in our understanding of child maltreatment and the implications thereof for physical, psychological and social development, with special emphasis on mental health aspects. RECENT FINDINGS: Methodological problems persist. These may be related in part to an over-emphasis on type of maltreatment, to the detriment of consideration of degree and extent of maltreatment. They may also be related to inadequate application of a comprehensive model of maltreatment and its consequences. Recent studies underline the inter-relatedness and cross-over between different types of child maltreatment and family violence. Research also underlines the extent to which child maltreatment is a major public health crisis internationally. Effects are seen on physical health and development as well as mental health, and it is becoming increasingly evident that these outcomes are inextricably linked to one another. There are encouraging signs that certain interventions are effective. SUMMARY: There is a need for a more sophisticated model of child maltreatment that includes not only degree but also the extent to which basic developmental needs are overridden when children are maltreated, and that includes children's responses to maltreatment as a mediating influence. More studies

are needed of samples of children who have been maltreated in order to gain a better understanding of how maltreatment distorts the trajectory of normal development. Crucially, we need more research on intervention, including both case management and psychological treatment approaches.

Pearn J. Bioethical issues in caring for conjoined twins and their parents. *Lancet* 2001; 357(9272):1968-71.  
Notes: GENERAL NOTE: KIE: Pearn, John  
GENERAL NOTE: KIE: 30 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Pearn J, Gardner-Thorpe C. James Parkinson (1755-1824): a pioneer of child care. *J Paediatr Child Health* 2001; 37(1):9-13.

Abstract: James Parkinson (1755-1824) of Parkinson's disease, is well recognized as a pioneer of clinical neurology; and is even more famous as a founder of modern palaeontology. We have reviewed from primary sources his extensive contributions to clinical child care and his pioneering advocacy for child welfare, protection and safety. His writings, outreach and advocacy for children's health characterizes him as one whose influence was an important springboard from which evolved the modern specialty of paediatrics. Parkinson was one of the first to write on child-rearing practices and in this context antedated Benjamin Spock by 150 years. Parkinson was a pioneer of child safety and the prevention of childhood trauma. He wrote of the resuscitation of near-drowned children and of first aid for injured children. This critical analysis reviews his pioneering description of child abuse and the development of post-abuse hydrocephalus. He wrote the datum description (in English) of the pathophysiology and pathology of appendicitis in children, of fatal rabies in children and highlighted the risk of death even when the biting dog was not clinically rabid. His advocacy for social reform for children's welfare was courageous and pioneering. James Parkinson, hitherto unacknowledged, was a significant founder of the evolving discipline of paediatrics and child health.

Pears KC, Fisher PA. Emotion understanding and theory of mind among maltreated children in foster care: evidence of deficits. *Dev Psychopathol* 2005; 17(1):47-65.

Abstract: Children in foster care are at heightened risk for poor psychosocial outcomes. This study examined differences in two areas that may be associated with many of these outcomes, emotion understanding and theory of mind, using a sample of 3- to 5-year-old maltreated foster children (n = 60) and a comparison group of same-aged, low-income, nonmaltreated children living with their biological families (n = 31). Being in foster care was significantly associated with worse emotion understanding and theory of mind capabilities, even when accounting for age,

intelligence, and executive function. There were no significant associations between length of time in foster care, number of transitions, and emotion understanding and theory of mind. Results help to expand knowledge about the cognitive and affective deficits of children in foster care and suggest that interventions targeted at these deficits include an emphasis on emotion understanding and theory of mind.

Pedersen W, Hegna K. Children and adolescents who sell sex: a community study. *Soc Sci Med* 2003; 56(1):135-47.

Abstract: Adolescents who reported to have given sexual favors for payment were investigated. The sample consisted of all adolescents in the public and private school systems in Oslo, the capital in Norway (age group 14-17, response rate 94.3%, N=10,828). Adolescents who had sold sex form 1.4%, three times as many boys as girls. Half the group had done it more than 10 times. Most were under the legal age of sex in Norway (16 years) when this first happened. We found no associations with sociodemographic variables or residential area in Oslo. However, sex sale was associated with low intercourse debut age, conduct problems, alcohol problems, use of drugs (including heroin) and violent victimization. The conclusion is that a small group in the general adolescent population sells sex, and many of the clients are assumed to be homosexual or bisexual men. Adolescents who take part in these activities are often heavily involved in delinquent behaviors and use of drugs, and many probably are in a risk zone for sexually transmitted diseases (including HIV), drug abuse and a delinquent and criminal development.

Pedersen W, Mastekaasa A, Wichstrom L. Conduct problems and early cannabis initiation: a longitudinal study of gender differences. *Addiction* 2001; 96(3):415-31.

Abstract: AIM. To investigate the relationship between early conduct problems and early onset of cannabis use, with special emphasis on possible gender differences. DESIGN. A prospective longitudinal study of a national sample of 2436 adolescents. The sample was followed up over a year and a half, when the adolescents were in their early teens. SETTING. Norway. MEASUREMENTS. On the basis of an earlier study, conduct problems (CP) closely related to the criteria for conduct disorder (CD) in DSM-III-R were decomposed into three dimensions, labelled serious, aggressive and covert. Further, information was collected about alcohol intoxication, daily smoking and use of cannabis. A number of questions were posed about sexual interactions and perceived puberty development. Parental socio-economic status was measured according to the ISCO-88. Separate information was collected as to whether the parents were on social welfare or unemployed. A parental bonding measure (PBI) was used to measure the emotional relationship between respondents and



parents. Further, a measure of parental monitoring was used, and information was also collected on other aspects of the family milieu, and on the adolescents' peers. Statistical models. Logistic regression analysis was employed. As the sample consisted of pupils clustered within classes within schools, a three-level error structure for the logistic regression model was estimated. FINDINGS. There was a strong association between early conduct problems and subsequent cannabis initiation. Also conduct problems at a potential subclinical level seemed to have great impact. The effect was significantly stronger in girls than in boys. Serious CP was found to have a moderate effect upon cannabis initiation in boys, whereas aggressive and covert CP had strong effects in girls. Early onset of puberty and early sexual involvement had no impact, whereas early use of cigarettes proved an important precursor to cannabis use. CONCLUSIONS. Conduct problems are important precursors of early onset cannabis use, but probably represent gender-specific aetiologies. There might be an important potential for prevention of early onset drug use in the prevention of early conduct problems, in particular for girls.

Pedersen W, Samuelsen SO. [New patterns of sexual behaviour among adolescents]. *Tidsskr Nor Laegeforen* 2003; 123(21):3006-9. Abstract: BACKGROUND: We wanted to investigate erotic and sexual behaviour in adolescents, with emphasis on the trend over the last decade. MATERIALS AND METHODS: Two large, survey-based representative studies of Norwegian adolescents (each with approx. 11 000 respondents) from 1992 and 2002 (response rates 97% and 92%). FINDINGS: Median age at first intercourse has decreased by 12 months in females over this ten-year time span (to 16.7 years), while the decrease among males was more modest. Furthermore, oral sex now has the same prevalence as coitus from the mid-teen years on and seems to be introduced at the same point in time. Finally, females are as inclined as males to break the norm of being in love as the basis for a sexual relationship. INTERPRETATION: More adolescents are now sexually active and more risky sexual behaviour might be a consequence. However, the findings also suggest increased gender equality and a new cohort of more sexually active and self-confident females.

Peele PB, Lave JR, Kelleher KJ. Exclusions and limitations in children's behavioral health care coverage. *Psychiatr Serv* 2002; 53(5):591-4. Abstract: OBJECTIVE: The objective of this study was to identify benefit limits, diagnostic exclusions, and service exclusions of private behavioral health care plans that can influence the delivery of care to children. METHODS: A total of 128 commercial, employment-based behavioral health plans were examined for types of benefit limits, service exclusions, and diagnostic exclusions applicable to children. RESULTS: Almost

half of the plans had restrictions on the number of outpatient visits, with limits ranging from 12 to 60 clinic visits a year. More than half of the plans had limitations on the number of inpatient days, ranging from 20 to 60 days a year. Diagnoses excluded from coverage included autism, mental retardation, problems related to child abuse, and impulse control disorders, such as kleptomania and pyromania. Half of the services excluded could be categorized as either social and human services or complementary medicine rather than as mental health care. CONCLUSIONS: Plans commonly had service and diagnostic exclusions that could disrupt children's health care. The results of the study emphasize a need to address the types of treatment covered by mental health insurance.

Peeters F, Wessel I, Merckelbach H, Boon-Vermeeren M. Autobiographical memory specificity and the course of major depressive disorder. *Compr Psychiatry* 2002; 43(5):344-50.

Abstract: This study examined the stability of autobiographical memory dysfunction (i.e., difficulties in retrieving specific memories) during the course of major depressive disorder, its relation to early adverse experiences, and its influence on the course of depressive disorder. Using the Autobiographical Memory Test (AMT), specificity of autobiographical memory was assessed in 25 subjects with a current depressive disorder at baseline, and at 3 and 7 months follow-up. Also, information about self-reported childhood traumatization, and demographic and clinical variables was obtained. Autobiographical memory performance was relatively stable over time despite clinical improvement in the sample. It was not related to depression severity at baseline, while higher levels of childhood traumatization were correlated with more specific memory performance to negative cue words at baseline, but not during follow-up. Specific autobiographical responses to negative cue words predicted a better prognosis, whereas specific responses to positive cue words were not related to prognosis. Autobiographical memory dysfunction in depression appears to be stable over time, is related to short-term prognosis in depression, and may act as a vulnerability factor that influences the long-term course of depressive disorders.

Pelias MK, Markward NJ. Newborn screening, informed consent, and future use of archived tissue samples. *Genet Test* 2001; 5(3):179-85. Notes: GENERAL NOTE: KIE: 25 refs. GENERAL NOTE: KIE: KIE Bib: genetic research; genetic screening; human experimentation/informed consent

Abstract: Recent advances in genetic technologies have combined with established protocols for genetic screening to provide immense benefits to individuals and the public. In most American jurisdictions, newborn screening is mandated by law and does not require parental consent for the collection or testing of

the blood samples. Screening programs have been successful in identifying affected infants at an early stage for effective treatment of some genetic diseases. The public health benefit of screening programs is recognized and affirmed. However, collections of surplus, stored samples have become immensely attractive to researchers in medical genetics and the biomedical sciences. As geneticists have sought access to the newborn screening samples, they have recognized concerns related to whether they should use the samples, and, if so, under what conditions. This paper addresses the ethical issues associated with genetic screening and recommends an informed consent protocol that may be used to balance individual and parental rights with the interests of researchers who wish to use surplus samples in studies of genetic disease.

Pelkonen M, Marttunen M. Child and adolescent suicide: epidemiology, risk factors, and approaches to prevention. *Paediatr Drugs* 2003; 5(4):243-65. Abstract: Suicide is rare in childhood and early adolescence, and becomes more frequent with increasing age. The latest mean worldwide annual rates of suicide per 100 000 were 0.5 for females and 0.9 for males among 5-14-year-olds, and 12.0 for females and 14.2 for males among 15-24-year-olds, respectively. In most countries, males outnumber females in youth suicide statistics. Although the rates vary between countries, suicide is one of the commonest causes of death among young people. Due to the growing risk for suicide with increasing age, adolescents are the main target of suicide prevention. Reportedly, less than half of young people who have committed suicide had received psychiatric care, and thus broad prevention strategies are needed in healthcare and social services. Primary care clinicians are key professionals in recognizing youth at risk for suicide. This article reviews recent population-based psychological autopsy studies of youth suicides and selected follow-up studies of clinical populations and suicide attempters, analyzing risk factors for youth suicides. As youth suicides are rare, research on risk factors for youth suicidal ideation and attempted suicide is also briefly reviewed. The relationship between psychiatric disorders and adolescent suicide is now well established. Mood disorders, substance abuse and prior suicide attempts are strongly related with youth suicides. Factors related to family adversity, social alienation and precipitating problems also contribute to the risk of suicide. The main target of effective prevention of youth suicide is to reduce suicide risk factors. Recognition and effective treatment of psychiatric disorders, e.g. depression, are essential in preventing child and adolescent suicides. Research on the treatment of diagnosed depressive disorders and of those with suicidal behavior is reviewed. In the treatment of youth depression, psychosocial treatments have proved to be useful and efficacious. Although studies on the effectiveness of selective serotonin

reuptake inhibitors are limited in number, evidence supports their use as first-line antidepressant medication in youth depression. Available evidence suggests that various treatment modalities are useful in the treatment of suicidal youths, e.g. cognitive behavioral therapy and specialized emergency room interventions. Much of the decrease in suicide ideation and suicide attempts seems to be attributable to nonspecific elements in treatment. For high-risk youth, providing continuity of care is a challenge, since they are often noncompliant and commonly drop out or terminate their treatment prematurely. Developing efficacious treatments for suicidal children and adolescents would offer better possibilities to prevent suicides.

Pellai A, Castelli B, Scyslowska G *et al.* [Child sexual abuse primary prevention: outcome evaluation of a health education project implemented in Milan's elementary schools]. *Ann Ig* 2003; 15(5):529-39. Abstract: The study we present is aimed at evaluating the efficacy of a child sexual abuse prevention program that involved children attending 4th and 5th grade in Milan's (Italy) elementary schools. The project involved 53 classes (10 of 4th, 43 of 5th grade) during school year 2000-2001. Children filled a questionnaire before the beginning of the project and two months after the end; the questionnaire evaluates children's perception of risk and their self-efficacy skills in adopting protective strategies when involved in at risk situations. Final analysis has involved 674 children, 51.8% girls, 48.2% boys; 19.6% of children attended 4th grade, 80.4% 5th grade. Percentage of children that recognize the potential danger in the suggested at-risk situation is higher in post-test than in pre-test (87.9% vs 73.2%) and the number of them that does not adopt any self-defence strategy decreases (from 35.3% to 21.0%). The project increased the number of children that know body puberal changes (from 16.0% to 32.8%). According to these results it is evident that the program increased children's capacity to recognize and use self defence strategies in at risk situations. These results call for a potential extension and replication of this health education program.

Pennington DJ, Lonergan GJ, Mendelson KL. How well do we prepare pediatric radiologists regarding child abuse? Results of a survey of recently trained fellows. *Pediatr Radiol* 2004; 34(1):59-65. Abstract: BACKGROUND: Pediatric radiologists serve an important role in the radiologic diagnosis, investigation, and in legal proceedings in cases of child abuse. The Society for Pediatric Radiology should evaluate and insure the adequacy of training of pediatric radiologists for this important role. OBJECTIVE: The Society for Pediatric Radiology Committee on Child Abuse, 2002, conducted a 24-question survey to evaluate the scope and perceived adequacy of training received by pediatric radiology fellows regarding the radiologic diagnosis of child

abuse and the associated legal process. **MATERIALS AND METHODS:** Eighty-four surveys were mailed to radiologists who had completed a year in pediatric radiology fellowship training during the years 1999 and 2000. There were 33 surveys returned for an overall response of 39%. **RESULTS:** Respondents' perception of adequacy of training was best for the radiologic diagnosis of child abuse. The majority perceived they were not well trained in the investigative and legal processes regarding child abuse. The majority would welcome standardized training. **CONCLUSION:** Current pediatric radiology training programs do not sufficiently prepare pediatric radiologists for their role in the legal system regarding child abuse. A standardized program to train pediatric radiologists about the imaging diagnosis of child abuse and their role in the legal system is recommended.

Penson RT, Amrein PC. Faith and freedom: leukemia in Jehovah Witness minors. *Onkologie* 2004; 27(2):126-8.

Perera H, Rodrigo GD. Met and unmet needs of children with epilepsy in a paediatric tertiary care setting. *Ceylon Med J* 2004; 49(1):11-4. **Abstract:** **OBJECTIVE:** To investigate the extent to which the health needs were met or unmet in children with epilepsy attending a tertiary care outpatient setting. **PATIENTS AND METHOD:** A semi-structured interview was used to collect relevant information from the parents. It focused on ascertaining the quality of health care received by the children, including the extent to which attention was given to epilepsy related physical, behavioural, social and educational impairments that were identified by the parents. **RESULTS:** There was satisfactory seizure control in the majority. Most children received only one anticonvulsant and side-effects were reported to be minimal. A large majority had behavioural problems, and social and educational difficulties to a lesser extent. Parents were concerned about the implications of these problems, but there was little communication about them in the doctor-patient contact. Even where the problems were communicated, parent satisfaction about the interventions was low. Parents identified the availability of more consultation time and provision of more information on epilepsy as their expectations from doctors. **CONCLUSIONS:** This study shows that awareness and communication about the multiple health problems of children with epilepsy are necessary to improve the quality of health care given to them.

Perez A, Scribano PV, Perry H. An intentional opiate intoxication of an infant: when medical toxicology and child maltreatment services merge. *Pediatr Emerg Care* 2004; 20(11):769-72. **Abstract:** We present an instructive case of a 5-week-old infant seen in the emergency department with acute inspiratory stridor and depressed level of consciousness. His emergency department course

identified an acute opiate intoxication. The child also developed chest wall rigidity, a rare complication of narcotic use. We discuss the emergency department management, as well as the toxicologic and child protection investigations.

Perez-Albeniz A, de Paul J. Dispositional empathy in high- and low-risk parents for child physical abuse. *Child Abuse Negl* 2003; 27(7):769-80. **Abstract:** **OBJECTIVE:** The present study was designed to investigate dispositional empathy in high-risk parents for child physical abuse, using self-report instruments. More specifically, the objective was to know if high-risk parents for child physical abuse, in comparison with low-risk parents, show deficits on main dimensions of dispositional empathy: empathic concern, role-taking, and personal distress. **METHOD:** Based on their scores on the Abuse Scale of the CAP Inventory (Milner, 1986), 36 high-risk and 38 low-risk for child physical abuse participants were selected from a total sample of 440 Basque Country (Spain) general population parents. Both groups were statistically matched on sociodemographic variables. The Interpersonal Reactivity Index (IRI, Davis, 1980), the Hogan Empathy Scale (HES, Hogan, 1969) and the Questionnaire Measure of Emotional Empathy (QMEE, Mehrabian & Epstein, 1972) were used to assess dispositional empathy. **RESULTS:** As expected, high-risk, relative to low-risk, parents showed lower total scores on the HES and QMEE measures and lower scores on the IRI "Empathic concern" dimension. Moreover, high-risk, relative to low-risk, parents showed higher scores on the IRI "Personal distress" dimension. No differences between groups were observed for the IRI "Perspective-taking" dimension. **CONCLUSIONS:** Findings of the present study supported the hypothesis that high-risk parents for child physical abuse show a deficit in dispositional empathy. High-risk parents reported less feelings of warmth, compassion and concern for others and more feelings of anxiety and discomfort that result from observing another's negative experience.

Perez-Albeniz A, de Paul J. Gender differences in empathy in parents at high- and low-risk of child physical abuse. *Child Abuse Negl* 2004; 28(3):289-300. **Abstract:** **OBJECTIVES:** The present research was designed to study empathy in high-risk parents for child physical abuse. The main objective was to study if high-risk mothers and fathers, compared to low-risk mothers and fathers, presented more Personal distress, less Perspective-taking, less Empathic concern and a deficit in dispositional empathy toward their partner and children. **METHOD:** Based on their scores on the Abuse Scale of the CAP Inventory [J.S. Milner, The Child Abuse Potential Inventory: Manual, 2nd ed., Psytec Corporation, Webster, NC], 19 (9 fathers and 10 mothers) high- and 26 (12 fathers and 14 mothers) low-risk parents for child physical abuse were selected from a total sample of 331 parents of the Spanish general

population. Both groups were statistically matched on sociodemographic variables. The Interpersonal Reactivity Index (IRI) [Catalog of Selected Documents in Psychology 10 (1980) 85] and the Parent/Partner Empathy Scale (PPES) [N.D. Feshbach, N. Caskey, A new scale for measuring parent empathy and partner empathy: factorial structure, correlates and clinical discrimination, 1985] were used to assess dispositional empathy. RESULTS: An interaction between risk status and gender for "Personal distress" and "Perspective-taking" was found. High-risk mothers for child physical abuse showed more "Personal distress" than low-risk mothers and low-risk fathers. High-risk fathers for child physical abuse showed less "Perspective-taking" than low-risk mothers and low-risk fathers. No difference between both groups was found for the IRI "Empathic concern" dimension. Moreover, high-risk, compared to low-risk, parents showed lower scores both on the "Empathy toward the partner" and on the "Empathy toward the child" dimensions of the PPES. No interaction between risk status and gender was found for the PPES dimensions. CONCLUSIONS: Findings of the present study supported the hypothesis that high-risk parents for child physical abuse show a deficit both in general empathy and in empathy toward their family members. Moreover, findings suggested the existence of a different pattern of deficits in empathy for high-risk fathers and high-risk mothers.

Perez Alonso EJ. [Critical considerations on the legal regulation of sex selection (II)]. *Law Hum Genome Rev* 2002; (17):99-124.

Perez-Ciordia I, Catalan Fabo F, Zalacain Nicolay F, Barriendo Antonanzas M, Solaegui Diaz de Gueren R, Guillen Grima F. [Profile of the Emergency demand and influence of televised soccer games on an extra-hospital center in the Tafalla health care district. Navarre, Spain]. *Rev Esp Salud Publica* 2003; 77(6):735-47.

Abstract: BACKGROUND: The demand placed on both hospital as well as extrahospital emergency care units currently continues to increase at a growing rate. This study has a twofold objective: the quantification and study of the personal characteristics of the users who are demanding emergency care and assessing whether televised soccer games have any bearing on the utilization of emergency care services. METHODS: A longitudinal descriptive study (9,723 users demanding care) and study of cases and controls (1,284 users demanding care) according to whether or not a soccer game was being televised by means of a logistic regression model. The associations were quantified by means of the odds ratio (OR). Those dealt with by telephone or in infirmaries were not included in the study. RESULTS: A total 10.6% of the demand involved home visits, 4.8% of this total having been sent to hospital. A total 13.3% of the demand corresponds to individuals visiting from other

healthcare districts, a total of 65 being overusers of emergency care (8 or more visits). The month of August (32.3%). Sundays (44.56%) and the 12:00 p.m.-2:00 p.m. timeframe (8.38%) are the times when the greatest demand for care occurs, the differences being statistically significant. Televised soccer games were associated to a 19.8% ( $p < 0.001$ ) rise in demand as compared to the control period. CONCLUSIONS: A high degree of use of the extrahospital emergency care units has been found to exist, a major part of the demand being concentrated at highly specific points in time. A major degree of care is provided to those visiting from outside their own healthcare districts. Television soccer game broadcasts is associated with the greater utilization of the emergency care services.

Perez-Duenas B, Valls-Sole J, Fernandez-Alvarez E *et al.* Characterization of tremor in phenylketonuric patients. *J Neurol* 2005; 252(11):1328-34. Abstract: Tremor of unknown origin is detected in 10-30% of early-treated and in more than 30% late-treated phenylketonuric patients. With the aim of characterizing tremor in phenylketonuria, we carried out a systematic study in 54 patients aged 6 to 37 years. Tremor examination was done by applying the WHIGET Tremor Rating Scale and by accelerometer recording (BYOPAC System MP100WSW). Age at diet onset, IQ test results, concomitant plasma phenylalanine levels and index of dietary control were also studied. Tremor was not observed at rest in any case, but was apparent in 22 patients (40.7%) when carrying out a kinetic task. In 15 patients tremor was also evident during maintenance of a postural task at a frequency ranging between 7.5 and 12.7 Hz. Frequency of tremor was not significantly modified by loading the arms or by increasing muscle contraction. Patients with tremor had a later age at onset of phenylalanine restricted diet ( $p < 0.001$ ). Other treatment-related variables did not differ between patients with and without tremor. Our results of the neurophysiological examination suggest that tremor in phenylketonuric patients is dependent on a dysfunction of central nervous system networks and may be an index of cerebral damage.

Perez-Olmos I, Fernandez-Pineres PE, Rodado-Fuentes S. [The prevalence of war-related post-traumatic stress disorder in children from Cundinamarca, Colombia]. *Rev Salud Publica (Bogota)* 2005; 7(3):268-80. Abstract: OBJECTIVE: Determining the prevalence of post-traumatic stress disorder (PTSD) related to the type of war exposure and associated factors in school-aged children from three Colombian towns. METHODS: Cross-sectional epidemiological study. Representative randomised sample of 493 children aged 5-14. The children were evaluated during 2002 using semi-structured psychiatric interviews and the clinician administered PTSD scale. 167 children were evaluated in La Palma who had been chronically exposed to war, 164 in Arbelaez who had had recent

war-exposure and 162 in Sopo who had not been exposed to war. War-related PTSD prevalence was calculated in each municipality. Odds ratio (OR) and chi-square were used for evaluating the association between exposure to war and PTSD and the related risk. Multivariate analysis used the logistic regression model. The affected children required specialised mental health counselling. **RESULTS:** The prevalence of PTSD resulting from war was 16,8 % in La Palma, 23,2 % in Arbelaez and 1.2% in Sopo. A 19.9 OR (CI 4.7, 119.2), 30,5 Chi-square and  $p = 0.000$  revealed war-related PTSD association and risk for children when comparing the exposed towns to Sopo. The logistic regression showed that geographical closeness to war zone and intense emotional reaction to war increased the probability of war-related PTSD. Vulnerability factors were predominant in war-exposed towns. Poverty, parents' low educational level and child abuse predominated in La Palma. Attention-deficit and psychosomatic disorders were more prevalent in Arbelaez. **CONCLUSIONS:** War affects children's mental health; the children from the exposed towns had 19 times greater probability of war-related PTSD than those from a non-exposed town. Early therapeutic intervention is a public health priority. The results are useful for countries suffering from war, internal conflict and/or terrorism.

Perfumo F, Martini A. Lupus nephritis in children. *Lupus* 2005; 14(1):83-8.  
 Abstract: In systemic lupus erythematosus renal involvement is more frequent in children than in adults. Overall, 60-80% of children with systemic lupus erythematosus have urinary or renal function abnormalities early in the disease course. In 90% of patients, renal disease occurs within two years from disease onset. Clinically significant renal involvement ranges from asymptomatic urinary findings to nephrotic syndrome and renal failure. Long-term prognosis is similar to that observed in adults. Treatment aspects that are peculiar to children include drug side-effects, such as growth inhibition induced by steroids, the need to consider morbidity-related issues with respect to the very long life expectancy of patients and the problems related to the impact of disease in adolescents. The recent availability of a childhood SLE definition of improvement and the presence of large international paediatric rheumatology networks should, in the future, facilitate the implementation of controlled clinical trials devoted to paediatric SLE.

Perlman J. Concern about Fetus and Newborn Committee statement on corticosteroid use. *Pediatrics* 2002; 110(5):1034.  
 Notes: CORPORATE NAME: American Academy of Pediatrics. Fetus and Newborn Committee

Perry MU, Collins-Willard R, Smock WS. Responding to sexual violence: critical issues for healthcare providers.

*J Ky Med Assoc* 2005; 103(9):436-41.  
 Abstract: Sexual violence is a monumental problem in Kentucky and elsewhere, and healthcare providers play a critical role in its identification, treatment, and prevention. This article provides essential information for physicians treating survivors of sexual violence, including treatment options, protocol for medical-forensic examinations, tips for documentation, and information about community resources that can facilitate treatment outcomes and provide follow-up services.

Persson EK, Dykes AK. Parents' experience of early discharge from hospital after birth in Sweden. *Midwifery* 2002; 18(1):53-60.  
 Abstract: **OBJECTIVE:** to investigate the factors that influence the experience of mothers and fathers when they have chosen to return home, earlier than is the normal routine, following the birth of their baby. **DESIGN:** a qualitative study, using open interviews, was undertaken. The text of the transcripts was coded and categorised according to the grounded theory method using constant comparative analysis. **SETTING:** interviews were carried out with 12 parents, six mothers and six fathers, individually in their own homes. They had all left a maternity/family ward at the Helsingborg Hospital in southern Sweden within 26 hours of birth whereas the normal discharge time is 72 hours. **MEASUREMENTS AND FINDINGS:** 'a sense of security' was the core category. Achieving a sense of security linked to informed choice for early discharge appeared to be dependent on the following categories: (1) the midwives' empowering behaviour; (2) affinity within the family; (3) the parents' right to autonomy/control; (4) physical well-being. There appears to be an inner connection between each of these categories. **KEY CONCLUSIONS:** the midwife's empowering behaviour supports the parents' sense of security and encourages their informed choice of earlier discharge after birth. When the mothers' and babies return home it strengthens the affinity within the family and the father's sense of participation.

Peters RD, Petrunka K, Arnold R. The Better Beginnings, Better Futures Project: a universal, comprehensive, community-based prevention approach for primary school children and their families. *J Clin Child Adolesc Psychol* 2003; 32(2):215-27.  
 Abstract: Evaluated a community-based, universal project designed to prevent emotional and behavioral problems and promote general development in young children, while also attempting to improve family and neighborhood characteristics, to link effectively with existing services, and to involve local residents in project development and implementation. The research involved 554 4-year-old children and their families living in 3 disadvantaged neighborhoods in Ontario, Canada. Longitudinal analyses of changes over the first 5 years of project operation indicated significant improvements in children's and parents' social-

emotional functioning and physical health, parenting behaviors, and neighborhood and school characteristics. The findings from the Better Beginnings, Better Futures Project are encouraging and provide unique evidence for the extent to which a universal, comprehensive, community-based prevention strategy can promote the longer term development of young children, their families, and their neighborhoods.

Peters RJ Jr, Tortolero SR, Addy RC *et al.* The relationship between sexual abuse and drug use: findings from Houston's Safer Choices 2 program. *J Drug Educ* 2003; 33(1):49-59.

Abstract: Self-report drug use data were collected from 282 female alternative school students surveyed through the Safer Choices 2 study in Houston, Texas. Data collection took place between October 2000 and March 2001 via audio-enabled laptop computers equipped with headphones. Logistic regression analyses indicated that sexual abuse history was significantly associated with lifetime use (OR = 1.9,  $p < 0.05$ ). While the relationships tested in this study are exploratory, they provide evidence for an important connection between sexual abuse and substance use among female alternative school students.

Peterson C, Ringner M. Analyzing tumor gene expression profiles. *Artif Intell Med* 2003; 28(1):59-74.

Abstract: A brief introduction to high throughput technologies for measuring and analyzing gene expression is given. Various supervised and unsupervised data mining methods for analyzing the produced high-dimensional data are discussed. The main emphasis is on supervised machine learning methods for classification and prediction of tumor gene expression profiles. Furthermore, methods to rank the genes according to their importance for the classification are explored. The approaches are illustrated by exploratory studies using two examples of retrospective clinical data from routine tests; diagnostic prediction of small round blue cell tumors (SRBCT) of childhood and determining the estrogen receptor (ER) status of sporadic breast cancer. The classification performance is gauged using blind tests. These studies demonstrate the feasibility of machine learning-based molecular cancer classification.

Petkova V, Dimitrova Z. Asthma, drug medication and noncompliance. *Boll Chim Farm* 2002; 141(5):355-6.

Abstract: According to the new concepts, asthma is a chronic disease of the upper respiratory tracts, caused by different cells, including the mastocites and eosinophils. The patients that are suffering from episodic, frequent, or chronic asthma are participating very energetic in the treatment--they have to know and control the symptoms of their disease and also to possess technical skills to perform the treatment. **METHODOLOGY:** Between March 1 and July 31,

1999, 30 patients [19 women and 11 men, mean age 35 years (range 2.50 to 65)], followed at the Clinic for Allergic Diseases of the University hospital "Aleksandrovska", Medical University of Sofia, Bulgaria, were interviewed blindly in order to assess their compliance with pharmacologic therapy. All patients were suffering from different types of asthma. **RESULTS:** The level of compliance among the studied group of patients is 86%. In comparison with the literary data where the level of non-compliance is 20% the obtained level is lower--14%. The reasons for non-compliance according to the patients are: the appearance of ADRs, the high price of the drugs, the hard application of the drug form.

Petrunik M, Weisman R. Constructing Joseph Fredericks: competing narratives of a child sex murderer. *Int J Law Psychiatry* 2005; 28(1):75-96.

Abstract: Joseph Fredericks--one of Canada's most notorious sex offenders--was defined through the institutions that dealt with him from his infancy to his death to the inquest held after his death. In this paper, we locate in historical context and compare the different narratives that were constructed of his life in each of these institutional settings from unwanted child to 'mental defective' to psychiatric offender to criminal recidivist to victim to iconic sexual predator. We show that each of these narratives claimed to capture the essence of Fredericks in terms of what were his core characteristics and what remedies were necessary for the problems he posed only to be superseded by new narratives based on different assumptions. Finally, we show how one of these conceptions of Frederick's essence influenced a shift in Canadian public policy for sex offenders toward the greater emphasis on community protection characteristic of public policy in the United States.

Petry NM, Steinberg KL. Childhood maltreatment in male and female treatment-seeking pathological gamblers. *Psychol Addict Behav* 2005; 19(2):226-9.

Notes: CORPORATE NAME: The Women's Problem Gambling Research Center  
Abstract: Little empirical research has evaluated childhood abuse in pathological gamblers. This study describes results of an analysis of childhood maltreatment histories among 149 pathological gamblers being treated at 1 of 7 gambling treatment programs. Measurements included instruments assessing gambling behavior and the Childhood Trauma Questionnaire (CTQ; D. P. Bernstein *et al.*, 1994). Women scored higher than men on the overall CTQ scale and subscales measuring childhood physical neglect, emotional abuse, and sexual abuse. Severity of childhood maltreatment was significantly and independently associated with lower age of onset of gambling and increased severity of gambling problems. This study suggests that childhood maltreatment is prevalent in pathological gamblers, especially female gamblers. These results warrant further investigation of

the role of childhood maltreatment in the etiology of pathological gambling and its treatment.

Petticrew M. Systematic reviews from astronomy to zoology: myths and misconceptions. *BMJ* 2001; 322(7278):98-101.

Peychl I. [Shaken baby syndrome]. *Cas Lek Cesk* 2005; 144(3):185-7; discussion 188-9. Abstract: Shaken baby syndrome represents a specific form of the Abused child syndrome. Injury usually concerns the baby's head and the brain and it is caused by thoughtless treatment accompanied by harsh shaking movements of the head and neck. It can cause a contusion of the cervical spinal cord, a rupture of the bridging veins, intracranial bleeding and a brain tissue impairment either due to the direct axonal damage, or namely by hypoxic-ischaemic insult. The development of the lesion can be fatal, or it can result in permanent impairment of the motor system, in mental or sensory deficits. Occurrence of the syndrome in the Czech Republic is not known, foreign data give 25 cases per 100000 children below one year of age. Injured babies represent over 1% of those hospitalised at paediatric units of intensive care and more than 10% of the death rate at those departments. Proven abuse has forensic consequences: however, convictive evidence can be difficult to obtain. Article gives a concrete case of a boy with the diagnose Shaken baby syndrome.

Pezdek K, Morrow A, Blandon-Gitlin I *et al.* Detecting deception in children: event familiarity affects criterion-based content analysis ratings. *J Appl Psychol* 2004; 89(1):119-26. Abstract: Statement Validity Assessment (SVA) is a comprehensive credibility assessment system, with the Criterion-Based Content Analysis (CBCA) as a core component. Worldwide, the CBCA is reported to be the most widely used veracity assessment instrument. We tested and confirmed the hypothesis that CBCA scores are affected by event familiarity; descriptions of familiar events are more likely to be judged true than are descriptions of unfamiliar events. CBCA scores were applied to transcripts of 114 children who recalled a routine medical procedure (control) or a traumatic medical procedure that they had experienced one time (relatively unfamiliar) or multiple times (relatively familiar). CBCA scores were higher for children in the relatively familiar than the relatively unfamiliar condition, and CBCA scores were significantly correlated with age. Results raise serious questions regarding the forensic suitability of the CBCA for assessing the veracity of children's accounts.

Pfefferbaum B, Doughty DE, Reddy C *et al.* Exposure and peritraumatic response as predictors of posttraumatic stress in children following the 1995 Oklahoma City bombing. *J Urban Health* 2002; 79(3):354-63. Abstract: Studies have demonstrated a positive

relationship between exposure and posttraumatic stress, but one's subjective appraisal of danger and threat at the time of exposure may be a better predictor of posttraumatic stress than more objective measures of exposure. We examined the role of peritraumatic response in posttraumatic stress reactions in over 2,000 middle school children 7 weeks after the 1995 Oklahoma City, Oklahoma, bombing. While many children reported hearing and feeling the blast and knowing direct victims, most were in school at the time of the explosion and therefore were not in direct physical proximity to the incident. Physical, interpersonal, and television exposure accounted for 12% of the total variance in our measure of posttraumatic stress when peritraumatic response was ignored. Peritraumatic response and television exposure accounted for 25% of the total variance, and physical and interpersonal exposure were not significant in this context. These findings suggest the importance of peritraumatic response in children's reactions to terrorism. These early responses can be used to help determine which children may experience difficulty over time.

Phillips M. Joan of Arc meets Mary Poppins: maternal re-nurturing approaches with male patients in Ego-State Therapy. *Am J Clin Hypn* 2004; 47(1):3-12. Abstract: Many patients with posttraumatic fragmentation demonstrate a positive response to the corrective possibilities provided through Ego-State Therapy. However, full resolution of presenting symptoms may not occur for individuals with significant childhood histories of parental abuse and neglect without opposite sex, as well as same sex, re-nurturing interventions. This presentation emphasizes the use of maternal re-nurturing methods with men who struggle with the effects of significant attachment deficits in early life. Case examples feature male patients with long-term difficulties in their adult relationships with women that had proved refractory to other therapy methods. Following Ego-State Therapy interventions with maternal symbolic figures, however, these problems improved dramatically. Therapeutic implications for cross-gender re-nurturing with patients who report different types of maternal attachment trauma are explored and discussed.

Piaggio G, Carroli G, Villar J *et al.* Methodological considerations on the design and analysis of an equivalence stratified cluster randomization trial. *Stat Med* 2001; 20(3):401-16. Notes: CORPORATE NAME: WHO Antenatal Care Trial Research Group Abstract: The World Health Organization and collaborating institutions in four developing countries have conducted a multi-centre randomized controlled trial, in which clinics were allocated at random to two antenatal care (ANC) models. These were the standard 'Western' ANC model and a 'new' ANC model consisting of tests, clinical procedures and follow-up

actions scientifically demonstrated to be effective in improving maternal and newborn outcomes. The two models were compared using the equivalence approach. This paper discusses the implications of the equivalence approach in the sample size calculation, analysis and interpretation of results of this cluster randomized trial. It reviews the ethical aspects regarding informed consent, concluding that the Zelen design has a place in cluster randomization trials. It describes the estimation of the intracluster correlation coefficient (ICC) in a stratified cluster randomized trial using two methods and reports estimates of the ICC obtained for many maternal, newborn and perinatal outcomes. Finally, it discusses analytical problems that arose: issues encountered using a composite index, heterogeneity of the intervention effect across sites, the choice of the method of analysis and the importance of efficacy analyses. The choice of the clustered Woolf estimator and the generalized estimating equations (GEE) as the methods of analysis applied is discussed.

Piccolo D, Ferrari A, Peris K, Diadone R, Ruggeri B, Chimenti S. Dermoscopic diagnosis by a trained clinician vs. a clinician with minimal dermoscopy training vs. computer-aided diagnosis of 341 pigmented skin lesions: a comparative study. *Br J Dermatol* 2002; 147(3):481-6. Abstract: **BACKGROUND:** In the last few years digital dermoscopy has been introduced as an additional tool to improve the clinical diagnosis of pigmented skin lesions. **OBJECTIVE:** To evaluate the validity of digital dermoscopy by comparing the diagnoses of a dermatologist experienced in dermoscopy (5 years of experience) with those of a clinician with minimal training in this field, and then comparing these results with those obtained using computer-aided diagnoses. **METHODS:** Three hundred and forty-one pigmented melanocytic and non-melanocytic skin lesions were included. All lesions were surgically excised and histopathologically examined. Digital dermoscopic images of all lesions were framed and analysed using software based on a trained artificial neural network. Cohen's kappa statistic was calculated to assess the validity with regard to the correct diagnoses of melanoma and non-melanoma. **RESULTS:** Sensitivity was high for the experienced dermatologist and the computer (92%) and lower for the inexperienced clinician (69%). Specificity of the diagnosis by the experienced dermatologist was higher (99%) than that of the inexperienced clinician (94%) and the computer assessment (74%). Notably, computer analysis gave a higher number of false positives (26%) compared with the experienced dermatologist (0.6%) and the inexperienced clinician (5.5%). **CONCLUSIONS:** Our results indicate that analysis either by a trained dermatologist or an artificial neural network-trained computer can improve the diagnostic accuracy of melanoma compared with that of an inexperienced clinician and that the computer diagnosis might represent a useful tool for the

screening of melanoma, particularly at centres not experienced in dermoscopy.

Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *Am J Prev Med* 2002; 23(2):73-81. Abstract: **OBJECTIVE:** The tobacco industry contends that parenting practices, not marketing practices, are critical to youth smoking. Our objective was to examine whether tobacco-industry marketing practices undermine the protective effect of recommended authoritative parenting against adolescent smoking. **DESIGN AND SETTING:** Receptivity to tobacco advertising and promotions was assessed in 1996 from a representative sample of California adolescent never-smokers aged 12 to 14 years. A follow-up survey of 1641 of these adolescents was conducted in 1999 that included measures of the key components of authoritative parenting: parental responsiveness, monitoring, and limit setting. **MAIN OUTCOME MEASURE:** Smoking initiation in adolescents. **RESULTS:** Adolescents in families with more-authoritative parents were half as likely to smoke by follow-up as adolescents in families with less-authoritative parents (20% vs 41%,  $p < 0.0001$ ). In families with more-authoritative parents, adolescents who were highly receptive to tobacco-industry advertising and promotions were significantly more likely to smoke (odds ratio=3.52, 95% confidence interval =1.10-11.23), compared to those who were minimally receptive. This effect was not significant in adolescents in families with less-authoritative parents. The overall attributable risk (adjusted for exposure to peer smokers) of smoking from tobacco-industry advertising and promotions was 25%. However, an estimated 40% of adolescent smoking in families with more-authoritative parents was attributable to tobacco-industry advertising and promotions; this was five times the attributable risk seen in families with less-authoritative parents (8%). **CONCLUSION:** The promotion of smoking by the tobacco industry appears to undermine the capability of authoritative parenting to prevent adolescents from starting to smoke.

Pierce R. Thoughts on interpersonal violence and lessons learned: fact or fiction. *J Interpers Violence* 2005; 20(1):43-50.

Abstract: Although interpersonal violence is evident in all strata of society, every geographical area in the country, and across each gender, it takes courage to acknowledge our passivity about the phenomena, particularly when people of color are involved. Thus, the mass incarcerations of African American men and women and data citing the overrepresentation of African American children not being adequately served in the child welfare system are highlighted to address the three questions posed to authors: What have we learned about violence and trauma over two decades? What should be learned over the next 10 years about



violence and trauma? What methodologies exist that show promise of affecting a better understanding of violence and trauma?

Pilowsky DJ, Zybert PA, Hsieh PW, Vlahov D, Susser E. Children of HIV-positive drug-using parents. *J Am Acad Child Adolesc Psychiatry* 2003; 42(8):950-6. Abstract: OBJECTIVE: Associations between human immunodeficiency virus (HIV) status of injection drug users (IDUs) and their children's psychopathology and social functioning were examined. METHOD: Parents (N = 61) were drawn from an ongoing longitudinal study of inner city, primarily African-American IDUs. Children (N = 79) were 6 to 11 years of age, currently living with the IDU parent. Parental variables included HIV status, apparent and inapparent HIV infection (with HIV-related medical symptoms and/or disclosure of parental HIV status to children; with neither medical symptoms nor disclosure, respectively), presence of HIV-related medical symptoms, HIV disclosure status to each child, and depression as ascertained by the Center for Epidemiologic Studies-Depression. Children's outcomes (competencies, psychiatric symptoms, and disorders) were assessed with the Child Behavior Checklist and the Schedule for Affective Disorders and Schizophrenia for School-Age Children. RESULTS: Children of IDU parents exhibited high rates of psychopathology. Parental HIV infection per se had no discernible impact on children's outcomes. The apparent HIV infection of a parent was associated with an eightfold increase (odds ratio 7.80; 95% confidence interval 1.56-39.09) in the prevalence of disruptive behavior disorders (compared with children of HIV-negative parents). Parental depression was associated with a threefold increase in the prevalence of children's disruptive behavior disorders (odds ratio 3.49, 95% confidence interval 1.11-11.04). CONCLUSIONS: Parental HIV status per se does not seem to have a differential impact on the affected children. The apparent HIV infection of a parent may be associated with children's externalizing symptoms and disorders.

Pilowsky DJ, Zybert PA, Vlahov D. Resilient children of injection drug users. *J Am Acad Child Adolesc Psychiatry* 2004; 43(11):1372-9. Abstract: OBJECTIVE: To examine associations between resilience in children of injection drug users and children's coping strategies, parenting stress, and children's social support. METHOD: Injection drug-using parents (n=91) and their children aged 6 to 11 (n=117) were recruited in Baltimore (1997-1999). Resilience was defined as scoring in the lowest quartile of the Child Behavior Checklist total psychopathology score. Coping strategies used by resilient and nonresilient children, the extent and types of social support that they received, and the level of parenting stress reported by their parents were compared and contrasted. RESULTS: Rates of depressive, anxiety, and disruptive behavior disorders were 15.4%, 22.2%, and 21.4%, respectively, for the entire sample.

Compared with the nonresilient, resilient children were less likely to use two avoidance coping strategies (internalizing [p=.002] and externalizing [p=.017]). The level of actual support received by resilient and nonresilient children did not differ significantly (p=.202). Perceived support was greater among resilient children (as reported by their parents; p <.001), and their parents reported lower parenting stress (p=.042). CONCLUSIONS: A significant proportion of children of injection drug users are in need of clinical care. Interventions to help children of substance-abusing parents modify their coping style merit exploration.

Pimlott-Kubiak S, Cortina LM. Gender, victimization, and outcomes: reconceptualizing risk. *J Consult Clin Psychol* 2003; 71(3):528-39. Abstract: Large-scale studies of gender differences in psychopathological reactions to victimization have focused on posttraumatic stress disorder, overlooking other trauma-related disorders. The present study expands this literature with a contextualized examination of interpersonal aggression exposure and sequelae. Using k-means cluster analysis on a sample of 16,000, the authors identified 8 distinct profiles of exposure to sexual violence, physical assault, stalking, and emotional abuse. Analyses of covariance then suggested links among victimization profile, gender, and mental and physical health. Results revealed no meaningful interactive effects of gender and interpersonal aggression on outcomes, once lifetime exposure to aggressive events was adequately taken into account. These findings argue against theories of female victims' greater vulnerability to pathological outcomes, instead linking risk to exposure history.

Pinosa C, Marchand C, Tubiana-Rufi N, Gagnayre R, Albano MG, D'Ivernois JF. The use of concept mapping to enlighten the knowledge networks of diabetic children: a pilot study. *Diabetes Metab* 2004; 30(6):527-34.

Abstract: OBJECTIVE: The value of concept mapping in enlightening nature and organization of knowledge was shown with adult diabetic or obese patients. Our objectives were to ascertain the relevance and feasibility of concept mapping in diabetic children during an educational program. METHOD: This qualitative research was performed in 5 children from 8 to 13 years. Concept maps were drawn at the beginning (Phase 1) and at the end (Phase 2) of an educational program. During the interview each child was invited to express himself starting from the central concept: "diabetes", and to express his/her knowledge, representations, and life experience. RESULTS: The ten maps analysis shows: an increase of knowledge between phase 1 and phase 2 (+34%), towards a deepening of initial knowledge and an addition of new knowledge (43% and 41% of the added knowledge); a decrease of inaccurate knowledge in phase 2; an enrichment of the knowledge networks (+16 cross

links); an increase of knowledge related to the ways to behave knowledge (+42%). CONCLUSION: This preliminary report demonstrated that concept maps were feasible, useful and relevant in therapeutic education of children. This method allowed us to show how every child connected his knowledge and how it was modified by an educational intervention. Concept maps therefore contributed to individual educational diagnosis and assessment of new knowledge integration.

Pirila-Parkkinen K, Pirttiniemi P, Alvesalo L, Silven O, Heikkilä J, Osborne RH. The relationship of handedness to asymmetry in the occlusal morphology of first permanent molars. *Eur J Morphol* 2001; 39(2):81-9.

Abstract: Handedness has been shown to be related to a number of systematic asymmetries in body dimensions, dermatoglyphic patterns and cerebral morphology. The aim here was to compare linear and angular tooth crown asymmetries of the permanent molars in healthy right-handed and left-handed subjects. The material comprised 27 children with recorded concordant left-side dominance of hand, eye and foot. The controls were an age- and sex-matched group with right side dominance. The material is based on the Collaborative Perinatal Project where detailed medical records and the dentitions, including accurate dental impressions, of over two thousand American children were examined in the USA in the sixties. Machine vision technique was used to obtain accurate three-dimensional information from the occlusal surfaces of the first permanent upper and lower molars. The directional asymmetry values of angular measurements of mandibular first molars showed evidence of asymmetry of opposite direction between the two examined groups. The results indicate that occlusal morphology of first permanent molars may be affected by handedness, and this tendency is most evident in the angular measurements of the mandibular molars. Fluctuating asymmetry did not differ significantly between the examined groups.

Pitche P, Kombate K, Gbadoe AD, Tchangai-Walla K. [Anogenital warts in young children in hospital consultation in Lome (Togo). Role of transmission by sexual abuse]. *Med Trop (Mars)* 2001; 61(2):158-62. Abstract: The purpose of this 20-month prospective study conducted in the dermatology department of Lome Teaching Hospital was to determine the prevalence of sexual abuse in pre-adolescent children with anogenital warts. From May 1997 to December 1998, a total of 16 cases of anogenital warts were diagnosed in children under the age of 12 years. Sexual abuse was discovered in 8 cases. All 8 cases involved girls (mean age, 6.1 +/- 1.9 years). The mode of acquisition involved self-infection from non anogenital warts in three cases and contamination by the mother in three cases. In two cases the mode of acquisition could not be identified. The alleged abuser was a member of

child's family in 3 cases, a household employee working at the child's home in three cases, a teacher in 1, and a neighbor in 1. Syphilitic tests were negative in all children. However HIV infection was detected and the contaminator was identified in one 10-year-old girl. The results of this study document the correlation between anogenital warts and sexual abuse. In Black Africa, the consequences of child sexual abuse, which is not uncommon especially in major cities, are aggravated by the high prevalence of HIV infection.

Pittman T. Significance of a subdural hematoma in a child with external hydrocephalus. *Pediatr Neurosurg* 2003; 39(2):57-9.

Pivarcsi A, Homey B. Chemokine networks in atopic dermatitis: traffic signals of disease. *Curr Allergy Asthma Rep* 2005; 5(4):284-90. Abstract: Atopic dermatitis is a chronic or chronically relapsing inflammatory skin disease with a prevalence ranging from 10% to 20% in children and 1% to 3% in adults of developed countries. Skin-infiltrating leukocytes play a pivotal role in the initiation and amplification of atopic skin inflammation. Recent studies demonstrated that infiltration of inflammatory cells into tissues is regulated by chemokines. A subset of chemokines including CCL27, CCL17, CCL22, CCL18, CCL11, and CCL13 are highly expressed in atopic dermatitis. The corresponding chemokine receptors are found on the main leukocyte subsets involved in allergic skin inflammation, such as T cells, eosinophils, and dendritic cells. In this article, we provide an overview of the role of chemokines in the complex immunopathogenesis of atopic dermatitis, highlighting potential areas for therapeutic intervention.

Pizzi NJ. Bleeding predisposition assessments in tonsillectomy/adenoidectomy patients using fuzzy interquartile encoded neural networks. *Artif Intell Med* 2001; 21(1-3):65-90. Abstract: A fuzzy set theoretic methodology is described that serves as a classification preprocessing strategy for supervised feed-forward neural networks. This methodology, fuzzy interquartile encoding, determines the respective degrees to which a feature belongs to a collection of fuzzy sets that overlap at the respective quartile boundaries of the feature. These membership values are subsequently used in place of the original feature. This transformation has a normalizing effect on the feature space and is more robust to feature outliers. Its effectiveness is scrutinized using several synthetic data sets with various underlying distributions. Fuzzy interquartile encoding is shown to consistently improve the discriminatory power of the underlying classifiers. The methodology is also applied to two biomedical data sets relating to tonsillectomy and/or adenoidectomy patients who may or may not have had a predisposition

to excessive bleeding during their operation. The features of the first data set are blood sample test results acquired from a coagulation laboratory and the class labels are one of three hemostatic defects as identified by the reference tests. The second data set consists of patient responses to queries from a bleeding tendency questionnaire. Normal and abnormal class labels were derived from a hematology expert system designed in consultation with a pediatric hematologist. Fuzzy interquartile encoding effected an 11% improvement in the classification accuracy of the underlying neural network classifier with the former data set and 18% with the latter.

Place I, Englert Y. A prospective longitudinal study of the physical, psychomotor, and intellectual development of singleton children up to 5 years who were conceived by intracytoplasmic sperm injection compared with children conceived spontaneously and by in vitro fertilization. *Fertil Steril* 2003; 80(6):1388-97. Abstract: **OBJECTIVE:** To assess the somatic, psychomotor, and intellectual development of children conceived through intracytoplasmic single sperm injection (ICSI) over the whole preschool period. **DESIGN:** Prospective, controlled, cohort study. **SETTING:** Fertility clinic in Brussels, Belgium. **PATIENT(S):** Sixty-six ICSI-conceived children prospectively compared with 52 IVF-conceived and 59 spontaneously conceived children. All children were full-term singletons. **INTERVENTION(S):** Home visits by a trained psychologist. Standardized interviews. Assessments using the revised Brunet-Lezine scale and the revised Wechsler preschool and primary scale of intelligence. **MAIN OUTCOME MEASURE(S):** Physical growth and general health. Formal developmental and intellectual assessments. **RESULT(S):** Children conceived by ICSI were healthy: no significant differences appeared in the incidence of combined congenital malformations (11.3%), health problems (44.1%), surgical interventions (18.6%), and hospitalizations (6.8%), nor for the developmental assessments (mean developmental quotient at 9 months: 93.9; at 18 months: 102.0). For the intellectual assessments, the between-group differences disappeared when adjusted for levels of parental education (mean intelligence quotient at 3 years: 97.0; at 5 years: 103.3). **CONCLUSION(S):** This pilot study shows that throughout the preschool period, ICSI-conceived children have psychomotor and intellectual development similar to that of IVF-conceived and spontaneously conceived children. These conclusions need to be confirmed by multicenter studies.

Place MD. Three harsh new realities. *Health Prog* 2002; 83(5):6-8.

Plain LC. Activism in an age of restraint: the resiliency of administrative structure in implementing the State

Children's Health Insurance Program. *J Health Hum Serv Adm* 2004; 27(2):210-39. Abstract: This article examines state efforts to build administrative structures and outreach networks in the State Children's Health Insurance Program (CHIP) through a comparative review of 18 states that have been the subject of ongoing research by the Nelson A. Rockefeller Institute of Government. The article explores the role that institutional structures play at the state level in shaping the implementation and administration of federal policy choices. States have generally opted to rely largely on existing Medicaid bureaucracies in order to implement the new CHIP programs. As a result, CHIP programs have been tightly integrated into existing Medicaid structures. Rarely put forward as exemplars of responsiveness and, these bureaucracies have nonetheless played a crucial role in building and managing CHIP programs across the United States. As this analysis will show, this has even been the case in those few states that have opted to officially house CHIP administration outside of the Medicaid bureaucracy. Furthermore, existing Medicaid systems have often been active as partners and participants in efforts to publicize and promote the CHIP program through outreach and education efforts. As part of these initiatives, efforts have been made to portray CHIP as a form of health insurance rather than a welfare benefit. A slight paradox results where key actors in the health and human services bureaucracy play an active role in program management while making efforts to disassociate the program from the traditional welfare system. These efforts have been largely successful. And in doing so, not only have children been brought into the CHIP program but more families have been connected to the Medicaid program. In short, a review of state experiences reveals the resiliency and flexibility of existing state administrative systems in responding to and addressing substantive policy change.

Plews C, Bryar R, Closs J. Clients' perceptions of support received from health visitors during home visits. *J Clin Nurs* 2005; 14(7):789-97. Abstract: **AIMS AND OBJECTIVES:** The current study sought to identify how many mothers from 149 visits carried out by seven health visitors identified support as a feature of the visit, whether this type of support was unique to the health visitor and what support meant to them. These responses were then compared with the taxonomies of social support from the social support literature. **BACKGROUND:** Some studies of client perceptions describe support as an element of home visits by health visitors. However, the importance, relevance and impact on the client of this support are not described in detail. Social support theory suggests that there are tangible benefits to people's well-being and their ability to cope with various challenges that may arise from individuals' perceptions of receiving support. **DESIGN:** Qualitative study using semistructured interviews. **METHODS:**

Seven volunteer health visitors recruited 149 women into the study. These clients were interviewed by the researcher, usually within one week of the home visit by their health visitor. The discussions were audio-taped and the resulting transcripts analysed using content analysis. FINDINGS: Thirty-seven women identified receiving support which they said was only available from the health visitor. The relevance of this support to the mother and the impact on her well-being varied within the group suggesting differing perceptions of support by clients according to their personal situation. There was a correspondence between the descriptions of support given by the women and the taxonomies of social support from the social support literature. CONCLUSION: For some interactions between clients and their health visitors the existing theory of social support may provide an explanation of how health visitors contribute to clients' perceived ability to cope and well-being. RELEVANCE TO CLINICAL PRACTICE: Social support may be defined as a possible outcome of health visiting. This concept will have use within educational programmes to demonstrate to students how health visiting can have an impact on clients' well-being. Similarly, the concept could be used to investigate and record health visiting practice.

Pliszka SR. Psychiatric comorbidities in children with attention deficit hyperactivity disorder: implications for management. *Paediatr Drugs* 2003; 5(11):741-50. Abstract: Attention deficit hyperactivity disorder (ADHD) is frequently comorbid with a variety of psychiatric disorders. These include oppositional defiant disorder and conduct disorder (CD), as well as affective, anxiety, and tic disorders. ADHD and CD with comorbid CD appear to be distinct subtypes; children with ADHD/CD are at higher risk of antisocial personality and substance abuse as adults. Stimulants are often effective treatments for aggressive or antisocial behavior in patients with ADHD, but mood stabilizers or atypical antipsychotics may be used to treat explosive aggressive outbursts. Response to stimulants is not affected by comorbid anxiety, but children with ADHD/anxiety disorder may show greater benefit from psychosocial interventions than those with ADHD alone. The degree of prevalence of major depressive disorder (MDD) and bipolar disorder among children with ADHD is controversial, but a subgroup of severely emotionally labile ADHD children who present serious management issues for the clinician clearly exists. Antidepressants may be used in conjunction with stimulants to treat MDD, while mood stabilizers and atypical antipsychotics are often required to treat manic symptoms or aggression. After resolution of the manic episode, stimulant treatment of the comorbid ADHD may be safely undertaken. Recent research suggests that stimulants can be safely used in children with comorbid ADHD and tic disorders, but the addition of anti-tic agents to stimulants is often necessary. Clinicians who work

with patients with ADHD should be prepared to deal with a wide range of emotional and behavioral problems beyond the core symptoms of inattention and impulsivity/hyperactivity.

Pliszka SR, Lopez M, Crismon ML *et al.* A feasibility study of the children's medication algorithm project (CMAP) algorithm for the treatment of ADHD. *J Am Acad Child Adolesc Psychiatry* 2003; 42(3):279-87. Abstract: OBJECTIVE: To determine whether an algorithm for the treatment of attention-deficit/hyperactivity disorder (ADHD) can be implemented in a community mental health center. METHOD: Fifty child and adolescent patients at Texas community mental health centers who met criteria for ADHD were treated according to an algorithm-based disease management program for ADHD. Psychiatrists were trained in the use of the algorithm, and each subject underwent a baseline assessment consisting of a structured interview and standardized rating scales. Subjects were monitored for 4 months. At the end of treatment, the psychiatrists completed the Clinical Global Impression Scale (CGI) and the baseline rating scales were repeated. The primary variables of interest were psychiatrist and family adherence to the algorithm. To examine impact on treatment outcome, the CGI of the algorithm subjects was compared with CGIs based on chart reviews of 118 historical controls. RESULTS: Psychiatrists implemented the major aspects of the algorithm, but the detailed tactics of the algorithm (use of fixed titration of stimulants) were less well adhered to. CONCLUSIONS: An algorithm for the treatment of ADHD can be implemented in a community mental health center.

Pollack-Nelson C, Drago DA. Supervision of children aged two through six years. *Inj Control Saf Promot* 2002; 9(2):121-6.

Abstract: Manufacturers of household products--including appliances, exercise equipment, and even some children's toys--expect consumers to supervise their children to prevent product-related injuries. This approach to hazard prevention places the burden of safety on parents and caretakers. This study examined actual supervision practices of parents of children between the ages of two and six years. 59 parents, aged 31 to 40 years, residing in Montgomery County, Maryland, completed a 24-item self-administered questionnaire, consisting of multiple choice and open-ended questions. Nearly all respondents reported that there are times when their children are in a different room from them. When the children are out of sight, parents reported checking on their children periodically, with increasingly longer periods between observations, as the child gets older. Nearly half of the children got out of bed in the morning always or often before a parent. Ninety-five percent of parents perceived that their child was at no risk or slight risk of injury when getting up in the morning before them. In conclusion, it can be said that many parents supervise

their children by being close-by and on-hand as needed, rather than being directly involved in the child's activities. Manufacturers are encouraged to employ passive measures and sound designs, rather than rely on close parental supervision for injury prevention.

Pollak SD. Experience-dependent affective learning and risk for psychopathology in children. *Ann N Y Acad Sci* 2003; 1008:102-11.

Abstract: The influence of childhood affective experiences across development may be understood in terms of preparedness to learn about emotion, combined with general immaturity and neuro-plasticity of perceptual systems. Early in development, processing resources are relatively immature and limited in capacity, thereby constraining how much information the young child can absorb. But it is clear that learning about emotions proceeds swiftly in nearly all children, suggesting biological preparedness to track associations between certain stimuli and outcomes. It is proposed here that limited processing capacity, in tandem with dispositions to filter or select key privileged stimuli in the environment, facilitates adaptive, rapid, affective learning. The developmental organization of affective systems is contingent upon those features of input that are most learnable, such as signals that are particularly salient, frequent, or predictable. Therefore, plasticity confers risk for maladaptation in that children's learning will be based upon these prominent features of the environment, however aberrant.

Pollak SD, Kistler DJ. Early experience is associated with the development of categorical representations for facial expressions of emotion. *Proc Natl Acad Sci U S A* 2002; 99(13):9072-6.

Abstract: A fundamental issue in human development concerns how the young infant's ability to recognize emotional signals is acquired through both biological programming and learning factors. This issue is extremely difficult to investigate because of the variety of sensory experiences to which humans are exposed immediately after birth. We examined the effects of emotional experience on emotion recognition by studying abused children, whose experiences violated cultural standards of care. We found that the aberrant social experience of abuse was associated with a change in children's perceptual preferences and also altered the discriminative abilities that influence how children categorize angry facial expressions. This study suggests that affective experiences can influence perceptual representations of basic emotions.

Pollak SD, Tolley-Schell SA. Selective attention to facial emotion in physically abused children. *J Abnorm Psychol* 2003; 112(3):323-38.

Abstract: The ability to allocate attention to emotional cues in the environment is an important feature of

adaptive self-regulation. Existing data suggest that physically abused children overattend to angry expressions, but the attentional mechanisms underlying such behavior are unknown. The authors tested 8-11-year-old physically abused children to determine whether they displayed specific information-processing problems in a selective attention paradigm using emotional faces as cues. Physically abused children demonstrated delayed disengagement when angry faces served as invalid cues. Abused children also demonstrated increased attentional benefits on valid angry trials. Results are discussed in terms of the influence of early adverse experience on children's selective attention to threat-related signals as a mechanism in the development of psychopathology.

Pollitt RJ. Compliance with science: consent or coercion in newborn screening. *Eur J Pediatr* 2004; 163(12):757-8.  
Notes: GENERAL NOTE: KIE: 4 refs.  
GENERAL NOTE: KIE: KIE Bib: genetic screening; mass screening; treatment refusal/minors

Pollock L. Discrimination and prejudice: Muslim women's experiences of maternity care. *RCM Midwives* 2005; 8(2):55.

Pollock L. Maternity leave challenge to students' rights. *RCM Midwives* 2003; 6(7):284-5.

Pollock TR, Franklin C. Use of evidence-based practice in the neonatal intensive care unit. *Crit Care Nurs Clin North Am* 2004; 16(2):243-8.

Abstract: The process change described is an ongoing project in the HICN. Through this process we found that developmentally sensitive care can be accomplished as early as the time of birth by minimizing trauma to ELBW infants, keeping them nested with minimal handling. This also supports the goal for this population of minimizing cold stress and its effects. Gentle ventilation can be achieved in the delivery room by understanding physiology and the effects of ventilation on the ELBW lung tissue.

Pomery EA, Gibbons FX, Gerrard M, Cleveland MJ, Brody GH, Wills TA. Families and risk: prospective analyses of familial and social influences on adolescent substance use. *J Fam Psychol* 2005; 19(4):560-70.  
Abstract: Parental, peer, and older siblings' contributions to adolescents' substance use were investigated with 2 waves of panel data from 225 African American families. Structural equation modeling showed that older siblings' behavioral willingness (BW) to use substances at Time 1 (T1) predicted target adolescents' Time 2 (T2) use, controlling for other T1 variables. Regression analyses revealed an interaction between targets' and siblings' BW, such that targets were more likely to use at T2 if both they and their siblings reported BW at T1. This interaction was stronger for families living in high-risk

neighborhoods. Finally, siblings' willingness buffered the impact of peer use on targets' later use: Low sibling BW was associated with less evidence of peer influence.

Poole CA, Brookes NH, Clover GM. Confocal imaging of the human keratocyte network using the vital dye 5-chloromethylfluorescein diacetate. *Clin Experiment Ophthalmol* 2003; 31(2):147-54. Abstract: BACKGROUND: The human corneal stroma consists of intercalated layers of collagen and keratocytes. These cells are known to maintain the stroma and aid in repair but it is likely they have other crucial roles throughout the cornea. The complexity of their anatomy is revealed in this study by ex vivo in situ images of the human keratocyte covering a range of ages. METHODS: Human donor corneas of different ages were stained with 5-chloromethylfluorescein diacetate (CMFDA), a dye that is anchored and retained within the cell cytoplasm. The tissue was fixed, sectioned, mounted, and then imaged using a confocal laser scanning microscope at various magnifications and tissue planes. The digital image sets were transferred to multifunction image processing software for analysis and production of 3-D stereo images of keratocyte networks throughout the stroma. RESULTS: High quality images of CMFDA-stained cells revealed differences in the structure and orientation of keratocytes in the anterior, central and posterior stroma, which did not differ throughout the age-range studied. This method reveals very fine cell process ramifications not previously visualized, orientated in lateral and antero-posterior directions, and it confirms the potential for multidirectional communication between keratocyte networks. CONCLUSIONS: This qualitative study found consistency of keratocyte morphology in the normal human cornea throughout life. It confirmed differences in keratocyte anatomy, and the potential for rapid cellular communication by multiple interconnecting processes supporting cohesive keratocyte activity. This high-resolution 3-D microscopic study should assist in identifying gross deviant cellular behaviour in post-surgical and disease states.

Popp J, Douglas-England K, Casebeer A, Tough SC. Creating frameworks for providing services closer to home in the context of a network. *Healthc Manage Forum* 2005; 18(2):27-33. Abstract: Networks can be used to develop shared frameworks that extend limited specialized healthcare services beyond tertiary level settings to provide services closer to home. This article provides an overview of networks, describes the context and purpose of the Southern Alberta Child & Youth Health Network, reports on early experiences with implementation of an Outreach Services Framework, and discusses implications from a network perspective.

Porjesz B, Almasy L, Edenberg HJ *et al.* Linkage disequilibrium between the beta frequency of the human EEG and a GABAA receptor gene locus. *Proc Natl Acad Sci U S A* 2002; 99(6):3729-33. Abstract: Human brain oscillations represent important features of information processing and are highly heritable. A common feature of beta oscillations (13-28 Hz) is the critical involvement of networks of inhibitory interneurons as pacemakers, gated by gamma-aminobutyric acid type A (GABA(A)) action. Advances in molecular and statistical genetics permit examination of quantitative traits such as the beta frequency of the human electroencephalogram in conjunction with DNA markers. We report a significant linkage and linkage disequilibrium between beta frequency and a set of GABA(A) receptor genes. Uncovering the genes influencing brain oscillations provides a better understanding of the neural function involved in information processing.

Porter LS, Porter BO. A blended infant massage--parenting enhancement program for recovering substance-abusing mothers. *Pediatr Nurs* 2004; 30(5):363-72, 401.

Abstract: Interventions that build upon the natural components of early mother-infant interactions are critical to reversing the sequelae of maternal substance abuse and breaking the cycle of addiction. This paper proposes a theoretical model that blends infant massage (IM) into a planned parenting enhancement program (PEP) to promote improved health outcomes in recovering substance-abusing mothers (SAMs) and their babies. With 4.6 million women of child-bearing age regularly using cocaine in the United States and 750,000 drug-exposed births annually, maternal substance abuse highlights the multigenerational impact of drug use in high-risk populations and its risks to our children. The proposed IMPEP model provides a means to assist recovering SAMs in making cognitive-behavioral changes through new knowledge about parenting and parenting skills, with a special focus on infant stimulation via massage. The goal is to enable recovering SAMs to become confident and responsive mothers, empowering them to become effective parents. Pilot data suggest the Infant Massage Parenting Enhancement Program (IMPEP) is effective for both mother and infant, and merits a controlled systematic study.

Portwood SG, Dodgen DW. Influencing policymaking for maltreated children and their families. *J Clin Child Adolesc Psychol* 2005; 34(4):628-37. Abstract: Public policy can be a powerful tool for children and their families. Accordingly, this article addresses how psychologists and other child-oriented researchers can leverage this tool to ensure that child and family issues, specifically issues related to child abuse and neglect, receive adequate attention. We encourage a bidirectional relationship between policymakers and experts in child maltreatment

through which policymakers solicit and employ relevant expertise, and psychologists, in turn, provide useful information to policymakers. To facilitate such relationships, this article offers practical guidance to psychologists on understanding the policymaking process, gaining familiarity with relevant policy, communicating effectively with policymakers, and understanding the unique contributions that psychologists can make to the policy process.

Posner MI, Rothbart MK. Influencing brain networks: implications for education. *Trends Cogn Sci* 2005; 9(3):99-103.

Abstract: In our view, a central issue in relating brain development to education is whether classroom interventions can alter neural networks related to cognition in ways that generalize beyond the specific domain of instruction. This issue depends upon understanding how neural networks develop under the influence of genes and experience. Imaging studies have revealed common networks underlying many important tasks undertaken at school, such as reading and number skills, and we are beginning to learn how genes and experience work together to shape the development of these networks. The results obtained appear sufficient to propose research-based interventions that could prove useful in improving the ability of children to adjust to the school setting and to acquire skills like literacy and numeracy.

Potegal M, Archer J. Sex differences in childhood anger and aggression. *Child Adolesc Psychiatr Clin N Am* 2004; 13(3):513-28, vi-vii.

Abstract: There are few differences in the frequency or intensity of men's and women's self-reported or observed anger. Women are more likely to be angered by relationship conflicts than men. Men are more frequently the targets of anger than women. Typically, men see the expression of anger as exerting dominance, whereas women view it as a loss of control. There are also sex differences in the mode of anger expression. At ages 8 and older, girls are more likely to engage in "relational" aggression (eg, deliberate social ostracism). The most consistent and salient difference in anger expression is women's tendency to cry when angry, whereas men are more likely to throw things or hit. The difference in physical aggression appears in children who are as young as 1 to 2 years of age. Despite an overall reduction in physical aggression after 2 to 3 years of age, the sex difference remains consistent into adulthood. In contrast to differences in physical aggression, differences in anger are few and inconsistent up to 4 or 5 years of age. By this age, girls tend to suppress the expression of anger consciously. By about 7 to 8 years of age, adult like differences become more consistent, with boys expressing more anger.

Potter N. Differences in child rearing. Cultural contrasts:

bringing up children the Honduran way. *J Fam Health Care* 2005; 15(1):26-8.

Abstract: The author, a health visitor now living in Honduras, Central America, describes child-rearing practices in Honduras and contrasts them with those in the UK.

Pottinger AM. Children's experience of loss by parental migration in inner-city Jamaica. *Am J Orthopsychiatry* 2005; 75(4):485-96.

Abstract: Migratory separation, when parents migrate and leave their children behind, was investigated in a case-control sample of 9- to 10-year-olds living in inner-city communities in Kingston and St Andrew, Jamaica (N = 54). Data analyses using descriptive statistics and bivariate correlations showed that children's reactions to their parents' migration were directly related to poor school performance and psychological difficulties. Additionally, being currently exposed to violence in the home and/or community was significantly associated with high scores on a measure of grief intensity. "Protective" factors included having someone to talk to about the migration and living in a supportive family. Migratory separation needs detailed investigation like that devoted to other childhood family disruptions, such as parental divorce or death.

Powderly K. Ethical and legal issues in perinatal HIV. *Clin Obstet Gynecol* 2001; 44(2):300-11.  
Notes: GENERAL NOTE: KIE: KIE Bib: AIDS

Powell C. 'Children are unbeatable' a nurse's perspective. *Paediatr Nurs* 2004; 16(8):29.

Powell DL, Stewart V. Children. The unwitting target of environmental injustices. *Pediatr Clin North Am* 2001; 48(5):1291-305.

Abstract: Children have little control over where they live, what they eat, the financial circumstances of their families, or the developmental activities and behaviors that make them vulnerable to environmental contaminants. Minority and poor families disproportionately live in communities with landfills, hazardous waste facilities, incinerators, industrial plants, and old housing with poor indoor air quality and lead-based paint. Residents of these communities are also more likely than are more affluent communities to consume fish on a regular basis from local waters, many of which have banned fishing. Consequently, these children and their families are exposed more frequently than are children in other communities to potentially dangerous chemicals that can affect health. Data indicate that poor and minority children have higher rates of asthma, elevated blood lead levels, learning disabilities, and hyperactivity than do non-minority and more affluent children. When a group of people is exposed unfairly and inequitably to toxins in their communities, workplaces, and schools, a

phenomenon called environmental discrimination or environmental racism exists. Environmental justice is a US governmental remedy that requires the application of fair strategies and processes in the resolution of inequality related to environmental contamination. The US response resulted in the establishment of offices of Environmental Justice within the EPA and ATSDR and passage of important legislation and policies, such as the Community Planning and Right-to-Know Act of 1986, Executive Order 12898 (Federal Actions to Address Environmental Justice in Minority Populations), and Executive Order 13045, a parallel order to protect low-income and minority children from actual and potential environmental hazards. Communities and advocacy groups play an important role in promoting healthier environments for children. Frequently, low-income and minority communities are perceived as less powerful, less organized, and ill equipped to defend against actual and potential sources of environmental contamination. Health care professionals are in a strategic position to assist with community development, organizing, and empowerment through educational programming, networking, and supporting other activities that bring attention to the plight of environmentally vulnerable communities.

Prange MT, Coats B, Duhaime AC, Margulies SS. Anthropomorphic simulations of falls, shakes, and inflicted impacts in infants. *J Neurosurg* 2003; 99(1):143-50.

Abstract: OBJECT: Rotational loading conditions have been shown to produce subdural hemorrhage and diffuse axonal injury. No experimental data are available with which to compare the rotational response of the head of an infant during accidental and inflicted head injuries. The authors sought to compare rotational deceleration sustained by the head among free falls, from different heights onto different surfaces, with those sustained during shaking and inflicted impact. METHODS: An anthropomorphic surrogate of a 1.5-month-old human infant was constructed and used to simulate falls from 0.3 m (1 ft), 0.9 m (3 ft), and 1.5 m (5 ft), as well as vigorous shaking and inflicted head impact. During falls, the surrogate experienced occipital contact against a concrete surface, carpet pad, or foam mattress. For shakes, investigators repeatedly shook the surrogate in an anteroposterior plane; inflicted impact was defined as the terminal portion of a vigorous shake, in which the surrogate's occiput made contact with a rigid or padded surface. Rotational velocity was recorded directly and the maximum (peak-peak) change in angular velocity ( $\Delta\theta(\max)$ ) and the peak angular acceleration ( $\theta(\max)$ ) were calculated. Analysis of variance revealed significant increases in the  $\Delta\theta(\max)$  and  $\theta(\max)$  associated with falls onto harder surfaces and from higher heights. During inflicted impacts against rigid surfaces, the  $\Delta\theta(\max)$  and  $\theta(\max)$  were significantly greater than those

measured under all other conditions. CONCLUSIONS: Vigorous shakes of this infant model produced rotational responses similar to those resulting from minor falls, but inflicted impacts produced responses that were significantly higher than even a 1.5-m fall onto concrete. Because larger accelerations are associated with an increasing likelihood of injury, the findings indicate that inflicted impacts against hard surfaces are more likely to be associated with inertial brain injuries than falls from a height less than 1.5 m or from shaking.

Prater CD, Zylstra RG. Autism: a medical primer. *Am Fam Physician* 2002; 66(9):1667-74. Abstract: Autistic disorder, a pervasive developmental disorder resulting in social, language, or sensorimotor deficits, occurs in approximately seven of 10,000 persons. Early detection and intervention significantly improve outcome, with about one third of autistic persons achieving some degree of independent living. Indications for developmental evaluation include no babbling, pointing, or use of other gestures by 12 months of age, no single words by 16 months of age, no two-word spontaneous phrases by 24 months of age, and loss of previously learned language or social skills at any age. The differential diagnosis includes other psychiatric and pervasive developmental disorders, deafness, and profound hearing loss. Autism is frequently associated with fragile X syndrome and tuberous sclerosis, and may be caused by lead poisoning and metabolic disorders. Common comorbidities include mental retardation, seizure disorder, and psychiatric disorders such as depression and anxiety. Behavior modification programs are helpful and are usually administered by multidisciplinary teams, targeted medication is used to address behavior concerns. Many different treatment approaches can be used, some of which are unproven and have little scientific support. Parents may be encouraged to investigate national resources and local support networks.

Pratt HD, Greydanus DE. Violence: concepts of its impact on children and youth. *Pediatr Clin North Am* 2003; 50(5):963-1003.

Abstract: Although nations continue to remain involved in ongoing armed conflicts, the threat of direct exposure to violence for American children and youth is more likely to be from the interpersonal violence that occurs in homes, neighborhoods, and schools. Exposure to interpersonal violence has a very serious impact on most youth. Focusing on violence prevention remains a vital component of providing comprehensive health care for all youth.

Premji SS, McNeil DA, Scotland J. Regional neonatal oral feeding protocol: changing the ethos of feeding preterm infants. *J Perinat Neonatal Nurs* 2004; 18(4):371-84. Abstract: The Calgary Health Region Neonatal Oral



Feeding Protocol is the culminating work of a broad range of healthcare professionals, including staff nurses, nurse practitioners, nurse educators, nurse managers, dietitians, lactation consultants, clinical nurse specialists, and occupational therapists. The protocol represents a synthesis of research evidence and expert opinion pertaining to the introduction and management of oral milk feedings for high-risk infants in the neonatal intensive care unit. This evidence-based neonatal oral feeding protocol is presented to share knowledge and skill required to create positive feeding experiences while assisting high-risk infants to achieve full oral feedings. Goals of this project include promoting consistent neonatal nursing feeding practices and changing the ethos in relation to feeding interactions between caregiver and infant in the neonatal intensive care unit. This culture change will assist nurses to identify what is unique about their professional practice, which is of particular importance given the skill mix resulting from hospital understaffing and a growing nursing workforce shortage.

Premji SS, Paes B, Jacobson K, Chessell L. Evidence-based feeding guidelines for very low-birth-weight infants. *Adv Neonatal Care* 2002; 2(1):5-18. Abstract: Clinical practice guidelines (CPG) for the nutritional management of premature infants are limited. This project focused on the development of a research-based enteral feeding CPG for infants of < 1,500 g. The CPG was based on an extensive literature review and developed through a process of consensus decision making by a team of clinical researchers. Infants that weigh < 1,000 g initiate minimal enteral nutrition (MEN) at 48 hours; nutritional feedings begin on day 5 to 6 of life. For infants between 1,000 and 1,500 g, nutritional feedings begin at 48 hours and are advanced at a rate of less than 30 mL/kg per day. The benefits and risks of continuous versus intermittent nasogastric tube feeding were inconclusive; therefore, the CPG does not stipulate a feeding method. Breast milk is used preferentially, and specific guidelines for the definition and management of feeding intolerance are provided. A follow-up study testing this CPG has been completed and is published in the original research section of this issue.

Prentky R. A sex offender as a patient. *Am Fam Physician* 2005; 72(7):1386, 1389.

Prentky RA, Janus ES, Seto MC. Introduction. Human sexual aggression. *Ann N Y Acad Sci* 2003; 989:ix-xiii.

Price JH, Islam R, Gruhler J, Dove L, Knowles J, Stults G. Public perceptions of child abuse and neglect in a midwestern urban community. *J Community Health* 2001; 26(4):271-84. Abstract: This study found that the majority of urban

adults did not believe that any of the characteristics of children posed to them predisposed a child to abuse. In contrast, 40% of respondents claimed child abuse could not occur in a family like the one in which they grew up. The majority perceived only one characteristic, alcohol abuse, as a characteristic of child abusers. Few respondents (10%) believed that child abusers could not be helped, and 25% were not sure. Adults' perceptions of child abuse and abusers varied by sex, age, socioeconomic status, and whether the respondents had children. The data indicate that there are significant deficits in the respondents' knowledge of child abuse and neglect.

Price JM, Glad K. Hostile attributional tendencies in maltreated children. *J Abnorm Child Psychol* 2003; 31(3):329-43.

Abstract: The hostile attributional tendencies of maltreated children in elementary school across key relationship figures (i.e., parents, teachers, and peers), the relation between children's hostile attributional tendencies and the frequency and severity of maltreatment, and the role of children's hostile attributions of their parents in mediating the relation between maltreatment and children's hostile attributions of unfamiliar peers were examined. The sample consisted of 44 maltreated and 56 nonmaltreated children (females = 51) of mixed ethnicity. Subjects were administered a 20-item measure of attributional processes. The results indicated that relative to nonmaltreated children, physically abused boys were more likely to attribute hostile intentions to a variety of relationship figures, including their parents, an unfamiliar teacher, their best friend, and unfamiliar peers. A positive relation was also found between the frequency of physical abuse and hostile attributional tendencies among males. Finally, support was found for the role of children's hostile attributions of their mothers in mediating the relation between physical abuse and children's hostile attributions of unfamiliar peers. The results support a link between physical abuse and hostile attributional tendencies in children in early elementary school.

Price M, Kafka M, Commons ML, Gutheil TG, Simpson W. Telephone scatologia. Comorbidity with other paraphilias and paraphilia-related disorders. *Int J Law Psychiatry* 2002; 25(1):37-49.

Prudent N, Johnson P, Carroll J, Culpepper L. Attention-deficit/hyperactivity disorder: presentation and management in the Haitian American child. *Prim Care Companion J Clin Psychiatry* 2005; 7(4):190-7. Abstract: A case study of a young Haitian American is presented that is illustrative of cultural issues that influence care of those with attention-deficit/hyperactivity disorder (ADHD). Medications are the preferred treatment for ADHD and can be combined with psychological intervention. However,

many Haitians and Haitian Americans see psychoactive medications as leading to substance abuse or mental illness. Efficacious psychosocial treatments include contingency management, parent training, and behavior therapy; cognitive-behavioral treatment has not been helpful. Complementary and alternative medicine might have appeal; primary care physicians can help families to assess such treatments and not to be enticed by expensive ones of little benefit. A determinant of the treatment a family pursues is their perception of the cause of the ADHD behaviors. While there is no term for ADHD in the Haitian-Creole language, in the Haitian culture the behaviors consistent with the diagnosis might be interpreted as indicating a poorly raised child whose behavior could be modified by parental discipline, an intentionally bad child, or a psychically victimized child suffering from an "unnatural" condition. "Natural" ailments are attributed to natural forces (e.g., wind, temperature), while "unnatural" ones are attributed to bad spirits or punishment by God. Families may "lift their feet" (Leve pye nou: to see a Hougan or voodoo priest) to determine the unnatural cause. Haitian Americans often combine therapeutic foods that are considered cold in nature, natural sedatives and purgatives from herbal medicine, religious treatments, and Western medicine. Immigrants often lack support of extended families in an environment not supportive of their interpretation of child behaviors and traditionally accepted parental disciplinary style. Stigma, language, cultural conceptions, concerns about governmental agencies, and physician bias can all be barriers to care for immigrant families. Primary care and behavioral integration are useful in managing families from other cultures.

Pugh LC, Milligan RA, Frick KD, Spatz D, Bronner Y. Breastfeeding duration, costs, and benefits of a support program for low-income breastfeeding women. *Birth* 2002; 29(2):95-100.  
 Abstract: BACKGROUND: Breastfeeding can ameliorate some of the complex health issues faced by low-income families. Women who breastfeed and their infants have lower health care costs compared with those who formula feed. Increasing the duration of breastfeeding is recognized as a national priority, particularly for low-income women. This community-based randomized clinical trial involving low-income mothers compared usual care with an intervention comprising hospital and home visits, and telephone support by a community health nurse/peer counselor team for 6 months after delivery. METHODS: Forty-one women were recruited after delivery of a full-term singleton infant and randomly assigned to intervention or usual care groups. RESULTS: Women receiving the community health intervention breastfed longer than the women receiving usual care. The infants in the intervention group had fewer sick visits and reported use of fewer medications than infants in the usual care group. The intervention cost (\$301/mother) was

partially offset by cost savings on formula and health care. CONCLUSIONS: Community health nurse and peer counselor support can increase breastfeeding duration in low-income women, and has the potential to reduce total costs including the cost of support.

Puklova V, Cerna M, Smid J *et al.* Copper saturation pathways of the urban population in the Czech Republic. *Cent Eur J Public Health* 2001; 9(3):119-25.  
 Abstract: The estimation of the copper saturation pathways of the Czech urban population is presented. The data on copper concentrations proceed from the System of monitoring the environmental impact on population health in the Czech Republic in the period 1994-1998. The copper concentrations were monitored in foodstuffs from the commercial network, in drinking water at the outlets of the waterworks and in the public water main networks, and in the ambient air. The copper levels were measured also in biological material to obtain the data on the copper saturation of the population under monitoring. The copper intake from foodstuffs and drinking water did not vary significantly either in the particular years of monitoring or individual cities. The same concerns also the copper levels in biological material. The total copper intake for an average adult was estimated to be 20.2 micrograms/kg b.w./d., i.e. 1300 micrograms/d. Over 99% of the total intake was that from the diet. The exposure from the intake of drinking water as well as from ambient air was low. The total daily intake lies in the interval 1000-2000 micrograms/d which is usually found in the similar studies of the copper intake. It represents only 40% of the daily dietary copper intake recommended by the JECFA FAO/WHO Commission, 1982. The copper levels in biological material did not differ from the reference values, and did not indicate any evincible hyposaturation of the population with copper.

Pulido ML. Pregnancy: a time to break the cycle of family violence. *Health Soc Work* 2001; 26(2):120-4.

Puligheddu M, de Munck JC, Stam CJ *et al.* Age distribution of MEG spontaneous theta activity in healthy subjects. *Brain Topogr* 2005; 17(3):165-75.  
 Abstract: This study investigates the possible relevance of distribution and age variation of spontaneous theta activity (4-8 Hz) in normal subjects using magnetoencephalography (MEG) recordings. Spontaneous theta was recorded with a 151-channel MEG in healthy subjects; moreover, in a group of 10 subjects, simultaneous MEG-EEG was recorded in order to compare the two methods. Theta was divided in two sub-bands: T(A) (4-6 Hz) and T(B) (6-8 Hz). The pre-processed data were transformed into the frequency domain by Fast Fourier Transform (FFT)-based software by subdividing the data in epochs of 5 sec, on which FFT amplitudes are computed. Moreover, on all trials a simple model of a single

electric current embedded in a spherically symmetric conductor was fitted automatically to the magnetic fields and projected onto an averaged MRI. The results obtained show that FFT-based theta power spectrum was distributed in adults with the highest power over the posterior parietal and occipital areas with T(B) dominance. The dipole analysis resulted in a mid-sagittal distribution, though the youngest group displayed theta dipoles fitting more posteriorly respect to the adults and the elderly. These results suggest that spontaneous theta activity is a diffuse and pervasive rhythm which shows some different topographical distribution among the age groups. Whether the prevalent posterior distribution of theta is the expression of distinct networks or the outcome of complex dynamics are questions of possible relevance in the organization of higher order processes.

Pulkki L, Keltikangas-Jarvinen L, Ravaja N, Viikari J. Child-rearing attitudes and cardiovascular risk among children: moderating influence of parental socioeconomic status. *Prev Med* 2003; 36(1):55-63. Abstract: BACKGROUND: We examined associations of parental socioeconomic status (SES) and hostile maternal child-rearing attitudes with the insulin resistance syndrome (IRS) precursors in children. METHODS: The participants were 210 randomly selected healthy boys and girls who participated in the epidemiological Cardiovascular Risk in Young Finns study and who were 3, 6, and 9 years of age at the three study phases. Hostile maternal child-rearing attitudes were self-rated by the mothers. SES consisted of the years of education of the parents and family income. The IRS comprised serum insulin, high-density lipoprotein cholesterol, triglycerides, systolic blood pressure, and body mass index. RESULTS: Among boys, low parental SES and strict maternal discipline were associated with heightened somatic risk. Among girls, parental SES moderated the association between maternal child-rearing attitudes and somatic risk so that belonging to a high-SES family seemed to protect the girls against the adverse health effects of hostile mothering. CONCLUSIONS: The findings indicate that the psychosocial environment is differentially related to girls' and boys' somatic risk. It is concluded that belonging to high social class may buffer against childhood stress, while belonging to low social class may enhance vulnerability to stressors in childhood.

Punt J, Bonshek RE, Jaspan T, McConachie NS, Punt N, Ratcliffe JM. The 'unified hypothesis' of Geddes et al. is not supported by the data. *Pediatr Rehabil* 2004; 7(3):173-84.

Abstract: Inflicted head injury to the developing brain frequently results in serious disability. The pathogenesis of the neuraxial and ocular findings in infants believed to have suffered inflicted head injury remains the subject of considerable debate. Recent neuropathology studies of fatal cases of inflicted head injury and of a foetal/perinatal non-traumatic model

have led to the proposal that there is a 'unified hypothesis', the essential feature of which is hypoxic brain swelling secondary to cervicomedullary injury. It has been suggested that less than violent forces may be involved and even that some cases may not be due to trauma at all. The purpose of this paper is to provide a critical review of the data upon which these suppositions are based on a background of what is already known. It is submitted that there are serious flaws in the methodology; the conclusions reached cannot logically be drawn from the data; and the 'unified hypothesis' is not supported by the evidence. On the basis of the data presented, it is also difficult to sustain the secondary hypothesis purporting to describe a minority cohort with 'infantile encephalopathy with subdural and retinal bleeding' of non-traumatic causation.

Puntis JW, Kirpalani H. Letter from Puntis. *J Clin Forensic Med* 2005; 12(3):167.

Purcell R, Pathe M, Mullen PE. The prevalence and nature of stalking in the Australian community. *Aust N Z J Psychiatry* 2002; 36(1):114-20. Abstract: OBJECTIVE: This study examines the extent and nature of stalking victimisation in a random community sample. METHOD: A postal survey was distributed to 3700 adult men and women selected from the electoral roll in the State of Victoria. Outcome measures included the lifetime and annual cumulative incidence of stalking, the duration and methods of harassment, rates of associated violence and responses to victimisation. RESULTS: Almost one in four respondents (23.4%;432) had been stalked, the unwanted behaviour they were subjected to being both repeated and fear-provoking. One in 10 (197) had experienced a protracted course of stalking involving multiple intrusions spanning a period of at least one month. Women were twice as likely as men to report having been stalked at some time in their lives, though the rates of victimisation in the 12 months prior to the study did not differ significantly according to gender. Younger people were significantly more likely than older respondents to report having been stalked. Victims were pursued by strangers in 42% of cases. The most common methods of harassment involved unwanted telephone calls, intrusive approaches and following. Associated threats (29%) and physical assaults (18%) frequently arose out of the stalking. Significant social and economic disruption was created by the stalking for 63% of victims. Most sought assistance to manage their predicament (69%). CONCLUSIONS: The experience of being stalked is common and appears to be increasing. Ten percent of people have been subjected at some time to an episode of protracted harassment. Assaults by stalkers are disturbingly frequent. Most victims report significant disruption to their daily functioning irrespective of exposure to associated violence.

Purssell E. HIV and breastfeeding feedback. *Prof Nurse* 2002; 18(2):64; author reply 64-5.

Purugganan OH, Stein RE, Silver EJ, Benenson BS. Exposure to violence and psychosocial adjustment among urban school-aged children. *J Dev Behav Pediatr* 2003; 24(6):424-30. Abstract: This study determines the relationship between psychosocial adjustment in school-aged children and one aspect of exposure to violence, the proximity of exposure, in terms of (1) "physical" proximity and (2) "emotional" proximity to the victims of violence. A convenience sample of 175 children aged 9 to 12 years from a primary care clinic of a large urban hospital were interviewed about their exposure to violence using the Children's Report of Exposure to Violence. Psychosocial adjustment was measured through maternal reports using the Child Behavior Checklist (CBCL) and the Personal Adjustment and Role Skills Scale (PARS III). Children were categorized into three groups according to their closest proximity to exposure to violence ("victim" > "witness" > exposure through other people's "report") and two groups according to emotional proximity (victim was a "familiar person" or "stranger"). All children (23/175) who scored above the CBCL clinical cutoff (T score > 63) were witnesses or victims of violence. The CBCL total T scores (higher score = more maladjustment) showed that the "victims" group (mean 52.4) scored significantly higher than the "witness" group (mean 50.0) and "report" group (mean 47.4). The PARS III total scores (lower scores = more maladjustment) showed that the "victims" group (mean 87.5) scored significantly lower than the "witness" group (mean 93.1) and "report" group (mean 98.2). The relationship of the child to the victim was not associated with significantly different CBCL and PARS III scores. Children exposed to more proximal forms of violence as victims or witnesses exhibited more psychosocial maladjustment.

Qari FA. Precipitating factors for diabetic ketoacidosis. *Saudi Med J* 2002; 23(2):173-6. Abstract: OBJECTIVE: The aim of this study is to identify the precipitating factors from a medical and social point of view, in addition to discussing some clinical and laboratory aspects of diabetic ketoacidosis. METHODS: Sixty-eight patients were admitted to King Abdulaziz University Hospital, Jeddah, Kingdom of Saudi Arabia, over a 2 year period, (April 1999 through to April 2001). Diagnosis of diabetic ketoacidosis was based on: clinical features, serum sugar >12 mmol/L with ketonuria, bicarbonate and base deficit. RESULTS: The mean age was 22.5 years (0.5-87) years with a male to female ratio of 1.4:1. Poor compliance to continue the treatment and infection were the most common precipitating factors being responsible for 54.4% and 28% cases. A low mortality rate of 2.9% in our study compared favorably with other studies, which contributed to a high level of

medical care in King Abdulaziz University Hospital. CONCLUSION: Diabetic ketoacidosis is a fatal complication among our diabetic patients. Implementing a patient education program to increase awareness of the disease is the most important step in the prevention of this complication. The authorities should ensure availability of insulin to all patients, either free or at lower prices. The role of cultured and socioeconomic factors in aggravating or precipitating diabetic ketoacidosis should always be considered and where possible, eliminated

Qouta S, Punamaki RL, El Sarraj E. Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *Eur Child Adolesc Psychiatry* 2003; 12(6):265-72. Abstract: The prevalence and determinants of PTSD were assessed among 121 Palestinian children (6-16 years; 45% girls and 55% boys) living in the area of bombardment. The mothers (21-55 years) and the children themselves reported their exposure to military violence (being personally the target of violence or witnessing it towards others) and symptoms of posttraumatic stress disorders (PTSD: intrusion, avoidance and hypervigilance). The results showed that 54% of the children suffered from severe, 33.5 % from moderate and 11 % from mild and doubtful levels of PTSD. Girls were more vulnerable; 58% of them suffered from severe PTSD, and none scored on the mild or doubtful levels of PTSD. The child's gender and age, mother's education and PTSD symptoms were significant, and the exposure to traumatic experiences marginally significant determinants of children's PTSD symptoms. The most vulnerable to intrusion symptoms were younger girls whose mothers showed a high level of PTSD symptoms, whereas those most vulnerable to avoidance symptoms were children who had personally been targets of military violence and whose mothers were better educated and showed a high level of PTSD symptoms. The results are discussed in the context of military violence interfering with the protective function of family and home.

Quance K. Erinn Walton's letter in the September issue. *RCM Midwives* 2005; 8(12):500.

Quayle E, Taylor M. Child seduction and self-representation on the Internet. *Cyberpsychol Behav* 2001; 4(5):597-608.

Abstract: This paper presents a case study of a man charged with the offense of downloading child pornography from the Internet. He had used the Internet to traffic child pornography, and, in addition, to locate children to abuse, to engage in inappropriate sexual communication with children, and to communicate with other pedophiles. Such offenses were facilitated by self-representing in Chat rooms as both a child and an adult. The case study illustrates how such offenders move through a repertoire of

offending behavior and discusses the role that the Internet can play in supporting inappropriate and disinhibited sexual behavior that victimizes children through the trading of child pornography and possible child seduction. The Internet is seen to play a unique role in allowing individuals to self-represent aspects that might otherwise remain hidden or dormant.

Quayle E, Taylor M. Model of problematic internet use in people with a sexual interest in children. *Cyberpsychol Behav* 2003; 6(1):93-106.

Abstract: Agencies working with sex offenders are starting to see the emergence of people with a sexual interest in children who meet some of their needs through the use of child pornography, or the seduction of children, through the Internet. While CBT models dominate our understanding of sex offenders, there has been little research into the role that such new technologies may play in offending behavior. Data from the COPINE project has been used to generate a model of such offending behavior that emphasizes the role of cognitions in both the etiology, engagement with and problematic use of the Internet for those with a sexual interest in children. Such a model seeks to incorporate contemporary thinking about the role of cognitions in Pathological Internet Use, but applies this from a nonpathological perspective. This model is a first step towards providing a conceptual framework for such offending that will help inform both assessment and therapy.

Quillin JM, Jackson-Cook C, Bodurtha J. The link between providers and patients: how laboratories can ensure quality results with genetic testing. *Clin Leadersh Manag Rev* 2003; 17(6):351-7.

Notes: GENERAL NOTE: KIE: 41 refs.. GENERAL NOTE: KIE: KIE Bib: genetic screening Abstract: Advances in genetic testing technology can provide important opportunities for health improvement. Simultaneously, they entail complexity in laboratory analysis and interpretation. The nature of genetic testing may engender implications distinct from other diagnostic tests. In this article, we summarize these implications, including the role of informed consent; quality assurance in diagnostic testing services; interpretation of the test results; patient support; appropriate disclosure; and regulations relevant for laboratories involved with genetic tests. Research and clinical laboratories need to stay abreast of these advancing technologies and their implications for health-care patients and providers. Collaboration between testing personnel, geneticists, and other health-care providers is necessary to ensure that patients receive the full benefits from testing, including a clear understanding of their genetic test information.

Quin G, Evans R. Accident and emergency department access to the child protection register: a questionnaire survey. *Emerg Med J* 2002; 19(2):136-7.

Abstract: OBJECTIVES: To ascertain how UK accident and emergency (A&E) departments access the child protection register, their levels of satisfaction with that access and their criteria for checking the register. METHODS: A postal questionnaire was sent to 254 "major" A&E departments listed in the 1996 British Association for Accident and Emergency Medicine directory. RESULTS: 190 questionnaires were returned (response rate 75%). Ninety (48%) responding departments access the register through the duty social worker, 33 (17%) use a computerised copy, 32 (17%) a hard copy and 27 (14%) a combination. Twenty seven of 33 respondents (82%) using a computerised copy were satisfied with their mode of access. This compares with figures of 21 (66%) for hard copy, 45 (50%) for duty social worker and 14 (50%) for a combination. No departments using the duty social worker checked all patients routinely compared with 23 (72%) for hard copy, 22 (67%) for computer copy and 12 (44%) for departments using a combination of modes of access. CONCLUSION: There is no uniformity of the way in which UK A&E departments access the child protection register and there is also substantial variation in the criteria used to check the register. This survey suggests that the most common form of access (via the duty social worker) often fails to meet the needs of A&E departments, principally because it takes so long.

Quinlivan JA, Evans SF. A prospective cohort study of the impact of domestic violence on young teenage pregnancy outcomes. *J Pediatr Adolesc Gynecol* 2001; 14(1):17-23.

Abstract: INTRODUCTION: The incidence of domestic violence among pregnant Australian teenagers is higher than rates reported for the general community. However, there are limited data that address the impact of this abuse upon pregnancy outcome. We have examined the significant antenatal associations of domestic violence in young teenage pregnancy, and the impact of this abuse upon pregnancy outcome. DESIGN, SETTING, PARTICIPANTS: A multicenter prospective cohort study was performed between January 1, 1997 and June 30, 1999. Patients were interviewed and completed questionnaires in the antenatal period to establish whether they were victims of domestic violence. Labor and delivery details were independently collated after discharge for mother and infant. Data were analyzed using an analysis of variance, with a P-value of 0.05 considered significant. RESULTS: Of 537 patients enrolled in the study, 157 (29.2%) were victims of domestic violence; 380 (70.8%) were not and acted as pregnant teenage controls. Key findings were that teenage victims of domestic violence (VDV) were more likely to smoke, drink alcohol, or use illegal drugs than controls ( $P < 0.0001$ ). VDV had a higher incidence of infectious morbidity and Pap smear abnormalities ( $P < 0.007$ ) and psychosocial pathology ( $P < 0.0001$ ) than controls. A

- higher incidence of puerperal and neonatal morbidity was observed in VDV and their newborns compared to controls ( $P < 0.007$ ). The estimated cost of hospital care for teenage VDV was double that of the Australian average. CONCLUSION: We need to identify all teenage mothers exposed to domestic violence and provide them with expert intervention services. Early intervention programs are likely to be cost effective.
- Quinn J. The Children's Aid Society community schools: a full-service partnership model. *New Dir Youth Dev* 2005; (107):15-26, table of contents. Abstract: In 1989, the Children's Aid Society (CAS) created an unprecedented partnership with the New York City Board of Education by developing a comprehensive response to the pressing needs of children and families in the northern Manhattan neighborhood of Washington Heights. After three years of careful planning, CAS and the New York City public schools opened the first community school at Intermediate School 218, offering a full array of supports, services, and learning opportunities. Adding, on average, one partnership school per year and remaining very flexible in adapting its model to the individual needs of each community, CAS now has thirteen community schools around New York City. The model's flexibility is seen also in the success of its national and international adaptation-an intentional part of CAS's work.
- Quinn TL. Sexual orientation and gender identity: an administrative approach to diversity. *Child Welfare* 2002; 81(6):913-28. Abstract: Research indicates that gay, lesbian, bisexual, transgender, and questioning (GLBTQ) teens in the care of a northeastern child welfare department do not receive adequate services due to the workers' homophobic attitudes. These teens are at high risk for alcohol and drug abuse, homelessness, prostitution, and suicide. A training module was developed for administrators. Pretest and posttest instruments measured their education and support of GLBTQ issues before and after the training.
- Quintana Y, Nambayan A, Ribeiro R, Bowers L, Shuler A, O'Brien R. Cure4Kids - building online learning and collaboration networks. *AMIA Annu Symp Proc* 2003; 978. Abstract: The International Outreach Program of St. Jude Children's Research Hospital has been developing programs to help countries with limited resources develop treatment centers to treat children with catastrophic diseases such as pediatric cancer and AIDS. Cure4Kids ([www.cure4kids.org](http://www.cure4kids.org)) is the Internet learning network that delivers medical education to doctors and nurses on pediatric cancer and AIDS. The objective of Cure4Kids is not only education, but also to provide tools for communications and collaborations among individuals.
- Rabahi MF, Rodrigues AB, Queiroz de Mello F, de Almeida Netto JC, Kritski AL. Noncompliance with tuberculosis treatment by patients at a tuberculosis and AIDS reference hospital in midwestern Brazil. *Braz J Infect Dis* 2002; 6(2):63-73. Abstract: INTRODUCTION: In developing countries, there is little information about the risk factors that predict noncompliance with tuberculosis (TB) treatment in hospitals. OBJECTIVE: This study analyzes possible factors associated with noncompliance with TB treatment among patients treated at HAA. DESIGN: A retrospective cohort study was made including all patients who initiated TB treatment at HAA, from January to December 1998. A standard form was used to review medical records and to collect data on each patient. This data was evaluated in comparison with data from the state TB control program. RESULTS: Of the 341 patients included in the study, 186 (61.2%) were considered cured and 67 (22%) were non-compliant. The factors associated with noncompliance were: previous anti-TB treatment (RR = 1.95, 95% CI 1.29 to 2.93), prescription of drugs other than the standard first-line regimen proposed by the Brazilian Health Ministry (Rifampin + Isoniazide + Pyrazinamide) (RR = 0.54, 95% CI 0.35 to 0.83), the need for hospitalization (RR = 2.19, 95% CI 1.46 to 3.29) and non-inclusion in the hospital's TB Control Program for treatment follow up (RR = 0.54, 95% CI 0.35 to 0.82). SETTING: Anuar Auad Hospital (HAA) Goiania, Goias, Brazil. CONCLUSION: Our results indicate the importance of establishing Tuberculosis Control Programs in hospitals, while paying special attention to patients with risk factors for noncompliance with TB treatment.
- Raboteg-Saric Z, Rijavec M, Brajsa-Zganec A. The relation of parental practices and self-conceptions to young adolescent problem behaviors and substance use. *Nord J Psychiatry* 2001; 55(3):203-9. Abstract: The object of the present research was to examine the role of parenting practices for young adolescent psychosocial adjustment and self-regulation problems. The sample included 287 sixth- and seventh-grade subjects from intact families. The participants completed a questionnaire that measured variables including family interaction, parental involvement in children's activities, parental support, joint decision-making, and monitoring of children's behavior. Children's involvement with friends, after-school activities, school achievement, and self-reported externalizing behaviors (problem behaviors, cigarette and alcohol use) were also measured. Self-concept domains (scholastic competence, social acceptance, and behavioral conduct) were assessed with Harter's Self-Perception Profile. The findings indicated that self-conceptions of positive behavioral conduct and higher parental monitoring of children's activities were consistently negatively related to young girls' and boys' behavior problems and substance use. Parental monitoring was higher for girls and for younger

children. Lower monitoring was also related to children's pattern of after-school activities that were connected to at-risk behavior. Parental involvement and supervision of children's day-to-day activities seem particularly important in socializing children's behavior at the time of early adolescence.

Radimer KL, Radimer KL. Measurement of household food security in the USA and other industrialised countries. *Public Health Nutr* 2002; 5(6A):859-64. Abstract: OBJECTIVE: To describe the history and current status of household food security measurement. CONCLUSIONS: In the 1980s evidence of rising levels of hunger was a concern for many, but disputed by some, Americans. Acknowledgement and quantification of hunger was hindered by the lack of an accepted definition and measure of hunger. Qualitative research at Cornell provided a conceptual framework, description, definition and survey items for hunger. The Community Childhood Hunger Identification Project developed an instrument used in numerous communities. Based upon these initiatives, widely accepted definitions of hunger and food insecurity, and the US Household Food Security Module for its measurement, now exist. The module classifies households as food-secure, or food-insecure without hunger or with moderate or severe hunger, and contains household-, adult- and child-referent items. Its inclusion in the Current Population Survey (CPS) since 1995 has yielded annual estimates of food insecurity. A six-item short form of the module, for surveys with severe time constraints, classifies households only as food-secure or food-insecure without or with hunger and contains no child-specific items. Surveys using the 18-item or short-form module can compare results with published national data from the CPS. Information about the module is available at <http://www.ers.usda.gov/briefing/foodsecurity> and <http://www.fns.usda/fsec>. Current research on food security measurement includes measurement of individual food insecurity and hunger, module performance regarding hunger duration and frequency, performance of the module in population sub-groups, and the effect of translations on module meaning and performance. National surveys in Canada, New Zealand and Australia also have measured food security.

Radonovich KJ, Mostofsky SH. Duration judgments in children with ADHD suggest deficient utilization of temporal information rather than general impairment in timing. *Child Neuropsychol* 2004; 10(3):162-72. Abstract: Clinicians, parents, and teachers alike have noted that individuals with ADHD often have difficulties with "time management," which has led some to suggest a primary deficit in time perception in ADHD. Previous studies have implicated the basal ganglia, cerebellum, and frontal lobes in time estimation and production, with each region purported to make different contributions to the processing and

utilization of temporal information. Given the observed involvement of the frontal-subcortical networks in ADHD, we examined judgment of durations in children with ADHD (N = 27) and age- and gender-matched control subjects (N = 15). Two judgment tasks were administered: short duration (550 ms) and long duration (4 s). The two groups did not differ significantly in their judgments of short interval durations; however, subjects with ADHD performed more poorly when making judgments involving long intervals. The groups also did not differ on a judgment-of-pitch task, ruling out a generalized deficit in auditory discrimination. Selective impairment in making judgments involving long intervals is consistent with performance by patients with frontal lobe lesions and suggests that there is a deficiency in the utilization of temporal information in ADHD (possibly secondary to deficits in working memory and/or strategy utilization), rather than a problem involving a central timing mechanism.

Raghavan C, Swan SC, Snow DL, Mazure CM. The mediational role of relationship efficacy and resource utilization in the link between physical and psychological abuse and relationship termination. *Violence Against Women* 2005; 11(1):65-88. Abstract: This study examines the roles of physical and emotional abuse and resource utilization, relationship efficacy, and childhood abuse on relationship status (together or separated) in a sample of 69 low-income, nonsheltered battered women. Separate path models were conducted for physical and psychological abuse. Increased physical abuse was related to separated status, increased resource utilization, and decreased efficacy. The effect of physical abuse on status was mediated by resource utilization and efficacy, whereas the effect of psychological abuse on status was partially mediated only by utilization. Increased childhood abuse was associated with together status. Baseline psychological but not physical abuse predicted a longer term separated status thereby suggesting that the effects of psychological abuse may be enduring.

Rahi JS, Manaras I, Tuomainen H, Hundt GL. Meeting the needs of parents around the time of diagnosis of disability among their children: evaluation of a novel program for information, support, and liaison by key workers. *Pediatrics* 2004; 114(4):e477-82. Abstract: OBJECTIVE: Key worker programs for families of children with disabilities, to promote information provision, emotional support, and liaisons among different agencies, have long been advocated but not extensively implemented. We report the impact on the experiences of parents and the practices of health care professionals of a novel, hospital-based, key worker service (Community Link Team [CLT]), implemented in the pediatric ophthalmology department of Great Ormond Street Hospital (London, United Kingdom). DESIGN, SETTING, AND

**PARTICIPANTS:** The CLT included 2 members, 1 of whom was present during the first outpatient assessment by the consultant ophthalmologist of any child newly diagnosed as visually impaired (corrected acuity of 6/18 or worse in the better eye) and accompanied the family during other assessments performed during that visit. A dedicated room was used by the CLT members to spend time with each family after completion of the clinical assessments. The CLT members reiterated and/or clarified clinical information already provided, specifically advised the families about visual stimulation programs and the benefits and purpose of visual impairment certification, and provided information about educational and social services. The same CLT member met the family at subsequent visits to the department and acted as the first point of contact for parents. Parents of children newly diagnosed with visual impairment and/or ophthalmic disorders at Great Ormond Street Hospital participated in a 2-stage study to assess their needs, their views about the processes of care, and their overall satisfaction. The study included a questionnaire survey with 2 standard instruments, ie, the Measure of Processes of Care, specifically developed and used to assess parents' views of the degree to which health services for a range of childhood disorders are family-centered, and the short form of the Client Satisfaction Questionnaire, used to assess overall parental satisfaction or dissatisfaction with services in the preceding year, as in other studies of parental satisfaction with pediatric services. This was followed by in-depth individual interviews with a subsample of parents who returned completed questionnaires. The views of families with experience with the new service (CLT) were compared with those without. The experiences of health care professionals before and after implementation of the service were elicited through group interviews and were compared. We recognized that any differences would be attributable to both the direct effects of the CLT, ie, actual services provided by the team, and indirect effects, ie, broader changes in approaches or practices within the department resulting from shifting roles and responsibilities regarding specific elements of management. Therefore, both the specific tasks/activities undertaken by the CLT and broader changes in practices within the department were identified. **RESULTS:** Seventy-nine families from the pre-CLT group and 68 from the post-CLT group (68% and 65% of those invited, respectively) participated in the questionnaire survey, of which 29 and 19 (71% and 79% of those invited), respectively, took part in interviews. The 2 groups were comparable with respect to sociodemographic and clinical characteristics. Parents and health care professionals agreed that the CLT provided important information and facilitated access to specific services, while providing both emotional and social support and facilitating meetings with other families with children with similar conditions. A number of key generic components of the

service were identified. First, provision, within the outpatient setting, of a dedicated "quiet room" and office space for key workers was an essential physical requirement. Second, early identification of the key workers as the parents' point of contact was essential; this was achieved in this case by the CLT members attending the first consultation, combined with their detailed debriefing of families at the end of the outpatient visit. Third, the adoption of certain tasks by the key workers, including some previously undertaken by ophthalmologists, helped to define the liaison role of the program. These tasks included discussing the process and benefits of visual impairment certification, contacting the advisory teacher for the visually impaired, and providing written reports to educational and social services; analogous tasks would exist for other disabilities. **CONCLUSIONS:** Research on the needs of families of visually impaired children has been limited but indicates that, as with other childhood disabilities, the greatest needs during the critical period around diagnosis are for information, especially about educational and social services, and emotional support from professionals, informal and formal social networks, and support groups. Although not widely implemented or studied, key worker programs for families of visually impaired children, particularly in the context of multidisciplinary visual impairment teams, have been advocated, on the basis of their potential to facilitate coordination of health, educational, and social services. The model of such provision evaluated in this study reflects the fact that it was established as an outpatient service in a tertiary referral center for pediatric ophthalmology in the United Kingdom, with the specific structure and specialized roles for health care professionals that this requires. Different models might be more suitable in other settings in the United Kingdom or elsewhere. However, the important general lessons learned should guide implementation of such services for families of children with other disabilities. The recently launched National Service Framework for Children provides a new context and standards for meeting the needs of disabled children and their families in the United Kingdom and may also guide initiatives elsewhere. The findings of this study support implementation of programs for information provision, support, and liaison by key workers in all specialized centers for the assessment and diagnosis of children with serious visual problems. Implementation of similar services for families with children with other disabilities is likely to be equally valuable.

Raine A. Biosocial studies of antisocial and violent behavior in children and adults: a review. *J Abnorm Child Psychol* 2002; 30(4):311-26. Abstract: Despite increasing knowledge of social and biological risk factors for antisocial and violent behavior, we know surprisingly little about how these two sets of risk factors interact. This paper documents 39 empirical examples of biosocial interaction effects



for antisocial behavior from the areas of genetics, psychophysiology, obstetrics, brain imaging, neuropsychology, neurology, hormones, neurotransmitters, and environmental toxins. Two main themes emerge. First, when biological and social factors are grouping variables and when antisocial behavior is the outcome, then the presence of both risk factors exponentially increases the rates of antisocial and violent behavior. Second, when social and antisocial variables are grouping variables and biological functioning is the outcome, then the social variable invariably moderates the antisocial-biology relationship such that these relationships are strongest in those from benign home backgrounds. It is argued that further biosocial research is critical for establishing a new generation of more successful intervention and prevention research.

Raitt FE, Zeedyk MS. False memory syndrome: undermining the credibility of complainants in sexual offences. *Int J Law Psychiatry* 2003; 26(5):453-71.

Rajab LD. Traumatic dental injuries in children presenting for treatment at the Department of Pediatric Dentistry, Faculty of Dentistry, University of Jordan, 1997-2000. *Dent Traumatol* 2003; 19(1):6-11. Abstract: Data pertaining to traumatic dental injuries of children seeking care at the teaching clinics of the Department of Pediatric Dentistry, Faculty of Dentistry, University of Jordan over a period of 4 years were analyzed. The prevalence of traumatic dental injuries was 14.2% from 2751 subjects. The peak incidence of injury was 10-12-year age group. Boys were more affected (18.3%) than girls (10.1%). Most injuries occurred at home (63.2%), and falls were the leading cause of injuries (49.9%). Most injuries involved one tooth (69.3%) and maxillary central incisors were the most affected teeth (90.4%). The commonest injury was uncomplicated crown fracture (62.5%), then complicated crown fracture (28.7%). Only 17.1% of children sought treatment the same day or the day after the injury. At the initial examination, cases seen after a long post-traumatic period required more complicated treatment than those presented within a short time period. Preventive educational program should be instituted in Jordan, directed at parents and school teachers to inform them about the importance of traumatic dental injuries and the benefit of immediate attendance for dental treatment. Furthermore, improving the knowledge of dental practitioners through continuing education would also help in minimizing sequelae of traumatic dental injuries.

Rakow T. Differences in belief about likely outcomes account for differences in doctors' treatment preferences: but what accounts for the differences in belief? *Qual Health Care* 2001; 10 Suppl 1:i44-9. Abstract: Doctors, patients, and their relatives face a

complex decision when there are multiple treatment options that differ in their profiles of risk and benefit over time. Doctors from a single specialist paediatric cardiac unit participated in a correlational study that used a novel tool (subjective multi-state survival graphs) to elicit their beliefs about the likely outcome of different treatments. Doctors' preferences were more closely related to their beliefs about long term, rather than short term, outcomes. This is consistent with placing greater value on far future than on immediate life years, highlighting the importance of incorporating patients' values for these outcomes into decisions of this kind. Beliefs about likely outcomes differed with whether or not doctors encountered former paediatric patients who were now adults, illustrating the difficulty of deciding what risk information should be available when the evidence base on outcomes is limited. Some problems of risk communication are identified, and the value of multi-state survival graphs as an aid to communication is discussed.

Rakowski E. Who should pay for bad genes? *Calif Law Rev* 2002; 90(5):1345-414. Notes: GENERAL NOTE: KIE: 110 refs. GENERAL NOTE: KIE: KIE Bib: health care/economics; genetic intervention; wrongful life Abstract: Parents have long been able to influence the genetic composition of their children through their choice of a reproductive partner, if only very approximately. They are, however, increasingly able to determine the genetic make-up of their children in other, more precise ways, such as by selecting a particular gamete or embryo or by genetically modifying an embryo prior to artificial implantation. This Article discusses parents' obligations to their children and other members of the community stemming from their children's genes. In a just state, it argues, parents would be responsible for redressing any genetic disadvantage their children suffer as a result of parents' voluntary actions. Within the context of a liberal egalitarian account of distributive justice, this responsibility might most fairly be discharged through a compulsory insurance plan that provides compensation to genetically disadvantaged children when they might have had non-disadvantaged children instead would in some circumstances incur greater liability, because they could not fairly push the cost of their choices off on other members of the insurance pool. The Article also asks whether parents wrong a child by allowing it to be born with a genetic impairment when, had they taken steps to remove the impairment, the unimpaired child they had would have been a different person from the genetically disadvantaged child because the better-off child's capacities and experiences differed considerably from those that the disadvantaged child would have had. Contrary to many people's moral intuitions, the Article argues that parents do not wrong such a child. Nevertheless, parents remain morally obligated to bear any added costs occasioned by the child's impairment.

- Any other approach would allow them unjustly to shift the burden of their choices to other parents. Finally, the Article takes up the much debated question of whether parents harm a child by allowing it to be born with a life not worth living when they could have prevented its birth. It suggests that the answer to this question should be irrelevant to parents' legal liability. Acting on behalf of the parental insurance pool, the state may nonetheless adopt a variety of measures to help potential parents avoid giving birth to such children, which one can assume virtually all would prefer.
- Raman S, Doran RM. A new cause for retinal haemorrhage and disc oedema in child abuse. *Eye* 2004; 18(1):75-7.
- Ramaswamy S, Madaan V, Qadri F *et al.* A primary care perspective of posttraumatic stress disorder for the Department of Veterans Affairs. *Prim Care Companion J Clin Psychiatry* 2005; 7(4):180-7; quiz 188-9. Abstract: Posttraumatic stress disorder (PTSD) is a major mental disorder associated with significant morbidity, psychosocial impairment, and disability. The diagnosis of PTSD can be missed in a primary care setting, as patients frequently present with somatic complaints or depression and are often reluctant to discuss their traumatic experiences. As recent studies of veterans returning from the Gulf War and the Iraqi War suggest high rates of PTSD, the U.S. Department of Veterans Affairs (VA) Hospitals are gearing up to face this challenge. It is important to screen these veterans for symptoms of PTSD and make an appropriate referral if required. In this article, we attempt to review PTSD with a special focus on the VA population. In addition to discussing the epidemiology, diagnosis, and treatment options for PTSD, we also suggest screening questions for both combat-related and military sexual trauma-related PTSD.
- Randall B, Wilson A. The 2000 Annual Report of the Regional Infant and Child Mortality Review Committee. *S D J Med* 2001; 54(11):447-8. Abstract: The 2000 Annual Report of the Regional Infant and Child Mortality Review Committee (RICMRC) is presented. Our Regional (Minnehaha, Lincoln, Turner, and McCook Counties) incidence for Sudden Infant Death (SIDS) was much lower in 2000 than seen previously in 1999 and 1998. It remains to be seen if this is a true reduction in the incidence of SIDS in our Region or simply a random fluctuation in the SIDS rate amplified by the relatively small number of Regional infant deaths. We are hopeful that the emphasis on the Back-to-Sleep program has been in part contributory towards the reduction in the number of SIDS. Accidental infant deaths in our report however emphasizes that Back-to-Sleep implies not only supine sleeping but also sleeping in a safe sleeping environment, including the avoidance of soft bedding. RICMRC serves not only as a data collection committee, but also actively engages in community education programs directed towards providing a safer environment for our children.
- Randall B, Wilson A. The 2001 annual report of the Regional Infant and Child Mortality Review Committee. *S D J Med* 2002; 55(11):471-5. Notes: CORPORATE NAME: Regional Infant and Child Mortality Review Committee Abstract: The annual report of the Regional Infant and Child Mortality Review Committee (RICMRC) is attached. This Committee has as its mission the review of infant and child death so that information can be transformed into action to protect young lives. The Committee review area in 2001 included South Dakota's Minnehaha, Turner, Lincoln, Moody, Lake, and McCook counties. In 2001 there were no deaths in this region due to Sudden Infant Death Syndrome (SIDS), however, there was one death due to positional asphyxia that represents the hazards of soft bedding and prone sleeping. In addition to this case, there were seven other deaths due to injury mostly representing immaturity in driving various vehicles. These data reflect the need to remain vigilant in the public campaign to promote "back to sleep" and safe sleeping environments for infant. The RICMRC invites other communities to join in its efforts to review deaths to prevent potential life-threatening hazards to children in their local environs.
- Randall B, Wilson A. The 2002 annual report of the Regional Infant and Child Mortality Review Committee. *S D J Med* 2003; 56(12):505-9. Abstract: The annual report of the Regional Infant and Child Mortality Review Committee (RICMRC) is attached. This Committee has as its mission the review of infant and child death so that information can be transformed into action to protect young lives. The 2002 review area includes South Dakota's Minnehaha, Turner, Lincoln, Moody, Lake, McCook, and Union counties. In 2002 there was one death in this region due to SIDS, plus one infant death due to positional asphyxia that illustrates the hazards of soft bedding and prone sleeping. These data reflect the need to remain vigilant in the public campaign to promote "back to sleep" and safe sleeping environments for infants. There were four other deaths due to accidental injury, mostly representing immaturity in driving various vehicles. In 2002 there were two child abuse homicides, and three teenage suicides. The RICMRC invites other communities to join in its efforts to review deaths to prevent potential life-threatening hazards to children in their local environs.
- Rao MR, Levine RJ, Wasif NK, Clemens JD. Reliability of maternal recall and reporting of child births and deaths in rural Egypt. *Paediatr Perinat Epidemiol* 2003; 17(2):125-31. Abstract: Demographic indicators such as fertility rates and infant mortality rates are often measured in census

surveys by interviewing mothers to obtain their pregnancy histories and child deaths. The validity of such surveys depends upon accurate recall of histories, truthful reporting of events and understanding of the questions posed. To measure the reliability of maternal reporting, two census surveys conducted in a rural Egyptian population were compared. Women between 15 and 55 years of age residing in 20 villages were asked their histories of live births, stillbirths and child deaths. An identical set of questions was posed 2 years later. Twice-monthly home visits were conducted in the intervening 2-year interval to identify accurately any new births, stillbirths and deaths occurring in the population. The maternal reports from the first census were combined with the prospectively identified births, stillbirths and deaths and compared with the maternal reports from the second census. For 1502 women, the discrepancies in the total number of births, stillbirths and child deaths reported between the two surveys were 0.6%, 4% and 0.6% respectively. However, when the consistency of responses was analysed, the proportion of women with discordant responses was 10%, 6% and 7% for the same measures. These results suggest that, despite the large number of births and deaths that women may experience in developing countries, maternal interviews provide reliable responses that can be used to estimate mortality and fertility rates in settings where vital records are incomplete or unreliable.

Rao MR, Wierzbica TF, Savarino SJ *et al.* Serologic correlates of protection against enterotoxigenic *Escherichia coli* diarrhea. *J Infect Dis* 2005; 191(4):562-70. Abstract: BACKGROUND: We conducted a nested case-control study in 397 rural Egyptian children <36 months of age to assess the correlation between serum levels of antibodies against toxin and colonization factors (CFs) and the risk of homologous enterotoxigenic *Escherichia coli* (ETEC) diarrhea. METHODS: Active case detection was performed via semiweekly home visits, and blood was obtained at 3-month intervals. After each serosurvey, case subjects were selected from children experiencing a CF antigen (CFA)/I-, CFA/II-, CFA/IV-, or heat-labile enterotoxin (LT)-ETEC diarrheal episode during the subsequent 3 months. Up to 5 control subjects per case subject were selected from children who did not experience an ETEC diarrheal episode during the corresponding interval. Serum titers of immunoglobulin G antibodies against CFA/I, coli surface antigen (CS) 3, CS6, and LT were measured by enzyme-linked immunosorbent assay. RESULTS: The distribution of serum titers of LT, CS3, and CS6 antibodies did not differ between the case and control subjects. For children <18 months of age, serum titers of CFA/I antibody were inversely related to the risk of CFA/I-ETEC diarrhea; reciprocal serum titers of CFA/I antibody > or =76 were associated with a 77% reduction in the odds of CFA/I-ETEC diarrhea. CONCLUSION: Induction of reciprocal serum titers of antibodies against CFA/I

within or above the 76-186 range should be further evaluated as a predictor for assessment of the ability of candidate vaccines to protect against CFA/I-ETEC diarrhea.

Raposo JV, Greer MH. Child abuse and neglect reporting in Hawaii: the role of dentists. *Hawaii Dent J* 2003; 34(3):5-6.

Rasmussen RC, Schermann MA, Shutske JM, Olson DK. Use of the North American guidelines for children's agricultural tasks with Hmong farm families. *J Agric Saf Health* 2003; 9(4):265-74. Abstract: This literature review synthesizes available studies on Hmong agricultural practices, patterns of childhood growth and development of Hmong children in the context of injury prevention, and potential application or adaptation of the North American Guidelines for Children's Agricultural Tasks (Lee and Marlenga, 1999) for Hmong children working in the U.S. Data from qualitative interviews, focus groups, case studies, and surveys were collected, categories were determined, and themes were identified. Field tools and practices, gender roles, and reasons for farming were examined, as well as physical and cognitive development of Hmong children and Hmong parenting techniques to describe factors related to farm task assignment of children. Current agricultural practices of Hmong in the U.S. can be described as generally small-scale operations that use mainly hand tools, manual labor, and local direct-marketing techniques. Specific practices include thinning, weeding, and hoeing; carrying tools, buckets, or baskets; setting plant supports; and watering. Hmong children appear to be given greater amounts of responsibility at earlier ages than North American children. Hmong parenting practices, as would be used in task assignment, are somewhat more authoritarian-based and lead to psychosocial skills that are more group-oriented than individual-oriented. Hmong children were found to be shorter than children in the U.S. of the same ages. This review suggests that the NAGCAT cannot be literally translated and disseminated to Hmong farming families as an injury prevention intervention. Further information is needed about what farm tasks Hmong children do and how Hmong parents assign those tasks to children.

Rau-Foster M. The dialysis facility's rights, responsibilities, and duties when there is conflict with family members. *Nephrol News Issues* 2001; 15(5):12-4. Abstract: The stressful effect that a chronic illness may have on a patient and his or her family can make the requirements of a chronic dialysis treatment program most difficult. There will be times when tensions arise between staff, patients, and family members, especially when the needs of the families and the patients are perceived as being unmet, unacknowledged, or otherwise lacking in importance to the staff.

Frustrations, if not addressed and successfully resolved, can lead to conflict and the threat of or incidences of violence. Questions that dialysis unit administrators/managers should ask when considering or revoking visitation privileges are: What are the causes and contributory factors that resulted in the unresolved issues and conflict? Did we clearly communicate our policies and procedures and the consequences for failing to follow them to those accompanying the patient? Did we fail to maintain proper boundaries with the invitee (Allowing the family members to engage in inappropriate behaviors such as threats, cursing, name-calling)? Have we attempted to resolve the issues with the family members? If so, how and what was the outcome? Did we document our actions and the family members' responses? Is the revocation of the visitation privilege the only viable option? If so, why? If not, what else could be done? What steps should be taken to minimize the disruptive effect on the patient, whose family member is being disruptive? What are the reasonable and the required steps that a facility should take to ensure that the patients are properly cared for and free from abuse and neglect? What did we learn from this situation that we could use in future situations? The uncomfortable position that Sacred Heart Hospital found itself in is a difficult one and one that many other clinics have or may experience. The focus on continuing to meet the needs of a patient while dealing with issues, such as those presented here, depicts and represents professionalism at work. Answering these questions before problems arise will help unit administrators be prepared to deal effectively with conflict at the dialysis facility. Having a plan of action in place ensures a suitable, uniform response to unacceptable situations and reduces the risk of reacting inappropriately when those situations arise.

Ray SL. Male survivors' perspectives of incest/sexual abuse. *Perspect Psychiatr Care* 2001; 37(2):49-59. Abstract: PURPOSE: To show how understanding the aftereffects of incest and other forms of sexual abuse from male survivors' perspectives may help clinicians identify males with a possible history of sexual abuse. METHODS: Audiotaped interviews with 25 male survivors described the aftereffects in eight life areas. Data were analyzed by the double-coding qualitative method. FINDINGS: Themes identified included isolation, anger, depression/suicidal feelings, addictions, or low sense of self, and distant relationships with men and women. CONCLUSIONS: Clinicians need to explore the possibility of a history of sexual abuse with males who seek treatment for addictions, suicidal ideation, depression, and chronic low self-esteem.

Rayner K, Foorman BR, Perfetti CA, Pesetsky D, Seidenberg MS. How psychological science informs the teaching of reading. *Psychol Sci* 2001; 2(2 Suppl):31-74.

Abstract: This monograph discusses research, theory, and practice relevant to how children learn to read English. After an initial overview of writing systems, the discussion summarizes research from developmental psychology on children's language competency when they enter school and on the nature of early reading development. Subsequent sections review theories of learning to read, the characteristics of children who do not learn to read (i.e., who have developmental dyslexia), research from cognitive psychology and cognitive neuroscience on skilled reading, and connectionist models of learning to read. The implications of the research findings for learning to read and teaching reading are discussed. Next, the primary methods used to teach reading (phonics and whole language) are summarized. The final section reviews laboratory and classroom studies on teaching reading. From these different sources of evidence, two inescapable conclusions emerge: (a) Mastering the alphabetic principle (that written symbols are associated with phonemes) is essential to becoming proficient in the skill of reading, and (b) methods that teach this principle directly are more effective than those that do not (especially for children who are at risk in some way for having difficulty learning to read). Using whole-language activities to supplement phonics instruction does help make reading fun and meaningful for children, but ultimately, phonics instruction is critically important because it helps beginning readers understand the alphabetic principle and learn new words. Thus, elementary-school teachers who make the alphabetic principle explicit are most effective in helping their students become skilled, independent readers.

Read J. The problem of child sexual abuse. *Science* 2005; 309(5738):1182-5; author reply 1182-5.

Read J, Hammersley P. Child sexual abuse and schizophrenia. *Br J Psychiatry* 2005; 186:76; author reply 76.

Realmuto GM, August GJ, Egan EA. Testing the goodness-of-fit of a multifaceted preventive intervention for children at risk for conduct disorder. *Can J Psychiatry* 2004; 49(11):743-52.

Abstract: OBJECTIVE: To determine the importance of parents' global adaptive functioning as a predictor of participation rate and subsequent child social competence outcome in 3 program components of an evidence-based, multifaceted, preventive intervention for at-risk children. METHOD: Families of program children (n = 124, mean age 6.6 years at recruitment) were offered 3 program components that continued for 3 years: a 6-week summer program, a biweekly family program that included concurrent parent and child education and skills training groups, and a flexibly tailored home visitation family support program. We used structural equation modelling to test hypotheses

about the effects of parental characteristics on program attendance in each of the program components over 3 years, as well as their relation to children's social competence. RESULTS: Predictors of attendance included child IQ, socioeconomic status (SES), and single-parent status for some components but not others, depending on parents' global adaptive functioning. Predictors of child social competence outcome were mediated by attendance in specific program components and were dependent on parent global adaptive functioning. Some components contributed decisively to social competence outcomes, and others did not, despite subjects' participation. CONCLUSIONS: Common family characteristics (that is, child IQ, SES, and single-parent status) predict program attendance differently, depending on parents' global adaptive functioning. Parents' global adaptive functioning determined whether attendance in specific program components mediated children's social competence. In this preventive intervention, as in clinical practice, only knowledge of the goodness-of-fit between participant characteristics and program attributes can ensure optimum benefit.

Reboussin BA, Anthony JC. Latent class marginal regression models for modelling youthful drug involvement and its suspected influences. *Stat Med* 2001; 20(4):623-39.

Abstract: In longitudinal behavioural studies, it is common to have multiple categorical indicators for measuring a theoretical construct of interest. A latent class model is presented that accounts for the structure in a set of correlated, categorical variables measured at discrete time periods, drawing information from these variables to form a smaller number of latent classes. The dependence of the resulting latent class model parameters on suspected factors over time is simultaneously modelled using a baseline-category logistic regression model. Estimation of the model parameters is achieved using an estimating equations procedure. A motivating example is provided from a longitudinal study of suspected linkages between monitoring or supervision by parents and the occurrence of drug use behaviours in an epidemiologic sample of school-attending youths.

Reece RM. The evidence base for shaken baby syndrome: response to editorial from 106 doctors. *BMJ* 2004; 328(7451):1316-7; author reply 1317.

Rees CA. Thinking about children's attachments. *Arch Dis Child* 2005; 90(10):1058-65. Abstract: Disordered parental attachment can commit children to lives characterised by relationship difficulties, behaviour problems, educational failure, and poor self-esteem. It is a major root of trans-generational neglect and abuse and frequently underlies mental health problems, drug and alcohol addiction, homelessness, and crime. Early childhood setting of

hypothalamus-pituitary-adrenal axis function appears to contribute to these costly difficulties. More broadly, the concept of attachment can contribute to defining and managing the psychosocial dimension of routine paediatric care. The current under-representation of attachment in paediatric education, practice, and research needs to be rectified.

Rees T. Kempe Children's Center report earns special recognition. *Profiles Healthc Mark* 2001; 17(6):2.

Reese T. Physiological responses to circumcision. *MCN Am J Matern Child Nurs* 2004; 29(4):263; author reply 263.

Regalado M, Sareen H, Inkelas M, Wissow LS, Halfon N. Parents' discipline of young children: results from the National Survey of Early Childhood Health. *Pediatrics* 2004; 113(6 Suppl):1952-8.

Abstract: OBJECTIVE: To examine the use and predictors of different discipline practices by parents of very young children using data from the 2000 National Survey of Early Childhood Health (NSECH). METHODS: NSECH is a nationally representative telephone survey of 2068 parents of young children between the ages of 4 and 35 months conducted by the National Center for Health Statistics. The survey includes questions about parents' use of 5 discipline practices: yelling, spanking, time out, toy removal, and explanations. chi2 analyses and logistic multivariate regression were used to examine associations between discipline practices and child, parent, and demographic factors. RESULTS: Among young children aged 19 to 35 months, frequent parental use of discipline strategies ranged from 26% (spanking) to 65% (taking away toy or treat), 67% (yelling), 70% (using time out), and 90% (providing explanations). In multivariate analyses, child age predicts reports of more frequent spanking and yelling, and child developmental risk is associated with increased reports of yelling. Parent frustration predicts frequent use of every discipline practice, including a greater inclination to use aversive practices. Lower parental emotional well-being is associated with reports of frequent yelling and spanking. Black ethnicity and maternal age predict more frequent spanking, and Spanish-speaking parents reported less frequent use of time out and taking away a toy. CONCLUSION: Child age and developmental risk and parents' ethnicity, emotions, and mental health are closely associated with discipline practices in the first 3 years of life. These factors are important for pediatricians to recognize in providing anticipatory guidance about discipline.

Regan J, Johnson C, Alderson A. Expert testimony linking child sexual abuse with posttraumatic stress disorder. *Tenn Med* 2002; 95(4):157-8.

Reid MJ, Webster-Stratton C, Beauchaine TP. Parent training in head start: a comparison of program

response among African American, Asian American, Caucasian, and Hispanic mothers. *Prev Sci* 2001; 2(4):209-27.

Abstract: The effectiveness of the Incredible Years Parenting Program was evaluated in a low-income sample of Caucasian, African American, Hispanic, and Asian mothers whose children were enrolled in Head Start. Data from two prior intervention studies [Webster-Stratton (1998) *Journal of Consulting and Clinical Psychology*, 66(5), 715-730; Webster-Stratton et al. (in press) *Journal of Clinical Child Psychology*] were combined, yielding a sample of 634 families (370 Caucasian, 120 African American, 73 Asian, 71 Hispanic) across 23 Head Start centers. Centers were matched and assigned randomly to either an experimental condition (8-12 weeks of weekly 2-hr parenting classes), or a control condition (the regular Head Start Program without parenting groups). Families in both conditions were assessed using home observations of parent-child interactions and parent reports of parenting style and discipline strategies and child behavior problems in the fall (baseline) and spring (postintervention) of the children's Head Start year. Families were reassessed 1 year later. Following treatment, intervention mothers were observed to be more positive, less critical, more consistent, and more competent in their parenting than were control mothers. Additionally, children of intervention parents were observed to exhibit fewer behavior problems than were control children. Differences in treatment response across ethnic groups were few, and did not exceed the number expected by chance. Parents from all groups reported high satisfaction levels following the parenting program. Results indicate that the Incredible Years Program is accepted by and effective with diverse populations.

Reijneveld SA, van der Wal MF, Brugman E, Hira Sing RA, Verloove-Vanhorick SP. [Prevalence of parental behaviour to diminish the crying of infants that may lead to abuse]. *Ned Tijdschr Geneesk* 2004; 148(45):2227-30.

Abstract: OBJECTIVE: To estimate the prevalence of parental actions to stop infant crying that may threaten infant health, and to determine specific risk groups regarding these actions. DESIGN: Descriptive. METHOD: Before their visit to a well-baby clinic in the Netherlands, parents of 3345 infants aged 1-6 months (96.5% response) filled out an anonymous questionnaire on actions that they undertook to stop their child crying. RESULTS: At 6 months, 5.6% (95% confidence interval: 4.2-7.0%) of all the parents reported having smothered, slapped, or shaken their infant at least once because of its crying. The highest risks for detrimental parental actions were run by infants of parents from non-industrialised countries, of parents with no or only a part-time job, and of parents who had judged their infant's crying as excessive. CONCLUSION: Clinicians should be aware of the observed risk factors for abuse of young children

known to cry a lot, in order to help parents to cope with this crying.

Reimherr JP, McClellan JM. Diagnostic challenges in children and adolescents with psychotic disorders. *J Clin Psychiatry* 2004; 65 Suppl 6:5-11. Abstract: The diagnosis of psychotic disorders in children and adolescents is often complex and challenging. The symptomatic overlap between different psychotic conditions and other emotional, behavioral, and developmental disorders has led to high rates of misdiagnosis, especially at time of onset. The clinical expression and progression of diagnosable disorders are affected by maturational processes. Thus, psychotic illnesses in pediatric patients may vary from adult presentations because of developmental factors. Establishing a specific diagnosis is difficult when the differential diagnosis comprises disorders that share common symptoms and are frequently comorbid. The clinical assessment depends as much on input from parents and teachers as from the patients themselves, and there may be conflict between these different perceptions. This article reviews recent research and current concepts relating to diagnostic challenges in pediatric psychiatry.

Reinherz HZ, Paradis AD, Giaconia RM, Stashwick CK, Fitzmaurice G. Childhood and adolescent predictors of major depression in the transition to adulthood. *Am J Psychiatry* 2003; 160(12):2141-7. Abstract: OBJECTIVE: The identification of predictors of major depression in the transition to adulthood has direct application to prevention and intervention efforts designed to forestall depression in this high-risk period. The current study identified childhood and adolescent familial and behavioral-emotional factors predicting depression during this critical developmental stage. METHOD: The 354 participants were part of a single-age cohort from a predominately Caucasian working-class community whose psychosocial development has been traced prospectively since age 5. In these analyses, data collected during childhood and adolescence were related to diagnoses of major depression at ages 18-26. RESULTS: During the transition to adulthood, 82 participants (23.2%) experienced major depression. Bivariate indicators of later depression included a family history of depression or substance use disorders, family composition, and childhood family environments perceived as violent and lacking cohesiveness. Also significant were self- and mother-reported internalizing behaviors, as well as self-rated anxiety and depressive symptoms. Multivariable analyses showed family violence, family composition, internalizing problems during adolescence, and low family cohesion to be the most salient factors. CONCLUSIONS: These results highlight familial and behavioral-emotional predictors of depression that can serve as foci for identifying youth in need of intervention.

Reitman D, Currier RO, Hupp SD, Rhode PC, Murphy MA, O'Callaghan PM. Psychometric characteristics of the Parenting Scale in a head start population. *J Clin Child Psychol* 2001; 30(4):514-24. Abstract: Examined the reliability, construct, and concurrent validity of the Parenting Scale (PS), a brief instrument designed to measure dysfunctional parenting practices for parents of young children. In Study 1, 183 primarily African American mothers and their Head Start children completed the PS. The PS, which consists of 3 subscales--Laxness, Overreactivity, and Verbosity--was subjected to confirmatory factor analysis (CFA). Neither the original 3-factor structure, nor a 2-factor structure consisting of the original Laxness and Overreactivity factors, fit the data. A subsequent exploratory factor analysis yielded a 2-factor solution that was generally consistent with the Overreactivity and Laxness subscales identified by Arnold, O'Leary, Wolff, and Acker (1993). The 2-factor CFA solution was replicated with a sample of 216 similar mothers, and the 5-item Overreactivity and Laxness subscales retained internal consistencies above .70. Analysis of the convergent validity of the modified PS and its 2 subscales revealed moderate associations with measures of permissiveness, authoritarianism, involvement, and limit setting. Scores on the PS were not correlated significantly with measures of social desirability, maternal education level, or parent report of internalizing behavior problems. Concurrent validity evidence was obtained by correlating the PS with measures of parenting satisfaction and support, parenting stress, maternal depression, and measures of externalizing child behavior problems.

Rennison C, Planty M. Nonlethal intimate partner violence: examining race, gender, and income patterns. *Violence Vict* 2003; 18(4):433-43. Abstract: The correlation between race of victim and intimate partner violence (IPV) is examined. Previous research showing a relationship between Black victims and higher levels of violence were based on uni-variate examinations and often do not consider other important factors. This paper presents national estimates of IPV by victim's race using the National Crime Victimization Survey (NCVS), 1993-1999. The estimates based only on race are then disaggregated to account for the victim's gender and household income. Uni-variate findings demonstrate that victim's race is significantly related to rates of intimate partner violence. However, after controlling for both victim's gender and annual household income, the victim's race is no longer significant. The importance of understanding intimate partner violence through a person's socioeconomic status rather than race is discussed.

Renshaw DC. Pornography: reactions and reality. *Compr Ther* 2005; 31(4):251-4. Abstract: The Greek word *porne* (harlot) paired with *graphie* (picture or writing) has for centuries been used

for depiction of sexual activity from cave paintings to contemporary internet depictions, movies, and videos. Playboy-type magazines are considered "tame" today. This brief discussion will update busy physicians of all specialties as to how their patients may be using or overusing available explicit materials and will also assess the impact on the patients' current work and home adjustment.

Renton M. Networking neonatal units. *Pract Midwife* 2003; 6(6):4-5.

República Dominicana. Congreso Nacional. Ley No. 137-03 sobre tráfico ilícito de migrantes y personas. Santo Domingo: República Dominicana. Congreso Nacional, 2003:8.

Abstract: **CONSIDERANDO:** Que el tráfico de seres humanos y la introducción, paso y salida ilegal de éstos en diferentes países del mundo se ha convertido en un negocio que genera enormes beneficios para los traficantes y para los sindicatos del crimen organizado, que unido a los altos niveles de pobreza, desempleo y factores sociales y culturales, como la violencia contra la mujer, niños, niñas y adolescentes, la discriminación por sexo en la familia y en la comunidad, pasando por la feminización de la migración laboral en los países de origen, pueden obligar a los migrantes potenciales a recurrir a las redes del crimen;....

Resnik DB, Zeldin DC, Sharp RR. Research on environmental health interventions: ethical problems and solutions. *Account Res* 2005; 12(2):69-101. Notes: GENERAL NOTE: KIE: 60 refs. 13 fn. GENERAL NOTE: KIE: KIE Bib: human experimentation; public health Abstract: This article reviews a variety of ethical issues one must consider when conducting research on environmental health interventions on human subjects. The paper uses the Kennedy Krieger Institute lead abatement study as well as a hypothetical asthma study to discuss questions concerning benefits and risks, risk minimization, safety monitoring, the duty to warn, the duty to report, the use of control groups, informed consent, equitable subject selection, privacy, conflicts of interest, and community consultation. Research on environmental health interventions can make an important contribution to our understanding of human health and disease prevention, provided it is conducted in a manner that meets prevailing scientific, ethical, and legal standards for research on human subjects.

Ressler-Maerlender J, Sorensen RE. Circumcision: an informed choice. *AWHONN Lifelines* 2005; 9(2):146-50.

Reungoat P, Chiron M, Gauvin S, Zmirou-Navier D, Momas

I. Retrospective assessment of exposure to traffic air pollution using the ExTra index in the VESTA French epidemiological study. *J Expo Anal Environ Epidemiol* 2005; 15(6):524-33.

Abstract: This study applies a traffic exhaust air dispersion model (the ExTra index) to 403 children enrolled in a French multicentric case-control study, the VESTA study (Five [V] Epidemiological Studies on Transport and Asthma). The ExTra index (previously validated by our team) was used to assess lifelong average traffic-related air pollutant (TAP) concentrations (nitrogen oxides) children in the study were exposed to in front of their living places. ExTra index took into account traffic density, topographical parameters (building height, road and pavement width), weather conditions (wind direction and strength) and background pollution levels. Topographical and traffic data were collected, using a specific questionnaire for each home, school or nursery address, attended by children. The assessment of time-weighted NO<sub>x</sub> levels in front of the children's living places highlighted significant disparities: mean ExTra index values and share attributable to proximity traffic were, respectively, 70+/-42 and 14+/-22 microg/m<sup>3</sup> NO<sub>x</sub> equivalent NO<sub>2</sub> for the 403 children in our study. Not only would this diversity not have been revealed using urban background pollution data provided by air quality networks, it would have resulted in 40% of the children being misclassified with regard to their TAP exposure by underestimating it in half of the cases and overestimating it in the other half. Such errors of classification, which are highly prejudicial in epidemiology, argue strongly for the use of an index such as the ExTra, which enables TAP exposure to be reconstructed within the framework of retrospective or prospective epidemiological studies.

Reutzel TJ, Patel R. Medication management problems reported by subscribers to a school nurse listserv. *J Sch Nurs* 2001; 17(3):131-9.

Abstract: Given the potentially serious consequences of suboptimum medication management practices in elementary and secondary schools and the fact that this topic has been subject to little empirical inquiry, the purpose of this study was to obtain a preliminary understanding of the types of medication management problems that school nurses face, as well as the strategies they use to solve those problems. An analysis of messages related to medication management that appeared on the SCHLRN-L listserv (a 1,400-member discussion group for schools nurses) was performed. All messages sent to the listserv during a 5-month period were monitored. Any discussion thread that began during this time period and addressed the management of medications was selected for possible inclusion in the study. The result was a group of 71 threads. The listserv participants described a wide array of medication management problems and suggested numerous strategies for solving them. This study shows that serious medication management problems exist in

schools and that school nurses make use of various strategies or "tricks of the trade" to handle these problems. This research highlights the need for a contribution from the pharmacy profession in this important and neglected area of drug therapy.

Rey JM, Sawyer MG, Prior MR. Similarities and differences between aggressive and delinquent children and adolescents in a national sample. *Aust N Z J Psychiatry* 2005; 39(5):366-72.

Abstract: OBJECTIVE: To examine differences in the correlates, comorbidity and use of services between aggressive and delinquent children and adolescents. METHOD: An Australian representative sample (n = 4083) of parents of children and adolescents were administered a psychiatric diagnostic interview, the Child Behaviour Checklist, and other instruments to measure service use. The characteristics of children with high scores (top 5%) in the aggressive and delinquent syndromes or both were then examined. RESULTS: The proportion of aggressive children decreased with increasing age while that of delinquents increased. The aggressive group was specifically associated with the impulsive-hyperactive subtype of attention deficit hyperactivity disorder (ADHD) (OR = 12.63; 95% CI = 5.97-26.74). Comorbidity between ADHD, aggression and delinquency was less frequent among adolescents than in children, with the exception of the inattentive subtype in which comorbidity was higher. Both aggressive and delinquent groups had a considerable overlap with conduct disorder. Aggressive and delinquent youths used services more often, but parents perceived aggressive children as more in need of help than delinquent ones. Living in a sole parent family was specifically associated with the delinquent group (OR = 3.34; 95% CI = 2.25-4.96). CONCLUSIONS: The results suggest that these empirically derived syndromes while sharing many features also differ in important ways, highlighting the need for further convergence between categorical and dimensional classifications. Their differential association with the subtypes of ADHD requires further examination and may help to understand the relationship between ADHD and conduct problems. The importance of aggressive behaviour in children should not be underestimated since it is associated with significant psychopathology, parental distress and use of services.

Reyes H, Perez-Cuevas R, Sandoval A *et al.* The family as a determinant of stunting in children living in conditions of extreme poverty: a case-control study. *BMC Public Health* 2004; 4:57.

Abstract: BACKGROUND: Malnutrition in children can be a consequence of unfavourable socioeconomic conditions. However, some families maintain adequate nutritional status in their children despite living in poverty. The aim of this study was to ascertain whether family-related factors are determinants of stunting in young Mexican children living in extreme poverty, and



whether these factors differ between rural or urban contexts. **METHODS:** A case-control study was conducted in one rural and one urban extreme poverty level areas in Mexico. Cases comprised stunted children aged between 6 and 23 months. Controls were well-nourished children. Independent variables were defined in five dimensions: family characteristics; family income; household allocation of resources and family organisation; social networks; and child health care. Information was collected from 108 cases and 139 controls in the rural area and from 198 cases and 211 controls in the urban area. Statistical analysis was carried out separately for each area; unconditional multiple logistic regression analyses were performed to obtain the best explanatory model for stunting. **RESULTS:** In the rural area, a greater risk of stunting was associated with father's occupation as farmer and the presence of family networks for child care. The greatest protective effect was found in children cared for exclusively by their mothers. In the urban area, risk factors for stunting were father with unstable job, presence of small social networks, low rate of attendance to the Well Child Program activities, breast-feeding longer than six months, and two variables within the family characteristics dimension (longer duration of parents' union and migration from rural to urban area). **CONCLUSIONS:** This study suggests the influence of the family on the nutritional status of children under two years of age living in extreme poverty areas. Factors associated with stunting were different in rural and urban communities. Therefore, developing and implementing health programs to tackle malnutrition should take into account such differences that are consequence of the social, economic, and cultural contexts in which the family lives.

Ribeiro MA, Ferriani MG, Reis JN. [Sexual abuse of children and adolescents: characteristics of sexual victimization in family relations]. *Cad Saude Publica* 2004; 20(2):456-64.  
 Abstract: This study analyzes the characteristics of sexual abuse committed within the family against age groups classified according to the Brazilian Statute for Children and Adolescents (the prevailing legislation on matters pertaining to minors) and treated at the Reference Center for Children and Adolescents and the Guardianship Councils in Ribeirao Preto, Sao Paulo State, Brazil, from 1995 to 2000. Some 234 abuses were identified, committed by 217 aggressors, against 210 families and a total of 226 victims. A total of 131 children (48.7%) and 95 adolescents (41.2%), predominantly females, were victimized. Children ranging from 10 to 12 years were the most frequently abused (19.5%), as well as adolescents from 12 to 14 years old (17.3%). The majority of the victims live in families with 3 (19.9%) or 4 children (17.7%), and the firstborn are the most frequently abused (33.6%). The majority of aggressors who acted alone victimized only one individual (86.7%). Fathers (34.2%) and

stepfathers (30.3%) were the most frequent aggressors, with the former victimizing more children (19.7%) and the latter adolescents (17.1%).

Ribisl KM, Lee RE, Henriksen L, Haladjian HH. A content analysis of Web sites promoting smoking culture and lifestyle. *Health Educ Behav* 2003; 30(1):64-78.  
 Abstract: The present study examined smoking culture and lifestyle Web sites listed on Yahoo!, a popular Internet search catalog, to determine whether the sites were easily accessible to youth, featured age or health warnings, and mentioned specific tobacco brands. A content analysis of photographs on these sites assessed the demographics of individuals depicted and the amount of smoking and nudity in the photographs. The sample included 30 Web sites, all of which were accessible to youth and did not require age verification services to enter them. Cigarette brand names were mentioned in writing on 35% of the sites, and brand images were present on 24% of the sites. Nearly all of the photographs (95%) depicted smoking, 92% featured women, and 7% contained partial or full nudity. These results underscore the need for greater research and monitoring of smoking-related Internet content by health educators and tobacco control advocates.

Ricci FL. The Italian national telemedicine programme. *J Telemed Telecare* 2002; 8(2):72-80.  
 Abstract: The Italian national telemedicine programme included a broad range of research projects, but they all served the common purpose of bringing about improvements in health-care management and performance. The programme consisted of seven projects, each of which had specific research and training objectives, and a three-year duration. The systems developed in the course of the programme were not experimental prototypes: they were intended to be pre-commercial systems. The functional and clinical merits of the products and systems developed were evaluated, and their costs and benefits measured with reference to those already in use. The seven projects were completed in 1999. The Italian Ministry of Universities, Research and Technology granted research funds totalling 50,000,000 Euros for the whole programme. While the results of the research were promising, successful projects alone are not sufficient to reduce costs in health-care. Indeed, far more money can be saved simply by encouraging the uptake on a larger scale of many technologies and practices that already exist.

Ricciardi C, Guastadisegni C. Environmental inequities and low birth weight. *Ann Ist Super Sanita* 2003; 39(2):229-34.  
 Abstract: The effects of environmental exposures to toxic agents, are related to different levels of exposure, genetic and biological susceptibility, risk perception and socioeconomic status (SES). In the present study

we suggest that environmental influences on human reproduction should include investigations on SES, that can play an important role in embryo-foetal development. Low birth weight (LBW) is a risk factor for developing in adulthood coronary heart disease, hypertension and type 2 diabetes. Maternal nutritional status and other hypothesis could explain LBW, however, environmental exposures are recognised as essential risk factors. Different studies evidenced an increased risk of LBW in relation to increased environmental air levels of particulate matter, carbon monoxide, and sulphur dioxide. Considering different risk possibilities and different risk perceptions, there is a need of a different scientific approach in which the scientific knowledge is connected with ethical and socioeconomic factors, for risk management, in order to overcome the environmental health inequities based on social context.

Richards TJ. Sarah's last visit. *Med Econ* 2002; 79(4):47-8.

Richardson C. Physician/hospital liability for negligently reporting child abuse. *J Leg Med* 2002; 23(1):131-50.

Richens Y. Building bridges: involving Pakistani women. *Pract Midwife* 2003; 6(8):14-7.

Riddell-Heaney J, Allott M. Different cultures but equal needs. *Prof Nurse* 2003; 18(5):248-9. Abstract: Many health professionals deal with issues of child protection on a regular or occasional basis, so they not only need a good understanding of their duties but also an awareness of cultural issues.

Ridgway D. Court-mediated disputes between physicians and families over the medical care of children. *Arch Pediatr Adolesc Med* 2004; 158(9):891-6. Abstract: OBJECTIVE: To describe the judiciary's approach to parent-physician disputes over the care of sick children. DATA SOURCES: Court publications. STUDY SELECTION: Fifty parent-physician disagreements over the care of children led to physician requests for court intervention and resulted in judicial opinions published by the court. The opinions describe 66 children from 20 states. DATA SYNTHESIS: Physicians prevailed at the initial decision in 44 (88%) of the 50 disputes and at the final decision in 40 disputes (80%). Physicians were more likely to prevail in religion-based disputes than in other cases (27 of 30 vs 13 of 20;  $P < .03$ ), but they were less likely to prevail in disputes concerning life-threatening or potentially disabling conditions (23 of 31 vs 17 of 19;  $P < .19$ ). Courts acknowledged the pediatric patients' views in only 10 of the disputes (9 of the 19 cases involving adolescents and 1 of the 31 cases involving children younger than 12 years). For most courts, the petitioning physicians provided the only source of scientific information. CONCLUSIONS: Published court opinions create precedents for future decisions

and provide insight into the consequences of seeking court intervention for the physician who encounters parental refusal of care.

Ridgway DM, White SA, Kimber RM, Nicholson ML. Current practices of donor pancreas allocation in the UK: future implications for pancreas and islet transplantation. *Transpl Int* 2005; 18(7):828-34. Abstract: Recent refinements in technique mean islet cell transplantation offers the chance of a cure to an increasing patient cohort with diabetes. Such developments put pressure upon the scarce resource of donor organs, with potential competition between the modalities of cellular and solid organ transplantation. This questionnaire based study examines current patterns of donor pancreas procurement and use. Reasons for non procurement are studied together with the attitudes of transplant professionals to pancreas allocation. The minority of potentially useful pancreata are currently made available to either whole pancreas or islet transplant programs. Whilst professionals appreciate the role of each modality, there is a need to define criteria for pancreas allocation to avoid under use of donor organs.

Riedy CA, Weinstein P, Milgrom P, Bruss M. An ethnographic study for understanding children's oral health in a multicultural community. *Int Dent J* 2001; 51(4):305-12.

Abstract: OBJECTIVE: To provide guidance for a public health intervention in a high caries rate multicultural population by understanding cultural issues surrounding children's oral health. METHOD: Seven community focus groups were conducted with five ethnic populations (Chamorro, Filipino, Carolinian, Pohnpean, and Chuukese) living on the island of Saipan, Commonwealth of the Northern Mariana Islands, USA. Participants were asked questions about their beliefs, attitudes, knowledge, and care practices regarding issues around children's oral health. RESULTS: Analysis consisted of a content review of participants' responses within two targeted areas: past and current attitudes and health beliefs, and behaviours impacting risk of developing disease. Both the lack of value of baby teeth and negative parental experiences are factors underlying health beliefs and behaviours. Although some differences in beliefs and practices existed across cultural groups, most women were interested in learning about new preventive strategies to reduce dental disease. Several new mothers reported that they actively sought out parenting information during their initial pregnancy. CONCLUSIONS: Aversive parental experience and disregard for primary dentition were identified as serious obstacles to be addressed in order for any new programme to be effective. Despite these obstacles, new mothers were open to information and strategies to reduce the prevalence of early childhood caries.

Riem S. [Sexual abuse--neglect--violence. Accordingly you diagnose child abuse]. *MMW Fortschr Med* 2002; 144(8):16.

Rigby MJ, Kohler LI, Blair ME, Metchler R. Child health indicators for Europe: a priority for a caring society. *Eur J Public Health* 2003; 13(3 Suppl):38-46. Abstract: BACKGROUND: Measurement of children's health is important for two reasons: first, because young people are citizens in their own right, yet largely unable to act as self-advocates, particularly at the population level; and second, because their health determines the health of the future population. Indicators based on measurements of child health are important for identifying progress, problems and priorities, changes over time, and newly emergent issues. The European Community Health Monitoring Programme (HMP) is a comprehensive programme to develop and implement a set of national-level indicators. The Child Health Indicators of Life and Development (CHILD) project is the only population group-specific project, seeking to determine a holistic set of measures. METHODS: The project endeavoured to address all aspects of child health and its determinants, balancing positive and negative aspects. It undertook a structured search of published evidence to seek to identify, and validate, indicators of health and illness, health determinants and challenges to health, quality of healthcare support and health-promoting national policies. A systematic approach was used in identifying valid indicators, and in assembling a balanced composite list. All ages from infancy to adolescence were covered. RESULTS: The project's final report identifies 38 core desirable national indicators, citing purpose and evidence for each. Of equal importance, it also identifies 17 key child health topics on which further research work is needed in order to identify and validate indicators appropriate across different national settings.

Riggs SA, Jacobvitz D. Expectant parents' representations of early attachment relationships: associations with mental health and family history. *J Consult Clin Psychol* 2002; 70(1):195-204. Abstract: The association between adult representations of early attachment relationships and history of individual and family mental health was examined in a sample of 233 expectant mothers and fathers. As predicted, security of attachment was linked to mental health. Parents classified as Preoccupied were more likely than other parents to report suicidal ideation. Whereas parents classified as Unresolved more often reported suicidal ideation, emotional distress, and substance abuse. With respect to family history. Unresolved and Preoccupied attachment classifications were significantly related to child abuse involving a relative and parental separation or divorce. These findings support theoretical conceptualizations regarding the link between adult attachment and mental health in middle-class American adults.

Riley EP, Mattson SN, Li TK *et al.* Neurobehavioral consequences of prenatal alcohol exposure: an international perspective. *Alcohol Clin Exp Res* 2003; 27(2):362-73.

Abstract: This article represents the proceedings of a symposium at the 2002 Research Society on Alcoholism/International Society for Biomedical Research on Alcoholism meeting in San Francisco, CA. The organizers were Edward P. Riley and Sarah N. Mattson, and the chairperson was Edward P. Riley. The presentations were (1) Neurobehavioral deficits in alcohol-exposed South African infants: preliminary findings, by Sandra W. Jacobson, Christopher D. Molteno, Denis Viljoen, and Joseph L. Jacobson; (2) A pilot study of classroom intervention for learners with fetal alcohol syndrome in South Africa, by Colleen Adnams, M. W. Rossouw, M. D. Perold, P. W. Kodituwakku, and W. Kalberg; (3) Differential effects of prenatal alcohol exposure on fluid versus crystallized intelligence, by P. W. Kodituwakku, W. Kalberg, L. Robinson, and P. A. May; (4) Neurobehavioral outcomes of prenatal alcohol exposure: early identification of alcohol effects, by Claire D. Coles; (5) Fetal alcohol syndrome in Moscow, Russia: neuropsychology test performance, by Sarah N. Mattson, E. P. Riley, A. Matveeva, and G. Marintcheva; and (6) Long-term follow-up of Finnish children exposed to alcohol in utero in various durations, by Marit I. Korkman and I. Autti-Ramo. The discussant was Ting-Kai Li.

Ripamonti C, Bianchi M. The use of methadone for cancer pain. *Hematol Oncol Clin North Am* 2002; 16(3):543-55.

Abstract: Methadone is not a new analgesic drug [69]. Several studies have demonstrated that methadone is a valid alternative to morphine, hydromorphone, and fentanyl for the treatment of cancer-related pain, and extensive reviews on the subject have been published in recent years [10,23,25,64,70,71]. Most people involved in pain therapy, however, are not well informed about the properties of methadone. The authors believe that the low cost of methadone paradoxically contributes to the limited knowledge of its characteristics and to the restricted therapeutic use of this drug. The low cost of methadone means there is little financial incentive for pharmaceutical companies to invest in research or to disseminate scientific information. Unfortunately, the lack of scientific information from pharmaceutical companies frequently results in a lack of knowledge on the part of physicians. Unless the existing approach changes, both culturally and politically, ignorance about methadone will persist among medical experts. The low cost of methadone, rather than being an advantage, will result in the limited exploitation of an effective drug.

Ripley A. Inside the church's closet. *Time* 2002; 159(20):60-4.

Ritchie A. Nutrition education and promotion in primary schools. *Aust J Holist Nurs* 2001; 8(2):39-44. Abstract: Health promotion with school-age children can enhance knowledge about nutrition and change eating habits when health workers, schools, and communities work together for a common goal. A range of options need to be considered when designing an effective and appropriate school-based program.

Ritchie LD, Welk G, Styne D, Gerstein DE, Crawford PB. Family environment and pediatric overweight: what is a parent to do? *J Am Diet Assoc* 2005; 105(5 Suppl 1):S70-9.

Abstract: Although the causes of pediatric overweight are many and the levels of intervention required to prevent overweight in children extend from the child's immediate environment to the larger societal level, one critical intervention target is the parent. Scientific evidence points to specific dietary and physical activity/inactivity behaviors that families can adopt to encourage healthful weight status. Dietary recommendations include providing children with ample access to nutrient-dense foods and beverages and high-fiber foods, both at meals and snack times, reducing children's access to high-calorie, nutrient-poor beverages and foods both when eating at home and at restaurants, avoiding excessive food restriction or use of food as a reward, and encouraging children to eat breakfast on a daily basis. Physical activity recommendations include providing opportunities and encouragement for children to be physically active while reducing children's television and video game time. Parental modeling of healthful eating and physical activity practices is recommended to reinforce these patterns in youth. Dietetics professionals, physicians, and other health care professionals can assist parents in their efforts to prevent pediatric overweight by providing information and supporting these key behaviors, while working to create environments that support healthful lifestyle changes.

Rivera HP. Developing collaborations between child welfare agencies and Latino communities. *Child Welfare* 2002; 81(2):371-84.

Abstract: Collaborative efforts to achieve permanency planning and family stability for all children in the child welfare system are increasing. As Latino children and families constitute the fastest growing ethnic group in the child welfare system, it is important to understand how to develop culturally sensitive collaborations with their communities. The purpose of this article is to suggest helpful guidelines for developing collaborations between child welfare agencies and Latino communities.

Rivera-Rivera L, Allen B, Thrasher JF *et al*. Intra-familial physical violence among Mexican and Egyptian youth. *Rev Saude Publica* 2005; 39(5):709-15. Abstract: OBJECTIVE: To determine the prevalence of

experiencing intra-familial violence among Mexican and Egyptian youth and to describe its associated risk factors. METHODS: Data from questionnaires applied to 12,862 Mexican and 5,662 Egyptian youth, aged 10 to 19, who attended public schools were analyzed. Bivariate and logistic regression analysis were used to determine the relationship between socio-demographics, the experience of intra-familial violence and violence perpetration. RESULTS: The prevalence of having experienced intra-familial violence was comparable across the Mexican and Egyptian populations (14% and 17%, respectively). In Mexico, young men were more likely to have experienced such violence (OR=2.36) than women, whereas in Egypt, young women were at slightly greater risk than young men (OR=1.25). Older age, male gender and urban residence were independent correlates of experiencing intra-familial violence among Mexican youth. For Egyptian adolescents, in contrast, younger age, female gender and having non-married parents were independent correlates of victimization. Intra-familial violence victims were also more likely than non-victims to perpetrate violence (Mexico: OR=13.13; Egypt: OR=6.58). CONCLUSIONS: Mexican and Egyptian youth experienced intra-familial violence at a relatively low prevalence when compared with youth of other countries. A strong association was found between experiencing intra-familial violence and perpetrating violence.

Roane KR. The long arm of abuse. *US News World Rep* 2002; 132(15):26-9.

Robben SG. [Diagnostic image (177). A lifeless infant. Shaken baby syndrome]. *Ned Tijdschr Geneesk* 2004; 148(23):1168; author reply 1168.

Robbins H, Hundley V, Osman LM. Minor illness education for parents of young children. *J Adv Nurs* 2003; 44(3):238-47.

Abstract: BACKGROUND: A number of previous studies on minor illness have concentrated on nurse-led clinics and the role of nurse practitioners. This study examines the effect of a minor illness education programme which aimed to increase parents' confidence and knowledge in managing childhood illnesses. AIM: The primary aim of this study was to evaluate the effectiveness of a home visit and booklet in providing education to parents about minor infant illnesses. DESIGN: A randomized controlled trial was conducted. The intervention involved a home visit to discuss parents' concerns and provide advice and information, and a booklet advising parents what to do and when to consult about infant illnesses. METHOD: A total of 120 parents of 6 week old babies were identified over a 6 month period, using health visitors' caseloads, and randomized to an intervention group (60), that received a visit and a booklet, or a control group (60) that received standard care. Groups were

compared on entry to the study and at 7 months, in terms of parental knowledge and confidence about childhood illnesses, the intended use of home care activities, intention to consult professionals and actual use of health services. Data were collected by self-completed questionnaire and case note review. FINDINGS: The educational intervention resulted in a reduction in visits to the child health clinic but had little effect on use of other services. Parents in the intervention group showed a general trend towards greater certainty about the home care options they would choose, and a reduction in intention to consult a doctor. However, they also indicated a feeling of reduced confidence and knowledge. CONCLUSION: The trial showed no effect on use of services but did demonstrate reduction in parents' intentions to consult a doctor, which appeared to be because of increased certainty about home care. However, it is of concern that they indicated feeling less confident and knowledgeable. It is not possible to clarify whether this represented anxiety that was constructive, enhancing decision-making or was destructive. Further work into the role of education in parental decision-making, anxiety levels and enhancement of confidence is required.

Robertson AS, Rivara FP, Ebel BE, Lymp JF, Christakis DA. Validation of parent self reported home safety practices. *Inj Prev* 2005; 11(4):209-12. Abstract: OBJECTIVES: To evaluate the validity of parents' self reported home safety practices concerning smoke detectors, bike helmets, car seats, and water heater temperature. SETTING: Parents of children 12 years old and under whose child had made at least one visit to a study clinic in the years 2000-2003. METHODS: As part of a randomized controlled trial to improve patient provider communication and preventive practices, parents' responses to telephone interview were compared with observations of safety practices during a home visit. Home visits were completed within nine weeks of the telephone interview. Parents were not told that the visit was part of a validation study and home visit observers were unaware of the interview responses. The authors calculated sensitivities, specificities, positive and negative predictive values, and their corresponding confidence intervals. RESULTS: Sensitivity (0.78 to 0.98) and positive predictive values (0.75 to 1.00) were high for all items. Specificities and negative predictive values were more variable and the highest estimates (specificity 0.95 to 1.00, negative predictive value 0.95 to 0.97) were for car seat types. CONCLUSIONS: The results suggest that parent self report practice of certain injury prevention behaviors (owning a car seat, hot water temperatures) is reliable, whereas self reports on other practices (working smoke detectors, properly fitting bike helmets) may be overstated.

Robertson CL, Bell MJ, Kochanek PM *et al.* Increased adenosine in cerebrospinal fluid after severe traumatic

brain injury in infants and children: association with severity of injury and excitotoxicity. *Crit Care Med* 2001; 29(12):2287-93.

Abstract: OBJECTIVES: To measure adenosine concentration in the cerebrospinal fluid of infants and children after severe traumatic brain injury and to evaluate the contribution of patient age, Glasgow Coma Scale score, mechanism of injury, Glasgow Outcome Score, and time after injury to cerebrospinal fluid adenosine concentrations. To evaluate the relationship between cerebrospinal fluid adenosine and glutamate concentrations in this population. DESIGN: Prospective survey. SETTING: Pediatric intensive care unit in a university-based children's hospital. PATIENTS: Twenty-seven critically ill infants and children who had severe traumatic brain injury (Glasgow Coma Scale < 8), who required placement of an intraventricular catheter and drainage of cerebrospinal fluid as part of their neurointensive care. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Patients ranged in age from 2 months to 14 yrs. Cerebrospinal fluid samples (n = 304) were collected from 27 patients during the first 7 days after traumatic brain injury. Control cerebrospinal fluid samples were obtained from lumbar puncture on 21 infants and children without traumatic brain injury or meningitis. Adenosine concentration was measured by using high-pressure liquid chromatography. Adenosine concentration was increased markedly in cerebrospinal fluid of children after traumatic brain injury vs. controls (p < .001). The increase in cerebrospinal fluid adenosine was independently associated with Glasgow Coma Scale < or = 4 vs. > 4 and time after injury (both p < .005). Cerebrospinal fluid adenosine concentration was not independently associated with either age (< or = 4 vs. > 4 yrs), mechanism of injury (abuse vs. other), or Glasgow Outcome Score (good/moderately disabled vs. severely disabled, vegetative, or dead). Of the 27 patients studied, 18 had cerebrospinal fluid glutamate concentration previously quantified by high-pressure liquid chromatography. There was a strong association between increases in cerebrospinal fluid adenosine and glutamate concentrations (p < .005) after injury. CONCLUSIONS: Cerebrospinal fluid adenosine concentration is increased in a time- and severity-dependent manner in infants and children after severe head injury. The association between cerebrospinal fluid adenosine and glutamate concentrations may reflect an endogenous attempt at neuroprotection against excitotoxicity after severe traumatic brain injury.

Robertson JA. Extreme prematurity and parental rights after Baby Doe. *Hastings Cent Rep* 2004; 34(4):32-9.

Robeznieks A. Customer service. Click-on baby pix. *Hosp Health Netw* 2001; 75(4):30.

Robshaw M, Smith J. Concerned about confidentiality? The child protection jigsaw. *Paediatr Nurs* 2004; 16(5):36-8.

Robson A, Beattie A. Diana Children's Community Service and service co-ordination. *Child Care Health Dev* 2004; 30(3):233-9; discussion 241. Abstract: BACKGROUND: The Diana Service and the multi-agency service co-ordination project in Leicester, Leicestershire and Rutland were established to address the needs of children with complex needs. The Mary Seacole Research Centre at De Montfort University in Leicester evaluated the services over a period of approximately 1 year. METHODS: Predominantly qualitative methods were used. Different approaches to sampling were employed and in both cases a range of data collection tools were utilized, e.g. written questionnaires, personal face-to-face interviews, focus group, non-participant observation and information from professional records. RESULTS: The findings suggest that both services are making a considerable contribution towards ensuring that effective collaboration within and between services occurs. This makes a real difference to the lives of children and families.

Roca I, Simo M, Sanchez de Toledo J. [Clinical impact of PET in pediatrics]. *Rev Esp Med Nucl* 2004; 23(5):359-68; quiz 369-71.

Roche B, Cowley S, Salt N *et al.* Reassurance or judgement? Parents' views on the delivery of child health surveillance programmes. *Fam Pract* 2005; 22(5):507-12. Abstract: BACKGROUND: The first year of a child's life is a crucial time for child development. Current guidance about child health surveillance and health promotion programmes emphasises a partnership approach between health professionals and parents when it comes to child health care. Parents' voices have been largely absent from discussions about local child health programmes. For partnership working to be effective and for local services to be able to evolve effectively parents' views are vital. OBJECTIVES: This study aimed to explore parents' views on the child health surveillance and health promotion programmes offered during the first year of their child's life. The study aimed to be consumer-led through the involvement of lead parents in all stages of the research process. METHODS: This study employed a qualitative methodology of focus groups and individual interviews. 35 participants were drawn from three general practices using a snowball sampling technique. Eligibility was determined as parents with a child under the age of one year or expecting a baby within the study timescale and registered at one of the 3 general practices. Focus groups were led by three 'parent-researchers' and individual interviews were conducted by a researcher. All focus groups and

interviews were tape-recorded, transcribed and analysed using Atlas.Ti. RESULTS: Several main themes were identified in this study. Firstly, when discussing scheduled health checks for children under one year of age parents expressed more positive feelings for the eight-week check which was seen to be comprehensive and informative rather than the eight-month check which was viewed as bureaucratic and less reassuring. Secondly, parents clearly articulated a need for reassurance and support from health professionals involved in child health surveillance and health promotion programmes. Thirdly, a crucial professional in the delivery of these programmes was the health visitor. Whilst parents expressed support for the concept of health visitors some health visitors were seen as bureaucratic and as making judgements of need based on socio-economic factors. Finally, some parents spoke of feeling excluded from accessing support as they were deemed not to be 'in need'. CONCLUSIONS: Wider concepts of partnership working between health professionals and parents, and, needs assessment are important to this study. Crucial elements of the partnership appear to be missing and this coupled with needs assessments that leave parents feeling excluded mean that there are discrepancies between expectations and experiences of parents. These issues require consideration in order to improve services and experiences.

Rodgers CS, Lang AJ, Laffaye C, Satz LE, Dresselhaus TR, Stein MB. The impact of individual forms of childhood maltreatment on health behavior. *Child Abuse Negl* 2004; 28(5):575-86. Abstract: OBJECTIVE: This study examines the unique contribution of five types of maltreatment (sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect) to adult health behaviors as well as the additive impact of exposure to different types of childhood maltreatment. METHOD: Two hundred and twenty-one women recruited from a VA primary care clinic completed questionnaires assessing exposure to childhood trauma and adult health behaviors. Regression models were used to test the relationship between childhood maltreatment and adult health behaviors. RESULTS: Sexual and physical abuse appear to predict a number of adverse outcomes; when other types of maltreatment are controlled, however, sexual abuse and physical abuse do not predict as many poor outcomes. In addition, sexual, physical, and emotional abuse and emotional neglect in childhood were all related to different adult health behaviors. The more types of childhood maltreatment participants were exposed to the more likely they were to have problems with substance use and risky sexual behaviors in adulthood. IMPLICATIONS: The results indicate that it is important to assess a broad maltreatment history rather than trying to relate specific types of abuse to particular adverse health behaviors or health outcomes.

Rodrigues SS, de Almeida MD. Portuguese household food availability in 1990 and 1995. *Public Health Nutr* 2001; 4(5B):1167-71.

Abstract: OBJECTIVE: To examine the changes in Portuguese household food availability from 1990 to 1995. DESIGN: Using the DATA Food NETWORKING (DAFNE) classification scheme for nutritional and socio-economic variables, data from the Portuguese Household Budget Surveys collected in 1989/90 and 1994/95 were analysed. The mean availability (quantity person(-1) day(-1)) for the total population, by locality and by level of education of the household head, was computed for each of the main food and beverage groups. SETTING: Portugal, 1989 to 1995. RESULTS: Although still among one of the countries with high availability of cereals, pulses, fish and seafood and olive oil, Portugal is gradually moving away from the traditional 'Mediterranean diet'. Between 1989 and 1995, the availability of complex carbohydrates and olive oil was reduced, while the availability of protein-supplying food groups increased. Considerable disparities can be observed by locality and by the level of education of the household head. Households in urban areas and of higher socio-economic status are the main actors of the changes in 'traditional' food habits. CONCLUSION: Although these findings are based on household food availability rather than consumption, they indicate the direction of the changes taking place in the Portuguese diet and can be used effectively by agriculture specialists, nutrition experts and policy makers.

Rodriguez GM, Luis MA. [Descriptive study of drug use among adolescents in higher middle education in Monterrey, Nueva Leon, Mexico]. *Rev Lat Am Enfermagem* 2004; 12 Spec No:391-7. Abstract: We aimed to establish the consumption profile of licit and illicit drugs, consumption patterns and strategies for coping and resisting alcohol, tobacco and other drugs among adolescents in higher middle education. This study was based on concepts developed by specialized authors and considered the subject's behavioral, psychological and normative characteristics. The non-probabilistic sample consisted of 325 adolescents. Results indicated that 67%, 65% and 7% of the adolescents, respectively, accepted they had already used alcohol, tobacco and marijuana at some time in their life and that 33%, 38% and 3%, respectively, had used these same substances over the last month; 65% consider most of their colleagues have used these substances; 56% had to reject an offer to consume alcohol, 64% tobacco and 51% marijuana over the last month. On the basis of these findings, we recommend the implementation of a prevention program aimed at supporting the adolescent's resources to resist pressure towards consumption.

Rodriguez Holguin S, Corral M, Cadaveira F. Middle-latency auditory evoked potentials in children at high risk for alcoholism. *Neurophysiol Clin* 2001; 31(1):40-

7.

Abstract: PURPOSE: In the course of a high-risk study for alcoholism, the middle-latency auditory evoked potentials (MAEPs) of children of alcoholics were explored. MATERIAL AND METHODS: A series of auditory clicks (0.1 ms, 60 dB SL, 1.1/s) were used to record the Pa and Pb peaks of the MAEPs in 15 children of alcoholics with a multigenerational family history of alcoholism, and 17 control subjects, ranging from 10 to 14 years of age. RESULTS: The latency of Pb was shorter in the high-risk than in the control group, and there was also a significant risk group by age interaction on Pa latency. The amplitude of Pa was smaller in the children of alcoholics. CONCLUSIONS: The characteristics of the MAEPs of the high-risk subjects did not match the pattern of abnormalities previously observed in chronic alcoholics, which are supposed to be a consequence of the neurotoxic effects of ethanol. Nonetheless, the results showed significant differences in MAEPs between children of alcoholics and controls, pointing to an anomalous pattern of information transmission from thalamus to cortex that should be further analyzed using larger samples in a broader age range.

Rodriguez J, De La Torre A, Miranda CT. [Mental health in situations of armed conflict]. *Biomedica* 2002; 22 Suppl

2:337-46.

Abstract: Mental health is a serious problem in Latin America where many communities have been directly affected by armed conflict, communities in which large population groups have been displaced or have sought refuge. Research studies and epidemiological statistics are summarized to emphasize the psychosocial consequences of traumatic events associated with armed conflict. In addition to specific psychological disorders, other more generalized are considered such as fear, affliction, diseases, social disorder, violence and psychoactive substance consumption. Finally, the main points of a mental health plan for emergency situations are described which include the following: (1) preliminary diagnosis, (2) increase, decentralize and strengthen mental health public services, (3) psychosocial attention to the prevailing disorders--with emphasis on childhood problems, (4) initiate training and use of non-specialized personnel, and (5) identification of special needs requiring attention by psychologists and psychiatrists. Other aspects emphasized were community education, training, social communication, community organization, social participation, interinstitutional coordination, flexibility, sustainability, and specific actions in accordance with local needs.

Roe KV. Relationship between male infants' vocal responses to mother and stranger at three months and self-reported academic attainment and adjustment measures in adulthood. *Psychol Rep* 2001; 89(2):255-8. Abstract: This study explored whether 3-mo.-old male infants' differential vocal response to mother vs a

female stranger, which has been related to cognitive and academic functioning up to 12 years of age, is also related to adult development. Of the 12 subjects who had been seen from infancy through 12 years, 10 were located at Ages 21 and 28 years and were asked about their high school grade point average, scores on the SAT, years of schooling, emotional adjustment, substance abuse, and if they were in a stable relationship by the age 28. Responses showed 3-mo.-olds' differential vocal response was related positively to high school grade point average, scores on the SAT, years of completed education by age 28, and stability of relationship by age 28, and negatively related to substance abuse. No relationship was found between differential vocal response and reported emotional problems. Results suggest that early infant social interactions may be linked to adult development or adjustment.

Rogala C, Tyden T. Does pornography influence young women's sexual behavior? *Womens Health Issues* 2003; 13(1):39-43.

Abstract: Young women (n = 1,000), visiting a family planning clinic in Stockholm, Sweden, answered a questionnaire about their sexual behavior and if they had seen pornography. Four out of five had consumed pornography, and one-third of these believed that pornography had impacted their sexual behavior. As many as 47% had experienced anal intercourse, which was significantly more common among older women (51%) than among teenagers (31%). The majority valued anal intercourse as a negative experience. As the use of a condom was low (40%) when having anal intercourse, the consequences for the spread of sexually transmitted diseases should be considered.

Rogde S, Hougen HP, Poulsen K. Asphyxial homicide in two Scandinavian capitals. *Am J Forensic Med Pathol* 2001; 22(2):128-33.

Abstract: In the Oslo and Copenhagen capital areas, 94 asphyxial homicides were committed in the 10-year period 1985-1994, accounting for 22% of all homicides in that period. Sixty-nine (73%) of the asphyxia victims were female. The most common method of asphyxiation was manual strangulation. Seventeen (18%) of the victims were below the age of 10, accounting for 59% of all homicides in that age group. Whereas 38% of the female victims were killed by their spouse, this was the case for only one male victim. The motive was not known in a great proportion of cases. Fifty-seven percent of the victims had been subjected to additional violence, and in this respect there was no difference between the sexes. In 12 of the cases the offender was female; in 9 such cases the victim was her offspring. More than half of the victims had no blood alcohol. When disregarding the victims less than 10 years of age, 33% of the male and 49% of the female victims had no blood alcohol. The crime scene was the victim's domicile among 72% of female and 52% of male victims. Forty-two percent of

the female and 11% of the male victims above the age of 10 years were married or cohabitant.

Rogers EL. Community partnering and coalition development: finding solutions to oral health care problems together. *J Dent Educ* 2001; 65(9):892-5.

Roggin KK, Chwals WJ, Tracy TF. Institutional Review Board approval for prospective experimental studies on infants and children. *J Pediatr Surg* 2001; 36(1):205-8.

Abstract: **BACKGROUND/PURPOSE:** The Declaration of Helsinki requires Institutional Review Board (IRB) approval for experimental studies on human subjects. The authors questioned whether published prospective surgical experimental studies document IRB approval for infants and children. **METHODS:** Prospective studies were identified in 5 surgical and 2 major pediatric journals from 1997 through 1999. Documentation of IRB approval was recorded. Results were analyzed using Pearson chi(2) tests and a multivariate regression model. Statistical significance was defined as P less than .05. **RESULTS:** A total of 149 prospective experimental studies on pediatric subjects were evaluated; the majority being interventional or therapeutic studies (105 of 149). More than 75% were from academic medical centers (125 of 149), grant-supported (110 of 149), and appeared in surgical journals (110 of 149). Slightly less than 25% of studies (40 of 149) documented IRB approval. Observational studies, grant support, and publication in nonsurgical journals all correlated positively with IRB approval and were statistically significant variables (P<.001, P<.001, P<.001, respectively). Interventional or therapeutic, institutionally or privately-funded studies found in surgical journals were most likely to avoid IRB documentation (P<.001). **CONCLUSIONS:** The majority of prospective pediatric studies in the surgical journals omit IRB documentation. Strict requirements for specific IRB approval and documentation in compliance with the Declaration of Helsinki would allow higher ethical standards for the clinical investigation of infants and children.

Rogowski JA, Staiger DO, Horbar JD. Variations in the quality of care for very-low-birthweight infants: implications for policy. *Health Aff (Millwood)* 2004; 23(5):88-97.

Abstract: Much of the decline in childhood mortality over the past two decades is attributable to improvements in neonatal intensive care for very-low-birthweight infants. Yet large and persistent disparities persist in the quality of neonatal intensive care across hospitals. Improving care for infants now served by hospitals with poor outcomes can greatly reduce infant mortality, particularly among minority infants who are more likely to be very low birthweight and cared for by hospitals with poor outcomes. Referral of high-risk births to hospitals with the best outcomes is another promising strategy.



Rogstad KE, Holkar S, Dewdney A. Sexual health needs of the under-16s attending an STI clinic: what are they and are they being addressed? *Int J STD AIDS* 2003; 14(4):266-9.

Abstract: A retrospective analysis was performed on case notes of patients aged less than 16 years who attended a Department of Genito-Urinary Medicine as a new case in 1998. Seventy-four case notes were reviewed. There was a high rate of sexually transmitted infection (STI) (gonorrhoea six [8%], chlamydia 23 [31%], genital warts nine [12%], trichomonas seven [10%]) and low condom (30, 41%) and other contraceptive use (21 females [35%], six males [60%]). Many female attendees were victims of current or previous sexual abuse (eight, 8%) and/or exploitation, and for a further eight (8%) abuse/exploitation was considered possible; little reference was made to this in the notes. Thirty-three (45%) attendees were seen by junior members of staff, and only 49 (60%) were seen by a health adviser (42 females, seven males [60%]). Young attendees have a high STI rate, low contraceptive use and a significant minority are victims of abuse. Genitourinary medicine clinics need to provide a full sexual health service to this vulnerable group and have guidelines in place to assess for sexual abuse. Recommendations on how to achieve this are given.

Rohde DL. Learnability, stochastic input, and connectionist networks: a response to Brian MacWhinney's 'A multiple process solution to the logical problem of language acquisition'. *J Child Lang* 2004; 31(4):954-8; discussion 963-8.

Rolle U, Piotrowska AP, Nemeth L, Puri P. Altered distribution of interstitial cells of Cajal in Hirschsprung disease. *Arch Pathol Lab Med* 2002; 126(8):928-33. Abstract: CONTEXT: Constipation or recurrent intestinal dysmotility problems are common after definitive surgical treatment in Hirschsprung disease (HD). c-Kit-positive interstitial cells of Cajal (ICCs) play a key role in the motility function and development of the gastrointestinal tract. Interstitial cells of Cajal that carry the tyrosine kinase receptor (c-Kit) develop as either myenteric ICCs or muscular ICCs under the influence of the kit ligand, which can be provided by neuronal and nonneuronal cells, for example, smooth muscle cells. OBJECTIVE: To investigate the distribution of myenteric and muscular ICCs in different parts of the colon in HD. METHODS: Resected bowel specimens from 8 patients with rectosigmoid HD were investigated using combined staining with c-Kit enzyme and fluorescence immunohistochemistry and acetylcholinesterase and nicotinamide adenine dinucleotide phosphate (NADPH) histochemistry in whole-mount preparations and conventional frozen sections. RESULTS: In the normal bowel, ICCs formed a dense network surrounding the myenteric plexus and at the innermost part of the circular muscle. Myenteric ICCs were

absent or sparse in the aganglionic bowel and sparse in the transitional zone. The expression of myenteric ICCs in the ganglionic bowel in HD was reduced compared to that in the normal bowel, and they formed only sparse networks. Muscular ICCs were found in the aganglionic bowel, transitional zone, and normoganglionic bowel of HD in a reduced density compared to the normal bowel. CONCLUSION: This study demonstrates altered distribution of ICCs in the entire resected bowel of HD patients. This finding suggests that persistent dysmotility problems after pull-through operation in HD may be due to altered distribution and impaired function of ICCs.

Rosen C. Liberty, privacy, and DNA databases. *New Atlantis* 2003; (1):37-52. Notes: GENERAL NOTE: KIE: KIE Bib: DNA fingerprinting; genetic research

Rosen L. Conjoined twins: 2000 version. *British Supreme Court's decision. Assia Jew Med Ethics* 2001; 4(1):28-9. Notes: GENERAL NOTE: KIE: Rosen, Leora GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal/minors GENERAL NOTE: KIE: Case No: B1/2000/2696, 22nd September 2000.<http://news.findlaw.com/cnn/docs/siamsetwins/siamsetwins1.html>

Rosen LN, O'Sullivan CS. Outcomes of custody and visitation petitions when fathers are restrained by protection orders: the case of the New York family courts. *Violence Against Women* 2005; 11(8):1054-75. Abstract: A random sample of custody and visitation petitions filed in New York City Family Courts in 1995 was used to examine outcomes of mothers' Order of Protection (OP) Petitions in relation to parents' custody and visitation petitions. Fathers restrained by OPs were more likely to secure visitation orders (64%) than not. In contrast, 80.8% of fathers' custody petitions were dismissed when they were restrained by OPs. Fathers' custody petitions were most likely to be ordered when mothers' OP petitions were withdrawn. Mothers were most likely to secure custody when their OP petitions were ordered or withdrawn. Courts rarely denied petitions. Those that did not result in court orders were either withdrawn by the petitioner or dismissed by the court (most likely because of failure of the petitioner to appear in court). This pattern has negative implications for battered women who may be vulnerable to pressure or threats from abusive ex-partners.

Rosenberg AD, Abell SC, Mackie JK. An examination of the relationship between child sexual offending and psychopathy. *J Child Sex Abus* 2005; 14(3):49-66. Abstract: The participants in this study were adult males (N = 111) who were accused of various sexual crimes against children 16 years of age or younger, and

who were evaluated at a state forensic facility in a large Midwestern state. This study examined the relationship of Psychopathy Checklist-Revised (PCL-R) scores to type of child sexual offender (same sex extrafamilial, opposite sex extrafamilial, and incest offenders), the presence of violence during the most recent child sexual offense, and criminal versatility. Results indicated that those sexual offenders who employed physical violence against the children they abused were significantly more psychopathic than those who did not. No significant differences were found between types of child sexual offenders or with general criminal versatility.

Rosenberg DA. Munchausen Syndrome by Proxy: medical diagnostic criteria. *Child Abuse Negl* 2003; 27(4):421-30.

Abstract: Medical diagnostic criteria for Munchausen Syndrome by Proxy are presented. The strength of the known facts may vary from case to case, and thus there may be different degrees of diagnostic conviction. Therefore, diagnostic criteria for a definitive diagnosis, and a possible diagnosis of Munchausen Syndrome by Proxy are provided. Because the gathering of evidence in a case may, ultimately, diminish or exclude the diagnosis of Munchausen Syndrome by Proxy, diagnostic criteria for the inconclusive determination and the definitely excluded diagnosis are also enunciated.

Rosenberg MF, Anthony JC. Aggressive behavior and opportunities to purchase drugs. *Drug Alcohol Depend* 2001; 63(3):245-52.

Abstract: Robins, Kellam, and others found robust evidence linking youthful aggression and deviance to later illicit drug use. Some investigators favor the interpretation that drug use is just one manifestation or complication of a more general problem behavior syndrome or conduct disorder. In this work, we test the complementary hypothesis that aggressive youths are more likely to be approached with offers to buy drugs, and found the most aggressive youths were about five times more likely to be offered drugs for purchase. However, this association was much attenuated when levels of delinquency were taken into account. In this respect, delinquent rather than aggressive behavior might be more salient. This study's evidence does not contradict previous problem behavior theories, but rather prompts new ideas about how aggression, delinquency, and drug use might be linked. One testable hypothesis is that youths with both aggression and delinquency are more likely to enter microenvironments where drug dealing is more prevalent. Or, their observable behaviors or physical appearance might function as signs of apparent willingness to try drugs. These results add to our understanding of links between aggression, delinquency, and drug use, and introduce a new line of epidemiological inquiry focused upon drug purchase opportunities.

Rosenberg NM, Chumpa A, Pitetti R, Reid SR. Managerial dilemmas. *Pediatr Emerg Care* 2001; 17(3):208-11.

Rosenberg NM, Knazik SR, Strait RT, Nadkarni M. Controversies in pediatric medicine. Decisions of King Solomon. *Pediatr Emerg Care* 2001; 17(5):364-8. Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; patient care/minors

Rosenblum A, Magura S, Fong C *et al.* Substance use among young adolescents in HIV-affected families: resiliency, peer deviance, and family functioning. *Subst Use Misuse* 2005; 40(5):581-603. Abstract: This study examines the association of risk and protective factors with substance use among 77 early adolescents (11-15 years old) with an HIV-infected parent who were interviewed in 2000-2001 in the South Bronx, a HIV high-prevalence area of New York City. The subjects were 49% female, 53% African American, and 30% Hispanic; mean age was 13 years old. A face-to-face interview was used to administer a battery of instruments representing community, family, peer, and resiliency factors. Forty percent reported ever using tobacco, alcohol or drugs; 71% were aware of their parent's HIV seropositivity. An age-adjusted path analytic model was constructed which showed: 1) family functioning predicted resiliency (a composite measure of psychological adjustment and personal competencies); 2) positive community factors and resiliency predicted less affiliation with deviant peers; and 3) poorer family functioning and affiliation with deviant peers predicted substance use. These results underscore the need for interventions that address social influence factors among vulnerable early adolescents with HIV-positive parents.

Rosenfeld RM. Observation option toolkit for acute otitis media. *Int J Pediatr Otorhinolaryngol* 2001; 58(1):1-8.

Abstract: The observation option for acute otitis media (AOM) refers to deferring antibiotic treatment of selected children for up to 3 days, during which time management is limited to analgesics and symptomatic relief. With appropriate follow-up complications are not increased, and clinical outcomes compare favorably with routine initial antibiotic therapy. Although used commonly in the Netherlands and certain Scandinavian countries, this approach has not gained wide acceptance in Europe and the United States. This article describes an evidence-based toolkit developed by the New York Region Otitis Project for judicious use of the observation option. The toolkit is not intended to endorse the observation option as a preferred method of management, nor is it intended as a rigid practice guideline to supplant clinician judgement. Rather, it presents busy clinicians with the tools needed to implement the observation option in everyday patient care should they so desire.

Rosenfield RL, Bernardo LM. Pediatric implications in

bioterrorism part II: postexposure diagnosis and treatment. *Int J Trauma Nurs* 2001; 7(4):133-6. Abstract: Bioterrorism is an old tactic used in warfare. The use of fatal diseases or man-made poisons to subdue others has not been limited to wartime. Trauma personnel should be aware of commonly used agents, the signs and symptoms of their exposure, and recommended treatment. Children can be victims of terrorists' acts and need special attention because of their unique response to exposure, varying dosages of medications, and lack of active immunity.

Rosenfield S, Lennon MC, White HR. The self and mental health: self-salience and the emergence of internalizing and externalizing problems. *J Health Soc Behav* 2005; 46(4):323-40.

Abstract: How do schemas about self-salience--the importance of the self versus the collective in social relations--affect mental health? We propose that self-salience shapes the likelihood of experiencing internalizing or externalizing problems. Schemas that privilege others over the self increase the risk of internalizing symptoms, including depressive symptoms and anxiety, whereas those that privilege the self over others predispose individuals to externalizing behaviors of antisocial behavior and substance abuse. Furthermore, we propose that these schemas contribute to the gender differences that exist in these problems. We test these predictions with data from adolescents, the stage at which these problems and the gender differences in them arise. Results show that self-salience underlies both internalizing and externalizing problems. In addition, schemas about self-salience help explain the gender differences found in mental health problems.

Rosenthal J, Rodewald L, McCauley M *et al.* Immunization coverage levels among 19- to 35-month-old children in 4 diverse, medically underserved areas of the United States. *Pediatrics* 2004; 113(4):e296-302. Abstract: **BACKGROUND:** The National Immunization Survey demonstrates that national immunization coverage in 2002 remained near the all-time highs achieved in 2000. However, that survey cannot detect whether coverage is uniformly high within relatively small areas or populations. The measles resurgence in the early 1990s revealed that coverage was low in some areas, particularly among inner-city children from racial and ethnic minority groups. Today, identifying areas with low childhood-vaccination coverage remains important, particularly if these areas are at risk for the introduction of disease. In 1995, the Centers for Disease Control and Prevention launched a congressionally mandated demonstrated project now called the Childhood Immunization Demonstration project of Community Health Networks. This mandate specified an assessment to determine whether a network of primary care providers affiliated with university teaching hospitals could assume a public health responsibility for raising

immunization levels among preschoolers in medically underserved communities. Communities with federally designated health professional shortage areas were invited to submit proposals, and 4 were selected: Detroit, MI, New York, NY, San Diego, CA, and rural Colorado. **OBJECTIVES:** To measure immunization coverage among preschool children in the 4 selected medically underserved areas and determine predictors of coverage levels. **DESIGN AND SETTING:** Surveys in the 4 areas were based on stratified cluster probability sample designs in which clusters of dwelling units were selected and all households in selected clusters were screened for the presence of children aged 12 to 35 months. Immunization histories were obtained from parents and providers for these children. For each age-eligible child, the information collected on utilization of immunization health services included a listing of all clinics or offices ever used for the child's well-child care and/or for obtaining immunizations. Information was also collected on whether the child currently had health insurance (public and/or private) and whether the child had a medical home. A child was classified as having a medical home if the survey respondent reported a source of well care that was the same as the source of sick care and that this place was not an emergency department. **PARTICIPANTS:** Children 12 to 35 months of age in Detroit, New York, San Diego, and rural Colorado. **OUTCOME MEASURE:** Community-wide up-to-date (UTD) immunization coverage levels at 19 to 35 months of age, defined as receipt of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine, 3 doses of poliovirus vaccine, 1 dose of measles, mumps, and rubella vaccine, 3 doses of Haemophilus influenzae type B vaccine, and 3 doses of hepatitis B vaccine (the 4:3:1:3:3 series). **ANALYSIS:** We examined the association between coverage level and independent variables and performed chi<sup>2</sup> and t tests to determine whether differences observed within and between groups and sites were significant. **RESULTS:** The overall response rate for eligible children ranged from 79.4% to 88.1%. Coverage levels for most individual vaccines were >90% in all sites except Detroit. Coverage for the 4:3:1:3:3 series was significantly higher for children in New York (84%) and San Diego (86%) than for children in Detroit (66%) and rural Colorado (75%). Demographic risk factors related to UTD immunization status varied by site. Although differences in coverage levels by ethnicity varied by site, differences were not significant. In Colorado and New York, coverage was slightly lower among Hispanic than white children (71% vs 76% and 83% vs 91%, respectively). In San Diego, coverage was lower among whites, compared with Hispanics (76% vs 85%). Coverage was also lower for African American than white children only in New York (75% vs 91%). However, in San Diego and Colorado, children receiving their vaccinations from private providers had lower coverage levels than children receiving their vaccinations from other

providers (78% vs 91% and 71% vs 57%, respectively). Ictively). In all 4 sites, children for whom respondents reported having an immunization card at the time of the interview were more likely to have higher series coverage levels than children for whom a parent-held card was not available. Also, children who were UTD at 3 months of age had significantly higher vaccination-series coverage levels than children who were not UTD at 3 months of age. In addition, the vaccination coverage was lower for children in Detroit whose parents reported problems accessing the health care system because lack of transportation (46%), compared with those who did not report such problems (65%); however, this difference did not reach significance ( $\chi^2 = 6.0$ ). In Colorado, the small proportion of children in families without a phone had a lower vaccination coverage level (58%) than those in households with a phone (75%) ( $\chi^2 = 6.3$ ). In all sites, children who were UTD at 3 months of age and had a parent-held vaccination card were more likely to be UTD at 19 to 35 months of age. CONCLUSIONS: Preschoolers in these medically underserved areas were not at uniform risk for underimmunization. Because they were designated as health professional shortage areas, the 4 sites in this study were expected to have low immunization-coverage rates. However, this was not the case. In fact, coverage in 3 of the 4 areas was quite high compared with US national figures (73%); only Detroit had a much lower UTD rate (66%). Efforts are needed to improve methods to identify areas with low immunization coverage so that resources can be directed to places where interventions are needed. Our results reveal that an area's need for childhood immunization interventions is not well predicted by a low number of providers per capita. Other criteria must be developed to predict areas or populations with low immunization coverage. Understanding more about the characteristics of children/provider pairs for children who are UTD at 3 months and more about the role of parental hand-held cards, along with finding strategies to improve immunization delivery by providers in Vaccines for Children Program facilities, suggest potentially productive avenues for increasing and sustaining high coverage levels.

Ross DA, Hinman AR, Saarlal KN, Lloyd-Puryear MA, Downs SJ. The near-term future for child health information systems. *J Public Health Manag Pract* 2004; Suppl:S99-104.  
 Abstract: The developmental process in children offers an opportunity to influence their health and well-being as adults. The information infrastructure of the future needs to support the multiple partners responsible for providing elements of the health protection and health care of children. In this partnership, public health plays simultaneously a supportive role and a leadership role. Five tasks need to guide near-term information systems thinking with respect to establishing a basis for building electronic linkages among various child health

programs. First, the nation's vital records system must be reengineered to ensure that this key information asset can be integrated into other child health information systems. Second, through an appropriate governance structure, the key stakeholders in child health should endorse standards and requirements that define a longitudinal health record for children. Third, public health agencies should develop a thorough business case/value proposition that drives mutually developed and mutually endorsed requirements for the integration of presently fragmented systems. Fourth, public health should take the lead in ensuring that parents have convenient access to information that can support the coordination of their child's care and development. And fifth, provider groups and public health agencies should join research networks to study how information supports positive changes to children's health.

Ross LF. Predictive genetic testing for conditions that present in childhood. *Kennedy Inst Ethics J* 2002; 12(3):225-44.

Notes: GENERAL NOTE: KIE: 58 refs.  
 GENERAL NOTE: KIE: KIE Bib: genetic screening; mass screening

Abstract: There is a general consensus in the medical and medical ethics communities against predictive genetic testing of children for late onset conditions, but minimal consideration is given to predictive testing of asymptomatic children for disorders that present later in childhood when presymptomatic treatment cannot influence the course of the disease. In this paper, I examine the question of whether it is ethical to perform predictive testing and screening of newborns and young children for conditions that present later in childhood. I consider the risks and benefits of (1) predictive testing of children from high-risk families; (2) predictive population screening for conditions that are untreatable; and (3) predictive population screening for conditions in which the efficacy of presymptomatic treatment is equivocal. I conclude in favor of parental discretion for predictive genetic testing, but against state-sponsored predictive screening for conditions that do not fulfill public health screening criteria.

Ross LT, Hill EM. Comparing alcoholic and nonalcoholic parents on the family unpredictability scale. *Psychol Rep* 2004; 94(3 Pt 2):1385-91.

Abstract: Research findings and clinical observations suggest that families with an alcoholic parent are more unpredictable. Alcoholic parents ( $n=25$ , 68% men, 68% Euro-American, M age=38.6 yr.) and community parents ( $n=27$ , 52% men, 70% Euro-American, M age=38.8 yr.) completed the self-report Family Unpredictability Scale of Ross and Hill. Alcoholic parents reported significantly higher (less predictability) scores on the subscales of Nurture, Finances, and Discipline, as well as on the Total Family Unpredictability Scale ( $p < .01$ ). This appears to be the first study on family unpredictability and

parental alcoholism in which parental reports of multiple dimensions of unpredictability are used. We provide suggestions for research and clinical uses of the scale, especially pertaining to families with an alcoholic parent.

Roth D, Boyle E, Beer D, Malik A, deBruyn J. Depressing research. *Lancet* 2004; 363(9426):2087. Notes: GENERAL NOTE: KIE: 4 refs. GENERAL NOTE: KIE: KIE Bib: biomedical research; fraud and misconduct Abstract: Suppression of the publication of negative trials of serotonin-selective reuptake inhibitors (SSRI) in children (Apr 24, p 1335) is more than just a matter of "confusion, manipulation, and institutional failure". It is a crime. To blandly illustrate its severity, we can analogise the situation as follows: would you be concerned if a colleague prescribed penicillin to a child who had an uncomplicated upper respiratory tract infection of viral aetiology? Would you be more concerned if you heard that this child had a serious anaphylactic reaction to the penicillin at home? And how much more concerned would you be if you found out that the prescribing doctor was previously aware of the child's severe penicillin allergy? The latter scenario could be deemed malpractice. How, then, is it acceptable for pharmaceutical companies to suppress publication of SSRI studies that showed a lack of efficacy and an increased risk of serious adverse events in the children and adolescents in experimental trial groups (other than for fluoxetine)? Intentional concealment of these data, an accusation for which there is already public evidence, must be considered a form of corporate violence.

Roth-Kleiner M, Berger TM, Tarek MR, Burri PH, Schittny JC. Neonatal dexamethasone induces premature microvascular maturation of the alveolar capillary network. *Dev Dyn* 2005; 233(4):1261-71. Abstract: Postnatal glucocorticoid treatment of preterm infants was mimicked by treating newborn rats with dexamethasone (0.1-0.01 microg/g, days 1-4). This regimen has been shown to cause delayed alveolarization. Knowing that microvascular maturation (transformation of double- to single-layered capillary networks in alveolar septa) and septal thinning prevent further alveolarization, we measured septal maturation on electron photomicrographs in treated and control animals. In treated rats and before day 10, we observed a premature nonreversing microvascular maturation and a transient septal thinning, which both appeared focally. In vascular casts of both groups, we observed contacts between the two capillary layers of immature alveolar septa, which were predictive for capillary fusions. Studying serial electron microscopic sections of human lungs, we were able to confirm the postulated fusion process for the first time. We conclude that alveolar microvascular maturation indeed occurs by capillary fusion and that the dexamethasone-induced impairment of alveolarization

is associated with focal premature capillary fusion.

Roth TL, Sullivan RM. Memory of early maltreatment: neonatal behavioral and neural correlates of maternal maltreatment within the context of classical conditioning. *Biol Psychiatry* 2005; 57(8):823-31. Abstract: BACKGROUND: While children form an attachment to their abusive caregiver, they are susceptible to mental illness and brain abnormalities. To understand this important clinical issue, we have developed a rat animal model of abusive attachment where odor paired with shock paradoxically produces an odor preference. Here, we extend this model to a seminaturalistic paradigm using a stressed, "abusive" mother during an odor presentation and assess the underlying learning neural circuit. METHODS: We used a classical conditioning paradigm pairing a novel odor with a stressed mother that predominantly abused pups to assess olfactory learning in a seminaturalistic environment. Additionally, we used Fos protein immunohistochemistry to assess brain areas involved in learning this pain-induced odor preference within a more controlled maltreatment environment (odor-shock conditioning). RESULTS: Odor-maternal maltreatment pairings within a seminatural setting and odor-shock pairings both resulted in paradoxical odor preferences. Learning-induced gene expression was altered in the olfactory bulb and anterior piriform cortex (part of olfactory cortex) but not the amygdala. CONCLUSIONS: Infants appear to use a unique brain circuit that optimizes learned odor preferences necessary for attachment. A fuller understanding of infant brain function may provide insight into why early maltreatment affects psychiatric well-being.

Rothenberger A, Danckaerts M, Dopfner M, Sergeant J, Steinhausen HC. EINAQ -- a European educational initiative on Attention-Deficit Hyperactivity Disorder and associated problems. *Eur Child Adolesc Psychiatry* 2004; 13 Suppl 1:I31-5. Abstract: BACKGROUND: Continuing Medical Education (CME) plays an important role in quality management, especially as quality assurance, for the improvement of healthcare in child and adolescent psychiatry. This requires responsibility regarding quality standards of clinical practice throughout Europe as outlined by the European Union of Medical Specialists (UEMS). OBJECTIVE: Therefore, steps should be undertaken to improve specialists' medical care and harmonize it in Europe. Attention-Deficit Hyperactivity Disorder (ADHD) with its many co-existing developmental disorders/problems is the central healthcare problem in child and adolescent psychiatry with high impact on society. Therefore, it was chosen as the target. METHOD: A European Interdisciplinary Network for ADHD Quality Assurance (EINAQ) was founded, didactic material was developed and a faculty of experts from several European countries established to offer all over Europe harmonized courses on ADHD and associated

problems. RESULTS: Pilot courses were given in Germany in 2003/2004 and were highly appreciated by the participants. Further courses in Germany and other European countries will take place in 2004. CONCLUSION: EINAQ seems to be on the right track to be part of CME and specialized networks for healthcare in ADHD to improve the provision for mental health problems in children and adolescents in Europe. Cooperative projects with official European bodies like the UEMS -- Section on Child and Adolescent Psychiatry/Psychotherapy and the European Society of Child and Adolescent Psychiatry could strengthen the impact of EINAQ.

Rotheram-Borus MJ, Lee M, Leonard N *et al.* Four-year behavioral outcomes of an intervention for parents living with HIV and their adolescent children. *AIDS* 2003; 17(8):1217-25.  
Abstract: OBJECTIVE: The adjustment of parents living with HIV (PLH) and their adolescent children was examined over 4 years in response to an intervention. Outcomes at 2 years had been previously published. METHODS: A randomized controlled trial was conducted, with a representative sample from New York City. RESULTS: In the intervention condition, fewer adolescents became teenage parents, and conduct problems tended to be lower over 4 years than in the standard care condition. Fewer parents were drug dependent and tended to relapse into substance use or use passive coping styles compared with the standard care condition over 4 years. The time-trend analysis showed that the significant reductions in problem behaviors and emotional distress previously observed over 15-24 months in the intervention condition, then eroded over time and were non-significant at 48 months. CONCLUSIONS: Ongoing support and skills are needed to maintain intervention effects over longer periods.

Rotheram-Borus MJ, Lee MB, Murphy DA *et al.* Efficacy of a preventive intervention for youths living with HIV. *Am J Public Health* 2001; 91(3):400-5.  
Notes: CORPORATE NAME: Teens Linked to Care Consortium  
Abstract: OBJECTIVES: HIV transmission behaviors and health practices of HIV-infected youths were examined over a period of 15 months after they received a preventive intervention. METHODS: HIV-infected youths aged 13 to 24 years (n = 310; 27% African American, 37% Latino) were assigned by small cohort to (1) a 2-module ("Stay Healthy" and "Act Safe") intervention totaling 23 sessions or (2) a control condition. Among those in the intervention condition, 73% attended at least 1 session. RESULTS: Subsequent to the "Stay Healthy" module, number of positive lifestyle changes and active coping styles increased more often among females who attended the intervention condition than among those in the control condition. Social support coping also increased significantly among males and females attending the

intervention condition compared with those attending the control condition. Following the "Act Safe" module, youths who attended the intervention condition reported 82% fewer unprotected sexual acts, 45% fewer sexual partners, 50% fewer HIV-negative sexual partners, and 31% less substance use, on a weighted index, than those in the control condition. CONCLUSIONS: Prevention programs can effectively reduce risk acts among HIV-infected youths. Alternative formats need to be identified for delivering interventions (e.g., telephone groups, individual sessions).

Rousseau C, Machouf A. A preventive pilot project addressing multiethnic tensions in the wake of the Iraq war. *Am J Orthopsychiatry* 2005; 75(4):466-74.  
Abstract: This article describes a school-based preventive pilot project for recent immigrant children, designed to decrease anxiety and intergroup tensions associated with the Iraq war. Results suggest that clinicians should address the multiplicity of meanings associated with international events when planning a prevention program in multiethnic schools to help children to cope with the increasingly common gap between the ways traumatic events covered by the media are understood at home and at school.

Rovers MM, Straatman H, Ingels K, van der Wilt GJ, van den Broek P, Zielhuis GA. Generalizability of trial results based on randomized versus nonrandomized allocation of OME infants to ventilation tubes or watchful waiting. *J Clin Epidemiol* 2001; 54(8):789-94.  
Abstract: The objective was to study the generalizability of trial results by comparing randomized patients to eligible but nonrandomized patients who received the same management. Implementation of trial results is only justifiable when the results can be generalized to the total domain population. The design was a multicentre randomized controlled trial on the effect of early screening and treatment with ventilation tubes on infants with otitis media with effusion. Randomized (n = 187) and nonrandomized eligible patients (n = 133) were followed up. The study population comprised children who were detected by auditory screening at the age of 9-12 months and who were subsequently diagnosed with persistent bilateral otitis media with effusion for 4-6 months. A significant difference was found in the distribution of some prognostic factors: more randomized children had older siblings, did not attend day care and had mothers with a lower educational level than the nonrandomized children. These factors, however, did not modify the outcome. No differences were found in mean hearing levels between the randomized and nonrandomized children: in both the randomized and nonrandomized children ventilation tubes improved the hearing level, especially after 6 months. However, in the long term (12 months), the hearing levels were equal again. The results of the

randomized and nonrandomized patients were comparable. The results of this trial appear to be generalizable to the total domain population. The procedure of following up both randomized and nonrandomized patients is recommended when there is concern about selective participation and reduced generalizability.

Rowe J. A room of their own: the social landscape of infant sleep. *Nurs Inq* 2003; 10(3):184-92. Abstract: This paper draws on findings of a study in which new and experienced mothers' caregiving practices were investigated, in order to examine social perspectives of infant sleep. Health professionals who work to support early parenting and promote child health and well-being provide guidance to their clients concerning infant sleep cares. Currently, advice is predominantly informed by understandings and strategies derived from Sudden Infant Death Syndrome (SIDS) risk reduction campaigns and behavioural training models. The social context of caregiving is a significant if somewhat neglected perspective. The analysis presented in this paper suggests that in sleep arrangements, a complex social locale is revealed, an elaboration of carers' values and understandings about infants as developing persons, juxtaposed with their own desires and needs. Tensions between child-centred nurturing and adult-focused concerns are expressed and reconciled in caregiving. These understandings may assist health professionals to develop proactive and responsive practices in the area of early childrearing support.

Rowe R, Maughan B, Worthman CM, Costello EJ, Angold A. Testosterone, antisocial behavior, and social dominance in boys: pubertal development and biosocial interaction. *Biol Psychiatry* 2004; 55(5):546-52.

Abstract: **BACKGROUND:** Studies linking testosterone and antisocial behavior in humans have produced mixed results. Adolescence offers a promising period to study this relationship; circulating testosterone increases dramatically in boys during puberty, and antisocial behavior increases during the same period. **METHODS:** Our analyses were based on boys aged 9-15 years who were interviewed during the first three waves of the Great Smoky Mountains Study. Measures included interview assessment of DSM-IV conduct disorder (CD) symptoms and diagnosis, blood spot measurement of testosterone, Tanner staging of pubertal development, and assessment of leadership behaviors and peer deviance. **RESULTS:** The adolescent rise in CD was primarily attributable to an increase in nonphysically aggressive behaviors. Increasing levels of circulating testosterone and association with deviant peers contributed to these age trends. There was no evidence that physical aggression was related to high testosterone. Evidence of biosocial interactions was identified; testosterone was related to nonaggressive CD symptoms in boys with deviant

peers and to leadership in boys with nondeviant peers. **CONCLUSIONS:** The results are consistent with the hypothesis that testosterone relates to social dominance, with the assumption that behaviors associated with dominance differ according to social context.

Rowling AJ, Kvalsvig AJ, Sharples PM, Foot AB, Unsworth DJ. Pneumocystis carinii, cytomegalovirus, and severe transient immunodeficiency. *J Clin Pathol* 2003; 56(9):718-9.

Abstract: Pneumocystis carinii infection is rare in infants, and raises strong concerns of immune deficiency. This report describes the unusual case of a male infant with concurrent chest infections caused by P carinii and cytomegalovirus. Investigation was complicated by the strong suspicion of non-accidental injury, including subdural haematomas. The case illustrates how to investigate for possible immunodeficiency. Low immune function tests at presentation slowly improved and have remained normal on longterm follow up. Possible explanations for the transient severe clinical immunodeficiency in this case are discussed.

Roy A. Childhood trauma and impulsivity. Possible relevance to suicidal behavior. *Arch Suicide Res* 2005; 9(2):147-51.

Abstract: Social factors are thought to contribute to impulsivity. As childhood traumas predispose to suicidal behavior it was decided to examine whether they may be a determinant of impulsivity, a personality dimension often associated with suicidal behavior. Thus 268 abstinent drug dependent patients completed both the Childhood Trauma Questionnaire (CTQ) and the Barratt Impulsivity Scale (BIS). The results showed that there were significant relationships, albeit small, between CTQ scores and BIS impulsivity scores. These results suggest that childhood trauma may be one determinant of impulsivity as an adult.

Roy A. Relationship of childhood trauma to age of first suicide attempt and number of attempts in substance dependent patients. *Acta Psychiatr Scand* 2004; 109(2):121-5.

Abstract: **OBJECTIVE:** To examine whether childhood trauma effect the age of first attempting suicide and the number of attempts. **METHOD:** One thousand twelve hundred and eighty substance dependent patients were interviewed about whether or not they had ever attempted suicide, the age of first attempt and the number of attempts. Patients completed the Childhood Trauma Questionnaire - 34 item version. **RESULTS:** Five hundred and thirty-eight patients (42%) had attempted suicide. Significantly more of the patients who had attempted suicide were female. Patients who had made three or more attempts had significantly higher childhood trauma scores than patients who had made two attempts, who had higher scores than

patients who had made one attempt, who had higher scores than patients who had never attempted. Patients who first attempted suicide before the age of 20 years had significantly higher childhood trauma scores than patients who first attempted after 20 years of age. CONCLUSION: Childhood trauma may be a determinant of the age of onset of suicidal behavior and of the number of suicide attempts.

Roy A, Janal M. Family history of suicide, female sex, and childhood trauma: separate or interacting risk factors for attempts at suicide? *Acta Psychiatr Scand* 2005; 112(5):367-71.

Abstract: OBJECTIVE: Female sex, childhood trauma, and a family history of suicidal behavior are three well established risk factors for attempting suicide. However, interactions between these three factors in attempting suicide have been little studied. METHOD: One thousand eight hundred and eighty-nine abstinent substance dependent patients were interviewed about their lifetime and family history of suicidal behavior and completed the Childhood Trauma Questionnaire (CTQ). Gender, family history of suicidal behavior, and CTQ scores--and their interaction--were examined in relation to suicidal behavior. RESULTS: Each of the three risk factors was associated with at least a doubling of the risk for an attempt at suicide. There were no significant interactions in relation to the risk of making an attempt. However, female sex and higher levels of childhood trauma each discriminated patients at risk for both a younger age of first attempting suicide and for making more attempts. CONCLUSION: Female sex, childhood trauma, and a family history of suicidal behavior are each independent, and non-interacting, risk factors for attempting suicide. Additionally, female sex and high childhood trauma are independent risk factors for both an early onset of first attempting suicide and for making more attempts.

Rube DM, Kibel RN. The Jewish child, adolescent, and family. *Child Adolesc Psychiatr Clin N Am* 2004; 13(1):137-47.

Abstract: This brief review addresses the history, beliefs, and practices of Jewish families that have implications for clinical management of the problems and disorders of children and adolescents. It focuses primarily on the problems of the Orthodox family due, in part, to the limitations of space. There remains, however, little doubt that the clinician must be aware of the impact that Jewish heritage may have on the clinical issues at hand. This impact is significant whether the worldview of the family is characterized by strict Orthodoxy or is primarily that of an ethnic identification with less concern for belief and practice.

Rueda MR, Posner MI, Rothbart MK, Davis-Stober CP. Development of the time course for processing conflict: an event-related potentials study with 4 year

olds and adults. *BMC Neurosci* 2004; 5(1):39. Abstract: BACKGROUND: Tasks involving conflict are widely used to study executive attention. In the flanker task, a target stimulus is surrounded by distracting information that can be congruent or incongruent with the correct response. Developmental differences in the time course of brain activations involved in conflict processing were examined for 22 four year old children and 18 adults. Subjects performed a child-friendly flanker task while their brain activity was registered using a high-density electroencephalography system. RESULTS: General differences were found in the amplitude and time course of event-related potentials (ERPs) between children and adults that are consistent with their differences in reaction time. In addition, the congruency of flankers affected both the amplitude and latency of some of the ERP components. These effects were delayed and sustained for longer periods of time in the children compared to the adults. CONCLUSIONS: These differences constitute neural correlates of children's greater difficulty in monitoring and resolving conflict in this and similar tasks.

Rueda MR, Rothbart MK, McCandliss BD, Saccomanno L, Posner MI. Training, maturation, and genetic influences on the development of executive attention. *Proc Natl Acad Sci U S A* 2005; 102(41):14931-6. Abstract: A neural network underlying attentional control involves the anterior cingulate in addition to lateral prefrontal areas. An important development of this network occurs between 3 and 7 years of age. We have examined the efficiency of attentional networks across age and after 5 days of attention training (experimental group) compared with different types of no training (control groups) in 4-year-old and 6-year-old children. Strong improvement in executive attention and intelligence was found from ages 4 to 6 years. Both 4- and 6-year-olds showed more mature performance after the training than did the control groups. This finding applies to behavioral scores of the executive attention network as measured by the attention network test, event-related potentials recorded from the scalp during attention network test performance, and intelligence test scores. We also documented the role of the temperamental factor of effortful control and the DAT1 gene in individual differences in attention. Overall, our data suggest that the executive attention network appears to develop under strong genetic control, but that it is subject to educational interventions during development.

Ruess L, Uyehara CF, Shiels KC *et al*. Digitizing pediatric chest radiographs: comparison of low-cost, commercial off-the-shelf technologies. *Pediatr Radiol* 2001; 31(12):841-7.

Abstract: OBJECTIVE: To compare low-cost, off-the-shelf technology for digitizing pediatric chest radiographs. MATERIALS AND METHODS: Forty pediatric chest radiographs (hard copy), each with a



single abnormality, were digitized using a commercial film digitizer and two low-cost METHODS: a digital camera and a flatbed scanner. A stratified, randomized, block design was used where 20 readers evaluated 40 different images to determine the ability to accurately detect the abnormality. Readers then rated all 160 images (40 images x 4 methods) for conspicuity of the abnormality and overall image quality. RESULTS: Abnormalities were correctly identified on 82.3 % of hard copy images, 82.9 % of flatbed scanner images, 74.3 % of film digitizer images, and 69.7 % of digital camera images ( $p < 0.05$ ) when compared to hard copy or flatbed scanner images. Lesion conspicuity was rated higher on hard copy ( $p < 0.05$ ) than all digitized images. Conspicuity ratings were similar for flatbed scanner and film digitizer images, but lower in digital camera images ( $p < 0.05$ ). For overall image quality, all were rated significantly different from each other ( $p < 0.05$ ), with hard copy > flatbed scanner > film digitizer > digital camera images. CONCLUSION: A low-cost flatbed scanner yielded digital pediatric chest images which were significantly superior to digital camera images. While flatbed scanner images were interpreted with the equivalent diagnostic accuracy of hard copy images, they were rated lower for image quality and lesion conspicuity.

Ruiz RJ, Brown CE, Peters MT, Johnston AB. Specialized care for twin gestations: improving newborn outcomes and reducing costs. *J Obstet Gynecol Neonatal Nurs* 2001; 30(1):52-60. Abstract: OBJECTIVE: To compare newborn outcomes and costs of hospital stays for twins born to mothers receiving care in a specialized twin clinic with a research-based care protocol and one consistent caregiver versus twins whose mothers received standard prenatal care. DESIGN AND SETTING: A retrospective, historical cohort study conducted in a high-risk obstetric clinic in central Texas. PATIENTS: Thirty women pregnant with twins received specialized care. The comparison group consisted of 41 women pregnant with twins who received standard care. INTERVENTIONS: An advanced practice nurse provided prenatal care, which included weekly clinic visits, home visits, and 24-hour availability for phone support. OUTCOME MEASURES: Gestational age at birth, birth weight, length of stay in the neonatal intensive-care unit (NICU), and hospital charges for the newborns. RESULTS: No newborns of less than 30 weeks gestation were born to women in the specialized care group, the mean birth weight was 249 g (SD +/- 77) higher, days in the NICU were reduced from a mean of 17 to 7, and hospital charges were \$30,000 less per infant. CONCLUSIONS: Newborn outcomes were improved and length of stay and hospital charges were significantly reduced for newborns whose mothers had received care in the specialized twin clinic.

Ruperto N, Martini A. International research networks in  
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pediatric rheumatology: the PRINTO perspective. *Curr Opin Rheumatol* 2004; 16(5):566-70. Abstract: PURPOSE OF REVIEW: The purpose of this review is to highlight the problems and possible solutions for the conduct of international collaborative research for pediatric rheumatic diseases. RECENT FINDINGS: Pediatric rheumatic diseases are rare conditions associated with important sequelae on the quality of life and long-term outcome. The research aimed at studying new therapeutic approaches is difficult because of logistic, methodological, and ethical problems. To face these problems, two international networks have been founded: the Pediatric Rheumatology Collaborative Study Group (or PRCSG) and the Paediatric Rheumatology international Trials Organization (or PRINTO). The two networks have the goal to promote, facilitate, and conduct high-quality research into pediatric rheumatic diseases. In particular they have been able to standardize the evaluation of response to therapy in juvenile idiopathic arthritis, juvenile systemic lupus erythematosus, and juvenile dermatomyositis; to draft clinical remission criteria in juvenile idiopathic arthritis; and to provide cross-cultural adapted and validated quality-of-life instruments like the Childhood Health Assessment Questionnaire and the Child Health Questionnaire in 32 different languages. SUMMARY: The creation of large international trial networks such as PRINTO and PRCSG, the definition of internationally recognized and standardized outcome measures and definitions of improvement, the validation of quality-of-life instruments, and the adoption of adequate legislative measures (pediatric rule) have created the basic premises for the best future assessment of pediatric rheumatic diseases. This progress now affords children with pediatric rheumatic diseases the same opportunities as adults to be treated with drugs whose safety and efficacy have been assessed through legitimate scientifically valid investigations.

Rusch MD, Gould LJ, Dzwierzynski WW, Larson DL. Psychological impact of traumatic injuries: what the surgeon can do. *Plast Reconstr Surg* 2002; 109(1):18-24. Abstract: In their treatment of accident and assault victims, plastic surgeons have unique opportunities to identify and refer patients with posttraumatic stress symptoms. This article describes brief assessments that surgeons or their clinic staff can use to evaluate traumatically injured adults and children for trauma-related psychological symptoms. An immediate postinjury evaluation (within 10 days of the trauma) consists of 11 questions to determine the presence of the following risk factors for posttrauma maladjustment: panic during or immediately after the trauma, reexperiencing symptoms, avoidance, sleep disturbance, injury from an assault, previous trauma and psychiatric history, and blaming someone else for the injury. The seven follow-up interview questions

assess reexperiencing symptoms, avoidance, trauma-related phobias, depression, irritability, and increased substance use, all of which, if present, suggest psychological impairment. Questions recommended for the evaluation of younger children assess changes in play and recreational activity, sleep disturbance, night terror, aggression, irritability, avoidance, emergence of new fears, and loss of recently acquired developmental skills. The assessments require less than 2 minutes and are easily integrated into the hospital or clinic examinations of these patients.

Rushton CH. A framework for integrated pediatric palliative care: being with dying. *J Pediatr Nurs* 2005; 20(5):311-25.

Abstract: Recent studies highlight the need for an integrated model for palliative and end-of-life pediatric care. About 55,000 children die each year in the United States and, on any given day, about 8,600 children could benefit from care that acknowledges their limited life expectancy and severity of illness. Two case studies of children illustrate different approaches—one that aggressively applies all possible technologies to maximize chances of survival and another that focuses on the patient's overall quality of life and on healing rather than curing. The cases highlight characteristics of an integrated model of palliative care to address clinical, moral, and ethical uncertainties. This model integrates being with doing, provides for developing attunement and presence as capacities for being with children and their parents, and addresses challenges in the healthcare environment. Strategies for integrating palliative care into pediatric practice include listening, fostering respect for the child and parents across the organization, nurturing collaborative connections, managing uncertainty, tolerating ambiguity, making peace with conflict, and committing to self-care. Every pediatric nurse can play a role in making the vision of palliative care a reality integrated into the fabric of pediatric practice.

Rushton DI. Neonatal shaken baby syndrome—historical inexactitudes. *Arch Dis Child Fetal Neonatal Ed* 2003; 88(2):F161; author reply F161-2.

Russell-Johnson H. Child protection: defining 'harm'. *Paediatr Nurs* 2003; 15(9):42-3.

Russell M, Lazenbatt A, Freeman R, Marcenes W. Child physical abuse: health professionals' perceptions, diagnosis and responses. *Br J Community Nurs* 2004; 9(8):332-8.

Abstract: The objectives of this cross-sectional survey were to assess primary health professionals' perceptions of and ability to recognize child physical abuse in their practice. A random sample was taken of 979 nurses, doctors, and dentists working in primary care in Northern Ireland. The response rate was 44%, and the results showed that 59% of respondents had

seen a suspicious case of child physical abuse, of which 47% (n = 201) had reported it. Ability and willingness to recognize and report abuse varied across the three professions. The findings suggest a professional reluctance to engage in recognizing and reporting abuse. The barriers could be reduced by providing multi-professional and inter-agency training, support for the primary health professionals in practice, as well as higher education programmes at undergraduate and postgraduate levels for nursing, dentistry and medicine.

Russoniello CV, Skalko TK, O'Brien K, McGhee SA, Bingham-Alexander D, Beatley J. Childhood posttraumatic stress disorder and efforts to cope after Hurricane Floyd. *Behav Med* 2002; 28(2):61-71. Abstract: The authors report on the level of posttraumatic stress disorder (PTSD) experienced by fourth-grade children 6 months after Hurricane Floyd and describe the children's efforts to cope with their stress. All of the children they studied were directly affected by the hurricane, secondary to the destruction of their school by floodwaters. The homes of 37% of these children were also flooded. Ninety-five percent of the children experienced at least mild symptoms of PTSD, and 71% had symptoms that were moderate to very severe. Children who reported that their homes were flooded were 3 times more likely to report symptoms than those whose homes were not flooded, and the girls were twice as likely as the boys to report symptoms. The high PTSD prevalence rates are comparable to findings from other studies involving violence in which 94% of the victims reported experiencing symptoms. For further analyses, the authors used symptom clusters of hyperarousal, numbing/avoidance, and reexperiencing symptoms.

Rutherford MS, Roux GM. Health beliefs and practices in rural El Salvador: an ethnographic study. *J Cult Divers* 2002; 9(1):3-11.

Abstract: OBJECTIVE: To investigate the health practices and lifeways of rural villagers in a remote area of El Salvador who had been displaced by the recent civil war. The purpose of the study was to explore their view on health and experiences of loss during the war. DESIGN: Ethnography (Spradley, 1980, 1999; Agar, 1996). METHOD: The participants included any resident of three rural Salvadoran villages who were 18 years of age and over. Participants included nine families, with a total of twelve participants. Data collection included participant observation, audiotaped interviews, demographic information, and field notes. One of the Spanish-speaking key informants acted as the interpreter. The content of all data was analyzed for recurrent themes. FINDINGS: All nine families were displaced to refugee camps in Honduras during the civil war. Two cultural themes that emerged from the data were: 1) War: "We lost everything; we had to leave running," and 2) Health: "It's in God's hands." CONCLUSIONS:

It is a challenge to encourage culture-specific care that acknowledges Salvadoran herbal remedies, strength of spirit, and a belief that a Supreme Being controls their lives. The health practices of the participants were shaped by their experiences of suffering from loss of family members during the war, displacement from their homes, and lack of potable water and environmental sanitation. IMPLICATIONS: To make a positive impact and effect change on health services in these rural areas, efforts should be directed toward democratic and community-based social and economic development within the context of the cultural system. Recent earthquakes (2001) have intensified the need for improvement in environmental factors including potable water.

Ruths S, Steiner H. Psychopharmacologic treatment of aggression in children and adolescents. *Pediatr Ann* 2004; 33(5):318-27.

Abstract: Knowledge regarding psychopharmacology is increasingly based on clinical trials and rational algorithms. Medications are increasingly regarded as useful adjuncts in the treatment of maladaptive aggression, whether it appears as a target symptom or as a complication of a whole range of psychopathology. Properly integrated into a treatment package that uses psychotherapies and environmental manipulation, medications can provide relief from one of the most destructive forms of psychopathology. Still, more controlled clinical trials are needed, especially those comparing active interventions and those testing the synergistic and antagonistic effects of different treatment modalities.

Ryan G. Undefined use of the terms "child sexual touching" and "child sexual contact". *Child Abuse Negl* 2002; 26(1):3-4; author reply 5-10.

Ryan RM. The developmental line of autonomy in the etiology, dynamics, and treatment of borderline personality disorders. *Dev Psychopathol* 2005; 17(4):987-1006.

Abstract: Borderline personality disorder (BPD) is considered as a disorder of autonomy, and is related to both predisposing vulnerabilities and social relationships that fail to support basic psychological needs. Autonomy, which is defined within the self-determination theory as the capacity for self-endorsed action based on integrative, reflective awareness, is discussed as a developmental line that is dependent on specific supports from caregivers. Unresponsiveness, invalidation, or abuse by caregivers is argued to impair the capacity for autonomy and to catalyze an array of processes, both biological and psychological, which impact subsequent development and, in vulnerable individuals, can lead to BPD. Aspects of treatment, including the emphases on validation and acceptance of the patient's experience, and the cultivation of more reflective or mindful regulation of behavior, can be

deduced, from this analysis of autonomy disturbance, and these in turn have appeared as the cornerstones of effective treatments for BPD.

Rzucidlo SE, Shirk BJ. Trauma nursing: pediatric patients. *RN* 2004; 67(6):36-41; quiz 42.

Sa RC, Verbandt Y. Automated breath detection on long-duration signals using feedforward backpropagation artificial neural networks. *IEEE Trans Biomed Eng* 2002; 49(10):1130-41.

Abstract: A new breath-detection algorithm is presented, intended to automate the analysis of respiratory data acquired during sleep. The algorithm is based on two independent artificial neural networks (ANN(insp) and ANN(expi)) that recognize, in the original signal, windows of interest where the onset of inspiration and expiration occurs. Postprocessing consists in finding inside each of these windows of interest minimum and maximum corresponding to each inspiration and expiration. The ANN(insp) and ANN(expi) correctly determine respectively 98.0% and 98.7% of the desired windows, when compared with 29,820 inspirations and 29,819 expirations detected by a human expert, obtained from three entire-night recordings. Postprocessing allowed determination of inspiration and expiration onsets with a mean difference with respect to the same human expert of (mean +/- SD) 34 +/- 71 ms for inspiration and 5 +/- 46 ms for expiration. The method proved to be effective in detecting the onset of inspiration and expiration in full night continuous recordings. A comparison of five human experts performing the same classification task yielded that the automated algorithm was undifferentiable from these human experts, falling within the distribution of human expert results. Besides being applicable to adult respiratory volume data, the presented algorithm was also successfully applied to infant sleep data, consisting of uncalibrated rib cage and abdominal movement recordings. A comparison with two previously published algorithms for breath detection in respiratory volume signal shows that the presented algorithm has a higher specificity, while presenting similar or higher positive predictive values.

Saarlal KN, Hinman AR, Ross DA *et al.* All Kids Count 1991-2004: developing information systems to improve child health and the delivery of immunizations and preventive services. *J Public Health Manag Pract* 2004; Suppl:S3-15.

Abstract: The All Kids Count program began in late 1991 with funding from The Robert Wood Johnson Foundation. The purpose was to improve child health and the delivery of immunizations and preventive services through the development of health information systems. All Kids Count concluded in mid-2004 having worked directly with 38 state and local health agencies through its grant and Connections program. The lessons learned from the 13-year program are

applicable to other public health and medical care initiatives. Health information systems projects should: (1) involve stakeholders from the beginning, (2) recognize the complexity of establishing a population-based information system, (3) develop the policy/business/value case for information systems, (4) define the requirements of the system to support users' needs, (5) develop information systems according to current standards, (6) address common problems collaboratively, (7) plan for change, (8) plan boldly but build incrementally, (9) develop a good communications strategy, and (10) use the information (even if not perfect). Opportunities exist for public health agencies to share their experiences from developing immunization registries and integrated child health information systems and to develop collaborative approaches to improving the nation's health information infrastructure.

Sabin M, Lopes Cardozo B, Nackerud L, Kaiser R, Varese L. Factors associated with poor mental health among Guatemalan refugees living in Mexico 20 years after civil conflict. *JAMA* 2003; 290(5):635-42. Abstract: CONTEXT: From 1981 to 2001, 46 000 refugees who fled the 36-year civil conflict in Guatemala for Chiapas, Mexico were under the protection of the United Nations High Commissioner for Refugees. OBJECTIVES: To estimate the prevalence of mental illness and factors associated with poor mental health of underserved Guatemalan refugee communities located in Chiapas, Mexico, since 1981 and to assess need for mental health services. DESIGN, SETTING, AND PARTICIPANTS: Cross-sectional survey of 183 households in 5 Mayan refugee camps in Chiapas representing an estimated 1546 residents (adults and children) conducted November-December 2000. MAIN OUTCOME MEASURES: Symptom criteria of Posttraumatic Stress Disorder (PTSD), anxiety, and depression as measured by the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 (Hopkins-25). RESULTS: One adult (aged > or =16 years) per household (n = 170 respondents) who agreed to participate was included in the analysis, representing an estimated 93% of households. All respondents reported experiencing at least 1 traumatic event with a mean of 8.3 traumatic events per individual. Of the respondents, 20 (11.8%) had all symptom criteria for PTSD. Of the 160 who completed the Hopkins Symptom Checklist-25, 87 (54.4%) had anxiety symptoms and 62 (38.8%) had symptoms of depression. Witnessing the disappearance of family members (adjusted odds ratio [AOR], 4.58; 95% confidence interval [CI], 1.35-15.50), being close to death (AOR, 4.19, 95% CI, 1.03-17.00), or living with 9 to 15 persons in the same home (AOR, 3.69; 95% CI, 1.19-11.39) were associated with symptoms of PTSD. There was a protective factor found for lacking sufficient food (AOR, 0.08; 95% CI, 0.01-0.59). Elevated anxiety symptoms were associated with witnessing a massacre (AOR, 10.63; 95% CI, 4.31-

26.22), being wounded (AOR, 3.22; 95% CI, 0.95-10.89), and experiencing 7 to 12 traumatic events (AOR, 2.67; 95% CI, 1.14-6.27) and 13 to 19 traumatic events (AOR, 2.26; 95% CI, 0.65-7.89). Elevated symptoms of depression were associated with being a woman (AOR, 3.64; 95% CI, 1.47-9.04), being widowed (AOR, 27.55; 95% CI, 2.54-299.27), being married (AOR, 1.93; 95% CI, 0.59-6.33), witnessing disappearances (AOR, 2.68; 95% CI, 1.16-6.19), experiencing 7 to 12 traumatic events (AOR, 1.57; 95% CI, 0.64-3.88), or experiencing 13 to 19 traumatic events (AOR, 7.44; 95% CI, 2.18-25.37). CONCLUSION: Psychiatric morbidity related to human rights violations, traumatic events, and refugee status was common among Guatemalan refugees surveyed 20 years after the Guatemalan civil conflict.

Sabol WJ, Coulton CJ, Korbin JE. Building community capacity for violence prevention. *J Interpers Violence* 2004; 19(3):322-40. Abstract: The capacity of communities to prevent violence is examined from three perspectives: youth violence, child maltreatment, and intimate partner violence. The analysis suggests that community social control and collective efficacy are significant protective factors for all three types of violence, but these need to be further distinguished for their relationships to private, parochial, and state controls. It is argued that strong interpersonal ties are not the only contributor to collective efficacy and violence prevention. Weak ties, including those outside the community, and organizational ties are also seen as necessary. Violence prevention programs should be structured in ways that contribute to the communities' own capacity to prevent violence.

Sachs BC, Gaillard WD. Organization of language networks in children: functional magnetic resonance imaging studies. *Curr Neurol Neurosci Rep* 2003; 3(2):157-62. Abstract: Functional magnetic resonance imaging (fMRI) is a relatively new neuroimaging procedure that has been used to study a wide variety of cognitive phenomena in adults, including attention, language, and memory. More recently, this technique has been successfully applied to pediatric populations as well. In particular, many investigators have employed fMRI as a tool to study language development in normal children. This paper reviews the current imaging research on the identification of cortex subserving components of language processing in young children. The literature suggests that fMRI can successfully identify regions of language cortex in children in much the same capacity as it can with adults, and that generally, adults and children show fundamental similarities in the patterns of activation. However, special considerations with pediatric imaging, paradigm design, and image analysis are also discussed.

Saeed MU, Parmar DN, Ohri R. The role of an ophthalmologist in suspected non-accidental injury. *Eye* 2003; 17(1):93-5.

Sahu G, Mohanty S, Dash JK. Vulnerable victims of sexual assault. *Med Sci Law* 2005; 45(3):256-60. Abstract: Sexual assault is one of the heinous crimes of present day society. Although it has always been evident, in recent times there has been a steady increase in the rate of sexual assault cases. The aim of this study was to identify the groups most at risk. Therefore it includes only cases of sex offences and sex offences with kidnapping. Information was obtained by interviewing the victims and accompanying persons, and from records submitted by the investigating officers. Our study reveals sexual assault commonly occurs among the age group of 16-19 years (60.8%), mostly at night (53.23%), inside the house (87%) and usually by a close acquaintance (61%). The majority of the victims were unmarried (84.7%), lived in rural areas (65.2%), were unemployed (93.5%), of less educated or illiterate groups (88%) and found to be mentally fit (97%). The victims were mostly drawn from low socio-economic groups.

Salamzadeh J, Wong IC, Hosker HS, Patel MG, Chrystyn H. The relationship between the quality of prescribing and practice appointment rates with asthma management data in those admitted to hospital due to an acute exacerbation. *Respir Med* 2005; 99(6):735-41. Abstract: Specific targeting of patients with a previous asthma hospitalisation could be more focused if predictors could be identified. This study was an observational retrospective analysis using ridge and linear multivariate regression analysis. Patient asthma management data were extracted from the hospital and general practice notes of those that had been admitted with an acute exacerbation of their asthma over a 5-year period. From the prescribing data, the annual doses of preventer (P) and reliever (R) medication were converted to defined daily doses then divided to give a P:R ratio. Preliminary statistical analysis was used to identify any association between either the P:R ratio or for the number of general practitioner (GP) practice appointments (PA) and their asthma management data. Multivariate regression analysis was applied to the P:R ratio and to PA to determine a model between each of these and asthma management data/events. GPs gave consent to access the data of 115 (out of 440) asthmatics, age >5 years, admitted to a district general hospital for asthma exacerbations between 1994 and 1998. The multivariate analysis revealed that PA was associated with oral prednisolone rescue courses (PRCs) and age whilst the P:R ratio was associated to PRCs and more reliever usage but not preventers. Patients with low preventer usage with respect to their reliever medication should be targeted for medication review as these were the patients prescribed more prednisolone courses and their increased PAs reflect this. This could decrease visits to the doctor and acute

exacerbations.

Salati R, Schiavulli O, Giammari G, Borgatti R. Checklist for the evaluation of low vision in uncooperative patients. *J Pediatr Ophthalmol Strabismus* 2001; 38(2):90-4.

Abstract: PURPOSE: To present a checklist for the evaluation of low vision in uncooperative patients; in this specific case, children with neurological deficits. METHOD: The checklist includes several behavioral indicators obtainable with a standard clinical examination. Each test is assigned a score (0=failure, 1=success). The final visual quotient score is obtained by dividing the partial score by the total number of tests performed. Eleven children with cerebral visual impairment were studied using behavioral and preferential looking techniques. RESULTS: Visual quotient was >0 in all patients, indicating that residual visual function was always detectable. Average visual quotient was 0.74. CONCLUSION: Visual quotient can be useful both for follow-up examinations and comparison and integration with other evaluation methods (behavioral and instrumental) of residual visual capacity. In particular, if combined with preferential looking techniques, visual quotient testing permits characterization of the entire spectrum of low vision.

Salazar JC. Pediatric clinical trial experience: government, child, parent and physician's perspective. *Pediatr Infect Dis J* 2003; 22(12):1124-7.

Abstract: In contrast to investigations in adults, investigation of drugs via clinical trials has been lacking in the pediatric population. Until recently there was little incentive on the part of the pharmaceutical industry to conduct clinical trials of new drugs in children. However, government legislation approved in the late 1990s has promoted efforts to investigate the effects of drugs in the treatment of a variety of children's diseases. Such data provide important and needed information on appropriate dosing, rates and types of adverse reactions and efficacy for treatment of pediatric illnesses. The conduct of clinical trials in children is dependent on a careful dialogue between the investigator, child and guardians wherein a detailed description of benefits vs. risks is conveyed. The focus of this paper is to summarize various perspectives on conducting clinical trials in children, including those of the government, the child, the parents or guardians and the investigator. Although children now have access to new medicines during the development process, their participation in clinical trials must still protect them from undue risk and secure their well being.

Salib E, Appleton T, Pembleton A. Elder abuse and elderly abusers. *Med Sci Law* 2002; 42(2):147-8.

Salloum A, Avery L, McClain RP. Group psychotherapy for adolescent survivors of homicide victims: a pilot study.

J Am Acad Child Adolesc Psychiatry 2001; 40(11):1261-7.

Abstract: OBJECTIVE: To conduct an exploratory study designed to evaluate the effectiveness of a time-limited psychotherapy group model to decrease traumatic symptoms among adolescent survivors of homicide victims. METHOD: Forty-five inner-city adolescents between the ages of 11 and 19 years participated in community-based, time-limited therapy groups that were specifically designed for youths who had a loved one die because of violence. The therapy groups were based on a 10-week treatment model for adolescent survivors of homicide victims with the goals of providing grief education, facilitating thoughts and feelings about grief, and reducing traumatic symptoms. RESULTS: On completion of group therapy, the adolescent participants reported an overall significant decrease in traumatic symptoms on an index of posttraumatic stress, especially in the areas of reexperiencing and avoidance symptoms. The mean difference between pre- and posttest was a 10.03 decrease in the sum of the Child PTSD Reaction Index scores (sig = .001). CONCLUSION: The results of this pilot study indicate that group therapy may be helpful in reducing PTSD symptoms among inner-city, African-American adolescent survivors of homicide victims. Although validity is limited by the lack of a comparison group, the authors suggest that such a brief trauma/grief psychotherapy group may be applicable for suburban and rural adolescent survivors of homicide victims as well. .

Salmon DA, Siegel AW. Religious and philosophical exemptions from vaccination requirements and lessons learned from conscientious objectors from conscription. Public Health Rep 2001; 116(4):289-95. Notes: GENERAL NOTE: KIE: 22 refs. GENERAL NOTE: KIE: KIE Bib: immunization; public health; treatment refusal/minors Abstract: All jurisdictions in the US require proof of vaccination for school entrance. Most states permit non-medical exemptions. Public health officials must balance the rights of individuals to choose whether or not to vaccinate their children with the individual and societal risks associated with choosing not to vaccinate (i.e., claiming an exemption). To assist the public health community in optimally reaching this balance, this analysis examines the constitutional basis of non-medical exemptions and examines policies governing conscientious objection to conscription as a possible model. The jurisprudence that the US Supreme Court has developed in cases in which religious beliefs conflict with public or state interests suggests that mandatory immunization against dangerous diseases does not violate the First Amendment right to free exercise of religion. Accordingly, states do not have a constitutional obligation to enact religious exemptions. Applying the model of conscientious objectors to conscription suggests that if states choose to offer nonmedical exemptions, they may be able to optimally

balance individual freedoms with public good by considering the sincerity of beliefs and requiring parents considering exemptions to attend individual educational counseling.

Saluja G, Iachan R, Scheidt PC, Overpeck MD, Sun W, Giedd JN. Prevalence of and risk factors for depressive symptoms among young adolescents. Arch Pediatr Adolesc Med 2004; 158(8):760-5. Abstract: OBJECTIVE: To determine the prevalence, risk factors, and risk behaviors associated with depressive symptoms in a nationally representative, cross-sectional sample of young adolescents. DESIGN: A school-based survey collected through self-administered questionnaires in grades 6, 8, and 10 in 1996. SETTING: Schools in the United States. PARTICIPANTS: 9863 students in grades 6, 8, and 10 (average ages, 11, 13, and 15). MAIN OUTCOME MEASURES: Depressive symptoms, substance use, somatic symptoms, scholastic behaviors, and involvement in bullying. RESULTS: Eighteen percent of youths reported symptoms of depression. A higher proportion of females (25%) reported depressive symptoms than males (10%). Prevalence of depressive symptoms increased by age for both males and females. Among American Indian youths, 29% reported depressive symptoms, as compared with 22% of Hispanic, 18% of white, 17% of Asian American, and 15% of African American youths. Youths who were frequently involved in bullying, either as perpetrators or as victims, were more than twice as likely to report depressive symptoms than those who were not involved in bullying. A significantly higher percentage of youths who reported using substances reported depressive symptoms as compared with other youths. Similarly, youths who reported experiencing somatic symptoms also reported significantly higher proportions of depressive symptoms than other youths. CONCLUSIONS: Depression is a substantial and largely unrecognized problem among young adolescents that warrants an increased need and opportunity for identification and intervention at the middle school level. Understanding differences in prevalence between males and females and among racial/ethnic groups may be important to the recognition and treatment of depression among youths.

Saluja G, Kotch J, Lee LC. Effects of child abuse and neglect: does social capital really matter? Arch Pediatr Adolesc Med 2003; 157(7):681-6. Abstract: OBJECTIVE: To explore whether social capital and social support moderate the relationship between child maltreatment and emotional and behavioral outcomes such as depression-anxiety and aggression in 6-year-old children. DESIGN: Data from Longitudinal Studies of Child Abuse and Neglect were used. Data were collected through interviews and questionnaires at the child's birth and at the age of 6 years. SETTING: General community. PARTICIPANTS: Two hundred fifteen maternal

caregivers of children at high risk for child abuse and neglect were included in this study. **MAIN OUTCOME MEASURES:** Depression-anxiety and aggression were measured through the Child Behavior Checklist. **RESULTS:** Among 5 potential effect modifiers (3 social capital constructs and 2 measures of social support), only 1 (instrumental support) significantly modified the relationship between maltreatment and child aggression. **CONCLUSIONS:** Social capital did not modify the relationship between child maltreatment and either aggression or depression-anxiety. This might be related to the fact that many previous studies looked at social capital ecologically, whereas this study uses individuals as the unit of analysis. The results of this study might also indicate that previous studies of social capital and health outcomes might actually be using social capital as a proxy for social support.

Salvi M, Dazzi D, Pellistri I, Neri F, Wall JR. Classification and prediction of the progression of thyroid-associated ophthalmopathy by an artificial neural network. *Ophthalmology* 2002; 109(9):1703-8. **Abstract:** **OBJECTIVE:** We have used an artificial neural network in an attempt to classify and predict the progression of thyroid-associated ophthalmopathy (TAO) at the first clinical examination. **DESIGN:** This retrospective comparative case series included a group of patients examined by the ophthalmologist only once because of the absence of signs of progressive disease (GR1), as subsequently monitored by an endocrinologist, and a group of patients on follow-up because of progressive disease (GR2). **PARTICIPANTS AND METHODS:** We examined 242 patients, of whom 207 were women and 35 were men. GR1 included 129 patients (257 eyes) who, on ophthalmologic assessment, were further classified as having no TAO (n = 53; GR1a) and only lid signs or inactive, stable TAO (n = 76; GR1b). GR2 included 113 patients (219 eyes). One hundred three normal subjects (205 eyes), 50 women and 53 men, were tested to provide normal ranges for proptosis values. We applied a model of back propagation neural network with 17 input variables, a training matrix of 414 observations, a randomly selected test group of 115 observations, and, as output, the progression of disease. The ophthalmologic assessment included (1) lid fissure measurement, (2) Hertel, (3) color vision, (4) cover test and Hess screen, (5) visual acuity, (6) tonometry, (7) fundus examination, (8) visual field, and (9) orbital computed tomography scan or ultrasonography. Other parameters included in the neural analysis were gender and age of the patients, their cigarette smoking, and the interval between follow-up visits. **RESULTS:** The prevalence of smokers among patients without TAO was significantly lower than that among those with TAO ( $P < 0.03$ ). Mean proptosis values (Hertel) were significantly different in GR1, in GR2, and in a group of normal eyes ( $P < 0.0001$ ), and the changes of values in consecutive measurements were associated with progression of the disease ( $P < 0.01$ ). Differences of

the proptosis values in the two groups of patients were not related to smoking. The neural network correctly classified 78.3% of 115 eyes (87 patients) and predicted TAO progression in 69.2% of 39 eyes (28 patients). **CONCLUSIONS:** In our opinion, neural network analysis can be successfully applied for classifying TAO and predicting progression at the first clinical examination.

Samms-Vaughan ME, Jackson MA, Ashley DE. Urban Jamaican children's exposure to community violence. *West Indian Med J* 2005; 54(1):14-21. **Abstract:** Exposure to violence in childhood is associated with aggression in adulthood. The high level of community violence in Jamaica is likely to expose Jamaican children to violence. There has been no detailed study of the exposure of Jamaican children to violence in their daily lives. Some 1674 urban 11-12-year-old children, previously part of a national birth cohort study, completed a questionnaire detailing their exposure to violence as witnesses, victims and aggressors. Their parents completed a socio-economic questionnaire. Jamaican children had high levels of exposure to physical violence. A quarter of the children had witnessed severe acts of physical violence such as robbery, shooting and gang wars, a fifth had been victims of serious threats or robbery and one in every twelve had been stabbed. Children reported being least exposed to sexual violence and to being shot at. Robbery was an almost universal experience affecting children from all schools and socio-economic groups. The single commonest experience as a victim of violence was the loss of a family member or close friend to murder, affecting 36.8% of children. Children's experiences of witnessing violence occurred chiefly in their communities but their personal experiences of violence occurred at school. Boys and children attending primary school had greater exposure to violence as witnesses and victims. Socio-economic status discriminated exposure to physical violence as witnesses but not as victims. Intervention strategies to reduce children's exposure to violence should include community education on the impact of exposure to violence on children, particularly the loss of a significant person, and the development of a range of school-based violence prevention programmes.

Samuel PR, Ranta M. A paediatric otolaryngology pre-admission assessment clinic audited. *J Laryngol Otol* 2001; 115(9):723-6. **Abstract:** Pre-admission clinics are becoming increasingly popular for surgical specialties with a quick turnover as they aid waiting list management and reduce non-attender rates for surgery. As paediatric patients have a high rate of non-attendance, we performed a retrospective audit of otolaryngology paediatric pre-admission assessment clinic notes for June to October 1998 (n = 363). The attendance rate for the clinic was 97 per cent. Of the children who attended the clinic, 90 per cent had their operation as

planned, complications occurred in 2.9 per cent. The operation date was delayed in 20 patients, in 11 patients no cause for the delay was given in the case notes. As a result of this audit, the Senior House Officer sees the patient on the day of admission rather than in the pre-admission clinic, which is staffed by nurses.

Samuelson JL, Buehler JW, Norris D, Sadek R. Maternal characteristics associated with place of delivery and neonatal mortality rates among very-low-birthweight infants, Georgia. *Paediatr Perinat Epidemiol* 2002; 16(4):305-13.

Abstract: To determine whether the Healthy People 2000 objective to deliver very-low-birthweight (VLBW) infants at subspecialty perinatal care centres was met, and if improvements in the regional perinatal care system could reduce neonatal mortality further for 2010, we examined place of delivery for VLBW infants, associated maternal characteristics and the potential impact on neonatal mortality. We used linked birth and death records for the 1994-96 Georgia VLBW (i.e. 500-1499 g) birth cohorts. Among 4770 VLBW infants, 77% were delivered at hospitals providing subspecialty perinatal care. The strongest predictor of birth hospital level was the mother's county of residence, defined using three levels: residence in a county with a subspecialty hospital, residence in a county adjacent to one with such a hospital or residence in a non-adjacent county. Eighty-nine per cent of infants born to women who resided in counties with subspecialty care hospitals delivered at such hospitals, compared with 53% of infants born to women who resided in a non-adjacent county. Women were also more likely to deliver outside subspecialty care if they had less than adequate prenatal care [adjusted odds ratio (AOR) 1.5, P-value = 0.0001]. The neonatal mortality rate varied by level of perinatal care at the birth hospital from 132.1/1000 to 283/1000 live births, with the highest death rate for infants born at hospitals offering the lowest level of care. Assuming that the differences in mortality were due to care level of the birth hospital, potentially 16-23% of neonatal deaths among VLBW infants could have been prevented if 90% of infants born outside subspecialty care were delivered at the recommended level. These findings suggest that a state's support of strong, collaborative, regional perinatal care networks is required to ensure that high-risk women and infants receive optimal health care. Improved access to recommended care levels should further reduce neonatal mortality until interventions are identified to prevent VLBW births.

Samuelson LK. Statistical regularities in vocabulary guide language acquisition in connectionist models and 15-20-month-olds. *Dev Psychol* 2002; 38(6):1016-37. Abstract: This research tested the hypothesis that young children's bias to generalize names for solid objects by shape is the product of statistical regularities

among nouns in the early productive vocabulary. Data from a 4-layer Hopfield network suggested that the statistical regularities in the early noun vocabulary are strong enough to create a shape bias, and that the shape bias is overgeneralized to nonsolid stimuli. A 2nd simulation suggested that this overgeneralization is due to the dominance of names for shape-based categories in the early noun vocabulary. Two subsequent longitudinal experiments tested whether it is possible to create word learning biases in children. Children 15-20 months old were given intensive naming experiences with 12 noun categories typical of the types of categories children learn to name early. The children developed a precocious shape bias that was overgeneralized to naming nonsolid substances; they also showed accelerated vocabulary development. Children taught an atypical set of nouns or no new nouns did not develop a shape bias and did not show accelerated vocabulary development.

Sanchez-Gimeno J, Martin-Carpi J, Martinez-Laborda S, Carrasco-Lorente S, Abenia-Uson P, Lopez-Pison J. [Lumbar puncture and early neuroimaging in complex febrile seizures. Report of a case of shaken infant syndrome]. *Rev Neurol* 2003; 36(4):351-4. Abstract: INTRODUCTION: Febrile convulsions are one of the most frequent pathologies seen in paediatric emergencies. The diagnosis of febrile seizures is clinico evolutionary and is easily established once the acute process is overcome and a normal state is restored in the child. The differential diagnosis is established with the processes that associate fever and convulsions in children between the ages of 1 month and 6 years, many of which require specific treatment. Certain complementary examinations, essentially a blood test, lumbar puncture and neuroimaging, are needed to identify them. Shaken infant syndrome is a form of physical abuse which includes the presence of intracranial traumatic injury, retinal haemorrhage and, in general, the absence of other physical signs of traumatic injury in the child. CASE REPORT: An 8 month old infant who presented a convulsive seizure on the left side of the body which coincided with an axillary temperature of 38 C that remitted with intravenous diazepam 40 minutes after onset. An early cranial computerised tomography (CT) scan led to a diagnosis of shaken infant syndrome. DISCUSSION: This case constitutes an argument in favour of performing an early cranial CT scan in complex febrile convulsions and in prolonged or partial non provoked seizures. We highlight the risks involved in performing a lumbar puncture in the absence of suspected non complicated acute bacterial meningitis. The diagnostic usefulness of an early CT scan in diagnosing such an important problem as shaken infant syndrome must also be noted, due to the risk of repetition and its high morbidity and mortality rates.

Sanders LM, Robinson TN, Forster LQ, Plax K, Brosco JP, Brito A. Evidence-based community pediatrics:



building a bridge from bedside to neighborhood. *Pediatrics* 2005; 115(4 Suppl):1142-7. Abstract: The American Academy of Pediatrics policy statement "The Pediatrician's Role in Community Pediatrics" encourages all pediatricians to partner with their communities to create and disseminate innovative programs that improve child health. This article describes 4 pillars of a bridge to evidence-based community pediatrics for pediatricians interested in pursuing effective community action: (1) collaborate with the community to establish a specific, short-term, health-related goal; (2) identify evidence-based best practice(s) for achieving the shared goal; (3) collaborate with the community to adapt this best practice to the community's unique assets and constraints; and (4) evaluate the project by using appropriate expertise. Practical elements of each pillar are described and illustrated by specific examples from community-based efforts of pediatricians and are accompanied by specific resources to aid pediatricians in their future community health work.

Sanders MR. Parenting interventions and the prevention of serious mental health problems in children. *Med J Aust* 2002; 177 Suppl:S87-92. Abstract: The reduction of coercive or inadequate parenting is essential if the mental health status of Australian children and adolescents is to be improved. Of the available approaches that address parenting practices, behavioural family interventions have the strongest empirical support and are effective in reducing parenting practices that contribute to the development of behavioural and emotional problems in children. However, only a small proportion of parents access such interventions. A comprehensive multilevel, evidence-based parenting and family support strategy needs to be implemented on a wide scale to reduce the prevalence of mental health problems in children and youth. The Triple P - Positive Parenting Program is an example of a population-level strategy that can be used to improve the mental health status of children and their parents.

Sandi L, Diaz A, Uglade F. Drug use and associated factors among rural adolescents in Costa Rica. *Subst Use Misuse* 2002; 37(5-7):599-611. Abstract: The objectives of this study, carried out in 1995, were to assess both licit and illicit substance use among rural male and female Costa Rican adolescents, and associated health, psychological, and psychosocial problems. A sample of 304 students from rural schools was randomly selected. The mean age for females was 14.7 years (S.D. = 1.71), and for males was 14.4 years (S.D. = 1.62). The data were collected using the Latin-American version of Drug Use Screening Inventory (DUSI). Results showed a high prevalence of past-year alcohol use for both males and females (56.6% and 47.4%, respectively), and a lower prevalence of past-year tobacco use (44.0% and 7.7%). There results also showed a low level of use of solvent inhalants and

benzodiazepines. In terms of illicit drugs, males preferred cocaine and marijuana, while females only reported amphetamine use. An analysis of adolescent functioning showed differences among alcohol users and nonusers in behavior patterns and peer relationships. However, no significant differences were found regarding rebellion, depression, and social isolation. The implications of these results are discussed, along with the importance of enhancing prevention, as well as early detection and intervention.

Sandoval-Priego AA, Reyes-Morales H, Perez-Cuevas R, Abrego-Blas R, Orrico-Torres ES. [Family life strategies and their relation with malnutrition in children under 2 years old]. *Salud Publica Mex* 2002; 44(1):41-9.

Abstract: OBJECTIVE: To identify the role of family life strategies on malnutrition in children aged 6-23 months of age. MATERIAL AND METHODS: This case-control study was conducted in 1998 in the municipality of Teolocholco, State of Tlaxcala, Mexico, among families with children aged 6-23 months of age. The sample was conformed by 105 cases and 210 controls. Family life strategies were grouped into five types: family composition, means and distribution of family income, family and social networks, and life preservation strategies. Malnutrition was classified according to height for age. Data were analyzed using logistic regression to obtain odds ratios and 95% confidence intervals. RESULTS: Data were collected from 605 families, for a total of 445 controls and 160 cases. The predictive model included mother's schooling, overcrowding, time elapsed between childbirths, per capita monthly income, and time devoted to child-rearing activities. CONCLUSIONS: Family life strategies determine children's nutritional status; understanding the influence of the family on the children's health status is necessary to develop effective programs aimed at improving the nutritional status of children.

Sankoorikal T. Using scientific advances to conceive the "perfect" donor: the Pandora's box of creating child donors for the purpose of saving ailing family members. *Seton Hall Law Rev* 2003; 32(3):581-615.

Sant'Anna A, Aerts D, Lopes MJ. [Adolescent homicide victims in Southern Brazil: situations of vulnerability as reported by families]. *Cad Saude Publica* 2005; 21(1):120-9.

Abstract: This study focused on homicide deaths of adolescents (ages 10 to 19 years) in Porto Alegre, Rio Grande do Sul, Brazil, in 1997. Data were obtained from the Mortality Information System (SIM) of the Municipal Health Department. Families were visited at the addresses found on death certificates and were interviewed by two researchers. Of the 68 cases selected, 57 families were visited; eight families refused to be interviewed, and three addresses were not

- found. Most of the adolescents were socially vulnerable, as indicated by low per capita income and parental educational level; 78.9% had dropped out of school. Males were the predominant victims of adolescent homicide deaths (91.2%). Behavioral vulnerability was demonstrated as follows: 40.4% of the adolescents consumed alcoholic beverages and 45.6% illicit drugs, and 58.6% had criminal records or a history of custody at FEBEM (the State Juvenile Custody Facilities) or police arrests. The study highlights the importance of coordinating actions among different sectors to reach adolescents both at home and in the schools and communities.
- Sant'Anna AR, Lopes MJ. Homicides among teenagers in the city of Porto Alegre, Rio Grande do Sul State, Brazil: vulnerability, susceptibility, and gender cultures. *Cad Saude Publica* 2002; 18(6):1509-17. Abstract: The authors present a quantitative and qualitative study on homicides among teenagers in Porto Alegre, Rio Grande do Sul State, Brazil, based on a historical series during the 1990s and the life and death histories in this group, with a special focus on 1997. In that year there were 68 homicides in which the victims were from 10 to 19 years old. Of the 68, 62 were males and only 6 females, or a ratio of 10:1, showing that young males are more vulnerable and susceptible to being murdered. The data indicate that cause of death is influenced by gender culture and that homicides are based on power and status symbols characterizing a kind of virility. This expression of virility in the shaping of violence also appears in the domination of the female body observed in homicides with young women as the victims. The life and death histories of these teenagers highlight the pertinence of the gender-based analysis as a theoretical-analytical category, in addition to analyses considering socioeconomic aspects and social inequity.
- Santos y Vargas L. [Casuistic-inductive approximation to bioethics]. *P R Health Sci J* 2001; 20(3):277-82.
- Saraswat A. Child abuse and trichotillomania. *BMJ* 2005; 330(7482):83-4.
- Sarimski K. Behavioural and emotional characteristics in children with Sotos syndrome and learning disabilities. *Dev Med Child Neurol* 2003; 45(3):172-8. Abstract: In contrast to physical characteristics, the developmental and behavioural characteristics of children with Sotos syndrome are not well documented. Data from a survey of 27 children (17 males and 10 females; mean age 10 years 7 months; range 6 to 15 years) with mild and moderate learning disabilities were obtained concerning school placement, social networks, adaptive competence, and behavioural problems and compared with a control group matched for cognitive level and age. Ten children attended a mainstream school (with remedial assistance), eight were placed in a school for children with learning disabilities, nine children attended other special schools. Social contact problems and anxious behaviour were reported as the most prominent characteristics of children with Sotos syndrome. Some implications for psychological counselling and educational support are discussed.
- Sariola H. [Has sexual abuse of children increased?]. *Duodecim* 2005; 121(20):2135-7.
- Sarna K. Female foeticide on the rise in India. *Nurs J India* 2003; 94(2):29-30.
- Sarnaik AP, Daphtary K, Sarnaik AA. Ethical issues in pediatric intensive care in developing countries: combining western technology and eastern wisdom. *Indian J Pediatr* 2005; 72(4):339-42. Abstract: Application of traditional ethical principles in developing countries may not, indeed should not, conform to the western philosophy and ideology. The principle of distributive justice is of utmost importance when critical resources are scarce. There is no ethical imperative, nor is one followed even in the most advanced countries, that every citizen is entitled to the very best available care. However, a society must establish a uniform code of ethics that can be applied nationally, whereby all citizens are eligible for a minimum acceptable level of care. The traditional principles of autonomy, beneficence, nonmaleficence and justice are still applicable in structuring an ethical framework that is most suited for the country's needs and resources.
- Sass JO, Crazzolaro R, Heinz-Erian P. Mechanisms of brain injury in infantile child abuse. *Lancet* 2001; 358(9298):2082-3.
- Satcher D, Fryer GE Jr, McCann J, Troutman A, Woolf SH, Rust G. What if we were equal? A comparison of the black-white mortality gap in 1960 and 2000. *Health Aff (Millwood)* 2005; 24(2):459-64. Abstract: The United States has made progress in decreasing the black-white gap in civil rights, housing, education, and income since 1960, but health inequalities persist. We examined trends in black-white standardized mortality ratios (SMRs) for each age-sex group from 1960 to 2000. The black-white gap measured by SMR changed very little between 1960 and 2000 and actually worsened for infants and for African American men age thirty-five and older. In contrast, SMR improved in African American women. Using 2002 data, an estimated 83,570 excess deaths each year could be prevented in the United States if this black-white mortality gap could be eliminated.
- Sathiaseelan S, Rayar U. The mystery of the broken bones. *CMAJ* 2003; 169(11):1189-90.

Saunders RP, Abraham MR, Crosby MJ, Thomas K, Edwards WH. Evaluation and development of potentially better practices for improving family-centered care in neonatal intensive care units. *Pediatrics* 2003; 111(4 Pt 2):e437-49. Abstract: OBJECTIVE: Technological and scientific advances have progressively decreased neonatal morbidity and mortality. Less attention has been given to meeting the psychosocial needs of the infant and family than on meeting the infant's physical needs. Parents' participation in making decisions and caring for their child has often been limited. Environments designed for efficient technological care may not be optimal for nurturing the growth and development of sick neonates or their families. Eleven centers collaborating on quality improvement tried to make the care of families better by focusing on understanding and improving family-centered care. METHODS: Through internal process analysis, review of the evidence, collaborative learning, and benchmarking site visits to centers of excellence in family-centered care, a list of potentially better practices was developed. Choice of which practices to implement and methods of implementation were center specific. Improvement goals were in 3 areas: parent-reported outcomes, staff beliefs and practices, and clinical outcomes in length of stay and feeding practices. Measurement tools for the first 2 areas were developed and pilots were conducted. RESULTS: Length of stay and feeding outcomes were not different before the collaboration (1998) and at the formal end of the collaboration (2000). CONCLUSIONS: Prospective parent-reported outcomes are being collected, and the staff beliefs and practices questionnaire will be repeated in all centers to determine the impact of the project in those areas.

Sauzeon H, Lestage P, Raboutet C, N'Kaoua B, Clavierie B. Verbal fluency output in children aged 7-16 as a function of the production criterion: qualitative analysis of clustering, switching processes, and semantic network exploitation. *Brain Lang* 2004; 89(1):192-202. Abstract: Developmental changes in children's verbal fluency were explored in this study. One hundred and forty children aged from 7 to 16 completed four verbal fluency tasks, each with a different the production criterion (letter, sound, semantic, and free). The age differences were analyzed both in terms of number of words produced, and clustering, switching, and semantic network exploration. Analysis of the number of words produced showed a larger difference between the 7-8- and the 9-10-year-olds in semantic than in letter fluency, but this difference gradually disappeared with increasing age for semantic fluency while remaining constant for letter fluency. In letter fluency production, age modified both the number of switches and clusters formed whereas in semantic fluency tasks, only cluster size changed with age. Concerning the semantic network exploration indicators derived from

the supermarket fluency task, the number of categories sampled increased from 11 to 12 years, but efficient semantic exploitation occurred only after the age of 13-14 years. These results are discussed in terms of the development of strategic retrieval components and categorical knowledge.

Savulescu J. Is there a "right not to be born"? Reproductive decision making, options and the right to information. *J Med Ethics* 2002; 28(2):65-7. Notes: GENERAL NOTE: KIE: 9 refs. GENERAL NOTE: KIE: KIE Bib: wrongful life

Savulescu J. Is there a "right not to be born"? Reproductive decision making, options and the right to information. *Arch Dis Child Fetal Neonatal Ed* 2002; 87(2):F72-4.

Savvidou I, Bozikas VP, Hatzigeleki S, Karavatos A. Narratives about their children by mothers hospitalized on a psychiatric unit. *Fam Process* 2003; 42(3):391-402.

Abstract: The diagnosis of "mental illness" is accompanied by negative implications regarding a person's competence. Self- and other-descriptions about the "patient" are embedded within broader cultural and societal discourses, influencing his/her relationships. The parental role seems to be one of the most sensitive, especially for women. Mothers hospitalized in psychiatric units often have to separate themselves from their children either temporarily, during hospitalization, or permanently, after a loss of custody. However, many studies have shown that mothering remains important for them. We interviewed 20 women, inpatients on a psychiatric unit and mothers of 3.5-18-year-old children, recording their narratives about their children and exploring their thoughts and understanding of the concepts of motherhood and mental illness. We also explored the way in which the mother-child dyad interacted with the family and its social context. Most mothers had a consistent and coherent narrative about their children and they had certain expectations of them. The mother-child bond was strong, even when the children had been removed from their mothers' custody. However, mothers were facing great difficulties with their partner and with the broader family context. Also, the social discourses regarding mental illness, (e.g., violence and incapability for mothering), were extremely oppressive for these women. They felt that they were the victims of societal attitudes even before they became pregnant. These findings suggest the importance of listening to the voices of these women; acknowledging their competence in the therapeutic context; involving them with their families, and in legal and social contexts; and in planning supportive programs for them.

Sawday JN. Separating conjoined twins: legal reverberations of Jodie and Mary's predicament. *Loyola Los Angel Int Comp Law J* 2002; 24(1):65-86.

Notes: GENERAL NOTE: KIE: 224 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Saxton R. Psychiatry's missing link--mental injury. *Aust Fam Physician* 2002; 31(12):1122, 1125.

Sayed SA. Baby doe redux? The Department of Health and Human Services and the Born-Alive Infants Protection Act of 2002: a cautionary note on normative neonatal practice. *Pediatrics* 2005; 116(4):e576-85. Abstract: The Born-Alive Infants Protection Act (BAIPA), passed by Congress in 2002, has attracted little publicity. Its purposes were, in part, "to repudiate the flawed notion that a child's entitlement to the protections of the law is dependent on whether that child's mother or others want him or her." Understood as antiabortion rhetoric, the bill raised little concern among physicians at the time of legislative hearings and passed in both Houses by overwhelming majorities, hardly suggesting contentious legislation. After its signing into law, the Neonatal Resuscitation Program (NRP) Steering Committee issued an opinion stating that "[BAIPA] should not in any way affect the approach that physicians currently follow with respect to the extremely premature infant." This interpretation of the law, however, may have been short sighted. In April 2005, the US Department of Health and Human Services (DHHS) brought life to the BAIPA, announcing: "As a matter of law and policy, [DHHS] will investigate all circumstances where individuals and entities are reported to be withholding medical care from an infant born alive in potential violation of federal statutes." The agency issued instructions to state officials on how the definitional provision within the BAIPA interacts with the Emergency Medical Treatment and Labor Act (EMTALA) and the Child Abuse Prevention and Treatment Act (CAPTA). These interagency memoranda potentially resurrect dormant governmental oversight of newborn-treatment decisions and thus may have influence over normative neonatal practice. Under the BAIPA, the DHHS interprets EMTALA to protect all "born-alive" infants; hospitals and physicians violating regulatory requirements face agency-sanctioned monetary penalties or a "private right of action by any individual harmed as a direct result." According to its memorandum, the DHHS will investigate allegations of EMTALA violations whenever it finds evidence that a newborn was not provided with at least a medical screening examination under circumstances in which a "prudent layperson observer" could conclude from the infant's "appearance or behavior" that it was "suffering from an emergency medical condition." The memorandum fails to clarify which observers qualify as prudent, what infant appearance or behavior is relevant, or what defines an emergency medical condition. Because these evaluative criteria are not constrained by reference to relevant standards of medical care, the agency arguably substitutes a nonprofessional's presumed sagacious assessment of

survivability for reasonable medical judgment. Indeed, under a straightforward reading of the instruction, a family member could conceivably trigger an investigation after observing a relative deliver a 20-week fetus who maintains a heartbeat for an hour before its death. Most physicians would not consider this an emergency medical condition and, rather than perform a screening examination, would provide comfort for the newborn and support for the family. The guideline, however, does not state that professional acumen trumps the layperson's observations in these instances; thus, physicians are left unclear about whether screening examinations are required for all newborns regardless of a priori, reasoned considerations of survivability. In this context, the NRP Steering Committee opinion states that "at the time of delivery... the medical condition and prognosis of the newly born infant should be assessed. At that point decisions about withholding or discontinuing medical treatment that is considered futile may be considered by... providers in conjunction with the parents acting in the best interest of their child." However, most pediatricians skilled in screening and resuscitation are not currently called on to perform this function when the gestational age of a nonviable fetus is reasonably certain before delivery. If under the law screening is now required at any gestational age, professional procedure immediately after previable births may need modification. More worrisome, threatened aggressive investigations of alleged EMTALA violations at the soft edges of viability, where futility remains a matter of debate, jeopardize the normative ethical practice of offering discretionary palliative care. The DHHS sent its other instruction to state child protective services agencies responsible for implementing CAPTA regulations; it reiterates the limited situations in which physicians may withhold medical treatment from infants and reemphasizes the local role of "individuals within health care facilities" to notify authorities of suspected infractions. Its real import, however, is insistence on local execution of legal remedies to prevent nontreatment decisions deemed impermissible by the 1984 Baby Doe rules. Because this new directive encourages governmental oversight of treatment decisions involving imperiled newborns, a period of benign regulatory neglect seems to be over. The federal CAPTA rules arguably remove quality-of-life considerations from the decision-making calculus and therefore may conflict with the best-interests paradigm advocated by the American Academy of Pediatrics and NRP. How courts will respond to the DHHS interpretation of EMTALA and CAPTA under the BAIPA remains unclear. Federal courts have yet to authoritatively examine alleged EMTALA violations involving newborn treatment decisions at the limits of viability. The Wisconsin Supreme Court has permitted an EMTALA claim to go to trial where physicians allegedly did not screen or resuscitate a 22-week newborn delivered in an emergency department, and a lower appellate court has relied on CAPTA to hold that

parents do not possess the right to choose against resuscitating an extremely premature newborn. The Texas Supreme Court recently granted physicians the paternalistic prerogative to resuscitate imperiled newborns without attention to parental preference under a common law doctrine of "emergent circumstances." These judicial decisions undermine the ethical discretion parents are typically afforded in decision-making before and after delivery in these morally complex situations. The DHHS interpretation of the BAIPA may encourage jurisdictional creep of these kinds of pronouncements as the agency seeks to expand legal protections for born-alive infants. The US Supreme Court has stated that "courts must presume that a legislature says in a statute what it means and means in a statute what it says there"; thus, judges interpret law by analyzing "concrete statutory language, not by reference to abstract notions of generalized legislative intent." The BAIPA indiscriminately defines "born alive" to include an infant "at any stage of development... regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion," and it makes no reference to standards of care or best interests, nor does it specifically protect a parent's decision-making authority. Under the law's strict logic, an 18-week miscarried fetus with a detectable heart beat after delivery is entitled to the full protections of the law as determined by "any Act of Congress, or any ruling, regulation, or interpretation of the various administrative bureaus and agencies." Before concluding that the BAIPA would not affect normative neonatal practice, the NRP Steering Committee should have analyzed the act's actual statutory language and avoided relying heavily on imprecise legislative intent. The BAIPA's congressional sponsors did claim that the law "will not mandate medical treatment where none is currently indicated," but such political rhetoric is often not sufficient to render law innocuous years after separation from its legislative history. Besides, nowhere in the House record does the majority explicitly acknowledge that discretion to decide the fate of imperiled newborns invests in parents, in consultation with physicians; indeed, the bill's stated purpose was to repudiate that notion. At best, legislators recognized that physicians disagree about the efficacy of resuscitating at the limits of viability, and therefore the current standard of care permits doctors to deem resuscitation a futile endeavor. However, judges may resist characterizing resuscitation as futile, given its poor analytical fit, and substantial public-policy concerns regarding discrimination against future disabled individuals could easily tip a court to preserve incipient, at least, physiologic life under the BAIPA's all-encompassing definition of born alive.

Sayers BM, Angulo J. A new explanatory model of an SIR disease epidemic: a knowledge-based, probabilistic

approach to epidemic analysis. *Scand J Infect Dis* 2005; 37(1):55-60.

Abstract: A new explanatory model for epidemic analysis is presented; it has a knowledge based component and a probabilistic computational component. The former assembles details of household characteristics, social networks and connectivity in the community--'knowledge'--which is used to determine the structure of the computational component. The latter links individuals and households through statistically-defined opportunities for contacts and, by repeated trials, determines an average longitudinal time course (epidemic curve) of the simulated infection as it spreads through the community from inception to extinction of the epidemic. The model thus aims to describe the epidemic itself, rather than any abstraction of it. In application to a 1955-56, self-contained epidemic of an SIR disease, variola minor, the model generates 1 dominant longitudinal pattern that matches closely the epidemic curve of observed daily case rates; it is suggested that other patterns indicate different ways in which the epidemic might have evolved. The model can be used to show how differing community characteristics would affect the simulated epidemic.

Sazonov E, Sazonova N, Schuckers S, Neuman M. Activity-based sleep-wake identification in infants. *Physiol Meas* 2004; 25(5):1291-304.

Notes: CORPORATE NAME: CHIME Study Group  
Abstract: Actigraphy offers one of the best-known alternatives to polysomnography for sleep-wake identification. The advantages of actigraphy include high accuracy, simplicity of use and low intrusiveness. These features allow the use of actigraphy for determining sleep-wake states in such highly sensitive groups as infants. This study utilizes a motion sensor (accelerometer) for a dual purpose: to determine an infant's position in the crib and to identify sleep-wake states. The accelerometer was positioned over the sacral region on the infant's diaper, unlike commonly used attachment to an ankle. Opposed to broadly used discriminant analysis, this study utilized logistic regression and neural networks as predictors. The accuracy of predicted sleep-wake states was established in comparison to the sleep-wake states recorded by technicians in a polysomnograph study. Both statistical and neural predictors of this study provide an accuracy of approximately 77-92% which is comparable to similar studies achieving prediction rates of 85-95%, thus validating the suggested methodology. The results support the use of body motion as a simple and reliable method for determining sleep-wake states in infants. Nonlinear mapping capabilities of the neural network benefit the accuracy of sleep-wake state identification. Utilization of the accelerometer for the dual purpose allows us to minimize intrusiveness of home infant monitors.

Scaldo SA. The Born-Alive Infants Protection Act: baby steps toward the recognition of life after birth. *Nova*

Law Rev 2002; 26(2):485-510.  
Notes: GENERAL NOTE: KIE: 147 fn.  
GENERAL NOTE: KIE: KIE Bib: abortion/legal  
aspects; personhood

Scerif G, Karmiloff-Smith A. The dawn of cognitive genetics? Crucial developmental caveats. *Trends Cogn Sci* 2005; 9(3):126-35.  
Abstract: Attempts to bridge genetics and cognition are rapidly coming to the forefront of cognitive neuroscience. It is therefore crucial to evaluate the current state of knowledge about disorders of known genetic origin as a way of assessing whether, and if so how, links between genotype and cognitive phenotype can be drawn, however indirect these links might be. We review recent empirical findings from research on genetic disorders at three levels of description--cognitive, neural systems, and cellular--that caution against simple genotype-phenotype mappings at all levels. Most importantly, interdisciplinary efforts to integrate human genetics and cognition will need to operationalize the mechanisms driving both typical and atypical developmental processes over time.

Schaeffer CM, Petras H, Ialongo N, Poduska J, Kellam S. Modeling growth in boys' aggressive behavior across elementary school: links to later criminal involvement, conduct disorder, and antisocial personality disorder. *Dev Psychol* 2003; 39(6):1020-35.  
Abstract: The present study used general growth mixture modeling to identify pathways of antisocial behavior development within an epidemiological sample of urban, primarily African American boys. Teacher-rated aggression, measured longitudinally from 1st to 7th grade, was used to define growth trajectories. Three high-risk trajectories (chronic high, moderate, and increasing aggression) and one low-risk trajectory (stable low aggression) were found. Boys with chronic high and increasing trajectories were at increased risk for conduct disorder, juvenile and adult arrest, and antisocial personality disorder. Concentration problems were highest among boys with a chronic high trajectory and also differentiated boys with increasing aggression from boys with stable low aggression. Peer rejection was highest among boys with chronic high aggression. Interventions with boys with distinct patterns of aggression are discussed.

Schaffer M. More cover-ups, more shame. *US News World Rep* 2002; 132(19):46, 48.

Scharer K, Jones DS. Child psychiatric hospitalization: the last resort. *Issues Ment Health Nurs* 2004; 25(1):79-101.  
Abstract: The purpose of this study was to describe how parents manage the experience of hospitalizing their school-aged child in a psychiatric unit. Grounded theory methodology was used. Thirty-eight parents participated. Data were collected by interviews.

Analysis was done using the constant comparative method. The basic social problem identified was the escalating behavior of the child. The child's behavior included self-injurious behavior or violence toward others. The core concept was "hospitalization, the last resort." Parents' management of the experience varied based on many factors including whether this was the child's first psychiatric hospitalization, the distance from the hospital to their home, their trust of staff members, sources of support, and their definition of the situation.

Scharff JL, Broida JP, Conway K, Yue A. The interaction of parental alcoholism, adaptation role, and familial dysfunction. *Addict Behav* 2004; 29(3):575-81.  
Abstract: Many people believe that parental alcoholism has adverse consequences on children--some research fails to support this hypothesis. Familial dysfunction is often regarded as having a more important impact on adults, perhaps because of a failure to recognize that adult children of alcoholics (ACOAs) may have adopted more than one coping strategy. The present study investigated within-group differences in psychological symptomology as measured by the Millon Clinical Multiaxial Inventory (MCMI). ACOAs, were compared by roles (Hero, Mascot, Lost Child, and Scapegoat) to non-ACOAs as measured by familial dysfunction and roles. MANOVA indicated significant main effects of dysfunction, role, ACOA, and an interaction of role and ACOA. Failures to recognize the impact of parental alcoholism may be caused by multiple adaptation strategies.

Schechter DS, Zeanah CH Jr, Myers MM *et al.* Psychobiological dysregulation in violence-exposed mothers: salivary cortisol of mothers with very young children pre- and post-separation stress. *Bull Menninger Clin* 2004; 68(4):319-36.  
Abstract: To understand the determinants of frightening/frightened and other atypical maternal behavior, the authors studied a sample of 41 inner-city mothers of very young children (ages 8-50 months), the mothers of whom had lifetime histories of interpersonal violent trauma (i.e., physical or sexual abuse, and domestic violence) and related posttraumatic stress. METHOD: The authors measured (1) maternal salivary cortisol levels before and 30 minutes after a videotaped play paradigm with their children, involving two separations and reunions; and (2) cortisol reactivity 30 minutes after separation stress. Data were analyzed using Pearson bivariate correlations, ANOVA, and multiple linear regressions. RESULTS: Salivary cortisol "baseline" values were significantly negatively correlated with childhood interpersonal violent trauma severity (i.e., trauma severity prior to age 16). However, cortisol reactivity was not significantly correlated with interpersonal violent trauma severity at this level of analysis. Although baseline salivary cortisol values were not significantly correlated with current overall psychiatric or depressive symptoms,

they were negatively correlated with severity of current posttraumatic stress symptoms (PTSS) and with dissociative symptoms. Neither dimensions of negativity nor distortion of maternal attributions showed any significant association with prestress or poststress salivary cortisol levels. Salivary cortisol baseline was negatively correlated with atypical maternal behavior via measurement of the level of disrupted communication, at a trend-level of significance. CONCLUSIONS: Violent trauma-associated dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis may be a marker for increased risk for intergenerational transmission via parenting behavior with young children. Low salivary cortisol prior to separation stress and blunted cortisol reactivity to separation may also be markers for posttraumatic stress.

Scheeringa MS, Zeanah CH, Myers L, Putnam F. Heart period and variability findings in preschool children with posttraumatic stress symptoms. *Biol Psychiatry* 2004; 55(7):685-91. Abstract: BACKGROUND: Traumatic experiences for young children might result in profound neurodevelopmental changes, compared with adults. Our aim was to examine autonomic control of heart rate in traumatized young children. METHODS: Sixty-two children who had suffered traumas and 62 nontraumatized control children, aged 20 months to 6 years, were assessed for posttraumatic stress disorder (PTSD) symptoms, interbeat interval, respiratory sinus arrhythmia (RSA), family rehearsal of the trauma, and parent-child relationship quality. RESULTS: Traumatized children with PTSD and traumatized children without PTSD both had decreased heart period in response to a trauma stimulus relative to the nontraumatized group (both  $p < .0167$ ). there was no main effect for RSA change scores, however, there was a significant interaction effect between parental positive discipline with PTSD symptoms and RSA. The most sympathetic children had decreased RSA during the trauma stimulus when they had caregivers with less positive discipline during a clean-up and family rehearsal with PTSD symptoms. CONCLUSIONS: These findings underscore that psychopathology in young children ought to be assessed in the context of psychophysiology and parent-child relationship to optimally understand the mechanisms of maladaptation during this complex developmental period.

Scheibner V. Response to Leask and McIntyre's attack on myself as a public opponent of vaccination. *Vaccine* 2003; 22(1):vi-ix.

Scheidlinger S, Kahn GB. In the aftermath of September 11: group interventions with traumatized children revisited. *Int J Group Psychother* 2005; 55(3):335-54. Abstract: The terrorist attacks of September 11, 2001,

affected thousands of children psychologically, necessitating the mobilization of multifaceted mental health interventions in an ecological context. This paper reviews the major role of large and small group modalities in this challenging effort, with many of them based on earlier group work with child-victims of trauma.

Schenarts PJ. Three-year-old boy with burn wound sepsis: a challenge to the ethics of a responsible surgeon. *Curr Surg* 2004; 61(3):245-6. Notes: GENERAL NOTE: KIE: KIE Bib: patient care/minors

Schetinin V, Schult J. The combined technique for detection of artifacts in clinical electroencephalograms of sleeping newborns. *IEEE Trans Inf Technol Biomed* 2004; 8(1):28-35. Abstract: In this paper, we describe a new method combining the polynomial neural network and decision tree techniques in order to derive comprehensible classification rules from clinical electroencephalograms (EEGs) recorded from sleeping newborns. These EEGs are heavily corrupted by cardiac, eye movement, muscle, and noise artifacts and, as a consequence, some EEG features are irrelevant to classification problems. Combining the polynomial network and decision tree techniques, we discover comprehensible classification rules while also attempting to keep their classification error down. This technique is shown to out-perform a number of commonly used machine learning technique applied to automatically recognize artifacts in the sleep EEGs.

Schiff M, McKay MM. Urban youth disruptive behavioral difficulties: exploring association with parenting and gender. *Fam Process* 2003; 42(4):517-29. Abstract: The current study will examine behavioral difficulties among a sample of African American urban youth who were exposed to violence. Possible gender differences in disruptive behavioral difficulties, as well as possible associations between parental practices, family relationships, and youth disruptive behavioral difficulties are examined. A secondary data analysis from baseline data for 125 African American urban mothers and their children collected as part of a large-scale, urban, family-based, HIV prevention research study was analyzed. Findings reveal that externalizing behavioral problems in youth are associated with exposure to violence. Girls displayed significantly higher levels of externalizing behavioral difficulties than boys. Mothers' parenting practices and family relationships were associated with youths' externalizing behavior problems. Implications for interventions to reduce youths' exposure to violence and to develop gender sensitive interventions for youth and supportive interventions for their parents are discussed.

Schiller C, Allen PJ. Follow-up of infants prenatally exposed

to cocaine. *Pediatr Nurs* 2005; 31(5):427-36. Abstract: Maternal cocaine use during pregnancy continues to be of great concern for health care professionals. Research in this area has increased as investigators examine the effects of prenatal cocaine exposure in the infant/young child. This paper will critically review the literature, identify the primary care needs of infants and young children with a known history of prenatal cocaine exposure, and present guidelines for the primary care practitioner to monitor the infant's physiologic and developmental sequelae during the first 3 years of life. Findings in the literature demonstrate inconsistencies in regard to the physiologic and developmental outcomes of infants/young children prenatally exposed to cocaine. Further research is warranted, as it is evident from studies that not all investigators are controlling for confounding variables such as poly-drug use, which is necessary in isolating cocaine's effects. Subtle effects, however, have been reported from well-controlled studies and, thus, particular attention needs to be paid to early identification and interventions by primary care practitioners to prevent negative health outcomes. The guidelines proposed assist the practitioner with a thorough and focused approach to assessing the physiologic and developmental effects that are currently known to occur in the infant/young child prenatally exposed to cocaine.

Schlesinger LB. The contract murderer: patterns, characteristics, and dynamics. *J Forensic Sci* 2001; 46(5):1119-23.

Abstract: A case of an independent professional contract murderer, who killed over 100 people, is reported. After eluding law enforcement for 30 years, the subject killed several associates who he believed could implicate him in various crimes. These homicides eventually led to his arrest, since the victims were individuals who could be linked to him. This hit man had a background of poverty and childhood abuse but, as an adult, had pursued a middle-class lifestyle and kept his family totally separate from his criminal career. In addition, he had a number of characteristics that helped him carry out his crimes in a highly planned, methodical, and organized manner: he had adept social judgment; personality traits of orderliness, control, and paranoid vigilance; useful defense mechanisms of rationalization and reframing; and an exceptional ability to encapsulate emotions. This case is discussed within the context of contract murder, a crime that occurs relatively frequently and is probably increasing; yet it often goes undetected, the arrest rate is low, and the offender is rarely studied.

Schmahl CG, Elzinga BM, Vermetten E, Sanislow C, McGlashan TH, Bremner JD. Neural correlates of memories of abandonment in women with and without borderline personality disorder. *Biol Psychiatry* 2003; 54(2):142-51.

Abstract: BACKGROUND: Borderline personality

disorder (BPD) is a common psychiatric disorder that is often linked to early stressors. One particularly salient feature of the disorder is fear of abandonment. This pilot study was conducted to measure neural correlates of memories of abandonment in women with and without BPD. METHODS: Twenty women with a history of childhood sexual abuse underwent measurement of brain blood flow with positron emission tomography imaging while they listened to scripts describing neutral and personal abandonment events. Brain blood flow during exposure to abandonment and neutral scripts was compared among women with and without BPD. RESULTS: Memories of abandonment were associated with greater increases in blood flow in bilateral dorsolateral prefrontal cortex (middle frontal gyrus, Brodmann's areas 9 and 10) as well as right cuneus (area 19) in women with BPD than in women without BPD. Abandonment memories were associated with greater decreases in right anterior cingulate (areas 24 and 32) in women with BPD than in women without BPD. CONCLUSIONS: These findings implicate dysfunction of dorsolateral and medial prefrontal cortex including anterior cingulate, left temporal cortex, and visual association cortex in memories of abandonment in women with BPD. These brain areas may mediate symptoms of BPD.

Schmeck K, Poustka F. Temperament and disruptive behavior disorders. *Psychopathology* 2001; 34(3):159-63.

Abstract: In several studies on children with conduct disorder, difficult temperament in infancy was one of the major variables in the explanation of later aggressive behavior. According to these studies, subjects with a combination of high novelty seeking, low harm avoidance and low reward dependence (NS high, HA + RD low) should be most at risk for the development of disruptive behavior disorders. The Junior Temperament and Character Inventory was given to a clinical sample of 65 adolescent patients of both sexes with the diagnoses of conduct disorder (with and without attention deficit hyperactivity disorder), emotional disorder (anxiety disorder, obsessive-compulsive disorder, depressive disorder), eating disorder (anorexia, bulimia) or personality disorder (borderline and narcissistic personality disorder). High novelty seeking and low harm avoidance were significantly correlated with externalizing symptoms like aggression and delinquency. In conduct-disordered children and adolescents, we found significantly higher scores of NS compared to the other clinical groups and the normative population, and significantly lower scores of harm avoidance compared to the other clinical groups, but not compared to the normative population. The relative risk of having a conduct disorder was markedly higher in those children and adolescents with elevated scores of novelty seeking.

Schmidt C. Mothers' perceptions of self-care in school-age children with diabetes. *MCN Am J Matern Child Nurs*



2003; 28(6):362-70.  
Abstract: PURPOSE: To describe mothers' perceptions of the diabetes-related self-care abilities and practices of their school-age children with Type 1 diabetes. STUDY DESIGN AND METHOD: Qualitative study using the naturalistic inquiry method. Mothers of school-age children with diabetes were interviewed by means of a semi-structured interview guide. The children were between the ages of 11 and 12 and had been diagnosed with diabetes for a minimum of 2 years. Twelve mothers were interviewed, generating 20 hours of qualitative data. RESULTS: Mothers reported that their children with diabetes had learned skills in a predictable sequence, were usually motivated by events in the here and now, and did not consistently perform all diabetes-related skills of which they were capable. Most of the children were becoming embarrassed about having diabetes. There were considerable gender differences in the children's self-care development. CLINICAL IMPLICATIONS: Nurses can use this study to help with anticipatory guidance for parents. It may be helpful for parents to know the sequence in which many children learn diabetes-related skills, and to learn that even though a child is capable of task performance, he or she may not necessarily be ready for the independent practice or daily execution of the skill. Encouraging parents to stay involved with their children's self-care practices past the early adolescent years may be effective in improving self-care practices, and helping children to identify reasons to meet the self-care demands associated with diabetes can be beneficial.

Schmidt LS, Nielsen JE, Blichfeldt SS, Lund AM. [Metabolic disease or shaken baby syndrome?]. *Ugeskr Laeger* 2003; 165(35):3323-4. Abstract: We describe two children with subdural haematoma and glutaricacidaemia type 1, who were diagnosed late because of initial suspicion of shaken baby syndrome.

Schneider BA. Child welfare: court may determine whether life-sustaining treatment should be withdrawn. *J Law Med Ethics* 2003; 31(2):316-7.

Schneider JA. Janus-faced resilience in the analysis of a severely traumatized patient. *Psychoanal Rev* 2003; 90(6):869-87.

Schneider KM, Phares V. Coping with parental loss because of termination of parental rights. *Child Welfare* 2005; 84(6):819-42. Abstract: This article addresses the process by which children and adolescents cope with severe acute stress of parental loss from causes other than divorce or death. Participants were 60 children and adolescents from a residential treatment facility. Most had experienced neglect, physical abuse, and sexual abuse, and their parents had their parental rights terminated.

Measures of symptomatology indicated that children reported low levels of depressive symptoms, whereas caregivers reported the children were experiencing significant psychological problems. Children used avoidant coping strategies more often than emotion-focused coping strategies, which, in turn, were used more than problem-focused coping strategies. Results are discussed in terms of helping children cope with parental loss.

Schnitzer PG, Ewigman BG. Child injury deaths: comparing prevention information from two coding systems. *J Pediatr Psychol* 2005; 30(5):413-23. Abstract: OBJECTIVES: The International Classification of Disease (ICD) external cause of injury E-codes do not sufficiently identify injury circumstances amenable to prevention. The researchers developed an alternative classification system (B-codes) that incorporates behavioral and environmental factors, for use in childhood injury research, and compare the two coding systems in this paper. METHODS: All fatal injuries among children less than age five that occurred between January 1, 1992, and December 31, 1994, were classified using both B-codes and E-codes. RESULTS: E-codes identified the most common causes of injury death: homicide (24%), fires (21%), motor vehicle incidents (21%), drowning (10%), and suffocation (9%). The B-codes further revealed that homicides (51%) resulted from the child being shaken or struck by another person; many fires deaths (42%) resulted from children playing with matches or lighters; drownings (46%) usually occurred in natural bodies of water; and most suffocation deaths (68%) occurred in unsafe sleeping arrangements. CONCLUSIONS: B-codes identify additional information with specific relevance for prevention of childhood injuries.

Schoenhofer SO. Choosing personhood: intentionality and the theory of nursing as caring. *Holist Nurs Pract* 2002; 16(4):36-40. Abstract: Drawing on a story of a nursing situation for practical context, this article explores the meaning of intentionality within the theoretical context of Nursing as Caring. May's definition of intentionality as the structure that gives meaning to experience is interwoven with the concepts of the theory of Nursing as Caring to explore the topic. Mayeroff's concepts of hope and commitment contribute to an understanding of intentionality in relation to Nursing as Caring. The major thesis of this article, that intentionality is consistently choosing personhood as a way of life and the aim of nursing, is demonstrated in the practice situation.

Schoening AM, Greenwood JL, McNichols JA, Heermann JA, Agrawal S. Effect of an intimate partner violence educational program on the attitudes of nurses. *J Obstet Gynecol Neonatal Nurs* 2004; 33(5):572-9.

Abstract: **OBJECTIVE:** To examine the effect of an intimate partner violence (IPV) educational program on the attitudes of nurses toward victims. **DESIGN:** A quasi-experimental study utilizing a pretest and posttest. **SETTING:** An urban health care system. **PARTICIPANTS:** Fifty-two inpatient nurses completed both the pretest and posttest. **INTERVENTION:** One-hour and 3-hour IPV educational programs. **MAIN OUTCOME MEASURES:** Change in attitude was determined by scores from the Public Health Nurses' Response to Women Who Are Abused (PHNR), a standardized questionnaire that measures nurses' reactions to an IPV scenario. Parallel forms, each with a different scenario, were administered before and 2 months after the 1-hour and 3-hour educational sessions. Scores were analyzed using a repeated measures analysis of variance followed by multiple comparisons with Bonferroni adjustments. **RESULTS:** Nurses' PHNR scores increased significantly after attending the 1-hour session if they had previous IVP education and after the 3-hour session if they had no previous IVP education. **CONCLUSION:** Educational offerings should be tailored for nurses. For nurses with previous IVP education, offer a 1-hour update. For nurses with no previous IVP education, provide a 3-hour educational session. Further study is needed to determine if change in nurses' attitudes translates into improved screening, identification, and intervention for IPV victims.

Schoff EO, Hattenhauer MG, Ing HH *et al.* Estimated incidence of open-angle glaucoma in Olmsted County, Minnesota. *Ophthalmology* 2001; 108(5):882-6. Abstract: **PURPOSE:** To determine the incidence rates of open-angle glaucoma (OAG) in Olmsted County, MINNESOTA. **DESIGN:** Retrospective population-based estimate of incidence. **PARTICIPANTS:** From the medical histories of 60,666 residents of Olmsted County, Minnesota, who had ocular diagnoses during the study period, 114 subjects with newly diagnosed OAG were identified. **METHODS:** The database of the Rochester Epidemiology Project was used to identify all Olmsted County residents with a coded diagnosis of OAG, glaucoma suspect, or ocular hypertension during the period 1965 to 1980. Subjects newly diagnosed with and treated for OAG who also had documented clinical evidence of elevated intraocular pressure, optic nerve damage, and/or visual field loss consistent with glaucoma were included as incident cases. Population data for Olmsted County were drawn from United States Census data. Crude incidence data were adjusted to the age and gender distribution of the 1990 United States white population. **MAIN OUTCOME MEASURES:** Estimated incidence rates of OAG. **RESULTS:** The overall age- and gender-adjusted annual incidence rate of OAG in a predominantly Caucasian population is conservatively estimated to be 14.5 per 100,000 population. The rates increased with age from 1.6 in the fourth decade of life to 94.3 in the

eighth decade. There was no significant difference in incidence by gender. The average annual rate of OAG in the last 2 years of the study was 27.7 compared with 12.3 before 1979. This difference is suggestive of the effect of the introduction of a new medical therapy (timolol) for OAG during the last 2 years. **CONCLUSIONS:** The incidence rates of OAG increase markedly with advancing age, and screening efforts should be targeted at both men and women in the older age groups. The advent of new diagnostic and therapeutic modalities can have an effect on incidence rates.

Scholle SH, Gardner W, Harman J, Madlon-Kay DJ, Pascoe J, Kelleher K. Physician gender and psychosocial care for children: attitudes, practice characteristics, identification, and treatment. *Med Care* 2001; 39(1):26-38.

Abstract: **OBJECTIVE:** To examine differences by physician gender in the identification and treatment of childhood psychosocial problems. **DESIGN:** Survey of patients (n = 19,963) and physicians (n = 366) in primary care offices in 2 large, practice-based research networks. Multivariate regressions were used to control for patient, physician, and visit characteristics, with a correction for the clustered sample. **SUBJECTS:** Children ages 4 to 15 years seen consecutively for nonemergent care. **MEASURES:** Physician report of attitudes, training, practice factors, and identification and treatment of psychosocial problems. Parental report of demographics and behavioral symptoms. **RESULTS:** Compared with male physicians, female physicians were less likely to view care for psychosocial problems as burdensome. They were more likely to see children who were female, younger, black or Hispanic, in single-parent households, enrolled in public or managed health plans, and with physical health limitations. Children seen by male physicians had higher symptom counts. Male physicians were more likely to report having primary care responsibility for their patient and that parents agree with their care plan. Female physicians spent more time with patients. After controlling for these differences, female physicians did not differ from male physicians in identification or treatment of childhood psychosocial problems. **CONCLUSIONS:** Male and female physicians see different kinds of children for different visit purposes and have different kinds of relationships with their patients. After controlling for these factors, management of childhood psychosocial problems does not differ by physician gender. Improving management of psychosocial conditions depends on identifying modifiable factors that affect diagnosis and treatment; our work suggests that characteristics of the practice environment, physician-patient relationship, and patient self-selection deserve more research.

Scholz BC. Gold's theorems and the logical problem of language acquisition. *J Child Lang* 2004; 31(4):959-61;

discussion 963-8.

Schor EL. Family pediatrics: report of the Task Force on the Family. *Pediatrics* 2003; 111(6 Pt 2):1541-71. Notes: CORPORATE NAME: American Academy of Pediatrics Task Force on the Family Abstract: WHY A TASK FORCE ON THE FAMILY? The practice of pediatrics is unique among medical specialties in many ways, among which is the nearly certain presence of a parent when health care services are provided for the patient. Regardless of whether parents or other family members are physically present, their influence is pervasive. Families are the most central and enduring influence in children's lives. Parents are also central in pediatric care. The health and well-being of children are inextricably linked to their parents' physical, emotional and social health, social circumstances, and child-rearing practices. The rising incidence of behavior problems among children attests to some families' inability to cope with the increasing stresses they are experiencing and their need for assistance. When a family's distress finds its voice in a child's symptoms, pediatricians are often parents' first source for help. There is enormous diversity among families-diversity in the composition of families, in their ethnic and racial heritage, in their religious and spiritual orientation, in how they communicate, in the time they spend together, in their commitment to individual family members, in their connections to their community, in their experiences, and in their ability to adapt to stress. Within families, individuals are different from one another as well. Pediatricians are especially sensitive to differences among children-in their temperaments and personalities, in their innate and learned abilities, and in how they view themselves and respond to the world around them. It is remarkable and a testament to the effort of parents and to the resilience of children that most families function well and most children succeed in life. Family life in the United States has been subjected to extensive scrutiny and frequent commentary, yet even when those activities have been informed by research, they tend to be influenced by personal experience within families and by individual and cultural beliefs about how society and family life ought to be. The process of formulating recommendations for pediatric practice, public policy, professional education, and research requires reaching consensus on some core values and principles about family life and family functioning as they affect children, knowing that some philosophic disagreements will remain unresolved. The growing multicultural character of the country will likely heighten awareness of our diversity. Many characteristics of families have changed during the past 3 to 5 decades. Families without children younger than 18 years have increased substantially, and they are now the majority. The average age at marriage has increased, and a greater proportion of births is occurring to women older than 30 years. Between 1970 and 2000, the proportion of

children in 2-parent families decreased from 85% to 69%, and more than one quarter (26%) of all children live with a single parent, usually their mother. Most of this change reflects a dramatic increase in the rate of births to unmarried women that went from 5.3% in 1960 to 33.2% in 2000. Another factor in this change is a slowly decreasing but still high divorce rate that is roughly double what it was in the mid-1950s. Family income is strongly related to children's health, and the financial resources that families have available are closely tied to changes in family structure. Family income in real dollars has trended up for many decades, but the benefits have not been shared equally. For example, the median income of families with married parents has increased by 146% since 1970, but female-headed households have experienced a growth of 131%. More striking is that in 2000, the median income of female-headed households was only 47% of that of married-couple families and only 65% of that of families with 2 married parents in which the wife was not employed. Not surprising, the proportion of children who live in poverty is approximately 5 times greater for female-headed families than for married-couple families. The comped families than for married-couple families. The composition of children's families and the time parents have for their children affect child rearing. Consequent to the increase in female-headed households, rising economic and personal need, and increased opportunities for women, the proportion of mothers who are in the workforce has climbed steadily over the past several decades. Currently, approximately two thirds of all mothers with children younger than 18 years are employed. Most families with young children depend on child care, and most child care is not of good quality. Reliance on child care involves longer days for children and families, the stress imposed by schedules and created by transitions, exposure to infections, and considerable cost. An increasing number and proportion of parents are also devoting time previously available to their children to the care of their own parents. The so-called "sandwich generation" of parents is being pulled in multiple directions. The amount and use of family time also has changed with a lengthening workday, including the amount of commuting time necessary to travel between work and home, and with the intrusion of television and computers into family life. In public opinion polls, most parents report that they believe it is more difficult to be a parent now than it used to be; people seem to feel more isolated, social and media pressures on and enticements of their children seem greater, and the world seems to be a more dangerous place. Social and public policy has not kept up with these changes, leaving families stretched for time and stressed to cope and meet their responsibilities. What can and what should pediatrics do to help families raise healthy and well-adjusted children? How can individual pediatricians better support families? FAMILY PEDIATRICS: The American Academy of Pediatrics (AAP) Board of Directors appointed the Task Force on

the Family to help guide the development of public policy and recommend how to assist pediatricians to promote well-functioning families (see Appendix). The magnitude of the assigned work required task force members to learn a great deal from research and researchers in the fields of social and behavioral sciences. A review of some critical literature was completed by a consultant to the task force and accompanies this report. That review identified a convergence of pediatrics and research on families by other disciplines. The task force found that a great deal is known about family functioning and family circumstances that affect children. With this knowledge, it is possible to provide pediatric care in a way that promotes successful families and good outcomes for children. The task force refers to that type of care as "family-oriented care" or "family pediatrics" and strongly endorses policies and practices that promote the adoption of this 2-generational approach as a hallmark of pediatrics. During the past decade, family advocates have successfully promoted family-centered care, "the philosophies, principles and practices that put the family at the heart or center of services; the family as the driving force." Most pediatricians report that they involve families in the decision making regarding the health care of their child and make an effort to understand the needs of the family as well as the child. Family pediatrics, like family-centered care, requires an active, productive partnership between the pediatrician and the family. But family pediatrics extends the responsibilities of the pediatrician to include screening, assessment, and referral of parents for physical, emotional, or social problems or health risk behaviors that can adversely affect the health and emotional or social well-being of their child.

**FAMILY CONTEXT OF CHILD HEALTH:** The power and importance of families to children arises out of the extended duration for which children are dependent on adults to meet their basic needs. Children's needs for which only a family can provide include social support, socialization, and coping and life skills. Their self-esteem grows from being cared for, loved, and valued and feeling that they are part of a social unit that shares values, communicates openly, and provides companionship. Families transmit and interpret values to their children and often serve as children's connection to the larger world, especially during the early years of life. Although schools provide formal education, families teach children how to get along in the world. Often, efforts to discuss families and make recommendations regarding practice or policy stumble over disagreements about the definition of a family. The task force recognized the diversity of families and chose not to operate from the position of a fixed definition. Rather, the task force, which was to address pediatrics, decided to frame its deliberations and recommendations around the functions of families and how various aspects of the family context influence child rearing and child health. One model of family

functioning that implicitly guided the task force is the family stress model (Fig 1). Stress of various sorts (eg, financial or health problems, lack of social support, unhappiness at work, unfortunate life events) can cause parents emotional distress and cause couples conflict and difficulty with their relationship. These responses to stress then disrupt parenting and the interactions between parent and child and can lead to short-term or lasting poor outcomes. The earlier these events transpire and the longer that the disruption lasts, the worse the outcomes for children. The task force favors efforts to encourage and support marriage yet recognizes that every family constellation can produce good outcomes for children and that none is certain to yield bad ones. (ABSTRACT TRUNCATED)

Schreier H. Munchausen by proxy defined. *Pediatrics* 2002; 110(5):985-8.

Schreier HA, Ayoub CC. Casebook companion to the definitional issues in Munchausen by proxy position paper. *Child Maltreat* 2002; 7(2):160-5.

Schuiling GA. Honor your father and your mother. *J Psychosom Obstet Gynaecol* 2001; 22(4):215-9. Abstract: While on the one hand there is much mutual love and care in the relationship between parents and their offspring, there may, on the other hand, be also much mutual 'sound and fury', which sometimes is far from 'signifying nothing' (William Shakespeare, *Macbeth*). Indeed, from conception on, individuals are confronted with parent-offspring conflicts of all kinds. Initially these conflicts concern physiological matters (implantation, nutrition, weaning, etc.), but later in life the accent is on psychological ('you must this', 'you must that', 'don't do that' etc.) and social affairs, and phenomena such as child abuse, infanticide and incest may occur. It is, therefore, certainly not self-evident that children honor their parents. To reinforce their position, parents (societies) may appeal to a 'divine' commandment which helps them make their children suppress any tendency to conflict toward them (and hence to their culture), so that children conform to their parents' norms and values. When such psychological and sociological parent-offspring conflicts are not resolved satisfactorily, it can be suggested, children may (consciously or unconsciously) have aggressive feelings toward their parents: Freud's 'Oedipus complex'. This complex, it is argued, can also be seen as a parent-offspring conflict. Given their biological basis, parent-offspring conflicts can hardly be considered as abnormal. Conflicts between adults and their offspring have always existed and will always exist, simply because it is inherent in our genetic make-up: parents and offspring of sexually reproducing species--humans included--are only about 50% genetically related and hence have different interests at all levels of being. Indeed, parent-offspring conflicts are such stuff as we are made on, and our little life is

rounded with its consequences (adapted from William Shakespeare, *The Tempest*).

Schuler ME, Nair P. Witnessing violence among inner-city children of substance-abusing and non-substance-abusing women. *Arch Pediatr Adolesc Med* 2001; 155(3):342-6.

Abstract: OBJECTIVES: To determine if children of substance-abusing mothers witness more violence than children of non-substance-abusing (control) mothers, and to determine if children who witness violence have more behavioral problems and higher stress scores than children who do not witness violence. DESIGN: Cross-sectional research design comparing exposure to violence among children of substance-abusing mothers and control mothers of low socioeconomic status. SETTING: An inner-city pediatric clinic. PARTICIPANTS: Forty substance-abusing mothers and their children, and 40 non-substance-abusing mothers and their children, examined when the children were 6 years old. MAIN OUTCOME MEASURES: Maternal report of children's exposure to violence was assessed using the Exposure to Violence Interview and the Conflict Tactics Scale. Maternal report of children's behavior was assessed using the Child Behavior Checklist and the Children's Response to Stress Inventory. RESULTS: Children of substance-abusing mothers did not witness more violence than the control children ( $P > .05$ ). However, 6-year-old inner-city children in the present study witnessed a high rate of violence: 43% had seen someone beaten up, 13% had seen someone threatened with a knife, and 7% had seen someone stabbed or shot. Children witnessing violence had significantly higher aggressive, delinquent, anxious/depressed, withdrawn, attention, and social problems ( $P < .05$ ) on the Child Behavior Checklist, and higher stress scores ( $P = .05$ ) on the Children's Response to Stress Inventory. CONCLUSIONS: More than half of the 6-year-old inner-city children in the present study witnessed some form of violence. Witnessing violence was associated with more behavioral problems and higher stress scores as assessed through maternal report. Subsequent research should examine the long-term effects of this exposure to violence among young children.

Schuler ME, Nair P, Kettinger L. Drug-exposed infants and developmental outcome: effects of a home intervention and ongoing maternal drug use. *Arch Pediatr Adolesc Med* 2003; 157(2):133-8. Abstract: OBJECTIVE: To evaluate the effects of a home intervention and ongoing maternal drug use on the developmental outcome of drug-exposed infants. DESIGN: Longitudinal randomized cohort study of a home intervention with substance-abusing mothers and their infants. Mother-infant dyads were randomly assigned to a control or intervention group at 2 weeks' post partum. Control families received brief monthly tracking visits. Intervention families received weekly home visits from 0 to 6 months and biweekly visits

from 6 to 18 months by trained lay visitors. PARTICIPANTS: One hundred eight low-income, inner-city, drug-exposed children (control, 54; intervention, 54) who underwent developmental testing at 6, 12, and 18 months post partum and who remained with their biological mothers through 18 months. MAIN OUTCOME MEASURES: Infant scores from the Bayley Scales of Infant Development (BSID) at 6, 12, and 18 months post partum. Maternal report of drug use during the pregnancy and ongoing drug use through 18 months post partum was assessed. RESULTS: In the repeated-measures analyses, intervention infants had significantly higher BSID Mental Developmental Index (MDI) and Psychomotor Developmental Index scores than control infants. Ongoing maternal cocaine and/or heroin use was associated with lower MDI scores. Finally, MDI scores decreased significantly in both groups. CONCLUSIONS: Ongoing maternal drug use is associated with worse developmental outcomes among a group of drug-exposed infants. A home intervention led to higher BSID scores among drug-exposed infants. However, BSID MDI scores decreased during the first 18 months post partum among inner-city, low-socioeconomic-status infants in the present study.

Schulting AB, Malone PS, Dodge KA. The effect of school-based kindergarten transition policies and practices on child academic outcomes. *Dev Psychol* 2005; 41(6):860-71.

Abstract: This study examined the effect of school-based kindergarten transition policies and practices on child outcomes. The authors followed 17,212 children from 992 schools in the Early Childhood Longitudinal Study-Kindergarten sample (ECLS-K) across the kindergarten school year. Hierarchical linear modeling revealed that the number of school-based transition practices in the fall of kindergarten was associated with more positive academic achievement scores at the end of kindergarten, even controlling for family socioeconomic status (SES) and other demographic factors. This effect was stronger for low- and middle-SES children than high-SES children. For low-SES children, 7 transition practices were associated with a .21 standard deviation increase in predicted achievement scores beyond 0 practices. The effect of transition practices was partially mediated by an intervening effect on parent-initiated involvement in school during the kindergarten year. The findings support education policies to target kindergarten transition efforts to increase parent involvement in low-SES families.

Schultz ST, Shenkin JD, Horowitz AM. Parental perceptions of unmet dental need and cost barriers to care for developmentally disabled children. *Pediatr Dent* 2001; 23(4):321-5.

Abstract: PURPOSE: The purpose of this investigation was to describe and assess the disparities, if any, in parental perceived cost barriers to oral health care

among developmentally disabled children using a national data set. **METHODS:** Data from the 1997 National Health Interview Survey (NHIS) were analyzed using a SUDAAN statistical package. **RESULTS:** After adjusting for age and sex, parental perception of unmet need was significantly associated with developmentally disabled children 2-17 years in lower socioeconomic groups. **CONCLUSIONS:** Though most children from lower socioeconomic groups are eligible for Medicaid coverage, parents of these children perceive cost barriers to dental care. Children with developmental disabilities face even more perceived barriers to care based on family income.

Schutte AR, Spencer JP, Schonher G. Testing the dynamic field theory: working memory for locations becomes more spatially precise over development. *Child Dev* 2003; 74(5):1393-417.

**Abstract:** The dynamic field theory predicts that biases toward remembered locations depend on the separation between targets, and the spatial precision of interactions in working memory that become enhanced over development. This was tested by varying the separation between A and B locations in a sandbox. Children searched for an object 6 times at an A location, followed by 3 trials at a B location. Two- and 4-year-olds', but not 6-year-olds', responses were biased toward A when A and B were 9-in. and 6-in. apart. When A and B were separated by 2 in., however, 4- and 6-year-olds' responses were biased toward A. Thus, the separation at which responses were biased toward A decreased across age groups, supporting the predictions of the theory.

Schutzer SE, Budowle B, Atlas RM. Biocrimes, microbial forensics, and the physician. *PLoS Med* 2005; 2(12):e337.

Scott C. Who is responsible for child protection? *Prof Nurse* 2003; 18(5):242.

Scott CL, Gerbasi JB. Sex offender registration and community notification challenges: the Supreme Court continues its trend. *J Am Acad Psychiatry Law* 2003; 31(4):494-501.

**Abstract:** All states and the District of Columbia have passed sex offender registration and community notification laws. While the specific provisions of these statutes vary, all have public safety as a primary goal. The authors discuss two recent cases heard by the United States Supreme Court that challenged the constitutionality of Alaska's and Connecticut's statutes. The laws were challenged as violations of the United States Constitution's prohibition on ex post facto laws and its Fourteenth Amendment guarantee of procedural due process. In both cases, the statutes were upheld. As it has found in challenges to sexually violent predator statutes, the Court emphasized that the registration and

community notification schemes are civil and not criminal in nature. The article concludes with a discussion of possible implications for clinicians involved in evaluating or treating sex offenders.

Scott D. A promise unfulfilled on child abuse. *Aust N Z J Public Health* 2002; 26(5):415-6.

Scott D, Brady S, Glynn P. New mother groups as a social network intervention: consumer and maternal and child health nurse perspectives. *Aust J Adv Nurs* 2001; 18(4):23-9.

**Abstract:** Maternal and child health nurses in two outer urban local government areas in Melbourne, Australia were interviewed about how they facilitated first-time parent groups. Groups were offered to all first time mothers and almost two thirds of mothers joined a group. The groups ran for approximately eight sessions and provided infant-focussed parent education and social contact. Women who joined the groups were followed up 18 months to two years later to determine the degree to which these groups continued to meet on their own accord and the extent to which they had become self-sustaining social networks. The study found a very high level of continuation, suggesting that providing such programs may be an important vehicle for enhancing social support during the transition to parenthood and thus be a useful primary prevention strategy.

Scourfield J, Van den Bree M, Martin N, McGuffin P. Conduct problems in children and adolescents: a twin study. *Arch Gen Psychiatry* 2004; 61(5):489-96.

**Abstract:** **BACKGROUND:** Evidence supports a genetic influence on conduct problems as a continuous measure of behavior and as a diagnostic category. However, there is a lack of studies using a genetically informative design combined with several different informants and different settings. **OBJECTIVES:** To examine genetic and environmental influences on conduct problems rated by parent and teacher reports and self-reports and to determine whether their ratings reflect a common underlying phenotype. **DESIGN:** A twin study design was used to examine conduct problem scores from ratings by teachers, parents, and twins themselves. **SETTING:** General community. **PARTICIPANTS:** Twins aged 5 to 17 years participating in the Cardiff Study of All Wales and North England Twins (CaStANET) project. **MAIN OUTCOME MEASURES:** Conduct problem scale from the Strengths and Difficulties Questionnaire. **RESULTS:** Conduct problem scores were significantly heritable based on parent and teacher reports and self-reports. Combining data from all 3 informants showed that they are rating a common underlying phenotype of pervasive conduct problems that is entirely genetic, while teacher ratings show separate genetic influences that are not shared with other raters. **CONCLUSIONS:** Conduct problems are significantly heritable based on

parent and teacher reports and self-reports, and are also influenced by environmental effects that impinge uniquely on children from the same family. There is a cross-situational conduct problems' phenotype, underlying the behavior measured by all informants, that is wholly genetic in origin. No significant influence of shared environmental effects was found.

Seals D, Young J. Bullying and victimization: prevalence and relationship to gender, grade level, ethnicity, self-esteem, and depression. *Adolescence* 2003; 38(152):735-47.

Abstract: This study investigated the prevalence of bullying and victimization among students in grades 7 and 8. It also explored the relationship of bullying and victimization to gender, grade level, ethnicity, self-esteem, and depression. Three survey instruments were used to obtain data from a convenience sample of 454 public school students. Twenty-four percent reported bullying involvement. Chi-square tests indicated significantly more male than female bullying involvement, seventh graders reported more involvement than did eighth graders, and there were no statistically significant differences in involvement based on ethnicity. Both bullies and victims manifested higher levels of depression than did students who were neither bullies nor victims. There were no significant differences between groups in terms of self-esteem.

Sears ES, Anthony JC. Artificial neural networks for adolescent marijuana use and clinical features of marijuana dependence. *Subst Use Misuse* 2004; 39(1):107-34.

Abstract: This article compares the performance of multiple logistic regression (MLR) with feed-forward, artificial neural network (ANN) models for the assessment of adolescent marijuana use and clinical features of dependence based on self-evaluation from recent National Household Surveys on Drug Abuse (NHSDA). The effect of training and testing the neural networks with randomly selected data was compared to data selected as a function of survey year. The technical aim of the study was to account for adolescent marijuana use and features of marijuana dependence based on experiences with alcohol and tobacco. Similarities observed in MLR and ANN model performance may indicate no major complex or nonlinear relationships in cross-sectional epidemiological data selected to model adolescent drug use and dependence in this specific application. We concluded that ANNs should be further studied in future longitudinal research, perhaps with modeling of recursive networks, allowing feedback from drug dependence to levels of marijuana use. The ANN models also have the potential to model drug use and dependence based on input parameters with no obvious direct link to drug involvement--e.g., polymorphisms associated with "openness to experience" or other personality traits hypothesized to function as distal antecedents, and could thus be implemented to identify

higher risk youths using assessments indirectly related or nonlinearly associated to adolescent drug use and dependence but less sensitive to survey-related response tendencies.

Sebre S, Sprugevica I, Novotni A *et al.* Cross-cultural comparisons of child-reported emotional and physical abuse: rates, risk factors and psychosocial symptoms. *Child Abuse Negl* 2004; 28(1):113-27. Abstract: OBJECTIVES: This study was designed to assess the incidence of child emotional and physical abuse, associated risk factors and psychosocial symptoms in a cross-cultural comparison between post-communist bloc countries. Method: One-thousand one-hundred forty-five children ages 10-14 from Latvia (N = 297), Lithuania (N = 300), Macedonia (N = 302), and Moldova (N = 246) participated in the study. They completed questionnaires assessing their experience of emotional or physical abuse, and provided information about family risk-factors and psychosocial symptoms, including PTSD-related symptoms. RESULTS: Incidence rates of maltreatment differed by country, as did levels of reported psychosocial symptoms. Incidence of emotional and physical abuse differed by region, with higher levels of abuse reported in the rural regions. In all four countries, a similar association between emotional/physical abuse and psychosocial symptoms was found, with the uniformly largest correlation between emotional abuse and anger. When examining the combined scores of emotional and physical abuse, even higher correlations were found, particularly in relation to anger and depression. In all four countries, parental overuse of alcohol was associated with emotional and/or physical abuse. CONCLUSIONS: Findings show differences by country in child-reported levels of emotional and physical abuse, but similar patterns of correlation with psychosocial symptoms and the risk factors of parental alcohol overuse and living in a rural area.

Seidman LJ, Valera EM, Makris N. Structural brain imaging of attention-deficit/hyperactivity disorder. *Biol Psychiatry* 2005; 57(11):1263-72. Abstract: Many investigators have hypothesized that attention-deficit/hyperactivity disorder (ADHD) involves structural and functional brain abnormalities in frontal-striatal circuitry. Although our review suggests that there is substantial support for this hypothesis, a growing literature demonstrates widespread abnormalities affecting other cortical regions and the cerebellum. Because there is only one report studying adults with ADHD, this summary is based on children. A key limitation of the literature is that most of the studies until recently have been underpowered, using samples of fewer than 20 subjects per group. Nevertheless, these studies are largely consistent with the most comprehensive and definitive study (Castellanos *et al* 2002). Moreover, studies differ in the degree to which they address the influence of medications, comorbidities, or gender, and most have

not addressed potentially important sources of heterogeneity such as family history of ADHD, subtype, or perinatal complications. Despite these limitations, a relatively consistent picture has emerged. The most replicated alterations in ADHD in childhood include significantly smaller volumes in the dorsolateral prefrontal cortex, caudate, pallidum, corpus callosum, and cerebellum. These results suggest that the brain is altered in a more widespread manner than has been previously hypothesized. Developmental studies are needed to address the evolution of this brain disorder into adulthood.

Seifer R, LaGasse LL, Lester B *et al.* Attachment status in children prenatally exposed to cocaine and other substances. *Child Dev* 2004; 75(3):850-68. Abstract: Attachment status of children exposed in utero to cocaine, opiates, and other substances was examined at 18 months (n=860) and 36 months (n=732) corrected age. Children exposed to cocaine and opiates had slightly lower rates of attachment security (but not disorganization), and their insecurity was skewed toward ambivalent, rather than avoidant, strategies. Continued postnatal alcohol use was associated with higher rates of insecurity and disorganization at 18, but not 36, months of age. Stability of attachment across the 18-month period was barely above chance expectation. Attachment status at 18 months was associated with child temperament and caregiver-child interaction; at 36 months, attachment was associated with child temperament, child behavior problems, and caregivers' parenting self-esteem.

Seipp CM, Johnston C. Mother-son interactions in families of boys with Attention-Deficit/Hyperactivity Disorder with and without oppositional behavior. *J Abnorm Child Psychol* 2005; 33(1):87-98. Abstract: Parenting responsiveness and over-reactivity were assessed among 25 mothers of 7-9-year-old sons with Attention-Deficit/Hyperactivity Disorder (ADHD) and oppositional behavior (Oppositional Defiant, OD), 24 mothers of sons with ADHD only, and 38 mothers of nonproblem sons. Responsiveness was observed during mother-son play and clean-up interactions and over-reactivity was assessed using self-reports of parenting in discipline situations. Mothers of sons with ADHD/OD were less responsive and more over-reactive than mothers of nonproblem sons, and mothers of sons with ADHD only did not differ from the other groups. Mothers of sons with ADHD/OD reported more hostility than mothers of nonproblem sons, and controlling for maternal hostility eliminated the significant group differences in responsiveness during clean-up and in over-reactivity. Controlling for the child's ADHD subtype did not alter the pattern of results. The implications for addressing responsiveness and over-reactivity as components of parent-mediated behavioral treatments for ADHD are considered.

Seitz V. Re: negative strategies and psychopathology in urban, African-American young. *Child Abuse Negl* 2002; 26(12):1209-10.

Seker H, Evans DH, Aydin N, Yazgan E. Compensatory fuzzy neural networks-based intelligent detection of abnormal neonatal cerebral Doppler ultrasound waveforms. *IEEE Trans Inf Technol Biomed* 2001; 5(3):187-94.

Abstract: Compensatory fuzzy neural networks (CFNN) without normalization, which can be trained with a backpropagation learning algorithm, is proposed as a pattern recognition technique for intelligent detection of Doppler ultrasound waveforms of abnormal neonatal cerebral hemodynamics. Doppler ultrasound signals were recorded from the anterior cerebral arteries of 40 normal full-term babies and 14 mature babies with intracranial pathology. The features of normal and abnormal groups as inputs to pattern recognition algorithms were extracted from the maximum velocity waveforms by using principal component analysis. The proposed technique is compared with the CFNN with normalization and other pattern recognition techniques applied to Doppler ultrasound signals from various arteries. The results show that the proposed method is superior to the others, and can be a powerful technique to be used in analyzing Doppler ultrasound signals from various arteries.

Sekhobo JP, Druschel CM. An evaluation of congenital malformations surveillance in New York State: an application of Centers for Disease Control and Prevention (CDC) guidelines for evaluating surveillance systems. *Public Health Rep* 2001; 116(4):296-305.

Abstract: Established in 1982, the New York State Congenital Malformations Registry (NYCMR) is one of the largest statewide, population-based birth defects registries in the nation. In this article, we evaluate the surveillance of congenital malformations in New York State using the Centers for Disease Control and Prevention (CDC) guidelines for evaluating public health surveillance systems. In addition to the evaluation of selected qualitative and quantitative system attributes, we assess the public health significance and usefulness of the surveillance system and how well it is meeting its stated objectives. The NYCMR uses passive case ascertainment, relying on reports from hospitals and physicians. A congenital malformation is defined as any structural, functional, or biochemical abnormality determined genetically or induced during gestation and not due to birthing events. In addition to being the primary source of congenital malformations surveillance data in New York State, the NYCMR also provides cases for traditional epidemiological studies to determine risk factors for specific congenital malformations. The NYCMR has been working to meet its stated objectives while striving to improve its qualitative and quantitative



attributes. Registry personnel have implemented several measures designed to enhance the simplicity of the data collection and data entry processes, as well as to maintain the acceptability of the surveillance system to the reporting sources. Because it is a statewide, population-based surveillance system, by far the strongest quantitative attribute of the NYCMR is representativeness. The sensitivity of the NYCMR is difficult to evaluate. Available estimates suggest, however, that the NYCMR identifies a large proportion of children born with congenital malformations in New York State and diagnosed from birth through two years of life. Finally, the NYCMR has in recent years been able to publish and disseminate annual reports describing the distribution of specific malformations in New York State on a timely basis.

Selbst SM. Pediatric emergency medicine: legal briefs. *Pediatr Emerg Care* 2004; 20(11):786-90.

Selinske J, Naughton D, Flanagan K, Fry P, Pickles A. Ensuring the best interest of the child in intercountry adoption practice: case studies from the United Kingdom and the United States. *Child Welfare* 2001; 80(5):656-67.

Abstract: Each year, thousands of children who cross international borders are destined for homes with adoptive families. For most, this journey from their homeland brings them to loving new homes where they will thrive and prosper. For others, the journey is hazardous and the destination uncertain.

Seltzer AG, Vilke GM, Chan TC, Fisher R, Dunford JV. Outcome study of minors after parental refusal of paramedic transport. *Prehosp Emerg Care* 2001; 5(3):278-83.

Abstract: **OBJECTIVE:** Patient refusal of paramedic transport against medical advice (AMA) has significant medical-legal implications. Previous studies have investigated patient outcomes after refusal of transport, but none has focused on these events in minors. This study was performed to evaluate the outcomes of this patient population after refusal of transport as well as the significance of base hospital physician discussion with parents in the decision to refuse transport. **METHODS:** This was a retrospective telephone follow-up survey involving parents of minors for whom transport was refused after accessing emergency medical services (EMS) via the 911 system. Data were initially obtained from paramedic run records and each family was subsequently contacted by telephone and surveyed with regard to their experiences with the field medics in addition to the medical follow-up sought for their child and patient outcomes. **RESULTS:** Eighty-nine patients met criteria for survey. Telephone contact was made with 44 parents, of whom 32 (73% of those contacted, 36% overall) participated. Twenty-seven (84%) received medical follow-up, either at an emergency department or in a private physician's

office. Most patients (89%) who were evaluated and/or treated by a physician were subsequently released, while three children were admitted to the hospital, all three with respiratory or cardiac chief complaints. **CONCLUSIONS:** Children whose parents refused EMS transport received medical follow-up in the majority of cases, with a small group requiring admission.

Semansky RM, Koyanagi C, Vandivort-Warren R. Behavioral health screening policies in Medicaid programs nationwide. *Psychiatr Serv* 2003; 54(5):736-9.

Abstract: Under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate, states are required to screen Medicaid-insured children for mental health and substance use disorders. This national study found that states vary considerably in their policies. Nearly half the states (23 in total) have not addressed behavioral health issues in their EPSDT screening tools at all. More states have screening tools that address mental health than substance use disorders. Most states have created their own screening tools, which suggests discomfort with or a lack of awareness of the standard tools available. Screening policy options to increase behavioral health screening rates are discussed.

Senn CY, Desmarais S. Impact of interaction with a partner or friend on the exposure effects of pornography and erotica. *Violence Vict* 2004; 19(6):645-58.

Abstract: Past studies on the effects of sexually explicit materials on women have tended to study them alone, in pairs, or in groups of strangers. By contrast, our study randomly assigned women to bring either a same-sex friend or a male partner to reflect more natural viewing conditions. Discussion between the participant and her companion followed exposure to the sexual images. Women who viewed pornography maintained their (quite high) level of negative mood, whereas women who viewed erotica experienced a substantial improvement in mood. The sex of the companion did not have a direct influence on participants' mood, with discussion improving mood across the board. However, participants' ratings of their satisfaction with the discussion were significantly influenced by the sex of their companion. We suggest that future research should focus more on the interpersonal aspects of male-female relationships when exploring the effects of sexually explicit materials on heterosexual women.

Sera MD, Elieff C, Forbes J, Burch MC, Rodriguez W, Dubois DP. When language affects cognition and when it does not: an analysis of grammatical gender and classification. *J Exp Psychol Gen* 2002; 131(3):377-97.

Abstract: The focus of this work was on the relation between grammatical gender and categorization. In one set of studies, monolingual English-, Spanish-, French-,

and German-speaking children and adults assigned male and female voices to inanimate objects. Results from Spanish and French speakers indicated effects of grammatical gender on classification; results from German speakers did not. A connectionist model simulated the contradicting findings. The connectionist networks were also used to investigate which aspect of grammatical gender was responsible for the different pattern of findings. The predictions from the connectionist simulations were supported by the results from an artificial language-learning task. The results from this work demonstrate how connectionist networks can be used to identify the differences between languages that affect categorization.

Sergi C, Linderkamp O. Pathological case of the month: classic rickets in a setting of significant psychosocial deprivation. *Arch Pediatr Adolesc Med* 2001; 155(8):967-8.

Serhatlioglu S, Hardalac F, Guler I. Classification of transcranial Doppler signals using artificial neural network. *J Med Syst* 2003; 27(2):205-14. Abstract: Transcranial Doppler signals, recorded from the temporal region of brain on 110 patients were transferred to a personal computer by using a 16-bit sound card. The fast Fourier transform (FFT) method was applied to the recorded signal from each patient. Since FFT method inherently can not offer a good spectral resolution at jet blood flows, it sometimes causes wrong interpretation of transcranial Doppler signals. To do a correct and rapid diagnosis, transcranial Doppler blood flow signals were statistically arranged so that they were classified in artificial neural network. Back propagation neural network and self-organization map algorithms of artificial neural network were used for training, whereas momentum and delta-bar-delta algorithms were used for learning. The results of these algorithms were compared in the case of classification and learning.

Serrano-Durba A, Serrano AJ, Magdalena JR *et al.* The use of neural networks for predicting the result of endoscopic treatment for vesico-ureteric reflux. *BJU Int* 2004; 94(1):120-2. Abstract: OBJECTIVE: To create an artificial neural network (ANN) to aid in predicting the results of endoscopic treatment for vesico-ureteric reflux (VUR). MATERIALS AND METHODS: During 1999-2001 we used endoscopic treatment in 261 ureteric units with VUR of all grades and causes. An ANN based on multilayer perceptron architecture was created using an 11 x 6 x 1 structure, taking the following as variables: the cause and grade of VUR, the patient's age and sex, the type of implanted substance and its volume, the number of treatments, the affected ureter, the endoscopic findings, and the type of cystography used. In all, 174 cases were used as training samples for the

ANN and 87 to validate it. We calculated the sensitivity, specificity, positive (PPV) and negative predictive values (NPV), and the success rate (%) of the system. RESULTS: In the training group the ANN gave a sensitivity of 86.4%, a specificity of 89.5%, a PPV of 76% and NPV of 94%, with a success rate of 88.6%. In the same training group logistic regression (LR) gave respective values of 68.2%, 58.8%, 39%, 82.7% and 61.4%. In the validation group the respective values for the ANN were 71.4%, 81.6%, 58.8%, 88.6% and 78.9%, and in the same validation group the LR gave 64.4%, 50%, 32.1%, 79.2% and 53.9%. The Wilcoxon test confirmed the independence of both methods ( $P < 0.001$ ). CONCLUSION: The ANN is an effective tool for assisting the urologist in indicating and applying endoscopic treatments for VUR.

Sevecke K, Krischer MK, Schonberg T, Lehmkuhl G. [The psychopathy-concept and its psychometric evaluation in childhood and adolescence]. *Prax Kinderpsychol Kinderpsychiatr* 2005; 54(3):173-90. Abstract: In accordance with Robert Hare's concept, over twenty years the word psychopathy is used to describe a specific combination of affective and interpersonal traits in adults as subtype of antisocial personality disorder. Recently in North America personality traits of psychopathy have also been studied in juveniles (and children). The Psychopathy Checklist: Youth Version (PCL-YV) was developed to take the special conditions of adolescents into account and focuses on assessing personality dimensions from age 12 upwards. In juveniles with a high score, research with the PCL-YV demonstrated for example a lack of empathy, impulsivity and social adjustment disorder. Furthermore, researchers found associations between the number and severity of violent offences, early drug abuse and heightened recidivism. This paper discusses the concept of psychopathy for adolescents on the basis of 3 case reports. Biological determinants, experimental results and diagnostic aspects are described.

Sewell AC, Gebhardt B, Herwig J, Rauterberg EW. Acceptance of extended newborn screening: the problem of parental non-compliance. *Eur J Pediatr* 2004; 163(12):755-6. Notes: GENERAL NOTE: KIE: 7 refs. GENERAL NOTE: KIE: KIE Bib: genetic screening; mass screening; treatment refusal/minors

Shaham R. Revealing the secrets of the body: medical tests as legal evidence in personal status disputes in modern Egypt. *Med Law* 2003; 22(1):131-54. Abstract: The study seeks to answer the following question: In the field of personal status, what kinds of medical tests have been considered reliable and acceptable by Egyptian courts of law, what kinds have been less accepted, and why? The main finding is that,

on the one hand, the judges (qadis) have welcomed tests that seek to determine age or to discover physical diseases and/or mental disorders. On the other hand, they have been reluctant to introduce tests to determine virginity and pregnancy tests, and even more so to introduce paternity tests that might bring into light manifestations of moral laxity within Egyptian society and jeopardize the future of illegitimate children. In conclusion, the main resistance to the reliance on modern medical evidence has not been the lack of modern knowledge and technologies or opposition to this, but rather traditional moral and social perceptions.

Shaker I, Scott JA, Reid M. Infant feeding attitudes of expectant parents: breastfeeding and formula feeding. *J Adv Nurs* 2004; 45(3):260-8. Abstract: BACKGROUND: Research has indicated that parental attitudes are strong predictors of choice of infant feeding. Identification and understanding of the infant feeding attitudes of mothers and their social networks should be an early step in the design and implementation of breastfeeding interventions. AIM: To compare the infant feeding attitudes of parents of breastfed infants with those of parents of formula fed infants. METHODS: A survey was carried out with a convenience sample of pregnant women (gestational age 8-12 weeks) attending three maternity clinics in Scotland in 2000. Expectant mothers and their partners (n = 108 couples) completed the 17 item Iowa Infant Feeding Attitude Scale. Demographic information was collected by face-to-face interview and the method of feeding at discharge from hospital was obtained from medical records. RESULTS: Parents of breastfed infants had more positive attitudes towards breastfeeding than parents of formula fed infants, and were more knowledgeable about the health benefits and nutritional superiority of breastfeeding. Fathers of both breastfed and formula fed infants were more likely than their partners to disapprove of women breastfeeding in public. Parents considered their chosen method of feeding to be the more convenient alternative. Mothers of formula fed infants were more likely to think that women who occasionally drink alcohol should not breastfeed. CONCLUSION: Parents of formula fed infants had several misconceptions about breastfeeding. Use of the Iowa Infant Feeding Attitude Scale could help health professionals identify and address these in infant feeding discussions in the early antenatal period. Efforts should be made to include fathers in these infant-feeding discussions.

Shalev AY, Tuval-Mashiach R, Hadar H. Posttraumatic stress disorder as a result of mass trauma. *J Clin Psychiatry* 2004; 65 Suppl 1:4-10. Abstract: There is a large body of literature on the psychological consequences of trauma experienced by individuals, but there are few studies of the acute and long-term effects of mass trauma on victimized communities. Acute stress reactions are expected, and overall resilience in the aftermath of major disasters is

the rule rather than the exception. However, the available literature on mass trauma suggests that certain factors may provide clues to identifying persons at greater risk for posttraumatic stress disorder (PTSD). The severity of the trauma and the accessibility of support systems may affect long-term outcome. In industrialized countries, mass violence caused by malicious human intent may be a more virulent precursor to PTSD than other types of mass trauma, such as technological or natural disasters. School-aged children, women, persons with existing psychiatric illness, those who experienced significant losses or threat to life, those who have insufficient psychological and social support systems, and persons who exhibit symptoms of functional impairment may be at greater risk for PTSD. The findings of a population study of 2 traumatized communities are discussed. Early intervention in communities suffering mass trauma should consist of general support and bolstering of the recovery environment rather than psychological treatment; some forms of early psychological interventions may worsen outcome. There is a great unmet need for treatment and intervention guidelines for victims of mass trauma, and well-designed studies are warranted.

Shapiro C. Organ transplantation in infants and children--necessity or choice: the case of K'aila Paulette. *Pediatr Nurs* 2005; 31(2):121-2. Notes: GENERAL NOTE: KIE: KIE Bib: organ and tissue transplantation; treatment refusal/minors

Sharav VH. The impact of the Food and Drug Administration Modernization Act on the recruitment of children for research. *Ethical Hum Sci Serv* 2003; 5(2):83-108.

Notes: GENERAL NOTE: KIE: 159 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/minors; human experimentation/regulation

Abstract: This article argues that contrary to the claims made by research stakeholders in industry, academia and government, the shift in public policy since the enactment of the Food and Drug Administration Modernization Act (FDAMA) of 1997 and its financial incentives to industry to test drugs on children, has had a deleterious impact on children's dignity, health and welfare. Those lucrative incentives offered an opportunity to accelerate the pace of FDA approval for pediatric drug marketing. FDAMA resulted in a radical shift in federal policy to accommodate an expansion of pediatric trials. Children who are precluded from exercising a human adult's right to informed consent to research are increasingly sought as test subjects even when the trials offer no potential benefit for them. Prior to FDAMA children were protected under federal regulations that prohibited their recruitment for experiments that were not in their best interest. This article discusses eight cases and controversies demonstrating that children have been subjected to

experiments that exposed them to pain, discomfort, and serious risks of harm. Babies have died testing a lethal heartburn drug; children have been subjected to "forced dose titration" in antidepressant drug trials that resulted in several suicide attempts. Toddlers are currently being subjected to methylphenidate dose tolerance tests without evidence of any pathological condition. Healthy teenagers are being exposed to antipsychotic drugs known to induce severe pathological side effects in speculative "schizophrenia prevention" experiments.

Shaw DS, Criss MM, Schonberg MA, Beck JE. The development of family hierarchies and their relation to children's conduct problems. *Dev Psychopathol* 2004; 16(3):483-500.

Abstract: Despite the intuitive richness of family systems theory, relatively little research has sought to test the validity of constructs theorized to be critical in the development of children's adjustment. One such cornerstone of structural and strategic family therapy is the family hierarchy. The present study investigated both the development of hierarchical structure in families from infancy to late middle childhood and relations between strong hierarchical structure and children's conduct problems. Using structural equation modeling, direct pathways to low hierarchical structure were evident for early caregiving behavior and parent-child conflict, with indirect associations present for parental adjustment, marital functioning, negative child behavior, and ecological disadvantage. In turn, family hierarchies were associated with youth antisocial behavior, an effect that was moderated by ethnic and neighborhood context. The results are discussed in reference to family systems' theory and implications for prevention and intervention.

Shaw JA. The legacy of child sexual abuse. *Psychiatry* 2004; 67(3):217-21.

Shaw WC, Semb G, Nelson P *et al.* The Eurocleft project 1996-2000: overview. *J Craniomaxillofac Surg* 2001; 29(3):131-40; discussion 141-2.

Abstract: INTRODUCTION: The original Eurocleft project, a European intercentre comparison study, revealed dramatic differences in outcome, which were a powerful stimulus for improvement in the services of respective teams. The study developed a preliminary methodology to compare practices and the potential for wider European collaboration including opportunities for the promotion of clinical trials and intercentre comparison was recognized by the European Commission. Therefore, the project: 'Standards of Care for Cleft Lip and Palate in Europe: Eurocleft' ran between 1996 and 2000 and aimed to promote a broad uplift in the quality of care and research in the area of cleft lip and palate. RESULTS: The results of the 1996-2000 project include: a register of services in Europe, with details of professionals and teams involved in cleft care, service organization, clinical

protocols and special facilities for research; a set of common Policy Statements governing clinical practice for European cleft teams, Practice Guidelines describing minimum recommendations for care that all European children with clefts should be entitled to and recommendations for Documentation governing minimum records that cleft teams should maintain; encouraging initial efforts to compare outcomes (results) of care between centres. A survey showed a wide diversity in models of care and national policies as well as clinical practices in Europe. Of the 201 centres that registered with the network, the survey showed 194 different protocols being followed for only unilateral clefts. CONCLUSION: Cleft services, treatment and research have undoubtedly suffered from haphazard development across Europe. Attainment of even minimum standards of care remains a major challenge in some communities and both the will to reform and a basic strategy to follow are overdue. It is hoped that the Eurocleft Consensus Recommendations reached during the present project will assist in improving the opportunities for tomorrow's patients. It is also hoped that the collaborative research now beginning under the European Commission's Framework V Programme will provide a focus for European researchers wishing to improve understanding, treatment and prevention of clefts of the lip, alveolus and palate in the years ahead.

Sheehan K, Kim LE, Galvin JP Jr. Urban children's perceptions of violence. *Arch Pediatr Adolesc Med* 2004; 158(1):74-7.

Abstract: OBJECTIVE: To determine how preadolescent urban children conceptualize and experience violence in their lives. DESIGN: This qualitative study reports the results of focus groups designed to examine perceptions of violence among preadolescent urban children. Program directors were trained to conduct the sessions using a semistructured script. All groups were audiotaped or videotaped. The summaries were analyzed for recurring themes. SETTING: A community-based visual arts program for children designed to be a secondary violence-prevention program. PARTICIPANTS: There were 12 focus groups of volunteer participants. Each consisted of 3 to 6 children aged 8 to 12 years, separated by sex and age. Fifty children participated: 27 boys and 23 girls. RESULTS: These children defined violence in a broader way than most adults would. Not only did the children identify shootings and stabbings as examples of violence, but they also considered violence to be any act that might hurt someone's feelings (such as cheating and lying) or any act accompanying violence (such as cursing and yelling). The boys and girls were very similar in their views except regarding the issue of intimate-partner violence. The girls were almost universally concerned about this issue, but the boys seemed noticeably unaware that intimate-partner violence was considered a form of violence. Most children felt safe at home, and almost no child felt safe

at school. They looked to trusted adults to keep them safe. CONCLUSIONS: Future investigators measuring the effect of violence-prevention activities on preteen children should be aware that their definition of violence may differ from that of young children and should be cognizant of potential sex differences, especially around the topic of intimate-partner violence. Those designing violence-prevention programs for children should consider engaging adult family members as well because children usually turn to them for safety.

Sheeshka J, Potter B, Norrie E, Valaitis R, Adams G, Kuczynski L. Women's experiences breastfeeding in public places. *J Hum Lact* 2001; 17(1):31-8. Abstract: This two-part field study compared researchers' recorded observations to mothers' perceptions of attention they received while publicly breastfeeding. In part 1, four breastfeeding and four bottle-feeding mothers each made eight restaurant visits. On average, there were more neutral looks from customers ( $P = .01$ ) during breastfeeding visits, but no differences in the amount of overtly negative or positive attention given during breastfeeding versus bottle feeding. In part 2, four breastfeeding mothers made a total of 24 visits to shopping malls. There were more neutral looks given while mothers were breastfeeding and more smiles and comments while they were not feeding, but no difference in total amount of attention received. Breastfeeding mothers acknowledged they had anticipated some undesirable attention but instead received little attention. Nevertheless, they felt "vulnerable" nursing in public. Certain proactive behaviors and personal attributes as well as support from other women enabled them to breastfeed successfully in public.

Shek DT. Beliefs about the causes of poverty in parents and adolescents experiencing economic disadvantage in Hong Kong. *J Genet Psychol* 2004; 165(3):272-91. Abstract: Over 2 consecutive years, parents and their adolescent children from 199 poor families in Hong Kong responded to the Chinese Perceived Causes of Poverty Scale, which assesses beliefs about the causes of poverty. The author abstracted 4 factors from the scale. Analyses showed that these factors (personal problems, exploitation, lack of opportunity, fate) were stable across time and across different samples. The author also found related subscales to be internally consistent. Regarding the effects of time, adolescents had weaker endorsement of the belief that poverty is caused by the personal problems of poor people over time. The author found parent-adolescent differences (parents vs. adolescents) and parental differences (fathers vs. mothers) regarding beliefs about the causes of poverty in terms of personal problems of poor people, exploitation, and fate.

Shek DT. Family functioning and psychological well-being,

school adjustment, and problem behavior in Chinese adolescents with and without economic disadvantage. *J Genet Psychol* 2002; 163(4):497-502. Abstract: Using an indigenously developed measure of family functioning, the author examined the association between family functioning and adolescent adjustment in 1,519 Chinese adolescents. Results showed that family functioning was significantly related to measures of adolescent psychological well-being (existential well-being, life satisfaction, self-esteem, sense of mastery, general psychiatric morbidity), school adjustment (perceived academic performance, satisfaction with academic performance, and school conduct), and problem behavior (delinquent and substance abuse behavior). Family functioning was generally more strongly related to measures of adolescent adjustment for adolescents with economic disadvantage than for adolescents without economic disadvantage.

Shek DT. Perceived parental control processes, parent-child relational qualities, and psychological well-being in Chinese adolescents with and without economic disadvantage. *J Genet Psychol* 2005; 166(2):171-88. Abstract: The author assessed the relationships between poverty and perceived parenting style, parent-child relationships, and adolescent psychological well-being in Chinese secondary school students ( $N = 3,017$ ). Participants completed questionnaires designed to assess (a) the degree to which their parents used monitoring, discipline, and other techniques to control their behavior; (b) the extent to which their parents attempted to control them in a way that undermined their psychological development; (c) the parent-child relational qualities, such as the child's readiness to communicate with the parents and perceived mutual trust; and (d) the child's psychological well-being. Although adolescents with economic disadvantage did not differ from adolescents without economic disadvantage on the maternal variables (except on parental knowledge and parental monitoring), adolescents whose families were receiving public assistance generally perceived paternal behavioral control and father-child relational qualities to be more negative than did adolescents who were not receiving public assistance. The author found psychological well-being (shown by hopelessness, mastery, life satisfaction, self-esteem) of adolescents experiencing economic disadvantage to be weaker than that of adolescents not experiencing economic disadvantage.

Sheldon M. Male circumcision, religious preferences, and the question of harm. *Am J Bioeth* 2003; 3(2):61-2. Notes: GENERAL NOTE: KIE: 3 refs. GENERAL NOTE: KIE: KIE Bib: patient care/minors

Sheldon S, Wilkinson S. 'On the sharpest horns of a dilemma': Re A (conjoined twins). *Med Law Rev* 2001; 9(3):201-7.

Notes: GENERAL NOTE: KIE: Sheldon, Sally; Wilkinson, Stephen  
GENERAL NOTE: KIE: 17 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Sheldon S, Wilkinson S. Should selecting saviour siblings be banned? *J Med Ethics* 2004; 30(6):533-7.  
Notes: GENERAL NOTE: KIE: 25 refs.  
GENERAL NOTE: KIE: KIE Bib: genetic screening; organ and tissue donation; prenatal diagnosis  
Abstract: By using tissue typing in conjunction with preimplantation genetic diagnosis doctors are able to pick a human embryo for implantation which, if all goes well, will become a "saviour sibling", a brother or sister capable of donating life-saving tissue to an existing child. This paper addresses the question of whether this form of selection should be banned and concludes that it should not. Three main prohibitionist arguments are considered and found wanting: (a) the claim that saviour siblings would be treated as commodities; (b) a slippery slope argument, which suggests that this practice will lead to the creation of so-called "designer babies"; and (c) a child welfare argument, according to which saviour siblings will be physically and/or psychologically harmed.

Sheldon T. Dutch doctors should tackle female genital mutilation. *BMJ* 2005; 330(7497):922.

Sheldon T. Dutch government rejects tough measures on genital mutilation. *BMJ* 2005; 331(7516):534.

Sheler J. Unholy crisis. *US News World Rep* 2002; 132(4):24-5.

Sheler JL. Confess and repent. *US News World Rep* 2002; 132(22):28.

Sheler JL. Will it rid the church of clergy sex abuse this time? *US News World Rep* 2002; 133(20):44-5.

Shelley DC, McCormick SR, LeGrand TS, Cardenas J, Peters JI. The effect of a pediatric asthma management program provided by respiratory therapists on patient outcomes and cost. *Heart Lung* 2005; 34(6):423-8.  
Abstract: OBJECTIVE: The objective was to determine whether a pediatric asthma disease management program (ADMP) provided by respiratory therapists can improve patient outcomes and reduce cost. DESIGN: This was a pre-and post-intervention observational study. METHODS: Hospitalizations, non-intensive care unit (ICU) hospital days, ICU days, emergency department visits, doctor's office visits, school days missed, and associated costs were collected on 18 children with moderate to severe asthma, ages 3 to 18 years, 12 months before and after implementation of the ADMP. The ADMP consisted of eight home visits for assessment, environmental review, and patient education. RESULTS: There were

significant reductions ( $P < .05$ ) in hospitalizations, hospitalization cost, ICU days, non-ICU days, length of stay, emergency department visits and cost, physician office visits and cost, and school days missed. CONCLUSIONS: A pediatric in-home ADMP provided by respiratory therapists can improve outcomes and reduce cost in patients with moderate to severe asthma.

Sheller B. Challenges of managing child behavior in the 21st century dental setting. *Pediatr Dent* 2004; 26(2):111-3.  
Abstract: This paper discussed factors influencing behavior management of the child dental patient. Pediatric dentists are affected by changes in: (1) society; (2) marketing and media; (3) communications and technology; and (4) parenting practices. Behavior of pediatric patients reflects fewer boundaries, less discipline and self-control, and lowered behavioral expectations by parents and contemporary culture. The insurance industry, regulatory bodies, legal system, dental staff, and pediatric dentist education are other influences on behavior management. Responses of the American Academy of Pediatric Dentistry (AAPD), which could support the pediatric dentist in the changing environment, include: (1) research; (2) continuing education for staff and dentists; (3) development of Internet accessible materials for the public; (4) legislative activity; (5) partnering with pediatric medicine to develop new behavior management strategies; (6) establishment of an AAPD Council on Child Behavior; and (7) ongoing critical reassessment of behavior issues by the AAPD.

Sheridan C, Wolfe N. If only you hadn't, I would not have hit you: infant crying and abuse. *Lancet* 2004; 364(9442):1295-6.

Sherrard J, Ozanne-Smith J, Staines C. Prevention of unintentional injury to people with intellectual disability: a review of the evidence. *J Intellect Disabil Res* 2004; 48(Pt 7):639-45.  
Abstract: BACKGROUND: Recent research evidence shows that people with intellectual disability (ID) have double the unintentional injury risk of the general population and the risk is further increased in the presence of psychopathology and epilepsy. The pattern of injury and the circumstances surrounding an injury event in those with ID have some similarity with that of young children in the general population. Interventions to prevent injuries are an important health priority in this vulnerable population. This paper reviews evidence from injury prevention studies for people with ID and also considers the relevance of general population injury interventions for this population. METHOD: Information regarding injury prevention in both ID and general populations was identified using online systems and consultation with research and public health organizations. RESULTS: Few published studies were identified addressing the

issue of injury prevention for those with ID. Possible injury prevention strategies appropriate for the major causes of injury in the ID population were identified from the general population literature. While many environmental injury prevention strategies for young children in the general population are applicable to the population with ID, some may require design modification to ensure effectiveness. Other promising approaches include improved information for parents/carers, primary care physician counselling, and home visits by well-informed and motivated professionals. There may be injury prevention benefit from improved management of psychopathology and epilepsy. CONCLUSIONS: The issue of injury prevention for those with ID has not been addressed to the extent that the magnitude of the problem requires. Injury prevention programmes trialling a variety of evidence-based approaches and strategies are needed to protect the quality of life for the ID population and their families.

Sherriff A, Ott J. Artificial neural networks as statistical tools in epidemiological studies: analysis of risk factors for early infant wheeze. *Paediatr Perinat Epidemiol* 2004; 18(6):456-63.  
Notes: CORPORATE NAME: ALSPAC Study Team  
Abstract: Artificial neural networks (ANNs) are being used increasingly for the prediction of clinical outcomes and classification of disease phenotypes. A lack of understanding of the statistical principles underlying ANNs has led to widespread misuse of these tools in the biomedical arena. In this paper, the authors compare the performance of ANNs with that of conventional linear logistic regression models in an epidemiological study of infant wheeze. Data on the putative risk factors for infant wheeze have been obtained from a sample of 7318 infants taking part in the Avon Longitudinal Study of Parents and Children (ALSPAC). The data were analysed using logistic regression models and ANNs, and performance based on misclassification rates of a validation data set were compared. Misclassification rates in the training data set decreased as the complexity of the ANN increased:  $h = 0$ : 17.9%;  $h = 2$ : 16.2%;  $h = 5$ : 14.9%, and  $h = 10$ : 9.2%. However, the more complex models did not generalise well to new data sets drawn from the same population: validation data set misclassification rates:  $h = 0$ : 17.9%;  $h = 2$ : 19.6%;  $h = 5$ : 20.2% and  $h = 10$ : 22.9%. There is no evidence from this study that ANNs outperform conventional methods of analysing epidemiological data. Increasing the complexity of the models serves only to overfit the model to the data. It is important that a validation or test data set is used to assess the performance of highly complex ANNs to avoid overfitting.

Shields A, Ryan RM, Cicchetti D. Narrative representations of caregivers and emotion dysregulation as predictors of maltreated children's rejection by peers. *Dev Psychol* 2001; 37(3):321-37.

Abstract: This study examined whether maltreated children were more likely than nonmaltreated children to develop poor-quality representations of caregivers and whether these representations predicted children's rejection by peers. A narrative task assessing representations of mothers and fathers was administered to 76 maltreated and 45 nonmaltreated boys and girls (8-12 years old). Maltreated children's representations were more negative/constricted and less positive/coherent than those of nonmaltreated children. Maladaptive representations were associated with emotion dysregulation, aggression, and peer rejection, whereas positive/coherent representations were related to prosocial behavior and peer preference. Representations mediated maltreatment's effects on peer rejection in part by undermining emotion regulation. Findings suggest that representations of caregivers serve an important regulatory function in the peer relationships of at-risk children.

Shields J. The NAS EarlyBird Programme: partnership with parents in early intervention. *The National Autistic Society. Autism* 2001; 5(1):49-56.  
Abstract: Early intervention bridges the gap between early diagnosis and appropriate educational placement. The National Autistic Society has developed an autism-specific three-month parent package, the NAS EarlyBird Programme, that emphasizes partnership with parents. Six families participate in each three-month programme, which combines weekly group training sessions for parents with individualized home visits. During the programme parents learn to understand autism, to build social communication, and to analyse and use structure, so as to prevent inappropriate behaviours. The use of video and the group dynamic amongst families are important components of the programme. An efficacy study evaluated the pilot programme and further monitoring is in progress. Training courses in the licensed use of the NAS EarlyBird Programme are now available for teams of professionals with prior experience of autism. Strengths and weaknesses of the programme are discussed. This short-term, affordable package, with supporting evidence of efficacy, offers a model of early intervention that is very popular with parents.

Shifman P, Renaud T. Food-coping in post-emergency-phase camps. *Lancet* 2003; 361(9366):1392-3; author reply 1393.

Shifren K. Early caregiving and adult depression: good news for young caregivers. *Gerontologist* 2001; 41(2):188-90.  
Abstract: PURPOSE: Limited information is available on the effects of caregiving experiences on the adult development of caregivers under 21 years old in the United States. The current study provided an examination of the effects of youthful caregiving on the mental health of these persons when adults.

**DESIGN AND METHODS:** Twelve individuals, 23 to 58 years old, were given brief phone interviews with semistructured questions, and then they completed questionnaires on their early caregiving experiences and current mental health. To be included, respondents must have provided primary caregiving assistance (i.e., bathing, dressing, feeding, etc.) for at least one parent when the caregiver was under 21 years old. **RESULTS:** The findings showed that individuals were young caregivers for parents with a number of problems, ranging from dementia to drug abuse. Individuals reported more positive mental health than negative mental health, and only two individuals had scores indicative of clinical depressive symptoms. **IMPLICATIONS:** It appears that early caregiving experiences may not result in universally negative consequences in the adulthood of young caregivers.

Shifrin T. Slow but sure. *Health Serv J* 2003; 113(5841):13-4.

Shin DI, Huh SJ, Lee TS, Kim IY. Web-based remote monitoring of infant incubators in the ICU. *Int J Med Inform* 2003; 71(2-3):151-6. Abstract: A web-based real-time operating, management, and monitoring system for checking temperature and humidity within infant incubators using the Intranet has been developed and installed in the infant Intensive Care Unit (ICU). We have created a pilot system which has a temperature and humidity sensor and a measuring module in each incubator, which is connected to a web-server board via an RS485 port. The system transmits signals using standard web-based TCP/IP so that users can access the system from any Internet-connected personal computer in the hospital. Using this method, the system gathers temperature and humidity data transmitted from the measuring modules via the RS485 port on the web-server board and creates a web document containing these data. The system manager can maintain centralized supervisory monitoring of the situations in all incubators while sitting within the infant ICU at a work space equipped with a personal computer. The system can be set to monitor unusual circumstances and to emit an alarm signal expressed as a sound or a light on a measuring module connected to the related incubator. If the system is configured with a large number of incubators connected to a centralized supervisory monitoring station, it will improve convenience and assure meaningful improvement in response to incidents that require intervention.

Shipman K, Edwards A, Brown A, Swisher L, Jennings E. Managing emotion in a maltreating context: a pilot study examining child neglect. *Child Abuse Negl* 2005; 29(9):1015-29.

Abstract: **OBJECTIVE:** The primary goal of this pilot study was to examine emotion management skills (i.e., emotional understanding, emotion regulation) in

children who had experienced neglect and a control group to determine the ways that neglect may interfere with children's emotional development. **METHOD:** Participants included children 6--12 years of age and their mothers (neglect group, N=24; control, N=24). Participants completed questionnaires and an interview that assessed children's emotional understanding and emotion regulation. **RESULTS:** Findings indicated that neglected children, compared to their non-maltreated peers, demonstrated lower understanding of negative emotions (i.e., anger, sadness) and fewer adaptive emotion regulation skills. Further, neglected children expected less support and more conflict from mothers in response to displays of negative emotion and reported that they were more likely to attempt to inhibit the expression of negative emotion. **CONCLUSIONS:** Findings suggest that neglect may interfere with the normal acquisition of emotional understanding and emotion regulation skills, highlighting the importance of addressing these skills in the context of clinical intervention with neglected children.

Shipman KL, Zeman J. Socialization of children's emotion regulation in mother-child dyads: a developmental psychopathology perspective. *Dev Psychopathol* 2001; 13(2):317-36.

Abstract: This study investigated the socialization of children's emotion regulation in 25 physically maltreating and 25 nonmaltreating mother-child dyads. Maltreating mothers and their 6- to 12-year-old children were recruited from two parenting programs affiliated with Children's Protective Services with a control group matched on race, SES, child gender, and child age. Children and their mothers were interviewed individually about their (a) management of emotional expression, (b) strategies for coping with emotional arousal, and (c) anticipated consequences following emotional displays. Compared to controls, maltreated children expected less maternal support in response to their emotional displays, reported being less likely to display emotions to their mothers, and generated fewer effective coping strategies for anger. Maltreating mothers indicated less understanding of children's emotional displays and fewer effective strategies for helping children to cope with emotionally arousing situations than nonmaltreating mothers. Further, findings indicated that maternal socialization practices (e.g., providing support in response to children's emotional display, generating effective coping strategies for their child) mediate the relation between child maltreatment and children's regulation of emotional expression and emotional arousal. These findings suggest that children's emotion regulation strategies are influenced by their relationship with their social environment (e.g., physically maltreating, nonmaltreating) and that the experience of a physically maltreating relationship may interfere with children's emotional development.

Shriberg LD. Diagnostic markers for child speech-sound



- disorders: introductory comments. *Clin Linguist Phon* 2003; 17(7):501-5.  
 Abstract: The four papers in this issue report findings from a research programme on the etiological origins of child speech-sound disorders of currently unknown origin. Overviews elsewhere describe an evolving classificatory framework that posits six putative subtypes within this general domain of communicative disorders (cf. Shriberg, 2002). The following introductory comments provide brief historical and clinical perspectives on the primary objective of this research: the availability of a suite of computer-assisted diagnostic markers that clinicians and clinical researchers can use to classify six etiological subtypes of child speech-sound disorders.
- Shrimpton AE. Molecular diagnosis of cystic fibrosis. *Expert Rev Mol Diagn* 2002; 2(3):240-56.  
 Abstract: A review of the current molecular diagnosis of cystic fibrosis including an introduction to cystic fibrosis, the gene function, the phenotypic variation, who should be screened for which mutation, newborn and couple screening, quality assurance, phenotype-genotype correlation, methods and method limitations, options, statements, recommendations, useful Websites and treatments.
- Shrimpton R. Evidence v. rights-based decision making for nutrition. *Proc Nutr Soc* 2003; 62(2):553-62.  
 Abstract: The need for an evidence base for human nutrition action is analysed in the context of human rights. Over the last 50 years the twin tracks of development, economical needs based and normative rights based, have come progressively closer in terms of goals and objectives, even if they do maintain different orientations and origins. The international human rights machinery is described, together with those parts that are of relevance to the right to food and nutrition. The role of the State in respecting, protecting and facilitating these rights is further described. The evidence base for the benefit of nutrition interventions during the fetal and infant period to the health and well-being of populations throughout life's course is briefly reviewed, and reasons why such a large body of evidence has not been acted upon are discussed. The power of nutrition is in prevention more than cure, and the prevention of nutritional deficiency is best suited to radical population-wide strategies rather than high-risk strategies targeted at individuals. The population-wide distribution of benefits of nutrition is in congruence with universality of human rights. In the UK much remains to be done to ensure that food and nutrition rights are realised, especially during the critical period of fetal and infant growth. What role the Nutrition Society might play in the realisation of these rights, including the creation of a robust evidence base for nutrition action, is further discussed.
- Shulman ST. Child abuse. *Pediatr Ann* 2005; 34(5):338.
- Shulman ST. Immunizations: the greatest good. Pediatricians must advocate for children at the national, state, and local levels. *Pediatr Ann* 2004; 33(8):489.
- Shumba A. The nature, extent and effects of emotional abuse on primary school pupils by teachers in Zimbabwe. *Child Abuse Negl* 2002; 26(8):783-91.  
 Abstract: OBJECTIVE: The study seeks to determine the nature, extent and effects of emotional abuse; and who the perpetrators are in Zimbabwean primary schools. METHOD: Data collection was twofold because this involved reported cases of emotional abuse and the use of two questionnaires to collect data on the forms of emotional abuse perpetrated on pupils by teachers. First, data of reported cases of emotional abuse were collected from six regional offices of the Ministry of Education, Sport and Culture in Zimbabwe. The rationale was to determine forms of emotional abuse perpetrated on pupils by teachers in Zimbabwean primary schools. Second, the Teacher Trainees Questionnaire and the Teacher Questionnaire were administered to randomly selected samples of 150 primary school teacher trainees and 300 primary school teachers. Random numbers were used in the selection of the teachers and teacher trainees. The rationale for using teachers and teacher trainees was to make an in-depth analysis of the forms of emotional abuse perpetrated on pupils by teachers and to determine who the perpetrators are in this form of child abuse. In this study, emotional abuse shall refer to constant belittling of a pupil, the absence of a positive emotional atmosphere, verbal abuse, shouting, scolding, use of vulgar language, humiliation and negative labeling of pupils, and terrorizing of pupils by teachers in schools. RESULTS: The study found that the majority of teacher trainees and teachers believe that shouting, scolding, use of vulgar language, humiliation and negatively labeling of pupils as stupid, ugly, foolish is mainly done by female teachers in schools. However, 52.7% of the teacher trainees indicated that it is the male teachers who "use vulgar language on pupils." This study found some of the forms of emotional abuse that are perpetrated on pupils by teachers in schools. The findings seem to be consistent with the literature available on the gender of perpetrators associated with this form of child abuse. CONCLUSION: It is clear that emotional abuse exists in Zimbabwean primary schools and female teachers appear to be the main perpetrators of this form of child abuse. This form of child abuse may involve one perpetrator and a series of victims.
- Siddiqi S, Haq IU, Ghaffar A, Akhtar T, Mahaini R. Pakistan's maternal and child health policy: analysis, lessons and the way forward. *Health Policy* 2004; 69(1):117-30.  
 Abstract: An estimated 400,000 infant and 16,500 maternal deaths occur annually in Pakistan. These translate into an infant mortality rate and maternal mortality ratio that should be unacceptable to any state.

Disease states including communicable diseases and reproductive health (RH) problems, which are largely preventable account for over 50% of the disease burden. The analysis of Pakistan's maternal and child health (MCH) and family planning (FP) policy covers the period 1990-2002, and focuses on macroeconomic influences, priority programs and gaps, adequacy of resources, equity and organizational aspects, and the process of policy formulation. The overall MCH/FP policy is well directed. MCH/FP has been a priority in all policies; resource allocation, although unacceptably low, has substantially increased during the last decade; and there is a progressive shift from MCH to the reproductive health (RH) agenda. Areas in need of improvement include greater use of evidence as a basis for policy; increased priority to nutrition programs, measures to reduce neonatal and perinatal mortality, provision of emergency obstetric care, availability of skilled birth attendants, and a clear policy on integrated management of childhood illnesses. Enhanced planning capacity, development of a balanced human resource, improved governance to reduce staff absenteeism and frequent transfers, and a greater role of the private sector in the provision of services are some organizational aspects that need the governments' consideration. There are several lessons to be learnt: (i) Ministries of Health need sustained stewardship and well-documented evidence to protect cuts in resource allocation; (ii) frequent policy announcement sends inappropriate signals to managers and weakens ongoing implementation; (iii) MCH/FP policies unless informed by evidence and participation of interest groups are unlikely to address gaps in programs; (iv) distributional and equity objectives of MCH/FP be addressed while setting overall national goals; (v) institutional capacity is a vital ingredient in translating MCH/FP policies into effective services. The suggested strategic directions emphasize, among others, the need for a comprehensive MCH/FP framework; strengthened stewardship in ministry of health, cost-effective strategies to address the gaps identified and doubling of the public sector resource allocation to MCH/FP over the next 5 years. The ability to ensure delivery of quality health services remains the biggest challenge in the Pakistani health sector. Unless sound policies are backed by well-functioning programs they are likely to become a victim of poor implementation.

Siegel RM, Joseph EC, Routh SA *et al.* Screening for domestic violence in the pediatric office: a multipractice experience. *Clin Pediatr (Phila)* 2003; 42(7):599-602.

Abstract: The purpose of our study was to screen for domestic violence (DV) in 4 different pediatric practice settings. Women who accompanied their children to well-child visits were eligible. The women were screened with a 6-question tool previously piloted by our group, which included questions on partner abuse, child abuse, and pet abuse. Over a 1-year period, 435 women were screened. Of these women, 95 (22%)

described DV at some point in their lives. Sixty-nine (16%) reported abuse longer than 2 years before the screen and 26 (6%) reported more recent abuse. While 11 of 117 women screened in the more affluent private practice reported a history of past abuse, no women in that group reported DV occurring within 24 months. The proportion of women reporting violence did not differ significantly by site, but the proportion of patients reporting new violence was significantly lower at the private practice site by Chi-square analysis. In conclusion, women screened in a variety of pediatric settings will disclose DV. Recent abuse is more likely to be reported in settings with indigent patients. All pediatricians should be screening for DV and have protocols in place to offer women the services they need if DV is revealed.

Sieminski AL, Hebbel RP, Gooch KJ. Improved microvascular network in vitro by human blood outgrowth endothelial cells relative to vessel-derived endothelial cells. *Tissue Eng* 2005; 11(9-10):1332-45. Abstract: Evidence suggests that bone marrow-derived cells circulating in adult blood, sometimes called endothelial progenitor cells, contribute to neovascularization in vivo and give rise to cells expressing endothelial markers in culture. To explore the utility of blood-derived cells expressing an endothelial phenotype for creating tissue-engineered microvascular networks, we employed a three-dimensional in vitro angiogenesis model to compare microvascular network formation by human blood outgrowth endothelial cells (HBOECs) with three human vessel-derived endothelial cell (EC) types: human umbilical vein ECs (HUVECs), and adult and neonatal human microvascular ECs. Under every condition investigated, HBOECs within collagen gels elongated significantly more than any other cell type. Under all conditions investigated, gel contraction and cell elongation were correlated, with HBOECs demonstrating the largest generation of force. HBOECs did not exhibit a survival advantage, nor did they enhance elongation of HUVECs when the two cell types were cocultured. Network formation of both HBOECs and HUVECs was inhibited by blocking antibodies to alpha2beta1, but not alpha(v)beta3, integrins. Taken together, these data suggest that superior network exhibited by HBOECs relative to vessel-derived endothelial cells is not due to a survival advantage, use of different integrins, or secretion of an autocrine/paracrine factor, but may be related to increased force generation.

Silk JS, Sessa FM, Morris AS, Steinberg L, Avenevoli S. Neighborhood cohesion as a buffer against hostile maternal parenting. *J Fam Psychol* 2004; 18(1):135-46. Abstract: This study explored the moderating effects of children's neighborhoods on the link between hostile parenting and externalizing behavior. Participants were 1st- or 2nd-grade children in an urban northeastern community. Children were administered the Parenting

and Neighborhood scales of the Child Puppet Interview, and mothers completed questionnaires on neighborhood quality and parenting practices. Census tract measures of neighborhood quality and teachers' reports of children's externalizing behavior also were obtained. Results indicated that children's and mothers' perceptions of neighborhood involvement-cohesion buffered the link between hostile parenting and externalizing problems. Children's externalizing behavior was unrelated to census tract variables. Findings highlight the protective effect of neighborhood social cohesion and the utility of including young children's perspectives in research on neighborhoods and families.

Silverman K, Schonberg SK. Adolescent children of drug-abusing parents. *Adolesc Med* 2001; 12(3):485-91. Abstract: The effects of a substance-abusing parent on a child are wide-spread, and unfortunately they follow that child well into adolescence and adulthood. Cognitive difficulty, poor judgment, and conduct problems are but a few of the sequelae, and similar results are seen whether the drug is alcohol or cocaine or another illicit substance. In addition to affecting the biology of the adolescent from the perinatal period, parental substance abuse often causes a disrupted, chaotic home, financial insecurity, and exposure of the teen to illegal substances and violence. The emotional toll on the adolescent is steep, and the overall cost to the health care system is enormous. Ultimately, many of these adolescents progress to substance abuse themselves. Health care providers need to be sensitive to the possibility of substance abuse in the home, and should aggressively pursue early treatment/therapy options for those teens at risk.

Silverman RA. Scald or pseudoscald? *Arch Dermatol* 2002; 138(12):1615-6.

Silverman RD. No more kidding around: restructuring non-medical childhood immunization exemptions to ensure public health protection. *Ann Health Law* 2003; 12(2):277-94, table of contents. Notes: GENERAL NOTE: KIE: 112 fn. GENERAL NOTE: KIE: KIE Bib: immunization Abstract: Professor Silverman's article examines the complex challenges faced by U.S. policymakers attempting to balance the public health protections of mandatory childhood immunization programs with the legal, religious, philosophical, and practical concerns raised by permitting non-medical exemptions under the programs. The article begins with a discussion of the history of childhood immunization programs, and continues by describing the inconsistency of enforcement of state immunization laws and exemptions. The author analyzes recent cases from New York, Wyoming, and Arkansas, and discusses how these decisions both pose threats to these programs' public health protections, while also offering

insight into potential problems for other state vaccination programs. Professor Silverman concludes by advocating that states adopt an "informed refusal" approach to vaccination exemption as a way of improving immunity protections, while respecting the autonomy rights of those who wish to opt out of the program.

Silverman WA. 'Acceptable' and 'unacceptable' risks. *Paediatr Perinat Epidemiol* 2002; 16(1):2-3.

Silverman WA. Mandatory rescue of fetal infants. *Paediatr Perinat Epidemiol* 2005; 19(2):86-7.

Silverman WA. Russian roulette in the delivery room. *Pediatrics* 2005; 115(1):192-3.

Silverstein H. In the matter of anonymous, a minor: fetal representation in hearings to waive parental consent for abortion. *Cornell J Law Public Policy* 2001; 11(1):69-111.

Simmons TM, Novins DK, Allen J. Words have power: (re)-defining serious emotional disturbance for American Indian and Alaska Native children and their families. *Am Indian Alsk Native Ment Health Res* 2004; 11(2):59-64.

Abstract: Circles of Care grantees were provided the opportunity to develop a locally relevant definition of serious emotional disturbance that would be used to define what type of emotional, behavioral, and mental disability would be required to receive services. After conducting detailed assessments of the definition in the guidance for applicants GFA and the definitions used by others in their respective states, seven of the nine grantees developed their own local, project-specific definitions through the participation of community focus groups and Advisory Councils. The six definitions for SED developed by rural grantees all included American Indian and Alaska Native concepts specific to each tribal community's culture; the urban grantee's definition was purposely focused for reaching out to non-professional members of the community. This opportunity for the communities to redefine SED not only provided each community with a definition which would be more culturally specific, but also proved to be an extraordinarily exercise in empowerment and self-determination.

Simoens WA, Wuyts FL, De Beuckeleer LH, Vandevenne JE, Bloem JL, De Schepper AM. MR features of peripheral nerve sheath tumors: can a calculated index compete with radiologist's experience? *Eur Radiol* 2001; 11(2):250-7.

Abstract: The aims of this study were, firstly, to provide a formula (neurogenic index) based on MR characteristics used in daily routine for predicting whether a soft tissue tumor is neurogenic or not, secondly, to test prospectively the performance of this

formula, and thirdly, to compare this performance with that of radiologists experienced in MR imaging of soft tissue tumors. Retrospectively, MR images of 70 neurogenic and 70 non-neurogenic soft tissue tumors were evaluated in random order by two teams of two observers each. A neurogenic index (NI) was calculated based on those MR parameters that showed no or minor interobserver variability. Subsequently, three investigators in concert used the NI in a validation group of 15 neurogenic and 22 nonneurogenic soft tissue tumors. The same team, based on their own experience, tried to differentiate in the same validation group neurogenic from non-neurogenic soft tissue tumors. This was expressed in a subjective score (SS). Sensitivity, specificity, and predictive values were calculated. NI comprised spread (intra- or extracompartmental), distribution, fluid-fluid levels, homogeneity on T2-weighted images (WI), highest signal intensity (SI) on T1WI, lowest SI on T2WI, and delineation on T2WI. In the validation group, NI had a sensitivity of 88.6%, a specificity of 52.0%, a positive predictive value (PPV) of 54.1%, and a negative predictive value (NPV) of 84.6% for neurogenic tumors. The subjective score SS was superior and had a sensitivity of 93.3%, a specificity of 77.2%, a PPV of 73.7%, and a NPV of 94.4%. Our NI was less accurate than the SS; however, the low number of false-negative diagnoses for neurogenic tumors warrants continued efforts in development of neural networks.

Simon D, Adams AM, Madhavan S. Women's social power, child nutrition and poverty in Mali. *J Biosoc Sci* 2002; 34(2):193-213.

Abstract: While the macro-level association between poverty and child malnutrition is well-established, the concept of 'poverty' and its operationalization in terms of measures of socioeconomic status shed little or no light on the mechanisms through which malnutrition is created and/or prevented. This paper investigates a woman's social power, one such mechanism that may mediate the impact of poverty on childhood nutrition. This micro-level factor is examined using survey data on 402 children 5 years of age and younger and their 261 Fulbe mothers in rural Mali. A conceptual model of social power is developed and used to test the hypothesis that a mother's social power can predict her child's nutritional status.

Simon J, Sood S, Yoon MK *et al.* Vitrectomy for dense vitreous hemorrhage in infancy. *J Pediatr Ophthalmol Strabismus* 2005; 42(1):18-22. Abstract: PURPOSE: To report clinical data, including etiology and visual outcome, in newborns requiring vitrectomy for dense vitreous hemorrhage. METHODS: In this retrospective case series, we surveyed subscribers to the American Association for Pediatric Ophthalmology and Strabismus ListServe regarding patients under their care. RESULTS: A total of 28 eyes of 21 patients were included. Most common

etiologies were thrombocytopenia, shaken baby syndrome, and birth trauma. In 9 cases (12 eyes), the vitreous hemorrhage was idiopathic. Mean time between diagnosis and surgery was 1.4 months. Complications included strabismus, cataract, glaucoma, high myopia, and retinal detachment. Recognition visual acuities were available for 8 eyes: 20/25 (2 eyes), 20/30, 20/40 (2 eyes), 20/60 (2 eyes), and 20/100. One eye had no light perception. CONCLUSIONS: The etiologies encountered in our patients were similar to those reported previously. Visual outcomes were much worse in cases with retinal complications. Other patients had better visual outcomes. Despite potential surgical and postoperative complications, this series demonstrates favorable visual outcomes can be achieved following early vitrectomy in this setting.

Simonoff E. Gene-environment interplay in oppositional defiant and conduct disorder. *Child Adolesc Psychiatr Clin N Am* 2001; 10(2):351-74, x. Abstract: Oppositional defiant and conduct disorder is a disturbance in behavior that is characterized by aggressive and antisocial acts. At present, genetic research on conduct disorder has raised more questions than it has answered, and basic questions such as the heritability of childhood antisocial behavior cannot yet be answered with certainty. Current research, however, has consistently highlighted the importance of gene-environment interplay in antisocial behavior.

Simpson KR. Time out: it's time well spent. *MCN Am J Matern Child Nurs* 2004; 29(4):272.

Sinal SH, Woods CR. Human papillomavirus infections of the genital and respiratory tracts in young children. *Semin Pediatr Infect Dis* 2005; 16(4):306-16. Abstract: Human papillomavirus (HPV) causes papillomas (warts) on the skin and respiratory mucosal surfaces (laryngeal and oral papillomas) in addition to condyloma acuminata (anogenital warts). HPV has become one of the most common sexually transmitted diseases in adults. Vertical transmission from mother to infant during birth is well recognized. Laryngeal papillomas are the most common tumors of the larynx in children worldwide, and recurrent lesions are common occurrences. Anogenital warts in children are problematic in that child sexual abuse is a potential means of acquisition, but many cases are acquired perinatally. Postnatal acquisition by nonsexual means also can occur. The likelihood of sexual abuse as the mode of acquisition increases with increasing age in childhood. The virus infects primarily epithelial cells, where it can exist as a long-term latent infection that can reactivate or persist actively (even subclinically), with resultant accumulation of host chromosomal mutations. The latter accounts for the oncogenic potential of a number of HPV types, and childhood infections may lead to neoplasia later in life.

Regression of papillomas over the course of months to years is the usual natural course. Numerous treatments are available, but most do not prevent persistent infection or problematic recurrences. Multivalent HPV vaccines have been developed, and early results of clinical trials appear to be very promising.

Sinclair J, Green J. Understanding resolution of deliberate self harm: qualitative interview study of patients' experiences. *BMJ* 2005; 330(7500):1112. Abstract: OBJECTIVE: To explore the accounts of those with a history of deliberate self harm but who no longer do so, to understand how they perceive this resolution and to identify potential implications for provision of health services. DESIGN: Qualitative in-depth interview study. SETTING: Interviews in a community setting. PARTICIPANTS: 20 participants selected from a representative cohort identified in 1997 after an episode of deliberate self poisoning that resulted in hospital treatment. Participants were included if they had no further episodes for at least two years before interview. RESULTS: We identified three recurrent themes: the resolution of adolescent distress; the recognition of the role of alcohol as a precipitating and maintaining factor in self harm; and the understanding of deliberate self harm as a symptom of untreated or unrecognised illness. CONCLUSION: Patients with a history of deliberate self harm who no longer harm themselves talk about their experiences in terms of lack of control over their lives, either through alcohol dependence, untreated depression, or, in adolescents, uncertainty within their family relationships. Hospital management of deliberate self harm has a role in the identification and treatment of depression and alcohol misuse, although in adolescents such interventions may be less appropriate.

Sindelar HA, Abrantes AM, Hart C, Lewander W, Spirito A. Motivational interviewing in pediatric practice. *Curr Probl Pediatr Adolesc Health Care* 2004; 34(9):322-39.

Singer E, Doornenbal J, Okma K. Why do children resist or obey their foster parents? The inner logic of children's behavior during discipline. *Child Welfare* 2004; 83(6):581-610.

Abstract: This article discusses a study of children's perspectives on disciplinary conflicts with their foster parents. Most children accept parental authority, but they also defend their personal autonomy and loyalties to peers. In this study, only birthchildren told real-life stories about fierce resistance to get their own way. Fierce resistance among foster children was motivated by inner conflicts and confusion. Obedience among foster children often derived from fear of punishment or a feeling of impotence. The authors discuss the theoretical and pedagogical implications of these findings.

Singer LT, Hawkins S, Huang J, Davillier M, Baley J.

Developmental outcomes and environmental correlates of very low birthweight, cocaine-exposed infants. *Early Hum Dev* 2001; 64(2):91-103. Abstract: Fetal cocaine exposure may have differentially adverse effects on developmental outcomes of very low birthweight (VLBW) infants. As part of a longitudinal study, 31 cocaine-positive very low birthweight infants, and age, race and socioeconomic status matched VLBW controls enrolled at birth were followed. Neonatal maternal-child interactions, concurrent maternal psychological characteristics and environmental factors conceptualized as important for child outcome were assessed as well as standard developmental outcomes at 3 years. In the neonatal period, cocaine-exposed VLBW infants who remained in maternal custody tended to be rated as less responsive and their mothers as less nurturing, less emotionally available and with a tendency to use more maladaptive coping mechanisms than nonexposed VLBW infants. At follow-up, cocaine-exposed VLBW children were delayed in cognitive, motor and language development compared to controls. Almost half (45%) of the exposed children scored in the range of mental retardation compared to 16% of the comparison VLBW children. The persistent cognitive, motor and language delays of the cocaine-exposed VLBW children, combined with the poorer behavioral interactions of cocaine-using women with their infants in the neonatal period, indicate a need for increased developmental surveillance of cocaine-exposed VLBW infants with a focus on maternal drug treatment and parenting interventions.

Singh M. Ethical and social issues in the care of the newborn. *Indian J Pediatr* 2003; 70(5):417-20. Abstract: Ethical and social issues are based upon a system of moral values that serve the best interests of the society in a humane and compassionate manner. The ethical decisions should be based upon the well-enunciated principles of beneficence, non-maleficence, parental autonomy, correct medical facts and justice. In view of our economic constraints, we should follow the philosophy of utilitarian ethics based on the concept of "value for money" and focus our resources and efforts for the care of salvageable babies. Nevertheless, we should try to ensure equitable development of health care of neonates at all levels, and NICU facilities should be developed in the country in a phased manner. In order to ensure justice and cost-effectiveness, the narrow principles of "best interest" of the child should be replaced by the concept of global beneficence to the family, society and the state. Neonatologists are often faced with a large number of ethical issues and dilemmas in the care of critically sick newborn babies and they should be resolved jointly by taking nurses, sub-speciality colleagues and family members into confidence. The technology should not be allowed to further dehumanize medicine and we must establish rapport and provide emotional support to the family members by showing our concern, sympathy and

compassion in the care of their critically sick and extremely preterm babies. It is desirable that all the medical and nursing schools in the country should initiate regular education programs in the field of behavioural sciences, communication techniques and medical ethics for the benefit of graduate and postgraduate medical and nursing students.

Singhal N, Oberle K, Burgess E, Huber-Okraïneç J. Parents' perceptions of research with newborns. *J Perinatol* 2002; 22(1):57-63.

Abstract: **OBJECTIVE:** To examine beliefs and attitudes of parents about research with babies. **STUDY DESIGN:** Survey of 72 parents of newborn babies in the neonatal intensive care unit (NICU), and 159 parents of normal newborns using instrument designed for the study. The instrument included questions with graded responses and five research scenarios with varied risks and benefits. Statistical analysis included chi(2) analysis and Fisher's exact test. **RESULTS:** Parents showed generally favorable attitudes toward research with babies. There were few differences between the two groups of parents, but there was a trend toward more trust in doctors by "NICU parents." Couples with newborns in NICU were significantly more likely to enroll their newborn in a study involving moderate risk and possible major direct benefit. Almost a third of the sample in both groups was willing to enroll their newborn in a study with moderate risk and no direct benefit. **CONCLUSION:** Parents believe research is necessary and want to be asked for consent, but many feel they have limited knowledge and would depend on their physician's advice. The fact, that some might enroll their newborn in a study involving a risky procedure that would not benefit the newborn, supports the notion of vulnerability and emphasizes the fact that physicians must be alert to the possibility of coercion and undue influence.

Sinha M, Kennedy CS, Ramundo ML. Artificial neural network predicts CT scan abnormalities in pediatric patients with closed head injury. *J Trauma* 2001; 50(2):308-12.

Abstract: **BACKGROUND:** Artificial neural networks (ANNs) use nonlinear statistical modeling techniques to explore relationships in complex clinical situations. This study compared predictive ability of a trained ANN model to that of physician prediction of cranial computed tomographic (CT) scan abnormalities in children with head injury. **METHODS:** A prospective cohort of 351 patients who presented with head trauma and underwent CT scans were studied. All pertinent data on historical and demographic information, and clinical features were recorded. Emergency department physicians used clinical judgment to record pretest probability of abnormal CT scans for all patients prospectively. Similar data from a retrospective chart review of 382 patients with head injury in the immediate preceding year were collected and used to

train the ANN. Data from the prospective study was used to validate the ANN, construct a logistic regression model, and compare physician prediction. **RESULTS:** Forty-five (12.9%) of 351 patients had abnormal CT scans. In predicting CT scan abnormality, the ANN model was more sensitive (82.2%) compared with physician prediction (62.2%). **CONCLUSION:** ANNs may serve as a useful aid for decision support for emergency physicians in predicting intracranial abnormalities in closed head injury.

Siqueira LM, Rolnitzky LM, Rickert VI. Smoking cessation in adolescents: the role of nicotine dependence, stress, and coping methods. *Arch Pediatr Adolesc Med* 2001; 155(4):489-95.

Abstract: **OBJECTIVES:** To compare perceived reasons for continued smoking and withdrawal symptoms between current smokers and quitters in an inner-city adolescent population. To examine the relationship of nicotine dependence, stress, and coping methods between smokers and quitters and, using the Transtheoretical Model of Change, among adjacent smoking cessation stages. **DESIGN:** A cross-sectional study using a self-administered questionnaire. **PARTICIPANTS:** The study comprised 354 clinic patients between the ages of 12 and 21 years who reported past or present smoking. **MAIN OUTCOME MEASURES:** Demographic characteristics, smoking status, perceived reasons for continued smoking, attempts to quit, and withdrawal symptoms, as well as standardized scales assessing nicotine dependence, stress, and coping methods. **RESULTS:** The overall prevalence of smoking in this population was 26%. Smokers were significantly more likely to report smoking more cigarettes per day as well as higher levels of physical addiction ( $P < .01$ ), greater levels of perceived stress ( $P < .02$ ), and less use of cognitive coping methods ( $P < .02$ ) than quitters ( $P < .005$ ). However, comparison of consecutive stages revealed a significant difference only between precontemplation and contemplation in cognitive coping methods ( $P < .01$ ). Three of 20 withdrawal symptoms (cravings, difficulty dealing with stress, and anger) were reported more frequently among current smokers who had attempted to quit in the last 6 months than among former smokers ( $P < .01$ ). **CONCLUSION:** Interventions for inner-city adolescents who smoke should be designed to target those with the highest levels of nicotine dependence, stress, and decreased use of cognitive coping methods because they are the least likely to quit on their own, rather than developing stage-specific models.

Sirois S. Autoassociator networks: insights into infant cognition. *Dev Sci* 2004; 7(2):133-40.

Abstract: This paper presents autoassociator neural networks. A first section reviews the architecture of these models, common learning rules, and presents sample simulations to illustrate their abilities. In a second section, the ability of these models to account

for learning phenomena such as habituation is reviewed. The contribution of these networks to discussions about infant cognition is highlighted. A new, modular approach is presented in a third section. In the discussion, a role for these learning models in a broader developmental framework is proposed.

Sirois S, Mareschal D. An interacting systems model of infant habituation. *J Cogn Neurosci* 2004; 16(8):1352-62.

Abstract: Habituation and related procedures are the primary behavioral tools used to assess perceptual and cognitive competence in early infancy. This article introduces a neurally constrained computational model of infant habituation. The model combines the two leading process theories of infant habituation into a single functional system that is grounded in functional brain circuitry. The HAB model (for Habituation, Autoassociation, and Brain) proposes that habituation behaviors emerge from the opponent, complementary processes of hippocampal selective inhibition and cortical long-term potentiation. Simulations of a seminal experiment by Fantz [Visual experience in infants: Decreased attention familiar patterns relative to novel ones. *Science*, 146, 668-670, 1964] are reported. The ability of the model to capture the fine detail of infant data (especially age-related changes in performance) underlines the useful contribution of neurocomputational models to our understanding of behavior in general, and of early cognition in particular.

Sjoberg RL. [The Cleveland case as a lesson. Single cases and case series can be simple to take in but they are not suitable to secure the cause-effect relationship]. *Lakartidningen* 2004; 101(41):3166-7.

Sjoberg RL. [Satanic ritualistic murders and child abuse--evidence-basing versus ideology]. *Lakartidningen* 2005; 102(40):2824-5.

Sjoberg RL. [Sexual experiences in connection with sexual abuse can delay the disclosure]. *Lakartidningen* 2003; 100(17):1549.

Sjoberg RL, Lindblad F. Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: a study of 47 corroborated cases. *Acta Paediatr* 2002; 91(12):1391-6.  
Abstract: AIM: To study factors of relevance for the understanding of disclosure of child sexual abuse. METHODS: Cases from a Swedish district court involving 47 children in which allegations of child sexual abuse had been corroborated by a confession from the defendant were studied. RESULTS: Delayed disclosure was related to a close relationship with the perpetrator and young age at the first experience of abuse. Disrupted communication during the police interview was related to less violent abuse.

CONCLUSION: The findings highlight the importance of social factors in children's disclosure of sexual abuse.

Skene L. Ownership of human tissue and the law. *Nat Rev Genet* 2002; 3(2):145-8.  
Notes: GENERAL NOTE: KIE: 23 refs.  
GENERAL NOTE: KIE: KIE Bib: biomedical research; informed consent; organ and tissue donation  
Abstract: Genetic researchers and medical practitioners often need to obtain access to stored human tissue without consent from the people concerned. But the laws that relate to the ownership of, and control over, stored human tissue are at present unclear, especially in the light of recent cases and inquiries. Here, I discuss how the law might be clarified, and argue that the law should allow stored human tissue to be used without consent, providing that this occurs with ethical approval and that the confidentiality of the donor is protected.

Skinner H, Biscope S, Poland B. Quality of internet access: barrier behind internet use statistics. *Soc Sci Med* 2003; 57(5):875-80.  
Abstract: The rapid growth of the Internet is increasingly international with young people being the early adopters in most countries. However, the quality of Internet access looms as a major barrier hidden behind Internet use statistics. The goal of this study was to provide an in-depth evaluation of young people's perspectives on using the Internet to obtain health information and resources (e-health). Using an inductive qualitative research design, 27 focus groups were conducted in Ontario, Canada. The 210 young participants were selected to reflect diversity in age, sex, geographic location, cultural identity and risk. A major finding was how the quality of Internet access influenced young people's ability to obtain health information and resources. Quality of Internet access was affected by four key factors: 1. Privacy, 2. Gate-keeping, 3. Timeliness and 4. Functionality. Privacy was particularly relevant to these young people in getting access to sensitive health information (e.g. sexual activities). Variations in access quality also impacted participation in mutual support, fostering social networks and getting specific health questions answered. These results serve as a warning about using Internet penetration statistics alone as a measure of access. Concerted attention is needed on improving the quality of Internet access for achieving the potential of e-health. This is imperative for addressing the digital divide affecting populations both within countries and globally between countries.

Skopp NA, McDonald R, Manke B, Jouriles EN. Siblings in domestically violent families: experiences of interparent conflict and adjustment problems. *J Fam Psychol* 2005; 19(2):324-33.  
Abstract: This research examines whether siblings in

domestically violent families differ in experiences of interparent conflict and whether such differences are associated with differences in children's adjustment. Participants included 112 sibling pairs and their mothers temporarily residing in domestic violence shelters. Children completed measures of their experiences of interparent conflict, and children and mothers reported on children's adjustment problems. Cross-sibling correlations for experiences of interparent conflict were low to moderate. Sibling differences in threat appraisals of interparent conflict were associated with sibling differences in internalizing problems. Differences in self-blame appraisals were associated with differences in internalizing and externalizing problems. The direction of the relations indicated that the sibling who felt more threatened by or more at fault for interparent conflict experienced more adjustment problems. These findings suggest the potential utility of individually assessing sibling experiences of interparent conflict and tailoring interventions individually.

Slote KY, Cuthbert C, Mesh CJ, Driggers MG, Bancroft L, Silverman JG. Battered mothers speak out: participatory human rights documentation as a model for research and activism in the United States. *Violence Against Women* 2005; 11(11):1367-95. Abstract: This article describes the work of the Battered Mothers' Testimony Project, a multiyear effort that documented human rights violations against battered women and their children in the Massachusetts family court system. This article (a) presents the Battered Mothers' Testimony Project's participatory human rights methodology as an alternative model for research and activism on violence against women and children in the United States, (b) summarizes the authors' findings and human rights analysis of how the Massachusetts family courts handled custody and visitation in specified cases involving partner and child abuse, and (c) discusses U.S. obligations under international human rights law and the value of a human rights approach to violence against women and children in the United States.

Slovak K. Gun violence and children: factors related to exposure and trauma. *Health Soc Work* 2002; 27(2):104-12. Abstract: The study discussed in this article investigated the relationship between access to firearms and parental monitoring on rural youths' exposure to gun violence and examined the effect of gun violence exposure on the mental health of these youths. A survey was administered to rural students who participated in a student assistance program (n = 162) that provided in-school support groups for students in grades 6 through 12. Results indicated that a substantial number of students were exposed to gun violence and exposure was significantly related to firearm access and parental monitoring. Furthermore, gun violence exposure was significantly associated with trauma

among the youths. Implications for social workers include advising high-risk clients and their families on gun removal and safe storage practices.

Slovak K, Singer M. Gun violence exposure and trauma among rural youth. *Violence Vict* 2001; 16(4):389-400. Abstract: This study compared rural youth exposed to gun violence and rural youth not exposed to gun violence on a number of variables: anger, anxiety, dissociation, depression, posttraumatic stress, total trauma, violent behavior, parental monitoring, and levels of violence in the home, school, and community. One-fourth (25%) of the rural youth in this study reported having been exposed to gun violence at least once. Youth exposed to gun violence reported significantly more anger, dissociation, posttraumatic stress, and total trauma. In addition, youth exposed to the violence of guns reported significantly higher levels of violent behaviors and exposure to violence in other settings and also reported lower levels of parental monitoring. The present study contributes to the growing body of literature addressing the stereotype that rural communities are not immune to the violence of firearms. This stereotype acts as a barrier to mental health practice, research, and policy issues in rural communities.

Slovic TL. Controversial aspects of child abuse. *Pediatr Radiol* 2001; 31(11):759.

Smallbone SW, Wortley RK. Onset, persistence, and versatility of offending among adult males convicted of sexual offenses against children. *Sex Abuse* 2004; 16(4):285-98. Abstract: Official sexual and nonsexual offense histories and confidential self-report data on sexual offending were obtained on 207 adult males serving sentences for sexual offenses against children (98 intrafamilial, 72 extrafamilial, and 37 mixed-type offenders). The mean self-reported age when offenders first had sexual contact with a child was 32.2 years (median = 31 years; range = 10-63 years). The mean age at first conviction for any offense was 30.5 years (median = 27 years, range = 12-66 years), and the mean age at first conviction for a sexual offense was 37.3 years (median = 37 years; range = 15-76 years). Sixty-nine percent (n = 143) of the combined sample had at least one previous conviction, and 80% of these (n = 114) had first been convicted for a nonsexual offense. ANCOVA revealed a systematic pattern of onset with first convictions for any offense preceding first sexual contact with a child. Taken together, results indicate that, in general, adult child molesters (a) begin sexual offending in their 30s, (b) have already become involved in nonsexual crime by the time they first have sexual contact with a child, (c) are criminally versatile, and (d) vary considerably in their persistence with respect to both sexual and nonsexual offending.



Smetana JG, Daddis C. Domain-specific antecedents of parental psychological control and monitoring: the role of parenting beliefs and practices. *Child Dev* 2002; 73(2):563-80.

Abstract: This research examined the effects of domain-differentiated beliefs about legitimate parental authority and ratings of restrictive parental control on adolescent- and mother-reported psychological and behavioral control. The influence of parenting beliefs and practices regarding socially regulated (moral and conventional) and ambiguously personal (multifaceted and personal) issues was examined in 93 middle-class African American early adolescents (M = 13.11 years, SD = 1.29) and their mothers, who were followed longitudinally for 2 years. Domain-specific parenting beliefs and ratings predicted adolescent-reported maternal psychological control and parental monitoring, but the nature and direction of the relations differed. Adolescents who rated parents as more restrictive in their control of personal issues and who believed that parents should have less legitimate authority over these issues rated their mothers as higher in psychological control. In contrast, more adolescent-reported parental monitoring was associated with gender (being female) and adolescents' beliefs that parents have more legitimate authority to regulate personal issues. As expected, adolescent age and gender influenced mother-reported monitoring and psychological control; in addition, the effects of mothers' ratings of restrictive control on both psychological control and monitoring were moderated by gender. The results indicate that psychological control and monitoring can be understood in terms of the particular behaviors that are controlled, as well as the style in which control is exercised.

Smillie FI, Elderfield AJ, Patel F *et al.* Lymphoproliferative responses in cord blood and at one year: no evidence for the effect of in utero exposure to dust mite allergens. *Clin Exp Allergy* 2001; 31(8):1194-204. Abstract: BACKGROUND: Maternal allergen exposure beyond the 22nd week of pregnancy may be important in foetal T cell priming. Allergen-specific cord blood mononuclear cell (CBMC) immunoproliferative responses without corresponding bacterial antigen responses (tetanus toxoid), have been suggested as evidence of in utero sensitization. OBJECTIVES: To investigate the relationship between lymphoproliferative responses at birth and at 1 year with maternal and 1-year infants house dust mite allergen exposure. METHODS: Home visits and dust sampling were performed by the 20th week of pregnancy, immediately after birth, and then at 1 years of age. Der p 1 was assayed using a two-site immunometric ELISA. CBMC immunoproliferative responses (AIM V serum-free medium; 1 x 10<sup>5</sup> cells/well) were measured for 225 neonates (171 had a high risk of atopy (HR)—both parents skin test positive; 59 had a low risk of atopy (LR) - both parents skin test negative, no history of atopy) by 3H-Thymidine

(1microCi/well) incorporation after stimulation in primary culture with phytohaemagglutinin (PHA) (1 microg/mL), house dust mite [HDM] extract (30 microg/mL), immunopurified Der p 1 (30 microg/mL), Tetanus toxoid (TT) (alum free, 30 Lf/mL) or vehicle. Blood was collected from 144 infants at the age of 1 years and stimulated proliferative responses were assessed using the same procedure. RESULTS: PHA-stimulated lymphoproliferative response was significantly lower in HR compared to LR neonates (mean difference 38%, 95% CI 15%-54%; P = 0.003); significantly lower proportion of positive CBMC responses to HDM occurred in LR than in HR neonates (30.4% vs. 46.6%; P = 0.034). There was no relationship between Der p 1 levels in maternal bed and CBMC immunoproliferative responses, despite the 21 000-fold range of maternal Der p 1 exposure. No significant differences in magnitude, or in proportion of positive responses to any stimulant were observed between the neonates at low, medium or high tertile of allergen exposure. Immunoproliferative responses at birth were not predictive of 1-year PBMC responses. There was no relationship between maternal allergen exposure in pregnancy and 1-year PBMC proliferative responses. However, the proportion of positive proliferative responses at 1 years significantly increased with increasing infant Der p 1 exposure at 1 years. CONCLUSION: These results indicate that the magnitude of immunoproliferative responses are unrelated to maternal mite allergen exposure and cannot be used as evidence for in utero sensitization to inhalant allergens. The immunoproliferative responses at 1 year seem to shift away from the genetically influenced responses at birth towards responses to specific stimulants which correlate with environmental exposure to those specific stimulants. These data support the concept of sensitization to inhalant allergens occurring in early life, but not in utero.

Smith A, Coveney J, Carter P, Jolley G, Laris P. The Eat Well SA project: an evaluation-based case study in building capacity for promoting healthy eating. *Health Promot Int* 2004; 19(3):327-34. Abstract: The term 'capacity building' is used in the health promotion literature to mean investing in communities, organizations and structures to enhance access to knowledge, skills and resources needed to conduct effective health programs. The Eat Well SA project aimed to increase consumption of healthy food by children, young people and their families in South Australia. The project evaluation demonstrated that awareness about healthy eating among stakeholders across a range of sectors, coalitions and partnerships to promote healthy eating and sustainable programs had been developed. The project achievements were analysed further using a capacity-building framework. This analysis showed that partnership development was a key strategy for success, leading to increased problem-solving capacity among key stakeholders and workers from education, child care, health, transport

and food industry sectors. It was also a strategy that required concerted effort and review. New and ongoing programs were initiated and institutionalized within other sectors, notably the child care, vocational education and transport sectors. A model for planning and evaluating nutrition health promotion work is described.

Smith C, Bell JE, Keeling JW, Risdien RA. Dural haemorrhage in nontraumatic infant deaths: does it explain the bleeding in 'shaken baby syndrome'? Geddes JE et al. A response. *Neuropathol Appl Neurobiol* 2003; 29(4):411-2; author reply 412-3.

Smith CA, Ireland TO, Thornberry TP. Adolescent maltreatment and its impact on young adult antisocial behavior. *Child Abuse Negl* 2005; 29(10):1099-119. Abstract: STATEMENT OF PROBLEM: Childhood maltreatment is known to be a risk factor for a range of later problems, but much less is known about adolescent maltreatment. The present study aims to investigate the impact of adolescent maltreatment on antisocial behavior, while controlling for prior levels of problem behavior as well as sociodemographic characteristics. METHODS: Data are from the Rochester Youth Development Study, a cohort study of the development of problem behaviors in a sample of 1,000 urban youth followed from age 13 into adulthood. Subjects include 68% African American, 17% Hispanic, and 15% White youth. This analysis includes a maximum of 884 subjects, of whom 9.3% had substantiated maltreatment reports in adolescence. Among the maltreated adolescents, 14 experienced sex abuse, 36 experienced physical abuse, and 32 were neglected or emotionally abused. Outcomes explored in late adolescence (ages 16-18) and young adulthood (ages 20-22) include arrest, self-reported general and violent offending, and illicit drug use. Control variables include prior levels of these outcomes as well as sociodemographic characteristics like poverty, parent education, and caregiver changes. RESULTS: Logistic regression analysis determined that experiencing any substantiated maltreatment during adolescence increases the odds of arrest, general and violent offending, and illicit drug use in young adulthood, even controlling for sociodemographic characteristics and prior levels of problem behavior. Different types of adolescent maltreatment, including neglect, appear to produce similar adverse behavioral consequences. CONCLUSIONS: Adolescent maltreatment necessitates increased attention in view of its enduring and potentially wide-ranging impact on the life span.

Smith EP, Atkins J, Connell CM. Family, school, and community factors and relationships to racial-ethnic attitudes and academic achievement. *Am J Community Psychol* 2003; 32(1-2):159-73. Abstract: This study examined family, school, and community factors and the relationships to racial-

ethnic attitudes and academic achievement among 98 African American fourth-grade children. It has been posited that young people who feel better about their racial-ethnic background have better behavioral and academic outcomes, yet there is a need for more empirical tests of this premise. Psychometric information is reported on measures of parent, teacher, and child racial-ethnic attitudes. Path analysis was used to investigate ecological variables potentially related to children's racial-ethnic attitudes and achievement. Parental education and level of racial-ethnic pride were correlated and both were related to children's achievement though in the final path model, only the path from parental education level was statistically significant. Children whose teachers exhibited higher levels of racial-ethnic trust and perceived fewer barriers due to race and ethnicity evidenced more trust and optimism as well. Children living in communities with higher proportions of college-educated residents also exhibited more positive racial-ethnic attitudes. For children, higher racial-ethnic pride was related to higher achievement measured by grades and standardized test scores, while racial distrust and perception of barriers due to race were related to reduced performance. This study suggests that family, school, and community are all important factors related to children's racial-ethnic attitudes and also to their academic achievement.

Smith EP, Gorman-Smith D, Quinn WH, Rabiner DL, Tolan PH, Winn DM. Community-Based multiple family groups to prevent and reduce violent and aggressive behavior: the GREAT Families Program. *Am J Prev Med* 2004; 26(1 Suppl):39-47. Notes: CORPORATE NAME: Multisite Violence Prevention Project Abstract: This paper describes the targeted intervention component of GREAT Schools and Families. The intervention-GREAT Families-is composed of 15 weekly multiple family group meetings (e.g., 4-6 families per group) and addresses parenting practices (discipline, monitoring), family relationship characteristics (communication, support, cohesion), parental involvement and investment in their child's schooling, parent and school relationship building, and planning for the future. High-risk youth and their families-students identified by teachers as aggressive and socially influential among their peers-were targeted for inclusion in the intervention. The paper describes the theoretical model and development of the intervention. Approaches to recruitment, engagement, staff training, and sociocultural sensitivity in work with families in predominantly poor and challenging settings are described. The data being collected throughout the program will aid in examining the theoretical and program processes that can potentially mediate and moderate effects on families. This work can inform us about necessary approaches and procedures to engage and support families in efforts to reduce individual and school grade-level violence and

- aggression.
- Smith F. Child protection: every nurse's responsibility. *Paediatr Nurs* 2003; 15(7):28.
- Smith F. A new era for child protection. *Paediatr Nurs* 2003; 15(8):3.
- Smith F. Safeguarding the young. *Paediatr Nurs* 2003; 15(10):24-5.
- Smith-Khuri E, Iachan R, Scheidt PC *et al*. A cross-national study of violence-related behaviors in adolescents. *Arch Pediatr Adolesc Med* 2004; 158(6):539-44. Abstract: BACKGROUND: Violent behavior among adolescents is a significant problem worldwide, and a cross-national comparison of adolescent violent behaviors can provide information about the development and pattern of physical violence in young adolescents. OBJECTIVES: To determine and compare frequencies of adolescent violence-related behaviors in 5 countries and to examine associations between violence-related behaviors and potential explanatory characteristics. Design, Setting, and PARTICIPANTS: Cross-sectional, school-based nationally representative survey at ages 11.5, 13.5, and 15.5 years in 5 countries (Ireland, Israel, Portugal, Sweden, and the United States). MAIN OUTCOME MEASURES: Frequency of physical fighting, bullying, weapon carrying, and fighting injuries in relation to other risk behaviors and characteristics in home and school settings. RESULTS: Fighting frequency among US youth was similar to that of all 5 countries (nonfighters: US, 60.2%; mean frequency of 5 countries, 60.2%), as were the frequencies of weapon carrying (noncarriers: US, 89.6%; mean frequency of 5 countries, 89.6%) and fighting injury (noninjured: US, 84.5%; mean frequency of 5 countries, 84.6%). Bullying frequency varied widely cross-nationally (nonbullies: from 57.0% for Israel to 85.2% for Sweden). Fighting was most highly associated with smoking, drinking, feeling irritable or bad tempered, and having been bullied. CONCLUSIONS: Adolescents in 5 countries behaved similarly in their expression of violence-related behaviors. Occasional fighting and bullying were common, whereas frequent fighting, frequent bullying, any weapon carrying, or any fighting injury were infrequent behaviors. These findings were consistent across countries, with little cross-national variation except for bullying rates. Traditional risk-taking behaviors (smoking and drinking) and being bullied were highly associated with the expression of violence-related behavior.
- Smith M. Child safety: homicide by child abuse: South Carolina upholds conviction under "Crack Mom" law. *J Law Med Ethics* 2003; 31(3):457-8.
- Smith P. Emergency nurse urges booster seat advocacy after encounter at traumatic crash scene. *J Emerg Nurs* 2005; 31(2):185-7.
- Smith PK, Ananiadou K, Cowie H. Interventions to reduce school bullying. *Can J Psychiatry* 2003; 48(9):591-9. Abstract: In the last 2 decades, school bullying has become a topic of public concern and research around the world. This has led to action to reduce the problem. We review interventions targeted at the school level (for example, whole school policy, classroom climate, peer support, school tribunal, and playground improvement), at the class level (for example, curriculum work), and at the individual level (for example, working with specific pupils). Effectiveness of interventions has been sporadically assessed. We review several systematically evaluated, large-scale, school-based intervention programs. Their effectiveness has varied, and we consider reasons for this. We suggest ways to improve the evaluation and comparability of studies, as well as the effectiveness of future interventions.
- Snodgrass SR, Vedanarayanan VV, Parker CC, Parks BR. Pediatric patients with undetectable anticonvulsant blood levels: comparison with compliant patients. *J Child Neurol* 2001; 16(3):164-8. Abstract: Undetectable anticonvulsant blood levels indicate sustained noncompliance (several consecutive doses missed). We compared 91 consecutive outpatients with epilepsy and undetectable anticonvulsant blood levels to 100 patients seen during the same time period, verified as compliant by acceptable serum levels. We hypothesized that pay status, application for Supplemental Security Income, patient age, history of missed appointments, and functional status would differ between compliant and noncompliant patients. We were surprised to find large differences between clinic and insurance patients and between Caucasian and non-Caucasian patients. The 100 compliant patients included 44 Caucasian and 56 non-Caucasian patients, whereas only 9 of 91 noncompliant patients were Caucasian, and only 9 had insurance, compared to 32 compliant patients. Applications for Supplemental Security Income and history of missed appointments were significantly associated with noncompliance, but patient age, seizure type, and seizure control were not. Uninsured Caucasians were more often compliant than non-Caucasians were. Many noncompliant patients had mild epilepsy, which was reportedly doing well. Race and pay status were closely correlated. Several noncompliant females became pregnant, whereas no compliant patients did. Compliant patients were much more likely to be accompanied by a parent or caretaker on clinic visits than noncompliant patients. Noncompliant patients had at least one acceptable subsequent serum level, although 2 patients with intractable epilepsy had undetectable serum levels on three or more occasions. Noncompliance may respond to discussion and advice. We reviewed 124 episodes of

undetectable drug levels in the 91 noncompliant patients. Eighteen of these resulted in hospitalization, but in 25 cases, we were told that there had been no seizures since the preceding visit. Many noncompliant patients have infrequent seizures, even if they take little or no medication. Socioeconomic status influences health, life expectancy, and educational success, but it has been claimed to be irrelevant to compliance and adherence issues in epilepsy. Our data and the experience of other centers with childhood diabetes suggest that socioeconomic, racial, and family factors influence compliance or adherence to treatment for many chronic conditions. Educational efforts and support for parents at the start of anticonvulsant treatment may improve compliance. Uninsured patients missed more appointments and were much more likely to be noncompliant than insured patients. Attention to the special problems of Medicaid and minority children is needed.

Snyder A, Bossomaier T, Mitchell DJ. Concept formation: 'object' attributes dynamically inhibited from conscious awareness. *J Integr Neurosci* 2004; 3(1):31-46. Abstract: We advance a dominant neural strategy for facilitating conceptual thought. Concepts are groupings of "object" attributes. Once the brain learns such critical groupings, the "object" attributes are inhibited from conscious awareness. We see the whole, not the parts. The details are inhibited when the concept network is activated, ie. the inhibition is dynamic and can be switched on and off. Autism is suggested to be the state of retarded concept formation. Our model predicts the possibility of accessing nonconscious information by artificially disinhibiting (turning off) the inhibiting networks associated with concept formation, using transcranial magnetic brain stimulation (TMS). For example, this opens the door for the restoration of perfect pitch, for recalling detail, for acquiring accent-free second languages beyond puberty, and even for enhancing creativity. The model further shows how unusual autistic savant skills as well as certain psychopathologies can be due respectively to privileged or inadvertent access to information that is normally inhibited from conscious awareness.

Snyder J, Cramer A, Afrank J, Patterson GR. The contributions of ineffective discipline and parental hostile attributions of child misbehavior to the development of conduct problems at home and school. *Dev Psychol* 2005; 41(1):30-41. Abstract: Data were collected in a longitudinal study of 134 boys and 132 girls and their families during kindergarten and first grade. Four hours of parent-child interaction were coded to ascertain parent discipline practices. A structured interview assessed maternal attributions about child behavior. Maternal ratings of child conduct problems at kindergarten entry reliably predicted the mother's subsequent hostile attributions concerning child misbehavior and use of ineffective discipline tactics. Ineffective maternal discipline and

the interaction of ineffective discipline and hostile attribution predicted growth in child conduct problems at home during kindergarten and first grade. Changes in teacher-reported and observed child conduct problems at school during kindergarten and first grade were predicted by growth in conduct problems at home and by the interaction of ineffective discipline and hostile attribution.

Sobin C, Kiley-Brabeck K, Daniels S, Blundell M, Anyane-Yeboa K, Karayiorgou M. Networks of attention in children with the 22q11 deletion syndrome. *Dev Neuropsychol* 2004; 26(2):611-26. Abstract: The 22q11 chromosomal deletion syndrome (22q11 DS) is associated with learning disabilities and a complex neuropsychological profile. Previous findings have suggested that executive attention deficits might underlie other neurocognitive anomalies. We administered the child Attention Network Test (ANT) to 52 children ages 5.0 to 11.5, 32 22q11 DS children (19 girls) and 20 controls (13 girls) and assessed the efficiency of segregated executive, orienting, and alerting networks. We hypothesized that 22q11 DS children have impaired executive network efficiency as compared to control siblings. The internal validity of the child ANT was confirmed for this population. Analysis of variance results showed significant main effects for flanker and cue types and no interaction effect in either 22q11 DS children or control siblings. Compared to control siblings, 22q11 DS children had significantly larger (less efficient) executive network scores, significantly increased errors on only incongruent trials, and a significant correlation between executive network scores and accuracy. The implications of these findings for future neurocognitive studies of 22q11 DS children are considered.

Sobol Z. The Denplan child protection line. *Dent Update* 2001; 28(9):475.

Soderberg S, Kullgren G, Salander Renberg E. Childhood sexual abuse predicts poor outcome seven years after parasuicide. *Soc Psychiatry Psychiatr Epidemiol* 2004; 39(11):916-20.

Abstract: BACKGROUND: There is substantial empirical research linking borderline personality disorder with prolonged mental instability and recurrent suicidality. At the same time, a growing body of observations links borderline personality disorder to sexual abuse and other forms of abuse and trauma in childhood. The aim of this study was to investigate among patients admitted for parasuicide the predictive value for outcome 7 years after the parasuicide of a diagnosis of borderline personality disorder compared to the predictive value of a history of childhood sexual abuse. METHODS: Semi-structured interviews were conducted at the time of the index parasuicide, with follow-up interviews 7 years later. In addition, information was collected from medical records at the

psychiatric clinic. A logistic regression analysis was used to assess the specific influence of the covariates borderline personality disorder, gender and reported childhood sexual abuse on the outcome variables. RESULTS: Univariate regression analysis showed higher odds ratios for borderline personality disorder, female gender and childhood sexual abuse regarding prolonged psychiatric contact and repeated parasuicides. A combined logistic regression model found significantly higher odds ratios only for childhood sexual abuse with regard to suicidal ideation, repeated parasuicidal acts and more extensive psychiatric support. CONCLUSION: The findings support the growing body of evidence linking the characteristic symptoms of borderline personality disorder to childhood sexual abuse, and identify sexual abuse rather than a diagnosis of borderline personality disorder as a predictor for poor outcome after a parasuicide. The findings are relevant to our understanding and treatment of parasuicide patients, especially those who fulfil the present criteria for borderline personality disorder.

Soderstrom H, Blennow K, Sjodin AK, Forsman A. New evidence for an association between the CSF HVA:5-HIAA ratio and psychopathic traits. *J Neurol Neurosurg Psychiatry* 2003; 74(7):918-21. Abstract: OBJECTIVES: To replicate the relation between the CSF HVA:5-HIAA ratio and psychopathic traits previously reported in a pilot group of 22 perpetrators of violent crimes. METHODS: CSF monoamine metabolite concentrations in another 28 violent and sexual offenders, aged 45 or below, referred to pretrial forensic psychiatric investigation, were compared to features of psychopathy according to the Psychopathy Checklist-Revised (PCL-R). RESULTS: Our previous finding was repeated in the new study group, where the HVA:5-HIAA ratio was strongly associated with psychopathic traits ( $r = 0.50$ ,  $p = 0.010$ ), particularly its behavioural aspects ( $r = 0.523$ ,  $p = 0.004$ ). In subsamples of individuals from both study groups who had no medication ( $n = 25$ ) or no current axis I disorder, including a history of mood disorder or substance dependence ( $n = 21$ ), the HVA:5-HIAA ratio remained strongly associated with all psychopathy factors but most closely with the behavioural features. Retrospective assessments of childhood disruptive symptomatology, such as attention deficit hyperactivity disorder or conduct disorder, analysed in relation to the monoamine metabolites, showed the same association with the HVA:5-HIAA ratio. CONCLUSIONS: Violent and aggressive behavioural traits with childhood onset and adult expression as psychopathic features are associated with changed activity in the brain dopaminergic system, possibly as a result of serotonergic dysregulation.

Soderstrom H, Nilsson T, Sjodin AK, Carlstedt A, Forsman A. The childhood-onset neuropsychiatric background

to adulthood psychopathic traits and personality disorders. *Compr Psychiatry* 2005; 46(2):111-6. Abstract: Childhood conduct disorder (CD) and adult psychopathic traits according to the Psychopathy Checklist Revised (PCL-R) were the closest psychiatric covariates to repeated violent crimes and aggression among offenders under forensic psychiatric investigation in Sweden. As psychopathy is not included in the present psychiatric diagnostic systems, we compared total and factor PCL-R scores to Axis I disorders, including childhood-onset neuropsychiatric disorders, and to Axis II personality disorders, to establish the convergence of psychopathic traits with other psychiatric diagnoses, and to identify possible unique features. Psychopathic traits were positively correlated with bipolar mood disorder and negatively with unipolar depression. The total PCL-R scores as well as the Factor 2 (unemotionality) and Factor 3 (behavioral dyscontrol) scores were significantly correlated with attention-deficit/hyperactivity disorder, Asperger's syndrome/high-functioning autistic traits, CD, substance abuse, and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Cluster B personality disorders. The interpersonal Factor 1 showed none of these correlations and may capture features that are specific to psychopathy, distinguishing core psychopathy from other diagnostic definitions.

Soderstrom H, Sjodin AK, Carlstedt A, Forsman A. Adult psychopathic personality with childhood-onset hyperactivity and conduct disorder: a central problem constellation in forensic psychiatry. *Psychiatry Res* 2004; 121(3):271-80. Abstract: To describe lifetime mental disorders among perpetrators of severe inter-personal crimes and to identify the problem domains most closely associated with aggression and a history of repeated violent criminality, we used structured interviews, clinical assessments, analyses of intellectual functioning, medical and social files, and collateral interviews in 100 consecutive subjects of pretrial forensic psychiatric investigations. Childhood-onset neuropsychiatric disorders [attention-deficit/hyperactivity disorder (AD/HD), learning disability, tics and autism spectrum disorders] affected 55% of the subjects and formed complex comorbidity patterns with adult personality disorders [including psychopathic traits according to the Psychopathy Checklist (PCL-R)], mood disorders and substance abuse. The closest psychiatric covariates to high Lifetime History of Aggression (LHA) scores and violent recidivism were the PCL-R scores and childhood conduct disorder (CD). Behavioral and affective PCL-R factors were closely associated with childhood AD/HD, CD, and autistic traits. The results support the notion that childhood-onset social and behavioral problems form the most relevant psychiatric symptom cluster in relation to pervasive adult violent behavior, while late-onset mental disorders are more often associated with single acts of violent or sexual aggression.

Solagberu BA, Ayorinde RO. Tuberculosis of the spine in Ilorin, Nigeria. *East Afr Med J* 2001; 78(4):197-9. Abstract: BACKGROUND: Data on tuberculosis (TB) of the spine from Nigeria is scanty despite the endemicity of the disease. OBJECTIVE: To highlight hospital data on spinal tuberculosis. DESIGN: A ten-year retrospective study of records on spinal TB from the medical records, orthopaedic and medical wards was done. The clinical notes, radiographs and haematology results of the patients were analysed. SETTING: University of Ilorin Teaching Hospital, Ilorin, Nigeria. SUBJECTS: All patients treated for spinal TB in the hospital from January 1990 to December 1999 were studied. RESULTS: Fifty patients were seen, 24 males and 26 females, age range 1.5-70 years (mean 27.1 +/- 22.8 years). Peak prevalence (30%) was in the first decade. Twenty seven patients had complete clinical data in their case notes. Twelve patients had paraplegia and three had concomitant pulmonary TB. The lumbar spine was the commonest site of involvement. Two thirds (18 patients) had positive mantoux test. Twenty three patients had chemotherapy but a third was lost to follow up within two months. Twenty one patients (77.8%) had difficulty obtaining the prescribed drugs due to financial difficulties. No patient had surgical intervention. CONCLUSION: Spinal TB is still a common disease in Nigeria with unacceptable laxity in control measures. There is need for patient health education, contact tracing, provision of free anti-TB drugs and a general improvement in the economy to reduce the prevalence of spinal TB in the country.

Solbakk JH. Use and abuse of empirical knowledge in contemporary bioethics. *Med Health Care Philos* 2004; 7(1):5-16.

Notes: GENERAL NOTE: KIE: KIE Bib: AIDS/human experimentation; human experimentation/foreign countries; human experimentation/research design  
Abstract: In 1997 a debate broke out about the ethical acceptability of using placebo as a comparative alternative to establish effective treatment in trials conducted in developing countries for the purpose of preventing perinatal HIV-transmission. The debate has now been going on for more than five years. In spite of extensive and numerous attempts at resolving the controversy, the case seems far from being settled. The aim of this paper is to provide an updated account of the debate, by identifying empirical arguments employed in the controversy and by critically assessing their use in the debate. A notion of resolution of moral conflicts will be introduced that makes it possible to give a more positive verdict on the moral results of this controversy. Finally, the procedural problem of safeguarding the selection of empirical arguments against undue forms of normative bias will be addressed.

Soldera M, Dalgarrondo P, Correa Filho HR, Silva CA. 862

[Use of psychotropics drugs among students: prevalence and associated social factors]. *Rev Saude Publica* 2004; 38(2):277-83. Abstract: OBJECTIVE: To determine the prevalence of the heavy use of drugs among elementary and high school students in a sample of public and private schools, and to identify associated demographic, psychological, cultural and social factors. METHODS: This report describes a cross-sectional study using an intention-type sampling technique that compared public schools in central and peripheral areas and private schools. An anonymous self-administered questionnaire was applied. The sample consisted of 2,287 elementary and high school students in the city of Campinas in 1998. Heavy use of drugs was defined as the use of drugs on 20 or more days during the 30 days preceding the survey (WHO, 1981). For the statistical analysis, polytomous logistic regression analysis (logit model) was utilized to identify factors that influenced this manner of using drugs. RESULTS: Heavy use of legal and illegal drugs was found as follows: alcohol (11.9%), tobacco (11.7%), marijuana (4.4%), solvents (1.8%), cocaine (1.4%), medications (1.1%) and ecstasy (0.7%). The heavy use of drugs was greatest among students at the city-center public school who had daytime jobs and studied in the evenings. These students were in the A and B socioeconomic classes and had had little religious education during childhood. CONCLUSIONS: Greater availability of cash and specific socialization patterns were identified as factors associated with the heavy use of drugs among students.

Solodiuk J, Curley MA. Pain assessment in nonverbal children with severe cognitive impairments: the Individualized Numeric Rating Scale (INRS). *J Pediatr Nurs* 2003; 18(4):295-9. Abstract: Children's Hospital Boston began a major pain assessment and management initiative 3 years ago: Pain assessment and management are considered one of the institution's primary standards of care. The initiative included State of the Science meetings with internationally renowned nursing pain researchers and clinicians. These meetings generated nursing staff interest in specific applications of what is known about pain; how evidence-based knowledge can be used to ask population-specific clinical questions; and how an evidence-based approach can be applied to systematically develop, implement, and assess interventions that suit a population's clinical needs. This article is an example of an evidence-based pain assessment project at Children's Hospital Boston that focused on nonverbal children with cognitive impairments. After developing a clinical question, the authors did a literature review and a benchmarking analysis of best practice. The pilot of an adapted, existing pain assessment tool is described in this article.

Solum LL, Schaffer MA. Ethical problems experienced by

school nurses. *J Sch Nurs* 2003; 19(6):330-7. Abstract: This study explored school nurses' experience of ethical conflict in school nursing through interviews with six school nurses. The study examined how school nurses resolved ethical problems and the rationale used to resolve them. Emergent themes of ethical problems were professional relationship conflicts, delegation to and supervision of health assistants, child protection reporting, maintaining confidentiality, Do Not Resuscitate policy, and pressure to work outside of nursing practice standards. School nurses did not use ethical decision-making models in resolving conflict but demonstrated the use of professional standards, ethical principles, and personal values as rationale to resolve ethical problems. Results of this study suggested that school nurses would benefit from additional knowledge about ethical decision-making models. School nurses would also profit from hearing each other's voices through dialogue about ethical problems and decision making.

Songok EM, Fujiyama Y, Tukei PM *et al.* The use of short-course zidovudine to prevent perinatal transmission of human immunodeficiency virus in rural Kenya. *Am J Trop Med Hyg* 2003; 69(1):8-13. Abstract: To determine the feasibility of using short-course zidovudine (ZDV) to prevent mother-to-child transmission of human immunodeficiency virus (HIV) in a breastfeeding population in a rural area in Kenya, pregnant mothers attending clinics in seven health centers in western Kenya between 1996 and 1998 were requested to volunteer for participation in this study. The HIV-infected mothers were given a daily dose of 400 mg of ZDV starting at 36 weeks of gestation and another 300 mg every three hours intrapartum. After delivery, mothers and their children were followed-up and clinically monitored every 3-4 months for two years, and child and mother mortality rates were analyzed. Of the 825 mothers who consented, 216 (26.2%) were infected with HIV. Of those infected, 51 (23.6%) took the full prescribed dose, 69 (31.9%) took only the prenatal dose, and the remaining 96 (44.4%) did not take any dose. Failure to take ZDV was attributed mainly to delivery occurring earlier than expected, while non-compliance to the intrapartum dose was due to mothers giving birth at home and fear of traditional birth attendants. By the end of the second year, 75 HIV-exposed children (34.7%) and 33 HIV-infected mothers (15.3%) had died. The HIV-free survival of children at 24 months was significantly associated with mother survival ( $P < 0.001$ ) and prenatal ZDV compliance ( $P < 0.003$ ). Our findings suggest that implementation of programs for prevention of mother-to-child transmission of HIV in rural areas of Africa need to consider the various socioeconomic and cultural barriers that may prevent successful uptake of antiretroviral prophylaxes. Similarly, the rapid disease progression in mothers may eliminate the increase in child survival due to ZDV prophylaxis.

Sood B, Delaney-Black V, Covington C *et al.* Prenatal alcohol exposure and childhood behavior at age 6 to 7 years: I. dose-response effect. *Pediatrics* 2001; 108(2):E34.

Abstract: OBJECTIVE: Moderate to heavy levels of prenatal alcohol exposure have been associated with alterations in child behavior, but limited data are available on adverse effects after low levels of exposure. The objective of this study was to evaluate the dose-response effect of prenatal alcohol exposure for adverse child behavior outcomes at 6 to 7 years of age. METHODS: Beginning in 1986, women attending the urban university-based maternity clinic were routinely screened at their first prenatal visit for alcohol and drug use by trained research assistants from the Fetal Alcohol Research Center. All women reporting alcohol consumption at conception of at least 0.5 oz absolute alcohol/day and a 5% random sample of lower level drinkers and abstainers were invited to participate to be able to identify the associations between alcohol intake and child development. Maternal alcohol, cigarette, and illicit drug use were prospectively assessed during pregnancy and postnatally. The independent variable in this study, prenatal alcohol exposure, was computed as the average absolute alcohol intake (oz) per day across pregnancy. At each prenatal visit, mothers were interviewed about alcohol use during the previous 2 weeks. Quantities and types of alcohol consumed were converted to fluid ounces of absolute alcohol and averaged across visits to generate a summary measure of alcohol exposure throughout pregnancy. Alcohol was initially used as a dichotomous variable comparing children with no prenatal alcohol exposure to children with any exposure. To evaluate the effects of different levels of exposure, the average absolute alcohol intake was relatively arbitrarily categorized into no, low ( $>0$  but  $<0.3$  fl oz of absolute alcohol/day), and moderate/heavy ( $\geq 0.3$  fl oz of absolute alcohol/day) for the purpose of this study. Six years later, 665 families were contacted. Ninety-four percent agreed to testing. Exclusions included children who missed multiple test appointments, had major congenital malformations (other than fetal alcohol syndrome), possessed an IQ  $>2$  standard deviations from the sample mean, or had incomplete data. The Achenbach Child Behavior Checklist (CBCL) was used to assess child behavior. The CBCL is a parent questionnaire applicable to children ages 4 to 16 years. It is widely used in the clinical assessment of children's behavior problems and has been extensively used in research. Eight syndrome scales are further grouped into Externalizing or undercontrolled (Aggressive and Delinquent) behavior and Internalizing or overcontrolled (Anxious/Depressed, Somatic Complaints, and Withdrawn) behaviors. Three syndromes (Social, Thought, and Attention Problems) fit neither group. Higher scores are associated with more problem behaviors. Research assistants who were trained and blinded to exposure status independently

interviewed the child and caretaker. Data were collected on a broad range of control variables known to influence childhood behavior and/or to be associated with prenatal alcohol exposure. These included perinatal factors of maternal age, education, cigarette, cocaine, and other substances of abuse and the gestational age of the baby. Postnatal factors studied included maternal psychopathology, continuing alcohol and drug use, family structure, socioeconomic status, children's whole blood lead level, and exposure to violence. Data were collected only from black women as there was inadequate representation of other racial groups. **STATISTICAL ANALYSES:** Statistical analyses were performed using the SPSS statistical package. Frequency distribution, cross-tabulation, odds ratio, and  $\chi^2$  tests were used for analyzing categorical data. Continuous data were analyzed using *t* tests, analyses of variance (ANOVAs) with posthoc tests, and regression analysis. **RESULTS:** Testing was available for 501 parent-children dyads. Almost one fourth of the women denied alcohol use during pregnancy. Low levels of alcohol use were reported in 63.8% and moderate/heavy use in 13% of pregnancies. Increasing prenatal alcohol exposure was associated with lower birth weight and gestational age, higher lead levels, higher maternal age, and lower education level, prenatal exposure to cocaine and smoking, custody changes, lower socioeconomic status, and paternal drinking and drug use at the time of pregnancy. Children with any prenatal alcohol exposure were more likely to have higher CBCL scores on Externalizing (Aggressive and Delinquent) and Internalizing (Anxious/Depressed and Withdrawn) syndrome scales and the Total Problem Score. The odds ratio of scoring in the clinical range for Delinquent behavior was 3.2 (1.3-7.6) in children with any prenatal exposure to alcohol compared with nonexposed controls. The threshold dose was evaluated with the 3 prenatal alcohol exposure groups. One-way ANOVA revealed a significant between group difference for Externalizing (Aggressive and Delinquent) and the Total Problem Score. (ABSTRACT TRUNCATED)

Sorantin E, Lindbichler F. [Nontraumatic injury (battered child)]. *Radiologie* 2002; 42(3):210-6. Abstract: The recognition of a battered child represents a challenge for all groups of adults dealing with children. Radiology plays a special role in this setting. By detection typical injuries, imaging is able to confirm the suspicion of a battered child. Recognition of those injuries on films, taken for other reasons, gives the caretaker an important hint, thus maybe preventing a fatal outcome for the child. One of the most important injury types is represented by the so called "shaken baby syndrome". The infant is held by the thorax and shaken. Thus causing a repetitive acceleration-deceleration trauma, which leads to the typical paravertebral rib fractures, intracranial bleeding and eye injuries. After shaking the child is thrown away, with subsequent injuries. The aim of this article

is the presentation of an overview regarding the radiology of the battered child. Typical examples will be shown.

Sorensen J, Abbott E. The maternity and infancy revolution. *Matern Child Health J* 2004; 8(3):107-10.

Soto Mas F, Villalbi JR, Balcazar H, Valderrama Alberola J. [Smoking initiation: epidemiology, research, and behavioral sciences]. *An Esp Pediatr* 2002; 57(4):327-33.

Abstract: Becoming a regular smoker is a process that begins even before the first cigarette, and ends in lifelong physical and psychological dependence. Various psychological and behavioral factors contribute to this process. This article discusses smoking initiation from a comprehensive perspective, including the physiological and addictive effects of nicotine, and the personal and environmental factors that lead to smoking. Because smoking usually begins in adolescence, special emphasis is placed on this developmental stage and on the situations that encourage teenagers to smoke the first cigarette. Finally, this article analyzes the importance of the initiation process in the epidemiology and prevention of smoking. This approach may prove to be particularly useful to clinicians interested in interventions aimed to curb smoking.

Soulier J, Clappier E, Cayuela JM *et al.* HOXA genes are included in genetic and biologic networks defining human acute T-cell leukemia (T-ALL). *Blood* 2005; 106(1):274-86.

Abstract: Using a combination of molecular cytogenetic and large-scale expression analysis in human T-cell acute lymphoblastic leukemias (T-ALLs), we identified and characterized a new recurrent chromosomal translocation, targeting the major homeobox gene cluster HOXA and the TCRB locus. Real-time quantitative polymerase chain reaction (RQ-PCR) analysis showed that the expression of the whole HOXA gene cluster was dramatically dysregulated in the HOXA-rearranged cases, and also in MLL and CALM-AF10-related T-ALL cases, strongly suggesting that HOXA genes are oncogenic in these leukemias. Inclusion of HOXA-translocated cases in a general molecular portrait of 92 T-ALLs based on large-scale expression analysis shows that this rearrangement defines a new homogeneous subgroup, which shares common biologic networks with the TLX1- and TLX3-related cases. Because T-ALLs derive from T-cell progenitors, expression profiles of the distinct T-ALL subgroups were analyzed with respect to those of normal human thymic subpopulations. Inappropriate use or perturbation of specific molecular networks involved in thymic differentiation was detected. Moreover, we found a significant association between T-ALL oncogenic subgroups and ectopic expression of a limited set of



genes, including several developmental genes, namely HOXA, TLX1, TLX3, NKX3-1, SIX6, and TFAP2C. These data strongly support the view that the abnormal expression of developmental genes, including the prototypical homeobox genes HOXA, is critical in T-ALL oncogenesis.

Southam-Gerow MA, Weisz JR, Kendall PC. Youth with anxiety disorders in research and service clinics: examining client differences and similarities. *J Clin Child Adolesc Psychol* 2003; 32(3):375-85. Abstract: Compared 2 groups of children with anxiety disorders: those treated in a university-based research clinic (RC) and those treated in community-based service clinics (SCs). A widely endorsed goal in intervention research is to disseminate evidence-based treatments from RCs to SCs. Attaining this goal requires an understanding of the similarities and differences between clients in these 2 settings. Youth from SCs showed more comorbid externalizing diagnoses and externalizing problems and were more likely to come from low-income and single-parent families. On measures of internalizing symptomatology and diagnoses, youth from RCs were very similar to SC youth. To facilitate development of treatments with real-world applicability, we describe a model involving the testing of treatments in real-world settings. We also discuss limitations to this project.

Spak F, Allebeck P, Spak L, Thundal KL. [The Gothenburg study of women and alcohol: problems during childhood and adolescence important risk factors]. *Lakartidningen* 2001; 98(10):1109-14. Abstract: This is a part of longitudinal study concerning women and alcohol in Gothenburg. The aim was to find out more about risk factors for alcohol dependence and abuse (ADA) among women in the general population, as well as social conditions and life style among these women. Several indicators of dissatisfactory childhood conditions, and particularly sexual abuse before age 13, were related to ADA in adulthood. Early substance abuse, such as having been intoxicated before age 15 and having used narcotics before 18, was strongly related to future ADA. Our findings point to the need of paying attention to mental health problems in childhood and youth, and to prevent early use of alcohol and drugs.

Sparacino G, Milani S, Arslan E, Cobelli C. A Bayesian approach to estimate evoked potentials. *Comput Methods Programs Biomed* 2002; 68(3):233-48. Abstract: Several approaches, based on different assumptions and with various degree of theoretical sophistication and implementation complexity, have been developed for improving the measurement of evoked potentials (EP) performed by conventional averaging (CA). In many of these methods, one of the major challenges is the exploitation of a priori knowledge. In this paper, we present a new method

where the 2nd-order statistical information on the background EEG and on the unknown EP, necessary for the optimal filtering of each sweep in a Bayesian estimation framework, is, respectively, estimated from pre-stimulus data and obtained through a multiple integration of a white noise process model. The latter model is flexible (i.e. it can be employed for a large class of EP) and simple enough to be easily identifiable from the post-stimulus data thanks to a smoothing criterion. The mean EP is determined as the weighted average of the filtered sweeps, where each weight is inversely proportional to the expected value of the norm of the correspondent filter error, a quantity determinable thanks to the employment of the Bayesian approach. The performance of the new approach is shown on both simulated and real auditory EP. A signal-to-noise ratio enhancement is obtained that can allow the (possibly automatic) identification of peak latencies and amplitudes with less sweeps than those required by CA. For cochlear EP, the method also allows the audiology investigator to gather new and clinically important information. The possibility of handling single-sweep analysis with further development of the method is also addressed.

Spencer TJ, Biederman J, Wozniak J, Faraone SV, Wilens TE, Mick E. Parsing pediatric bipolar disorder from its associated comorbidity with the disruptive behavior disorders. *Biol Psychiatry* 2001; 49(12):1062-70. Abstract: The unique pattern of comorbidity found in pediatric mania greatly complicates accurate diagnosis, the course of the disorder, and its treatment. The pattern of comorbidity is unique by adult standards, especially its overlap with attention-deficit/hyperactivity disorder (ADHD), aggression, and conduct disorder. Clinically, symptoms of mania have been discounted as severe ADHD or ignored in the context of aggressive conduct disorder. This atypicality may lead to neglect of the mood component. The addition of high rates of additional disorders contributes to the severe morbidity, dysfunction, and incapacitation frequently observed in these children. A comprehensive approach to diagnostic evaluation is the keystone to establishing an effective treatment program because response to treatment differs with individual disorders. Recognition of the multiplicity of disorders guides therapeutic options in these often refractory conditions. What was previously considered refractory ADHD, oppositionality, aggression, and conduct disorder may respond after mood stabilization. We review these issues in this article.

Spike J. The sound of chains: a tragedy. *J Clin Ethics* 2005; 16(3):212-7.  
Notes: GENERAL NOTE: KIE: 4 fn.  
GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; ethicists and ethics committees

Spittal PM, Schechter MT. Injection drug use and despair

- through the lens of gender. *CMAJ* 2001; 164(6):802-3.
- Spivak H. Bullying: why all the fuss? *Pediatrics* 2003; 112(6 Pt 1):1421-2.
- Spoth RL, Redmond C. Project Family prevention trials based in community-university partnerships: toward scaled-up preventive interventions. *Prev Sci* 2002; 3(3):203-21.  
 Abstract: Findings from Project Family are presented to illustrate how a partnership-based program of research on universal family- and youth-focused interventions is addressing a public health challenge. One aspect of this public health challenge is the high prevalence of youth problem behaviors and a second aspect concerns barriers to scaling-up empirically-supported preventive interventions designed to ameliorate those problem behaviors. Illustrative findings are presented within a conceptual framework for scaling-up preventive interventions to achieve greater public health impact. Three interrelated sets of research requirements and findings are addressed within this framework: (a) rigorously demonstrating intervention effectiveness; (b) attaining sufficient levels of intervention utilization in diverse general populations, requiring study of recruitment/retention strategies, cultural sensitivity, and economic viability; and (c) achieving implementation quality, involving investigation of adherence and dosage effects, along with theory-driven, intervention quality improvement. The paper concludes with discussion of the need for careful investigation of community-university partnership models as a key mechanism for large-scale implementation.
- Spriggs M. Defending de-identification of research samples on the grounds of public health benefit. *J Paediatr Child Health* 2004; 40(5-6):327-8; author reply 328.
- Spriggs M, Savulescu J. The Perruche judgment and the "right not to be born". *J Med Ethics* 2002; 28(2):63-4.  
 Notes: GENERAL NOTE: KIE: 14 refs.  
 GENERAL NOTE: KIE: KIE Bib: wrongful life  
 Abstract: The French government has given in to public pressure and overturned a controversial legal ruling which recognised the right of a disabled child to seek damages. Most notably, the ruling, widely described as establishing a child's right "not to be born", had provoked "outrage" amongst groups defending the rights of the disabled and led to a ban on prenatal scans by French gynaecologists. Once again, only parents will be able to seek damages but some people think the ruling has been misinterpreted.
- Springer-Kremser M, Leithner K, Fischer M, Loffler-Stastka H. Gender and perversion--what constitutes a "bad mother". *Arch Womens Ment Health* 2003; 6(2):109-14.  
 Abstract: BACKGROUND: There is a need for reconsidering the conceptualisations of female perverse behavior, especially in connection with motherhood. METHODS AND FINDINGS: Based on case material obtained through psychoanalytic psychotherapy with female patients from a psychosomatic gynecological outpatient clinic, the characteristics of the psychic structure of these patients who presented symptoms of deliberate self harm and of misusing and mistreating their children, are outlined. Another common trait is the embeddedness of their perverse behavior in a generational chain of transmission. Female patients who mistreat their children had been victims of traumatising experiences in their own biography, inflicted by their mothers and directed towards their bodies. DISCUSSION: Female perverse behavior, therefore, is fundamentally different from male perversion: the perverse act in women is aimed against themselves and/or their children. Currently used diagnostic statistical manuals lack categories to describe this symptomatology adequately. Further research is requested to understand a mother's perverse actions and thus develop treatment strategies, without marginalizing these patients.
- Spurrier NJ, Sawyer MG, Streiner D, Martin AJ, Kennedy D. New measure of parental asthma management for school-age children. *Pediatr Pulmonol* 2005; 40(3):241-50.  
 Abstract: A new parent-completed questionnaire to measure parental asthma management was developed. The new questionnaire takes a parental perspective, with content of items and scoring focusing on all behaviors considered important by parents and not just those considered appropriate by clinicians. Parents of 101 school-age children with a previous hospital admission with asthma completed the questionnaire during home visits. The questionnaire was based on five asthma scenarios. Parents were asked to indicate on a 6-point Likert scale how likely they would be to carry out a series of behaviors if the situations occurred. Two methods of scoring were used: scenario-based scoring, and factor-based scoring. Scenario-based subscale scores suggested that parent's level of activity was consistent across different situations. Factor analysis showed that the questionnaire had three dominant factors. The medical assessment subscale describes parent's level of activity in terms of seeking medical care, the external advice subscale describes parent's level of activity in terms of seeking assistance from knowledgeable others, and the home management subscale describes parents' approaches to monitoring and treating children at home. Alpha coefficients for scenario-based and factor-based subscales indicated good internal reliability (0.65-0.84 and 0.81-0.91, respectively). Test-retest reliability, 4 weeks apart, was also adequate (correlation coefficients of 0.75-0.87). This exploratory study describes the development of a new questionnaire, the Asthma Management Questionnaire (AMQ). The questionnaire has a unique parent focus, consistent with contemporary notions of

- patient-centered chronic-disease management.
- Squier W. Addressing the fundamental methods. *Arch Pediatr Adolesc Med* 2005; 159(2):195; author reply 195.
- Ssemakula JK. The impact of 9/11 on HIV/AIDS care in Africa and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. *J Assoc Nurses AIDS Care* 2002; 13(5):45-56. Abstract: The September 11, 2001 terrorist attacks in the United States sent shock waves throughout the world. The World Bank said the events of 9/11 were likely to have mid- to long-term negative effects in some countries, and donor assistance to Africa could be affected. The terrorist attacks also had the effect of bringing up the issue of security and the potential threat the HIV/AIDS epidemic poses to international security, especially in Africa. This article examines some of the effects of the 9/11 attacks on the fight against HIV/AIDS in Africa, and their implications.
- St Germain DM. The way I see it. We have to stand up for the children. *Med Econ* 2002; 79(14):50, 53.
- Stadler C, Schmeck K, Nowraty I, Muller WE, Poustka F. Platelet 5-HT uptake in boys with conduct disorder. *Neuropsychobiology* 2004; 50(3):244-51. Abstract: Dysregulation of serotonergic function has been found to be associated with aggression in animals, human adults and adolescents. However, studies with children have shown conflicting results. The objective of this study was to investigate whether the kinetic characteristics (Vmax and Km) of 5-HT uptake in platelets are different in children with the diagnosis of conduct disorder according to ICD-10 and healthy age-matched controls. In addition to the standardized assessment of general psychopathology, methods assessing narrowband aggressive symptoms (Child Behavior Checklist) and emotional reactivity to an experimentally induced provocation (Taylor's competitive reaction time task) were used in both groups. We found a trend for a lower mean Vmax of platelet 5-HT uptake in 14 conduct-disordered boys compared with healthy controls (n=15). If, however, 2 patients with a low degree of aggression and emotional reactivity were excluded, the difference became significant (mean=4.27, SD=3.49 in patients and mean=8.45, SD=4.63 in controls). A significant negative correlation was found between parent-rated aggression scores and Vmax ( $r=-0.41$ ,  $p < 0.05$ ,  $n=29$ ). These data suggest that dysfunction of 5-HT transport mechanisms might be associated with specific behavioral symptoms in conduct-disordered children.
- Stafford J, Lynn SJ. Cultural scripts, memories of childhood abuse, and multiple identities: a study of role-played enactments. *Int J Clin Exp Hypn* 2002; 50(1):67-85. Abstract: This study compared the reports of satanic, sexual, and physical abuse of persons instructed to role-play either dissociative identity disorder (DID) (n = 33), major depression (n = 33), or a college student who experienced minor adjustment problems ("normal") (n = 33) across a number of trials that included role-played hypnosis. As hypothesized, more of the participants who were asked to role-play DID reported at least one instance of satanic ritual abuse and sexual abuse compared with those who role-played depression or a college student with minor adjustment problems. DID role-players reported more incidents of sexual abuse and more severe physical and sexual abuse than did the major depression role-players. Further, the DID role-players differed from the normal role-players on all the measures of frequency and severity of physical and sexual abuse. Participants in all groups reported more frequent and severe incidents of physical abuse after role-played hypnosis than they did prior to it.
- Stahl C, Fritz N. Internet safety: adolescents' self-report. *J Adolesc Health* 2002; 31(1):7-10. Abstract: We examined the association between adolescents' unsafe experience online, types of Internet activity, and safety practices using a questionnaire returned by 213 private school students (seventh through tenth grades) in spring 1999. One-fourth of respondents reported unsafe experiences. Types of unsafe experience varied with gender, Internet activity, and identity sharing.
- Stahlman MT. How does neonatology fit into maternal and child health? *J Perinatol* 2005; 25(12):794-9.
- Stalker CA, Russell BD, Teram E, Schachter CL. Providing dental care to survivors of childhood sexual abuse: treatment considerations for the practitioner. *J Am Dent Assoc* 2005; 136(9):1277-81. Abstract: BACKGROUND: Adults who experienced childhood sexual abuse frequently find dental treatment difficult to tolerate. Increased understanding of common long-term effects of this trauma may help dental professionals to respond more sensitively to patients who have experienced it. METHODS: The authors recruited 58 men and 19 women with self-reported histories of childhood sexual abuse from social agencies serving this population and interviewed the participants about their experiences with health care professionals, including dentists. The authors analyzed interview transcripts using the constant comparative method to identify main themes and patterns. RESULTS: Participants reported aspects of dental treatment that can be particularly difficult for them and offered ideas about how dental health professionals could make the experience more tolerable for them. The data analysis produced suggestions about how dentists might respond sensitively to patients who frequently cancel appointments, are distressed by certain body positions, need a sense of control and fear

judgment. The authors also report participants' thoughts about questions from dental practitioners regarding a history of childhood sexual abuse. **CONCLUSIONS:** Adults who report a history of childhood sexual abuse are more likely to experience dental treatment more positively when dental professionals have some understanding of the long-term effects of such abuse, including how it can affect dental treatment interactions. Such knowledge enables dental professionals to respond to their needs in a sensitive manner.

Staller KM, Nelson-Gardell D. "A burden in your heart": lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse Negl* 2005; 29(12):1415-32. Abstract: **OBJECTIVES:** To enhance understanding of the sexual abuse disclosure process from the perspective of preteen and teenage survivors. To reconsider prominent models of the disclosure process in light of our findings. **METHODS:** We conducted a secondary analysis of data from four focus groups in which 34 preadolescent and adolescent female survivors of sexual abuse had been asked about their treatment experiences. Girls often recounted disclosing their victimization to others. Using the disclosure segment as our unit of analysis, we isolated 106 for study. During analysis, we wrote narrative summaries of each segment's significance, grouped these conceptually, and examined their interconnectedness. When synthesized, individual experiences of disclosing contributed to understanding the overall disclosure process. **RESULTS:** Three phases were identified: Self, where children come to understand victimization internally; Confidant Selection-Reaction, where they select a time, place, and person to tell and then weather that person's reaction (supportive or hostile); and Consequences (good and bad) that continued to inform their on-going strategies of telling. The actions and reactions of adults were significant and informed the girls' decisions. **CONCLUSIONS:** We advocate integrating existing theories and research into a model which views the disclosure process from the child's perspective and includes pre-disclosure and a post-initial public disclosure stages. The model conceptualizes disclosure as an iterative process in which children interact with adults and incorporate responses into their on-going decisions about telling (recant, deny, affirm, etc.). The combined model should recognize the concerns and position of adults as well as the perspective and logic of youth.

Stampi S, Ricci R, Ruffilli I, Zanetti F. Compulsory and recommended vaccination in Italy: evaluation of coverage and non-compliance between 1998-2002 in Northern Italy. *BMC Public Health* 2005; 5(1):42. Abstract: **BACKGROUND:** Since vaccinations are an effective prevention tool for maintaining the health of society, the monitoring of immunization coverage allows us to identify areas where disease outbreaks are

likely to occur, and possibly assist us in predicting future outbreaks. The aim of this study is the investigation of the coverage achieved for compulsory (diphtheria, tetanus, polio, hepatitis B,) and recommended (pertussis, Haemophilus influenzae, measles-mumps-rubella) vaccinations between 1998 and 2002 in the municipality of Bologna and the identification of the subjects not complying with compulsory and recommended vaccinations. **METHODS:** The statistics regarding vaccinal coverage were elaborated from the data supplied by the Bologna vaccinal registration system (1998-2000) and the IPV4 program (2001-2002). To calculate the coverage for compulsory vaccinations and cases of non-compliance reference was made to the protocol drawn up by the Emilia Romagna Regional Administration. The reasons for non-compliance were divided into various categories. **RESULTS:** In Bologna the levels of immunization for the four compulsory vaccinations are satisfactory: over 95% children completed the vaccinal cycle, receiving the booster for anti-polio foreseen in their 3rd year and for anti-diphtheria, tetanus, pertussis at 6 years. The frequency of subjects with total non-compliance (i.e. those who have not begun any compulsory vaccinations by the age of one year) is generally higher in Bologna than in the region, with a slight increase in 2002 (2.52% and 1.06% in the city and the region respectively). The frequency of the anti-measles vaccination is higher than that of mumps and rubella, which means that the single vaccine, as opposed to the combined MMR (measles-mumps-rubella) was still being used in the period in question. The most common reason for non compliance is objection of parents and is probably due to reduction of certain diseases or anxiety about the possible risks. **CONCLUSION:** In Bologna the frequency of children aged 12 and 24 months who have achieved compulsory vaccination varied, in 2002, between 95% and 98%. As regards recommended vaccinations the percentage of coverage against Haemophilus influenzae is 93.3%, while the levels for measles, mumps and pertussis range from 84% to approx. 92%. Although these percentages are higher if compared to those obtained by other Italian regions, every effort should be made to strengthen the aspects that lead to a successful vaccinal strategy.

Stanger C, Dumenci L, Kamon J, Burstein M. Parenting and children's externalizing problems in substance-abusing families. *J Clin Child Adolesc Psychol* 2004; 33(3):590-600.

Abstract: This study tested associations in path models among positive and negative parenting and children's rule-breaking behavior, aggressive and oppositional behavior, and attention problems for families with a drug-dependent parent. A structural model tested relations between parenting and children's externalizing problems for 251 families with 399 children between the ages of 6 and 18, controlling for nonindependence of ratings at the family level. The model also tested

potential moderators, including child age, gender, and ethnicity (White vs. other), and caregiver gender (families with a female substance-abusing caregiver vs. families with a male substance-abusing caregiver). Results indicated that caregiver ratings of monitoring predicted rule-breaking behavior and use of inconsistent discipline predicted ratings of all 3 externalizing syndromes, after controlling parenting and externalizing problems for the effects of the moderators and after controlling significant relations among types of parenting and types of externalizing problems.

Stanger C, Kamon J, Dumenci L *et al.* Predictors of internalizing and externalizing problems among children of cocaine and opiate dependent parents. *Drug Alcohol Depend* 2002; 66(2):199-212. Abstract: We tested associations in structural models among parent individual problems (severity of drug problems, medical problems, psychiatric symptoms), family problems, and children's internalizing and externalizing problems. Results were compared for cocaine versus opiate dependent parents, mothers versus fathers, boys versus girls, and older versus younger children. Cocaine and opiate dependent parents in treatment (N=211) were interviewed about their substance use, psychiatric symptoms, and interpersonal problems and completed a measure of family problems. Parents also rated children's internalizing and externalizing problems. In structural models controlling for the significant correlations between parent and family problems and between children's internalizing and externalizing problems, family problems but not individual parent problems predicted children's internalizing and externalizing symptoms. Models were similar across all groups compared with the exception of parent gender, with significant relations between parent and family problems for mothers but not for fathers. In addition, older girls were more deviant relative to their same-age and gender peers than the younger girls and boys. These results suggest that the personal problems of drug dependent mothers may influence children's problems indirectly by increasing family problems. For drug dependent fathers, family problems were an independent predictor of children's problems.

Stankaitis JA, Brill HR, Walker DM. Reduction in neonatal intensive care unit admission rates in a Medicaid managed care program. *Am J Manag Care* 2005; 11(3):166-72. Abstract: BACKGROUND: Neonatal intensive care unit admission rates are an important birth outcome indicator for Medicaid managed care organizations. OBJECTIVES: To reduce neonatal intensive care unit admission rates by at least 15% and to maintain that reduction through implementation of a quality improvement program. STUDY DESIGN: The organization performed a longitudinal population-based review of its birth outcomes from 1997 through

2003, focusing on neonatal intensive care unit admission rates. The return-on-investment evaluation reflected attributable incremental program costs and resultant savings. METHODS: Interventions included enhanced identification and stratification of high-risk women with the use of a health risk assessment form; outreach through nursing care coordination offering home visits, transportation, support services, social work services, and connection with other community-based organizations; and implementation of a strong informatics structure. RESULTS: Neonatal intensive care unit admission rates decreased from 107.6 per 1000 births in 1998 to 56.7 per 1000 births in 2003. The return on investment from the incremental program enhancements was just over dollars 2 per dollars 1 expended. CONCLUSION: A program that identifies its high-risk pregnant enrollees in a timely fashion, provides outreach using a strong nursing care coordination and social work emphasis, and has an enhanced informatics structure can significantly affect birth outcomes for a Medicaid managed care population.

Stanton B, Li X, Cottrell L, Kaljee L. Early initiation of sex, drug-related risk behaviors, and sensation-seeking among urban, low-income African-American adolescents. *J Natl Med Assoc* 2001; 93(4):129-38. Abstract: The purpose of this study was to examine the relationship of early initiation of sex, drug-use, drug-trafficking, and sensation-seeking among urban, African-American adolescents. A longitudinal follow-up of 383 youth ages 9 to 15 years at baseline over four years with serial risk-assessments was used. Sexual experience and several drug-related risk behaviors increased significantly during the four-year study interval. Sensation-seeking scores were higher after the baseline assessment among youth reporting tobacco, alcohol, and marijuana use and were higher, both at baseline and through several follow-up assessments, among youth reporting drug-selling and sexual activity. At baseline, the correlations among drug-related risk behaviors were all strong, except those between initiation of sex and drug-related risk behaviors. However, over time, early initiators of sex were significantly more likely to report involvement in substance use and drug-delivery/sales than were late initiators. Youth reporting repeated involvement in drug-related activities were more likely to report intensive sexual involvement than they were to report experimental sex or no sex. Sensation-seeking scores were lower among youth reporting no involvement in risk behaviors. However, scores did not differ between youth exhibiting experimental behavior compared to youth demonstrating repeated risk involvement. These results support the need for alternative experiences for youth exhibiting high levels of sensation-seeking and the need for early drug/sexual risk prevention programs.

Starkey F, Moore L, Campbell R, Sidaway M, Bloor M.

Rationale, design and conduct of a comprehensive evaluation of a school-based peer-led anti-smoking intervention in the UK: the ASSIST cluster randomised trial. *BMC Public Health* 2005; 5(1):43. Notes: CORPORATE NAME: ASSIST Abstract: BACKGROUND: To date, no school-based intervention has been proven to be effective in preventing adolescent smoking, despite continuing concern about smoking levels amongst young people in the United Kingdom. Although formal teacher-led smoking prevention interventions are considered unlikely to be effective, peer-led approaches to reducing smoking have been proposed as potentially valuable. METHODS/DESIGN: ASSIST (A Stop Smoking in Schools Trial) is a comprehensive, large-scale evaluation to rigorously test whether peer supporters in Year 8 (age 11-12) can be recruited and trained to effect a reduction in smoking uptake among their fellow students. The evaluation is employing a cluster randomised controlled trial (RCT) design with secondary school as the unit of randomisation, and is being undertaken in 59 schools in South East Wales and the West of England. Embedded within the trial are an economic evaluation of the intervention costs, a process evaluation to provide detailed information on how the intervention was delivered and received, and an analysis of social networks to consider whether such a peer group intervention could work amongst schoolchildren in this age group. Schools were randomised to either continue with normal smoking education (n = 29 schools, 5562 students), or to do so and additionally receive the ASSIST intervention (n = 30 schools, 5481 students). No schools withdrew once the trial had started, and the intervention was successfully implemented in all 30 schools, with excellent participation rates from the peer supporters. The primary outcome is regular (weekly) smoking, validated by salivary cotinine, and this outcome has been obtained for 94.4%, 91.0% and 95.6% of eligible students at baseline, immediate post-intervention, and one-year follow-up respectively. DISCUSSION: Comprehensive evaluations of complex public health interventions of this scale and nature are rare in the United Kingdom. This paper demonstrates the feasibility of conducting cluster RCTs of complex public health interventions in schools, and how the rigour of such designs can be maximised both by thorough implementation of the protocol and by broadening the scope of questions addressed in the trial by including additional evaluative components.

Starkuviene S, Zaborskis A. Links between accidents and lifestyle factors among Lithuanian schoolchildren. *Medicina (Kaunas)* 2005; 41(1):73-80. Abstract: The aim of the study was to evaluate associations of some lifestyle factors with injuries among schoolchildren. Analysis was performed using data from the survey conducted in 2002 according to the methods of World Health Organization Cross-National Study on Health Behavior in School-Aged

Children (HBSC). Using stratified random sampling, the representative sample of 5645 schoolchildren aged 11, 13, and 15 years from 104 schools of Lithuania was drawn and surveyed. Associations between potential risk factors and injuries among schoolchildren were evaluated calculating odds ratio and its 95% confidence intervals. For the evaluation of the impact of explanatory variables on analyzed event, logistic regression analysis was performed. Behavioral, psychological, and social integration factors were associated with the risk to sustain injuries among school-aged children. The impact of these factors varied within subgroups of schoolchildren by grade and sex. The most significant factors were: risk-taking behavior (smoking, alcohol and drug consumption, premature sexual activity), frequent participation in sport activities, involvement in physical fight, longer time spent away from home with friends, experienced bullying, poor self-assessed health and academic achievement, unhappiness, feeling unsafe at school, and high suicidal risk. Analysis failed to identify an expected association between lower socio-economic status and risk for injury. Integrated approach to injury etiology is essential in planning injury prevention and safety promotion activities among schoolchildren, paying particular attention to lifestyle factors, which can have the potential influence on risk to sustain injuries.

Stasevic I, Ropac D, Lucev O. Association of stress and delinquency in children and adolescents. *Coll Antropol* 2005; 29(1):27-32. Abstract: The aim of investigation was to assess the impact of subjective stress exposure on delinquent behaviour in children and adolescents. The study included 174 young male delinquents, selected by the method of stratified systematic (random) sample and divided into three age groups of <14, 14-17, and 18-21 years. General data, data on the type of criminal offence, and data on the type of deviant behaviour were collected. A standardised scale of subjective stress was used to allow for comparison of the results obtained in the study with those reported elsewhere. Analysis of variance, chi2-test and factor analysis were used on data processing. A majority of study subjects (55.2%) committed one criminal offence. The criminal offence structure was predominated by proprietary violation (66.7%). Common forms of deviant behaviour included shirking school duties (55.2%), and aggressive behaviour at school (31.0%), in public (29.5%) and in the family (23.6). Parental distrust and punishment (abuse) of the child were identified as the major sources of subjective stress. Youngest subjects significantly differed from other age groups according to their experience of subjective stress described as punishment (abuse) ( $F = 22.1389$ ,  $p < 0.001$ ). They were considerably more vulnerable to this type of stress than older age groups. These sources of stress were found to positively correlate with the number of criminal offences committed. Among the sources of

stress, parents' distrust of the child significantly correlated with commitment of one criminal offence ( $F = 2.8618$ ,  $p < 0.05$ ), and child's punishment (abuse) with a higher number of criminal offences ( $F = 3.1539$ ,  $p < 0.05$ ). Criminal activity of children and adolescents is significantly associated with their history of stress exposure over the last two years of life. The higher the stress severity, the greater the rate of delinquency.

Statman D. The right to parenthood: an argument for a narrow interpretation. *Ethical Perspect* 2003; 10(3-4):224-35.

Notes: GENERAL NOTE: KIE: 23 refs. 34 fn. GENERAL NOTE: KIE: KIE Bib: reproduction; reproductive technologies

Abstract: The paper argues for two kinds of limitations on the right of parenthood. First, it claims that the right to parenthood does not entail a right to have as many children as one desires. This conclusion follows from the standard justifications for the right to parenthood, none of which establishes the need to grant special protection to having as many children as one desires. Second, with respect to the right to receive assistance from the state in IVF, it is suggested that the state should also be allowed to take non-medical considerations into account in determining whether or not an applicant is entitled to this service, particularly in cases where the applicant seems to lack mothering ability.

Steele H. Unrelenting catastrophic trauma within the family: when every secure base is abusive. *Attach Hum Dev* 2003; 5(4):353-66; discussion 409-14.

Abstract: This paper will present illustrations from Adult Attachment Interviews conducted with adult female survivors of chronic ritual abuse in their family of origin. A model of multiple personality disorder informed by the Adult Attachment Interview coding and classification system will be presented. A range of victim, perpetrator and bystander personalities may be identified in the same interview, indeed in the same speaker. For the speaker who believes herself to be one of a number of co-existing personalities, integration and coherence means death of a loved one, indeed death of the sense of self. Possibilities of re-birth into a single integrated self are posited.

Steele RG, Anderson B, Rindel B *et al.* Adherence to antiretroviral therapy among HIV-positive children: examination of the role of caregiver health beliefs. *AIDS Care* 2001; 13(5):617-29.

Abstract: This study examined the association between two components of the Health Belief Model (perceived vulnerability and barriers) and adherence to antiretroviral therapy (ART) among children who are HIV-infected. The parents/caregivers of 30 children (mean age = 5.21,  $SD = 3.18$ ) who were HIV-infected and who were on active ART were surveyed to assess current methods of adherence assessment and

educational efforts within the institution. All participants (except one) were African American and reported low monthly family incomes ( $M = \$869.45$ ,  $SD = \$832.63$ ). Assessment instruments included measures of perceived vulnerability, caregiver-reported adherence and perceived barriers, and objective measures of adherence (clinical pill count; electronic measurement). The results failed to demonstrate a significant relationship between parental perceived vulnerability, perceived barriers and adherence to antiretroviral medications. Methods of assessing adherence provided significantly discrepant estimates of adherence. Results are discussed in terms of implications for patient care and for future research in this area. The addition of behavioural and motivational components to traditional educational approaches may positively impact treatment results.

Steen K, Hunskaar S. Gender and physical violence. *Soc Sci Med* 2004; 59(3):567-71.

Abstract: This study examines incidents of physical violence in relation to the sex of both assault victim and attacker. A survey of all assault victims attending an urban accident and emergency department (AED) in Norway during a 2-year period was carried out. All the assault victims were interviewed using a structured questionnaire administered by the attending physician as part of the initial consultation at the AED. During this interview, information about the victims, the attackers and the assaults was collected from the victims. Information on the sex, age, alcohol state of victims, and any referral to hospitals and specialists, was collected from the victim's medical notes at the AED. The severity of the victim's injuries was rated retrospectively using Abbreviated Injury Scale (AIS) and Shepherd's Injury Severity Scale for rating of injuries of assault. A total of 1234 men (74%) were attacked by other men, 354 women (21%) were attacked by men, 33 men (2%) by women, and 59 women (4%) by other women. The characteristics of the assaults carried out amongst female victim-female attacker and male victim-male attacker groups had many similarities. The same was found for the female victim-male attacker and male victim-female attacker groups. We conclude that changes in the traditional behaviour associated with women and men in relation to physical violence may be taking place.

Steen K, Hunskaar S. Violence: a prospective study of police and health care registrations in an urban community in Norway. *Med Sci Law* 2001; 41(4):337-41.

Steen K, Hunskaar S. Violence in an urban community from the perspective of an accident and emergency department: a two-year prospective study. *Med Sci Monit* 2004; 10(2):CR75-9.

Abstract: BACKGROUND: Information about violence in a given community is usually based on crime statistics. The aim of this study was to explore

violence in an urban community from the perspective of an accident and emergency department. **MATERIAL/METHODS:** All assault victims treated at the Bergen Accident and Emergency Department (AED) during a two-year period (1994-1996) were prospectively registered, and data were collected about the patients and the assault incidents. To assess the proportion of unrecognized assault victims treated at the AED, an anonymous questionnaire was sent to all adult patients (first-time consultations) who visited the AED during a ten-day period in 1997. **RESULTS:** 1803 assault victims were registered, 433 of whom (24%) were females. Most of the victims were young men assaulted at public locations, under the influence of alcohol, often by unknown attackers, and frequently feeling that the attack was unprovoked (and thus defined as street violence). Few victims of child abuse or elder abuse were identified. About 40% of the females were victims of domestic violence. Non-Norwegians, unemployed, and people living in economically deprived areas of the community were over represented. A minority of the assault victims wanted to press legal charges. From the postal survey (n=1264, response rate 43%) few unrecognized victims of violence could be identified among our patients. **CONCLUSIONS:** An accident and emergency department registration of violence victims will mostly identify male victims of street violence.

Stein JA, Leslie MB, Nyamathi A. Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: mediating roles of self-esteem and abuse in adulthood. *Child Abuse Negl* 2002; 26(10):1011-27.  
 Abstract: **OBJECTIVE:** This study, using latent variable methodology, explores simultaneously the relative effects of childhood abuse and early parental substance abuse on later chronic homelessness, depression, and substance abuse problems in a sample of homeless women. We also examine whether self-esteem and recent violence can serve as mediators between the childhood predictors and the dysfunctional outcomes. **METHOD:** The sample consists of 581 homeless women residing in shelters or sober living centers in Los Angeles (54% African-American, 23% Latina, 22% White, mean age=33.5 years). Multiple-indicator latent variables served as predictors and outcomes in structural models. Childhood abuse was indicated by sexual, physical, and verbal abuse. **RESULTS:** Childhood abuse directly predicted later physical abuse, chronic homelessness, depression, and less self-esteem. Parent substance use directly predicted later substance use problems among the women. Recent physical abuse predicted chronic homelessness, depression, and substance use problems. Greater self-esteem predicted less depression and fewer substance use problems. Childhood abuse also had significant indirect effects on depression, chronic homelessness, and drug and alcohol problems mediated

through later physical abuse and self-esteem. **CONCLUSIONS:** Although there was a strong relationship between childhood abuse and parent drug use, childhood abuse was the more pervasive and devastating predictor of dysfunctional outcomes. Childhood abuse predicted a wider range of problems including lower self-esteem, more victimization, more depression, and chronic homelessness, and indirectly predicted drug and alcohol problems. The mediating roles of recent physical abuse and self-esteem suggest salient leverage points for change through empowerment training and self-esteem enhancement in homeless women.

Stein MT, Adams J, Wells RD. Erica: a question of sexual abuse. *J Dev Behav Pediatr* 2001; 22(2 Suppl):S37-41.

Stein MT, Pickering B, Tanner JL, Mazzella CB. Parental refusal to immunize a 2-month-old infant. *J Dev Behav Pediatr* 2001; 22(2 Suppl):S87-91.

Stein MT, Sandberg DE, Mazur T, Eugster E, Daaboul J. A newborn infant with a disorder of sexual differentiation. *J Dev Behav Pediatr* 2004; 25(5 Suppl):S74-8.

Steinhausen HC, Willms J, Metzke CW, Spohr HL. Behavioural phenotype in foetal alcohol syndrome and foetal alcohol effects. *Dev Med Child Neurol* 2003; 45(3):179-82.

Abstract: A sample of 12 children (seven males, five females; mean age 6 years 7 months, SD 2 years 6 months, range 2 years 4 months to 12 years 1 month) with moderate-to-severe foetal alcohol syndrome (FAS) and another sample of 26 children (12 males, 14 females; mean age of 6 years 2 months SD 2 years 10 months, range 2 years 6 months to 12 years 8 months) with mild FAS or foetal alcohol effects (FAE) as well as a sample of 15 age- and sex-matched control children with unspecific intellectual disability were compared using the Developmental Behaviour Checklist (DBC). There were significant differences (p=0.01) between the groups on five of six subscales of the DBC with controls scoring lower on the disruptive, self-absorbed, anxiety, antisocial behaviour, and communication disturbance scales. The DBC profiles of the two foetal alcohol exposed groups did not differ from each other. It is concluded that quantitative behaviour measurement provides insights into specific behavioural phenotypes of FAS/FAE.

Steliarova-Foucher E, Stiller C, Kaatsch P *et al.* Geographical patterns and time trends of cancer incidence and survival among children and adolescents in Europe since the 1970s (the ACCISproject): an epidemiological study. *Lancet* 2004; 364(9451):2097-105.

Abstract: **BACKGROUND:** Cancer is rare before age 20 years. We aimed to use the European database of



childhood and adolescent cancer cases, within the Automated Childhood Cancer Information System project, to estimate patterns and trends of incidence and survival within Europe. METHODS: Comparable, high-quality data from 63 European population-based cancer registries consisted of 113000 tumours in children and 18243 in adolescents diagnosed in 1970-99. Incidence rates and survival were compared by region (east vs west), period, and malignant disease. FINDINGS: In the 1990s, age-standardised incidence rates were 140 per million for children (0-14 years) and 157 per million for ages 0-19 years. Over the three decades, overall incidence increased by 1.0% per year ( $p < 0.0001$ ) in children (increases for most tumour types), and by 1.5% ( $p < 0.0001$ ) in adolescents (15-19 years; notable increases were recorded for carcinomas, lymphomas, and germ-cell tumours). Overall 5-year survival for children in the 1990s was 64% in the east and 75% in the west, with differences between regions for virtually all tumour groups; 5-year survival was much the same in adolescents. Survival has improved dramatically since the 1970s in children and adolescents, more so in the west than in the east. INTERPRETATION: Our results are clear evidence of an increase of cancer incidence in childhood and adolescence during the past decades, and of an acceleration of this trend. Geographical and temporal patterns suggest areas for further study into causes of these neoplasms, as well as providing an indicator of progress of public-health policy in Europe.

Sten E, Hansen TK, Stahl Skov P *et al.* Cross-reactivity to eel, eelpout and ocean pout in codfish-allergic patients. *Allergy* 2004; 59(11):1173-80. Abstract: Fish allergy is one of the most common food allergies in both children and adults and patients with allergic reactions to one fish species have in many cases been given the advice to avoid all fish, without further evaluation. The possible common reactivity between different fish species is not well studied. Because of this and a possible exploitation of fish species hitherto not much used in the Scandinavian diet ocean pout, eelpout and eel were evaluated. We examined the serological and biological cross-reactivity of these species in double-blind challenged-confirmed codfish-allergic patients using CAP, Maxisorp-radio allergosorbent test (RAST) inhibition, western blot, skin prick test (SPT) and histamine release (HR). All 18 codfish allergic patients had specific IgE to ocean pout, eelpout and eel determined by Maxisorp-RAST. All four fish species could induce basophil HR using blood from 16 of 18 patients and all patients tested reacted in SPT. This study demonstrates that patients with a verified clinical allergy to codfish in a high frequency express biological cross-reactivity to other fish species. By RAST inhibition this common reactivity was shown to be a true cross-reactivity.

Stephenson JB. Shaken baby syndrome. *J R Soc Med* 2003; 96(2):102-3; author reply 103.

Stephenson MT, Quick BL. Parent ads in the National Youth Anti-Drug Media Campaign. *J Health Commun* 2005; 10(8):701-10.

Abstract: The National Youth Anti-Drug Media Campaign aims not only to reduce drug use by teens and preteens, but also to arm parents with knowledge about specific parenting practices known to reduce the risk of teen drug use. Among the documented successes of the campaign to date was a small, but direct effect on some parenting practices, including parent-child discussions about drug use. To reach a deeper understanding about the substance of the parental ads, we content analyzed the message strategies employed in the campaign's parent ads over the inaugural 5 years of the campaign. Each ad was coded for its major theme, minor subtheme, and featured drug. Among seven possible major themes, the parental anti-drug ads largely featured four: enhance the risk of their child's drug use, encourage monitoring practices, promote parent-child discussions about drug use, or advocate positive involvement behaviors. Moreover, most parental messages addressed marijuana use or addressed drug use in general. Marijuana and inhalant ads largely were risk based, while general drug messages focused on monitoring, parent-child discussions or positive involvement practices.

Stephenson MT, Quick BL, Atkinson J, Tschida DA. Authoritative parenting and drug-prevention practices: implications for antidrug ads for parents. *Health Commun* 2005; 17(3):301-21.

Abstract: This research employed the theory of reasoned action to investigate the role of authoritative parenting in 3 drug-prevention behaviors: (a) parental monitoring, (b) parent-child discussions, and (c) awareness of the child's environment. A phone survey of 158 parents of adolescents in 7th, 9th, and 11th grades revealed that authoritative parenting was correlated with parenting practices that reduce the likelihood of adolescent drug use, including discussing family rules about drugs, discussing strategies to avoid drugs, discussing those in trouble with drugs, parental monitoring, knowing the child's plans for the coming day, and personally knowing the child's friends well. Additionally, authoritative parenting moderated the attitude-behavioral intention relation for parental monitoring and awareness of the child's environment, with the weakest relation detected for low-authoritative parents. The utility of these findings in helping design and target antidrug messages for parents more effectively is discussed.

Sterk CE, Klein H, Elifson KW. Perceived condom use self-efficacy among at-risk women. *AIDS Behav* 2003; 7(2):175-82.

Abstract: The objectives of this study are to assess the confidence in their ability to use condoms among at-risk women and identify predictors for the women's condom use self-efficacy. Structured interviews were

conducted with 250 adult women in Atlanta, Georgia, between August 1997 and August 2000. Overall, the women reported feeling moderately to moderately-strongly confident in their ability to use condoms consistently. Multivariate analysis showed women with higher condom use self-efficacy were significantly younger, experienced childhood neglect, had higher self-esteem, communicated better with their sex partner, and had fewer drug problems. Findings suggest the importance of addressing condom use self-efficacy in HIV risk reduction programs with a specific focus on women and the need to be attuned to tailored needs for specific subgroups such as older women or women who encountered childhood neglect.

Stern JM. Traumatic brain injury: an effect and cause of domestic violence and child abuse. *Curr Neurol Neurosci Rep* 2004; 4(3):179-81.

Sternberg KJ, Knutson JF, Lamb ME, Baradaran LP, Nolan CM, Flanzer S. The child maltreatment log: a computer-based program for describing research samples. *Child Maltreat* 2004; 9(1):30-48. Abstract: The Child Maltreatment Log (CML) is a computer-based program designed to record information about children's maltreatment experiences and associated life events. Addressing concerns posed by scientific panels and grant review panels, the CML was designed to improve upon existing instruments to facilitate collaboration among researchers interested in maltreatment. The CML encourages researchers to collect information from multiple sources and informants concerning children's maltreatment experiences. Rather than classifying types of maltreatment a priori, the CML allows researchers to describe children's experiences using objective descriptors pertaining to potential acts of abuse, potential perpetrators, frequency, onset, consequential injuries, and treatment. The CML can be downloaded by interested agencies and groups without charge.

Sterzer P, Stadler C, Krebs A, Kleinschmidt A, Poustka F. Abnormal neural responses to emotional visual stimuli in adolescents with conduct disorder. *Biol Psychiatry* 2005; 57(1):7-15. Abstract: BACKGROUND: It is widely held that aggression and antisocial behavior arise as a consequence of a deficiency in responding to emotional cues in the social environment. We asked whether neural responses evoked by affect-laden pictures would be abnormal in adolescents with conduct disorder (CD). METHODS: Functional magnetic resonance imaging during passive viewing of pictures with neutral or strong negative affective valence was performed in 13 male adolescents with severe CD aged 9 to 15 years and in 14 healthy age-matched control subjects. RESULTS: Main effects for negative-neutral affective valence included activations in the amygdala and hippocampus, ventral extrastriate visual cortex,

and intraparietal sulcus bilaterally. There was a significant group-by-condition interaction in the right dorsal anterior cingulate cortex that was due to a pronounced deactivation in the patient group during viewing of negative pictures. When correcting for anxiety and depressive symptoms, we additionally found a reduced responsiveness of the left amygdala to negative pictures in patients compared with control subjects. CONCLUSIONS: We suggest that these findings reflect an impairment of both the recognition of emotional stimuli and the cognitive control of emotional behavior in patients with CD, resulting in a propensity for aggressive behavior.

Stevens MC, Kaplan RF, Hesselbrock VM. Executive-cognitive functioning in the development of antisocial personality disorder. *Addict Behav* 2003; 28(2):285-300.

Abstract: The present study examined the association of cognitive-executive abilities to two risk factors for alcoholism, i.e., antisocial behaviors and a family history (FH+) of alcohol dependence. A sample of 91 right-handed, non-substance-dependent, young male adults recruited from the community were classified into three groups: (1) a control group of n=32 men with no history of DSM-III-R childhood conduct disorder (CD) or antisocial personality disorder (ASPD); (2) n=25 men who met criteria for a DSM-III-R childhood CD diagnosis, but did not meet diagnostic criteria for ASPD (i.e., CD/ASPD-); and (3) n=34 men who met DSM-III-R criteria for ASPD. They were further divided into those with and without a positive family history of alcoholism. A two-way (Antisocial Profile (3)x Family History of Alcoholism (2)) ANOVA was used to compare several neuropsychological measures of executive-cognitive functioning (ECF) ability. Verbal abstraction ability was found to be significantly lower in ASPD subjects compared with controls and CD-only subjects, inversely related to antisocial behavior severity (as measured by symptom count). CD-only and control subjects' abstraction ability were statistically indistinguishable. FH+ was associated with increased errors in planning performance on the Porteus Maze Test and diminished performance on Luria's simple alternate-tapping motor tasks. The effect was more pronounced when inhibition of prepotent motor planning was required. Results are consistent with previous work examining ECF ability in antisocial samples that find subtle differences in ECF ability compared to controls. The findings suggest that normal versus abnormal behavioral outcome for children with conduct problems may be influenced by cognitive ability profile, perhaps because of varying maturational processes.

Stevens TN, Ruggiero KJ, Kilpatrick DG, Resnick HS, Saunders BE. Variables differentiating singly and multiply victimized youth: results from the National Survey of Adolescents and implications for secondary prevention. *Child Maltreat* 2005; 10(3):211-23.

Abstract: The authors examined variables differentiating singly and multiply victimized youth with a national household probability sample of 4,023 adolescents. Youth endorsing one episode (i.e., one incident or series of repeat incidents) of sexual or physical assault were classified as singly victimized (n = 435). Multiply victimized youth were those who endorsed multiple discrete episodes of sexual or physical assault and both sexual and physical assault (n = 396). For boys, heightened risk of multiple victimization was associated with family alcohol problems, Native American race, and earlier age at assault onset. For girls, increased multiple victimization risk was associated with family alcohol problems, older current age, and several characteristics of the initial assault episode—earlier age at onset, acquaintance perpetrator, chronicity, perceived life threat, and injury. Findings imply that secondary prevention programs may be strengthened by broadening risk-reduction strategies to address a greater range of victimization experiences. Additional implications for secondary prevention are discussed.

Steves L, Blevins T. From tragedy to triumph: a segue to community building for children and families. *Child Welfare* 2005; 84(2):311-22.

Abstract: In 2000, more than 60 nonprofit agencies, health care providers, government officials, and community advocates in Tarrant County, Texas, came together to work for systemic change in the mental health care system. The coalition, known as the Mental Health Connection, began working toward a "No Wrong Door" approach to mental health services, which required aggressive coordination between federal, private, and nonprofit resources. The result is a five- to six-year plan for implementation of a new systems of care model for children with severe emotional disturbances and their families. The Mental Health Connection also focuses on legislative advocacy to bring about necessary policy changes at the local, state, and federal levels. Finally, the coalition focuses on developing sustainable revenue streams that will allow the new systems to remain in place once the group accomplishes the initial mission of the Mental Health Connection.

Stewart-Brown S. Legislation on smacking. *BMJ* 2004; 329(7476):1195-6.

Stewart-Brown S. Research in relation to equity: extending the agenda. *Pediatrics* 2003; 112(3 Part 2):763-5.

Abstract: An appreciation of the role of social and emotional well-being in determining health outcomes is important in advancing the equity agenda.(1) These aspects of health are adversely affected by inequity. They also are important as potential causal factors. Low levels of emotional and social well-being among the rich may be important in perpetuating health and social inequity. In the past, most research on inequity

has focused on the negative end of the continuum of emotional and social health (eg, child abuse, conduct disorder, mental illness, drug and alcohol abuse) and concentrated on the problems of the poor, not the rich. The prevalence of emotional and social well-being has not been well studied. At the other end of the spectrum, emotional and behavioral problems now are the most important cause of disability in childhood,(2) affecting between 10% and 20% of children.(3) In between these 2 extremes, some children are socially competent, are liked by their peers, are resilient in the face of problems, know their own minds, are kind to others, and are able to handle conflict in a way that leads to resolution. Others are prone to aggression and deceit, are ostracized by their peer group, and create conflict and distress. These children may have very low self-esteem. They often are manifestly unhappy and anxious and certainly make others unhappy and anxious. This group may not meet the Diagnostic and Statistical Manual of Mental Disorders-defined criteria for emotional and behavioral problems; teachers therefore may be more aware of them and their impact on others than physicians. As a result, teachers and educational psychologists have been at the forefront of developing interventions to help this group.

Stewart D, Sun J. How can we build resilience in primary school aged children? The importance of social support from adults and peers in family, school and community settings. *Asia Pac J Public Health* 2004; 16 Suppl:S37-41.

Abstract: This study examines the association between firstly, student resiliency and their perceptions of social support from parents/caregivers, teachers, and peers, and secondly, between student's perception of their general health status and their social support. A cross-sectional research project was designed and conducted in 2003 in an urban and remote area of Queensland, Australia. The study population comprised of 2580 students (Years three, five, and seven) across 20 primary schools. The main outcome measures were self-reported health status and resiliency behaviours. Independent variables included student perceptions of support from parents/caregivers, teachers, school peers, and prosocial groups. Students who perceived parents, teachers, and peers as supportive were more likely to have higher resiliency behaviour in communication and cooperation, self-esteem, empathy, help-seeking, goals and aspirations. Students who considered that their parents, peers at school and prosocial groups were supportive, were more likely to feel healthy. Findings suggest that providing adult and peer support to students at primary school age is a vital strategy in promoting student resiliency and general health for children of primary school age.

Stewart G, Ruggles R, Peacock J. The association of self-reported violence at home and health in primary school pupils in West London. *J Public Health (Oxf)* 2004; 26(1):19-23.

Abstract: **BACKGROUND:** The effects of violence upon young people are relatively poorly understood. In 2001 the London Borough of Ealing conducted a large-scale survey of primary school pupils, which included questions on levels of violence at home. The aim of this study was to measure the association of violence at home with measures of health, health care use and health-related behaviours in primary school pupils aged 9 and 11 in West London. **METHODS:** A total of 3007 pupils from 28 primary schools were given a self-complete health questionnaire; 2083 completed a question on violence at home. **RESULTS:** Pupils reporting violence were more likely to have needed medical attention in the last year. Violence was also associated with greater need of dental care, drinking and spending money on alcohol, spending money on cigarettes, not eating or drinking before school, less willingness to speak to parents and siblings about drugs, and less communication with teachers about puberty and growing up. Violence was positively associated with increased communication with relatives about puberty. **CONCLUSION:** Pupils who report violence at home are more likely to have more injuries, riskier health behaviours and less social support than those reporting no violence at home.

Stewart JL, Pyke-Grimm KA, Kelly KP. Parental treatment decision making in pediatric oncology. *Semin Oncol Nurs* 2005; 21(2):89-97; discussion 98-106. Abstract: **OBJECTIVE:** To review progress and future plans for a research program about parents' making treatment decisions for their children with cancer. **DATA SOURCES:** Theoretical papers, review articles, and research reports. **CONCLUSION:** Three important questions need to be addressed to achieve the goal of supporting parents in treatment decision making: 1) What factors predict a parent's preferred role in decision making? 2) What are the critical outcomes from parental decision making that nurses could help to improve? 3) Is it role choice, actual role assumed, or congruence between preferred and actual role in decision making that predicts decision outcomes for the parents? **IMPLICATIONS FOR NURSING PRACTICE:** Research-based responses to the remaining questions about parent treatment decision making will help nurses develop and test interventions designed to support parents in their decision making experiences.

Stewart M, Jackson D, Mannix J, Wilkes L, Lines K. Current state of knowledge on child-to-mother violence: a literature review. *Contemp Nurse* 2004-2005; 18(1-2):199-210. Abstract: Child-to-mother violence is a common aspect of family violence, and presents nurses and health workers with continuing challenges. Though noted in the literature as early as the 1950's, this phenomenon remains poorly understood. A number of reasons for the lack of research scrutiny are proposed, the most compelling being that child-to-mother violence has

been framed within the discourse of juvenile delinquency rather than family violence. Thus, unlike other forms of family violence, it has escaped close examination by health and welfare workers. A literature review was conducted to examine current knowledge of child-to-mother violence. Study of the literature reveals only partial understandings of this neglected aspect of family pathology. Directions for research to address these gaps in knowledge are drawn from the findings of this literature review.

Stith R. Location and life: how *Stenberg v. Carhart* undercut *Roe v. Wade*. *William Mary J Women Law* 2003; 9(2):255-78.

Notes: **GENERAL NOTE:** KIE: 89 fn. **GENERAL NOTE:** KIE: KIE Bib: abortion/legal aspects

Stoddard FJ, Saxe G. Ten-year research review of physical injuries. *J Am Acad Child Adolesc Psychiatry* 2001; 40(10):1128-45.

Abstract: **OBJECTIVE:** To review the past 10 years of research relevant to psychiatry on injuries in children and adolescents. **METHOD:** A literature search of databases for "wounds and injuries, excluding head injuries," was done with Medline and PsycINFO, yielding 589 and 299 citations, respectively. Further searching identified additional studies. **RESULTS:** Progress is occurring in prevention, pain management, acute care, psychiatric treatment, and outcomes. The emotional and behavioral effects of injuries contribute to morbidity and mortality. Psychiatric assessment, crisis intervention, psychotherapy, psychopharmacological treatment, and interventions for families are now priorities. Research offers new interventions for pain, delirium, posttraumatic stress disorder, depression, prior maltreatment, substance abuse, disruptive behavior, and end-of-life care. High-risk subgroups are infants, adolescents, maltreated children, suicide attempters, and substance abusers. Staff training improves quality of care and reduces staff stress. **CONCLUSIONS:** Despite the high priority that injuries receive in pediatric research and treatment, psychiatric aspects are neglected. There is a need for assessment and for planning of psychotherapeutic, psychopharmacological, and multimodal treatments, based on severity of injury, comorbid psychopathology, bodily location(s), and prognosis. Psychiatric collaboration with emergency, trauma, and rehabilitation teams enhances medical care. Research should focus on alleviating pain, early psychiatric case identification, and treatment of children, adolescents, and their families, to prevent further injuries and reduce disability.

Stoffels H, Ernst C. [Recall and pseudo-memory. On the yearning to be a trauma victim]. *Nervenarzt* 2002; 73(5):445-51.

Abstract: Memories are not called up from "storage"

but instead are constructed anew in each case. Although many experiments have proven that memories are visual and inaccurate, many psychotherapists still assume that memories which surface during therapy are realistic representations of facts. They do not take into account that reminiscences (pseudomemories) of events can be planted in the memory by the imagination or through behavioral pressure. In light of this, the question arises as to why some patients during therapy tend to invent in particular memories of traumatic early childhood experiences. The authors assume that certain suggestive elements come to bear with victimization. The advantage gained is of great importance and has many facets. The case of Wilkomirski proves that mystification of the ego via identification with victims is not only provoked in psychotherapeutic treatment but also is a means of gaining public attention and support. As concerns the therapeutic handling of actual emotional traumatization (whose pathogenic significance and long-term effects used to be underestimated), suggestive and autosuggestive processes play a large role. In this respect, modern trauma research and psychotherapy are faced with special challenges.

Stokes E, Gilbert-Palmer D, Skorga P, Young C, Persell D. Chemical agents of terrorism: preparing nurse practitioners. *Nurse Pract* 2004; 29(5):30-9; quiz 39-41.

Abstract: Nurse practitioners must exercise vigilant readiness to properly care for victims of chemical injuries. In this article, appropriate clinical management of each category of chemicals is addressed, including supportive and pharmacologic care. Triage decisions are explained and decontamination concerns are identified. Attention is directed at special populations such as children and the elderly.

Stokowski LA. Make every mother and child count--World Health Day. *Adv Neonatal Care* 2005; 5(3):124.

Stolt UG, Helgesson G, Liss PE, Svensson T, Ludvigsson J. Information and informed consent in a longitudinal screening involving children: a questionnaire survey. *Eur J Hum Genet* 2005; 13(3):376-83.

Abstract: This empirical study explores participants' perceptions of information and understanding of their children's and their own involvement in a longitudinal screening, the ABIS Study. ABIS (All Babies In Southeast Sweden) is a multicentre, longitudinal research screening for Type 1 diabetes and multifactorial diseases involving 17 005 children and their families. For this study, a random selection of mothers was made, using perinatal questionnaire serial numbers from the ABIS study. In total, 293 of these mothers completed an anonymous questionnaire (response rate 73.3%). Our findings from the

questionnaire indicate a marked difference between the reported satisfaction with and understanding of the information provided on the one hand and the significant lack of knowledge of some of the aims and methods of the ABIS screening on the other, namely concerning high-risk identification of involved children, potential prevention and future questionnaires. Two questions evoked by our results are: (1) what information is required for participants in longitudinal studies involving children? and (2) how do we ensure and sustain understanding, and thus in a prolonging, informed consent in these studies? This study underlines the importance of an increased understanding of the ethical issues that longitudinal research on children raise and the need to discuss how information and informed consent strategies should be analysed and designed in longitudinal studies.

Stone AL, Latimer WW. Adolescent substance use assessment: concordance between tools using self-administered and interview formats. *Subst Use Misuse* 2005; 40(12):1865-74.

Abstract: The present study evaluates the agreement between adolescent self-report of substance use frequencies obtained from a self-administered questionnaire vs. face-to-face interview formats. Participants were 108 adolescents (82 males, 26 females), aged 11 to 19 ( $M = 15.74$ ,  $SD = 1.17$ ), who were referred for a chemical dependence assessment between June of 1999 and June of 2000 in Minnesota. The adolescent battery included the self-administered Personal Experience Inventory and the face-to-face interviewer-administered Drug Use History Interview to assess substance use frequency. A urine sample was also collected to validate self-report of recent substance use. Bivariate correlations between adolescent self-report on the self-administered and interviewer-administered formats were strong for alcohol (average  $r = 0.72$ ) and marijuana (average  $r = 0.81$ ) use frequencies during the 3 months and 12 months preceding the baseline assessment. However, adolescents were generally more likely to report greater frequencies of alcohol and marijuana use during the interview-administered protocol when compared to the self-administered format. Study implications and limitations are discussed.

Stone NN. Hand-drumming to build community: the story of the Whittier Drum Project. *New Dir Youth Dev* 2005; (106):73-83, 6.

Abstract: Over the years, the author participated in drum circles and classes in Denver, Fort Collins, and Boulder, Colorado. He noticed that drumming made him feel grounded and at peace. Drumming is very accessible, not like playing the piano or violin. Simple rhythms can be taught to people with no drumming experience very quickly and an ensemble rhythm created with a group in one sitting. Drumming turned out to be a highly effective way to engage with young people not only to address their individual spirits but to

join with others to create a community.

Stone RD. The cloudy crystal ball: genetics, child abuse, and the perils of predicting behavior. *Vanderbilt Law Rev* 2003; 56(5):1557-90.

Notes: GENERAL NOTE: KIE: 150 fn.  
GENERAL NOTE: KIE: KIE Bib: behavioral genetics; genetic screening

Stoodley N. Neuroimaging in child abuse: reducing the risk. *Clin Radiol* 2004; 59(11):965-6.

Stoolmiller M. Synergistic interaction of child manageability problems and parent-discipline tactics in predicting future growth in externalizing behavior for boys. *Dev Psychol* 2001; 37(6):814-25.  
Abstract: Manageability problems during early childhood for boys were hypothesized to disrupt parental discipline practices. In turn, disrupted parental discipline practices were hypothesized to interact with manageability problems during late childhood to predict change in antisocial behavior during the transition from elementary to middle school. Results indicated that maternal retrospective perceptions of unmanageability predicted observed maternal discipline practices, even when maternal antisocial behavior and depressed mood and the disruptive and antisocial behavior of the boy were statistically controlled. Graphical analyses and latent class growth models indicated that level of temper tantrums interacted with maternal discipline in predicting change in teacher ratings of antisocial behavior. The nature of the interaction indicated that maternal discipline was a risk factor for growth in antisocial behavior only for boys with high levels of tantrums.

Stormshak EA, Comeau CA, Shepard SA. The relative contribution of sibling deviance and peer deviance in the prediction of substance use across middle childhood. *J Abnorm Child Psychol* 2004; 32(6):635-49.

Abstract: This study investigated the quality of sibling relationships and sibling deviancy in a sample of children at-risk for substance use and antisocial behavior. Based on a history of empirical and theoretical models suggesting strong associations between children's development in the context of relationships and the emergence of delinquency and drug use, this research extends previous efforts by including sibling relationships in this developmental model, linking siblings with later substance use. Sibling relationship quality as well as peer deviance were examined using a multirater, multimethod assessment procedure. We tested 3 constructs (deviancy, warmth, and conflict) related to sibling behavior. Only sibling deviance and peer deviance directly predicted substance use. When both sibling deviance and peer deviance were examined as predictors of changes in substance use over time, only

sibling deviance was significant. Implications for the development of substance use behavior in middle childhood are discussed.

Storvoll EE, Wichstrom L. Do the risk factors associated with conduct problems in adolescents vary according to gender? *J Adolesc* 2002; 25(2):183-202.  
Abstract: The present paper examines whether there are gender differences in the associations between conduct problems and risk factors such as family conditions, peer influence, leisure activities, school-related variables and pubertal timing. We analysed self-reported data collected as part of a large general population study of Norwegian adolescents (N=9342). On the basis of earlier studies, conduct problems were decomposed into three dimensions, labelled theft and vandalism, school opposition and covert behaviour. The first dimension includes different kinds of theft and vandalism, whereas the second includes school-related conduct problems of an overt aggressive kind. The last dimension reflects avoidance of arenas under adult control. Whether or not gender differences were detected depended on the aspect of conduct problems considered. The associations between risk factors and "theft and vandalism" and "school opposition" were stronger for boys than for girls. No gender differences were detected in the associations between and risk factors and "covert behaviour". Even though there were gender differences in the strength of these associations, the same risk factors seem to be relevant in explaining conduct problems for both gender groups.

Stover CS. Domestic violence research: what have we learned and where do we go from here? *J Interpers Violence* 2005; 20(4):448-54.  
Abstract: Domestic violence has been an intense area of study in recent decades. Early studies helped with the understanding of the nature of perpetration, the cycle of violence, and the effect of family violence on children. More recently, studies have focused on beginning to evaluate domestic violence interventions and their effects on recidivism. This article acknowledges the importance of what we have learned about the prevalence and impact of domestic violence and explores the need for more focused effort to pinpoint interventions that are effective with perpetrators and victims. Methodological issues relevant to past intervention studies are also discussed and future research directions are outlined.

Straetmans M, Schonbeck Y, Engel JA, Zielhuis GA. Meconium-stained amniotic fluid is not a risk factor for otitis media. *Eur Arch Otorhinolaryngol* 2003; 260(8):432-5.

Abstract: It has recently been hypothesised that large amounts of amniotic fluid cellular content (AFCC) in the middle ear may lead to chronic inflammation and predispose young children to recurrent middle ear infections. Because children born with meconium-

stained amniotic fluid (MSAF) have higher AFCC in the middle ear, we performed a retrospective cohort study to determine whether children born with MSAF had a higher risk of OM during infancy. Children born between May 1998 and April 2000 formed two groups based on the absence or presence of MSAF at birth as documented in the hospital birth records. In April 2002, home visits were made to take tympanometric measurements and administer a questionnaire on OM history and possible confounders. Logistic regression models were constructed to assess odds ratios (OR) as a measure of the effect of MSAF on OM and to adjust for potential confounders. There were no differences in the point prevalence of a type-B tympanogram at the home visit (OR 0.81; 95% confidence interval: 0.38-1.76). Also, no statistically significant association was found between the proportion of children with OM diagnosed in the 1st year of life (OR 0.86, 95% confidence interval: 0.27-2.73) and in the proportion of children that had ever been diagnosed with OM (OR 0.91, 95% confidence interval: 0.40-2.91). It can be concluded that children born with MSAF do not constitute a high-risk group for OM in early childhood. A long-term OM effect, especially in severe MSAF cases, cannot be excluded.

Strasburger VC. Adolescents, sex, and the media: ooooo, baby, baby-a Q & A. *Adolesc Med Clin* 2005; 16(2):269-88, vii.  
Abstract: The media arguably have become the leading sex educator for American children and adolescents. More than 80% of the top teen shows contain sexual content, and the average teen views nearly 14,000 sexual references on television alone. The gap between suggestive and responsible content on primetime television is narrowing, but only slowly. Parents and teachers need to recognize the power of the media to educate and begin incorporating principles of media literacy into existing sex education programs.

Stratman E, Melski J. Scald abuse. *Arch Dermatol* 2002; 138(3):318-20.

Strauch H, Wirth I, Taymoorian U, Geserick G. Kicking to death - forensic and criminological aspects. *Forensic Sci Int* 2001; 123(2-3):165-71.  
Abstract: A total of 36,274 forensic autopsies was performed in Berlin, between 1980 and 1987, including 152 cases (0.42%) in which death had been caused by blunt violence due to kicking. Data were collected on both victims and offenders, postmortem findings, causes of death and the way violence had been perpetrated. The greater part of victims and offenders had been males originating from lower social strata. Most of the victims and offenders had been in relationship with each other prior to the offence. Typical course of events: Victims and offenders, under influence of alcohol, became involved in a brawl, usually for trivial reasons, which soon led to physical

fighting. When the victim had been knocked to the ground, the offender started forceful kicking. Bleeding to death and head injury were frequent causes of death. More than 50% of all offences were committed by single offenders. The diagnosis of kicking to death can at best be derived from presence of boot traces leaving shaped injuries. The trace-generating boot can be identified as offending tool by means of comparative police investigation. In addition to evaluation of shoe sole profiles, there is other trace-relevant material that may be sampled from a suspected offender's footwear (skin cells, hair, blood, body tissue) and used to identify findings by DNA analysis. There may be injuries with visible patterns supporting suspicion of kicking and trampling, although conclusive confirmation can be obtained only by testimony by a witness or confession by the offender.

Strina A, Cairncross S, Barreto ML, Larrea C, Prado MS. Childhood diarrhea and observed hygiene behavior in Salvador, Brazil. *Am J Epidemiol* 2003; 157(11):1032-8.

Abstract: Brief biweekly home visits, made as part of a cohort study of diarrhea in young children under age 5 years that was carried out in Salvador, Brazil, in 1998-1999, were used as a low-cost way to collect structured observation data on domestic hygiene behavior. Fieldworkers were trained to check a list of 23 forms of hygienic or unhygienic behavior by the child or the child's caretaker, if any behaviors were seen during the visit. Children were grouped according to whether mainly unhygienic behavior or mainly hygienic behavior had been recorded. This permitted study of the determinants of hygiene behavior and of its role in the transmission or prevention of diarrheal disease. Observations were recorded on roughly one visit in 20. Households with adequate excreta disposal were significantly more likely to be in the "mainly hygienic" group. The prevalence of diarrhea among children for whom mainly unhygienic behavior was recorded was 2.2 times that among children in the "mainly hygienic" group. The relative risk for prevalence was 2.2 (95% confidence interval: 1.7, 2.8). The relative risk fell to 1.9 (95% confidence interval: 1.5, 2.5) after data were controlled for confounding, but the difference was still highly significant.

Strina A, Cairncross S, Prado MS, Teles CA, Barreto ML. Childhood diarrhoea symptoms, management and duration: observations from a longitudinal community study. *Trans R Soc Trop Med Hyg* 2005; 99(6):407-16.  
Abstract: This study examined the evolution and duration of diarrhoea episodes observed in a community setting, with regard to symptoms and carers' responses. The study group comprised 1156 children, aged 0-36 months, who were followed-up with twice-weekly home visits in 30 sampling areas in the city of Salvador, northeast Brazil. A total of 2403 diarrhoea episodes (mean duration: 2.9 days) were recorded. The number of soft/liquid motions per day

(3.6) did not vary significantly with duration, but other symptoms were more commonly reported in the longer episodes. However, when the data were analysed by day of the episode, rather than the episode's overall duration, the reported frequency of fever and vomiting declined significantly with time. During the course of an episode, rehydration, medication and care-seeking also showed a decline in frequency after the first or second week. As episodes continue, less rehydration and medical care are provided by carers, whereas they ought to be maintained because of the continued purging and cumulative effect of the symptoms. Since most cases of diarrhoea are managed at home, it is important to understand how to encourage better management of the longer episodes, which cause an increasing proportion of mortality in some countries.

Stritzke WG, Dandy J, Durkin K, Houghton S. Use of interactive voice response (IVR) technology in health research with children. *Behav Res Methods* 2005; 37(1):119-26.

Abstract: This article reports on the feasibility of using interactive voice response (IVR) technology to obtain daily reports of attitudes toward alcohol and tobacco use among children 9-13 years of age. Two studies were conducted. The first was an investigation of the use of IVR technology to obtain daily data from a sample of primary school children over a period of 8 weeks. The second was an extension of the research to a large sample of primary and secondary school children in urban and rural areas who provided daily data over a 4-week period. Retention and compliance rates comparable to those obtained with adults were evident in both studies, supporting the feasibility of this technology with children. The results are discussed in relation to the benefits of this methodology for health research, particularly for studies of sensitive topics conducted with children and adolescents.

Strong DR, Brown RA, Ramsey SE, Myers MG. Nicotine dependence measures among adolescents with psychiatric disorders: evaluating symptom expression as a function of dependence severity. *Nicotine Tob Res* 2003; 5(5):735-46.

Abstract: Using methods based in item response theory, we examined a structured interview assessment of Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) nicotine dependence and the Modified Fagerstrom Tolerance Questionnaire (mFTQ) symptoms to explore the expression of particular symptoms as a function of level of nicotine involvement in a sample of 191 adolescents with psychiatric disorders. Despite our attempts to capture a broad range of smokers, 64% of teens were daily smokers and 68% met DSM-IV criteria for nicotine dependence. This paper describes the relative severity of DSM-IV and mFTQ items, as well as each item's ability to discriminate among individuals at various levels of nicotine involvement. Comparisons across measures revealed that the mFTQ was not particularly

sensitive to individual variation in DSM-IV symptom counts, suggesting the physiological components were not strongly related to the predominantly cognitive and behavioral components of the DSM-IV nicotine dependence syndrome. However, the mFTQ relative to the DSM-IV consistently showed stronger relationships to the immediate consequences of nicotine deprivation (urge, craving), supporting the conceptualization of the mFTQ as measuring nicotine exposure. These analyses provide us with some preliminary understanding of the severity of particular symptoms and the order in which symptoms are likely to be expressed across levels of nicotine dependence.

Struffert T, Grunwald I, Reith W. [Cranio-cerebral trauma in childhood]. *Radiologe* 2003; 43(11):967-76. Abstract: This article describes typical head injuries in infants and children. In comparison with adults there are distinct differences in the etiology of trauma and in the kind of reaction of the skull and brain. In infants and children there are three different types of trauma: birth trauma, accidental and non-accidental injury. The typical injuries in these three groups are described.

Stuhlmiller DF, Cudnik MT, Sundheim SM, Threlkeld MS, Collins TE Jr. Adequacy of online medical command communication and emergency medical services documentation of informed refusals. *Acad Emerg Med* 2005; 12(10):970-7.

Abstract: BACKGROUND: In the out-of-hospital setting, when emergency medical services (EMS) providers respond to a 9-1-1 call and encounter a patient who wishes to refuse medical treatment and/or transport to the hospital, the EMS providers must ensure the patient possesses medical decision-making capacity and obtain an informed refusal. In the city of Cleveland, Ohio, Cleveland EMS completes a nontransport worksheet that prompts the paramedics to evaluate specific patient characteristics that can influence medical decision-making capacity and then discuss the risks of refusing with the patient. Cleveland EMS then contacts an online medical command (OLMC) physician to authorize the refusal. OLMC calls are recorded for review. OBJECTIVES: To assess the ability of EMS to determine medical decision-making capacity and obtain an informed refusal of transport. METHODS: This study was a retrospective review of a cohort of recorded OLMC refusal calls and of the accompanying written documentation by Cleveland EMS. The completeness of the verbal communication between the paramedic and OLMC physician and the written documentation on the nontransport worksheet were measured as surrogate markers of the adequacy of determining medical decision-making capacity and obtaining an informed refusal. RESULTS: One hundred thirty-seven OLMC calls for patient-initiated refusals were reviewed. Vital signs and alertness/orientation were verbally communicated more than 83% of the time. The presence of head injury, presence of alcohol or drug



intoxication, and presence of hypoglycemia were verbally communicated less than 31% of the time. Verbal communication stating that the risks of refusing had been discussed with the patient occurred 44.5% of the time. The written documentation of the refusal encounter was more complete, exceeding 95% for vital signs and alertness/orientation, and exceeding 80% for the remaining patient characteristics. The rate of written documentation that the risks of refusing had been discussed with the patient was 48.7%. Discrepancies between the verbal and written paramedic reports were clinically insignificant. CONCLUSIONS: Paramedic and OLMC physician communication for patients refusing out-of-hospital medical treatment and/or transport is inadequate in the Cleveland EMS system. A written nontransport worksheet improves documentation of the refusal encounter but does not ensure that every patient who refuses possesses medical decision-making capacity and the capacity to provide an informed refusal.

Sturdy PM, Victor CR, Anderson HR *et al.* Psychological, social and health behaviour risk factors for deaths certified as asthma: a national case-control study. *Thorax* 2002; 57(12):1034-9. Notes: CORPORATE NAME: Mortality and Severe Morbidity Working Group of the National Asthma Task Force Abstract: BACKGROUND: Uncontrolled studies suggest that psychosocial factors and health behaviour may be important in asthma death. METHODS: A community based case-control study of 533 cases, comprising 78% of all asthma deaths under age 65 years and 533 hospital controls individually matched for age, district and asthma admission date corresponding to date of death was undertaken in seven regions of Britain (1994-98). Data were extracted blind from anonymised copies of primary care records for the previous 5 years and non-blind for the earlier period. RESULTS: 60% of cases and 63% of controls were female. The median age in both groups was 53. Cases had an earlier age of asthma onset, more chronic obstructive lung disease, and were more obese. 48% of cases and 42% of controls had a health behaviour problem; repeated non-attendance/poor inhaler technique was related to increased risk of death. Overall, 85% and 86%, respectively, had a psychosocial problem. Four psychosocial factors were associated with increased risk of death (psychosis, alcohol/drug abuse, financial/employment problems, learning difficulties) and two with reduced risk (anxiety/prescription of antidepressant drugs and sexual problems). While alcohol/drug abuse lost significance after adjustment for psychosis, other associations appeared independent of each other and of indicators of severity and co-morbidity. None of the remaining 13 factors including family problems, domestic abuse, bereavement, and social isolation were significantly related to risk of asthma death. CONCLUSION: There was an apparently high burden

of psychosocial problems in both cases and controls. The associations between health behaviour, psychosocial factors, and asthma death are varied and complex with a limited number of factors showing positive relationships.

Su B, Macer DR. Chinese people's attitudes towards genetic diseases and children with handicaps. *Law Hum Genome Rev* 2003; (18):191-210. Notes: GENERAL NOTE: KIE: 53 refs. GENERAL NOTE: KIE: KIE Bib: eugenics

Suarez-Orozco C, Todorova IL. The social worlds of immigrant youth. *New Dir Youth Dev* 2003; (100):15-24.

Abstract: This introductory chapter uses a detailed case study to illustrate the interconnection of multiple social influences on one particular youth's path of migration. It further identifies some of the major influences on immigrant youth development, including the stresses of migration, separations and reunifications, changing networks of relations, poverty and segregation, and identity formation.

Subkowski P. [Harry Potter--the trauma as a drive for psychic development]. *Prax Kinderpsychol Kinderpsychiatr* 2004; 53(10):738-53.

Abstract: The Harry Potter books are centered around the psychic development of a traumatised young boy starting from his internalised early experience of being loved by his mother to the sudden loss of both of his parents at the anal stage and the later cumulative traumatisation by being neglected and mistreated by his relatives up to the present times. By identifying with his father and other father replacements Harry Potter finally acquires self-assurance and wins new friends. Harry goes through different stages of initiation into the adult world with all its conflicts and rivalries but also friendships. He stands up to his fears and symptoms resulting from his early childhood traumata and thereby helps to encourage readers of all ages to handle their own conflicts. On the oedipal level Harry Potter finally has to deidealize his father and Dumbledore, but also their opponent the dark Lord Voldemort, who thereby becomes more human, understandable and in the long run probably defeatable. The reader can identify himself with Harry and/ or a wide range of other characters. He can recognize his own experiences in life and conflicts in the story and argue internally with the demonstrated conflict solving patterns on different levels. It is the skillfully displayed and logically constructed story of the psychic development of a child that is traumatised at an early age and the possibilities the reader has to identify selectively with the different characters that constitutes the attractiveness of the Harry Potter novels.

Suchman N, Mayes L, Conti J, Slade A, Rounsaville B. Rethinking parenting interventions for drug-dependent

mothers: from behavior management to fostering emotional bonds. *J Subst Abuse Treat* 2004; 27(3):179-85.

Abstract: Mothers who are physically and/or psychologically dependent upon alcohol and illicit drugs are at risk for a wide range of parenting deficits beginning when their children are infants and continuing as their children move through school-age and adolescent years. Behavioral parent training programs for drug-dependent mothers have had limited success in improving parent-child relationships or children's psychological adjustment. One reason behavioral parenting programs may have had limited success is the lack of attention to the emotional quality of the parent-child relationship. Research on attachment suggests that the emotional quality of mother-child relationships is an important predictor of children's psychological development through school-age and adolescent years. In this paper, we present a rationale and approach for developing attachment-based parenting interventions for drug-dependent mothers and report preliminary data on the feasibility of offering an attachment-based parenting intervention in an outpatient drug treatment program for women.

Suchman NE, McMahon TJ, Luthar SS. Interpersonal maladjustment as predictor of mothers' response to a relational parenting intervention. *J Subst Abuse Treat* 2004; 27(2):135-43.  
Abstract: In previous work, Luthar and Suchman (2000, *Development & Psychopathology*, 12, 235) reported results of a randomized clinical trial testing the efficacy of the Relational Psychotherapy Mothers' Group (RPMG) for methadone-maintained mothers. In this extension, we examined maternal interpersonal maladjustment as a predictor of differential response to RPMG versus standard drug counseling (DC). We predicted that RPMG mothers with high levels of interpersonal maladjustment would improve on parent-child relationship indices, whereas DC mothers with high levels of interpersonal maladjustment would show no improvement. Fifty-two mothers enrolled in the study completed baseline, post-treatment and 6-month followup assessments and a subset of 24 "target" children between the ages of 7 and 16 completed measures on mothers' parenting. As predicted, results of hierarchical regression analyses indicated moderate interpersonal maladjustment x treatment interaction effects for all parenting outcomes at post-treatment and for a subset of outcomes at followup. Plotted interactions confirmed predictions that, as maternal interpersonal maladjustment increased, parenting problems improved for RPMG mothers and remained the same or worsened for DC mothers. Results indicate the potential value of interpersonally oriented interventions for substance-abusing mothers and their children.

Suffczynski P, Lopes da Silva F, Parra J, Velis D, Kalitzin S. Epileptic transitions: model predictions and

experimental validation. *J Clin Neurophysiol* 2005; 22(5):288-99.

Abstract: The essence of epilepsy is that a patient displays (long) periods of normal EEG activity (i.e., nonepileptiform) intermingled occasionally with epileptiform paroxysmal activity. The mechanisms of transition between these two types of activity are not well understood. To provide more insight into the dynamics of the neuronal networks leading to seizure generation, the authors developed a computational model of thalamocortical circuits based on relevant patho(physiologic) data. The model exhibits bistability, i.e., it features two operational states, ictal and interictal, that coexist. The transitions between these two states occur according to a Poisson process. An alternative scenario for transitions can be a random walk of network parameters that ultimately leads to a paroxysmal discharge. Predictions of bistable computational model with experimental results from different types of epilepsy are compared.

Suk WA, Ruchirawat KM, Balakrishnan K *et al.* Environmental threats to children's health in Southeast Asia and the Western Pacific. *Environ Health Perspect* 2003; 111(10):1340-7.

Abstract: The Southeast Asia and Western Pacific regions contain half of the world's children and are among the most rapidly industrializing regions of the globe. Environmental threats to children's health are widespread and are multiplying as nations in the area undergo industrial development and pass through the epidemiologic transition. These environmental hazards range from traditional threats such as bacterial contamination of drinking water and wood smoke in poorly ventilated dwellings to more recently introduced chemical threats such as asbestos construction materials; arsenic in groundwater; methyl isocyanate in Bhopal, India; untreated manufacturing wastes released to landfills; chlorinated hydrocarbon and organophosphorous pesticides; and atmospheric lead emissions from the combustion of leaded gasoline. To address these problems, pediatricians, environmental health scientists, and public health workers throughout Southeast Asia and the Western Pacific have begun to build local and national research and prevention programs in children's environmental health. Successes have been achieved as a result of these efforts: A cost-effective system for producing safe drinking water at the village level has been devised in India; many nations have launched aggressive antismoking campaigns; and Thailand, the Philippines, India, and Pakistan have all begun to reduce their use of lead in gasoline, with resultant declines in children's blood lead levels. The International Conference on Environmental Threats to the Health of Children, held in Bangkok, Thailand, in March 2002, brought together more than 300 representatives from 35 countries and organizations to increase awareness on environmental health hazards affecting children in these regions and throughout the world. The conference, a direct result of

the Environmental Threats to the Health of Children meeting held in Manila in April 2000, provided participants with the latest scientific data on children's vulnerability to environmental hazards and models for future policy and public health discussions on ways to improve children's health. The Bangkok Statement, a pledge resulting from the conference proceedings, is an important first step in creating a global alliance committed to developing active and innovative national and international networks to promote and protect children's environmental health.

Sullivan A. They know not what they do. Even in Rome, the U.S. cardinals still forgot the children. *Time* 2002; 159(18):31.

Sullivan A. Who says the church can't change? *Time* 2002; 159(24):63-4.

Sullivan-Bolyai S, Grey M, Deatrick J, Gruppuso P, Giraitis P, Tamborlane W. Helping other mothers effectively work at raising young children with type 1 diabetes. *Diabetes Educ* 2004; 30(3):476-84. Abstract: PURPOSE: This study examined the feasibility of a postdiagnosis parent mentoring intervention for mothers of young children (1-10 years old) newly diagnosed with type 1 diabetes. METHODS: A mixed-method, prospective, randomized, controlled clinical trial design was used. Parent mentors (experienced mothers who have successfully raised young children with type 1 diabetes) and mother participants with young children newly diagnosed with type 1 diabetes were recruited from 2 regional pediatric diabetes centers. The mentors were trained to provide informational, affirmational, and emotional support using Ireys' modified parent mentor curriculum. During a 6-month trial, mentors provided home visits and phone call support to the mothers who were randomized to the experimental group. The control group had the option of receiving the intervention after the 6-month trial. RESULTS: Mothers in the experimental group had fewer concerns, more confidence, identified more resources, and perceived diabetes having less of a negative impact on their family compared with mothers in the control group. Parent mentors provided important, practical day-to-day management information, reassurance, and emotional support during times of crises. CONCLUSIONS: A postdiagnosis parent mentoring intervention for mothers of children with diabetes appears to be feasible and potentially effective.

Sullivan CO, Omar RZ, Forrest CB, Majeed A. Adjusting for case mix and social class in examining variation in home visits between practices. *Fam Pract* 2004; 21(4):355-63.

Abstract: OBJECTIVES: The purpose of this study was to investigate whether adjusting for clinical case mix and social class explains more of the variation in home

visits between general practices than adjusting for age and sex alone. METHODS: The setting was 60 general practices in England and Wales taking part in the 1 year Fourth National Morbidity Survey. The participants comprised 349 505 patients who were registered with one of the participating general practices for at least 180 days, and who had at least one consultation during the period. The outcome measure is whether or not a patient received a home visit in that year. A clinical case mix category (morbidity class) based on 1 year's diagnostic information was assigned to each patient using the Johns Hopkins Adjusted Clinical Groups (ACG) Case Mix System. The social class measure was derived from occupation and employment status and is similar to that of the 1991 UK census. Variations in home visits between practices were examined using multilevel logistic regression models. The variability between practices before and after adjusting for clinical case mix and social class was estimated using the intracluster correlation coefficient (ICC). RESULTS: The overall percentage of patients receiving a home visit over the 1 year study period was 17%, and this varied from 7 to 31% across the 60 practices. The percentage of the total variation in home visits attributable to differences between practices was 2.5% [95% confidence interval (CI) 1.4-3.2%] after adjusting for age and sex. This reduced to 1.6% (95% CI 1.1-2.4%) after taking into account morbidity class. The results were similar when social class was included instead of morbidity class. Morbidity and social class together reduced variation in home visits between practices to 1.5% (95% CI 1.1-2.2%). CONCLUSIONS: Age, sex, social class and clinical case mix are strong determinants of home visits in the UK. Adjusting for morbidity and social class results in a small improvement in explaining the variability in home visits between practices compared with adjusting for age and sex alone. There is far more variation between patients within practices; however, it is not straightforward to examine the factors influencing this variation. In addition to morbidity and social class, there could also be other unmeasured factors such as varying patient demand for home visits, disability or differences in GP home visiting practice style that could influence the large within-practice variability observed in this study.

Sumanen M, Koskenvuo M, Sillanmaki L, Mattila K. Childhood adversities experienced by working-aged coronary heart disease patients. *J Psychosom Res* 2005; 59(5):331-5.

Abstract: OBJECTIVE: The aim of this study is to investigate associations between childhood adversities and coronary heart disease (CHD). METHODS: This was a case-control study based on a postal questionnaire addressed to randomly selected working-aged Finns, and response rate was 39% (N = 15,477). The sample comprised 319 CHD patients. Four age- and gender-matched controls were selected for every patient. The participants were asked in six questions to

think about their childhood adversities. RESULTS: Fear of some family member and someone in the family being seriously or chronically ill were more common during childhood among working-aged CHD patients than among controls. Likewise, among female CHD patients, serious conflicts in the family and someone in the family having had alcohol problems and, among male CHD patients, long-lasting financial problems were more common than among controls. Odds ratios (OR) varied between 1.27 and 2.66. Adjustment for education had no influence among women, but it had an influence among men. Upon adjustment for conventional risk factors (smoking, obesity, and hypertension), the association mostly disappeared. A family member having been seriously or chronically ill was statistically significant after full adjustment among both genders. CONCLUSION: Working-aged CHD patients have experienced more dramatic events during their childhood than did the control population. This issue cannot be solved in doctors' offices. Health-promoting social policies are of vital importance.

Sundfaer A. [31 women with drug problems got children-- what happened after that?]. *Tidsskr Nor Laegeforen* 2001; 121(1):73-5. Abstract: BACKGROUND: The intention of this study was to increase the knowledge concerning the rehabilitation of women with drug problems after the birth of a child and to find out how the children developed. MATERIAL AND METHODS: A follow-up study of 31 women, former drug and alcohol abusers and their children, 19 girls and 12 boys born in 1982-1983. The first survey took place when the children were 2-3 years of age, then when they were 7-9 and at last when they were 15-17. The biological mothers, foster or adoptive mothers, the children and their teachers were interviewed. RESULTS: The women got more support and control during the pregnancy than afterwards. Most of the mothers became single. Women with the shortest drug history, a good social network and a stable partner without drug problems kept the care of their children. By the first survey (1985), seven children had been placed in foster homes, in the second (1992) two further children had been taken away from their mothers, and in the third (1999) only one third of the children were living with their biological mothers. Most of the children did well at school and in their families, had friends and leisure activities despite still living by their mothers or in foster/adoption homes. None of the youngsters had been in conflict with the law or were drug abusers, but every second teenage girl needed psychological support. Children who had been stable by their drug-free biological mothers functioned best. INTERPRETATION: Mothers with drug problems do not get sufficient attention after the delivery and when the children grow up. A supporting family should be brought in contact with mother and child after the delivery. Under special circumstances pregnancy can

be a positive turning point for women with drug problems.

Sutherland I, Sivarajasingam V, Shepherd JP. Recording of community violence by medical and police services. *Inj Prev* 2002; 8(3):246-7. Abstract: OBJECTIVES: To determine the extent to which community violence that results in injury treated in emergency departments appears in official police records and to identify age/gender groups at particular risk of under-recording by the police. METHODS: Non-confidential data for patients with assault related injury treated in the emergency departments of two hospitals in one South Wales city (Swansea) during a six month period were compared with data relating to all recorded crimes in the category "Violence against the person" in the police area where the hospitals were located. RESULTS: Over the six month period a total of 1513 assaults were recorded by Swansea emergency departments and the police (1019, 67.3% injured males and 494, 32.7% injured females). The majority of these assaults (993, 65.6%) were recorded exclusively by emergency departments; 357 (23.6%) were recorded only by the police and 163 (10.8%) were recorded by both emergency departments and the police. Equal proportions of males (67.3%) and females (67.5%) injured in assaults were recorded by both emergency departments and the police, but men were more likely to have their assault recorded exclusively in emergency departments (odds ratio (OR) 2.1, 95% confidence interval (CI) 1.7 to 2.7) while women were more likely to have their assault recorded exclusively by the police (OR 2.5, 95% CI 2.0 to 3.2). There were no significant relationships between exclusive emergency department recording and increasing age (OR 1.0, 95% CI 0.9 to 1.2), exclusive police recording and increasing age (OR 1.1, 95% CI 1.0 to 1.2), or between age and dual recording (OR 0.9, 95% CI 0.8 to 1.0). CONCLUSIONS: Most assaults leading to emergency department treatment, particularly in which males were injured, were not recorded by the police. Assaults on the youngest group (0-10, particularly boys) were those least likely to be recorded by police and females over age 45, the most likely. Emergency department derived assault data provide unique perspectives of community violence and police detection.

Suzuki K, Morita S, Muraoka H, Niimi Y. [Fetal alcohol spectrum disorders (FASD) among Japanese children of alcoholic mothers]. *Nihon Arukoru Yakubutsu Igakkai Zasshi* 2005; 40(3):219-32. Abstract: OBJECTIVE: This study was carried out to examine fetal alcohol spectrum disorders (FASD) among Japanese children of alcoholic mothers. This is the first report concerning FASD in Japan. METHODS: The subjects were 30 alcoholic women who were inpatients in the Kurihama Alcoholism Center and had given birth to children. They were subjected to a semi-structured interview by the author. Sixty healthy women who had not drunk during

pregnancy were used as a control group, and they also underwent semi-structured interviews. The alcoholic women were divided into two groups, 13 who drank during pregnancies and 17 who did not drink. Twenty children experienced of prenatal alcohol exposure and 40 children did not. The three groups; i.e., 13 alcoholic mothers who had drunk during pregnancy and their 20 children (ALD group), 17 alcoholic mothers who had not drunk during pregnancy and their 40 children (ALND group) and 60 non-alcoholic control mothers and their 80 children (Control group), were compared concerning the mothers' drinking problems and abnormal deliveries, children's birth weights, congenital abnormalities, abnormalities of the central nervous system and psychological problems. RESULTS: The mean age of onset of problem drinking of the mothers in the ALD group was significantly lower than that in the mothers of the ALND group, and some of the mothers in the ALD group showed alcohol dependence before their pregnancies. The mean birth weights of the children of the ALD group, ALND group and Control group were 2816 g, 3128 g and 3142 g, respectively and the differences were significant. The children of the ALD group had significantly more abnormal birth episodes, developmental retardation and psychiatric symptoms than those in the other two groups. Among 20 children in the ALD group, FASD was suspected in 6 children (10% of the children of alcoholic mothers). Six children had low birth weights, abnormal birth episodes, mental retardation and psychiatric symptoms. CONCLUSION: One third of the Japanese children of alcoholic mothers had experiences of prenatal alcohol exposure and 10% of them had suspected FASD abnormalities.

Svoboda JS. Circumcision--a Victorian relic lacking ethical, medical, or legal justification. *Am J Bioeth* 2003; 3(2):52-4.

Notes: GENERAL NOTE: KIE: 15 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Swahn MH, Mahendra RR, Paulozzi LJ *et al.* Violent attacks on Middle Easterners in the United States during the month following the September 11, 2001 terrorist attacks. *Inj Prev* 2003; 9(2):187-9. Abstract: OBJECTIVES: To document and describe hate related violent attacks on Middle Easterners or those perceived to be Middle Easterners during the month following the September 11, 2001 terrorist attacks in New York City and Washington, DC. METHODS: The LexisNexis database of newspaper reports were used to identify incidents of hate related violent acts against Middle Easterners or those perceived to be Middle Easterners in the US between September 1 and October 11, 2001. A total of 100 incidents of hate related violence were identified in the 2659 news articles that were reviewed. RESULTS: Of the 100 incidents of violent victimization that took place during the period September 1 to October 11, only one incident occurred before September 11. The

99 incidents that occurred after September 11 involved at least 128 victims and 171 perpetrators. Most violent victimizations occurred within 10 days of the attacks, involved male perpetrators and male victims, and occurred in convenience stores, on the streets, at gas stations, at schools/colleges, and at places of worship. DISCUSSION: Most violent victimizations occurred in the 10 days immediately following the terrorist attacks indicating that interventions that promote tolerance and understanding of diversity need to be implemented quickly in order to be effective. In addition, patrolling by police and Neighborhood Watch programs around convenience stores and gas stations may also be effective strategies for reducing hate related violent crimes.

Swanson EF. Anchors of the community: community schools in Chicago. *New Dir Youth Dev* 2005; (107):55-64, table of contents. Abstract: In partnership with Chicago's public and private sectors, Chicago Public Schools (CPS) has successfully implemented a citywide education reform effort, designed to transform Chicago's neighborhood schools into vibrant centers of the community. Mayor Richard M. Daley and Arne Duncan, CEO of CPS, launched the Community Schools Initiative in January 2002. What started as an idea that was developed by a local foundation has now grown into the largest-scale community school effort in the nation, with sixty-seven schools in operation and a plan to move to one hundred community schools by 2007. This initiative currently involves seventeen private funders, ten technical assistance providers, thirty-four community-based organizations that offer on-site services to children and families, and over three hundred additional community partnerships that provide one-day events such as health fairs and violence prevention workshops.

Swanson T. Mighty like a rose. *Pediatr Rehabil* 2004; 7(3):221-3.

Sweatt L, Harding CG, Knight-Lynn L, Rasheed S, Carter P. Talking about the silent fear: adolescents' experiences of violence in an urban high-rise community. *Adolescence* 2002; 37(145):109-20. Abstract: The self-reported violent experiences of adolescents living in a public-subsidized urban high-rise building were examined. This effort was part of an interdisciplinary, community-university collaboration program called the HOME (High-rise On-site Multifamily Environments) Family Support Project. A survey of violent experiences and a one-on-one structured interview were conducted with 20 adolescent residents. Results of the quantitative and qualitative analyses revealed high degrees of exposure to violence among these adolescents, concerns for their personal safety, as well as insights into what they believe adults could and should be doing to address increasing levels of community violence. The

implications of these results for conducting ecologically valid research on sensitive issues with adolescents and for family support program planning are discussed.

Swick SD, Jellinek MS, Dechant E, Jellinek MS, Belluck J. Children of victims of September 11th: a perspective on the emotional and developmental challenges they face and how to help meet them. *J Dev Behav Pediatr* 2002; 23(5):378-84.

Sword W, Niccols A, Fan A. "New Choices" for women with addictions: perceptions of program participants. *BMC Public Health* 2004; 4:10. Abstract: BACKGROUND: Substance use in pregnancy is a major public health problem. It can have profound effects on pregnancy outcomes, and childhood health and development. Additionally, women who use substances have their own health-related issues. Although intervention is important, these women often have difficulty using traditional systems of care. The New Choices program is a centralized, multi-sector approach to service delivery that has attempted to overcome barriers to care by offering one-stop shopping in a supportive environment. As part of an evaluation of this program designed for women who are pregnant and/or parenting young children, interviews were conducted with participants to gain insight into their experiences in New Choices and perceptions of any changes attributed to program involvement. METHODS: A qualitative, exploratory design was used to guide data collection and analysis. Four women participated in a focus group interview and seven women agreed to individual interviews over the course of the program evaluation (N = 11). A semi-structured interview guide was used to explore women's experiences in New Choices and their perceptions of the program and its impact. The interview data were analyzed using NVivo software and an inductive approach to data analysis. RESULTS: The emergent themes captured women's motivations for attending New Choices, benefits of participation, and overall quality of the program. Children were the primary motivating factor for program enrollment. Perceived benefits included decreased substance use, improved maternal health, enhanced opportunity for employment, increased access to other resources, enhanced parenting skills, and improved child behaviour and development. Women highly valued the comprehensive and centralized approach to service delivery that provided a range of informal and formal supports. CONCLUSIONS: Interview findings endorse the appropriateness and potential efficacy of a collaborative, centralized approach to service provision for women with substance use issues. Although the findings provide insight into an alternative model of service delivery for women with addictions, future research is needed to evaluate the effectiveness of the intervention. Research also is needed to determine which program components or constellation of

components contribute to desired outcomes, and to learn more about processes that underlie changes in behaviour.

Sylvestre A, Payette H, Tribble DS. [The prevalence of communication problems in neglected children under three years of age.]. *Can J Public Health* 2002; 93(5):349-52.

Abstract: OBJECTIVE: Estimate the prevalence of communication problems in children under three taken into care by Youth Centres in Quebec for negligence. Prevalence is calculated for the pragmatic aspect, receptive and expressive language, according to age and sex. METHOD: This is a cross-sectional study. A representative sample of 84 children was drawn consecutively from the lists of new children registered at the Youth Centres. RESULTS: 46.4% of the children present a problem in at least one area of communication. The prevalence and seriousness of the problems increase significantly with age. Boys are significantly more affected than girls. CONCLUSION: Negligence constitutes a threat to the development of communication. According to the data reported in this study, there is substantial justification for early intervention, promotion and prevention programs with regard to communication problems among neglected children.

Szilagyi PG, Schaffer S, Shone L *et al.* Reducing geographic, racial, and ethnic disparities in childhood immunization rates by using reminder/recall interventions in urban primary care practices. *Pediatrics* 2002; 110(5):e58.

Abstract: CONTEXT: An overarching national health goal of Healthy People 2010 is to eliminate disparities in leading health care indicators including immunizations. Disparities in US childhood immunization rates persist, with inner-city, black, and Hispanic children having lower rates. Although practice or clinic-based interventions, such as patient reminder/recall systems, have been found to improve immunization rates in specific settings, there is little evidence that those site-based interventions can reduce disparities in immunization rates at the community level. OBJECTIVE: To assess the effect of a community-wide reminder, recall, and outreach (RRO) system for childhood immunizations on known disparities in immunization rates between inner-city versus suburban populations and among white, black, and Hispanic children within an entire county. SETTING: Monroe County, New York (birth cohort: 10 000, total population: 750 000), which includes the city of Rochester. Three geographic regions within the county were compared: the inner city of Rochester, which contains the greatest concentration of poverty (among 2-year-old children, 64% have Medicaid); the rest of the city of Rochester (38% have Medicaid); and the suburbs of the county (8% have Medicaid). INTERVENTIONS: An RRO system was implemented in 8 city practices in 1995 (covering 64% of inner-city

children) and was expanded to 10 city practices by 1999 (covering 74% of inner-city children, 61% of rest-of-city children, and 9% of suburban children). The RRO intervention involved lay community-based outreach workers who were assigned to city practices to track immunization rates of all 0- to 2-year-olds, and to provide a staged intervention with increasing intensity depending on the degree to which children were behind in immunizations (tracking for all children, mail, or telephone reminders for most children, assistance with transportation or scheduling for some children, and home visits for 5% of children who were most behind in immunizations and who faced complex barriers). **STUDY PARTICIPANTS:** Three separate cohorts of 0- to 2-year-old children were assessed—those residing in the county in 1993, 1996, and 1999. **STUDY DESIGN:** Immunization rates were measured for each geographic region in Monroe County at 3 time periods: before the implementation of a systematic RRO system (1993), during early phases of implementation of the RRO system (1996), and after implementation of the RRO system in 10 city practices (1999). Immunization rates were compared for children living in the 3 geographic regions, and for white, black, and Hispanic children. Immunization rates were measured by the same methodology in each of the 3 time periods. A denominator of children was obtained by merging patient lists from the practice files of most pediatric and family medicine practices in the county (covering 85% to 89% of county children). A random sample of children (>500 from the suburbs and >1200 from the city for each sampling period) was then selected for medical chart review at practices to determine demographic characteristics (including race and ethnicity) and immunization rates. City children were oversampled to allow detection of effects by geographic region and race. Rates for the 3 geographic regions and for the entire county were determined using Stata to adjust for the clustered sampling. **MAIN OUTCOME MEASURES:** Immunization rates at 12 and 24 months for recommended vaccines (4 diphtheria-tetanus-pertussis:3 polio:1 measles-mumps-rubella: > or =1 Haemophilus influenzae type b on or after 12 months of age). **RESULTS: DISPARITIES BY GEOGRAPHIC REGION:** Baseline immunization rates (1993) for 24-month-olds were as follows: inner city (55%), rest of city (64%), and suburbs (73%), with an 18% difference in rates between the inner city and suburbs. By 1996, immunization rates rose faster in the inner city (+21% points) than in the suburbs (+14% points) so that the difference in rates between the inner city and suburbs had narrowed to 11%. In 1999, rates were similar across geographic regions: inner city (84%), rest of city (81%), and suburbs (88%), with a 4% difference between the inner city and suburbs. **DISPARITIES BY RACE AND ETHNICITY:** Immunization rates were available in 1996 and 1999 by race and ethnicity. Twenty-four-month immunization rates in 1996 showed disparities: white (89%), black (76%), and Hispanic (74%), with a 13% difference

between rates for white and black children and a 15% difference between white and Hispanic children. In 1999, rates were similar across the groups: white (88%), black (81%), and Hispanic (87%), with a 7% difference between rates for white and black children, and a 1% difference between white and Hispanic children. **CONCLUSIONS:** A community-wide intervention of patient RRO raised childhood immunization rates in the inner city of Rochester and was associated with marked reductions in disparities in immunization rates between inner-city and suburban children and among racial and ethnic minority populations. By targeting a relatively manageable number of primary care practices that serve city children and using an effective strategy to increase immunization rates in each practice, it is possible to eliminate disparities in immunizations for vulnerable children.

Sznajder M, Leduc S, Janvrin MP *et al.* Home delivery of an injury prevention kit for children in four French cities: a controlled randomized trial. *Inj Prev* 2003; 9(3):261-5; discussion 265.  
**Abstract: OBJECTIVES:** Home delivery of counselling and safety devices to prevent child injuries could help parents to adopt safe behaviour. The aim of this study was to test a safety kit designed and used in Quebec (Canada). **DESIGN AND SUBJECTS:** One hundred families from four towns in the Paris suburbs were visited at home by nurses or doctors when their child reached 6-9 months. Selection criteria were: primipara, medical problem, psychological, and/or socioeconomic difficulties. **INTERVENTIONS:** During the first visit, 50 families (group 1) received counselling and a kit including preventive devices and pamphlets about indoor injuries and ways to avoid them. The other 50 families (group 2) received counselling but not the kit. A second home visit was made 6-8 weeks later. **MAIN OUTCOME MEASURES:** The number of safety improvements was calculated 6-8 weeks after a first home visit. Perceived usefulness of the kit was collected from families and from interviewers. **RESULTS:** Between the first and the second visits, safety improvement was significantly higher in the group with the kit. This was mainly related to the risk of fall ( $p < 0.02$ ), fire and burns ( $p < 0.001$ ), poisoning ( $p < 0.01$ ), and suffocation ( $p < 0.001$ ). For improvement related to devices provided in the kit, the difference between the groups was significant: 64.4% improvement in group 1 versus 41.2% in group 2 ( $p < 0.01$ ). The relative risk (RR) of safety improvement between groups was 1.56 (95% confidence interval (CI) 1.35 to 1.80). Even for improvements not related to the kit the difference remained significant: 31.2% in group 1 versus 20.2% in group 2 ( $p < 0.05$ ); RR = 1.54 (95% CI 1.22 to 1.93). **CONCLUSION:** Routine home visits by social services offer a good opportunity to tackle child injury prevention. Free delivery of prevention kits and counselling allow families to modify their behaviour and homes so as to reduce

risks.

Szpurek D, Moszynski R, Smolen A, Sajdak S. Artificial neural network computer prediction of ovarian malignancy in women with adnexal masses. *Int J Gynaecol Obstet* 2005; 89(2):108-13. Abstract: OBJECTIVE: Assessment of the usefulness of a neural model to predict which ovarian tumors are malignant. METHOD: Age, menopausal status, body mass index, grayscale and Doppler ultrasonographic features, as well as levels of specific markers (CA 125, tissue polypeptide specific antigen) were examined in 686 women with adnexal masses. The probability of malignancy was calculated using an artificial neural network software and the diagnostic efficiency of the received model was estimated using a receiver-operating characteristics (ROC) curve. RESULT: Of the 686 women, 431 (62.8%) had a benign and 255 (37.2%) had a malignant ovarian tumor. The significant malignancy predictors are age, menopausal status, maximum tumor diameter, internal wall structure of tumor, presence of septa and/or solid elements, tumor location, location of vessels, and blood flow indexes. The best network provided 96.0% sensitivity and 97.7% specificity. The area under the curve for the received model was 0.9716. CONCLUSIONS: An artificial neural network model based on clinical and ultrasonographic data allows to calculate the probability of tumor malignancy.

Szwarcwald CL, Bastos FI, Andrade CL. [Health inequality indicators: a discussion of some methodological approaches as applied to neonatal mortality in the Municipality of Rio de Janeiro, 2000]. *Cad Saude Publica* 2002; 18(4):959-70. Abstract: Epidemiology has investigated the relationship between health status and different social and economic factors ever since the field emerged. Studies have consistently shown that the population's health status bears a strong social gradient, invariably unfavorable to the less privileged groups. Increasing interest in understanding and characterizing health inequalities has broadened the discussion in the recent literature on appropriate concepts and methodological procedures for measuring differences in health status according to socioeconomic level. This study presents a critical assessment of health inequality indicators, focusing on the following: the redistribution principle and its application to health status; the influence of income inequality; epidemiological and statistical approaches to the problem; and evaluation of health system performance in reducing health inequalities. As an example, inequalities in the neonatal mortality rate are analyzed in the city of Rio de Janeiro, Brazil, 2000, according to the mother's level of schooling, reviewing the minimum requisites for defining an adequate health inequality indicator.

Tackett JL, Krueger RF, Sawyer MG, Graetz BW.

Subfactors of DSM-IV conduct disorder: evidence and connections with syndromes from the Child Behavior Checklist. *J Abnorm Child Psychol* 2003; 31(6):647-54.

Abstract: Is conduct disorder (CD) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) a unitary entity, or do variants of CD exist? We addressed this question, using data collected from the parents of 1,669 Australian boys, aged 6-17. Parents were interviewed to assess DSM-IV Conduct Disorder (DSM-IV CD) criteria. Results revealed 2 subfactors of DSM-IV CD symptoms, made up of overt behaviors (e.g., initiating physical fights) and covert behaviors (e.g., stealing without confrontation). Ordinary least squares regressions showed the 2 CD subfactors to be significantly and uniquely predicted by Child Behavior Checklist (CBCL; T. M. Achenbach, 1991a, 1991b) syndromes labeled Aggressive Behavior and Delinquent Behavior, respectively. The results are discussed in terms of the utility of differentiating these 2 variants of CD in future editions of the DSM.

Taft A, Broom DH, Legge D. General practitioner management of intimate partner abuse and the whole family: qualitative study. *BMJ* 2004; 328(7440):618. Abstract: OBJECTIVE: To explore management by general practitioners of victimised female patients, male partners who abuse, and children in the family. DESIGN: Triangulated qualitative study comparing doctors' reported management with current recommendations in the literature. PARTICIPANTS: 28 general practitioners attending continuing medical education about management of domestic violence. RESULTS: Doctors perceived partner abuse in diverse ways. Their gender, perceptions, and attitudes could all affect identification and management of this difficult problem. A few doctors practised in recommended ways, but many showed stress and aversion, difficulties in resolving the tensions involved in managing all family members, and neglect of the risks to children. Some doctors used contraindicated practices, such as breaking confidentiality and undertaking or referring for couple counselling. Doctors who were not familiar with community based agencies were reluctant to use them. A lack of expertise and support could have a negative impact on doctors themselves. CONCLUSIONS: General practitioners managing partner abuse need to be more familiar with and apply the central principles of confidentiality and safety of women and children. Recommended guidelines for managing the whole family should be developed. Doctors should consider referring one partner elsewhere and avoid couple counselling; always ask about and act on the children's welfare; refer to specialist family violence agencies; and seek training, supervision, and support for the inherent stress. Medical education and administration should ensure comprehensive training and support for doctors undertaking this difficult work.



Tagge ME. Wet nursing 2001: old practice, new dilemmas? *J Hum Lact* 2001; 17(2):140-1.

Tagle R. Full-service community schools: cause and outcome of public engagement. *New Dir Youth Dev* 2005; (107):45-54, table of contents. Abstract: Public Education Network (PEN)-a national organization of local education funds (LEFs)-along with individuals working to improve public schools and build citizen support for quality public education, embarked on an initiative to address the academic, enrichment, and social support needs of young people to ensure their success in and out of school. PEN's Schools and Community Initiative called for the active participation of broad constituencies-policymakers, stakeholders, and the public-at-large-to create and implement their common vision for full-service community schools. By engaging broad constituencies across communities, LEFs have been able to build strong relationships between and among community institutions under a common vision.

Taguchi T, Suita S, Masumoto K, Nada O. Universal distribution of c-kit-positive cells in different types of Hirschsprung's disease. *Pediatr Surg Int* 2003; 19(4):273-9.

Abstract: Interstitial cells of Cajal (ICCs) have been reported to play the role of a pacemaker in regulating bowel motility. The relationship between neurons and ICCs, however, remains unclear. Hirschsprung's disease (HD) is an ideal model for investigating this relationship. The operated specimens obtained from 6 short and 3 long segment aganglionosis patients and 3 controls were used as the subject materials in this study. ICCs were immunohistochemically identified using a specific antiserum c-kit, a tyrosine kinase receptor expressing ICCs. Nitroergic nerves were demonstrated by NADPH-diaphorase (NADPH-d) histochemistry. C-kit immunohistochemistry was also combined with protein gene product 9.5 (PGP 9.5; as a general neuronal marker). In the normoganglionic segment of HD, numerous c-kit-positive cells and NADPH-d positive neurons were found in the proper muscle layer, including Auerbach's plexus. In the oligoganglionic segment, the number of c-kit-positive cells and NADPH-d neurons slightly decreased. In the inner border of the circular muscle layer (IBCM), the c-kit-positive cell networks and NADPH-d activities remained in short segment cases, while both of them were absent in the long segment cases. In the aganglionic segment, c-kit positive cells were present universally but the number of them was slightly decreased in the proper muscle layer. The c-kit-positive cell networks of IBCM were seen where extrinsic neurons were present, while they were almost completely absent where extrinsic neurons were absent in the proximal zone of the long segment cases. C-kit positive cells were present universally in the oligoganglionic as well as aganglionic segments of HD. The distribution and properties of c-kit positive

cells were related to the presence of extrinsic neurons in aganglionic segment. Based on these findings, aperistalsis is considered not to relate with c-kit positive cells, and c-kit positive cells are not supposed to have a neurogenic origin and can develop without neurons, however the lack of enteric neurons may influence the full differentiation of ICCs.

Tai MC. The death of a little girl exposes an ethical hole. *Formos J Med Humanit* 2005; 6(1-2):1-2. Notes: GENERAL NOTE: KIE: KIE Bib: health care/foreign countries; medical ethics

Takeshita K, Nagamine T, Thuy DH *et al.* Maturational change of parallel auditory processing in school-aged children revealed by simultaneous recording of magnetic and electric cortical responses. *Clin Neurophysiol* 2002; 113(9):1470-84. Abstract: OBJECTIVES: To elucidate the maturational change of cortical auditory processing, we analyzed simultaneously recorded auditory evoked potentials (AEPs) and magnetic fields (AEFs) in school-aged children. METHODS: Simultaneous recording of AEP and AEF were performed in 32 healthy children of age ranging from 6 to 14 years and 10 adults. Tone bursts of 1 kHz were presented to the left and right ears alternately with 3 different within-ear stimulus onset asynchronies (SOAs) (1.6, 3.0 and 5.0 s for each ear) under attention-distracted condition. RESULTS: All subjects showed clear N100 and N100m peaks under the longest SOA condition (5.0 s). Under the shortest SOA condition (1.6 s), 4 out of 19 subjects under 12 years (21%) failed to show the N100m component. By contrast, N250 and N250m were observed in the majority of children (29/32: 91%) while those were detected in only 4 out of 10 adults (40%). The spatial distribution of N100 in children under 9 years differed from that in older subjects, whereas the dipole orientation of N100m was constant among age groups, suggesting that radially oriented sources might make additional contribution to the generation of N100 in early childhood. N250 was significantly larger in children than in adults. The strength of N250 was suppressed with longer SOAs, whereas that of N100 was enhanced. The dipole of N250m was located around Heschl's gyrus on the superior temporal plane which was significantly medial, anterior and inferior to that of N100m. CONCLUSIONS: Dissociation of maturational change between the tangential and radial components of N100 suggests that auditory processing at around 100 ms consists of multiple parallel pathways which mature independently. Furthermore, a negative peak at around 250 ms specifically seen in children has different generators from N100 and might represent a special auditory processing which takes an active part until acquisition of the efficient cortical networks of the adult brain.

Taket A, Nurse J, Smith K *et al.* Routinely asking women

about domestic violence in health settings. *BMJ* 2003; 327(7416):673-6.

Takeuchi H, Inoue M, Watanabe N *et al.* Parental enforcement of bedtime during childhood modulates preference of Japanese junior high school students for eveningness chronotype. *Chronobiol Int* 2001; 18(5):823-9.

Abstract: We examined the effect of home bedtime discipline during childhood on morningness and eveningness (M-E) preference by Japanese junior high school students. M-E was assessed by the M-E Questionnaire (MEQ) of Torsvall and Akerstedt (the higher the score, the greater the preference for morningness), and parental determination of bedtime during childhood was ascertained using an original questionnaire. The average M-E score of adolescents living in urban Kochi City (mean  $\pm$  SD; 15.10  $\pm$  3.42) was significantly lower ( $P < .01$ ) than the score of those in suburban districts (16.14  $\pm$  3.44). Overall, 43.1% of the junior high school students in Kochi City compared to 53.0% of the students living in suburban districts had their bedtime decided during childhood by parents ( $P < .01$ ). In Kochi City, the M-E score for boys (14.62  $\pm$  3.51) was lower ( $P < .01$ ) than girls (15.53  $\pm$  3.28). During childhood, parents decided the bedtime for 49% of the girls compared to 36.6% of the boys ( $P < .01$ ). Boys whose bedtime was not decided by parents during childhood had a somewhat stronger preference for eveningness (14.20  $\pm$  3.53) ( $P < .05$ ) compared to those whose bedtime was decided by parents (15.12  $\pm$  3.36). The results suggest bedtime discipline at home during childhood has an effect on adolescent chronotype, modulating the extent of shift to eveningness in Japanese junior high school boys in particular.

Talbert DG. Paroxysmal cough injury, vascular rupture and 'shaken baby syndrome'. *Med Hypotheses* 2005; 64(1):8-13.

Abstract: It is widely assumed that subdural and retinal haemorrhage in infants can only result from traumatic rupture of vulnerable blood vessels. An alternative aetiology, that of vascular rupture resulting from excessive intraluminal pressure, is presented in three disease conditions. (1) Perlman *et al.*, studying premature neonates requiring mechanical ventilation for respiratory distress syndrome, observed "cough-like" fluctuations in oesophageal pressure greater than 18 cms H<sub>2</sub>O, whose timing matched fluctuations in anterior cerebral artery flow. When 14 out of 24 neonates were paralysed (to prevent abdominal muscle activity) intraventricular haemorrhage developed in all 10 controls but in only one of the paralysed group during paralysis. (2) New analysis of pressure data extracted from a previous study of prolonged expiratory apnoea showed alveolar collapse induced 100 mmHg intrathoracic cough pressure surges. Superior vena cava pressures up to 50 mmHg were implied, and radial artery systolic pressures over 180

mmHg recorded. (3) *Bordetella pertussis* bacteria attach to cilia in the airways, but do not invade the underlying tissue. The irritation causes the powerful coughing paroxysms of whooping cough. Brain haemorrhages and retinal detachment have been observed to result from the high intravascular pressures produced. The data suggest that any source of intense airway irritation not easily removed (laryngeal infection, inhalation of regurgitated feed, fluff, smoke etc.) could induce similar bleeding, a paroxysmal cough injury (PCI). Additional objective evidence of inflicted trauma is necessary to distinguish between 'shaken baby syndrome' and PCI.

Tam CM, Leung CC, Noertjojo K, Chan SL, Chan-Yeung M. Tuberculosis in Hong Kong-patient characteristics and treatment outcome. *Hong Kong Med J* 2003; 9(2):83-90.

Abstract: OBJECTIVES: To identify the general characteristics of patients with tuberculosis, and to evaluate their treatment outcomes. DESIGN: Retrospective study. SETTING: Tuberculosis and Chest Service, Department of Health, Hong Kong. SUBJECTS AND METHODS: All patients with tuberculosis registered for treatment from 1 January 1996 to 31 December 1996 were included in the study. Information was extracted from their medical records at treatment commencement and at 12 and 24 months after treatment was instigated. Data gathered included demographic data, past treatment, site of disease, case category, treatment regimen, bacteriological status, and treatment outcome. RESULTS: There were 5757 patients for analysis. Approximately one third of patients were aged 60 years or older, and 69.1% were male. Pulmonary disease alone occurred in 77.7% of patients, while both pulmonary and extrapulmonary diseases occurred in 8.6%. New patients comprised 84.6% of cases, and 16.3% had concomitant illnesses. There was excess risk of disease among patients who were male, elderly, or who had silicosis. Only 0.1% of patients were co-infected with human immunodeficiency virus infection. Among the 5757 cases evaluated, 1324 (23.0%) were new patients with a positive sputum smear, 299 (5.2%) were patients who were retreated with a positive sputum smear, and 4134 (71.8%) were new or retreatment patients with a negative sputum smear. The overall treatment completion rates at 12 and 24 months were 80.4% and 84.8%, respectively. Males and patients aged 60 years or older had lower treatment completion rates. Non-adherence, transfer to other services, and mortality among the elderly were key factors influencing treatment outcomes. Co-morbidity was associated with better case-holding, and this more than compensated for its effect on prolongation of treatment and mortality. CONCLUSIONS: There was an excess risk of tuberculosis among male and elderly patients, who also had a less favourable outcome. Active screening of clearly identified risk groups may be appropriate but requires the completion of more in-depth studies and

careful cost-effectiveness analyses. Further efforts with respect to case-holding are indicated to address treatment defaulting and transfer rates.

Tamburlini G, Ronfani L, Buzzetti R. Development of a child health indicator system in Italy. *Eur J Public Health* 2001; 11(1):11-7.

Abstract: **BACKGROUND:** The need for a uniform, comprehensive and action-oriented child health indicator system is widely recognised. As part of a Ministry of Health project, a working group was established in Italy in order to develop a proposal for a minimum set of health indicators to be adopted at the regional and local health authority levels, where the planning process takes place. **METHODS:** The indicators proposed cover 17 areas of perinatal, child and adolescent health. The informing principles for the choice were relevance to the main health problems, availability of a reliable data collection system, feasibility of the collection and analysis process at the two health system levels proposed and extent to which the information provides clues for policy options. **RESULTS:** The main difficulties arise from a lack of uniform systems of classification and data collection for disabilities, as well as adequate tools for assessing quality of care and quality of life. A basic framework for analysis is suggested, including further breakdown of the indicators proposed, such as analysis by birthweight and by cause of neonatal death and by mother's education and father's employment. The information provided by the health indicators put forward needs to be evaluated within the broader scenario of the child's situation so that associated factors may be identified and clues found for intersectoral policies. Two research projects were started to evaluate the feasibility and reliability of data collection and the impact on the planning process at both the regional and local health authority levels. **CONCLUSION:** A European-wide initiative is proposed to tackle existing methodological problems effectively and develop a common child health indicator system.

Tamrouti-Makkink ID, Dubas JS, Gerris JR, van Aken MA.

The relation between the absolute level of parenting and differential parental treatment with adolescent siblings' adjustment. *J Child Psychol Psychiatry* 2004; 45(8):1397-406.

Abstract: **BACKGROUND:** The present study extends existing studies on the role of differential parental treatment in explaining individual differences in adolescent problem behaviors above the absolute level of parenting and clarifies the function of gender of the child, birth rank and gender constellation of the sibling dyads. **METHOD:** The absolute level of parenting practices and differential treatment were examined in a sample of 288 Dutch families consisting of two parents and two adolescents. Parents reported on adolescent internalizing and externalizing problem behavior and adolescents reported on parental warmth and coercive

control. **RESULTS:** Parenting dimensions were related to problem behavior for same- and mixed-gender sibling pairs, with coercive control as the strongest predictor. No direct association was found between differential parental treatment and child outcomes above the absolute levels of parenting in same-gender sibling pairs. However, differential maternal and paternal control was related to internalizing behavior of girls and differential paternal warmth was linked to externalizing behavior of the older siblings in mixed-gender sibling pairs. **CONCLUSION:** Differential parental treatment is uniquely associated with child problem behavior above the absolute level of parenting for girls and early-born children in mixed-gender sibling pairs. Any examination of the effects of differential treatment should not be undertaken without considering the gender and birth rank of the sibling pairs.

Tan KC, Yu Q, Heng CM, Lee TH. Evolutionary computing for knowledge discovery in medical diagnosis. *Artif Intell Med* 2003; 27(2):129-54.

Abstract: One of the major challenges in medical domain is the extraction of comprehensible knowledge from medical diagnosis data. In this paper, a two-phase hybrid evolutionary classification technique is proposed to extract classification rules that can be used in clinical practice for better understanding and prevention of unwanted medical events. In the first phase, a hybrid evolutionary algorithm (EA) is utilized to confine the search space by evolving a pool of good candidate rules, e.g. genetic programming (GP) is applied to evolve nominal attributes for free structured rules and genetic algorithm (GA) is used to optimize the numeric attributes for concise classification rules without the need of discretization. These candidate rules are then used in the second phase to optimize the order and number of rules in the evolution for forming accurate and comprehensible rule sets. The proposed evolutionary classifier (EvoC) is validated upon hepatitis and breast cancer datasets obtained from the UCI machine-learning repository. Simulation results show that the evolutionary classifier produces comprehensible rules and good classification accuracy for the medical datasets. Results obtained from t-tests further justify its robustness and invariance to random partition of datasets.

Taras H, Wright S, Brennan J, Campana J, Lofgren R.

Impact of school nurse case management on students with asthma. *J Sch Health* 2004; 74(6):213-9. Abstract: This project determined asthma prevalence in a large school district, absentee rates, and potential effects of school nurse case management for student asthma over three years. Data were derived from an asthma tracking tool used by nurses in one school district for every student reported as having asthma by their parent. School nurses began collecting data in their schools in 1999-2000 when an asthma-management protocol was first developed. Nurses

documented perceived asthma severity for each student, presence of medication and peak flow meters in school, and case management activities provided. This data base was cross matched with percentage of days students were absent for any illness. Prevalence of asthma, based on school nurse records of parent report, was between 5.1% to 6.2% during the three years. Between 13.5% and 15% were moderate or severe. Students with asthma were absent between one-half to one and one-quarter days more often than those without asthma. In year three, 39% of students with asthma had medication at school, and 12% had a peak flow meter. Contacting a parent was the nurse case management activity provided for the largest number of students (27% of students with asthma), followed by asthma education (16.5%), contact with physician (6%), and home visits (1%). Students who received at least one school nurse case management intervention were more likely the next year to have an asthma medication at school, to use a peak flow meter at school, and to have a change in asthma severity. School nurse case management activity had no association with student absences. Availability of medication and peak flow meters at school was low, suggesting standards of care for asthma were not followed. School nurse case management, when performed outside a project or intervention, offers a promising strategy to improve asthma management.

Tarnow-Mordi WO. "Right to die": ...but context of limited resources can be encountered in developed countries too. *BMJ* 2005; 330(7504):1389; discussion 1389. Notes: GENERAL NOTE: KIE: 2 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants

Tarter RE. Etiology of adolescent substance abuse: a developmental perspective. *Am J Addict* 2002; 11(3):171-91.

Abstract: Approximately 5% of adolescents in the U.S. qualify for a diagnosis of substance use disorder (SUD). Low affect and behavior self-regulation during child development interacting with family, peer and other ecological factors predisposes to substance use in adolescence. Maturation processes during adolescence, particularly involving the brain and reproductive system, exacerbate the low psychological self-regulation evidenced during childhood to promote initiation of alcohol, tobacco, and other drug (ATOD) consumption. This discussion examines the etiology of ATOD abuse and SUD from a developmental perspective. The ramifications of a developmental perspective for clinical practice and social policy are also considered.

Tarter RE, Kirisci L, Mezzich A *et al.* Neurobehavioral disinhibition in childhood predicts early age at onset of substance use disorder. *Am J Psychiatry* 2003; 160(6):1078-85.

Abstract: OBJECTIVE: This longitudinal study had three aims: 1) determine the extent to which boys at high average risk and low average risk for substance use disorder differ on a construct of neurobehavioral disinhibition, 2) evaluate the capacity of neurobehavioral disinhibition to predict substance use frequency at age 16, and 3) demonstrate the utility of neurobehavioral disinhibition in predicting substance use disorder. METHOD: The authors derived an index of neurobehavioral disinhibition from measures of affect, behavior, and cognition. The neurobehavioral disinhibition score was used to discriminate youth at high and low average risk for substance use disorder and to predict substance use frequency after 4-6 years and substance use disorder after 7-9 years. RESULTS: The neurobehavioral disorder score significantly discriminated boys at high average risk from those at low average risk at ages 10-12. Neurobehavioral disinhibition at age 16, in conjunction with substance use frequency and risk status group, predicted substance use disorder at age 19 with 85% accuracy and accounted for 50% of the variance in Drug Use Screening Inventory overall problem density score. Neurobehavioral disinhibition was a stronger predictor of substance use disorder (odds ratio=6.83) than substance consumption frequency (odds ratio=3.19). CONCLUSIONS: Cross-sectional and longitudinal analyses indicated that neurobehavioral disinhibition is a component of the liability to early age at onset of substance use disorder.

Tarter RE, Kirisci L, Reynolds M, Mezzich A. Neurobehavior disinhibition in childhood predicts suicide potential and substance use disorder by young adulthood. *Drug Alcohol Depend* 2004; 76 Suppl:S45-52.

Abstract: The objectives of this study were to (a) determine whether two factors that are established components of the risk for substance use disorder (SUD) also impact on the risk for suicide; and (2) evaluate whether SUD manifest by early adulthood predicts suicide propensity. Neurobehavior disinhibition assessed in 227 boys at ages 10-12 and 16 and parental history of SUD were prospectively evaluated to determine their association with the risk for SUD and suicide propensity between ages 16 and 19. The results indicated that neurobehavior disinhibition at age 16 predicts suicide propensity between ages 16 and 19 ( $p = .04$ ). A trend was observed ( $p = .08$ ) for SUD manifest between ages 16 and 19 to predict suicide propensity during the same period. Maternal SUD is directly associated with son's SUD risk but not suicide propensity. Paternal SUD predicts son's neurobehavior disinhibition that, in turn, predisposes to SUD. A direct relation between paternal SUD and son's suicide propensity was not observed. These findings suggest that neurobehavior disinhibition, a component of the liability of SUD, is also associated with suicide risk. These results are discussed within a neurobehavioral framework in

- which prefrontal cortex dysfunction is hypothesized to underlie the risk for these two outcomes.
- Taveras EM, Capra AM, Braveman PA, Jensvold NG, Escobar GJ, Lieu TA. Clinician support and psychosocial risk factors associated with breastfeeding discontinuation. *Pediatrics* 2003; 112(1 Pt 1):108-15. Abstract: OBJECTIVE: Breastfeeding rates fall short of goals set in Healthy People 2010 and other national recommendations. The current, national breastfeeding continuation rate of 29% at 6 months lags behind the Healthy People 2010 goal of 50%. The objective of this study was to evaluate associations between breastfeeding discontinuation at 2 and 12 weeks postpartum and clinician support, maternal physical and mental health status, workplace issues, and other factors amenable to intervention. METHODS: A prospective cohort study was conducted of low-risk mothers and infants who were in a health maintenance organization and enrolled in a randomized, controlled trial of home visits. Mothers were interviewed in person at 1 to 2 days postpartum and by telephone at 2 and 12 weeks. Logistic regression modeling was performed to assess the independent effects of the predictors of interest, adjusting for sociodemographic and other confounding variables. RESULTS: Of the 1163 mother-newborn pairs in the cohort, 1007 (87%) initiated breastfeeding, 872 (75%) were breastfeeding at the 2-week interview, and 646 (55%) were breastfeeding at the 12-week interview. In the final multivariate models, breastfeeding discontinuation at 2 weeks was associated with lack of confidence in ability to breastfeed at the 1- to 2-day interview (odds ratio [OR]: 2.8; 95% confidence interval [CI]: 1.02-7.6), early breastfeeding problems (OR: 1.5; 95% CI: 1.1-1.97), Asian race/ethnicity (OR: 2.6; 95% CI: 1.1-5.7), and lower maternal education (OR: 1.5; 95% CI: 1.2-1.9). Mothers were much less likely to discontinue breastfeeding at 12 weeks postpartum if they reported (during the 12-week interview) having received encouragement from their clinician to breastfeed (OR: 0.6; 95% CI: 0.4-0.8). Breastfeeding discontinuation at 12 weeks was also associated with demographic factors and maternal depressive symptoms (OR: 1.18; 95% CI: 1.01-1.37) and returning to work or school by 12 weeks postpartum (OR: 2.4; 95% CI: 1.8-3.3). CONCLUSIONS: Our results indicate that support from clinicians and maternal depressive symptoms are associated with breastfeeding duration. Attention to these issues may help to promote breastfeeding continuation among mothers who initiate. Policies to enhance scheduling flexibility and privacy for breastfeeding mothers at work or school may also be important, given the elevated risk of discontinuation associated with return to work or school.
- Tay ET, Levin TL. Suspected abuse. *Clin Pediatr (Phila)* 2004; 43(6):583-5.
- Taylor D. Unnatural eye injuries. *Trans Med Soc Lond* 2001-2002; 118:43-53.
- Taylor JS. The story catches you and you fall down: tragedy, ethnography, and "cultural competence". *Med Anthropol Q* 2003; 17(2):159-81. Abstract: Anne Fadiman's *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (Noonday Press, 1997) is widely used in "cultural competence" efforts within U.S. medical school curricula. This article addresses the relationship between theory, narrative form, and teaching through a close critical reading of that book that is informed by theories of tragedy and ethnographies of medicine. I argue that *The Spirit Catches You* is so influential as ethnography because it is so moving as a story; it is so moving as a story because it works so well as tragedy; and it works so well as tragedy precisely because of the static, reified, essentialist understanding of "culture" from which it proceeds. If professional anthropologists wish our own best work to speak to "apparitions of culture" within medicine and other "cultures of no culture," I suggest that we must find compelling new narrative forms in which to convey more complex understandings of "culture."
- Taylor KI. Understanding communities today: using matching needs and services to assess community needs and design community-based services. *Child Welfare* 2005; 84(2):251-64. Abstract: Matching Needs and Services (MNS) is a practice tool intended to help people who work with vulnerable children use rigorously assembled information on needs as a guide to design, implement, and evaluate more-effective services. To do this, MNS focuses on needs but links them to outcomes and thresholds before dealing with the services to achieve those outcomes.
- Taylor SG. Orem's general theory of nursing and families. *Nurs Sci Q* 2001; 14(1):7-9.
- Tcheremissine OV, Lane SD, Lieving LM, Rhoades HM, Nouvion S, Cherek DR. Individual differences in aggressive responding to intravenous flumazenil administration in adult male parolees. *J Psychopharmacol* 2005; 19(6):640-6. Abstract: Nonhuman and human studies have shown that benzodiazepine (BZD) receptor agonists can modify aggressive behaviour. However, it is unknown whether flumazenil, a BZD receptor antagonist, enhances or inhibits aggressive behaviour. The present study was designed to investigate the effects of acute administrations of flumazenil on aggressive responding in adult humans. Six adult males with histories of childhood conduct disorder (DSM IV R) participated in experimental sessions. Aggression was measured using the Point Subtraction Aggression Paradigm (PSAP);

Cherek 1992), which provided subjects with aggressive and monetary-reinforced response options. Acute doses of flumazenil (2 and 3mg) did not produce statistically significant changes in either monetary-reinforced responding or aggressive responding. The analysis of individual subjects data revealed that aggressive responses varied across subjects. The results are discussed in terms of individual differences based on the previous history of BZD abuse. Additional laboratory research is needed to better clarify the behavioural mechanisms by which BZD receptor antagonists modify human aggressive responding.

Tein JY, Sandler IN, MacKinnon DP, Wolchik SA. How did it work? Who did it work for? Mediation in the context of a moderated prevention effect for children of divorce. *J Consult Clin Psychol* 2004; 72(4):617-24. Abstract: This study presents a reanalysis of data from an effective preventive intervention for children from divorced families to test mediation of program effects. The study involved 157 children, age 9-12 years, who were randomly assigned to a parenting program or a literature control condition. Program effects to reduce posttest internalizing problems were mediated through improvement in mother-child relationship quality. Program effects to reduce externalizing problems at posttest and 6 months were mediated through improvement in posttest parental methods of discipline and mother-child relationship quality. The study also describes a new methodology to test mediation of Program x Baseline Status interactions. Analyses demonstrate mediation effects primarily for children who began the program with poorer scores on discipline, mother-child relationship quality, and externalizing problems.

Teklehaimanot K. United Kingdom: denying children's milk allowance to HIV-positive mother seeking asylum is discriminatory. *Can HIV AIDS Policy Law Rev* 2003; 8(1):73-4. Abstract: In July 2002, the High Court of Justice found that, in denying the milk allowance, the Home Office had failed to realize the real risk that the mother might breastfeed her daughter and that the daughter might be infected with HIV. The Court also ruled that the Home Office's action was discriminatory under Article 14 of the European Convention on Human Rights and Fundamental Freedoms.

Temrin H, Nordlund J, Sterner H. Are stepchildren over-represented as victims of lethal parental violence in Sweden? *Proc Biol Sci* 2004; 271 Suppl 3:S124-6. Abstract: Evolutionary psychologists have suggested that stepchildren should be over-represented as victims of lethal parental violence compared with children living with their two genetic parents, because of relatively more lapses in parental solicitude among stepparents. In our study, using data over a period of 35 years in Sweden (1965-1999), there was no overall

over-representation of stepchildren as victims. For very young stepchildren there was a tendency for over-representation. In families with both stepchildren and children genetically related to the offender, genetic children tended to be more likely to be victims.

Tenenbaum T, Hasan C, Kramm CM *et al.* Oncological management of pediatric cancer patients belonging to Jehovah's Witnesses: a two-institutional experience report. *Onkologie* 2004; 27(2):131-7. Abstract: OBJECTIVES: Aim of this study was to analyze the feasibility of oncological treatment in pediatric patients belonging to Jehovah's Witnesses and to describe the changing policy in performing transfusions and supportive care measures at two German pediatric cancer institutions. PATIENTS AND METHODS: Over a period of 16 years 21 treatments according to the current cooperative protocols were performed in 14 children of Jehovah's Witnesses. Various hematological supportive care measures such as supplementation with iron, human erythropoietin, interleukin 11, granulocyte colony-stimulating factor and autologous or allogeneic stem cell rescue had been applied. For comparison matched pairs treated in our hospitals not belonging to Jehovah's Witnesses and 50 pediatric and adult oncological patients belonging to Jehovah's Witnesses reviewed from the international literature were analyzed with respect to transfusions and outcome. RESULTS: So far, 9 of 14 children are surviving 16-195 months (median 26 months). During the primary therapy they received markedly less transfusions than the control cohort (-39,1% red blood cell transfusions and -37,5% platelet transfusions). The review of 50 reported cases showed that oncological therapy can also be successfully performed with a restricted transfusion regimen in children and particularly in adults. CONCLUSION: Pediatric cancer patients belonging to Jehovah's Witnesses can be treated similarly to other patients. A restrictive transfusion policy and the broad application of hematopoietic supportive care measures may reduce transfusions. This treatment policy and a continuous collaboration with the Hospital Liaison Committee for Jehovah's Witnesses appears to create an oncological treatment situation with a high compliance of patients and parents where court orders may not be necessary.

Teplin LA, McClelland GM, Abram KM, Mileusnic D. Early violent death among delinquent youth: a prospective longitudinal study. *Pediatrics* 2005; 115(6):1586-93. Abstract: OBJECTIVE: Youth processed in the juvenile justice system are at great risk for early violent death. Groups at greatest risk, ie, racial/ethnic minorities, male youth, and urban youth, are overrepresented in the juvenile justice system. We compared mortality rates for delinquent youth with those for the general population, controlling for differences in gender, race/ethnicity, and age. METHODS: This prospective longitudinal study

examined mortality rates among 1829 youth (1172 male and 657 female) enrolled in the Northwestern Juvenile Project, a study of health needs and outcomes of delinquent youth. Participants, 10 to 18 years of age, were sampled randomly from intake at the Cook County Juvenile Temporary Detention Center in Chicago, Illinois, between 1995 and 1998. The sample was stratified according to gender, race/ethnicity (African American, non-Hispanic white, Hispanic, or other), age (10-13 or > or =14 years), and legal status (processed as a juvenile or as an adult), to obtain enough participants for examination of key subgroups. The sample included 1005 African American (54.9%), 296 non-Hispanic white (16.2%), 524 Hispanic (28.17%), and 4 other-race/ethnicity (0.2%) subjects. The mean age at enrollment was 14.9 years (median age: 15 years). The refusal rate was 4.2%. As of March 31, 2004, we had monitored participants for 0.5 to 8.4 years (mean: 7.1 years; median: 7.2 years; interquartile range: 6.5-7.8 years); the aggregate exposure for all participants was 12944 person-years. Data on deaths and causes of death were obtained from family reports or records and were then verified by the local medical examiner or the National Death Index. For comparisons of mortality rates for delinquents and the general population, all data were weighted according to the racial/ethnic, gender, and age characteristics of the detention center; these weighted standardized populations were used to calculate reported percentages and mortality ratios. We calculated mortality ratios by comparing our sample's mortality rates with those for the general population of Cook County, controlling for differences in gender, race/ethnicity, and age. **RESULTS:** Sixty-five youth died during the follow-up period. All deaths were from external causes. As determined by using the weighted percentages to estimate causes of death, 95.5% of deaths were homicides or legal interventions (90.1% homicides and 5.4% legal interventions), 1.1% of all deaths were suicides, 1.3% were from motor vehicle accidents, 0.5% were from other accidents, and 1.6% were from other external causes. Among homicides, 93.0% were from gunshot wounds. The overall mortality rate was >4 times the general-population rate. The mortality rate among female youth was nearly 8 times the general-population rate. African American male youth had the highest mortality rate (887 deaths per 100000 person-years). **CONCLUSIONS:** Early violent death among delinquent and general-population youth affects racial/ethnic minorities disproportionately and should be addressed as are other health disparities. Future studies should identify the most promising modifiable risk factors and preventive interventions, explore the causes of death among delinquent female youth, and examine whether minority youth express suicidal intent by putting themselves at risk for homicide.

Teram E, Schachter CL, Stalker CA. The case for integrating grounded theory and participatory action research:

empowering clients to inform professional practice. *Qual Health Res* 2005; 15(8):1129-40. Abstract: Grounded theory and participatory action research methods are distinct approaches to qualitative inquiry. Although grounded theory has been conceptualized in constructivist terms, it has elements of positivist thinking with an image of neutral search for objective truth through rigorous data collection and analysis. Participatory action research is based on a critique of this image and calls for more inclusive research processes. It questions the possibility of objective social sciences and aspires to engage people actively in all stages of generating knowledge. The authors applied both approaches in a project designed to explore the experiences of female survivors of childhood sexual abuse with physical therapy and subsequently develop a handbook on sensitive practice for clinicians that takes into consideration the needs and perspectives of these clients. Building on this experience, they argue that the integration of grounded theory and participatory action research can empower clients to inform professional practice.

Tessa C, Mascalchi M, Matteucci L, Gavazzi C, Domenici R. Permanent brain damage following acute clonidine poisoning in Munchausen by proxy. *Neuropediatrics* 2001; 32(2):90-2.

Abstract: A child presented with recurrent episodes of lethargia for which he underwent several hospital admissions and investigations. A further episode culminated in respiratory arrest and hypoxic ischemic encephalopathy with permanent mental regression. Eighteen months later the mother was discovered while providing clonidine pills to the child; the mother appears to feature a Munchausen syndrome by proxy.

Teusch R. Substance abuse as a symptom of childhood sexual abuse. *Psychiatr Serv* 2001; 52(11):1530-2.

Abstract: The recovery process of a 37-year-old woman with adult onset posttraumatic stress disorder (PTSD) is presented. The patient had suffered childhood sexual abuse and had self-medicated for many years with drugs and alcohol to maintain the dissociation of memories of abuse and to facilitate interpersonal functioning. Upon onset of PTSD, the patient's substance abuse became a full-blown addiction that was highly resistant to treatment. It became evident that her substance abuse symbolically repeated her traumatization. In reexperiencing the affects associated with her earlier trauma (despair, denial, shame, and helplessness) as part of her substance abuse and in the transference, the patient was able to gain mastery over these affects and, subsequently, was able to achieve a stable recovery from both illnesses.

Thabet AA, Abed Y, Vostanis P. Comorbidity of PTSD and depression among refugee children during war conflict. *J Child Psychol Psychiatry* 2004; 45(3):533-42.

**Abstract:** **BACKGROUND:** We examined the prevalence and nature of comorbid post-traumatic stress reactions and depressive symptoms, and the impact of exposure to traumatic events on both types of psychopathology, among Palestinian children during war conflict in the region. **METHODS:** The 403 children aged 9-15 years, who lived in four refugee camps, were assessed by completing the Gaza Traumatic Events Checklist, the Child Post Traumatic Stress Reaction Index (CPTSD-RI), and the Short Mood and Feelings Questionnaire (MFQ). **RESULTS:** Children reported experiencing a wide range of traumatic events, both direct experience of violence and through the media. CPTSD-RI and MFQ scores were significantly correlated. Both CPTSD-RI and MFQ scores were independently predicted by the number of experienced traumatic events, and this association remained after adjusting for socioeconomic variables. Exposure to traumatic events strongly predicted MFQ scores while controlling for CPTSD-RI scores. In contrast, the association between traumatic events and CPTSD-RI scores, while controlling for MFQ scores, was weak. The CPTSD-RI items whose frequency was significantly associated with total MFQ scores were: sleep disturbance, somatic complaints, constricted affect, impulse control, and difficulties in concentration. However, not all remaining CPTSD-RI items were significantly associated with exposure to traumatic events, thus raising the possibility that the association between depression and PTSD was due in part to symptom overlap. **CONCLUSIONS:** Children living in war zones are at high risk of suffering from PTSD and depressive disorders. Exposure to trauma was not found to have a unique association with PTSD. The relationship between PTSD and depressive symptomatology requires further investigation.

Thabet AA, Abed Y, Vostanis P. Emotional problems in Palestinian children living in a war zone: a cross-sectional study. *Lancet* 2002; 359(9320):1801-4. **Abstract:** **BACKGROUND:** Children living in war zones are at high risk of developing post-traumatic stress and other emotional disorders, but little is known about the effect of traumatic events during war. We aimed to assess the nature and severity of emotional problems in Palestinian children whose homes had been bombarded and demolished during the crisis in Palestine, compared with children living in other parts of the Gaza strip. **METHODS:** 91 children exposed to home bombardment and demolition during Al Aqsa Intifada and 89 controls who had been exposed to other types of traumatic events related to political violence completed self-report measures of post-traumatic stress, anxiety, and fears. **FINDINGS:** Significantly more children exposed to bombardment and home demolition reported symptoms of post-traumatic stress ( $p=0.0008$ ) and fear ( $p=0.002$ ) than controls. 54 (59%) of 91 exposed children and 22 (25%) of 89 controls reported post-traumatic stress reactions of clinical importance. Exposure to bombardment was the

strongest socioeconomic predictor of post-traumatic stress reactions (odds ratio 0.25 [95% CI 0.12-0.53],  $p=0.0008$ ). By contrast, children exposed to other events, mainly through the media and adults, reported more anticipatory anxiety and cognitive expressions of distress ( $p=0.001$ ) than children who were directly exposed. **INTERPRETATION:** Children living in war zones can express acute distress from various traumatic events through emotional problems that are not usually recognised. Health professionals and other agencies coming in contact with children who have been affected by war and political violence need to be trained in detection and treatment of such presentations.

Thadani PV. The intersection of stress, drug abuse and development. *Psychoneuroendocrinology* 2002; 27(1-2):221-30.

**Abstract:** Use or abuse of licit and illicit substances is often associated with environmental stress. Current clinical evidence clearly demonstrates neurobehavioral, somatic growth and developmental deficits in children born to drug-using mothers. However, the effects of environmental stress and its interaction with prenatal drug exposure on a child's development is unknown. Studies in pregnant animals under controlled conditions show drug-induced long-term alterations in brain structures and functions of the offspring. These cytoarchitecture alterations in the brain are often associated with perturbations in neurotransmitter systems that are intimately involved in the regulation of the stress responses. Similar abnormalities have been observed in the brains of animals exposed to other adverse exogenous (e.g., environmental stress) and/or endogenous (e.g., glucocorticoids) experiences during early life. The goal of this article is to: (1) provide evidence and a perspective that common neural systems are influenced during development both by perinatal drug exposure and early stress exposure; and (2) identify gaps and encourage new research examining the effects of early stress and perinatal drug exposure, in animal models, that would elucidate how stress- and drug-induced perturbations in neural systems influence later vulnerability to abused drugs in adult offspring.

Therrell BL Jr. U.S. newborn screening policy dilemmas for the twenty-first century. *Mol Genet Metab* 2001; 74(1-2):64-74.

**Abstract:** Newborn screening has traditionally referred to biochemical testing for inherited disorders, generally metabolic in origin, that are usually correctable by dietary or drug interventions. As new tests have been developed, state public health newborn screening systems have slowly evolved without the benefit of national policies. Thus, newborn screening program changes, when viewed nationally, have been uncoordinated. The net result has been unequally applied mandated screening and, consequently, unequal availability of related public health disease prevention



services. Technological advances in laboratory testing over the past 10 years have resulted in limited program changes in some state newborn screening systems, and even greater program disparities. A recent Newborn Screening Task Force identified numerous issues of concern and proposed elements for a plan of action involving public health programs, healthcare providers, and consumers. This minireview details past policy history in newborn screening and identifies some of the current issues confronting programs as they seek to move ahead with the technologies and medical treatments for the twenty-first century.

Therrien M. Did the principle of double effect justify the separation? *Natl Cathol Bioeth Q* 2001; 1(3):417-27. Notes: GENERAL NOTE: KIE: Therrien, Michel  
GENERAL NOTE: KIE: 14 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors

Thibault KL. Some pitfalls of computer modeling. *Arch Pediatr Adolesc Med* 2002; 156(3):296-7.

Tholcken M, Lehna C. Advanced practice nurses as faculty. *MCN Am J Matern Child Nurs* 2001; 26(6):323-7. Abstract: This article details a program through which two child health faculty members who are advanced practice nurses (APNs) combined practice with teaching undergraduate students in a community-based clinical experience on nursing case management. A collaborative agreement between a university-based Children's Special Services Team (CSST) and school of nursing faculty was developed to extend services into the home communities of children with special healthcare needs. Senior students made visits to the homes of the team's clients, conducted assessments, interacted with families, and provided additional care. The team, which included physicians, nurses, a social worker, and therapists (occupational and physical) identified children and families who would benefit from home visits by students nurses who were directed by APNs. Both service and educational goals were accomplished by this community-based case-management experience. The children and their families received additional care from multiple healthcare providers. Students practiced components of community-based case management, and the CSST obtained vital information about their clients' living environments.

Thomas C. Guthrie test samples: is the problem solved? *N Z Bioeth J* 2004; 5(2):25-33. Notes: GENERAL NOTE: KIE: 24 refs.  
GENERAL NOTE: KIE: KIE Bib: genetic research; genetic screening; mass screening  
Abstract: Most babies born in New Zealand have a blood sample taken shortly after birth for the purposes of certain screening tests. The samples are retained indefinitely. This paper considers whether such samples are the property of the child and whether the

present changes in the Health (National Cervical Screening Programme) Amendment Bill and the Code of Health and Disability Services Consumers' Rights of 1996 are sufficient to resolve the issues. The paper expresses concern about the delegation of decision-making in this area to ethics committees.

Thomas KA. Safety: when infants and parents are research subjects. *J Perinat Neonatal Nurs* 2005; 19(1):52-8. Abstract: Patient safety is a central concern in nursing. Unlike other areas of patient safety, safety in research is particularly important because research is not part of standard care and participation is voluntary. Issues related to safety in research are especially pertinent to high-risk infants, because of the nature of parental (or legal guardian) consent and because children are considered a vulnerable group requiring special protection from research risks. Nurses must be aware of safety in research whether independently conducting research, employed by a research project, or caring for patients who are research subjects. This article reviews safety issues and policies, processes, and ethical guidelines designed to protect infants and children who are research subjects.

Thomas M, Karmiloff-Smith A. Are developmental disorders like cases of adult brain damage? Implications from connectionist modelling. *Behav Brain Sci* 2002; 25(6):727-50; discussion 750-87. Abstract: It is often assumed that similar domain-specific behavioural impairments found in cases of adult brain damage and developmental disorders correspond to similar underlying causes, and can serve as convergent evidence for the modular structure of the normal adult cognitive system. We argue that this correspondence is contingent on an unsupported assumption that atypical development can produce selective deficits while the rest of the system develops normally (Residual Normality), and that this assumption tends to bias data collection in the field. Based on a review of connectionist models of acquired and developmental disorders in the domains of reading and past tense, as well as on new simulations, we explore the computational viability of Residual Normality and the potential role of development in producing behavioural deficits. Simulations demonstrate that damage to a developmental model can produce very different effects depending on whether it occurs prior to or following the training process. Because developmental disorders typically involve damage prior to learning, we conclude that the developmental process is a key component of the explanation of endstate impairments in such disorders. Further simulations demonstrate that in simple connectionist learning systems, the assumption of Residual Normality is undermined by processes of compensation or alteration elsewhere in the system. We outline the precise computational conditions required for Residual Normality to hold in development, and suggest that in many cases it is an

unlikely hypothesis. We conclude that in developmental disorders, inferences from behavioural deficits to underlying structure crucially depend on developmental conditions, and that the process of ontogenetic development cannot be ignored in constructing models of developmental disorders.

Thomas R. School-based programmes for preventing smoking. *Cochrane Database Syst Rev* 2002; (4):CD001293.

**Abstract:** **BACKGROUND:** Smoking rates in adolescents are rising. Helping young people to avoid starting smoking is a widely endorsed goal of public health, but there is uncertainty about how to do this. Schools provide a route for communicating with a large proportion of young people, and school-based programmes for smoking prevention have been widely developed and evaluated. **OBJECTIVES:** To review all randomised controlled trials of behavioural interventions in schools to prevent children (aged 5 to12) and adolescents (aged 13 to18) starting smoking. **SEARCH STRATEGY:** We searched The Cochrane Controlled Trials and Tobacco Review group registers, MEDLINE, EMBASE, PsycInfo, ERIC, CINAHL, Health Star, Dissertation Abstracts and studies identified in the bibliographies of articles. Individual MEDLINE searches were made for 133 authors who had undertaken randomised controlled trials in this area. **SELECTION CRITERIA:** Types of studies: those in which individual students, classes, schools, or school districts were randomised to the intervention or control groups and followed for at least six months. Types of participants: Children (aged 5 to12) or adolescents (aged 13 to18) in school settings. Types of interventions: Classroom programmes or curricula, including those with associated family and community interventions, intended to deter use of tobacco. We included programmes or curricula that provided information, those that used social influences approaches, those that taught generic social competence, and those that included interventions beyond the school into the community. We included programmes with a drug or alcohol focus if outcomes for tobacco use were reported. Types of outcome measures: Prevalence of non-smoking at follow-up among those not smoking at baseline. We did not require biochemical validation of self-reported tobacco use for study inclusion. **DATA COLLECTION AND ANALYSIS:** We assessed whether identified citations were randomised controlled trials. We assessed the quality of design and execution, and abstracted outcome data. Because of the marked heterogeneity of design and outcomes, we did not perform a meta-analysis. We synthesised the data using narrative systematic review. We grouped studies by intervention method (information; social competence; social influences; combined social influences/social competence and multi-modal programmes). Within each category, we placed them into three groups according to validity using quality criteria for reported

study design. **MAIN RESULTS:** Of the 76 randomised controlled trials identified, we classified 16 as category one (most valid). There were no category one studies of information giving alone. There were fifteen category one studies of social influences interventions. Of these, eight showed some positive effect of intervention on smoking prevalence, and seven failed to detect an effect on smoking prevalence. The largest and most rigorous study, the Hutchinson Smoking Prevention Project, found no long-term effect of an intensive 8-year programme on smoking behaviour. There was a lack of high quality evidence about the effectiveness of combinations of social influences and social competence approaches. There was limited evidence about the effectiveness of multi-modal approaches including community initiatives. **REVIEWER'S CONCLUSIONS:** There is no rigorous test of the effects of information giving about smoking. There are well-conducted randomised controlled trials to test the effects of social influences interventions: in half of the group of best quality studies those in the intervention group smoke less than those in the control, but many studies showed no effect of the intervention. There is a lack of high-quality evidence about the effectiveness of combinations of social influences and social competence interventions, and of multi-modal programmes that include community interventions.

Thomas T. Covert video surveillance: an appraisal of the UKCC Position Statement. *Paediatr Nurs* 2001; 13(4):15-7.

Thompson A, Hollis C, Dagger DR. Authoritarian parenting attitudes as a risk for conduct problems Results from a British national cohort study. *Eur Child Adolesc Psychiatry* 2003; 12(2):84-91. **Abstract:** This study examines the associations, and possible causal relationship, between mothers' authoritarian attitudes to discipline and child behaviour using cross-sectional and prospective data from a large population sample surveyed in the 1970 British Cohort Study. Results show a clear linear relationship between the degree of maternal approval of authoritarian child-rearing attitudes and the rates of conduct problems at age 5 and age 10. This association is independent of the confounding effects of socio-economic status and maternal psychological distress. Maternal authoritarian attitudes independently predicted the development of conduct problems 5 years later at age 10. The results of this longitudinal study suggest that authoritarian parenting attitudes expressed by mothers may be of significance in the development of conduct problems.

Thompson DG. Safe sleep practices for hospitalized infants. *Pediatr Nurs* 2005; 31(5):400-3, 409. **Abstract:** Guidelines were established over 10 years ago by professional and government agencies that have dramatically changed the practice of infant sleep positioning. Although these guidelines mainly focus

care on the newborn and infant in their home by a parent, guardian or caregiver, hospital staff need to examine their compliance with these guidelines. The most controversial aspect of the "Back to Sleep" guidelines for the hospital setting is the parent and infant sharing a bed. Although parents may choose to sleep with their infant at home, the need for monitoring, ongoing assessment and care as well as the risk of entrapment or injury should be a priority in the delivery of optimal patient care in the hospital setting. The need for a policy was identified and developed by a multidisciplinary task force focusing on the physiological, behavioral and cultural aspects of cosleeping.

Thompson JB. International policies for achieving safe motherhood: women's lives in the balance. *Health Care Women Int* 2005; 26(6):472-83. Abstract: Every minute of every day somewhere in the world one woman dies during pregnancy or childbirth and eight newborns die, which is a great loss to families and to societies. Nearly two decades of global efforts to promote safe motherhood and newborn health have led to several conclusions as to why these unnecessary deaths of women and newborns continue, especially in the developing world. Healthy women are needed for healthy newborns and families, yet attention to the health of women, especially during childbearing, has received minimal or no attention at country and local levels where policies seem to ignore the value of the girl-child, women and newborns. One of the most important interventions proven to promote safe or healthy pregnancy for women and their newborns is the availability of skilled care--the combination of an accredited health professional with midwifery skills working in an well-equipped environment at the community level, supported by the political will needed to save the lives of mothers and babies. Yet skilled care is missing from nearly half of the world's women. This article describes the reasons for the continuing high rates of maternal and newborn deaths, key lessons learned about how to prevent such deaths based on the best available evidence, and the need for evidence-based policies directed at achieving safe motherhood for each woman who becomes pregnant and for her newborn.

Thompson KM, Haninger K. Violence in E-rated video games. *JAMA* 2001; 286(5):591-8. Abstract: CONTEXT: Children's exposure to violence, alcohol, tobacco and other substances, and sexual messages in the media are a source of public health concern; however, content in video games commonly played by children has not been quantified. OBJECTIVES: To quantify and characterize the depiction of violence, alcohol, tobacco and other substances, and sex in video games rated E (for "Everyone"), analogous to the G rating of films, which suggests suitability for all audiences. DESIGN: We created a database of all existing E-rated video games

available for rent or sale in the United States by April 1, 2001, to identify the distribution of games by genre and to characterize the distribution of content descriptors associated with these games. We played and assessed the content of a convenience sample of 55 E-rated video games released for major home video game consoles between 1985 and 2000. MAIN OUTCOME MEASURES: Game genre; duration of violence; number of fatalities; types of weapons used; whether injuring characters or destroying objects is rewarded or is required to advance in the game; depiction of alcohol, tobacco and other substances; and sexual content. RESULTS: Based on analysis of the 672 current E-rated video games played on home consoles, 77% were in sports, racing, or action genres and 57% did not receive any content descriptors. We found that 35 of the 55 games we played (64%) involved intentional violence for an average of 30.7% of game play (range, 1.5%-91.2%), and we noted significant differences in the amount of violence among game genres. Injuring characters was rewarded or required for advancement in 33 games (60%). The presence of any content descriptor for violence (n = 23 games) was significantly correlated with the presence of intentional violence in the game (at a 5% significance level based on a 2-sided Wilcoxon rank-sum test,  $t(53) = 2.59$ ). Notably, 14 of 32 games (44%) that did not receive a content descriptor for violence contained acts of violence. Action and shooting games led to the largest numbers of deaths from violent acts, and we found a significant correlation between the proportion of violent game play and the number of deaths per minute of play. We noted potentially objectionable sexual content in 2 games and the presence of alcohol in 1 game. CONCLUSIONS: Content analysis suggests a significant amount of violence in some E-rated video games. The content descriptors provide some information to parents and should be used along with the rating, but the game's genre also appears to play a role in the amount of violent play. Physicians and parents should understand that popular E-rated video games may be a source of exposure to violence and other unexpected content for children and that games may reward the players for violent actions.

Thompson RS, Lawrence DM, Huebner CE, Johnston BD. Expanding developmental and behavioral services for newborns in primary care: implications of the findings. *Am J Prev Med* 2004; 26(4):367-71. Abstract: BACKGROUND: In two other papers in this issue, the rationale, development, implementation, experimental design, approach to evaluation, and early results of a program to deliver developmental and behavioral services to all infants in primary care practice were described. Positive effects were seen for parental satisfaction, including decreased disenrollment, provider satisfaction, parenting practices, and health outcomes. METHODS: In the present article, the results are reviewed and

implications of our findings for the delivery of care, families, healthcare systems, and further research are discussed. **RESULTS:** Findings that have broad implications are as follows: (1) developmental and behavioral services can be delivered successfully in practice using dedicated professionals to deliver and integrate services; (2) the "planned care model" was useful in program implementation for making "the right thing to do, the easy thing to do"; (3) the added focus on satisfaction and cost helps to develop the "business case" for broad scale implementation; (4) bonding of parents to organizations has marketing implications; (5) the program provides positive effects for all parents, not just high-risk parents; and (6) several research questions emerge, including persistence of effects on health outcomes, costs, and utilization. **CONCLUSIONS:** The authors conclude that study results have implications for preventive services, families, child healthcare in office practice, healthcare systems, and healthcare policy. In this ongoing study, examination of intervention effects at 30 months of age should be informative. Further research is warranted as it remains to be seen whether or not these interventions can become viable ongoing programs.

Thompson TR, Belsito DV. Regional variation in prevalence and etiology of allergic contact dermatitis. *Am J Contact Dermat* 2002; 13(4):177-82. Abstract: **BACKGROUND:** The 1994-1996 North American Contact Dermatitis Group (NACDG) patch test results were the first, since the inception of the NACDG in 1970, to include results from a medium-sized metropolitan city in the Midwest. **OBJECTIVE:** The aim of this study was to determine whether the causative allergens of allergic contact dermatitis (ACD) in the Midwest differ from those in other regions of the United States and, if so, whether occupational or other factors account for the observed differences. **METHODS:** Retrospective analyses of patch test data collected at the University of Kansas Medical Center (Kansas City, KS) were compared with the data collected by the other NACDG centers. **RESULTS:** Patients in Kansas City were statistically more likely to react to potassium dichromate, formaldehyde and its releasers, methylchloroisothiazolinone/methylisothiazolinone (MCI/MI), and glutaraldehyde. Occupational exposures to chromium and formaldehyde were increased significantly among patients from Kansas City, although the percentages of the local population engaged in these occupations did not differ from those in other NACDG cities. Equal percentages of workers in Kansas City and nationally had occupationally related allergy to glutaraldehyde, although the overall rate of glutaraldehyde was higher among patients from Kansas City. Most cases of relevant allergy to MCI/MI were cosmetically induced both in Kansas City and nationally. **CONCLUSIONS:** The current findings show significant regional differences in causal allergens. The increased percentages of patients seen

with ACD to formaldehyde, formaldehyde-releasing agents, and potassium dichromate in Kansas City were likely caused by the referral of greater numbers of work-related cases. However, occupationally acquired ACD to MCI/MI and glutaraldehyde were not more frequent in Kansas City than nationally, suggesting that other factors might be operative. Although awareness of national trends is important, dermatologists must be cognizant of regional variations in allergen sources within their communities and referral networks.

Thomson CC, Roberts K, Curran A, Ryan L, Wright RJ. Caretaker-child concordance for child's exposure to violence in a preadolescent inner-city population. *Arch Pediatr Adolesc Med* 2002; 156(8):818-23. Abstract: **BACKGROUND:** Effective screening for exposure to violence (ETV) in the pediatric setting depends on informant reliability and recognition of patients at increased risk. Pediatricians screening for children's ETV often rely on parent reporting. **HYPOTHESIS:** That there would be poor caretaker-child concordance given that children would report events occurring outside the home not witnessed by the caretaker and that ETV would be higher among immigrant families. **OBJECTIVES:** To examine concordance between caretaker and child self-report of the child's ETV in a preadolescent population and to explore factors related to increased risk. **DESIGN:** Community-based survey. **SETTING:** Urban community health center. **PARTICIPANTS:** One hundred sixty-five caretaker-child pairs. **METHODS:** The ETV was assessed by means of a standardized interview questionnaire on location and frequency of ETV. A Rasch model was used to develop summary scores of ETV (frequency and severity). **RESULTS:** Caretaker-child concordance on reports of child's ETV was poor. The kappa statistics ranged from -0.04 for seeing someone knifed to 0.39 for witnessing a shooting. Children reported ETV more often in their neighborhood or at school, whereas caretakers reported more events near or at home. Univariate predictors of child's self-reported ETV were female sex (beta +/- SE, -10.1 +/- 4.6; P =.03) and caretaker being divorced (beta +/- SE, 12.6 +/- 6.0; P =.04). In multivariate analyses, country of origin predicted child's ETV, adjusting for child's age and sex, and caretaker educational status and marital status. **CONCLUSIONS:** Caretakers and their children have poor agreement on reports of the child's ETV. Intervention strategies around ETV should include assessment of the child independent of caretaker report for preadolescents. Screening may be more effective if pediatricians are aware of factors related to increased risk, including immigration status and caretaker marital status.

Thun-Hohenstein L. [The work of child protection groups in Austria]. *Wien Med Wochenschr* 2005; 155(15-16):365-70. Abstract: **AIM:** To document the number of child protection groups (CPG) in children's hospitals and

paediatric surgeries in Austria. Further, to document detection frequency of abuse syndromes per inpatients per year and structural differences between departments with and without CPGs. **METHODS:** Self-compiled questionnaire was distributed to all pediatric (43) and all pediatric surgery units (7). **RESULTS:** 68% of children's hospitals and 100% of paediatric surgical units had a CPG. Average detection frequency was reported to be 0.8 +/- 0.67% (range, 0-3.5). Distribution of CPG diagnoses is comparable, only sexual abuse was reported more frequently than reported internationally. Departments with CPG have more beds, more personnel, especially more psychosocial workers, and higher detection frequency. **CONCLUSIONS:** Frequency of CPGs is comparable to U.S. and Swiss data. Detection rates are low normal, but in departments without CPG, far below international standards.

Tickle JJ, Sargent JD, Dalton MA, Beach ML, Heatherton TF. Favourite movie stars, their tobacco use in contemporary movies, and its association with adolescent smoking. *Tob Control* 2001; 10(1):16-22. **Abstract:** **OBJECTIVE:** To assess the relation between adolescents' favourite movie stars, the portrayal of tobacco use by those stars in contemporary motion pictures, and adolescent smoking. **DESIGN AND SETTING:** 632 students (sixth to 12th grade, ages 10-19 years) from five rural New England public schools completed a voluntary, self administered survey in October 1996. The survey assessed tobacco use, other variables associated with adolescent smoking, and favourite movie star. In addition, tobacco use by 43 selected movie stars was measured in films between 1994 and 1996. **OUTCOME MEASURES:** Students were categorised into an ordinal five point index (tobacco status) based on their smoking behaviour and their smoking susceptibility: non-susceptible never smokers, susceptible never smokers, non-current experimenters, current experimenters, and smokers. We determined the adjusted cumulative odds of having advanced smoking status based on the amount of on-screen tobacco use by their favourite film star. **RESULTS:** Of the 43 stars, 65% used tobacco at least once, and 42% portrayed smoking as an essential character trait in one or more films. Stars who smoked more than twice in a film were considered smokers. For adolescents whose favourite stars smoked in only one film, the odds of being higher on the smoking index was 0.78 (95% confidence interval (CI) 0.53 to 1.15). For adolescents whose favourite stars smoked in two films, the odds of being higher on the smoking index was 1.5 (95% CI 1.01 to 2.32). For adolescents whose favourite stars smoked in three or more films (Leonardo DiCaprio, Sharon Stone, John Travolta), the odds of being higher on the smoking index was 3.1 (95% CI 1.34 to 7.12). Among never smokers (n = 281), those who chose stars who were smokers in three or more films were much more likely to have favourable attitudes toward smoking (adjusted odds

ratio 16.2, 95% CI 2.3 to 112). **CONCLUSIONS:** Adolescents who choose movie stars who use tobacco on-screen are significantly more likely to have an advanced smoking status and more favourable attitudes toward smoking than adolescents who choose non-smoking stars. This finding supports the proposition that the portrayal of tobacco use in contemporary motion pictures, particularly by stars who are admired by adolescents, contributes to adolescent smoking.

Tiedje LB, Darling-Fisher C. Promoting father-friendly healthcare. *MCN Am J Matern Child Nurs* 2003; 28(6):350-7; quiz 358-9. **Abstract:** Fathers are taking a more active role in their children's lives and healthcare; consequently, healthcare providers need to be more aware of and attentive to fathers in clinical encounters. The literature on healthcare provider inclusion of fathers is sparse. The focus has been mainly on exhortations to include fathers, or has documented treatment of fathers as invisible in healthcare settings. While not overtly hostile to fathers, healthcare providers occasionally marginalize or ignore them. The purpose of this article is to help healthcare providers: (1) become aware of and assess their interactions with fathers and (2) be more intentional in their interactions with them. To that end, this article includes a self-assessment of one's practice, including the following components: introductions, body language, eye contact, obtaining/giving information, and beliefs about the role of fathers. Intentional interactions for developing more father-friendly healthcare are discussed including both small and large changes, guided by the PLISSIT model. Finally, best practices, challenges, issues, and resources related to father inclusion in healthcare are described. The major issue for providers is to no longer question whether to include fathers, but how.

Tien I, Bauchner H, Reece RM. What is the system of care for abused and neglected children in children's institutions? *Pediatrics* 2002; 110(6):1226-31. **Abstract:** **OBJECTIVES:** The objectives of this study were to describe the number of children with suspected abuse or neglect (CAN) cared for in selected children's hospitals, to determine how they are tracked and followed, and to better describe the composition, function, and financial support of child protection teams (CPTs). **METHODS:** A self-administered survey was mailed to child abuse contact leaders at institutions that were members of the National Association of Children's Hospitals and Related Institutions in 2001. Responses from rehabilitation hospitals and those that did not indicate whether a CPT was present were excluded. **RESULTS:** One hundred thirty-four of 157 leaders responded. One hundred twenty-two (91%) met study criteria. Eighty-eight hospitals (72%) had a CPT-54% were pediatric facilities, 59% had >100 beds, and 89% had a pediatric residency. Compared with institutions without a CPT, institutions with a CPT were less likely to be located in the South (28% vs

70%) and more likely to have >200 beds (26% vs 1%), a medical school affiliation (92% vs 74%), and a pediatric residency (98% vs 68%). Sixty-one percent of institutions cared for <300 suspected CAN cases, and 66% had 5 or fewer CAN-associated deaths the previous year. Institutions with a CPT used more comprehensive documentation for CAN, including special CAN forms (55% vs 21%) and photographs (77% vs 53%). They also more commonly referred CAN cases to law enforcement (58% vs 35%) or a CAN clinic for follow-up (52% vs 26%). Fifty-two percent of CPTs had an annual budget of \$500 000 or less. The most common primary source of financial support for CPTs was the hospital (51%), although funding was usually composed of a combination of funds from the hospital, patient fees, and state government. Functions performed by CPTs included consulting on cases of CAN (89%), functioning as a liaison with child protective services (85%), tracking cases of abuse or neglect (70%), providing quality assurance on CAN cases (63%), and filing reports with child protective services (61%). Twenty-four hour consultative coverage was provided by most CPTs (79%), for which 94% provided phone consultation and 81% provided in-person consultation when necessary. CONCLUSIONS: The institutions surveyed cared for many children suspected of abuse and neglect. Thirty-eight percent did >300 evaluations per year. In general, institutions with CPTs provided more comprehensive documentation and follow-up of children suspected of having been abused or neglected than institutions without CPTs. Whether this is associated with better outcomes for children suspected of abuse or neglect is unknown.

Tierney H. Conjoined twins: the conflict between parents and the courts over the medical treatment of children. *Denver J Int Law Policy* 2002; 30(4):458-75. Notes: GENERAL NOTE: KIE: 199 fn. GENERAL NOTE: KIE: KIE Bib: allowing to die/legal aspects; patient care/minors; treatment refusal/minors

Tilley DS, Brackley M. Violent lives of women: critical points for intervention--phase I focus groups. *Perspect Psychiatr Care* 2004; 40(4):157-66, 170. Abstract: PROBLEM: To identify critical developmental periods, experiences, and events in women's lives associated with violence to guide a larger study. METHODS: Two focus groups of 10 women each (N = 20) were conducted to determine the critical times when girls and women might be exposed to violence. FINDINGS: Broad themes in the data were developmental periods, abusers, staying in the relationship, leaving the relationship, parenting, and living with violence. The women in these focus groups clearly identified times of increased risk for violence in their lives: establishing intimate relationships, pregnancy, childrearing years, and times when substance abuse is occurring. CONCLUSIONS: While

clinicians should be vigilant for the presence of domestic violence with all clients, it is important to know when a woman experiences increased risk for violence. The findings indicate a need for education for communities, those who provide care for women and children, and people in whom victims may confide.

Timmermans JP, Hens J, Adriaensen D. Outer submucous plexus: an intrinsic nerve network involved in both secretory and motility processes in the intestine of large mammals and humans. *Anat Rec* 2001; 262(1):71-8.

Abstract: The architecture of the enteric nerve networks in the gastrointestinal tract appears to be more complex in large mammals, including humans, than in small laboratory animals. At least two distinct ganglionic nerve plexuses could be identified in the submucous layer in the digestive tract of large mammals. While functionally and morphologically similar neuron populations are found in the intestinal wall of both small and large mammals, significant differences in their topographical organization and neurochemical features may be present. This short review clearly illustrates that the close and exclusive association, which has been assumed so far between the efferent pathways of the submucous plexus and regulation of intestinal secretion/absorption on the one hand and between the myenteric plexus and regulation of intestinal motility on the other hand, cannot be interpreted that strictly. An attempt has been made to give a brief overview of the current status of the identification of distinct functional enteric neuronal classes in the gastrointestinal tract of large mammals using the pig and human intestine as references, and to compare these data with the more extensive information gathered from the guinea-pig intestine.

Tirosh E, Cohen A, Stein M, Jaffe M. Factors affecting participation in a child development programme. *Int J Rehabil Res* 2001; 24(4):321-4.

Tirosh E, Offer Shechter S, Cohen A, Jaffe M. Attitudes towards corporal punishment and reporting of abuse. *Child Abuse Negl* 2003; 27(8):929-37. Abstract: OBJECTIVES: To assess physicians' attitudes towards corporal punishment in childhood and their subsequent actions regarding the reporting of child abuse. PARTICIPANTS: 107 physicians (95 pediatricians and 12 family practitioners) who work in hospitals and community clinics in northern Israel were interviewed. Of the participants, 16% were new immigrants. PROCEDURE: A structured interview was conducted by one of two pediatric residents. RESULTS: Attitudes towards corporal punishment were not influenced by the physicians' sex or specialty. Corporal punishment was approved by 58% of the physicians. A significant difference in attitudes towards corporal punishment between immigrants and Israeli born physicians was found (p=.004). Family

practitioners and especially senior ones were found significantly less tolerant towards corporal punishment than pediatricians ( $p=.04$ ). While reporting behavior was not found to be associated with parental status and the past experience of the physicians with child abuse, a significant effect of attitudes towards corporal punishment on reporting behavior was found ( $p=.01$ ). CONCLUSIONS: (1) Corporal punishment is still perceived as an acceptable disciplinary act by a significant proportion of physicians responsible for the health care of children in our area. (2) Attitudes towards corporal punishment are different between immigrants and native born Israeli trained doctors and, unexpectedly, pediatricians were more tolerant of corporal punishment than family practitioners.

Titus JC, Dennis ML, White WL, Scott CK, Funk RR. Gender differences in victimization severity and outcomes among adolescents treated for substance abuse. *Child Maltreat* 2003; 8(1):19-35. Abstract: This article uses data from the Global Appraisal of Individual Needs (GAIN) on 214 adolescents entering substance abuse treatment. The goals of the article are to validate the General Victimization Index (GVI), examine its relationship to gender and co-occurring problems, and determine its relationship to outcomes. The GVI includes 15 items on lifetime traumatic events, traumagenic factors, and current worries of victimization. The items fall along a severity dimension ( $\alpha = .88$ ), and evidence was generated to support the construct validity of cutoff scores for interpretation. Girls were significantly more likely than boys to have experienced a variety of victimization incidents. When used as grouping variables, gender and severity of victimization significantly interacted with measures of intake status and were significant predictors of 3-month postdischarge treatment outcomes.

Tkeshelashvili-Kessler A, del Rio C, Nelson K, Tsertsvadze T. The emerging HIV/AIDS epidemic in Georgia. *Int J STD AIDS* 2005; 16(1):61-7. Abstract: The first case of HIV in Georgia was diagnosed in 1989. Through December 2002, a total of 375 cases of HIV infection were reported. However, the World Health Organization estimates that the true number of infections may be closer to 1700. In all, 70% of reported cases are among injection drug users. Based on the UNAIDS classification, Georgia is a 'low-level HIV country' with an HIV prevalence of less than 1% in all groups, including drug users. However, there is a high prevalence of hepatitis B and C, suggesting a significant risk for the spread of HIV. Georgia, a newly independent republic, is experiencing an increase in injection drug use, a rise in sexually transmitted infections and commercial sex trade that create a fertile soil for the potential rapid spread of HIV. However, it is also a country with a unique window of opportunity for limiting the spread of HIV.

Toker A, Urkin J, Bloch Y. Role of a medical students' association in improving the curriculum at a faculty of health sciences. *Med Teach* 2002; 24(6):634-6. Abstract: The Joyce and Irving Goldman School of Medicine, Faculty of Health Sciences at the Ben Gurion University of the Negev encourages students to take part in the development and evaluation of the teaching experience. These special relations between the school and the students contribute not only to changes in the curriculum but also to increased involvement of faculty and students in the community. This article reviews the special relationship between the Faculty of Health Sciences and its medical students through the Medical Students Association (ASRN). During the last decade, BGU medical students have initiated innovative programmes some of which have recently become integrated into the curriculum. These include: prevention of sexual violence among youth, decreasing white-coat fear in small children ('Teddy Bear hospital') and participation in home-hospice activities. By encouraging students to become equal partners in faculty development and rejecting the traditional paternalistic mode of teacher-student relationships, the faculty has created an improved learning experience, and increased student motivation and levels of communication between the teachers and the future clinicians.

Tomasso JB. Separation of the conjoined twins: a comparative analysis of the rights to privacy and religious freedom in Great Britain and the United States. *Rutgers Law Rev* 2002; 54(3):771-801. Notes: GENERAL NOTE: KIE: 292 fn. GENERAL NOTE: KIE: KIE Bib: patient care/minors; treatment refusal

Tomatis S, Bono A, Bartoli C *et al.* Automated melanoma detection: multispectral imaging and neural network approach for classification. *Med Phys* 2003; 30(2):212-21. Abstract: Our aim in the present research is to investigate the diagnostic performance of artificial neural networks (ANNs) applied to multispectral images of cutaneous pigmented skin lesions as well as to compare this approach to a standard traditional linear classification method, such as discriminant function analysis. This study involves a series of 534 patients with 573 cutaneous pigmented lesions (132 melanomas and 441 nonmelanoma lesions). Each lesion was analyzed by a telespectrophotometric system (TS) in vivo, before surgery. The system is able to acquire a set of 17 images at selected wavelengths from 400 to 1040 nm. For each wavelength, five lesion descriptors were extracted, related to the criteria of the ABCD (for asymmetry, border, color, and dimension) clinical guide for melanoma diagnosis. These variables were first reduced in dimension by the use of factor analysis techniques and then used as input data in an ANN. Multivariate discriminant analysis (MDA) was also performed on the same dataset. The whole dataset

was split into two independent groups: i.e., train (the first 400 cases, 95 melanomas) and verification set (last 173 cases, 37 melanomas). Factor analysis was able to summarize the data structure into ten variables, accounting for at least 90% of the original parameters variance. After proper training, the ANN was able to classify the population with 80% sensitivity, 72% specificity, and 78% sensitivity, 76% specificity for the train and validation set, respectively. Following ROC analysis, area under curve (AUC) was 0.852 (train) and 0.847 (verify). Sensitivity and specificity values obtained by the standard discriminant analysis classifier resulted in a figure of 80% sensitivity, 60% specificity and 76% sensitivity, 57% specificity for the train and validation set, respectively. AUC for MDA was 0.810 and 0.764 for the train and verify set, respectively. Classification results were significantly different between the two methods both for diagnostic scores and model stability, which was worse for MDA.

Tomatis S, Carrara M, Bono A *et al.* Automated melanoma detection with a novel multispectral imaging system: results of a prospective study. *Phys Med Biol* 2005; 50(8):1675-87.

Abstract: The aim of this research was to evaluate the performance of a new spectroscopic system in the diagnosis of melanoma. This study involves a consecutive series of 1278 patients with 1391 cutaneous pigmented lesions including 184 melanomas. In an attempt to approach the 'real world' of lesion population, a further set of 1022 not excised clinically reassuring lesions was also considered for analysis. Each lesion was imaged in vivo by a multispectral imaging system. The system operates at wavelengths between 483 and 950 nm by acquiring 15 images at equally spaced wavelength intervals. From the images, different lesion descriptors were extracted related to the colour distribution and morphology of the lesions. Data reduction techniques were applied before setting up a neural network classifier designed to perform automated diagnosis. The data set was randomly divided into three sets: train (696 lesions, including 90 melanomas) and verify (348 lesions, including 53 melanomas) for the instruction of a proper neural network, and an independent test set (347 lesions, including 41 melanomas). The neural network was able to discriminate between melanomas and non-melanoma lesions with a sensitivity of 80.4% and a specificity of 75.6% in the 1391 histologized cases data set. No major variations were found in classification scores when train, verify and test subsets were separately evaluated. Following receiver operating characteristic (ROC) analysis, the resulting area under the curve was 0.85. No significant differences were found among areas under train, verify and test set curves, supporting the good network ability to generalize for new cases. In addition, specificity and area under ROC curve increased up to 90% and 0.90, respectively, when the additional set of 1022 lesions without histology was added to the test set. Our data

show that performance of an automated system is greatly population dependent, suggesting caution in the comparison with results reported in the literature. In our opinion, scientific reports should provide, at least, the median values of thickness and dimension of melanomas, as well as the number of small (6 mm) melanomas.

Tomeo ME, Templer DI, Anderson S, Kotler D. Sensitivity but not censorship. *Arch Sex Behav* 2002; 31(2):157-8.

Tomita Y, Tomida S, Hasegawa Y *et al.* Artificial neural network approach for selection of susceptible single nucleotide polymorphisms and construction of prediction model on childhood allergic asthma. *BMC Bioinformatics* 2004; 5:120. Abstract: BACKGROUND: Screening of various gene markers such as single nucleotide polymorphism (SNP) and correlation between these markers and development of multifactorial disease have previously been studied. Here, we propose a susceptible marker-selectable artificial neural network (ANN) for predicting development of allergic disease. RESULTS: To predict development of childhood allergic asthma (CAA) and select susceptible SNPs, we used an ANN with a parameter decreasing method (PDM) to analyze 25 SNPs of 17 genes in 344 Japanese people, and select 10 susceptible SNPs of CAA. The accuracy of the ANN model with 10 SNPs was 97.7% for learning data and 74.4% for evaluation data. Important combinations were determined by effective combination value (ECV) defined in the present paper. Effective 2-SNP or 3-SNP combinations were found to be concentrated among the 10 selected SNPs. CONCLUSION: ANN can reliably select SNP combinations that are associated with CAA. Thus, the ANN can be used to characterize development of complex diseases caused by multiple factors. This is the first report of automatic selection of SNPs related to development of multifactorial disease from SNP data of more than 300 patients.

Tomlin P, Clarke M, Robinson G, Roach J. Rehabilitation in severe head injury in children: outcome and provision of care. *Dev Med Child Neurol* 2002; 44(12):828-37. Abstract: Functional outcome and provision of care to 82 children (males:females 2.7:1; age range 0 to 16 years) with severe head injury were investigated. The children were admitted to the intensive care units of the Regional Neuroscience Units of the Greater Manchester and Lancashire districts of the North West Region of the UK between 1994 and 1996. A questionnaire was devised based on 12 areas of recovery and data were collected at discharge and 6 weeks, 6 months and 12 months from discharge. Data were collected during home visits and at joint assessment at 12 months with the district consultant community paediatrician (CCP). Early involvement of the CCP enhanced the provision of needs at discharge and 6 weeks after discharge, as did a period of stay in



district-level care before discharge home. CCPs received formal notification of the injured child in only 32% of cases by discharge, and 54% of cases by 6 months. Sixty-five per cent of children required early educational support but structured help reached only 55% of these children by the end of the study. Integrated planning between health and education was achieved in about half of the study population. Good physical recovery was achieved by the majority of children but parents said they did not feel prepared for the degree of help which their child still required 12 months after discharge. Children who required anticonvulsants at 12 months' follow-up scored significantly lower on cognitive potential. Psychosocial family functioning deteriorated in a substantial number of families according to parental perception. Prevalence of this perception did not diminish over the study period. Aspects of caregivers' understanding and the child's language deficits, self-care skills, fine and gross motor performance, as well as family, social, and financial consequences were assessed. A dedicated and integrated approach to assessment and provision of care across the domains of hospital, education, and community is discussed.

Tong Y, Frize M, Walker R. Extending ventilation duration estimations approach from adult to neonatal intensive care patients using artificial neural networks. *IEEE Trans Inf Technol Biomed* 2002; 6(2):188-91. Abstract: In earlier work, the research group successfully used artificial neural networks (ANNs) to estimate ventilation duration for adult intensive care unit (ICU) patients. The ANNs performed well in terms of correct classification rate (CCR) and average squared error (ASE) classifying the outcome into two classes: whether patients were ventilated for less than/equal to or for more than 8 h (< or >). The objective of new work was to apply this adult model to the estimation of ventilation with neonatal ICU (NICU) patient records. The performance obtained with the neonatal patients was comparable to that previously found with the adult database, again as measured in terms of a maximum CCR and a minimum ASE. The effectiveness of using the weight-elimination technique in controlling overfitting was again validated for the neonatal patients as it had been for our adult patients. It was concluded that the approach developed for ICU adult patients was also successfully applied to a different medical environment: neonatal ICU patients.

Topley J, Thomas A, Hobbs C, Wynne J. Detection of child sexual abuse. *Am J Obstet Gynecol* 2001; 184(5):1043-5.

Topp R, Cyrus J, Gebefugi I *et al*. Indoor and outdoor air concentrations of BTEX and NO<sub>2</sub>: correlation of repeated measurements. *J Environ Monit* 2004; 6(10):807-12.

Notes: CORPORATE NAME: INGA Study Group

Abstract: Studies on health effects of air pollutants ideally define exposure through the collection of air samples in the participants' homes. Concentrations derived from these samples are then considered as an estimate for the average concentration of air pollutants in the homes. Conclusions drawn from such studies therefore depend very much on the validity of the measured air pollution concentrations. In this paper we analysed repeated BTEX and NO<sub>2</sub> measurements with a time period of several months lying between the two conducted home visits. We investigated the variability of their concentrations over time by determining correlation coefficients and calculating within- and between-home variances. Our population consisted of 631 homes of participants from two cohort studies within the framework of the German study on Indoor Factors and Genetics in Asthma. Air pollutants were measured using passive samplers both indoors and outdoors. The measured BTEX concentrations were poorly correlated, with Pearson's correlation coefficient *r* ranging from -0.19 to 0.27. Additionally, a considerable seasonal effect could be observed. A higher correlation was found for the NO<sub>2</sub> concentrations with *r* ranging between 0.24 and 0.55. For the BTEX, the between-home variance was bigger than the within-home variance, for NO<sub>2</sub> both variances were of about the same order. Our results indicate that in a setting of moderate climate like in Germany, the variability of BTEX and NO<sub>2</sub> concentrations over time is high and a single measurement is a poor surrogate for the long-term concentrations of these air pollutants.

Tornqvist K, Kallen B. Risk factors in term children for visual impairment without a known prenatal or postnatal cause. *Paediatr Perinat Epidemiol* 2004; 18(6):425-30.

Abstract: Risk factors were studied for visual impairment in children without known pre- or postnatal cause, for a decrease of visual acuity. Children born at term 1979-98 and with a visual impairment were identified from the Swedish Register of Visually Impaired Children and data were linked with the Swedish Medical Birth Registry. Maternal characteristics such as maternal age, parity, maternal smoking habits in early pregnancy, maternal education, nationality, and subfertility were studied as well as maternal diagnoses such as pre-eclampsia, prolonged second stage of labour, abruptio placentae, and placenta praevia. Mode of delivery was analysed as well as birthweight, and birthweight in relation to gestational age. Abruptio placentae turned out to be the strongest risk factor (OR = 8.24 [95% CI 5.01, 13.51]). Smoking did not give a statistically significant increased risk. There is an increased risk with breech delivery (OR = 2.01 [95% CI 1.28, 3.17]). Pre-eclampsia was associated with an increased risk (OR = 2.22 [95% CI 1.46, 3.38]). There is also an increase in risk at low birthweight and small-for-gestational-age as well as birthweight > 4 kg and large-for-gestational-

age. In this study we found that risk factors particularly worth noticing in term children with a presumed perinatal cause of visual impairment are abruptio placentae, pre-eclampsia, excessively low as well as excessively high birthweight, and breech delivery, a fact worth noticing in current discussion on risks, advantages or excessive exploitation of caesarean section.

Torres C, Mujica OJ. [Health, equity, and the Millennium Development Goals]. *Rev Panam Salud Publica* 2004; 15(6):430-9.

Abstract: In September 2000 representatives of 189 countries met for the Millennium Summit, which the United Nations convened in New York City, and adopted the declaration that provided the basis for formulating the Millennium Development Goals (MDGs). The eight goals are part of a long series of initiatives that governments, the United Nations system, and international financial institutions have undertaken to reduce world poverty. Three of the eight goals deal with health, so the health sector will be responsible for implementing, monitoring, and evaluating measures proposed to meet targets that have been formulated: to reduce by two-thirds the mortality rate in children under 5 years of age between 1990 and 2015; to reduce by three-quarters the maternal mortality rate between 1990 and 2015; and to halt and begin to reverse the spread of HIV/AIDS by the year 2015, as well as to halt and begin to reverse the incidence of malaria, tuberculosis, and other major diseases. The health sector must also work with other parties to achieve targets connected with two other of the goals: to improve access to affordable essential drugs, and to reduce the proportion of persons who do not have safe drinking water. Adopting a strategy focused on the most vulnerable groups—ones concentrated in locations and populations with the greatest social exclusion—would make possible the largest total reduction in deaths among children, thus reaching the proposed target as well as producing greater equity. In the Region of the Americas the principal challenges in meeting the MDGs are: improving and harmonizing health information systems; designing health programs related to the MDGs that bring together the set of services and interventions that have the greatest impact, according to the special characteristics of the populations who are intended to be the beneficiaries; strengthening the political will to support the MDGs; and guaranteeing funding for the measures undertaken to attain the MDGs.

Torrey EF. Early physical and sexual abuse associated with an adverse course of bipolar illness. *Biol Psychiatry* 2002; 52(8):843; author reply 843-5.

Torrey WC, Lynde DW, Gorman P. Promoting the implementation of practices that are supported by

research: the National Implementing Evidence-Based Practice Project. *Child Adolesc Psychiatr Clin N Am* 2005; 14(2):297-306, ix.

Abstract: The National Implementing Evidence-Based Practice Project is an ongoing effort to promote the implementation of effective practices for adults who have severe mental illnesses. The project members designed and developed integrated packages of materials and services to help practice sites implement evidence-based practices and is field-testing the approach in eight states. These implementations are being evaluated carefully to learn how to make the technology transfer process more efficient in the future. This article describes the project and provides some early reflections on the implementation experience.

Totet A, Latouche S, Lacube P *et al.* *Pneumocystis jirovecii* dihydropteroate synthase genotypes in immunocompetent infants and immunosuppressed adults, Amiens, France. *Emerg Infect Dis* 2004; 10(4):667-73.

Abstract: To date, investigations of *Pneumocystis jirovecii* circulation in the human reservoir through the dihydropteroate synthase (DHPS) locus analysis have only been conducted by examining *P. jirovecii* isolates from immunosuppressed patients with *Pneumocystis pneumonia* (PCP). Our study identifies *P. jirovecii* genotypes at this locus in 33 immunocompetent infants colonized with *P. jirovecii* contemporaneously with a bronchiolitis episode and in 13 adults with PCP; both groups of patients were monitored in Amiens, France. The results have pointed out identical features of *P. jirovecii* DHPS genotypes in the two groups, suggesting that in these groups, transmission cycles of *P. jirovecii* infections are linked. If these two groups represent sentinel populations for *P. jirovecii* infections, our results suggest that all persons parasitized by *P. jirovecii*, whatever their risk factor for infection and the form of parasitism they have, act as interwoven circulation networks of *P. jirovecii*.

Towner E, Dowswell T. Community-based childhood injury prevention interventions: what works? *Health Promot Int* 2002; 17(3):273-84.

Abstract: Unintentional injury, with its broad range of injury types, possible countermeasures, and great number of agencies involved in its prevention, lends itself to community-based approaches. In this paper we examine 10 community-based injury prevention programmes that have targeted childhood injury prevention and have been evaluated using some measure of outcome. We investigate the nature of the intervention, targeting, the length of programmes and multi-agency involvement. We also consider how the programmes have been evaluated, and what outcome, impact and process measures have been used. The information on the intervention and how it was evaluated, how effective the programme was, and the strength of the evidence, is summarized in tabular form. There is increasing evidence emerging about the

effectiveness of community-based approaches in injury prevention. Important elements of such approaches are long-term strategy, effective focused leadership, multi-agency collaboration, tailoring to the needs of the local community, the use of local injury surveillance, and time to coordinate existing and develop new local networks. We recommend that there is a need to develop indicators to assess and monitor a culture of safety, programme sustainability and long-term community involvement.

Traeen B, Spitznogle K, Beverfjord A. Attitudes and use of pornography in the Norwegian population 2002. *J Sex Res* 2004; 41(2):193-200.

Abstract: The purpose of this study was to describe and analyze use of pornographic material in a representative sample of adult Norwegians. The data collection was carried out by means of a standardized questionnaire administered via personal telephone interviews. Among the 90% of participants who reported ever having examined pornography, 76% reported examining a pornographic magazine, 67% had watched a pornographic film, and 24% had examined pornography on the Internet. Significant gender differences emerged in the reporting. The percentage of men and women who reported frequent use of pornography was small. We identified three dimensions of attitudes toward pornography: pornography as a means of sexual enhancement, pornography as a moral issue, and social climate. These attitude dimensions were included in path models as mediating variables between demographic variables (age, gender, and level of education) and frequency of reading or watching pornographic materials. These models explained 36% of the variance in frequency of watching pornographic films, 35% of the variance in frequency of reading pornographic magazines, and 21% of the variance in frequency of watching pornography on the Internet.

Trenchs V, Curcoy AI, Pou J, Morales M, Serra A. Retinal haemorrhages as proof of abusive head injury. *J Pediatr* 2005; 146(3):437-8; author reply 438.

Tripp MK, Carvajal SC, McCormick LK *et al.* Validity and reliability of the parental sun protection scales. *Health Educ Res* 2003; 18(1):58-73.

Abstract: Skin cancer is the most common cancer diagnosed in the US and its incidence continues to rise. Epidemiological studies have shown that excessive sun exposure received during childhood may increase the risk of developing skin cancer later in life. Yet, there are few published reports on the development of reliable and valid theory-based scales that assess the factors associated with parental sun-protection practices to reduce sun exposure in preschool children. To fill this gap, the Parental Sun Protection Scales were developed and validated. Two series of confirmatory factor analytic models were employed to

test the factor structure of the scales and to examine the inter-relationships among the proposed psychosocial factors. Sunscreen-use and sun-avoidance behavioral models were tested in a sample of 384 parents. The results provided a basis for the reliable and valid measurement of psychosocial factors related to parental sun-protection practices. These scales may be useful in more fully understanding the determinants of sun-protection behaviors and in evaluating intervention programs designed to improve such behaviors.

Tritten J. How do you feel about giving up your freedom? *Midwifery Today Int Midwife* 2002; (61):47.

Trostle LC. Overrating pornography as a source of sex information for university students: additional consistent findings. *Psychol Rep* 2003; 92(1):143-50. Abstract: This study is an empirical investigation of how 175 university students obtained their knowledge of sexual matters and whether pornography functioned as an important source. Analysis indicated that pornography does not play an important role in the dissemination of sexual information; peers appear to be the primary source. There are, however, certain statistically significant differences between the sexes in reports of the extent of specific sexual information from pornography on matters such as oral and anal intercourse. The findings extend research on pornography as a source of sex information and are contrasted with previous studies.

Troxel WM, Matthews KA. What are the costs of marital conflict and dissolution to children's physical health? *Clin Child Fam Psychol Rev* 2004; 7(1):29-57.

Abstract: Do parental marital conflict and dissolution influence the risk trajectory of children's physical health risk? This paper reviews evidence addressing this question in the context of understanding how early environmental adversities may trigger a succession of risks that lead to poor health in childhood and greater risk for chronic health problems in adulthood. We first review existing evidence linking marital conflict and dissolution to offspring's physical health outcomes. Next, we provide evidence supporting biopsychosocial pathways that may link marital conflict and dissolution with accelerated health risk trajectories across the lifespan. Specifically, we posit that consequential to the stresses associated with marital conflict and disruption, parenting practices are compromised, leading to offspring deficits in affective, behavioral, and cognitive domains. These deficits, in turn, are hypothesized to increase health risk through poor health behaviors and by altering physiological stress-response systems, including neuroendocrine, cardiovascular, and neurotransmitter functioning. On the basis of the available direct evidence and theoretically plausible pathways, it appears that there is a cost of marital conflict and disruption to children's health; however, more comprehensive investigations are needed to

further elucidate this relationship. In the final section, we address limitations in the current literature and identify research that is needed to better evaluate the association between marital conflict and dissolution and children's physical health.

Tsao JC, Glover DA, Bursch B, Ifekwunigwe M, Zeltzer LK. Laboratory pain reactivity and gender: relationship to school nurse visits and school absences. *J Dev Behav Pediatr* 2002; 23(4):217-24.

Abstract: Currently, there are no clear methods for identifying children vulnerable to frequent school absences. Our study examined relationships between gender and laboratory pain reactivity to the cold-pressor task (CPT), and parent-involved school absences and self-initiated school nurse visits in 57 children (36 female; ages 8-10 years). Using multiple regression analyses, CPT pain ratings, tolerance, and gender were analyzed in relation to nurse visits and absences collected prospectively across 2 years. We found that higher pain ratings and female gender predicted more absences; female gender also predicted increased nurse visits for acute complaints with documented physical findings. Our results suggest that laboratory pain reactivity is a potentially useful indicator of vulnerability to parent-involved functional impairment, as indexed by school absences, and that girls are more likely than boys to miss school and visit the nurse for acute illnesses. Limitations and pathways for further study are discussed.

Tulananda O, Roopnarine JL. Mothers' and fathers' interactions with preschoolers in the home in northern Thailand: relationships to teachers' assessments of children's social skills. *J Fam Psychol* 2001; 15(4):676-87.

Abstract: Using ecocultural theory as a guide, the authors observed some everyday activities of mothers and fathers with children for 2 hr in the home in 53 families residing in Chaing Mai Province in northern Thailand. Teachers provided assessments of children's general social skills in preschool using the Preschool Kindergarten Behavior Scale (K. W. Merrell, 1994). Mothers were significantly more likely to engage in basic care, general conversations, and educational activities; to praise; and to use commands and reasoning as forms of discipline with children than fathers. Mothers and fathers did not significantly differ in the display of affection, teasing or joking, and modes of play interactions with children. Parents generally treated boys and girls similarly. Few associations between parent-child involvement and children's social skills in preschool were significant. Data are discussed with respect to changes in culturally driven parent-child practices.

Tung WL, Quek C. GenSo-FDSS: a neural-fuzzy decision support system for pediatric ALL cancer subtype identification using gene expression data. *Artif Intell*

*Med* 2005; 33(1):61-88.

Abstract: OBJECTIVE: Acute lymphoblastic leukemia (ALL) is the most common malignancy of childhood, representing nearly one third of all pediatric cancers. Currently, the treatment of pediatric ALL is centered on tailoring the intensity of the therapy applied to a patient's risk of relapse, which is linked to the type of leukemia the patient has. Hence, accurate and correct diagnosis of the various leukemia subtypes becomes an important first step in the treatment process. Recently, gene expression profiling using DNA microarrays has been shown to be a viable and accurate diagnostic tool to identify the known prognostically important ALL subtypes. Thus, there is currently a huge interest in developing autonomous classification systems for cancer diagnosis using gene expression data. This is to achieve an unbiased analysis of the data and also partly to handle the large amount of genetic information extracted from the DNA microarrays. METHODOLOGY: Generally, existing medical decision support systems (DSS) for cancer classification and diagnosis are based on traditional statistical methods such as Bayesian decision theory and machine learning models such as neural networks (NN) and support vector machine (SVM). Though high accuracies have been reported for these systems, they fall short on certain critical areas. These included (a) being able to present the extracted knowledge and explain the computed solutions to the users; (b) having a logical deduction process that is similar and intuitive to the human reasoning process; and (c) flexible enough to incorporate new knowledge without running the risk of eroding old but valid information. On the other hand, a neural fuzzy system, which is synthesized to emulate the human ability to learn and reason in the presence of imprecise and incomplete information, has the ability to overcome the above-mentioned shortcomings. However, existing neural fuzzy systems have their own limitations when used in the design and implementation of DSS. Hence, this paper proposed the use of a novel neural fuzzy system: the generic self-organising fuzzy neural network (GenSoFNN) with truth-value restriction (TVR) fuzzy inference, as a fuzzy DSS (denoted as GenSo-FDSS) for the classification of ALL subtypes using gene expression data. RESULTS AND CONCLUSION: The performance of the GenSo-FDSS system is encouraging when benchmarked against those of NN, SVM and the K-nearest neighbor (K-NN) classifier. On average, a classification rate of above 90% has been achieved using the GenSo-FDSS system.

Tuohy PG. In that case: a Lead Maternity Carer (LMC) is discussing newborn health checks with a pregnant woman and her partner. *Response. N Z Bioeth J* 2003; 4(1):40-1.

Notes: GENERAL NOTE: KIE: 1 ref. GENERAL NOTE: KIE: KIE Bib: informed consent/minors; mass screening

Tupola S, Kivittie-Kallio S, Viheriala L, Kallio P. [What should a doctor do when suspecting child abuse?]. *Duodecim* 2005; 121(20):2215-20.

Turgay A. Aggression and disruptive behavior disorders in children and adolescents. *Expert Rev Neurother* 2004; 4(4):623-32.

Abstract: Aggression is a common symptom of many psychiatric disorders including attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, Tourette's disorder, mood disorders (including bipolar disorder), substance-related disorders, alcohol-related disorders, mental retardation, pervasive developmental disorders, intermittent explosive disorder and personality disorders (particularly antisocial personality disorder). Many forms of organic brain disorders may present with aggressive behavior. Aggression is common in some epileptic patients and some endocrinological diseases (e.g., diabetes and hyperthyroidism) may be associated with aggressive behavior. Physicians need to rule out many medical and psychiatric disorders before diagnosing aggressive behavior. A thorough diagnostic work up is the most important step in determining the nature of comorbid disorders associated with the behavioral problem. Structured interviews and rating scales completed by patients, parents, teachers and clinicians may aid the diagnosis and provide quantification for the change process related to treatment. The integration of medication, individual and family counseling, educational and psychosocial interventions including the school and community, may increase the effectiveness of interventions. Due to the common association of aggression and disruptive behaviors with attention deficit hyperactivity disorder, psychostimulants including new generation long-acting medications and other nonstimulant medications are considered the drug of choice for managing aggressive behavior and disruptive behavior disorders. Severe aggressive behavior not responding to these medications may require the single or combined use of mood regulators including lithium and/or antipsychotic medications. Drugs such as risperidone (Risperdal, Janssen-Cilag) have documented effectiveness and safety in children and adolescents, and can be used in treatment.

Turgay A. Treatment of comorbidity in conduct disorder with attention-deficit hyperactivity disorder (ADHD). *Essent Psychopharmacol* 2005; 6(5):277-90. Abstract: Conduct disorder (CD) is one of the most common psychiatric disorders in childhood and adolescence. It is characterized by a variety of chronic antisocial behaviors, a repetitive and persistent pattern of behavior that violates the basic rights of others, major age-appropriate societal norms, or both. Aggressive behavior, lying, stealing, fire-setting, and running away from home and school are the most frequent manifestations of CD and are often accompanied by hyperactivity, impulsive behavior,

explosiveness, cognitive and learning problems, and poor social skills. The rate of comorbidity is high, with attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) being the most common; comorbid anxiety and depressive disorders are also seen, especially in adolescents. The diagnostic process should include the use of structured interviews, and scores from reliable and valid rating scales that cover all psychiatric disorders must be considered in the differential diagnosis, because CD alone is an extreme rarity and multiple disorders are almost always the rule rather than exception. Treatment should include parenting skills training combined with training of the child to improve his or her relationships with peers, academic performance, and compliance with legitimate demands of authority figures. The appropriate use of medications and integration of patient/parent education and support, as well as individual, group, family, residential, and inpatient treatment may be beneficial for patients with CD and ADHD. The article describes a number of psychopharmacological agents that are used in patients with CD with ADHD and other comorbid disorders. Drugs that may be useful include psychostimulants; atomoxetine (Strattera); antidepressants (imipramine [Tofranil], desipramine [Norpramin]); Selective Serotonin Reuptake Inhibitors (SSRIs); atypical antipsychotics such as risperidone (Risperdal); or mood regulators including lithium (Eskalith).

Turner M, McCrory P. Child protection in sport. *Br J Sports Med* 2004; 38(2):106-7.

Tursz A, Crost M, Gerbouin-Rerolle P. [Child abuse in France: how much, how reliable are the numbers?]. *Rev Epidemiol Sante Publique* 2003; 51(4):439-44.

Tursz A, Gerbouin-Rerolle P, Crost M. ["Suspicious deaths" in infants: national study]. *Rev Infirm* 2003; (93):27-9.

Twemlow SW, Fonagy P, Sacco FC. A developmental approach to mentalizing communities: I. A model for social change. *Bull Menninger Clin* 2005; 69(4):265-81.

Abstract: A developmental model is proposed applying attachment theory to complex social systems to promote social change. The idea of mentalizing communities is outlined with a proposal for three projects testing the model: ways to reduce bullying and create a peaceful climate in schools, projects to promote compassion in cities by a focus of end-of-life care, and a mentalization-based intervention into parenting style of borderline and substance abusing parents.

Twetman S, Petersson L, Axelsson S *et al.* Caries-preventive effect of sodium fluoride mouthrinses: a systematic review of controlled clinical trials. *Acta Odontol Scand* 2004; 62(4):223-30.

Abstract: The Swedish Council on Technology Assessment in Health Care launched a project group in 1999 to systematically review and evaluate the existing literature on different caries-preventive methods. The aim of this article was to report the findings concerning the caries-preventive effect of fluoride mouthrinses (FMRs) in various age groups, with special reference to background fluorides. A systematic search in electronic databases for literature published between 1966 and August 2003 was conducted with the inclusion criteria of a randomized or controlled clinical trial, at least 2 years' follow-up, and caries increment in the permanent dentition (DeltaDMFS/T) as endpoint. Out of 174 articles originally identified, 62 met the inclusion criteria. These studies were assessed independently by at least two reviewers and scored A-C according to predetermined criteria for methodology and performance. The measure of effect was the prevented fraction (PF) expressed as percent. The level of evidence was based on 25 articles. The results revealed limited evidence (evidence level 3) for the caries-preventive effect (PF 29%) of daily or weekly sodium fluoride rinses compared with placebo in permanent teeth of schoolchildren and adolescents with no additional fluoride exposure and for a caries-preventive effect on root caries in older adults. Inconclusive evidence (evidence level 4) was found regarding the effect of FMRs in schoolchildren and adolescents exposed to additional fluoride sources such as daily use of fluoride toothpaste. No firm support for the use of FMRs was disclosed in a small number of studies designed for patients at caries risk. Furthermore, no association between the frequency of the rinses and prevented fraction or saved surfaces per year was found. In conclusion, this systematic review suggests that sodium fluoride mouthrinses may have an anti-caries effect in children with limited background of fluoride exposure, while its additional effect in children with daily use of fluoride toothpaste could be questioned. The need for further clinical trials to elucidate the effect of FMRs in risk patients and older adults is emphasized.

Twombly R. For gene therapy, now-quantified risks are deemed troubling. *J Natl Cancer Inst* 2003; 95(14):1032-3.

Tyagi SV. Incest and women of color: a study of experiences and disclosure. *J Child Sex Abus* 2001; 10(2):17-39. Abstract: Clinical literature on incest trauma assumes a homogeneity of experience of all incest survivors including women of color. Experiences relating to community, culture, and family need to be acknowledged as salient aspects of the experiences of women of color who are also incest survivors. Twelve participants were interviewed regarding their experiences related to disclosure and coping. Participants described value systems, community mindedness, social attitudes, negative consequences amongst other social and cultural issues as factors

affecting incest disclosure. Participants described cognitive reframing, determination and separation from the perpetrator as ways of coping with incest.

Tyden T, Rogala C. Sexual behaviour among young men in Sweden and the impact of pornography. *Int J STD AIDS* 2004; 15(9):590-3. Abstract: The purpose was to investigate the sexual behaviour among young men (n = 300), visiting a genitourinary clinic in Sweden, focusing on the impact of pornography. Almost all, 98% (n = 292) claimed to be heterosexual. The mean age at first intercourse was 16 years and on that occasion 64% (n = 187) used some kind of contraceptive, mainly condom. All, 99% (n = 296) had consumed pornography and 53% (n = 157) felt that pornography impacted their sexual behaviour; they got inspired. About half (n = 161) had had anal intercourse. Of these, 70% (n = 113) had had it more than once and 84% (n = 133) could imagine doing it again. Only 17% (n = 28) always used a condom in this situation. One out of four (n = 70) had had at least one sexually transmitted disease. The low use of condoms when heterosexual men have anal sex might have serious consequences for a spread of sexually transmitted diseases.

Tyre P, Scelfo J. A Fed for the church. *Newsweek* 2002; 140(21):66.

Tzoumakis S, Dube M, Marleau JD, Leveillee S. Sex of the offender, sex of the victim, and motivation in filicidal situations in Quebec. *Can J Psychiatry* 2005; 50(2):126.

Ulinski T, Lhopital C, Cloppet H *et al.* Munchausen syndrome by proxy with massive proteinuria and gastrointestinal hemorrhage. *Pediatr Nephrol* 2004; 19(7):798-800.

Abstract: A 5-year-old boy presented with acute abdominal pain. Massive proteinuria of 10 g/1.73 m(2) per day was detected on standard urinalysis. There was no peripheral edema. Serum concentrations of total proteins, lipids, and creatinine and immunological investigations were normal. Two kidney biopsies revealed no abnormalities. Several weeks later he was admitted for intestinal hemorrhage with significant anemia. Endoscopy of the esophagus, stomach, colon, and small bowel (via laparotomy) were normal. Electrophoresis of urine proteins revealed the unusual finding of an albumin fraction of 99.4%. During a routine check-up in the outpatient clinic fresh urine samples were obtained while the boy's mother was absent. These were all negative for protein. The mother, who was a nurse, finally confessed to adding human albumin to the urine samples.

Ullman SE, Filipas HH. Ethnicity and child sexual abuse experiences of female college students. *J Child Sex Abus* 2005; 14(3):67-89.

Abstract: This research examines the understudied issue of race/ethnicity in relation to child sexual abuse experiences (CSA) in a cross-sectional convenience sample of 461 female college students completing a survey. Comparisons of students' abuse experiences revealed ethnic differences in sexual abuse prevalence, severity of abuse, the victim-offender relationship and post-abuse coping. Black students reported more sexual abuse than other ethnic groups, followed by Hispanics, Whites, and Asians. Although timing and extent of disclosure of sexual abuse did not vary by ethnicity, negative social reactions to disclosure were more common for certain ethnic groups than others. No ethnic differences emerged for depressive or PTSD symptoms. Implications are drawn for future research on the issue of ethnic differences in the aftermath of CSA experiences.

Umar US, Adekunle AO, Bakare RA. Pattern of condom use among commercial sex workers in Ibadan, Nigeria. *Afr J Med Med Sci* 2001; 30(4):285-90. Abstract: Regular condom use has been proven to remarkably reduce the transmission of sexually transmitted diseases (STDs) and its regular use for casual and commercial sex is important for the success of any STD/AIDS control programme. We studied the pattern of condom use among commercial sex workers in Ibadan, Nigeria in an attempt to identify the factors associated with it. Two hundred and ninety-five commercial sex workers in 21 brothels were randomly selected, using a multi-stage sampling technique, from a total of 31 identified in the 5 local government areas that make up Ibadan municipality. They were administered a pre-tested, semi-structured questionnaire by trained research assistants. Results showed that over half (53.2%) of the respondents were in the 20-29 year age group and most (71.5%) had been in the profession for less than a year. Sixty-five (22.0%) had no formal education, 29.8 % had some secondary education whilst 22.4 % had completed secondary school. Their overall knowledge of sexually transmitted diseases (STDs) was rated as poor (20.7%), moderate (64.1%) and good (15.2%). Their perceived risk of contracting HIV/AIDS was low (21.7%) although 87.8% regard it as a health problem in Nigeria. Eighty-three percent of the respondents always insisted that their clients used condoms, 13.2% did so frequently whilst 1.4% only occasionally. Of those who asked clients to use condoms, 69.5% of the women would refuse sex without condoms, 49 (16.6%) would do nothing and have sex without condoms, but 4.4% would charge extra money. No factor was found to have a significant association with the practice of asking clients to use condoms or of refusing sex without condoms. We concluded that consistent condom use was high among sex workers in brothels in Ibadan and was independent of the sex workers knowledge and perception of STDs.

Unstead-Joss L. Relative merits of the single and triple  
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MMR vaccines. *J R Soc Health* 2005; 125(4):155; author reply 155.

Untalan F, Woodruff K, Hardy C, Liao M, Krupitsky D. Disparities in outcomes for pediatric cancer patients treated in Hawai'i: comparing Hawai'i residents to children referred from the Pacific Islands. *Pac Health Dialog* 2004; 11(2):114-9. Abstract: This article examines whether pediatric cancer patients referred to Hawai'i from the Pacific Islands had poorer outcomes than Hawai'i residents treated at the same hospital. For children admitted from 1981 to 2002, we obtained data on patient demographics and outcomes from a review of medical charts and physician case reviews. We found that pediatric cancer patients referred from the Pacific Islands for treatment in Hawai'i had a higher relative risk of death, of not receiving treatment in a timely manner, of not completing treatment, and of being lost to follow-up than pediatric cancer patients that were residents of Hawai'i. The higher risk of poor outcomes for pediatric cancer patients referred from the Pacific Islands can be addressed by improving the health care systems in both the Pacific Islands and in Hawai'i.

Upadhyay K, Thomson A, Luckas MJ. Congenital myotonic dystrophy. *Fetal Diagn Ther* 2005; 20(6):512-4. Abstract: We describe a case of severe congenital myotonic dystrophy (CDM). A 38-year-old primigravida, who was known to suffer from mild myotonic dystrophy (DM), conceived spontaneously and booked for confinement at 11 weeks in our unit. The couple had been fully counseled about the risks of transmission of this condition to their offspring before embarking on this pregnancy. Despite being fully aware of the risks, they declined prenatal diagnosis. The pregnancy was monitored by serial ultrasound scans. The diagnosis of CDM was suspected by ultrasound markers of borderline ventriculomegaly, polyhydramnios, and reduced fetal movements. The pregnancy ended prematurely at 33 weeks in an emergency caesarean section because of severe fetal compromise. The neonate died almost immediately after birth. The genetic analysis of cord blood confirmed severe DM. This case highlights the importance of ultrasound markers for the diagnosis of CDM in the absence of definitive prenatal diagnosis.

Uppard S. Child soldiers and children associated with the fighting forces. *Med Confl Surviv* 2003; 19(2):121-7. Abstract: Experience has shown that the breakdown of protective structures such as families and communities, particularly in times of conflict, leaves children vulnerable to recruitment into armed groups. These children are subject to gross violations of their human rights, such as the right to protection from harm, violence and abuse. At least 300,000 children are currently being used to fight in armed conflicts in over 30 countries across the world. Girls and boys are

abducted, coerced or persuaded to join armed forces, often in brutal circumstances. These children are usually involved in internal conflicts, where poverty and exclusion leave very few other viable options--becoming soldiers may appear to be their only means of survival. Many, however, sustain physical injuries and permanent disabilities as a result of combat and it is impossible to know how many are killed. A large number encounter health problems such as sexually transmitted diseases, including HIV/AIDS. Lack of data on the health of child soldiers means that appropriate medical care and treatment may be inadequate or inaccessible, even during a planned demobilization. There is an urgent need for systematic research and data collection in order to better understand and provide for the healthcare of all children leaving armed groups.

Uribe-Salas F, Conde-Glez CJ, Juarez-Figueroa L, Hernandez-Castellanos A. Sociodemographic dynamics and sexually transmitted infections in female sex workers at the Mexican-Guatemalan border. *Sex Transm Dis* 2003; 30(3):266-71. Abstract: BACKGROUND: If the predominant means of HIV transmission is heterosexual in the Soconusco region of Mexico, then the female sex workers (FSWs) from Central America who work in this region may be playing a significant role in the heterosexual transmission of HIV. GOAL: The goal was to estimate the prevalence of several sexually transmitted infections (STIs), including HIV infection, and to evaluate the population mobility of Mexican and Central American FSWs in the Soconusco region in Chiapas State, Mexico. METHODS: A cross-sectional study was conducted upon the construction of a sampling frame of sex work-related bars in the municipalities of the Soconusco region. Consenting participants answered a questionnaire that recorded sociodemographic characteristics, previous and current experience in commercial sex, and risk indicators for STI. Women also provided blood and endocervical swab specimens to be analyzed. RESULTS: A sample of 484 women were enrolled, who were characterized as follows: the average age was 25.6 years, and a high proportion had children, were single, had started sexual activity at an early age, and had a low level of education and low earnings. The global prevalences of infections with *Treponema pallidum*, HSV-2, HIV, *Neisseria gonorrhoeae*, and *Chlamydia trachomatis* were 9.4%, 85.7%, 0.6%, 11.6%, and 14.4%, respectively. Frequencies of HBcAb and HBsAg hepatitis B markers were 17.7% and 1.3%. The cumulative prevalence of treatable gonorrhea, chlamydia, and syphilis was 27.4%. CONCLUSION: The data on women's mobility illustrate that the Soconusco region attracts Central American women to enter the commercial sex trade. The women's sociodemographic characteristics were consistent with high prevalences of STI, except HIV infection. The low frequency of HIV infection suggests that this

population may have had little contact with HIV core groups in Central America and in the Soconusco and no history of blood transfusion or intravenous drug use.

Uscinski RH, Thibault LE, Ommaya AK. Rotational injury. *J Neurosurg* 2004; 100(3):574-5; author reply 575.

V Essen H, Schlickewei W, Dietz HG. [Child abuse]. *Unfallchirurg* 2005; 108(2):92-101. Abstract: Child abuse is most often diagnosed by an emergency doctor on call who sometimes "feels" more than knows what he is confronted with. He should nevertheless always take a medical history and make a physical and radiological examination. X-ray imaging and an ophthalmologic retinal examination are the most important diagnostic steps. Typical findings are multiple and/or dorsal rib fractures, complex skull fractures, physal fractures, all fractures within the first 12 months, multiple fractures in different localisations and stages of healing, all injuries with uncommon distributions, all patterned bruises, immersion burns, intramural hematoma and every unexplained loss of consciousness. The first step towards victim protection is always the removal of the abused child from its caregivers by admitting it to hospital, as 95% of all cases of reported child abuse take place within the child's family.

Vain N, Prudent L, Szyld E, Wiswell T. A difficult ethics issue. *Lancet* 2004; 364(9447):1751; author reply 1752.

Notes: GENERAL NOTE: KIE: 5 refs. GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent

Valdizan JR, Abril-Villalba B, Mendez-Garcia M *et al.* [Cognitive evoked potentials in autistic children]. *Rev Neurol* 2003; 36(5):425-8. Abstract: AIMS: The aim of this study was to examine the latency, amplitude and distribution of N400 potential in order to evaluate the semantic processing capacity in autistic children and in children suffering from Asperger's syndrome (AS), and to compare them with a control group. PATIENTS AND METHODS: 24 autistic children, six boys with AS and 25 controls, aged between 6 and 14 years old. The cases were examined using the DSM IV diagnostic criteria. Auditory stimulation was performed with pairs of congruent and incongruent words: two lists of 20 pairs of semantically related words (congruent) and 20 pairs of words with no semantic relationship whatsoever (incongruent). RESULTS: The most striking parameter is the increase in latency in N400 for the group of autistic children, which did not occur in the group of children with AS. Maximum N400 negativity for the children with autism was found in the left frontocentral region. No significant differences were observed for the amplitude of N400 between the three groups that were studied. CONCLUSION: Neurophysiologically,



the autistic children and those affected by AS perhaps use different neuronal networks in semantic processing. The N400 wave can be a valid test for monitoring verbal processing in these children.

Valentin SR. Commentary: Sleep in German infants--the "cult" of independence. *Pediatrics* 2005; 115(1 Suppl):269-71.

Abstract: OBJECTIVES: Significant cultural variations exist in sleep practices for young children, including bedtime rituals and routines, soothing techniques, and cosleeping. This study examined parenting styles at bedtime and sleep behavior in a group of German infants. The results are compared with sleep practices of other western European countries. PARTICIPANTS: German parents of 50 boys and 50 girls 6 to 30 months old. METHOD: Parents were asked to fill out a questionnaire about the sleep behavior of their child. Personal interviews with the parents were conducted to augment the survey results; in selected cases, bedtime routines were filmed. RESULTS: The infants in this sample largely slept in their own bed in a separate room. Bedtime rituals were common and in general characterized by parents maintaining behavioral distance from the infants during the bedtime routine. However, parenting style was likely to become more "proximal" (close) in response to bedtime refusal and nocturnal infant crying. A majority of parents (79%) used lullabies as part of the bedtime ritual, and the use of a sleep aid was very common (80%). CONCLUSION: As is the case with most cultures, German bedtime parenting practices tend to reflect parenting values and beliefs associated with their specific culture. The parenting style at bedtime in this group of infants in general seemed less rigid and less distancing than bedtime rituals typically described in other northern European countries and may represent more of a synthesis of parenting styles across various Western cultures.

Van Biema D. Rebels in the pews. *Time* 2002; 159(24):54-8.

van den Bree MB, Pickworth WB. Risk factors predicting changes in marijuana involvement in teenagers. *Arch Gen Psychiatry* 2005; 62(3):311-9. Abstract: BACKGROUND: Marijuana use during adolescence has various adverse psychological and health outcomes. It is poorly understood whether the same risk factors influence different stages in the development of marijuana involvement. OBJECTIVE: To establish which risk factors best explain different stages of marijuana involvement. DESIGN: Data were collected at 2 points using computer-assisted personal interview (wave 1 and wave 2 were separated by 1 year). Twenty-one well-established risk factors of adolescent substance use/abuse were used to predict 5 stages of marijuana involvement: (1) initiation of experimental use, (2) initiation of regular use, (3) progression to regular use, (4) failure to discontinue

experimental use, and (5) failure to discontinue regular use. Data were analyzed using logistic regression analysis. PARTICIPANTS: Middle school and high school students (N = 13 718, aged 11-21 years) participating in the National Longitudinal Study of Adolescent Health (Add Health). RESULTS: Three risk factors (own and peer involvement with substances, delinquency, and school problems) were the strongest predictors of all stages. Their combined presence greatly increased risk of initiation of experimental (odds ratio, 20) and regular (odds ratio, 87) marijuana use over the next year. Personality, family, religious, and pastime factors exerted stage-specific, sex-specific, and age-specific influences. CONCLUSIONS: Assessment of substance, school, and delinquency factors is important in identifying individuals at high risk for continued involvement with marijuana. Prevention and/or intervention efforts should focus on these areas of risk.

van der AA F, Roskams T, Blyweert W, Ost D, Bogaert G, De Ridder D. Identification of kit positive cells in the human urinary tract. *J Urol* 2004; 171(6 Pt 1):2492-6. Abstract: PURPOSE: Analogous to interstitial cells of Cajal in the bowel, functional important networks of interstitial cells could have a role in the complex mechanism of central and peripheral control of urinary tract function. Recently various reports mentioned the presence of interstitial cells in different parts of the urinary tract and in different species. Since important differences among species exist, we performed immunohistochemistry on fresh frozen human tissue to study the presence of interstitial cells in the human urinary tract. MATERIALS AND METHODS: A total of 65 tissue pieces from all levels of the urinary tract were obtained from 44 patients treated at our institution. Tissue was processed for immunohistochemistry immediately after removal. We performed immunohistochemistry for kit, connexin 43 and VRL1/TRPV2. RESULTS: Interstitial cells immunopositive for all 3 antibodies were seen beneath the urothelium and between smooth muscle cells in all tissue pieces with slight topographical differences. CONCLUSIONS: Together with morphological and functional data from other experiments these morphological data suggest that, as in the bowel, networks of interstitial cells might have an important role in the physiology and pathology of the urinary tract. They could be involved in pacemaking or have an integrating role through the modulation of neurotransmission and conduction of electrical impulses. Functional experiments are the next step to study these hypotheses.

van der Heide A, Deliëns L, Faisst K *et al.* End-of-life decision-making in six European countries: descriptive study. *Lancet* 2003; 362(9381):345-50. Notes: CORPORATE NAME: EURELD consortium GENERAL NOTE: KIE: 25 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die;

euthanasia; suicide; terminal care  
Abstract: BACKGROUND: Empirical data about end-of-life decision-making practices are scarce. We aimed to investigate frequency and characteristics of end-of-life decision-making practices in six European countries: Belgium, Denmark, Italy, the Netherlands, Sweden, and Switzerland. METHODS: In all participating countries, deaths reported to death registries were stratified for cause (apart from in Switzerland), and samples were drawn from every stratum. Reporting doctors received a mailed questionnaire about the medical decision-making that had preceded the death of the patient. The data-collection procedure precluded identification of any of the doctors or patients. All deaths arose between June, 2001, and February, 2002. We weighted data to correct for stratification and to make results representative for all deaths: results were presented as weighted percentages. FINDINGS: The questionnaire response rate was 75% for the Netherlands, 67% for Switzerland, 62% for Denmark, 61% for Sweden, 59% for Belgium, and 44% for Italy. Total number of deaths studied was 20480. Death happened suddenly and unexpectedly in about a third of cases in all countries. The proportion of deaths that were preceded by any end-of-life decision ranged between 23% (Italy) and 51% (Switzerland). Administration of drugs with the explicit intention of hastening death varied between countries: about 1% or less in Denmark, Italy, Sweden, and Switzerland, 1.82% in Belgium, and 3.40% in the Netherlands. Large variations were recorded in the extent to which decisions were discussed with patients, relatives, and other caregivers. INTERPRETATION: Medical end-of-life decisions frequently precede dying in all participating countries. Patients and relatives are generally involved in decision-making in countries in which the frequency of making these decisions is high.

van der Kolk BA. The neurobiology of childhood trauma and abuse. *Child Adolesc Psychiatr Clin N Am* 2003; 12(2):293-317, ix.  
Abstract: During the past decade there has been rapid progress in the understanding of the effects of exposure to traumatic life experiences on subsequent psychopathology in children. Trauma exposure affects what children anticipate and focus on and how they organize the way they appraise and process information. Trauma-induced alterations in threat perception are expressed in how they think, feel, behave, and regulate their biologic systems. The task of therapy is to help these children develop a sense of physical mastery and awareness of who they are and what has happened to them to learn to observe what is happening in present time and physically respond to current demands instead of recreating the traumatic past behaviorally, emotionally, and biologically.

van der Maesen K, Moll AC, Imhof SM. [Diagnostic image (177). A lifeless infant. Shaken baby syndrome]. *Ned Tijdschr Geneesk* 2004; 148(8):377.

Abstract: In a 4-months-old male infant who had been discovered in his bed pale, apnoeic and cold, funduscopy revealed multiple retinal haemorrhages due to shaken baby syndrome.

van der Velden VH, Hochhaus A, Cazzaniga G, Szczepanski T, Gabert J, van Dongen JJ. Detection of minimal residual disease in hematologic malignancies by real-time quantitative PCR: principles, approaches, and laboratory aspects. *Leukemia* 2003; 17(6):1013-34.  
Abstract: Detection of minimal residual disease (MRD) has prognostic value in many hematologic malignancies, including acute lymphoblastic leukemia, acute myeloid leukemia, chronic myeloid leukemia, non-Hodgkin's lymphoma, and multiple myeloma. Quantitative MRD data can be obtained with real-time quantitative PCR (RQ-PCR) analysis of immunoglobulin and T-cell receptor gene rearrangements, breakpoint fusion regions of chromosome aberrations, fusion-gene transcripts, aberrant genes, or aberrantly expressed genes, their application being dependent on the type of disease. RQ-PCR analysis can be performed with SYBR Green I, hydrolysis (TaqMan) probes, or hybridization (LightCycler) probes, as detection system in several RQ-PCR instruments. Dependent on the type of MRD-PCR target, different types of oligonucleotides can be used for specific detection, such as an allele-specific oligonucleotide (ASO) probe, an ASO forward primer, an ASO reverse primer, or germline probe and primers. To assess the quantity and quality of the RNA/DNA, one or more control genes must be included. Finally, the interpretation of RQ-PCR MRD data needs standardized criteria and reporting of MRD data needs international uniformity. Several European networks have now been established and common guidelines for data analysis and for reporting of MRD data are being developed. These networks also include standardization of technology as well as regular quality control rounds, both being essential for the introduction of RQ-PCR-based MRD detection in multicenter clinical treatment protocols.

van der Walt JH, Sainsbury DA, Pettifer R. Anaesthesia alert: an integrated, networked, register of paediatric anaesthetic problems. *Anaesth Intensive Care* 2001; 29(2):113-6.  
Abstract: The Paediatric Register of Anaesthetic Problems (PaedRAP) is a network-based anaesthesia hazard alert system. It is integrated with pre-anaesthesia consultations and patient questionnaires. All files, both electronic and on paper, are available 24 hours a day close to the operating theatres. This ensures that pertinent information is readily available when and where it is most needed. The PaedRAP is also linked to the automated theatre booking system to print warnings on the theatre lists. This minimizes the chance that important information goes unnoticed. Documentation of the progression of the various categories of patient problems and evolving

management strategies has been useful both for individuals and groups.

Van Dorn RA, Mustillo S, Elbogen EB, Dorsey S, Swanson JW, Swartz MS. The effects of early sexual abuse on adult risky sexual behaviors among persons with severe mental illness. *Child Abuse Negl* 2005; 29(11):1265-79.

Abstract: OBJECTIVE: There were two aims: first, to examine the relationship between prior sexual abuse and three types of adult risky sexual behaviors [(1) ever traded sex for drugs or money, (2) had unprotected sex in the past 6 months, and (3) frequency of unprotected sex in the past 6 months] among persons with severe mental illness (SMI), and second, to examine the potential mediating effects of adult rape, substance use, and PTSD. METHOD: Using a pooled sample of individuals with SMI (N=609), logistic and negative binomial regression analyses were used to investigate the impact of prior sexual abuse on these adult risky sexual behaviors. RESULTS: Childhood sexual abuse was associated with having ever traded sex for money and having engaged in unprotected sex in the past 6 months. However, childhood sexual abuse was inversely associated with the number of times males had unprotected sex in the past 6 months. Results differed between males and females and the impact of potential mediators also varied by gender and type of outcome studied. CONCLUSION: These findings suggest a complex link between childhood sexual abuse and adult risky sexual behaviors in persons with SMI. Clinical assessments of child abuse sequelae should include a variety of indicators and parameters of adult risky sexual behavior, as persons with SMI are at an increased risk of engaging in high-risk sexual behaviors and tend to have a higher exposure to childhood sexual abuse than does the general population.

Van Houdenhove B, Egle UT. Comment on Raphael, K.G., Widom, C.S., Lange, G., Childhood victimization and pain in adulthood: a prospective investigation, *PAIN* 92 (2001) 283-293. *Pain* 2002; 96(1-2):215-6; author reply 216-7.

van Lier PA, Crijnen AA. Trajectories of peer-nominated aggression: risk status, predictors and outcomes. *J Abnorm Child Psychol* 2005; 33(1):99-112. Abstract: Developmental trajectories of peer-nominated aggression, risk factors at baseline, and outcomes were studied. Peer nominations of aggression were obtained annually from grades 1 to 3. Three developmental trajectories were identified: an early-onset/increasers trajectory with high levels of peer-nominated aggression at elementary school entry and increasing levels throughout follow-up; a moderate-persistent trajectory of aggression in which children were characterized by moderate levels of physical aggression at baseline; and a third trajectory with stable

low levels of aggression. Children following the early-onset/increasers trajectory showed physical forms of aggression at baseline. Male gender and comorbid attention deficit/hyperactivity problems, oppositional defiant problems and poor prosocial behavior plus negative life events predicted which children would follow the early-onset/increasers trajectory of aggression. The outcomes associated with the early-onset/increaser children suggest high risk for chronically high levels of aggressive behavior.

van Loveren C, Ketley CE, Cochran JA, Duckworth RM, O'Mullane DM. Fluoride ingestion from toothpaste: fluoride recovered from the toothbrush, the expectorate and the after-brush rinses. *Community Dent Oral Epidemiol* 2004; 32 Suppl 1:54-61. Abstract: OBJECTIVES: The aim of this study was to determine the effects of rinsing and spitting on fluoride ingestion from toothpaste during normal oral-hygiene procedures of younger children, and hence to make recommendations on rinsing during toothbrushing. METHODS: The brushing habits of 166 Dutch and 185 Irish children between 1.5 and 3.5 years were observed during home visits. The weight of the toothpaste tube was determined before and after use. After brushing, the toothbrush and any associated expectorate and rinses, combined with any toothpaste spilled during the brushing procedures, were collected. The amounts of fluoride retained on the toothbrush and in the associated expectorate and rinses were measured. RESULTS: Over 90% of the Dutch children used a special toddlers' toothpaste with < or =500 ppm F. Eleven per cent of the younger (<2.5 years) Dutch children and 22% of the older children rinsed after brushing. Of the Irish children approximately 52% used a children's toothpaste containing around 500 ppm F. Of the younger Irish children 31% spat without rinsing, while another 31% rinsed during or after brushing. For the older Irish children, these percentages were 14 and 70%, respectively. On average, 22% of the fluoride dispensed on the toothbrush was retained on the brush after brushing irrespective of the rinsing and spitting behaviour of the children. The maximum ingestible amount of fluoride from toothpaste assuming no rinsing or spitting was calculated. CONCLUSIONS: Fluoride ingestion from toothpaste is significantly reduced by rinsing and/or spitting during toothbrushing. Recommendations that younger children use small amounts of toothpaste (< 0.5 g) and that children using toothpaste with > or = 1000 ppm F rinse their mouths after brushing continue to be valid.

van Manen TG, Prins PJ, Emmelkamp PM. Reducing aggressive behavior in boys with a social cognitive group treatment: results of a randomized, controlled trial. *J Am Acad Child Adolesc Psychiatry* 2004; 43(12):1478-87.

Abstract: OBJECTIVE: To evaluate the effectiveness of a social cognitive intervention program for Dutch aggressive boys and to compare it with a social skills

training and a waitlist control group. **METHOD:** A randomized, controlled treatment outcome study with 97 aggressive boys (aged 9-13 years) was presented. An 11-session group treatment, a social cognitive intervention program (n = 42) based on Dodge's social information-processing theory, was compared with social skills training (n = 40) and waitlist control group (n = 15). Measures of aggressive behavior, self-control, social cognitive skills, and appropriate social behavior were completed before and after the group treatment and at 1-year follow-up. **RESULTS:** The outcome of both treatment conditions indicated (1) a significant increase in appropriate social behavior, social cognitive skills, and self-control and (2) a significant decrease in aggressive behavior. There was a significant difference between treatment and no treatment and between the social cognitive intervention program and social skills training on various child, parent, and teacher measures. **CONCLUSIONS:** The expectation that focusing on the deficits and distortions in social cognitive processes (social cognitive intervention program) instead of merely focusing on social skills (social skills training) would enhance the effectiveness was supported on child, parent, and teacher measures. At 1-year follow-up, the mean effect sizes of the social cognitive intervention program and social skills training were 0.76 and 0.56, respectively.

Van Orden KF, Limbert W, Makeig S, Jung TP. Eye activity correlates of workload during a visuospatial memory task. *Hum Factors* 2001; 43(1):111-21. Abstract: Changes in six measures of eye activity were assessed as a function of task workload in a target identification memory task. Eleven participants completed four 2-hr blocks of a mock anti-air-warfare task, in which they were required to examine and remember target classifications (friend/enemy) for subsequent prosecution (fire upon/allow to pass), while targets moved steadily toward two centrally located ship icons. Target density served as the task workload variable; between one and nine targets were simultaneously present on the display. For each participant, moving estimates of blink frequency and duration, fixation frequency and dwell time, saccadic extent, and mean pupil diameter, integrated over periods of 10 to 20 s, demonstrated systematic changes as a function of target density. Nonlinear regression analyses found blink frequency, fixation frequency, and pupil diameter to be the most predictive variables relating eye activity to target density. Participant-specific artificial neural network models, developed through training on two or three sessions and subsequently tested on a different session from the same participant, correlated well with actual target density levels (mean R = 0.66). Results indicate that moving mean estimation and artificial neural network techniques enable information from multiple eye measures to be combined to produce reliable near-real-time indicators of workload in some visuospatial tasks. Potential applications include the monitoring of visual

activity of system operators for indications of visual workload and scanning efficiency.

Van Reempts PJ, Van Acker KJ. Ethical aspects of cardiopulmonary resuscitation in premature neonates: where do we stand? *Resuscitation* 2001; 51(3):225-32. Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; patient care/minors Abstract: Advances in diagnosis, techniques, therapeutic interventions, organisation of perinatal care, and socio-economic factors have all contributed to the survival after resuscitation and intensive care of neonates with extremely low birth weight and gestational age. While morbidity during the first years of life in those infants does not increase, at school age multiple dysfunctions may become apparent. What are the limits of intensive care for the newborn? Is it right to use extreme technical and economic measures for neonates with a borderline chance of survival? What is justifiable for the neonate, the family, the society and how does legislation interfere in a decision process which involves starting, stopping or continuing intensive care? A short historical overview for the care of the newborn is given, followed by the outcome after resuscitation and treatment of the very low birth weight infant. Published management strategies and recommendations are discussed.

van Rossum AM, Oudesluis-Murphy AM. [Diagnostic image (177). A lifeless infant. Shaken baby syndrome]. *Ned Tijdschr Geneeskd* 2004; 148(23):1169; author reply 1169.

van Uden CJ, Zwietering PJ, Hobma SO *et al.* Follow-up care by patient's own general practitioner after contact with out-of-hours care. A descriptive study. *BMC Fam Pract* 2005; 6(1):23. Abstract: BACKGROUND: Little is known about the care process after patients have contacted a GP cooperative for out-of-hours care. The objective of this study was to determine the proportion of patients who seek follow-up care after contact with a GP cooperative for out-of-hours care, and to gain insight into factors that are related to this follow-up care. METHODS: A total of 2805 patients who contacted a GP cooperative for out-of-hours care were sent a questionnaire. They were asked whether they had attended their own GP within a week after their contact with the cooperative, and for what reason. To investigate whether other variables are related to follow-up care, a logistic regression analysis was applied. Variables that entered in this analysis were patient characteristics (age, gender, etc.) and patient opinion on correctness of diagnosis, urgency and severity of the medical complaint. RESULTS: The response rate was 42%. In total, 48% of the patients received follow-up care from their own GP. Only 20% were referred or advised to attend their own GP. Others attended because their medical condition worsened or because they were

concerned about their complaint. Variables that predicted follow-up care were the patient's opinion on the correctness of the diagnosis, patient's health insurance, and severity of the medical problem. CONCLUSION: Almost half of all patients in this study who contacted the GP cooperative for out-of-hours care attended their own GP during office hours within a week, for the same medical complaint. The most important factor that predicted follow-up care from the patient's own GP after an out-of-hours contact was the patient's degree of confidence in the diagnosis established at the GP cooperative. Despite the limited generalisability, this study is a first step in providing insight into the dimension of follow-up care after a patient has contacted the GP cooperative for out-of-hours primary care.

Van Zyl L. Intentional parenthood: responsibilities in surrogate motherhood. *Health Care Anal* 2002; 10(2):165-75.

Notes: GENERAL NOTE: KIE: 9 refs. GENERAL NOTE: KIE: KIE Bib: surrogate mothers Abstract: In recent years, a number of writers dealing with questions over parenthood that arise in the context of reproductive technologies and surrogate motherhood, have appealed to the notion of "intentional parenthood". Basing their argument on liberal values such as individual autonomy, the freedom to enter contracts, the right to privacy, and individual self-fulfilment, they argue that contractually stated intentions, rather than genetic or gestational relationships, should form the basis of parental rights. Against this I argue that parental rights do not derive from contractual agreements, but are based in their obligations towards the child. I then examine the nature of the obligations that the various parties have towards the child both pre- and postnatally.

Vander Stichele RH, Gyssels L, Bracke C *et al.* Wet combing for head lice: feasibility in mass screening, treatment preference and outcome. *J R Soc Med* 2002; 95(7):348-52.

Abstract: There is no scientific consensus on the best way to control head louse infestation in schoolchildren. A study was conducted to test the feasibility and acceptability of a screening campaign by wet combing and a community approach to head-lice control with home visits, and to explore parents' treatment preferences and treatment outcomes. A non-controlled intervention (advice on treatment options offered to all positive children) was nested within an epidemiological prevalence study. All children in three primary schools in Ghent, Belgium, were invited to take part in screening by wet combing (n=677, 3-11 years). Positive children were offered structural treatment advice, a home visit on day 7, and a check by wet combing on day 14. 83% of the children were screened. The prevalence of active infestation (living moving lice) was 13.0% in school 1 and 19.5% in school 3. In school 2, prevalence of signs of active and

past infestation was 40.7%. A home visit was made to 58% of the positive children. 85% of the positive children were screened again on day 14. Wet combing was the most widely used treatment, followed by chemical treatment and a combination of the two. In school 1 and 3 51% were cured, and in school 2 24% became nit-free. A wet combing screening campaign and a community-oriented approach to head-lice control is feasible though resource-intensive. The prevalence of head lice was high and the cure rate was low, with either topical treatments or wet combing.

Vandermeeren Y, Sebire G, Grandin CB, Thonnard JL, Schlogel X, De Volder AG. Functional reorganization of brain in children affected with congenital hemiplegia: fMRI study. *Neuroimage* 2003; 20(1):289-301.

Abstract: Using functional magnetic resonance imaging, the brain activation related to unilateral sequential finger-to-thumb opposition was studied in six children with a right congenital hemiplegia of cortical origin. They were compared to six age-matched controls. In the control group, movements with either hand asymmetrically activated the sensorimotor cortex and premotor areas in both cerebral hemispheres with a typical contralateral predominance. By contrast, paretic finger movements activated both hemispheres in the hemiplegic patients, with a strong ipsilateral predominance favoring the undamaged hemisphere. The activation induced by nonparetic finger movements was restricted to the contralateral undamaged hemisphere. Furthermore, the level of activation in the undamaged cortex was partly related to residual finger dexterity, according to covariance analysis. These activation patterns indicate an adaptive reorganization of the cortical motor networks in this group of patients, with a prominent involvement of the undamaged hemisphere in the control of finger movements with either hand.

VanderVoort DJ. Hawaii's public mental health system. *Hawaii Med J* 2005; 64(3):62-4, 66-7, 81.

Abstract: The following article addresses the nature of and problems with the public mental health system in Hawaii. It includes a brief history of Hawaii's public mental health system, a description and analysis of this system, economic factors affecting mental health, as well as a needs assessment of the elderly, individuals with severe mental illness, children and adolescents, and ethnically diverse individuals. In addition to having the potential to increase suicide rates and unnecessarily prolong personal suffering, problems in the public mental health system such as inadequate services contribute to an increase in social problems including, but not limited to, an increase in crime rates (e.g., domestic violence, child abuse), divorce rates, school failure, and behavioral problems in children. The population in need of mental health services in Hawaii is under served, with this inadequacy of services due to economic limitations and a variety of

other factors.

Vane DW, Sartorelli KH, Reese J. Emotional considerations and attending involvement ameliorates organ donation in brain dead pediatric trauma victims. *J Trauma* 2001; 51(2):329-31.

Abstract: **PURPOSE:** The purpose of this study was to ascertain a strategy for maximizing parental consent for organ donation in traumatically injured children suffering from brain death. Our hypothesis was that appropriate attending surgeon involvement and delay in evaluating children for brain death leads to an increased percentage of organ donors. **METHODS:** From January 1993 to August 1999, the records of all children who died in a Level I trauma center were evaluated. Those children suffering brain death that were suitable for organ donation were entered into the study. Cases were reviewed for patient demographics, time to entry into brain death protocol (measured from time of admission), time to parent notification about brain death (measured from time of admission), specific attending involved in the case (with level of involvement), and success of organ donation request. In all, 43 charts were reviewed. **RESULTS:** Of 43 deaths, 33 were deemed suitable for donation. Age of suitable donors ranged from 1 month to 18 years. In all, 11 attending physicians were involved in the care of these children. Overall, 20 of 33 were organ donors (60%). When the attending surgeon was involved, donation success for organ retrieval was 86%, whereas if the attending was not involved personally, the success rate dropped to 23% ( $p < 0.04$ ). One senior pediatric surgeon obtained a success rate of 12 of 12 children. It was this surgeon's policy to not initiate brain death protocols in children immediately on entry into the emergency room, but rather to delay initiation until family could be gathered and spend time with the affected child in order that the family could recover from the initial shock of trauma (always at least overnight). When time to initiation of brain death protocol was examined, success was obtained when a delay of 15.5 hours was respected, versus 7.0 hours when donation was requested but denied ( $p < 0.03$ ). **CONCLUSION:** These data indicate that attending involvement is important when parents of brain dead children are asked about organ retrieval ( $p < 0.04$ ). Delay in initiating brain death protocols in order for family members to deal with the shock of the initial trauma appears to increase willingness to participate in organ donation.

Varela RE, Vernberg EM, Sanchez-Sosa JJ, Riveros A, Mitchell M, Mashunkashey J. Parenting style of Mexican, Mexican American, and Caucasian-non-Hispanic families: social context and cultural influences. *J Fam Psychol* 2004; 18(4):651-7. Abstract: To begin accounting for cultural and contextual factors related to child rearing in Mexican-descent (MD; Mexican American and Mexican immigrant) families in the United States, the current

study examined parenting practices in 2-parent families of Mexican, MD, and Caucasian-non-Hispanic (CNH) parents. Parents in all groups reported using authoritative practices more often than authoritarian strategies. MD parents reported greater use of authoritarian practices than Mexican and CNH parents. Results suggest that previously found cultural variations in parenting between MD parents and CNH parents may be more related to the ecological context of MD families than to an affiliation with Mexican culture. Clinicians should explore the positive qualities of authoritative parenting in MD families along with the potential motivations for using authoritarian strategies.

Varns JL, Mulik JD, Sather ME, Glen G, Smith L, Stallings C. Passive ozone network of Dallas: a modeling opportunity with community involvement. 1. *Environ Sci Technol* 2001; 35(5):845-55. Abstract: Despite tremendous efforts toward regulating and controlling tropospheric ozone (O<sub>3</sub>) formation, a large portion of the U.S. population presently lives in environments where air quality exceeds both 1- and 8-h National Ambient Air Quality Standards (NAAQS) set for O<sub>3</sub>. High O<sub>3</sub> concentrations annually cost the United States billions of dollars in excessive human health costs, reduced crop yields, and ecological damage. This paper describes a regional networking of O<sub>3</sub> monitoring sites, operated by the public, that used simplified passive sampling devices (PSDs). In collaboration with EPA Region 6, a lay network (i.e., Passive Ozone Network of Dallas, acronym POND), consisting of 30 PSD sites in the Dallas-Fort Worth (DFW) Metroplex, a region representing 16 counties, successfully measured daily ozone during 8 weeks of the 1998 high ozone season. It was demonstrated that the concerned public, when properly trained, could successfully operate a large PSD network that requires daily sample handling and weekly mailing procedures, even from remote sites. Data treatment of the 2880 POND measurements included (i) high correlations with collocated continuous monitoring data [ $r$  range = 0.95-0.97], (ii) daily O<sub>3</sub> contour mapping of the 24,000 km<sup>2</sup> area, and (iii) a ranking of O<sub>3</sub> severity in 12 peri-urban counties for guidance in siting additional monitors. With a new 8-h NAAQS standard now in place, a cost-effective network such as POND could aid regional airshed models in generating meaningful guidance for O<sub>3</sub> state implementation plans (SIPs) by providing input that is representative of both rural and urban sites.

Vassal G, Mery-Mignard D, Caulin C. Clinical trials in paediatric oncology. Recommendations for the development of new anticancer agents. *Therapie* 2003; 58(3):229-46.

Abstract: Childhood and adolescent cancers are rare diseases. Despite the progress in treatment (more than two-thirds of all cases are cured), cancer remains the leading cause of death by disease in children older than

1 year. Access to new drugs that are more efficacious or better tolerated is therefore an important public health priority. The objective of our round table was thus to take inventory of the situation and to propose recommendations aimed at facilitating coordinated, rational and more rapid access to new treatments. The active participation of paediatric oncologists, parents, pharmaceutical companies and regulatory authorities proved not only necessary but very constructive. Pharmaceutical companies have developed very few new anticancer agents for children during the past 10 years. The round table identified current trends that appear propitious: the mobilisation of parents and patients' associations; European initiatives to encourage companies to assess drugs in children; regulatory initiatives to guide drug development; and the existence of structured clinical research networks in paediatric oncology, including for the development of early treatment. The round table recommends the following measures to improve access to new treatments for children and adolescents with cancer: 1. Conduct preclinical paediatric evaluation of all anticancer agents that begin the development process for adults (research and validation of treatment targets; pharmacological evaluation in relevant experimental models) to help choose the agents to study in children. 2. Initiate paediatric clinical development before the first application for authorization for adults is filed, when sufficient safety and tolerability data are available, that is, after the phase I trials in adults and optimally during the phase II trials. 3. Optimise paediatric clinical evaluation by defining development plans early and by reducing the duration of studies (enlargement of the early treatment research network to ensure adequate recruitment; new evaluation methods; better extrapolation of pharmacological data from adults to children for dose-finding). 4. Improve information to and participation of parents and patients in clinical research for new treatments. The prerequisite for the success of this project became rapidly clear to all the round-table participants: cooperation and partnership between specialists and other scientists from academia, parent associations, pharmaceutical companies and regulatory authorities. Only with such cooperation can progress in treatment occur and new hopes for recovery be fulfilled.

Vassallo DJ, Hoque F, Roberts MF, Patterson V, Swinfen P, Swinfen R. An evaluation of the first year's experience with a low-cost telemedicine link in Bangladesh. *J Telemed Telecare* 2001; 7(3):125-38. Abstract: In July 1999, the Swinfen Charitable Trust in the UK established a telemedicine link in Bangladesh, between the Centre for the Rehabilitation of the Paralyzed (CRP) in Dhaka and medical consultants abroad. This low-cost telemedicine system used a digital camera to capture still images, which were then transmitted by email. During the first 12 months, 27 telemedicine referrals were made. The following specialties were consulted: neurology (44%),

orthopaedics (40%), rheumatology (8%), nephrology (4%) and paediatrics (4%). Initial email replies were received at the CRP within a day of referral in 70% of cases and within three days in 100%, which shows that store-and-forward telemedicine can be both fast and reliable. Telemedicine consultation was complete within three days in 14 cases (52%) and within three weeks in 24 cases (89%). Referral was judged to be beneficial in 24 cases (89%), the benefits including establishment of the diagnosis, the provision of reassurance to the patient and referring doctor, and a change of management. Four patients (15% of the total) and their families were spared the considerable expense and unnecessary stress of travelling abroad for a second opinion, and the savings from this alone outweighed the set-up and running costs in Bangladesh. The latter are limited to an email account with an Internet service provider and the local-rate telephone call charges from the CRP. This successful telemedicine system is a model for further telemedicine projects in the developing world.

Vaughn BE. Discovering pattern in developing lives: reflections on the Minnesota study of risk and adaptation from birth to adulthood. *Attach Hum Dev* 2005; 7(4):369-80. Abstract: The Minnesota Study of Risk and Adaptation was initiated in the mid-1970s as a short-term longitudinal study of infants at elevated risk for abuse and neglect. At the outset, the project leaders intended to characterize the infant, the caregiving environment, and the larger social milieu of the family in as comprehensive a manner as possible so as to test explicitly posed hypotheses about pathways leading from the child, the caregiving environment, and the social milieu to abuse or neglect. Paradoxically, only a minority of infants recruited to the study were ultimately abused or neglected over the 36-month period for which funding had been provided, but it proved possible to identify several antecedent indicators that predicted their outcome. It was also evident from the data that developmental casualty was elevated in this sample and the frequencies of suboptimal outcomes in social, emotional, and behavioral domains were greater than expected for less stressed samples. The study had yielded a wealth of information about infants and families from this at-risk sample and it was clear that the sample must be followed into childhood so as to describe the trajectories of developmental successes and casualties that were already apparent in the first 24 months of data. Alan Sroufe joined the project leaders in this endeavor and the childhood data supported the study of the sample into adolescence and now into adulthood. At this point, children of the original sample of infants are now being assessed using many of the protocols and procedures used with their parents. The study has produced hundreds of published reports about risk and its consequences, as well as about positive adjustment to life in a socio-cultural milieu that frequently can be

non-supportive or even dangerous. This essay is a reflection on some accomplishments of the Minnesota study as these have helped shape how developmental scientists think about social and emotional development and more generally about how theory has guided the conceptual, empirical, and measurement plans for the study from its beginning.

Vaught W, Fleetwood J. Covert video surveillance in pediatric care. *Hastings Cent Rep* 2002; 32(6):10-1; discussion 11-2.  
Notes: GENERAL NOTE: KIE: KIE Bib: patient care/minors

Veenema TG, Schroeder-Bruce K. The aftermath of violence: children, disaster, and posttraumatic stress disorder. *J Pediatr Health Care* 2002; 16(5):235-44. Abstract: Terrorist attacks, situations of armed conflict, and all forms of catastrophe tax our abilities to cope, understand, and respond. Because of their developmental status, children are even more emotionally vulnerable to the devastating effects of a disaster. When tragedy strikes a family, community, or the nation, helping children cope and regain a sense of safety is critical. A child with posttraumatic stress disorder (PTSD) develops symptoms such as intense fear, disorganized and agitated behavior, emotional numbness, anxiety, or depression after being directly exposed to or witnessing an extreme traumatic situation involving threatened death or serious injury. Victims of repeated abuse or children who live in violent neighborhoods or war zones, or who have witnessed extensive media coverage of violent events, may experience PTSD.

Veenstra G. Income inequality and health. Coastal communities in British Columbia, Canada. *Can J Public Health* 2002; 93(5):374-9. Abstract: OBJECTIVE: An imbalance in the distribution of economic resources, i.e., income inequality, is a characteristic of a community that may influence the aggregate health of the population. In North America, income inequality seems to be strongly related to mortality rates among American communities such as states and metropolitan areas but largely irrelevant for health at similar levels of geopolitical aggregation in Canada. This article summarizes relevant international and North American evidence and then explores relationships between income inequality and mortality rates among coastal communities in the province of British Columbia, Canada. METHODS: Cross-sectional analysis was conducted among twenty-four coastal communities in British Columbia, utilizing four measures based on the 1996 Census to measure income inequality and crude, age-standardized and age- and gender-specific mortality rates averaged over the five-year period 1994-98 to measure health. RESULTS: The three valid measures of income inequality were positively and

significantly related to the crude mortality rate but were not significantly related to the age-standardized mortality rate. Two of the inequality measures were related to mortality rates for males aged 0-44 and for males aged 45-64 before but not after controlling for mean household income. DISCUSSION: Health researchers have yet to report a meaningful relationship between income inequality and population health within Canada. At the risk of committing the ecological fallacy, these findings provisionally support a psychosocial interpretation of the individual-level relationship between income and health wherein members of these communities compare themselves to an encompassing community, e.g., all Canadians.

Vega J, Bedregal P, Jadue L, Delgado I. [Gender inequity in the access to health care in Chile]. *Rev Med Chil* 2003; 131(6):669-78.

Abstract: BACKGROUND: In the last two decades, Chile has experienced advances in economical development and global health indicators. However, gender inequities persist in particular related to access to health services and financing of health insurance. AIM: To examine gender inequities in the access to health care in Chile. MATERIAL AND METHODS: An analysis of data obtained from a serial national survey applied to assess social policies (CASEN) carried out by the Ministry of Planning. During the survey 45,379 and 48,107 dwellings were interviewed in 1994 and in 1998, respectively. RESULTS: Women use health services 1.5 times more often, their salaries are 30% lower in all socioeconomic strata. Besides, in the private health sector, women pay higher insurance premiums than men. Men of less than two years of age have 2.5 times more preventive consultations than girls. This difference, although of lesser magnitude, is also observed in people over 60 years. Women of high income quintiles and users of private health insurance have a better access to preventive consultations but not to specialized care. CONCLUSIONS: An improvement in equitable access of women to health care and financing is recommended. Also, monitoring systems to survey these indicators for women should improve their efficiency.

Vehmas S. Just ignore it? Parents and genetic information. *Theor Med Bioeth* 2001; 22(5):473-84.

Notes: GENERAL NOTE: KIE: Vehmas, Simo  
GENERAL NOTE: KIE: KIE Bib: genetic counseling; genetic screening

Abstract: This paper discusses whether prospective parents ought to find out about their genetic constitution for reproductive reasons. It is argued that ignoring genetic information can be in line with responsible parenthood or perhaps even recommendable. This is because parenthood is essentially an unconditional project in which parents ought to commit themselves to nurturing any kind of child. Besides, the traditional reasons offered for the unfortunateness of impairments and the tragic fate of



families with disabled children are not convincing. Other morally problematic outcomes of genetics, such as discrimination against individuals with impairments, and limiting free parental decision making, are also considered.

Vehmas S. Response to "abortion and assent" by Rosamond Rhodes (CQ Vol 8, No 4) and "abortion, disability, assent, and consent" by Matti Hayry (CQ Vol 10, No 1). Assent and selective abortion: a response to Rhodes and Hayry. *Camb Q Healthc Ethics* 2001; 10(4):433-40.

Notes: GENERAL NOTE: KIE: 26 fn.  
GENERAL NOTE: KIE: KIE Bib: abortion

Velez ML, Jansson LM, Montoya ID, Schweitzer W, Golden A, Sviki D. Parenting knowledge among substance abusing women in treatment. *J Subst Abuse Treat* 2004; 27(3):215-22.

Abstract: The purpose of this study was to assess parenting knowledge and beliefs among drug abusing pregnant and recently postpartum women engaged in a comprehensive substance abuse treatment program. The effects of a parenting skills training program for this population were evaluated. A Parenting Skills Questionnaire was developed and administered to a sample of 73 pregnant and drug-dependent women during their first week of substance abuse treatment and again approximately 7 weeks later, following parenting skills training. The questionnaire was designed to assess whether group and individual parenting sessions changed the subjects' knowledge and beliefs in four parenting domains: newborn care, feeding practices, child development and drug abuse during pregnancy. Pre-intervention scores for all parenting domains were low. Post- vs. pre-intervention comparisons showed significant increases in all domain scores after individual and group parenting skills training. Preliminary results obtained from this clinic-based sample suggest that these substance abusing mothers lacked important parenting knowledge and that this knowledge improved after comprehensive substance abuse treatment that included parenting training.

Velleman R, Templeton L. Alcohol, drugs and the family: results from a long-running research programme within the UK. *Eur Addict Res* 2003; 9(3):103-12.

Notes: CORPORATE NAME: UK Alcohol, Drugs and the Family Research Group

Abstract: This article will outline the main strands of the UK-based Alcohol, Drugs and the Family (ADF) research programme. This programme has examined the impact of substance misuse problems on children, spouses, and families, both in the UK and elsewhere, especially in urban Mexico City and in Australia amongst both urban and rural Aborigine populations. This article will outline the main theoretical perspective that we have developed from this work (the

stress-strain-coping-support model). It will outline some of the key findings of this programme, and address some of the key universals that we have observed across various cultures. It will end by describing current research, including the testing of brief interventions being delivered through primary care to family members to enable them to cope better with the problems which family substance misuse causes.

Vellutino FR, Fletcher JM, Snowling MJ, Scanlon DM. Specific reading disability (dyslexia): what have we learned in the past four decades? *J Child Psychol Psychiatry* 2004; 45(1):2-40.

Abstract: We summarize some of the most important findings from research evaluating the hypothesized causes of specific reading disability ('dyslexia') over the past four decades. After outlining components of reading ability, we discuss manifest causes of reading difficulties, in terms of deficiencies in component reading skills that might lead to such difficulties. The evidence suggests that inadequate facility in word identification due, in most cases, to more basic deficits in alphabetic coding is the basic cause of difficulties in learning to read. We next discuss hypothesized deficiencies in reading-related cognitive abilities as underlying causes of deficiencies in component reading skills. The evidence in these areas suggests that, in most cases, phonological skills deficiencies associated with phonological coding deficits are the probable causes of the disorder rather than visual, semantic, or syntactic deficits, although reading difficulties in some children may be associated with general language deficits. Hypothesized deficits in general learning abilities (e.g., attention, association learning, cross-modal transfer etc.) and low-level sensory deficits have weak validity as causal factors in specific reading disability. These inferences are, by and large, supported by research evaluating the biological foundations of dyslexia. Finally, evidence is presented in support of the idea that many poor readers are impaired because of inadequate instruction or other experiential factors. This does not mean that biological factors are not relevant, because the brain and environment interact to produce the neural networks that support reading acquisition. We conclude with a discussion of the clinical implications of the research findings, focusing on the need for enhanced instruction.

Vemulapalli C, Grady K, Kemp JS. Use of safe cribs and bedroom size among African American infants with a high rate of bed sharing. *Arch Pediatr Adolesc Med* 2004; 158(3):286-9.

Abstract: BACKGROUND: Impoverishment and crowding are associated with an increased risk of sudden unexpected death among infants. Bed sharing likely increases this risk, particularly among African American infants. OBJECTIVES: To compare the sleep environment of African American infants who bed share with that of infants who do not share sleep

surfaces and to compare access to a safe crib, and the space available for it, in the sleeping rooms of both groups of infants. **METHODS:** Home visits were made at approximately age 2 weeks to the homes of serially enrolled African American infants born between July 15, 2001, and November 1, 2001. Questionnaires were used to survey sleep practices, especially sleep surface used. The area of the floor space of rooms used for sleeping was calculated. A portable crib was provided for infants lacking access to safe sleep surfaces. **RESULTS:** Of these infants, 42 (41%) usually bed shared and 60 (59%) slept alone. The areas of the floor spaces were similar (mean +/- SD, 13.8 +/- 3.3 m(2) for bed sharers vs 12.7 +/- 3.7 m(2) for those who slept alone; 95% CI for difference, -0.34 to 2.51 m(2)). Infants sleeping alone were much more likely to have access to a safe crib (51 of 60 vs 13 of 42; P<.001), and 53 cribs were provided. Follow-up telephone calls made at approximately age 7 months to 43.4% of recipients suggested that the cribs were used on most nights, were durable, and were enthusiastically received. **CONCLUSIONS:** Crowding is not a strong explanation for bed sharing among impoverished African American infants in St Louis, Mo, who often bed share because there is not a safe crib available. Providing safe cribs may reduce the prevalence of bed sharing.

Ventura DE, Herbella FA, Schettini ST, Delmonte C. Rapunzel syndrome with a fatal outcome in a neglected child. *J Pediatr Surg* 2005; 40(10):1665-7. Abstract: The "Rapunzel" syndrome (a trichobezoar with a long tail extending from the stomach to the small bowel) is an uncommon disease. It is related to severe complications but rarely associates to a fatal outcome. We report a case of a 5-year-old girl admitted at the emergency department in cardiorespiratory arrest whose autopsy disclosed an ileal perforation that is caused by a long bezoar extending from the stomach to the small bowel. The authors discuss a possible link between Rapunzel syndrome and child neglect.

Ventura-Junca P. A commentary on the Consensus Statement of the Working Group on Roman Catholic Approaches to Determining Appropriate Critical Care. *Christ Bioeth* 2001; 7(2):271-89. Notes: GENERAL NOTE: KIE: Ventura-Junca, Patricio  
GENERAL NOTE: KIE: 28 refs.  
GENERAL NOTE: KIE: KIE Bib: patient care; resource allocation/biomedical technologies

Verbeke CS, Wenthe U, Grobholz R, Zentgraf H. Fas ligand expression in Hodgkin lymphoma. *Am J Surg Pathol* 2001; 25(3):388-94. Abstract: Because previous investigations suggested involvement of the Fas ligand (FasL) in the selection process in the follicular dendritic cell (FDC)-associated cell cluster of the germinal center, we investigated the

expression of FasL in Hodgkin lymphoma (HL) on protein and RNA level, while considering the Epstein-Barr virus status of the Hodgkin and Reed-Sternberg (HRS) cells. Tumor tissue from 47 patients with classic HL (32 nodular sclerosis [NS], 11 mixed cellularity [MC], and 4 lymphocyte-rich [LR]) was analyzed by immunohistochemistry for FasL, Fas, CD21, and CD23 and by Western blotting for FasL. FasL mRNA was detected by an exon 4-specific oligonucleotide and Epstein-Barr virus infection by in situ hybridization for Epstein-Barr virus early RNAs (EBER). Western blotting showed soluble and membrane-bound forms of FasL. Immunohistochemistry showed FasL expression in virtually all HRS of 94% of NS cases and 82% of MC cases. FasL expression did not correlate with the Epstein-Barr virus status of the HRS. Low FasL protein expression was found in some HRS of LR cases. FasL mRNA was detected in 39% of NS, 46% of MC, and 33% of LR cases. Seventy percent to 90% of the HRS cells expressed Fas. CD21 immunohistochemistry showed disrupted FDC networks in the tumor tissue with reduced and virtually absent expression of CD23 and FasL. These observations suggest that FasL expression in HRS cells and the absence of FasL in the FDC cluster represent a disturbed microenvironment that may be involved in the pathogenesis of HL.

Verburg G, Borthwick B, Bennett B, Rumney P. Online support to facilitate the reintegration of students with brain injury: trials and errors. *NeuroRehabilitation* 2003; 18(2):113-23. Abstract: The reintegration of students after acquired/traumatic brain injury (ABI/TBI) continues to be fraught with difficulties. Presented are (1) case studies exploring the potential of online support for teachers of students with ABI after returning from a paediatric rehabilitation centre; (2) results of Internet-based courses about reintegrating students with ABI; (3) outcomes of videoconferencing-based and Internet email-based support; (4) development of an online support process that uses Questions and Answers as a quick and immediate resource for teachers. The authors recommend that a collaborative process be instituted, in order to generate a relatively small number of high quality online resources about re-integrating students into their school and community. A second recommendation focuses on the development of online support network which may be text or email based or which may use videoconferencing over the Internet. Such networks allow students with ABI to maintain contact with their family and friends in the home community and facilitate their reintegration. An Internet-based support structure also allows professionals to provide consultation, collaboration and continuing input.

Vereecken CA, Keukelier E, Maes L. Influence of mother's educational level on food parenting practices and food habits of young children. *Appetite* 2004; 43(1):93-103. Abstract: The main purpose of the present study is to

examine whether differences in mothers' food parenting practices by educational level could explain differences in food consumption in Flemish preschool children. Three hundred and sixteen mothers of children aged 2.5-7 years, completed a self-administered questionnaire. Differences by educational level were found in children's and mothers' consumption frequencies of fruit, vegetables and soft drinks, and in the use of restrictions, verbal praise, negotiation, discouragement of sweets and restraining from negative modelling behaviour. Multiple logistic regression analyses revealed that mothers' consumption was an independent predictor for all four outcome variables; verbal praise was a significant predictor for children's vegetable consumption, permissiveness for regular consumption of soft drinks and sweets, and, using food as a reward for regular sweet consumption. Differences in children's food consumption by mothers' educational level were completely explained by mother's consumption and other food parenting practices for fruit and vegetables but not for soft drinks.

Vereecken CA, Van Damme W, Maes L. Measuring attitudes, self-efficacy, and social and environmental influences on fruit and vegetable consumption of 11- and 12-year-old children: reliability and validity. *J Am Diet Assoc* 2005; 105(2):257-61. Abstract: This article examines the reliability and construct validity of questions assessing mediating factors of fruit and vegetable consumption among 11- and 12-year-old children (N=207). Internal consistencies were good for most scales, ranging from 0.56 to 0.94. Intraclass correlation coefficients between test and retest were acceptable, ranging from 0.39 to 0.90. Concerning predictive validity, preferences and perceived parental and peer behavior were significantly associated with fruit and vegetable consumption. Self-efficacy in difficult situations and a variety of available fruit were significantly correlated with fruit consumption, while permissive eating practices and obligation rules were significantly correlated with vegetable consumption. General attitudes, outcome expectations, selection efficacy, and encouraging practices were not associated with fruit or vegetable consumption.

Verguts T, Fias W. Representation of number in animals and humans: a neural model. *J Cogn Neurosci* 2004; 16(9):1493-504. Abstract: This article addresses the representation of numerical information conveyed by nonsymbolic and symbolic stimuli. In a first simulation study, we show how number-selective neurons develop when an initially uncommitted neural network is given nonsymbolic stimuli as input (e.g., collections of dots) under unsupervised learning. The resultant network is able to account for the distance and size effects, two ubiquitous effects in numerical cognition. Furthermore, the properties of the network units conform in detail to

the characteristics of recently discovered number-selective neurons. In a second study, we simulate symbol learning by presenting symbolic and nonsymbolic input simultaneously. The same number-selective neurons learn to represent the numerical meaning of symbols. In doing so, they show properties reminiscent of the originally available number-selective neurons, but at the same time, the representational efficiency of the neurons is increased when presented with symbolic input. This finding presents a concrete proposal on the linkage between higher order numerical cognition and more primitive numerical abilities and generates specific predictions on the neural substrate of number processing.

Verhoek-Oftedahl W, Devine A. The gray zone between children witnessing domestic violence and child maltreatment: a call to establish a threshold for intervention. *Med Health R I* 2003; 86(12):379-82.

Verma SK, Srivastava DK. A study on mass hysteria (monkey men?) victims in East Delhi. *Indian J Med Sci* 2003; 57(8):355-60. Abstract: During the summer month of May 2001 East Delhi came in grip of an outbreak of mass hysteria. Initial reports alleged that some monkey like creature attacked and caused injuries among number of persons. A medical board was set up to examine and find out the cause of injuries in the victims of the outbreak as a part exercise to apprehend the culprit. The study describes the sociodemographic pattern and injuries observed in these cases. Majority of victims were adult males, belonging to low socioeconomic strata and having low educational level. The incidents occurred mainly during night at the time of power failure. The type, distribution and characteristic of the injuries suggested of their accidental nature. The paper also discusses the role of forensic experts and press in such outbreak.

Verona E, Hicks BM, Patrick CJ. Psychopathy and suicidality in female offenders: mediating influences of personality and abuse. *J Consult Clin Psychol* 2005; 73(6):1065-73. Abstract: The influence of personality and childhood abuse on suicidal behaviors and psychopathy was examined among female prisoners. Scores on the affective/interpersonal component (Factor 1; F1) and the antisocial deviance (Factor 2; F2) component of psychopathy were obtained from the Psychopathy Checklist--Revised (R. D. Hare, 1991). Suicide attempt and childhood physical and sexual abuse history were coded from interviews and prison files, and personality was assessed using the Multidimensional Personality Questionnaire (A. Tellegen, in press). Suicide attempts were positively associated with F2 and negatively associated with F1, and each factor accounted for unique variance in suicidality. Path analyses demonstrated that personality mediated the effects of physical abuse on F2, but sexual abuse accounted for

unique variance in both suicide attempts and F2. Abuse and personality accounted for minimal variance in F1. These results are discussed in relation to the identification of individuals at risk for both self- and other-harm behaviors.

Verona E, Sachs-Ericsson N. The intergenerational transmission of externalizing behaviors in adult participants: the mediating role of childhood abuse. *J Consult Clin Psychol* 2005; 73(6):1135-45. Abstract: Childhood abuse was investigated as a potential mediator of the intergenerational transmission of externalizing behaviors (EXT) in adulthood among a large general population sample drawn from the National Comorbidity Survey. Community participants (N = 5,424) underwent diagnostic and psychosocial interviews and reported on their own adult symptoms of antisocial behavior and substance dependence, parental symptoms, and childhood abuse history. Multiple group structural equation modeling revealed that (a) EXT in parents was associated with childhood abuse in offspring, particularly among mother-daughter dyads, (b) abuse had a unique influence on adult EXT in offspring above parental EXT, and (c) abuse accounted for the relationship between parental EXT and offspring EXT in female but not male participants. This article emphasizes the importance of examining different environmental processes which may explain familial transmission of destructive behaviors in men and women and highlights the importance of family interventions that target parental symptoms to ameliorate risk to offspring.

Vessey JA, Ben-Or K, Mebane DJ *et al.* Evaluating the value of screening for hypertension: an evidence-based approach. *J Sch Nurs* 2001; 17(1):44-9. Abstract: No recommendations regarding in-school blood pressure (BP) screening currently exist. The purpose of this project was to use an evidence-based approach to determine whether BP screening should be initiated as part of one school district's standard screening protocols. Pediatric BP measurement, risk factors for hypertension, issues for determining youth at risk for hypertension, and eligibility criteria for determining conditions appropriate for screening are discussed. BPs of 1st, 6th, and 11th graders were evaluated according to standardized criteria. The evidence indicated that BP screening in school appears warranted, although a formalized study is needed before a definitive decision can be made regarding the incorporation of BP screening into school health services.

Victoria CG, Barros FC. Global child survival initiatives and their relevance to the Latin American and Caribbean Region. *Rev Panam Salud Publica* 2005; 18(3):197-205.

Abstract: We review two series of papers published by *The Lancet*: the Child Survival Series (2003) and the

Neonatal Survival Series (2005). Both series drew attention to the nearly 11 million annual deaths of children under the age of five years, and to the fact that almost 4 million of these deaths occur in the first month of life. We show that two thirds of these deaths could be prevented through universal coverage with existing, low-cost interventions that are failing to reach most children in the world. The series also highlighted the importance of reducing inequities both between and within countries. The relevance of these series to Latin America and the Caribbean is examined. Although substantial progress has been made in reducing mortality and improving coverage, two major challenges remain: how to improve the quality of health interventions, and how to reach the most disadvantaged children in the Latin American and Caribbean Region.

Viens AM. Value judgment, harm, and religious liberty. *J Med Ethics* 2004; 30(3):241-7. Notes: GENERAL NOTE: KIE: 35 refs. GENERAL NOTE: KIE: KIE Bib: patient care/minors

Vigliani M. Caring for survivors of childhood sexual abuse in medical practice. *Med Health R I* 2004; 87(6):191-2.

Viljoen DL, Gossage JP, Brooke L *et al.* Fetal alcohol syndrome epidemiology in a South African community: a second study of a very high prevalence area. *J Stud Alcohol* 2005; 66(5):593-604. Abstract: OBJECTIVE: The aim of the study was to determine the prevalence and characteristics of fetal alcohol syndrome (FAS) in a second primary school cohort in a community in South Africa. METHOD: Active case ascertainment, two-tier screening, and Institute of Medicine assessment methodology were employed among 857 first grade pupils, most born in 1993. Characteristics of children with FAS were contrasted with characteristics of a randomly selected control group from the same classrooms. Physical growth and development, dysmorphology and psychological characteristics of the children and measures of maternal alcohol use and smoking were analyzed. RESULTS: The rate of FAS found in this study is the highest yet reported in any overall community in the world, 65.2-74.2 per 1,000 children in the first grade population. These rates are 33-148 times greater than U.S. estimates and higher than in a previous cohort study in this same community (40.5-46.4 per 1,000). Detailed documentation of physical features indicates that FAS children in South Africa have characteristics similar to those elsewhere: poor growth and development, facial and limb dysmorphology, and lower intellectual functioning. Frequent, severe episodic drinking of beer and wine is common among mothers and fathers of FAS children. Their lives are characterized by serious familial, social and economic challenges, compared with controls. Heavy episodic maternal drinking is significantly

associated with negative outcomes of children in the area of nonverbal intelligence but even more so in verbal intelligence, behavior and overall dysmorphology (physical anomalies). Significantly more FAS exists among children of women who were rural residents (odds ratio: 7.36, 95% confidence interval: 3.31-16.52), usually among workers on local farms. CONCLUSION: A high rate of FAS was documented in this community. Given social and economic similarities and racial admixture, we suspect that other communities in the Western Cape have rates that also are quite high.

Villarreal LR. California's Healthy Start: A solid platform for promoting youth development. *New Dir Youth Dev* 2005; (107):89-97, table of contents. Abstract: A school in Los Angeles County reports absences down by 30 percent and disciplinary actions down by 10 percent. A town near Fresno reports having 99 percent of their new kindergartners ready to start school on the first day of class because their immunization and school readiness outreach was so thorough. A school in San Diego reports youth tobacco use down from 15 percent to 3 percent, absences down by 10 percent, and detentions down by over 50 percent. Schools in Humboldt report a 30 percent improvement in math scores and a 40 percent improvement in reading scores. Young adults report that the assistance they received as teens through their school's Healthy Start program saved their lives and enabled them to be successful parents today. These are results from one of California's most successful education mandates-SB620 1991-California's Healthy Start.

Vimpani G. Getting the mix right: family, community and social policy interventions to improve outcomes for young people at risk of substance misuse. *Drug Alcohol Rev* 2005; 24(2):111-25. Abstract: Societal responses to the existence of substance misuse fluctuate between harm minimisation and prohibition. Both approaches are predominantly downstream reactions to substance misuse that focus on the supply of harmful substances and the containment of misuse through treatment, rehabilitation or punishment. Until recently, little attention has been paid to the upstream individual, family, relationship, community or societal antecedents of substance misuse (which often overlap with those for other adverse life outcomes, such as unemployment, antisocial personality disorder and mental health problems) that have operated during earlier life. A growing body of evidence highlights the overlapping biological and experiential antecedents for substance abuse and other poor outcomes as well as the trajectory-changing protective factors that can prevent risks being translated into destiny. Risk minimisation and protection enhancement embedded in family and social systems are the essential building blocks of a set of early intervention strategies that begin antenatally and continue through the developing years of childhood,

adolescence and young adult life, that have been shown to be effective in improving many outcomes in development, health and well-being. Much remains to be done to enable the promise of effective universal and targeted early intervention to be translated into policies, programs and practices that could be life-changing for citizens bogged in the mire of substance misuse and their children. Realistic, timely investment, influenced by the best scientific evidence indicating what works, for whom, under what circumstances, an increased degree of collaboration within and between governments and their agencies to enable "whole of government" responses in partnership with community-based initiatives are essential along with investments in multidisciplinary program evaluation research that will enable evidence-informed policy decisions to be tailored to the needs of individual countries.

Vinchon M, Defoort-Dhellemmes S, Noule N, Duhem R, Dhellemmes P. [Accidental or non-accidental brain injury in infants. Prospective study of 88 cases]. *Presse Med* 2004; 33(17):1174-9. Abstract: OBJECTIVE: To study the epidemiology of head injury (HI) in infants, the factors favouring the occurrence of a subdural haematoma (SDH), the prevalence of retinal haemorrhages (RH) and the prognostic factors, by comparing the non-accidental (NAHI) and accidental (AHI) head injuries. RH, in particular, are of fundamental value in the diagnosis of NAHI but, in the absence of systematic studies, their sensitivity and specificity for the diagnosis of the NAHI have rarely been assessed. METHOD: We prospectively collected the clinical, ophthalmologic and radiological data of HI occurring in children under 24 months old, notably by distinguishing essential macrocrania and symptomatic macrocrania of an SDH, by classifying the HI according to its severity. RESULTS: We observed 88 cases over a period of 22 months. It 28 cases it was NAHI and in the 60 others, AHI. The SDH was often correlated with the presence of retinal haemorrhages and the absence of signs of cranial impact, but not with child abuse or with essential macrocrania. The RH were of great importance in the diagnosis of NAHI; however, non-severe RH was noted in 4 cases of AHI. The neurological prognosis was essentially correlated with the initial clinical severity. CONCLUSION: Although only representing 33% of cases, child abuse was responsible for 2/3 of the deaths and for the totality of the severe morbidity in our series. The infants exhibiting perinatal problems represented an important group at risk of abuse, which justified their regular medical-social follow-up.

Vinter A, Perruchet P. Implicit motor learning through observational training in adults and children. *Mem Cognit* 2002; 30(2):256-61. Abstract: Although evidence of implicit motor learning on the basis of observation alone has been reported, there is some data to suggest that the phenomenon

could be contaminated by the intentional exploitation of explicit knowledge. In the present experiment, a special procedure was adapted to study observational learning in a situation involving the acquisition of a new drawing behavior. The participants consisted of adults and children 6-10 years of age. The results provide support for the view that overt motor practice is not strictly necessary for implicit motor learning. They demonstrate that children display capacities similar to those of adults in this form of learning. Some suggestions are made to account for the contradictory results present in this area of research.

Visitsunthorn N, Durongpisitkul W, Uoonpan S, Jirapongsananuruk O, Vichyanond P. Medical charge of asthma care in admitted Thai children. *J Med Assoc Thai* 2005; 88 Suppl 8:S16-20. Abstract: BACKGROUND: Asthma is one of the most common chronic diseases in children. Due to high admission rate for acute asthmatic attack, children often miss their schools and parents have to stop working to take care of them. These affect both mental and physical health as well as socioeconomic status of the family and the country. OBJECTIVES: To evaluate medical charge of asthma care in children admitted to the Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University. MATERIAL AND METHOD: The study was a retrospective and descriptive study. Data were collected from children with asthmatic attack admitted to the Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand from January 1st, 2000 to June 30th, 2003. Cost of room, food, drugs, devices, laboratory study and service charge were recorded. Total medical charges per year, per patient per admission and per patient per day were calculated. Data were analyzed with Chi square test, ANOVA and Post Hoc test. A p value of < 0.05 was considered statistical significant. RESULTS: Numbers of children with asthmatic attack admitted to the Department of Pediatrics, Siriraj Hospital increased between 2000-2002 (113,147 and 176 in 2000, 2001, and 2002). Seventy two percent of the patients were < or = 5 years of age. Most were mild intermittent asthma. The average duration of hospitalization was 4 days (95% CI, 3.6-4.3). Average medical charge per patient per admission and per day was 3236.20 and 998.60 Bahts respectively. There was no significant difference in the medical charge per patient among the admitted years. Medical charge of admission was significantly associated with the asthma severity. (p < or = 0.05) CONCLUSION: The rate of admission from asthmatic attack in children at Siriraj Hospital and the total medical charge per year increased between 2000-2002. Nevertheless, medical charge of asthma admission per person was unchanged. Main expense in medical charge of asthma admission was the cost of medication and room. Severity of asthma was related directly to medical charge.

Vizard E, French L, Hickey N, Bladon E. Severe personality disorder emerging in childhood: a proposal for a new developmental disorder. *Crim Behav Ment Health* 2004; 14(1):17-28.

Abstract: BACKGROUND: The concept of 'severe personality disorder' is currently applied to adults with a history of serious antisocial and offending behaviour. There is, however, no similar classification that can be applied to the sub-group of children and adolescents who display persistent and serious offending from an early age. This omission from diagnostic nomenclature prevents the appropriate early identification, assessment and management of these young people. METHOD: This paper therefore proposes a new developmental disorder: 'severe personality disorder emerging in childhood'. The existing evidence base strongly supports the presence of a developmental trajectory from childhood to adult life for the small number of children who show early signs of severe personality disorder (SPD). Based on a review of the literature and the experience of working in a specialist, forensic Child and Adolescent Mental Health Service (CAMHS), a multi-factorial model is proposed that outlines the developmental trajectory of SPD. This model includes neurobiological, psychosocial, environmental and systemic factors, within a developmental framework, and contributes to a more developmentally appropriate understanding of the genesis of severe personality disorder.

Voges MA, Romney DM. Risk and resiliency factors in posttraumatic stress disorder. *Ann Gen Hosp Psychiatry* 2003; 2(1):4.

Abstract: BACKGROUND: Not everyone who experiences a trauma develops posttraumatic stress disorder (PTSD). The aim of this study was to determine the risk and resiliency factors for this disorder in a sample of people exposed to trauma. METHOD: Twenty-five people who had developed PTSD following a trauma and 27 people who had not were asked to complete the Posttraumatic Stress Diagnostic Scale, the Coping Inventory for Stressful Situations, and the State-Trait Anxiety Inventory. In addition, they completed a questionnaire to provide information autobiographic and other information. ANALYSIS: Five variables that discriminated significantly between the two groups using chi-square analysis or t-tests were entered into a logistic regression equation as predictors, namely, being female, perceiving a threat to one's life, having a history of sexual abuse, talking to someone about the event, and the "intentionality" of the trauma. RESULTS: Only being female and perceiving a threat to one's life were significant predictors of PTSD. Taking base rates into account, 96.0% of participants with PTSD were correctly classified as having the disorder and 37.0% of participants without PTSD were correctly classified as not having the disorder, for an overall success rate of 65.4% CONCLUSIONS: Because women are more likely than men to develop

PTSD, more preventive measures should be directed towards them. The same is true for trauma victims (of both sexes) who feel that their life was in danger

- Vogler SD, Davidson AJ, Crane LA, Steiner JF, Brown JM. Can paraprofessional home visitation enhance early intervention service delivery? *J Dev Behav Pediatr* 2002; 23(4):208-16. Abstract: A 1-year randomized trial compared intensive case management (ICM) versus basic case management (BCM) in facilitating early intervention (EI) service use among children in an urban health system. Of 159 participating families with delayed or at-risk preschool-aged children, 88 received ICM from paraprofessionals versus 71 families who received less comprehensive BCM from a nurse. In the ICM versus BCM group, a shorter interval to assessment (98 vs 140 d,  $p = .05$ ) but similar assessment rate (86% vs 80%,  $p = .29$ ) was observed. The ICM group had more services recommended per child (1.64 vs 1.16,  $p < .004$ ) and initiated (1.20 vs 0.85,  $p < .04$ ). There was no difference in median time to EI program initiation for ICM versus BCM (228 vs 200 d,  $p = .88$ ) or initiation and visit compliance rate for EI services. Specific efforts to improve outcomes (e.g., decrease initiation time and increase use of EI services) are still needed.
- Volmer M, de Vries JC, Goldschmidt HM. Infrared analysis of urinary calculi by a single reflection accessory and a neural network interpretation algorithm. *Clin Chem* 2001; 47(7):1287-96. Abstract: BACKGROUND: Preparation of KBr tablets, used for Fourier transform infrared (FT-IR) analysis of urinary calculus composition, is time-consuming and often hampered by pellet breakage. We developed a new FT-IR method for urinary calculus analysis. This method makes use of a Golden Gate Single Reflection Diamond Attenuated Total Reflection sample holder, a computer library, and an artificial neural network (ANN) for spectral interpretation. METHODS: The library was prepared from 25 pure components and 236 binary and ternary mixtures of the 8 most commonly occurring components. The ANN was trained and validated with 248 similar mixtures and tested with 92 patient samples, respectively. RESULTS: The optimum ANN model yielded root mean square errors of 1.5% and 2.3% for the training and validation sets, respectively. Fourteen simple expert rules were added to correct systematic network inaccuracies. Results of 92 consecutive patient samples were compared with those of a FT-IR method with KBr tablets, based on an initial computerized library search followed by visual inspection. The bias was significantly different from zero for brushite (-0.8%) and the concomitantly occurring whewellite (-2.8%) and weddellite (3.8%), but not for ammonium hydrogen urate (-0.1%), carbonate apatite (0.5%), cystine (0.0%), struvite (0.4%), and uric acid (-0.1%). The 95% level of agreement of all results was 9%. CONCLUSIONS: The new Golden Gate method is superior because of its

smaller sample size, user-friendliness, robustness, and speed. Expert knowledge for spectral interpretation is minimized by the combination of a library search and ANN prediction, but visual inspection remains necessary.

- von Salis T. ["Violence and psychotherapy": what transfers? Some experiences in private practice]. *Rev Med Suisse Romande* 2001; 121(7):517-20.
- Vora A, Makris M. Personal practice: An approach to investigation of easy bruising. *Arch Dis Child* 2001; 84(6):488-91.
- Vostanis P. Patients as parents and young people approaching adulthood: how should we manage the interface between mental health services for young people and adults? *Curr Opin Psychiatry* 2005; 18(4):449-54. Abstract: PURPOSE OF REVIEW: The present review discusses critically recent research findings (published during the period 2003-2004) on the mental health needs of young people in transition (old adolescents and young adults), including those of young parents. Also, the evidence on effective interventions and service models is considered. RECENT FINDINGS: Emerging evidence indicates that young people have high rates of mental health needs (in addition to high prevalence of psychiatric disorders) that may be related to life transitions. These needs often fall between the remit of adolescent/adult and mental health/social care services, and therefore are not adequately met. With the exception of mental health interventions for early psychosis and psychosocial programmes for teenage parents, there is very limited knowledge on how best to meet the mental health needs of young people in transition. SUMMARY: It is widely recognized that young people in transition require services and interventions tailored to their characteristics, rather than a mere extension to either child/adolescent or adult services. Recent policies and research findings have led to the development of early psychosis interventions, with initial encouraging messages. Similar initiatives are required for young people with nonpsychotic disorders.

- Votruba-Drzal E, Coley RL, Chase-Lansdale PL. Child care and low-income children's development: direct and moderated effects. *Child Dev* 2004; 75(1):296-312. Abstract: A large literature has documented the influence of child care on young children's development, but few studies have examined low-income children in community care arrangements. Using data from Welfare, Children, and Families: A Three-City Study (N = 204), this study examined the influence of child care quality and the extent of care on low-income children's (ages 2-4 years) cognitive and socioemotional development over time. Higher levels of child care quality were modestly associated with

improvements in children's socioemotional development, and extensive hours in child care were linked to increases in children's quantitative skills and decreases in behavior problems. Analyses suggest that child care quality may be particularly salient for subgroups of children from low-income families.

Vythilingam M, Heim C, Newport J *et al.* Childhood trauma associated with smaller hippocampal volume in women with major depression. *Am J Psychiatry* 2002; 159(12):2072-80.

Abstract: **OBJECTIVE:** Smaller hippocampal volume has been reported only in some but not all studies of unipolar major depressive disorder. Severe stress early in life has also been associated with smaller hippocampal volume and with persistent changes in the hypothalamic-pituitary-adrenal axis. However, prior hippocampal morphometric studies in depressed patients have neither reported nor controlled for a history of early childhood trauma. In this study, the volumes of the hippocampus and of control brain regions were measured in depressed women with and without childhood abuse and in healthy nonabused comparison subjects. **METHOD:** Study participants were 32 women with current unipolar major depressive disorder-21 with a history of prepubertal physical and/or sexual abuse and 11 without a history of prepubertal abuse-and 14 healthy nonabused female volunteers. The volumes of the whole hippocampus, temporal lobe, and whole brain were measured on coronal MRI scans by a single rater who was blind to the subjects' diagnoses. **RESULTS:** The depressed subjects with childhood abuse had an 18% smaller mean left hippocampal volume than the nonabused depressed subjects and a 15% smaller mean left hippocampal volume than the healthy subjects. Right hippocampal volume was similar across the three groups. The right and left hippocampal volumes in the depressed women without abuse were similar to those in the healthy subjects. **CONCLUSIONS:** A smaller hippocampal volume in adult women with major depressive disorder was observed exclusively in those who had a history of severe and prolonged physical and/or sexual abuse in childhood. An unreported history of childhood abuse in depressed subjects could in part explain the inconsistencies in hippocampal volume findings in prior studies in major depressive disorder.

Wade TD, Kendler KS. Parent, child, and social correlates of parental discipline style: a retrospective, multi-informant investigation with female twins. *Soc Psychiatry Psychiatr Epidemiol* 2001; 36(4):177-85. Abstract: **BACKGROUND:** The type of parental discipline used in families appears to be related to parental characteristics, child temperament, and aspects of the social context. Within these three areas, we examine specific correlates of parental discipline (namely, limit setting and physical discipline) using a multiple informant model. **METHOD:** Using interview

data from 2003 female twins from a population-based twin registry and 1472 of their parents, we examined retrospective reports of parental discipline from three perspectives. First, father and mother reporting separately on the type of discipline they provided for their offspring; second, each twin reporting on the type of discipline they received from their parents; and third, each parent reporting on the discipline provided by their spouse. Using a mixed model regression, we examined the impact on parental discipline of 25 potential predictor variables, as reported by parents, from three domains: social context, parental factors, and childhood vulnerability factors. **RESULTS:** There was a great deal of overlap between the independent variables for the two types of discipline in the areas of child vulnerability factors and family relationships, with similar effect sizes for child disobedience, teenage rebelliousness, and family discord. However, the profiles of parental characteristics associated with each type of discipline were quite different. Greater use of physical discipline was associated with less parental warmth, a higher incidence of parental lifetime generalised anxiety disorder, and more frequent religious attendance. Greater use of limit setting was associated with more years of parental education, younger age, and greater parental extroversion and authoritarianism. **CONCLUSIONS:** Parental characteristics, child temperament, and social context may all contribute to the frequency of discipline used in families, but parental characteristics may be most influential in determining the type of discipline used.

Wadonda-Kabondo N, Sterne JA, Golding J, Kennedy CT, Archer CB, Dunnill MG. A prospective study of the prevalence and incidence of atopic dermatitis in children aged 0-42 months. *Br J Dermatol* 2003; 149(5):1023-8.

Notes: **CORPORATE NAME:** ALSPAC Study Team Abstract: **BACKGROUND:** There is strong evidence that the incidence and prevalence of atopic diseases is increasing. However, estimates of the prevalence of atopic dermatitis (AD) have varied greatly in the U.K. and most parts of the developed world. **OBJECTIVES:** The aim of the study was to estimate the prevalence and incidence of AD between the ages of 0 and 42 months in children born in the 1990s in a defined population in the U.K. **DESIGN:** We used data from the Avon Longitudinal Study of Pregnancy and Childhood (ALSPAC), a large population-based study in the U.K. that enrolled all pregnant mothers who were resident in Avon and had their delivery date falling between 1 April 1991 and 31 December 1992. Since then ALSPAC has collected a wide range of data from the newborns and their parents. Data reported here were collected at 6, 18, 30 and 42 months using parental reports in a postal questionnaire. Of the 14 009 children originally enrolled 8530 provided information on AD in each of the four follow-up questionnaires. We defined AD as a report of rash in at least two of the four questionnaires. Incidence risk was defined as the



percentage of new cases of AD between follow-up questionnaires, out of the total number of children whose parents had not reported that they had AD by the time of the previous follow-up. RESULTS: Period prevalence of 21.0%, 25.6%, 23.2% and 19.9% were observed at ages 0-6, 6-18, 18-30 and 30-42 months, respectively. The corresponding incidence risks were 21.0%, 11.2% and 3.8%, at 0-6, 6-18 and 18-30 months, respectively. There were no gender differences in either the incidence or prevalence of the disease. CONCLUSIONS: Results from this large, prospective study are consistent with recent reports of increased incidence and prevalence of AD. Health planners can use our estimates of incidence and prevalence to project the number of children likely to suffer from AD during infancy and early childhood, and thus to determine the human and financial resources required.

Wagner M. Midwifery and international maternity care. *Midwifery Today Int Midwife* 2005; (75):12-3.

Wagner RS. Inflicted childhood neurotrauma: new name and new information. *J Pediatr Ophthalmol Strabismus* 2004; 41(2):79.

Wahid ST, Nag S, Bilous RW, Marshall SM, Robinson AC. Audit of influenza and pneumococcal vaccination uptake in diabetic patients attending secondary care in the Northern Region. *Diabet Med* 2001; 18(7):599-603. Abstract: AIMS: To document uptake of influenza and pneumococcal vaccination in diabetic patients attending secondary care in the Northern Region, and to explore influencing factors. METHODS: Diabetic patients attending out-patients in Middlesbrough, Gateshead and Newcastle were questioned from October 1999 to March 2000. Physicians inquired about influenza and pneumococcal vaccination status using a standardized questionnaire. Data collected included age, year of diagnosis, duration of diabetes, type of diabetes, and the presence of other recognized indications for vaccination. RESULTS: Two hundred and sixty-eight diabetic patients, 42% (113/268) with Type 1 diabetes, 34% (91/268) with ischaemic heart disease, 10% (26/268) with chronic pulmonary disease (CPD) and 10% (27/268) with chronic renal disease, were questioned. Thirty-five percent (93/268) of patients received both influenza and pneumococcal vaccines, 24% (64/268) received only influenza vaccine, and none received pneumococcal vaccine alone. Most vaccinees received advice about influenza and pneumococcal vaccination from their general practitioner (90% (142/157) and 87% (81/93), respectively). A large number of non-vaccinees were unaware of the need for influenza and pneumococcal vaccination (69% (76/111) and 91% (159/175), respectively). Using multiple logistic regression co-existing CPD increased the odds of receiving influenza (odds ratio (OR) (95% confidence interval (CI)) = 1.99 (1.07-14.12)) or pneumococcal (OR = 3.77 (1.69-

21.76)) vaccination. Furthermore, each 1-year increase in age increased the chance of receiving influenza or pneumococcal vaccination by 22% (OR = 1.22 (1.09-1.67) and 29% (OR = 1.29 (1.07-1.72)), respectively. CONCLUSIONS: Vaccination rates in these diabetic patients are unsatisfactory. Secondary care health professionals might increase rates by raising the topic in consultations. *Diabet. Med.* 18, 599-603 (2001)

Wainryb C, Brehl BA, Matwin S. Being hurt and hurting others: children's narrative accounts and moral judgments of their own interpersonal conflicts. *Monogr Soc Res Child Dev* 2005; 70(3):1-114. Abstract: Children's narrative accounts and moral evaluations of their own interpersonal conflicts with peers were examined. Girls and boys (N = 112) in preschool (M = 4.8 years), first grade (M = 6.9 years), fifth grade (M = 10.9 years), and tenth grade (M = 16.2 years) provided one narrative of a time when they had been hurt by a peer ("victim"), and one of a time when they had hurt a peer ("perpetrator"). Victim and perpetrator narratives were equally long and detailed and depicted similar types of harmful behaviors, but differed significantly in terms of various measures of content and coherence. Narratives given from the victim's perspective featured a self-referential focus and a fairly coherent structure. When the same children gave accounts of situations in which they had been the perpetrators, their construals were less coherent and included multiple shifts between references to their own experience and the experience of the other. Children's moral judgments also varied by perspective, with the majority of victims making negative judgments and nearly half the perpetrators making positive or mixed judgments. These differences in moral judgments were related to the distinct ways in which victims and perpetrators construed conflict situations. Age differences were also found in both narrative construals and moral evaluations, but regardless of their age children construed conflict situations differently from the victim's and the perpetrator's perspectives. By integrating, within the study of moral development, children's interpretations of the social interactions that are at the basis of moral thinking, this approach brings us a step closer to conceptualizing the study of children's moral behavior.

Waisman Y, Aharonson-Daniel L, Mor M, Amir L, Peleg K. The impact of terrorism on children: a two-year experience. *Prehospital Disaster Med* 2003; 18(3):242-8.

Abstract: OBJECTIVES: To review and analyze the cumulative two-year, Israeli experience with medical care for children victims of terrorism during the prehospital and hospital phases. METHODS: Data were collected from the: (1) Magen David Adom National Emergency Medical System Registry (prehospital phase); (2) medical records from the authors' institutions (pediatric triage); and (3) Israel Trauma Registry (injury characteristics and utilization

of in-hospital resources). Statistical analyses were performed as appropriate. **INTRODUCTION:** During the recent wave of violence in Israel and the surrounding region, hundreds of children have been exposed to and injured by terrorist attacks. There is a paucity of data on the epidemiology and management of terror-related trauma in the pediatric population and its effects on the healthcare system. This study focuses on four aspects of terrorism-related injuries: (1) tending to victims in the prehospital phase; (2) triage, with a description of a modified, pediatric triage algorithm; (3) characteristics of trauma-related injuries in children; and (4) utilization of in-hospital resources. **RESULTS:** During the study period, 41 mass-casualty events (MCEs) were managed by Magen David Adom. Each event involved on average, 32 regular and nine mobile intensive care unit ambulances with 93 medics, 19 paramedics, and four physicians. Evacuation time was 5-10 minutes in urban areas and 15-20 minutes in rural areas. In most cases, victims were evacuated to multiple facilities. To improve efficiency and speed, the Magen David Adom introduced the use of well-trained "first-responders" and volunteer, off-duty professionals, in addition to "scoop and run" on-the-scene management. Because of differences in physiology and response between children and adults, a pediatric triage algorithm was developed using four categories instead of the usual three. Analysis of the injuries sustained by the 160 children hospitalized after these events indicates that most were caused by blasts and penetration by foreign objects. Sixty-five percent of the children had multiple injuries, and the proportion of critical to fatal injuries was high (18%). Compared to children with non-terrorism-related injuries, the terrorism-related group had a higher rate of surgical interventions, longer hospital stays, and greater needs for rehabilitation services. **CONCLUSION:** Terrorism-related injuries in children are severe and increase the demand for acute care. The modifications in the management of pediatric casualties from terrorism in Israel may contribute to the level of preparedness of medical and paramedical personnel to cope with future events. Further studies of other aspects of traumatic injuries, such as its short- and long-term psychological consequences, will provide a more comprehensive picture of the damage inflicted on children by acts of terrorism.

Waites C, Macgowan MJ, Pennell J, Carlton-LaNey I, Weil M. Increasing the cultural responsiveness of family group conferencing. *Soc Work* 2004; 49(2):291-300. Abstract: Child welfare struggles to manage child abuse and neglect and to seek permanency for children, while being culturally responsive to the communities it serves. Family group conferencing, piloted in New Zealand and now used in the United States and other countries, is a strengths-based model that brings together families and their support systems to develop and carry out a plan that protects, nurtures, and safeguards children and other family members. This

article describes the model and a culturally competent method for assessing and adapting the model for the African American, Cherokee, and Latino/Hispanic communities in North Carolina.

Waldman HB. Millennium children. *ASDC J Dent Child* 2002; 69(3):332-5, 236.

Abstract: A federal agency's extensive report on the well-being of our children at the beginning of the new millennium provides an opportunity to review the many achievements and remaining concerns about the health and social environment of the children in our communities and in many of our dental practices.

Walker CR, Frize M. Are artificial neural networks "ready to use" for decision making in the neonatal intensive care unit? Commentary on the article by Mueller et al. and page 11. *Pediatr Res* 2004; 56(1):6-8.

Walker SP, Chang SM, Powell CA, Grantham-McGregor SM. Psychosocial intervention improves the development of term low-birth-weight infants. *J Nutr* 2004; 134(6):1417-23.

Abstract: It is estimated that 11% of births in developing countries are term low-birth-weight (LBW); however, there is limited information on the development of these infants. Our objectives were to determine the effect of psychosocial intervention on the development of LBW infants and to compare term LBW and normal-birth-weight (NBW) infants. Term LBW (n = 140) and NBW infants (n = 94) were enrolled from the main maternity hospital in Kingston, Jamaica. The LBW infants were randomly assigned to control or intervention comprising weekly home visits from birth to 8 wk and from 7 to 24 mo of age. Development was assessed at 15 and 24 mo with the Griffiths Scales. The intervention benefited the infants' developmental quotient (DQ,  $P < 0.05$ ) and performance subscale at 15 mo ( $P < 0.02$ ), the hand and eye ( $P < 0.05$ ) and performance subscales ( $P < 0.02$ ) at 24 mo, and home environment at 12 mo. The effect of the intervention on development was mediated in part by the improvement in the home environment. The control LBW infants had significantly lower scores than the NBW in DQ and several subscales, whereas there were no significant differences between the NBW and the LBW infants after intervention. In conclusion, term LBW was associated with developmental delays, which were reduced with psychosocial intervention.

Wall A, Scowen P. After Victoria: the outcome of the Victoria Climbié inquiry. *J Fam Health Care* 2003; 13(3):61-2.

Wall R, Cunningham P, Walsh P, Byrne S. Explaining the output of ensembles in medical decision support on a case by case basis. *Artif Intell Med* 2003; 28(2):191-206.

Abstract: The use of ensembles in machine learning

(ML) has had a considerable impact in increasing the accuracy and stability of predictors. This increase in accuracy has come at the cost of comprehensibility as, by definition, an ensemble model is considerably more complex than its component models. This is of significance for decision support systems in medicine because of the reluctance to use models that are essentially black boxes. Work on making ensembles comprehensible has so far focused on global models that mirror the behaviour of the ensemble as closely as possible. With such global models there is a clear tradeoff between comprehensibility and fidelity. In this paper, we pursue another tack, looking at local comprehensibility where the output of the ensemble is explained on a case-by-case basis. We argue that this meets the requirements of medical decision support systems. The approach presented here identifies the ensemble members that best fit the case in question and presents the behaviour of these in explanation.

Wall TC, Brumfield CG, Cliver SP, Hou J, Ashworth CS, Norris MJ. Does early discharge with nurse home visits affect adequacy of newborn metabolic screening? *J Pediatr* 2003; 143(2):213-8. Abstract: OBJECTIVE: To examine the impact of early discharge on newborn metabolic screening. STUDY DESIGN: Metabolic screening results were obtained from the Alabama State Lab for all infants born at our hospital between 8/1/97, and 1/31/99, and were matched with an existing database of early discharge infants. An early newborn discharge was defined as a discharge between 24 and 47 hours of age. Metabolic screening tests included phenylketonuria (PKU), hypothyroidism, and congenital adrenal hyperplasia (CAH). Early discharge and traditional stay infants were compared to determine the percentage of newborns screened and the timing of the first adequate specimen. RESULTS: The state laboratory received specimens from 3860 infants; 1324 were on early discharge newborns and 2536 infants in the traditional stay group. At least one filter paper test (PKU, hypothyroidism, and CAH) was collected on 99.2% of early discharge infants and 96.0% of traditional stay infants ( $P < .0001$ ). Early discharge infants had a higher rate of initial filter paper specimens being inadequate (22.9%) compared with traditional stay infants (14.3%,  $P < .0001$ ) but had a higher rate of repeat specimens when the initial specimen was inadequate (85.0% early discharge vs 75.3% traditional stay,  $P = .002$ ). The early discharge group was more likely to have an adequate specimen within the first 9 days of life (1001, 98.8% early discharge vs 2016, 96.7% traditional stay,  $P = .0005$ ). CONCLUSIONS: In this well established early discharge program with nurse home visits, newborn metabolic screening is not compromised by early discharge.

Wallace PS, Whishaw IQ. Independent digit movements and precision grip patterns in 1-5-month-old human infants: hand-babbling, including vacuous then self-directed

hand and digit movements, precedes targeted reaching. *Neuropsychologia* 2003; 41(14):1912-8. Abstract: Previous work has described human reflexive grasp patterns in early infancy and visually guided reaching and grasping in late infancy. There has been no examination of hand movements in the intervening period. This was the purpose of the present study. We video recorded the spontaneous hand and digit movements made by alert infants over their first 5 months of age. Over this period, spontaneous hand and digit movements developed from fists to almost continuous, vacuous movements and then to self-directed grasping movements. Amongst the many hand and digit movements observed, four grasping patterns emerged during this period: fists, pre-precision grips associated with numerous digit postures, precision grips including the pincer grasp, and self-directed grasps. The finding that a wide range of independent digit movements and grasp patterns are displayed spontaneously by infants within their first 5 months of age is discussed in relation to the development of the motor system, including the suggestion that direct connections of the pyramidal tract are functional relatively early in infancy. It is also suggested that hand babbling, consisting of first vacuous and then self-directed movements, is preparatory to targeted reaching.

Wallace RH, Marini C, Petrou S *et al.* Mutant GABA(A) receptor gamma2-subunit in childhood absence epilepsy and febrile seizures. *Nat Genet* 2001; 28(1):49-52.

Abstract: Epilepsies affect at least 2% of the population at some time in life, and many forms have genetic determinants. We have found a mutation in a gene encoding a GABA(A) receptor subunit in a large family with epilepsy. The two main phenotypes were childhood absence epilepsy (CAE) and febrile seizures (FS). There is a recognized genetic relationship between FS and CAE, yet the two syndromes have different ages of onset, and the physiology of absences and convulsions is distinct. This suggests the mutation has age-dependent effects on different neuronal networks that influence the expression of these clinically distinct, but genetically related, epilepsy phenotypes. We found that the mutation in GABRG2 (encoding the gamma2-subunit) abolished in vitro sensitivity to diazepam, raising the possibility that endozepines do in fact exist and have a physiological role in preventing seizures.

Wallace SV, Semeraro D, Darne FJ. Consent for fetal necropsy. *Lancet* 2001; 357(9271):1884. Notes: GENERAL NOTE: KIE: Wallace, Susan V F; Semeraro, David  
GENERAL NOTE: KIE: 1 ref.  
GENERAL NOTE: KIE: KIE Bib: informed consent; organ and tissue donation

Walline JJ, Holden BA, Bullimore MA *et al.* The current state of corneal reshaping. *Eye Contact Lens* 2005; 31(5):209-14.

**Abstract:** **PURPOSE:** The application of contact lenses to alter the shape of the cornea and temporarily reduce or eliminate myopia is known as orthokeratology, corneal refractive therapy, or corneal reshaping. It was first introduced in the 1960s, but high oxygen permeable materials and more sophisticated designs allow patients to wear contact lenses only during sleep, while dramatically improving the predictability and rate of myopia reduction. Many studies have shown that most corneal reshaping patients achieve uncorrected visual acuity of 20/25 or better that lasts all day long in one to two weeks of nighttime wear. Treatment is primarily effective through central epithelial thinning and midperipheral epithelial and stromal thickening. Much remains to be learned about corneal reshaping contact lenses and their effects on the cornea. **METHODS:** The authors reviewed existing knowledge and determined what needs to be learned in order to provide patients with appropriate informed consent prior to corneal reshaping contact lens wear. **RESULTS:** While corneal reshaping contact lenses are effective at temporarily reducing or eliminating myopia, claims about the progress of myopia being controlled with corneal reshaping contact lenses should not be made until further studies are published in peer-reviewed literature. The incidence and prevalence of microbial keratitis related to corneal reshaping contact lens wear is not known. Any overnight wear of contact lenses increases the risk of infection, but it is not known whether the risks of microbial keratitis are greater for corneal reshaping overnight contact lens wearers than other form of overnight contact lens wear. It is also not known whether the risk of microbial keratitis is greater for children than adults, but we must determine if children are at greater risk than adults because many children are wearing corneal reshaping contact lenses. **CONCLUSIONS:** Finally, it is recommended that ongoing education be provided to practitioners and staff regarding safety, informed consent, and prevention of potential problems, with special emphasis on the critical need to properly and thoroughly disinfect lenses that will be worn overnight.

Walrath CM, Mandell DS, Liao Q *et al.* Suicide attempts in the "comprehensive community mental health services for children and their families" program. *J Am Acad Child Adolesc Psychiatry* 2001; 40(10):1197-205. **Abstract:** **OBJECTIVE:** To compare clinical characteristics of youths who had attempted suicide recently, previously but not recently, repeatedly, or never. **METHOD:** The sample comprised 4,677 youths receiving services between 1993 to 1998 in 22 communities and participating in the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. Data on suicide attempts, demographics, and clinical characteristics were obtained from intake

interviews and referring agencies. Chi-square and univariate analyses of variance were used for between-group comparisons. **RESULTS:** Twenty-one percent of the sample had a history of attempted suicide. Previous and repeat attempters were more likely to have a history of family violence and substance abuse. Repeat attempters were most likely to have depression, while never and previous (but not recent) attempters were more likely to have conduct disorder. Other clinical differences were also found. **CONCLUSIONS:** Among children receiving mental health services, those who attempt suicide experience more and different types of distress, depending on the recency and frequency of attempts. Clinicians should be aware that depression is not a necessary factor in predicting suicide attempts and that suicide risk is also associated with violent and aggressive behaviors.

Walsh C, Ross LF. Are minority children under- or overrepresented in pediatric research? *Pediatrics* 2003; 112(4):890-5.

**Abstract:** **OBJECTIVES:** There is extensive documentation that minority adults are underrepresented in medical research, but there are scant data regarding minority children and their parents. **METHODS:** All full-length articles published in the paper edition of 3 general pediatric journals between July 1999 and June 2000 were collected and reviewed. Articles were excluded when they did not include at least 1 US researcher, all subjects at US institutions, parents or children as subjects, some prospective data collection, or between 8 and 10 000 subjects. We recorded the number and race/ethnicity (R/E) of all subjects, the type of research, and the type of data collected. Corresponding authors were surveyed to clarify R/E data. **RESULTS:** A total of 192 studies qualified. R/E data were reported in 114 (59%) studies, and survey data provided additional or new information in 25 studies resulting in R/E data in 128 (67%) articles accounting for 75% of the subjects. R/E was described by >10 different labels. There was an overrepresentation of black subjects and an underrepresentation of white and Hispanic subjects compared with the census data. When compared with research participation of child subjects, generally, black children were overrepresented and Hispanic children were underrepresented in clinical trials, and both were underrepresented in therapeutic research. Black and Hispanic children were overrepresented in potentially stigmatizing research. **CONCLUSIONS:** Overall, we found an overrepresentation of black subjects and an underrepresentation of white and Hispanic subjects with significant variations depending on the type of research.

Walsh P, Cunningham P, Rothenberg SJ, O'Doherty S, Hoey H, Healy R. An artificial neural network ensemble to predict disposition and length of stay in children presenting with bronchiolitis. *Eur J Emerg Med* 2004; 11(5):259-64.

Abstract: **BACKGROUND:** Artificial neural networks apply complex non-linear functions to pattern recognition problems. An ensemble is a 'committee' of neural networks that usually outperforms single neural networks. Bronchiolitis is a common manifestation of viral lower respiratory tract infection in infants and toddlers. **OBJECTIVE:** To train artificial neural network ensembles to predict the disposition and length of stay in children presenting to the Emergency Department with bronchiolitis. **METHODS:** A specifically constructed database of 119 episodes of bronchiolitis was used to train, validate, and test a neural network ensemble. We used EasyNN 7.0 on a 200 Mhz pentium PC with a maths co-processor. The ensemble of neural networks constructed was subjected to fivefold validation. Comparison with actual and predicted dispositions was measured using the kappa statistic for disposition and the Kaplan-Meier estimations and log rank test for predictions of length of stay. **RESULTS:** The neural network ensembles correctly predicted disposition in 81% (range 75-90%) of test cases. When compared with actual disposition the neural network performed similarly to a logistic regression model and significantly better than various 'dumb machine' strategies with which we compared it. The prediction of length of stay was poorer, 65% (range 60-80%), but the difference between observed and predicted lengths of stay were not significantly different. **CONCLUSION:** Artificial neural network ensembles can predict disposition for infants and toddlers with bronchiolitis; however, the prediction of length of hospital stay is not as good.

Walter AJ. Misdiagnosis of abuse. *CMAJ* 2003; 169(7):651-2; author reply 652.

Walton MK. Advocacy and leadership when parental rights and child welfare collide: the role of the advanced practice nurse. *J Pediatr Nurs* 2002; 17(1):49-58. Abstract: This article describes the experience of an advanced practice nurse in a challenging clinical situation. A mother with mental illness and mental retardation seeks to retain parental rights and care for her newborn with cystic fibrosis. The nurse provides leadership to the hospital team and serves as an advocate throughout legal proceedings. A systematic, nonjudgmental, and empathic approach to gathering information, working with the family, welfare, and legal representatives is described. Enacting a complex and court-mandated homecare education regimen to the disabled mother is discussed. Preparation to testify in a termination of parental rights proceeding is outlined and a summary description of the testimony provided.

Walton-Moss BJ, Campbell JC. Intimate partner violence: implications for nursing. *Online J Issues Nurs* 2002; 7(1):6.

Abstract: Intimate partner violence is responsible for 30% of female homicides in the U. S. and has multiple

negative health consequences. It is identified as one of the objectives in Healthy People 2010. Women are more likely to be assaulted by a current or former intimate partner than an acquaintance, family member, friend, or stranger. Universal screening is advocated as an effective approach in identifying affected women. There exists a few states mandating report of women with injuries resulting from IPV but it is only clearly mandated in California. Interventions to address the problem include those focused on increasing identification and screening, and treatment of intimate partner violence. This paper reviews the epidemiology, identification and screening, and interventions for IPV. The role for nursing is discussed concluding with directions for further investigation.

Wandersman A, Florin P. Community interventions and effective prevention. *Am Psychol* 2003; 58(6-7):441-8. Abstract: The prevalence of pregnancy, substance abuse, violence, and delinquency among young people is unacceptably high. Interventions for preventing problems in large numbers of youth require more than individual psychological interventions. Successful interventions include the involvement of prevention practitioners and community residents in community-level interventions. The potential of community-level interventions is illustrated by a number of successful studies. However, more inclusive reviews and multisite comparisons show that although there have been successes, many interventions did not demonstrate results. The road to greater success includes prevention science and newer community-centered models of accountability and technical assistance systems for prevention.

Wang AT, Dapretto M, Hariri AR, Sigman M, Bookheimer SY. Neural correlates of facial affect processing in children and adolescents with autism spectrum disorder. *J Am Acad Child Adolesc Psychiatry* 2004; 43(4):481-90.

Abstract: **OBJECTIVE:** To examine the neural basis of impairments in interpreting facial emotions in children and adolescents with autism spectrum disorders (ASD). **METHOD:** Twelve children and adolescents with ASD and 12 typically developing (TD) controls matched faces by emotion and assigned a label to facial expressions while undergoing functional magnetic resonance imaging. **RESULTS:** Both groups engaged similar neural networks during facial emotion processing, including activity in the fusiform gyrus (FG) and prefrontal cortex. However, between-group analyses in regions of interest revealed that when matching facial expressions, the ASD group showed significantly less activity than the TD group in the FG, but reliably greater activity in the precuneus. During the labeling of facial emotions, no between-group differences were observed at the behavioral or neural level. Furthermore, activity in the amygdala was moderated by task demands in the TD group but not in the ASD group. **CONCLUSIONS:** These findings

suggest that children and adolescents with ASD in part recruit different neural networks and rely on different strategies when processing facial emotions. High-functioning individuals with ASD may be relatively unimpaired in the cognitive assessment of basic emotions, yet still show differences in the automatic processing of facial expressions.

Wang CC, Pies CA. Family, maternal, and child health through photovoice. *Matern Child Health J* 2004; 8(2):95-102.

Abstract: **OBJECTIVE:** (1) To introduce photovoice, a participatory action research methodology, for use by MCH program managers to enhance community health assessments and program planning efforts, (2) to enable community people to use the photovoice methodology as a tool to record, reflect, and communicate their family, maternal, and child health assets and concerns, and (3) to educate community leaders about family, maternal, and child health issues from a grassroots perspective. **METHODS:** Photovoice is based upon the theoretical literature on education for critical consciousness, feminist theory, and community-based approaches to documentary photography. Picture This Photovoice project took place in Contra Costa, an economically and ethnically diverse county in the San Francisco Bay area. Sixty county residents of ages 13-50 participated in 3 sessions during which they received training from the local health department in the techniques and process of photovoice. Residents were provided with disposable cameras and were encouraged to take photographs reflecting their views on family, maternal, and child health assets and concerns in their community, and then participated in group discussions about their photographs. Community events were held to enable participants to educate MCH staff and community leaders. **RESULTS:** The photovoice project provided MCH staff with information to supplement existing quantitative perinatal data and contributed to an understanding of key MCH issues that participating community residents would like to see addressed. Participants' concerns centered on the need for safe places for children's recreation and for improvement in the broader community environment within county neighborhoods. Participants' definitions of family, maternal, and child health assets and concerns differed from those that MCH professionals may typically view as MCH issues (low birth weight, maternal mortality, teen pregnancy prevention), which helped MCH program staff to expand priorities and include residents' foremost concerns. **CONCLUSIONS:** MCH professionals can apply photovoice as an innovative participatory research methodology to engage community members in needs assessment, asset mapping, and program planning, and in reaching policy makers to advocate strategies promoting family, maternal, and child health as informed from a grassroots perspective.

Wang CC, Wang Y, Zhang K *et al.* Reproductive health indicators for China's rural areas. *Soc Sci Med* 2003; 57(2):217-25.

Abstract: We report community-based development of reproductive health indicators for China's rural areas. To generate these indicators, we sequenced two participatory techniques known as nominal group process and Delphi survey methodology. Nominal group process entailed grassroots reproductive health workers' generating indicators, followed by refinement and prioritization of these indicators through a consensus-building Delphi process among nationally and internationally known reproductive health experts. Major criteria for the indicators were practicality, feasibility, and measurability within China's rural areas. We explain the importance of establishing these indicators for application in rural China and other developing countries as a complement to the World Health Organization's reproductive health indicators for global monitoring; present the identified indicators; and describe lessons learned from field testing in low-, middle-, and high-income counties of China's countryside.

Wang CS, Chou P. Risk factors for low birth weight among first-time mothers in southern Taiwan. *J Formos Med Assoc* 2001; 100(3):168-72.

Abstract: **BACKGROUND AND PURPOSE:** Low birth weight (LBW) greatly affects infant development, the family, and health care financial systems. Nonetheless, the risk factors for LBW in Taiwan have not been investigated. The purpose of this study was to determine the risk factors for LBW in Kaohsiung County. **METHODS:** In this cross-sectional study, we recruited 1,147 first-time mothers, including all adolescent mothers (< 20 years old) who gave birth during the period from June 1994 through May 1995 and all adult mothers (> or = 20 years old) who gave birth in January and February 1995. The subjects were interviewed during home visits or by telephone by public health nurses in each township. Logistic regression analysis was used to identify the risk factors for LBW in adolescent and adult mothers. **RESULTS:** The prevalence of LBW in the study population was 6.2%, ranging from 7.6% in adolescent mothers to 4.9% in adult mothers. Univariate analysis showed that mothers who had low pregravid weight (< 45 kg), infrequent prenatal visits (< 10), anemia, low gestational weight gain (< 10 kg), or habits of alcohol consumption or cigarette smoking were more likely to give birth to LBW infants. In logistic regression analysis, after controlling for covariates, the significant risk factors for LBW were low gestational weight gain (< 10 kg) and low pregravid weight (< 45 kg) for adolescent mothers. Infrequent prenatal visits (< 10) was the only significant risk factor for adult mothers. **CONCLUSIONS:** In this study, the risk factors for LBW among adolescent and adult mothers were different. This suggests that programs for prevention of LBW should be tailored according to maternal age,

begin before conception, and continue with enhanced surveillance during prenatal visits.

Wang L. Determinants of child mortality in LDCs: empirical findings from demographic and health surveys. *Health Policy* 2003; 65(3):277-99. Abstract: Empirical studies on child mortality at the disaggregated level-by social-economic group or geographic location-are more informative for designing health polices. Using Demographic and Health Survey data from over 60 low-income countries, this study (1) presents global patterns of the level and inequality in child mortality and (2) investigates the determinants of child mortality, both at the national level and separately for urban and rural areas. The global patterns of health outcomes reveal two interesting observations. First, as child mortality declines, the gap in mortality between the poor and the better-off widens. Second, while child mortality in rural areas is substantially higher than in urban areas, the reduction in child mortality is much slower in rural areas where the poor are concentrated. This suggests that health interventions implemented in the past decade may not have been as effective as intended in reaching the poor. The analysis on mortality determination shows that at the national level access to electricity, incomes, vaccination in the first year of birth, and public health expenditure significantly reduce child mortality. The electricity effect is large and independent of the income effect. While in urban areas, access to electricity is the only significant mortality determinant, in rural areas, vaccination in the first year of birth is the only significant factor.

Wang LM, Huang YT, Chern CH *et al.* Tele-emergency medicine: the evaluation of Taipei Veterans General Hospital and Kinmen-Granite Hospital in Taiwan. *Zhonghua Yi Xue Za Zhi (Taipei)* 2001; 64(11):621-8. Abstract: BACKGROUND: The purpose of the project was to establish computer networks between selected hospitals through high-speed communication and high power computer processing to electronically exchange medical information and to conduct clinical examination and consultation. Quality medical services can thus be provided to patients in the remote rural areas such as villages and small towns in the mountains, on the coasts and islets away from Taiwan. It also intended to facilitate continuing education for doctors in those areas. This study evaluates telemedicine between Taipei-Veterans General Hospital and Kinmen-Granite Hospital. METHODS: Patients were chosen from 1996-7 to 1997-6. The evaluation criteria included consulting quality, satisfaction of the doctors, benefits for the patients, and the charge being rendered. RESULTS: The results of evaluation for telemedicine between Taipei-Veterans General Hospital (VGHTPE) and Kinmen-Granite hospital (GH) are as follows: 93.0% doctors used telemedicine to seek a second opinion. After teleconsultation, the ratio of the patients showing

cooperation was over 80%. Over 98% doctors thought telemedicine system helpful. The doctors in VGHTPE are more satisfied with the facility than local doctors in Kinmen. CONCLUSIONS: The clinical evaluation of the telemedicine showed positive results. It can be a useful tool to facilitate on-job training and education Tele-emergency medicine.

Wang NE, Gisondi MA, Golzari M, van der Vlugt TM, Tuuli M. Socioeconomic disparities are negatively associated with pediatric emergency department aftercare compliance. *Acad Emerg Med* 2003; 10(11):1278-84.

Abstract: OBJECTIVES: This study sought to identify demographic, socioeconomic, and clinical predictors of aftercare noncompliance by pediatric emergency department (ED) patients. METHODS: The authors conducted a prospective, observational study of pediatric patients presenting to a university teaching hospital ED from July 1, 2002, through August 31, 2002. Demographic and clinical information was obtained from guardians during the ED visit. Guardians were contacted after discharge to determine compliance with ED aftercare instructions. Subjects were excluded if they were admitted or if guardians were unavailable or unwilling to consent. Data were analyzed using multivariable logistic regression to identify predictors of noncompliance from a list of predetermined variables. RESULTS: Of the 409 patients enrolled in the study, 111 were prescribed medications and 364 were given specific follow-up instructions. Subtypes of the variable "insurance status" were significantly associated with medication noncompliance in multivariable regression analysis. "Insurance status" and "low-acuity discharge diagnoses" were significantly associated with follow-up noncompliance. CONCLUSIONS: Disparity in health insurance has been shown to be a predictor of poor aftercare compliance for pediatric ED patients within the patient population.

Wang Y, Ollendick TH. A cross-cultural and developmental analysis of self-esteem in Chinese and Western children. *Clin Child Fam Psychol Rev* 2001; 4(3):253-71.

Abstract: In this review, we examine the construct of self-esteem from a cross-cultural perspective in Chinese and Western children and adolescents. We also explore the role of childrearing practices in the development of self-esteem in these different cultures. In doing so, we first review the concepts of emic (i.e., variations in patterns of behavior within a given culture) and etic research (i.e., variations in common patterns of behavior or activities across cultures). Then, we invoke Berry's notions of "imposed-etic" and "derived-etic" approaches (J. Berry, 1989) in understanding crucial cross-cultural differences that are evident in the literature. We pose basic questions such as: (1) What does self-esteem "look" like in Chinese children? (2) How do childrearing practices in China

influence the development of self-esteem in children? And, (3) what are the limitations of cross-cultural research in understanding a phenomenon such as self-esteem? We suggest that self-esteem does not "mean" the same things across these collectivist and individualistic cultures. We conclude our discourse with specific recommendations for clinical theory, research, and practice.

Ward C. Migrant mothers and the role of social support when child rearing. *Contemp Nurse* 2003-2004; 16(1-2):74-82.

Abstract: To raise children in a new country without the support of family and community may prove problematic for some women. This study explored the possible impact of a lack supportive social network on mothering. A cross sectional design using both quantitative (questionnaire) and qualitative approaches (interview) was used to investigate the child rearing experience of migrant women from the United Kingdom (UK) (N = 154) currently living in Western Australia (WA); 40 women were selected for interview. Bowlby's (1969) mother-infant attachment theory provides the theoretical framework to investigate the perceived loss of attachment to the homeland, attachment figure, country, culture and family. The results indicated that migrant women with children missed the close support of family networks; and indicate that all migrant mothers, regardless of origin, require a social support network to survive.

Ward E. Whose life is it anyway? *Lancet* 2001; 358(9283):766.

Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/attitudes; treatment refusal

Ward FR. Parents and professionals in the NICU: communication within the context of ethical decision making--an integrative review. *Neonatal Netw* 2005; 24(3):25-33.

Abstract: Communication between parents and professionals in the NICU is a necessary part of collaborative decision making in the provision of family-centered care. Decisions with ethical components, those regarding treatment plans or neonatal research enrollment, need to be made conjointly with parents and health care professionals. This article reviews the present state of knowledge of how parents' input can be facilitated in regard to decisions made about their children. Research studies involving decisions made with ethical components in the NICU since the advent of the Baby Doe regulations reveal parents' frustration with communication practices, their need for control of information, and the trust in their children's health care providers that is required to best facilitate their input into ethical decisions made about their children.

Ward Platt M. Participation in multiple neonatal research

studies. *Arch Dis Child Fetal Neonatal Ed* 2005; 90(3):F191.

Notes: GENERAL NOTE: KIE: KIE Bib: human experimentation/informed consent; human experimentation/minors

Warner JO. Annus horribilis for British medicine. *Pediatr Allergy Immunol* 2001; 12(2):55-6.

Warner JO. Child protection and allergy. *Pediatr Allergy Immunol* 2005; 16(8):621.

Warren AR, Nunez N, Keeney JM, Buck JA, Smith B. The believability of children and their interviewers' hearsay testimony: when less is more. *J Appl Psychol* 2002; 87(5):846-57.

Abstract: Hearsay testimony from children's interviewers is increasingly common in sexual abuse trials, but little is known about its effects on juries. In 2 studies, the authors examined college students' perceptions of 3 types of hearsay testimony (an actual interview with a child or an adult interviewer providing either the gist of what that child had said or a verbatim account of the interview). Interviewers were rated as more accurate and truthful than the children. The interview was rated as higher quality, and children's statements, including their false statements, were sometimes rated as more believable in the interviewer gist hearsay condition. Mock jurors reacted differently to various types of hearsay testimony, and interviewer gist testimony may favor a child's case.

Warren JI, Hurt S, Loper AB, Bale R, Friend R, Chauhan P. Psychiatric symptoms, history of victimization, and violent behavior among incarcerated female felons: an American perspective. *Int J Law Psychiatry* 2002; 25(2):129-49.

Warren K, Craciun G, Anderson-Butcher D. Everybody else is: Networks, power laws and peer contagion in the aggressive recess behavior of elementary school boys. *Nonlinear Dynamics Psychol Life Sci* 2005; 9(2):155-73.

Abstract: This paper develops a simple random network model of peer contagion in aggressive behavior among inner-city elementary school boys during recess periods. The model predicts a distribution of aggressive behaviors per recess period with a power law tail beginning at two aggressive behaviors and having a slope of approximately -1.5. Comparison of these values with values derived from observations of aggressive behaviors during recess at an inner-city elementary school provides empirical support for the model. These results suggest that fluctuations in aggressive behaviors during recess arise from the interactions between students, rather than from variations in the behavior of individual students. The results therefore support those interventions that aim to change the pattern of interaction between students.



Warren SL, Gunnar MR, Kagan J *et al.* Maternal panic disorder: infant temperament, neurophysiology, and parenting behaviors. *J Am Acad Child Adolesc Psychiatry* 2003; 42(7):814-25. Abstract: OBJECTIVE: To determine whether 4- and 14-month-old infants of mothers with panic disorder (PD) would be more likely to show differences in temperament, neurophysiology (salivary cortisol and sleep), and relationships with their mothers than controls. METHOD: Two cohorts were recruited: 4-month-old infants with PD mothers (n = 25) and 4-month-old controls (n = 24), and 14-month-old infants with PD mothers (n = 27) and 14-month-old controls (n = 18). Mothers completed diagnostic interviews and questionnaires concerning infant temperament, sleep, and parenting. Infant salivary cortisol samples and standard observational procedures to measure infant temperament, sleep, attachment, and parenting were also used. RESULTS: Infants with PD mothers did not show more high reactivity, behavioral inhibition, or ambivalent/resistant attachment but did demonstrate different neurophysiology (higher salivary cortisol and more disturbed sleep) than controls. PD mothers also displayed less sensitivity toward their infants and reported parenting behaviors concerning infant sleep and discipline that have been associated with child problems. CONCLUSIONS: While infants with PD mothers did not show early behavioral differences from controls, they did display neurophysiological divergences consistent with higher arousal/arousability. Such neurophysiological divergences (elevated salivary cortisol and disturbed sleep) might be important early indicators of risk. Helping PD mothers parent their more highly aroused/arousable infants could reduce the development of psychopathology.

Waruru AK, Nduati R, Tylleskar T. Audio computer-assisted self-interviewing (ACASI) may avert socially desirable responses about infant feeding in the context of HIV. *BMC Med Inform Decis Mak* 2005; 5:24. Abstract: BACKGROUND: Understanding infant feeding practices in the context of HIV and factors that put mothers at risk of HIV infection is an important step towards prevention of mother to child transmission of HIV (PMTCT). Face-to-face (FTF) interviewing may not be a suitable way of ascertaining this information because respondents may report what is socially desirable. Audio computer-assisted self-interviewing (ACASI) is thought to increase privacy, reporting of sensitive issues and to eliminate socially desirable responses. We compared ACASI with FTF interviewing and explored its feasibility, usability, and acceptability in a PMTCT program in Kenya. METHODS: A graphic user interface (GUI) was developed using Macromedia Authorware and questions and instructions recorded in local languages Kikuyu and Kiswahili. Eighty mothers enrolled in the PMTCT program were interviewed with each of the interviewing mode (ACASI and FTF) and responses obtained in FTF interviews and ACASI compared

using McNemar's chi2 for paired proportions. A paired Student's t-test was used to compare means of age, marital-time and parity when measuring interview mode effect and two-sample Student's t-test to compare means for samples stratified by education level - determined during the exit interview. A Chi-Square (chi2test) was used to compare ability to use ACASI by education level. RESULTS: Mean ages for intended time for breastfeeding as reported by ACASI were 11 months by ACASI and 19 months by FTF interviewing (p < 0.001). Introduction of complementary foods at <or=3 months was reported more frequently by respondents in ACASI compared to FTF interviews for 7 of 13 complementary food items commonly utilized in the study area (p < 0.05). More respondents reported use of unsuitable utensils for infant feeding in ACASI than in FTF interviewing (p = 0.001). In other sensitive questions, 7% more respondents reported unstable relationships with ACASI than when interviewed FTF (p = 0.039). Regardless of education level, respondents used ACASI similarly and majority (65%) preferred it to FTF interviewing mainly due to enhanced usability and privacy. Most respondents (79%) preferred ACASI to FTF for future interviewing. CONCLUSION: ACASI seems to improve quality of information by increasing response to sensitive questions, decreasing socially desirable responses, and by preventing null responses and was suitable for collecting data in a setting where formal education is low.

Wasserman D. Is there value in identifying individual genetic predispositions to violence? *J Law Med Ethics* 2004; 32(1):24-33. Notes: GENERAL NOTE: KIE: KIE Bib: behavioral genetics

Wasserman D. Killing Mary to save Jodie: conjoined twins and individual rights. *Philos Public Policy Q* 2001; 21(1):9-14. Notes: GENERAL NOTE: KIE: Wasserman, David GENERAL NOTE: KIE: 15 refs. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; patient care/minors

Wasterlain CG, Niquet J, Thompson KW *et al.* Seizure-induced neuronal death in the immature brain. *Prog Brain Res* 2002; 135:335-53. Abstract: The response of the developing brain to epileptic seizures and to status epilepticus is highly age-specific. Neonates with their low cerebral metabolic rate and fragmentary neuronal networks can tolerate relatively prolonged seizures without suffering massive cell death, but severe seizures in experimental animals inhibit brain growth, modify neuronal circuits, and can lead to behavioral deficits and to increases in neuronal excitability. Past infancy, the developing brain is characterized by high metabolic rate, exuberant neuronal and synaptic networks and overexpression of receptors and enzymes involved in excitotoxic

mechanisms. The outcome of seizures is highly model-dependent. Status epilepticus may produce massive neuronal death, behavioral deficits, synaptic reorganization and chronic epilepsy in some models, little damage in others. Long-term consequences are also highly age- and model-dependent. However, we now have some models which reliably lead to spontaneous seizures and chronic epilepsy in the vast majority of animals, demonstrating that seizure-induced epileptogenesis can occur in the developing brain. The mode cell death from status epilepticus is largely (but not exclusively) necrotic in adults, while the incidence of apoptosis increases at younger ages. Seizure-induced necrosis has many of the biochemical features of apoptosis, with early cytochrome release from mitochondria and caspase activation. We speculate that this form of necrosis is associated with seizure-induced energy failure.

Watanabe Y, Ando H, Seo T, Katsuno S, Marui Y, Horisawa M. Two-dimensional alterations of myenteric plexus in jejunoileal atresia. *J Pediatr Surg* 2001; 36(3):474-8. Abstract: PURPOSE: The purpose of this report is to investigate changes in the myenteric plexus associated with the dilated proximal segment of jejunoileal atresia (JA). Two-dimensional morphologic changes in the myenteric nerve plexuses were investigated using whole-mount preparation. METHODS: Proximal (P) and distal (D) intestinal segments from 7 cases with JA and control (C) segments from 5 postmortem neonates were investigated. The circumference of the jejunoileal segments was measured after fixation. Antibodies for protein gene product 9.5 and neurofilament protein were used in whole-mount preparation. The sizes of neural networks were calculated by measuring the longest circular distance in a neural network (x) and the longest longitudinal distance (y), and the width of the internodal strands (i) with a videomicroscope. RESULTS: Median circumference of the segments was 8.5 in P, 2.0 in D, and 2.0 cm in C. The neural networks in P were expanded longitudinally as well as circularly (x = 817.10 microm, y = 561.26, i = 31.04; median) while comparing them to those in D (x = 431.40 microm, y = 288.07, i = 26.05) or C (x = 285.03 microm, y = 372.20, i = 1113.57, i = 32.39). The nerve plexus was less expanded than the intestinal wall. CONCLUSIONS: Proximal intestinal segments showed a restructuring that resulted in mild hypoplasia of the enteric nerve plexuses in the proximal segments. The less expansion of the myenteric nerve plexus seen in the proximal bowel in infants with JA suggests a histologic basis for the efficacy of tapering or plication of the dilated bowel.

Waterston T. A general paediatrician's practice in children's rights. *Arch Dis Child* 2005; 90(2):178-81.

Waterston T. Inequity in child health as a global issue. *Pediatrics* 2003; 112(3 Part 2):739-41.

Abstract: Poverty, violence, lack of education, abuse and exploitation, and refugee status are among the primary determinants of the health of children worldwide. There are 1.3 billion people living on less than 1 US dollars per day. Half the world's population, 3 billion people, live on less than 1.30 US dollars per day. Of the 4.4 billion people who live in developing countries, 60% lack access to sanitation, 33% lack clean water, 20% have no health care, and 20% do not have enough dietary energy and protein.(1) The world's 225 richest people have a combined wealth equivalent to the annual income of the poorest 2.5 billion people, nearly half of the world's population.(1) This article describes a number of the social, political, and environmental factors impacting children in the developing (southern hemisphere) world and how these are affected by actions taken in the developed (northern hemisphere) world.

Waterston T, Tonniges T. Advocating for children's health: a US and UK perspective. *Arch Dis Child* 2001; 85(3):180-2.

Watson MR. Barriers to achieving and maintaining the oral health of Hispanics: working with the community to develop a community-based oral health promotion program. *Compend Contin Educ Dent* 2002; 23(12 Suppl):33-5.

Watson MR, Horowitz AM, Garcia I, Canto MT. A community participatory oral health promotion program in an inner-city Latino community. *J Public Health Dent* 2001; 61(1):34-41. Abstract: OBJECTIVES: This paper reports the planning, implementation, process evaluation, and refinement of an oral health community participatory project in Mount Pleasant, an inner-city Latino neighborhood of Washington, DC. The main goal was to explore the feasibility of implementing such a project. METHODS: The PRECEDE-PROCEED model was used to guide the planning and process evaluation of this project, in conjunction with community organizational methods. A steering committee, which met periodically, was formed to assist in program planning, implementation, and evaluation. The needs assessment of the community identified extensive dental health problems among children and deficiencies in their parents' oral health knowledge, opinions, and practices. In response, culturally appropriate health education and promotion activities were planned and implemented in collaboration with local community organizations, volunteers, and local practitioners. Process evaluation was used to provide feedback into the refinement of the community approach, which included record keeping and an inventory approach to activities completed and resources used. The overall impact and usefulness of this program were assessed informally using an anonymous open-ended questionnaire directed to

members of the steering committee, and an outreach survey using a convenience sample at a local Latino health fair. **RESULTS:** The implementation of such a community participatory approach was feasible and useful for building upon existing local resources and addressing oral health concerns in a community not reached by traditional dental care and health promotion initiatives. Individuals in this community showed a substantial interest in oral health matters and participated in a variety of oral health prevention activities. The community approach adhered to community-based research principles.

Watson N, Milat AJ, Thomas M, Currie J. The feasibility and effectiveness of pram walking groups for postpartum women in western Sydney. *Health Promot J Austr* 2005; 16(2):93-9. **Abstract:** **ISSUE ADDRESSED:** Women with children under five are the least physically active population group. We provided postpartum women living in western Sydney with the opportunity to participate in weekly pram walking groups and evaluated the effect of the intervention on self-reported physical activity, mental health and social indicators. **METHODS:** Mothers living in the intervention area (Blacktown LGA) and control area (Holroyd and Parramatta LGAs) completed a baseline questionnaire. Women in the intervention community were invited to participate in a pram walking group starting in the next month. The control group (n = 60) were also invited to participate in a pram walking group starting six months later. A follow-up questionnaire was completed by all mothers. **RESULTS:** There was no significant increase in the proportion of mothers in the intervention or control groups engaging in adequate physical activity from baseline to follow-up. However, intervention mothers increased their sessions of vigorous exercise and control mothers increased the amount of time spent walking. There were no significant differences at baseline or follow-up between the intervention and control groups in frequency of social contact or size of social networks. Nor was there a significant difference in satisfaction with social contact at baseline between the two groups. However, at follow-up women in the intervention group were more satisfied with the quality of their social contacts than the controls. **CONCLUSIONS:** Providing organised, community-based pram walking was not sufficient to increase overall physical activity levels among this group of postpartum women. The results suggest that the friendships formed in the pram walking group boosted mothers' satisfaction with social contact and possibly their mental health.

Watt RH. Congenital heart disease: an overview of the condition and treatment options. *Lippincotts Case Manag* 2004; 9(4):205-8.

Watt S. Safe administration of medicines to children: Part 1.

*Paediatr Nurs* 2003; 15(4):40-3.

Webb CP, Burleson JA, Ungemack JA. Treating juvenile offenders for marijuana problems. *Addiction* 2002; 97 Suppl 1:35-45. **Abstract:** **AIMS:** This study investigated the characteristics and substance abuse treatment experience of two differentially defined groups of juvenile offenders, those who were referred or otherwise involved with the legal system and those who reported recent criminal behavior. **DESIGN:** Six hundred adolescents from the Cannabis Youth Treatment (CYT) Project were classified by criminal justice system involvement and recent criminal behavior. Multivariate and repeated-measures techniques explored substance use frequency, substance use problems, psychological and social risk factors and treatment outcomes as functions of criminal status. **FINDINGS:** Adolescents reporting criminal justice system involvement were comparable to adolescents reporting no legal involvement. Adolescents reporting past crime presented with heavier substance use, more substance use problems and greater psychological and environmental risks. Criminally active adolescents had greater reductions in substance use frequency and substance use problems during the course of treatment. **CONCLUSION:** Juvenile offender status, whether defined by criminal justice system involvement or criminal behavior, does not seem to mitigate the potential for adolescents to benefit from manual-guided outpatient treatments.

Webb G. Improving the care of Canadian adults with congenital heart disease. *Can J Cardiol* 2005; 21(10):833-8. **Abstract:** Canadian children with congenital heart disease (CHD) have been well cared for in the past half-century. These childhood success stories have resulted in there now being approximately 100,000 Canadian adults with CHD. Few of these patients have been cured or have normal hearts, and most were left with problems that will need to be addressed later in life. Approximately 55,000 such patients need expert care because their conditions are so rare or complicated that cardiologists and other caregivers have not been trained to look after them. Moreover, these 55,000 Canadians face premature mortality, the need for further surgery or the prospect of major complications. They need expert care to optimize the quality of their lives and to help them to avoid premature death. There is no plan for the care of these patients. When they reached 18 years of age, they were moved into an adult care system that does not understand them, does not care about them and has not provided for their care. Provincial and federal Ministries of Health have not yet taken an interest in these patients. Canadian professionals have taken important steps in support of adults with CHD. They established the Canadian Adult Congenital Heart Network, and they developed a National Care Plan and management guidelines for

their care. They have also made important contributions to the scientific literature, advancing the care of these patients. Waiting lists are much too long for adult patients with CHD. There are serious local and regional obstacles to the care of these patients because there are no provincial or regional plans for their care. Cardiologists who treat adult patients with CHD cannot earn enough in a fee-for-service system. There are serious human resource problems in Canadian Adult Congenital Heart Network centres that need to be addressed. There also needs to be greater coordination and integration between the pediatric and adult systems that care for these patients. Adults with CHD desperately need the help of the Heart and Stroke Foundations, leaders in the Canadian health care community and, ultimately, the Ministries of Health to help them protect their health and access expert care when needed in a timely way. The promises offered to them as children must also be honoured in their adult years.

Weberling LC, Forgays DK, Crain-Thoreson C, Hyman I. Prenatal child abuse risk assessment: a preliminary validation study. *Child Welfare* 2003; 82(3):319-34. Abstract: Workers need an efficient prenatal screener that can identify mothers at greatest risk of child abuse. Existing risk assessment methods are often invasive and difficult to administer. This study assessed child abuse risk in a sample of 49 expectant mothers using the Brigid Collins Risk Screener (BCRS). At three months postpartum, high-risk mothers scored significantly lower on the quality of infants' physical, social, and emotional environments than moderate or low-risk mothers. BCRS appears to offer a noninvasive, efficient approach to assessing risk of child abuse.

Webster D. In that case: a Lead Maternity Carer (LMC) is discussing newborn health checks with a pregnant woman and her partner. *Response. N Z Bioeth J* 2003; 4(1):42-3. Notes: GENERAL NOTE: KIE: KIE Bib: informed consent/minors; mass screening

Webster SD, Bowers LE, Mann RE, Marshall WL. Developing empathy in sexual offenders: the value of offence re-enactments. *Sex Abuse* 2005; 17(1):63-77. Abstract: This paper describes an evaluation of different uses of role-play to enhance victim-specific empathy in sexual offenders. Thirty-three men participated in a treatment program involving offence re-enactment as described by Pithers (1994) and Mann, Daniels, and Marshall (2002). A matched group of 33 men participated in a treatment program that was identical in all respects except that they did not complete offence re-enactments. Instead, they completed extra role-plays designed to enhance empathy for the short and long-term consequences for their victim(s). Results indicated that completing an

offence re-enactment led to slightly better ability to identify some types of negative consequences for abuse victims, and identify cognitive distortions about their offending and women per se. Rapists in particular seemed more likely to benefit from offence re-enactment. The non-reenactment group showed better understanding of lifestyle disruption effects for sexual abuse victims. The differences between the groups were not very marked, and the study only involved measures of cognitive empathy. Given the concerns about offence re-enactment expressed by Pithers (1997), this procedure should be used with caution and future investigations should test specifically for possible signs of damage caused by the procedure.

Webster SW, O'Toole R, O'Toole AW, Lucal B. Overreporting and underreporting of child abuse: teachers' use of professional discretion. *Child Abuse Negl* 2005; 29(11):1281-96. Abstract: OBJECTIVE: According to mandatory reporting laws for professionals, the relationship between initial recognition that a child may have been abused and the subsequent reporting of that suspected case of child abuse to the responsible agency would, at first glance, appear to be clear. However, this relationship has developed into one of the major social policy controversies of the recent past. Our major goal is to present research findings that address this social policy debate concerning the problems of underreporting and overreporting, focusing specifically on teachers. METHOD: A factorial survey design, that combines the advantages of the factorial experiment with those of surveys, was employed in a probability sample of teachers (N=480) who responded to vignettes in which case characteristics were systematically manipulated. Teachers responded with judgments about whether the vignette was child abuse and the likelihood that they would report this suspected case. Characteristics of the teachers and their work setting (school) were also measured. RESULTS: When comparing the teachers' recognition and reporting scores, we found that they gave the same score for 63% of the vignettes they judged, gave higher reporting than recognition scores (overreporting) for 4% of the vignettes, and gave higher recognition than reporting scores (underreporting) for 33% of the vignettes. Discrepancies between recognition and reporting (over and under reporting) were related to characteristics of the case, teacher, and school where the teacher was employed. CONCLUSIONS: Teachers in our Ohio sample evidence the use of professional discretion in making judgments about the recognition and reporting of child abuse and do not appear to make these judgments with equal certainty. Their use of discretion is more likely to result in underreporting than overreporting.

Webster-Stratton C, Reid MJ, Hammond M. Preventing conduct problems, promoting social competence: a parent and teacher training partnership in head start. *J*

Clin Child Psychol 2001; 30(3):283-302. Abstract: Studied the effectiveness of parent and teacher training as a selective prevention program for 272 Head Start mothers and their 4-year-old children and 61 Head Start teachers. Fourteen Head Start centers (34 classrooms) were randomly assigned to (a) an experimental condition in which parents, teachers, and family service workers participated in the prevention program (Incredible Years) or (b) a control condition consisting of the regular Head Start program. Assessments included teacher and parent reports of child behavior and independent observations at home and at school. Construct scores combining observational and report data were calculated for negative and positive parenting style, parent-teacher bonding, child conduct problems at home and at school, and teacher classroom management style. Following the 12-session weekly program, experimental mothers had significantly lower negative parenting and significantly higher positive parenting scores than control mothers. Parent-teacher bonding was significantly higher for experimental than for control mothers. Experimental children showed significantly fewer conduct problems at school than control children. Children of mothers who attended 6 or more intervention sessions showed significantly fewer conduct problems at home than control children. Children who were the "highest risk" at baseline (high rates of noncompliant and aggressive behavior) showed more clinically significant reductions in these behaviors than high-risk control children. After training, experimental teachers showed significantly better classroom management skills than control teachers. One year later the experimental effects were maintained for parents who attended more than 6 groups. The clinically significant reductions in behavior problems for the highest risk experimental children were also maintained. Implications of this prevention program as a strategy for reducing risk factors leading to delinquency by promoting social competence, school readiness, and reducing conduct problems are discussed.

Weegels ME, van Veen MP. Variation of consumer contact with household products: a preliminary investigation. Risk Anal 2001; 21(3):499-511. Abstract: Little information is available on product use by consumers, which severely hampers exposure estimation for consumer products. This article describes actual contact with several consumer products, specifically dishwashing detergents, cleaning products, and hair styling products. How and where products are handled, as well as the duration, frequency, and amount of use were studied by means of diaries, in-home observations, and measurements. This study addressed the question, "To what extent are frequency, duration, and amount of use associated?" Findings showed that there was a large intra- as well as interindividual variation in frequency, duration, and amount of use, with the interindividual variation being

considerably larger. At the same time, results showed that, for a given activity, users tended to follow their own routine. Few relations were found among frequency, duration, and amount of use. It was concluded that among persons, frequency, duration, and amount of product act in practice as independent parameters. Diaries appear to be quite suitable for gaining insight into frequently used products. Observations of usage, recorded on video, were indispensable for obtaining particular information on product use. In addition, home visits enabled the collection of specific measurements. Although diaries and home visits are time-consuming, the combination provided insight into variation as well as relations among frequency, duration, and amount of use.

Wei JS, Greer BT, Westermann F *et al.* Prediction of clinical outcome using gene expression profiling and artificial neural networks for patients with neuroblastoma. Cancer Res 2004; 64(19):6883-91. Abstract: Currently, patients with neuroblastoma are classified into risk groups (e.g., according to the Children's Oncology Group risk-stratification) to guide physicians in the choice of the most appropriate therapy. Despite this careful stratification, the survival rate for patients with high-risk neuroblastoma remains <30%, and it is not possible to predict which of these high-risk patients will survive or succumb to the disease. Therefore, we have performed gene expression profiling using cDNA microarrays containing 42,578 clones and used artificial neural networks to develop an accurate predictor of survival for each individual patient with neuroblastoma. Using principal component analysis we found that neuroblastoma tumors exhibited inherent prognostic specific gene expression profiles. Subsequent artificial neural network-based prognosis prediction using expression levels of all 37,920 good-quality clones achieved 88% accuracy. Moreover, using an artificial neural network-based gene minimization strategy in a separate analysis we identified 19 genes, including 2 prognostic markers reported previously, MYCN and CD44, which correctly predicted outcome for 98% of these patients. In addition, these 19 predictor genes were able to additionally partition Children's Oncology Group-stratified high-risk patients into two subgroups according to their survival status ( $P = 0.0005$ ). Our findings provide evidence of a gene expression signature that can predict prognosis independent of currently known risk factors and could assist physicians in the individual management of patients with high-risk neuroblastoma.

Weigl DM, Bar-On E, Katz K. Small-fragment wounds from explosive devices: need for and timing of fragment removal. J Pediatr Orthop 2005; 25(2):158-61. Abstract: The management of soft tissue small-fragment wounds caused by bombs remains controversial. The authors analyzed the outcome of low-energy foreign body injuries in 10 pediatric

victims of suicide bomber attacks treated in their institution over a 2-year period. Two died during primary surgery. The eight survivors underwent a total of 10 procedures for removal of foreign bodies. Average follow-up was 24.1 months. The indications for the procedures were analyzed by the time of their performance: immediate, as part of the primary emergency operation (n = 2); intermediate, within 2 weeks after injury (n = 3); and late, more than 2 weeks after injury (n = 5). The results showed that all operations performed for objective indications were done within the immediate or intermediate period, whereas those done for subjective reasons were all but one performed in the late period. By the final follow-up visit, all foreign bodies had been removed. In conclusion, fragment removal is best done during the primary procedure if it does not pose a significant risk of complications.

Weigle CG, Markovitz BP, Pon S. The Internet, the electronic medical record, the pediatric intensive care unit, and everything. *Crit Care Med* 2001; 29(8 Suppl):N166-76.

Abstract: This article details how computers have changed life for those of us in pediatric intensive care. A week of clinical activity is described, with a focus on the interactions with computer systems that have become an integral part of patient-care activities for many of us. It becomes clear that the boundaries between personal computers, hospital systems, and the Internet are often not sharply defined. Resources that are used every week may include those residing on a personal digital assistant, on the hospital's electronic medical record, or on a distant site on the World Wide Web. Key resources on the Internet (World Wide Web and e-mail) are identified. The technical underpinnings, particularly the network that provides the infrastructure for various resources, are described.

Weil WB. Russian roulette: final 2. *Pediatrics* 2005; 115(5):1451.

Weinberger LE, Sreenivasan S, Sathyavagiswaran L, Markowitz E. Child and adolescent suicide in a large, urban area: psychological, demographic, and situational factors. *J Forensic Sci* 2001; 46(4):902-7. Abstract: We examined all completed suicides by children and adolescents in Los Angeles County who died during 1996 and 1997. There were 46 subjects, aged 11 through 16. The majority of the decedents were males and over age 14. The predominant racial group was Hispanic. There was an almost even split between firearms and hanging as the means of death. Females had a statistically significantly higher rate of prior suicide attempts than males. Over one-third left a suicide note, almost one-half were noted to be depressed, and 22% tested positive for alcohol or illicit drugs. Less than one-quarter were in mental health treatment. Eighty-seven percent had difficulty

transitioning to or during adolescence; e.g., problems at home, legal and school difficulties, and relationship losses. These findings are discussed in terms of Eriksonian developmental theory. We offer recommendations for intervention and prevention of suicide.

Weine S, Muzurovic N, Kulauzovic Y *et al.* Family consequences of refugee trauma. *Fam Process* 2004; 43(2):147-60.

Abstract: OBJECTIVE: To construct a model on the consequences of political violence for refugee families based upon a qualitative investigation. METHODS: This study used a grounded-theory approach to analyze qualitative evidence from the CAFES multi-family support and education groups with Bosnian refugee families in Chicago. Textual coding and analysis was conducted using ATLAS/ti for Windows. RESULTS: A grounded-theory model of Family Consequences of Refugee Trauma (FAMCORT) was constructed that describes Displaced Families of War across four realms of family life: (1) changes in family roles and obligations, (2) changes in family memories and communications, (3) changes in family relationships with other family members; and (4) changes in family connections with the ethnic community and nation state. In each realm, the model also specifies family strategies, called Families Rebuilding Lives, for managing those consequences. CONCLUSIONS: Political violence leads to changes in multiple dimensions of family life and also to strategies for managing those changes. Qualitative family research is useful in better understanding refugee families and in helping them through family-oriented mental health services.

Weingarten K. Witnessing the effects of political violence in families: mechanisms of intergenerational transmission and clinical interventions. *J Marital Fam Ther* 2004; 30(1):45-59.

Abstract: In this era of globalization, when news about political violence can haunt anyone, anywhere, those whose families have suffered political violence in the past are particularly vulnerable to current distress. Skilled in understanding transgenerational processes, family therapists need to be familiar with the mechanisms by which children are exposed to the effects of political violence suffered by their elders—that is, the ways in which they become their witnesses. This article presents a framework for understanding how the trauma of political violence experienced in one generation can "pass" to another that did not directly experience it, and proposes a model to guide clinical intervention.

Weis SE, Moonan PK, Pogoda JM *et al.* Tuberculosis in the foreign-born population of Tarrant county, Texas by immigration status. *Am J Respir Crit Care Med* 2001; 164(6):953-7.

Abstract: The epidemiology of tuberculosis is changing in the United States as a result of immigration, yet the extent to which different classes of immigrants contribute to overall morbidity is unknown. Tuberculosis in nonimmigrant visitors is of particular interest as they are currently exempt from screening requirements. We conducted a prospective survey of all culture-positive tuberculosis patients in Tarrant County, Texas from 1/98 to 12/00. Immigration status of foreign-born patients was classified as permanent residents, undocumented, or nonimmigrant visitors. Of 274 eligible participants, 114 (42%) were foreign-born; of these, 67 (59%) were permanent residents, 28 (25%) were undocumented, and 19 (17%) were nonimmigrant visitors. Among the foreign-born, we observed significant differences by immigration status in multidrug resistance ( $p = 0.02$ ), human immunodeficiency virus (HIV) infection ( $p = 0.0007$ ), and hospitalization ( $p = 0.03$  for ever/never, 0.01 for duration). Compared with other immigrants, more nonimmigrant visitors were multi-drug-resistant (16 % versus 11% of undocumented residents and 1% of permanent residents), were HIV-positive (32% versus 0% of undocumented and 5% of permanent residents), were hospitalized (47% versus 36% of undocumented and 19% of permanent residents), and had lengthy hospitalizations (median [midspread] days = 87 [25 to 153] versus 8.5 [4 to 28] for undocumented and 10 [7 to 24 d] for permanent residents). We found nonimmigrant visitors to be an important source of tuberculosis morbidity in Tarrant County. Further studies in other regions of the U.S. are needed to determine if screening and treatment recommendations of persons who spend extended periods in the U.S. should be raised to the standards set for permanent residents.

Weiss B. Ethics assessment as an adjunct to risk assessment in the evaluation of developmental neurotoxicants. *Environ Health Perspect* 2001; 109 Suppl 6:905-8. Abstract: The conduct of experimental studies in humans is governed by a body of principles whose main precepts have evolved over the past few decades. Three of these provide the foundations for judging the ethical adequacy of such an experiment. One addresses the question of who receives the benefits of the research and who bears its burdens (justice). A second requires that the research maximize the potential benefits to the subjects and minimize the risk of harm (beneficence). The third, the source of guidelines for informed consent, requires that subjects enter into the research voluntarily and with adequate information (respect for persons). Unlike research conducted to evaluate drugs, however, environmental exposures to potentially toxic chemicals do not survey those exposed for their consent, nor do they provide an appropriate calculus for measuring risks and benefits, which typically involve two different populations. Especially for exposure to developmental neurotoxicants, where the risk-benefit incompatibility

can be so striking, another element may need to be incorporated into risk characterization: a process of ethics assessment. A scheme for doing so can be derived from the procedures of fuzzy logic, which allow rules to be formulated that are applicable to ethical principles. Such an approach incorporates some of the tenets of the precautionary principle.

Weiss HB, Little PM, Bouffard SM. More than just being there: balancing the participation equation. *New Dir Youth Dev* 2005; (105):15-31, 9-10. Abstract: The research and evaluation evidence is mounting: out-of-school-time (OST) programs can keep young people safe, support working families, and improve academic achievement and social development. Over 6 million children are enrolled in after-school programs nationwide, but an estimated 14.3 million children still care for themselves in the nonschool hours. Because of this discrepancy, OST stakeholders need information about how to maximize participation in OST programs. The Harvard Family Research Project (HFRP) has developed a conceptual model, based on scholarly theory, empirical research, and knowledge gained from providers, that describes the characteristics that predict participation in OST programs as well as the potential benefits of that participation. In the center of the model, participation is conceived as a three-part construct of enrollment, attendance, and engagement. This equation serves as the basis for framing this issue of *New Directions for Youth Development*. The chapter provides an overview of why participation in OST programs matters for young people, describes some of the barriers and challenges to youth participation, teases out more precise definitions of participation, and presents HFRP's conceptual model of participation. It focuses on the participation equation and concludes by highlighting some overarching themes that recur throughout the issue and that have an impact on future directions for research and evaluation.

Weiss K. Authority as coercion: when authority figures abuse their positions to perpetrate child sexual abuse. *J Child Sex Abus* 2002; 11(1):27-51. Abstract: ABSTRACT. This article discusses child sexual abuse by a person in a position of authority, such as the child's teacher, guardian, relative, sports coach, or other person with authority over a child because of his/her particular position. The article tracks the recent trend toward recognizing position of authority in both state legislation and judicial precedent. Understanding the confusion and intimidation surrounding a child's experiences as a result of being sexually abused by a person in a position of authority often explains why children often fail to report or delay in reporting such abuse. Thus, existence of a perpetrator's position of authority in a particular case of child sexual abuse should influence a court's rulings on the elements of sexual abuse or assault in particular state statutes, as well as what

evidence should be admissible. Ultimately, the author concludes that all states should recognize position of authority in their child abuse statutes, that such statutes should be interpreted broadly by the courts, and, finally, that evidence of the defendant's prior acts of sexual abuse should almost always be admissible at trial.

Weissenberger AA, Dell ML, Liow K *et al.* Aggression and psychiatric comorbidity in children with hypothalamic hamartomas and their unaffected siblings. *J Am Acad Child Adolesc Psychiatry* 2001; 40(6):696-703. Abstract: OBJECTIVE: To assess aggression and psychiatric comorbidity in a sample of children with hypothalamic hamartomas and gelastic seizures and to assess psychiatric diagnoses in siblings of study subjects. METHOD: Children with a clinical history of gelastic seizures and hypothalamic hamartomas (n = 12; age range 3-14 years) had diagnoses confirmed by video-EEG and head magnetic resonance imaging. Structured interviews were administered, including the Diagnostic Interview for Children and Adolescents-Revised Parent Form (DICA-R-P), the Test of Broad Cognitive Abilities, and the Vitiello Aggression Scale. Parents were interviewed with the DICA-R-P about each subject and a sibling closest in age without seizures and hypothalamic hamartomas. Patients were seen from 1998 to 2000. RESULTS: Children with gelastic seizures and hypothalamic hamartomas displayed a statistically significant increase in comorbid psychiatric conditions, including oppositional defiant disorder (83.3%) and attention-deficit/hyperactivity disorder (75%). They also exhibited high rates of conduct disorder (33.3%), speech retardation/learning impairment (33.3%), and anxiety and mood disorders (16.7%). Significant rates of aggression were noted, with 58% of the seizure patients meeting criteria for the affective subtype of aggression and 30.5% having the predatory aggression subtype. Affective aggression was significantly more common ( $p < .05$ ). Unaffected siblings demonstrated low rates of psychiatric pathology on semistructured parental interview and no aggression as measured by the Vitiello Aggression Scale. CONCLUSIONS: Children with hypothalamic hamartomas and gelastic seizures had high rates of psychiatric comorbidity and aggression. Parents reported that healthy siblings had very low rates of psychiatric pathology and aggression.

Weitzman CC, Roy L, Walls T, Tomlin R. More evidence for reach out and read: a home-based study. *Pediatrics* 2004; 113(5):1248-53. Abstract: OBJECTIVE: Reach Out and Read (ROR), a clinic-based literacy program, has been shown to improve literacy outcomes in impoverished children. No study has used direct observation to assess a child's home literacy environment or to control for important confounders, such as the quality of the home environment. The objective of this study was to determine the relationship between the frequency of

ROR encounters that a family receives during well-child visits and a child's home literacy profile, while accounting for important confounders, such as the quality of the home environment. METHODS: A cross-sectional study was conducted of 137 children (aged 18-30 months) who received pediatric well-child care at the Yale-New Haven Hospital Primary Care Center. The number of ROR encounters that the family received was determined through parent interview, direct observation, and a review of the medical record. After a brief waiting room interview, a home visit was conducted. An assessment of the child's home literacy environment was completed on the basis of 10 variables that were obtained from parent report and direct observation within the home. These variables were summed to form a Child Home Literacy Index. The Home Observation for Measurement of the Environment, a standardized measure of the nurturing quality of the home environment, was also administered. Hierarchical linear regression was conducted to determine the significance of ROR on a child's home literacy environment. RESULTS: A total of 100 families completed both a waiting room interview and a home visit. Families received between 0 and 6 books in the ROR program. A total of 93% of families reported reading to their children, but only 35% of parents identified reading as a favorite activity of their child and 45% of parents reported that this was a favorite joint activity. Hierarchical linear regression demonstrated that increasing frequency of ROR encounters contributed a small but significant portion of the variance explaining a child's home literacy profile (5%), with this model accounting for a total of 19% of the variance. CONCLUSIONS: A modest literacy intervention, such as ROR, can have a significant impact on a child's home literacy environment.

Welles-Nystrom B. Co-sleeping as a window into Swedish culture: considerations of gender and health care. *Scand J Caring Sci* 2005; 19(4):354-60. Abstract: The purpose of this study is to examine the Swedish practice of co-sleeping and relate it to the cultural discourse on the gendered family and health. The Swedish study, part of the International Study of Parents, Children and Schools, focuses on some Western parents' ideas about health, child development, child-rearing goals and parental practices. It also addressed specific questions regarding parents' theories about the nature, gender and frequency of co-sleeping in Swedish families. Quantitative and qualitative data were collected with five cohorts of parents and their 60 children who ranged in age from 6 months to 8 years. The sample was balanced for sex and birth order. Parents completed batteries of standardized questionnaires and they were interviewed about their beliefs and practices related to child rearing and child development. A questionnaire about co-sleeping was sent post hoc to the families. The results showed that Swedish children often co-sleep with both their parents



until school age, when more boys than girls cease the practice. This is an important finding, because much of the literature suggests that this practice exists primarily for infants in non-Western cultures who co-sleep with their mothers. Co-sleeping in Sweden is perceived as a normal family activity, which differed from the other societies studied. Thus, the study of practice has important methodological implications. When a family practice is studied, carefully documented and understood in its many dimensions, it provides a window into the culture in which the practice is embedded and may explain how gender relates to the practice. For health-care professionals who encounter families from diverse cultural backgrounds, this methodological approach illustrates how parenting practices relate to health-care issues.

Welsh JP, Ahn ES, Placantonakis DG. Is autism due to brain desynchronization? *Int J Dev Neurosci* 2005; 23(2-3):253-63.

Abstract: The hypothesis is presented that a disruption in brain synchronization contributes to autism by destroying the coherence of brain rhythms and slowing overall cognitive processing speed. Particular focus is on the inferior olive, a precerebellar structure that is reliably disrupted in autism and which normally generates a coherent 5-13 Hz rhythmic output. New electrophysiological data reveal that the continuity of the rhythmical oscillation in membrane potential generated by inferior olive neurons requires the formation of neuronal assemblies by the connexin36 protein that mediates electrical synapses and promotes neuronal synchrony. An experiment with classical eyeblink conditioning is presented to demonstrate that the inferior olive is necessary to learn about sequences of stimuli presented at intervals in the range of 250-500 ms, but not at 700 ms, revealing that a disruption of the inferior olive slows stimulus processing speed on the time scale that is lost in autistic children. A model is presented in which the voltage oscillation generated by populations of electrically synchronized inferior olivary neurons permits the utilization of sequences of stimuli given at, or faster than, 2 per second. It is expected that the disturbance in inferior olive structure in autism disrupts the ability of inferior olive neurons to become electrically synchronized and to generate coherent rhythmic output, thereby impairing the ability to use rapid sequences of cues for the development of normal language skill. Future directions to test the hypothesis are presented.

Werber D, Dreesman J, Feil F *et al.* International outbreak of Salmonella Oranienburg due to German chocolate. *BMC Infect Dis* 2005; 5(1):7. Abstract: BACKGROUND: This report describes a large international chocolate-associated Salmonella outbreak originating from Germany. METHODS: We conducted epidemiologic investigations including a case-control study, and food safety investigations. Salmonella (S.) Oranienburg isolates were subtyped by

the use of pulsed-field gel electrophoresis (PFGE). RESULTS: From 1 October 2001 through 24 March 2002, an estimated excess of 439 S. Oranienburg notifications was registered in Germany. Simultaneously, an increase in S. Oranienburg infections was noted in other European countries in the Enter-net surveillance network. In a multistate matched case-control study in Germany, daily consumption of chocolate (matched odds ratio [MOR]: 4.8; 95% confidence interval [CI]: 1.3-26.5), having shopped at a large chain of discount grocery stores (MOR: 4.2; CI: 1.2-23.0), and consumption of chocolate purchased there (MOR: 5.0; CI: 1.1-47.0) were associated with illness. Subsequently, two brands from the same company, one exclusively produced for that chain, tested positive for S. Oranienburg. In two other European countries and in Canada chocolate from company A was ascertained that also contained S. Oranienburg. Isolates from humans and from chocolates had indistinguishable PFGE profiles. No source or point of contamination was identified. Epidemiological identification of chocolate as a vehicle of infections required two months, and was facilitated by proxy measures. CONCLUSIONS: Despite the use of improved production technologies, the chocolate industry continues to carry a small risk of manufacturing Salmonella-containing products. Particularly in diffuse outbreak-settings, clear associations with surrogates of exposure should suffice to trigger public health action. Networks such as Enter-net have become invaluable for facilitating rapid and appropriate management of international outbreaks.

Werneck GL, Rodrigues L, Santos MV *et al.* The burden of Leishmania chagasi infection during an urban outbreak of visceral leishmaniasis in Brazil. *Acta Trop* 2002; 83(1):13-8.

Abstract: First noted in the city of Teresina in 1981, the last decades have witnessed a remarkable increase in urban transmission of American visceral leishmaniasis (VL) in many Brazilian cities. Teresina, the site of this study, has faced two large outbreaks of VL. The first occurred from 1981-1985 when almost 1000 new cases were reported. The second started in the 1990s, and between 1993 and 1996 more than 1200 new cases were detected. This report describes the prevalence of infection with Leishmania chagasi in Teresina at the end of the second outbreak and gives estimates of the number of people who became infected during the epidemic. Between June 1995 and May 1996, 200 households were chosen at random from a list of addresses covering about 93% of Teresina's urban households. In each household, one person over the age of 1 year was screened for Leishmania antibodies and skin-tested. Nearly 50% of persons had a positive leishmanin reaction, but only 13.9% had detectable antibodies to L. chagasi. While prevalence estimates based on the leishmanin skin-test increased with age ( $P < 0.001$ ), those based on serological tests showed a lesser, and non significant, variation with age ( $P = 0.31$ ).

Using a geometric growth equation, and assuming that the annual distribution of clinical cases may serve as an approximation to what would have been the distribution of infections by year, we estimated that over 320000 persons were infected during the epidemic. Little is known about the epidemiology of VL in urban areas, where social networks, population density, and relationships of housing with the natural environment are more varied and complex than in the rural scene. In those areas, control interventions have failed to eliminate transmission of the parasite and prevent new epidemics. Further epidemiological studies of VL in urban areas might be needed to inform control actions.

Werner MJ. Principles of child health care financing. American Academy of Pediatrics Committee on Child Health Financing. *Pediatrics* 2003; 112(4):997-9. Notes: CORPORATE NAME: American Academy of Pediatrics Committee on Child Health Financing Abstract: Child health care financing must maximize access to quality, comprehensive pediatric and prenatal health care. This policy statement replaces the 1998 policy statement by the same title. Changes reflect recent state and federal legislation that affect child health care financing. The principles outlined in the statement will be used to evaluate the changing structure of child health care financing.

West JC. Hospital may be liable for actions of nurse who molested child. *E.P. v. McFadden*,-- So. 2d, 2000 WL 303063, No. 298 (Ct. Civ. App. Ala. March 24, 2000). *J Healthc Risk Manag* 2001; 21(2):46-7.

West JC. Parents do not have authority to refuse to consent to resuscitation of fetus born alive. *HCA, Inc. v. Miller*. *J Healthc Risk Manag* 2001; 21(3):33-4. Notes: GENERAL NOTE: KIE: 1 ref. GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; informed consent/minors; resuscitation orders; treatment refusal/minors

Westermann G, Reck Miranda E. A new model of sensorimotor coupling in the development of speech. *Brain Lang* 2004; 89(2):393-400. Abstract: We present a computational model that learns a coupling between motor parameters and their sensory consequences in vocal production during a babbling phase. Based on the coupling, preferred motor parameters and prototypically perceived sounds develop concurrently. Exposure to an ambient language modifies perception to coincide with the sounds from the language. The model develops motor mirror neurons that are active when an external sound is perceived. An extension to visual mirror neurons for oral gestures is suggested.

Wexler ID, Branski D, Kerem E. Treatment of sick children during low-intensity conflict. *Lancet* 2005;

Whaley SE, O'Connor And MJ, Gunderson B. Comparison of the adaptive functioning of children prenatally exposed to alcohol to a nonexposed clinical sample. *Alcohol Clin Exp Res* 2001; 25(7):1018-24. Abstract: BACKGROUND: Several studies show impairments in the social and adaptive behaviors of children prenatally exposed to alcohol. However, there remains limited consensus on whether the alcohol exposure directly affects social functioning or whether its effect is mediated by deficits in IQ. In addition, no studies have investigated whether deficits in social functioning are significantly more pronounced in children prenatally exposed to alcohol than in children referred to psychiatric treatment who were not prenatally exposed. We explored the effect of alcohol exposure on social and adaptive functioning and explored whether or not social and adaptive functioning are significantly more impaired in children prenatally exposed to alcohol than in a clinical sample of children. METHODS: A sample of 33 alcohol-exposed children was compared with a sample of 33 clinic-referred nonexposed children. The groups were compared on measures of communication, daily living skills, and socialization. The groups were matched on sex, age, IQ, and outpatient or inpatient status. RESULTS: Analyses revealed that the prenatally alcohol-exposed children did not differ significantly from the nonexposed children in any of the domains of adaptive functioning. However, with age, exposed children showed a more rapid decline in socialization standard scores compared with the nonexposed clinical sample. CONCLUSIONS: Young children who were exposed to alcohol prenatally show deficits in all domains of adaptive functioning. Although these deficits do not seem to differ from those exhibited by young children with psychiatric problems but no prenatal exposure, deficits in socialization behavior of prenatally exposed children may become more significant with age.

While A. Awful things can happen inside the home. *Br J Community Nurs* 2001; 6(7):369.

While A. Regardless of group, abuse is unacceptable. *Br J Community Nurs* 2004; 9(2):90.

Whitbeck LB, Hoyt DR, McMorris BJ, Chen X, Stubben JD. Perceived discrimination and early substance abuse among American Indian children. *J Health Soc Behav* 2001; 42(4):405-24. Abstract: This study investigated internalizing and externalizing symptoms as potential mediators of the relationship between perceived discrimination and early substance abuse among 195 American Indian 5 through 8 graders from three reservations that share a common culture (e.g., language, spiritual beliefs, and traditional practices) in the upper Midwest. The

findings indicated that, although perceived discrimination contributed significantly to internalizing symptoms among the adolescents, internalizing symptoms were unrelated to early substance abuse. Rather, the effects of perceived discrimination on early substance abuse were mediated by adolescent anger and delinquent behaviors. The results are discussed in terms of the consequences of perceived discrimination on the development of American Indian early adolescents.

White HR, Chen PH. Problem drinking and intimate partner violence. *J Stud Alcohol* 2002; 63(2):205-14. Abstract: OBJECTIVE: This study examined the role of problem drinking in intimate partner violence (IPV) perpetration and victimization for men and women. We assessed (1) whether the relationship between problem drinking and IPV was spurious and (2) if relationship dissatisfaction and partner drinking mediated the effects of problem drinking on IPV. METHOD: Five waves of longitudinal data from a nonclinical sample (N = 725; 400 women), aged 12 through 31 years, were analyzed to determine the effects of problem drinking on IPV after controlling for eight common risk factors. Regression analyses were conducted to determine whether relationship dissatisfaction and partner drinking patterns mediated the effects of problem drinking on IPV after controlling for these same risk factors. RESULTS: With controls, problem drinking significantly predicted perpetration and victimization for men and women. Partner drinking was not related to perpetration or victimization for men. For women, partner drinking was strongly related to perpetration and victimization. It fully mediated the effects of problem drinking on perpetration, but did not mediate these effects on victimization. Relationship dissatisfaction fully mediated the effects of problem drinking on male and female perpetration and partially mediated the effects on male victimization. Relationship dissatisfaction did not mediate the effects of problem drinking on female victimization. CONCLUSIONS: The relationship between problem drinking and IPV was not spurious for men or women. Heavier drinking by partners put women at greater risk for perpetration and victimization and mediated the effects of their own problem drinking on perpetration. Programs that prevent and treat problem drinking among young men should have a beneficial impact on reducing IPV.

White MA, Grilo CM. Ethnic differences in the prediction of eating and body image disturbances among female adolescent psychiatric inpatients. *Int J Eat Disord* 2005; 38(1):78-84. Abstract: OBJECTIVE: The current study examined predictors of eating and body image disturbances in psychiatrically hospitalized female adolescents and investigated whether the predictors differ by ethnicity. METHOD: Participants were 427 (320 Caucasian, 53 Latina, 54 African American) female adolescent

psychiatric inpatients. Predictors of eating disorder features (dietary restraint, binge eating, and purging) and body image dissatisfaction (BID) were tested separately for the three ethnic groups. In addition to the eating and BID variables, the following predictor variables were considered: depression, anxiety, impulsivity, negative self-esteem, peer insecurity, and abuse. RESULTS: Caucasians reported significantly higher levels of dietary restraint and BID than Latinas and African Americans, whereas reports of binge eating did not differ by ethnicity. Regression analyses revealed that the predictor variables accounted for significant and substantial amounts of the variance in the four eating and body image domains. Different psychological and social variables predicted eating disorder symptoms and BID across ethnic groups. DISCUSSION: These findings suggest, for psychiatrically hospitalized adolescent females, that different patterns of factors may contribute to the maintenance of eating and body image disturbances across ethnic groups. Future research testing models of the etiology or maintenance of these disturbances needs to include ethnicity to ascertain whether the hypothesized components operate differently by ethnicity.

White SR, Henretig FM, Dukes RG. Medical management of vulnerable populations and co-morbid conditions of victims of bioterrorism. *Emerg Med Clin North Am* 2002; 20(2):365-92, xi. Abstract: Planning for the medical response to bioterrorism has primarily focused around the needs of the population as a whole. There has been little discussion pertaining to certain vulnerable groups such as children, pregnant women, or immunocompromised patients, yet they will likely comprise a significant subset of the exposed population. In addition, they will be at increased risk for morbidity and mortality following an attack. The emergency response to bioterrorism will be more complex as it relates to these vulnerable populations. Careful consideration of their special needs, some of which are presented in this article, may refine our efforts.

Whitelaw A, Thoresen M. Clinical trials of treatments after perinatal asphyxia. *Curr Opin Pediatr* 2002; 14(6):664-8. Abstract: Following critical hypoxia-ischemia during labor and delivery, there is a window of therapeutic opportunity during hypoxic-ischemic encephalopathy. Meta-analysis of three randomized trials of prophylactic barbiturate therapy for neonatal hypoxic-ischemic encephalopathy showed no significant effect on death or disability. One randomized trial of allopurinol showed short-term benefits but was too small to test death or disability. No adequate trials of dexamethasone, calcium channel blockers, or magnesium sulphate have yet been completed, but pilot studies in infants have shown the cardiovascular risks of magnesium sulphate and calcium channel blockers.

There is considerable evidence from animal studies that posthypoxic mild hypothermia reduces brain injury. One small randomized trial of mild hypothermia found no adverse effects but was too small to examine death or disability. One large randomized trial of selective head cooling has finished recruitment and a number of large trials of systemic mild hypothermia are ongoing. As time is critical with post-hypoxic interventions, the delay involved in obtaining informed parental consent for such trials might obscure a clinically important therapeutic effect.

Whitfield A. The conjoined twins. Transcript of the speeches given at the BAFS annual dinner on 28 February 2002. British Academy of Forensic Sciences. *Med Sci Law* 2002; 42(4):277-80.

Whitfield CL, Dube SR, Felitti VJ, Anda RF. Adverse childhood experiences and hallucinations. *Child Abuse Negl* 2005; 29(7):797-810.  
Abstract: OBJECTIVE: Little information is available about the contribution of multiple adverse childhood experiences (ACEs) to the likelihood of reporting hallucinations. We used data from the ACE study to assess this relationship. METHODS: We conducted a survey about childhood abuse and household dysfunction while growing up, with questions about health behaviors and outcomes in adulthood, which was completed by 17,337 adult HMO members in order to assess the independent relationship of 8 adverse childhood experiences and the total number of ACEs (ACE score) to experiencing hallucinations. We used logistic regression to assess the relationship of the ACE score to self-reported hallucinations. RESULTS: We found a statistically significant and graded relationship between histories of childhood trauma and histories of hallucinations that was independent of a history of substance abuse. Compared to persons with 0 ACEs, those with 7 or more ACEs had a five-fold increase in the risk of reporting hallucinations. CONCLUSION: These findings suggest that a history of childhood trauma should be looked for among persons with a history of hallucinations.

Whitfield L. e-novation. *Child in mind. Health Serv J* 2003; 113(5882):suppl 8-9.

Whiting L, Whiting M, Whiting T, Whiting L. Smacking: a family perspective. *Paediatr Nurs* 2004; 16(8):26-8.

Whitty MT. Pushing the wrong buttons: men's and women's attitudes toward online and offline infidelity. *Cyberpsychol Behav* 2003; 6(6):569-79.  
Abstract: Despite current researchers' interest in the study of online sexual addiction, there is a dearth of research available on what constitutes online infidelity. This paper attempts to redress this balance by comparing 1,117 participants' attitudes toward online and offline acts of infidelity. A factor analysis was

carried out that yielded three components of infidelity: sexual infidelity, emotional infidelity, and pornography. More importantly, this study revealed that online acts of betrayal do not fall into a discrete category of their own. A MANOVA was performed and revealed a statistically significant difference on the combined dependent variables for the interaction of gender by age, age by relationship status, and Internet sexual experience. The hypotheses were, in part, supported. However, counter to what was predicted, in the main younger people were more likely to rate sexual acts as acts of betrayal than older individuals. It is concluded here that individuals do perceive some online interactions to be acts of betrayal. In contrast to some researchers' claims, it is suggested here that we do need to consider how bodies are reconstructed online. Moreover, these results have important implications for any treatment rationale for infidelity (both online and offline).

Wicks E. The greater good?: issues of proportionality and democracy in the doctrine of necessity as applied in *Re A*. *Common Law World Rev* 2003; 32(1):15-34.  
Notes: GENERAL NOTE: KIE: 70 fn.  
GENERAL NOTE: KIE: KIE Bib: patient care/minors  
Abstract: This article examines the criminal law doctrine of necessity as applied in the conjoined twins case (*Re A (Children) (Conjoined Twins: Surgical Separation)* [2000] 4 All ER 961). It determines that the public law principle of proportionality underlies the doctrine, but identifies the preservation of life as the guiding principle behind the Court of Appeal's use of necessity in *Re A*. The article is critical of this elevation of the preservation of life under the doctrine of necessity and argues for an alternative conception of necessity based upon fundamental constitutional principles such as human rights and democracy. The principle of democracy has particular pertinence to the issue of necessity because it may be endangered by this common law justificatory defence. This conflict between democracy and necessity, it is argued, further supports the need for the constitutional value of democracy to play a key role in any application of necessity in future cases.

Widom CS, Czaja SJ. Reactions to research participation in vulnerable subgroups. *Account Res* 2005; 12(2):115-38.

Notes: GENERAL NOTE: KIE: 27 refs.  
GENERAL NOTE: KIE: KIE Bib: behavioral research/special populations  
Abstract: This paper describes the extent to which vulnerable individuals (defined by economic, social, psychological, physical health, and child maltreatment status) react to research participation. As part of an ongoing longitudinal study, participants (N=896) completed a lengthy and intrusive in-person interview and provided a small amount of blood through finger pricks. At the end of the interview, participants were asked eight questions about their reactions to the

research experience. Vulnerable individuals in general agreed more strongly about having an emotional reaction, but were not less willing to continue to participate. In addition, psychologically vulnerable individuals more strongly agreed they would continue to participate, were treated with respect and dignity, and found their participation meaningful. Compared to whites, nonwhites reported stronger agreement about the meaningfulness of the research and the belief that their responses would be kept private. Like others, individuals vulnerable by virtue of their prisoner status or homelessness (past or current) agreed more strongly about having an emotional reaction to the interview, but otherwise did not differ in their reactions. These results suggest that researchers and institutional review boards should not be deterred from conducting research on sensitive topics with potentially vulnerable populations.

Wiehe VR. Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse Negl* 2003; 27(5):541-55. Abstract: OBJECTIVE: The purpose of this research was to study the personality variables of empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents, conceptualized as nonabusive parents, in order to gain further understanding of perpetrators and to provide clues for intervention. METHOD: The sample consisted of two groups: physically and emotionally abusive parents (n=52) and foster parents (n=101). Participants responded to three instruments: the Interpersonal Reactivity Index (IRI), an instrument measuring individual differences in empathy, and two instruments measuring narcissism: the Narcissistic Personality Inventory (NPI) and the Hypersensitivity Narcissism Scale (HSNS). RESULTS: Statistically significant differences were found between the two groups on three of the four subscales of the IRI: perspective-taking, empathic concern, and personal distress. Based on the definition of these subscales, the abusive parents as compared to the foster parents were not able to take the perspective of another or see things from another's viewpoint, showed less warmth, compassion and concern for others, and experienced difficulty in tense interpersonal situations. Statistically significant differences were found for the two groups on three of the six subscales of the NPI: authority, exhibitionism, and superiority, and on the HSNS. The abusive parents demonstrated less self-confidence, a greater lack of impulse control and were more narcissistic than their foster parent counterparts. CONCLUSIONS: The results suggest that it is how the perpetrators experience aversive behavior in their children that may provoke them to physically and emotionally abuse their children. Their self-centeredness in addition to their deficiencies in empathy may cause them to experience their children's misbehavior as an affront to their authority. Implications for treatment are made from this conceptualization of parental abuse.

Wiener LS, Vasquez MJ, Battles HB. Brief report: fathering a child living with HIV/AIDS: psychosocial adjustment and parenting stress. *J Pediatr Psychol* 2001; 26(6):353-8.

Abstract: OBJECTIVE: To examine the psychosocial stressors experienced by fathers of children diagnosed with HIV/AIDS. METHODS: Thirty-one fathers whose children (ages 6 to 19) were participating in pediatric HIV clinical trials completed self-report measures of parenting stress, psychological distress, and need for psychosocial services. RESULTS: Over half of this sample experienced significantly elevated levels of both parenting stress and psychological distress compared to standardized norms. Ninety-seven percent of these men reported the need for services including gender-specific support groups, assistance with discipline, disease management, and assistance with planning for the future. CONCLUSIONS: Elevated levels of parenting stress and psychological distress in fathers of children living with HIV suggest the need for additional psychological intervention in this population.

Wierzbza TF, El-Yazeed RA, Savarino SJ *et al.* The interrelationship of malnutrition and diarrhea in a periurban area outside Alexandria, Egypt. *J Pediatr Gastroenterol Nutr* 2001; 32(2):189-96.

Abstract: BACKGROUND: In the developing world, children are often observed to have both diarrhea and malnutrition. This observation has led many researchers to speculate that diarrhea may produce malnutrition and that malnutrition may predispose to diarrhea. In this study, the interrelationship between diarrhea and malnutrition was investigated among 143 Egyptian children less than 3 years of age. METHODS: For 22 months, children were followed for diarrhea at twice weekly home visits and measured for nutritional status at approximately 3-month intervals. Nutritional measurements were converted to z-scores based on the National Center for Health Statistics/World Health Organization (NCHS/WHO) reference population. RESULTS: Three hundred fifty-eight diarrheal episodes were reported with only 1% of episodes lasting 14 days or more. Stunting, wasting, and low weight-for-age were found in 19%, 3%, and 7%, of these children, respectively. When testing whether malnutrition predisposes to diarrhea, a weight-for-age z-score of <-2 standard deviations was associated with increased incidence of diarrhea (RR = 1.7, P < 0.01) but not height-for-age or weight-for-height. Diarrhea itself was associated with a subsequent attack of diarrhea (RR = 2.1, P < 0.001). During short intervals of follow-up (approximately 3 months), an association was detected between diarrhea episodes and growth faltering for height-for-age z-score (-0.16, P < 0.05). This association was reduced, however, when analyzed during 6-month intervals, if no diarrhea was reported in either the first or second half of this interval. CONCLUSIONS: In a population with moderate malnutrition, both low weight-for-age and diarrhea

itself are associated with increased diarrhea risk. Diarrhea alone does not appear to contribute substantially to malnutrition when children have diarrhea-free time for catch-up growth.

Wiggins M, Oakley A, Roberts I *et al.* Postnatal support for mothers living in disadvantaged inner city areas: a randomised controlled trial. *J Epidemiol Community Health* 2005; 59(4):288-95.

Abstract: **STUDY OBJECTIVE:** To evaluate the effect of two forms of postnatal social support for disadvantaged inner city mothers on maternal and child health outcomes. **DESIGN:** Randomised controlled trial with economic and process evaluations and follow up at 12 and 18 months. The two intervention groups received either the offer of a year of monthly supportive listening home visits by a support health visitor (SHV), or a year of support from community groups providing drop in sessions, home visiting and/or telephone support (CGS). Each was compared with a control group that received standard health visitor services. **SETTING:** Two disadvantaged boroughs of London, United Kingdom. **PARTICIPANTS:** 731 women from culturally diverse backgrounds with infants. **MAIN RESULTS:** At 12 and 18 months, there was little impact for either intervention on the main outcomes: child injury (SHV: relative risk 0.99; 95% confidence intervals 0.68 to 1.45, CGS: 0.91; 0.61 to 1.36), maternal smoking (SHV: 0.86; 0.62 to 1.19, CGS: 0.97; 0.72 to 1.33) or maternal depression (SHV: 0.86; 0.62 to 1.19, CGS: 0.93; 0.69 to 1.27). SHV women had different patterns of health service use (with fewer taking their children to the GP) and had less anxious experiences of motherhood than control women. User satisfaction with the SHV intervention was high. Uptake of the CGS intervention was low: 19%, compared with 94% for the SHV intervention. **CONCLUSIONS:** There was no evidence of impact on the primary outcomes of either intervention among this culturally diverse population. The SHV intervention was associated with improvement in some of the secondary outcomes.

Wiggs L. Sleep problems in children with developmental disorders. *J R Soc Med* 2001; 94(4):177-9.

Wijma B, Gustafsson LE, Thapar-Bjorkert S, Swahnberg K. What is an error? *J Psychosom Obstet Gynaecol* 2005; 26(4):233-5.

Wijnhoven TM, de Onis M, Onyango AW *et al.* Assessment of gross motor development in the WHO Multicentre Growth Reference Study. *Food Nutr Bull* 2004; 25(1):S37-45.

Abstract: The objective of the Motor Development Study was to describe the acquisition of selected gross motor milestones among affluent children growing up in different cultural settings. This study was conducted in Ghana, India, Norway, Oman, and the United States

as part of the longitudinal component of the World Health Organization (WHO) Multicentre Growth Reference Study (MGRS). Infants were followed from the age of four months until they could walk independently. Six milestones that are fundamental to acquiring self-sufficient erect locomotion and are simple to evaluate were assessed: sitting without support, hands-and-knees crawling, standing with assistance, walking with assistance, standing alone, and walking alone. The information was collected by both the children's caregivers and trained MGRS fieldworkers. The caregivers assessed and recorded the dates when the milestones were achieved for the first time according to established criteria. Using standardized procedures, the fieldworkers independently assessed the motor performance of the children and checked parental recording at home visits. To ensure standardized data collection, the sites conducted regular standardization sessions. Data collection and data quality control took place simultaneously. Data verification and cleaning were performed until all queries had been satisfactorily resolved.

Wildeman S, Downie J. Genetic and metabolic screening of newborns: must health care providers seek explicit parental consent? *Health Law J* 2001; 9:61-111. Notes: GENERAL NOTE: KIE: 181 fn. GENERAL NOTE: KIE: KIE Bib: genetic screening; informed consent/minors; mass screening

Wilder J, Granlund M. Behaviour style and interaction between seven children with multiple disabilities and their caregivers. *Child Care Health Dev* 2003; 29(6):559-67.

Abstract: **INTRODUCTION:** Recent studies show that the existing interaction patterns of children with multiple disabilities should be taken into consideration when planning communication interventions. For children with disabilities, it is especially important that the partner in interaction is sensitive and well aware of the importance of a qualitatively successful interaction. Wilder (unpublished report) found that the behaviour style of 30 children with multiple disabilities was more related to the caregiver-perceived interaction than the communicative skills and functional abilities of the children. This study inductively explored the caregivers' perceptions of interaction within seven caregiver-child dyads. The research questions were: How do the caregivers perceive the interaction? How do the caregivers perceive the children's behaviour style to be related to the interaction with the caregivers? **METHOD:** The children were selected individually from the participants in Wilder (unpublished report) depending upon the responses the caregivers had given about the children's self-regulation and reactivity in the Carolina Record of Individual Behaviour questionnaire. The study was undertaken by means of home visits where the caregivers participated in an interview asking about

their strategies for interaction, how they perceived the roles of the children and their own roles in interaction, the caregivers' opinion of what an interaction constituted of and the caregivers' aims and aspiration for interaction. The data analysis was performed by meaning concentration and categorization through a pendulum between the parts and the entirety of the interviews. In this way, hermeneutics and thematic analysis were both being practised. RESULTS: The results of the interviews are presented as a model with categorizations as a network. The categorizations reflect the system of themes that permeate how the caregivers perceived interaction in the dyad. The themes are: sharing of experience, successful interaction, role of the child, role of the caregiver, interaction methods, obstacles and facilitators and aims and aspirations. DISCUSSION: The caregivers perceived their own role in interaction to be of a sensitive leading kind. The caregivers lead the interaction by using their knowledge about the children's usual way of interacting, the children's behaviour styles, functional abilities, the children's current mood and situation as well as the whole context. They monitored the interaction such that, throughout an interaction sequence, the caregivers always tried to optimize the interaction between the parties in the dyad. The behaviour style was a background factor that the caregivers had knowledge of and scanned in their everyday turn taking. Although there were differences in the children's behaviour styles, the caregivers discussed the same themes in the interviews. The behaviour style became a facilitator for the whole interaction, forced the interaction in certain directions and made the interaction more complete with turn taking of different kinds from both parties. The findings show that it is imperative to see caregivers as experts on their children and to make them assertive in this in relation to professionals. Furthermore, as a successful interaction can boost the development of children, it is essential to direct interventions to the everyday interaction in caregiver-child dyads.

Wilfond BS, Gollust SE. Policy issues for expanding newborn screening programs: the cystic fibrosis newborn screening experience in the United States. *J Pediatr* 2005; 146(5):668-74. Abstract: OBJECTIVE: To describe the screening approaches and implementation strategies for cystic fibrosis newborn screening in the 12 programs that were offered in 11 states in 2002. STUDY DESIGN: Telephone interviews conducted in the spring of 2003 with program representatives in the 11 states. Screening approaches were defined in four overlapping categories: state mandated screening, state-wide offering, hospital based screening, and screening with informed consent. RESULTS: Screening was state mandated in seven states but was routinely offered to most infants in nine states. The primary care provider or hospital determined if screening was done in three states (four programs). Informed consent was explicitly

documented in two states. In five programs, immunoreactive trypsinogen exclusively was used to identify at-risk infants. In seven programs, a second tier DNA test was also used, but these programs each had distinct strategies. In only two programs where DNA testing was performed and normal sweat tests indicated carrier status, were results routinely provided to parents "in person" at a CF center. CONCLUSION: The diversity of approaches for screening approaches and strategies has advantages for future policy decisions, provided that data about the clinical and psychosocial impact of screening from these programs are collected and disseminated. As additional states determine that the resources are available, programs can be designed with a more favorable benefit/risk balance as a result of the successes and challenges faced by other states.

Wilgoren J. Kansas prosecutor demands files on late-term abortion patients. *NY Times (Print)* 2005; A1, A19. Notes: GENERAL NOTE: KIE: KIE Bib: abortion/legal aspects

Wilke DJ, Kamata A, Cash SJ. Modeling treatment motivation in substance-abusing women with children. *Child Abuse Negl* 2005; 29(11):1313-23. Abstract: OBJECTIVES: Children are often considered a primary motivator for women seeking substance abuse treatment. This study tested a model predicting treatment motivation in substance-abusing mothers. METHODS: This study was a secondary analysis of the Drug Abuse Treatment Outcome Study (DATOS). It used structural equation modeling to describe factors influencing motivation for treatment. DATOS is a national study of substance abusers entering treatment. Treatment was provided by a sampling of community-based programs, free-standing hospitals, hospital units, county-funded programs, modified therapeutic communities, and criminal justice programs. The subsample of women with children under the age of 18 for whom custody of children could be determined was selected (n=1371). The variables comprising each factor were based on self-report, and standardized scales measuring level of drug involvement, psychological functioning, children, and a desire to stop using drugs were used. RESULTS: Drug involvement was positively related to poorer psychological functioning, child custody issues, and the desire to stop using drugs. Child custody issues had a negative influence, while poorer psychological functioning and a desire to stop using drugs positively influenced treatment motivation. CONCLUSIONS: The negative influence that children have on treatment motivation may reflect the practical or emotional difficulties of having to leave children behind or in some instances having children placed in foster care. Specifically, losing custody of children, particularly with little expectation they will be reunified, may serve as a detriment to motivation. Popular beliefs hold that children serve as a primary source of a mother's

treatment motivation; however this study found the opposite was true. Children should not automatically be considered a primary source of motivation for participation in treatment.

Wilkes G. Abused child to nonabusive parent: resilience and conceptual change. *J Clin Psychol* 2002; 58(3):261-76. Abstract: Individuals who were abused as children and have spontaneously, without intervention, been able to change their cognitive and behavioral patterns such that they do not abuse their own children represent a heretofore untapped source of information and understanding about the processes of conceptual change and resilience. This pilot study investigates the nature of this conceptual change as an exemplar of resilience. Birth order, gender, locus of control, and coping behaviors emerged as areas needing further study. Additionally, the belief on the part of the abusing parents that abuse was not wrong needs further investigation as a possible precursor to this particular context for conceptual change.

Wilkinson DL, Kurtz EM, Lane P, Fein JA. The emergency department approach to violently injured patient care: a regional survey. *Inj Prev* 2005; 11(4):206-8. Abstract: OBJECTIVE: Since the early 1990s public health workers have challenged healthcare practitioners to take an active role in violence prevention with patients aged 10-24 years. Emergency department (ED) clinicians are uniquely positioned to identify, assess, and refer youth involved in violent events. The objective of this study was to describe ED directors' estimate of the number of violently injured youth seen, the presence of established protocols or guidelines for handling youth violence, and the type of training programs offered to ED physicians regarding this issue. METHODS: The authors conducted a survey of EDs (n = 64) in the Philadelphia metropolitan region to determine the standard of ED care for violently injured youths. Half of the EDs were in urban areas and half in suburban. RESULTS: A total of 41 out of 64 (64.1%) ED directors completed and returned the written questionnaire. In addition to treating the specific injuries sustained, ED responses to youth violence primarily involved talking with patients about the events surrounding the injury. The estimated number of violently injured youth seen per month varied considerably. Twenty four directors (58.5%) estimated that their institution treated fewer than 10 per month; 10 (24.4%) reported 11-30, and seven (17.1%) mostly large urban hospitals, saw more than 30 per month. Although most hospitals reported that the staff counsels patients about safety concerns, only 17% offered their staff formal training programs on youth violence. CONCLUSIONS: To address the prevention of youth violence, EDs need specific training programs for ED staff, as well as systematic risk assessment and referral resources for structured intervention and follow up.

Willgerodt MA, Kataoka-Yahiro M, Kim E, Ceria C. Issues of instrument translation in research on Asian immigrant populations. *J Prof Nurs* 2005; 21(4):231-9. Abstract: Health disparity research often includes non-English-speaking populations, and instrument translation is a major methodological issue with which researchers must contend. Yet most existing nursing research do not adequately describe translation method processes used. This article describes the procedures used to translate the Caregiver Reaction Assessment instrument into Ilocano for use in a study with elderly Filipinos caring for their grandchildren and the Parenting Practice Interview into Korean for use in a study of parenting practices among Korean immigrant parents. An explanation of Brislin's method for instrument translation is first provided, followed by a detailed description of how this method was applied in the two studies and the challenges encountered in assessing translation accuracy. Achieving semantic and content equivalence posed a major challenge in both studies. Recommendations for cross-cultural nursing research are provided; the experiences described in this article illuminate translation issues to be considered by nurse researchers.

Williams AC. Facial expression of pain: an evolutionary account. *Behav Brain Sci* 2002; 25(4):439-55; discussion 455-88. Abstract: This paper proposes that human expression of pain in the presence or absence of caregivers, and the detection of pain by observers, arises from evolved propensities. The function of pain is to demand attention and prioritise escape, recovery, and healing; where others can help achieve these goals, effective communication of pain is required. Evidence is reviewed of a distinct and specific facial expression of pain from infancy to old age, consistent across stimuli, and recognizable as pain by observers. Voluntary control over amplitude is incomplete, and observers can better detect pain that the individual attempts to suppress rather than amplify or simulate. In many clinical and experimental settings, the facial expression of pain is incorporated with verbal and nonverbal vocal activity, posture, and movement in an overall category of pain behaviour. This is assumed by clinicians to be under operant control of social contingencies such as sympathy, caregiving, and practical help; thus, strong facial expression is presumed to constitute and attempt to manipulate these contingencies by amplification of the normal expression. Operant formulations support skepticism about the presence or extent of pain, judgments of malingering, and sometimes the withholding of caregiving and help. To the extent that pain expression is influenced by environmental contingencies, however, "amplification" could equally plausibly constitute the release of suppression according to evolved contingent propensities that guide behaviour. Pain has been largely neglected in the evolutionary literature and the literature on expression of emotion, but an evolutionary account can generate



improved assessment of pain and reactions to it.

Williams CL, Grechanaia T, Romanova O, Komro KA, Perry CL, Farbakhs K. Russian-American partners for prevention. Adaptation of a school-based parent-child programme for alcohol use prevention. *Eur J Public Health* 2001; 11(3):314-21. Abstract: **BACKGROUND:** The Russian-American Partners for Prevention was an adaptation and evaluation of the Slick Tracy Home Team Program which was developed in Minnesota in order to delay the onset of drinking. The Slick Tracy Home Team Program was the first intervention of Project Northland, a large 3 year community trial of the efficacy of a public health intervention for under age drinking. **METHODS:** The programme was administered through schools, but involved parents using engaging and fun homework activities. The Russian version was implemented in fifth-grade classrooms in 20 Moscow schools with 1,212 students surveyed at baseline. Students were surveyed again after programme implementation (n = 1,182), of whom 980 were present at baseline. Parents of 1,078 students were surveyed by telephone after programme implementation. **RESULTS:** The results demonstrated the successful recruitment and retention of 20 Moscow schools in a research project, acceptability of programme materials in Russia, high participation rates, changes in students' knowledge about problems associated with under age drinking and some evidence about increases in parent-child communication about alcohol use. As in the USA, no changes in students' alcohol use rates were observed at the end of the first year of the 3 year programme. **CONCLUSION:** Russian youth, as compared to Americans, began drinking at earlier ages, received fewer prevention messages from their parents, and had fewer prevention programmes in school. The results suggested that carefully implemented and evaluated replications of the US Project Northland interventions might provide effective and appropriate school-based programmes for Russia.

Williams-Evans SA, Sheridan DJ. Exploring barriers to leaving violent intimate partner relationships. *ABNF J* 2004; 15(2):38-40. Abstract: This article discusses the barriers abused partners may have for not leaving the violent relationship. The authors discuss procedures they will use in testing two clinical screening tools: the HARASS tool and the Pitts-Williams Inquiry tool.

Williams J, Klinepeter K, Palmes G, Pulley A, Foy JM. Diagnosis and treatment of behavioral health disorders in pediatric practice. *Pediatrics* 2004; 114(3):601-6. Abstract: **OBJECTIVE:** There has been a strong push toward the recognition and treatment of children with behavioral health problems by primary care pediatricians. This study was designed to assess the

extent to which a sample of primary care pediatricians diagnose and treat behavioral health problems and to identify factors that may contribute to their behavioral health practice. **METHODS:** A standard interview was conducted with 47 pediatricians who work in primary care settings in a predominantly urban setting in North Carolina. Pediatricians' responses to questions about the estimated percentage of children in their practice with a behavioral health disorder, tools used to make diagnoses, frequent and infrequent diagnoses made, comfort level with making a diagnosis, reasons for not making a diagnosis, use of psychotropic medications, types of nonmedication interventions provided, educational background, and needs involving behavioral health issues were evaluated. **RESULTS:** Pediatricians estimated that the average percentage of children in their practices with a behavioral health disorder was 15%. The study did not find significant differences in perceptions related to time in practice or gender of the pediatric provider. The most frequent behavioral health diagnosis was attention-deficit/hyperactivity disorder (ADHD), and the majority incorporated behavioral questionnaires, expressed a high level of comfort with the diagnosis, and frequently or occasionally prescribed stimulants. Variability was noted in both practice and comfort for other behavioral health disorders. Slightly fewer than half of the pediatricians frequently diagnosed anxiety and depression. Those who make these diagnoses commonly incorporated questionnaires and reported frequent or occasional use of selective serotonin reuptake inhibitors. Comfort in making the diagnosis of anxiety was highly associated with use of selective serotonin reuptake inhibitors. The vast majority (96%) of pediatricians provided nonmedication interventions, including supportive counseling, education for coping with ADHD, behavior modification, and/or stress management. Diagnosis and treatment of severe behavioral health disorders were infrequent throughout the pediatric practices. Areas of greatest educational interest included psychopharmacology, diagnosis and treatment of depression and anxiety, and updates on ADHD. The majority of pediatric providers did not identify a need for education about several high-prevalence disorders that they do not frequently diagnose or treat, including conduct disorder and substance abuse. **CONCLUSIONS:** Pediatricians in this sample frequently diagnosed and treated ADHD. For all other behavioral health disorders, pediatricians reported variability in both comfort and practice. They frequently provided both pharmacologic and nonpharmacologic treatments for children and adolescents with mild to moderate behavioral health disorders but not for severe disorders. Although they identified needs for additional education for anxiety and depression, the majority did not identify educational needs for several high-prevalence behavioral health disorders, including conduct disorder and substance abuse.

Williams O, Forster G, Robinson A. Screening for sexually transmitted infections in children and adolescents in the United Kingdom: British Co-operative Clinical Group. *Int J STD AIDS* 2001; 12(8):487-92. Abstract: Our objectives were (1) to assess the number of young people aged under 16 years attending genitourinary medicine (GUM) departments in the UK in 1998; (2) to identify clinical activity and policy; (3) to determine the knowledge and training needs of healthcare professionals within GUM providing care for this client group. In July 1999 a questionnaire was circulated via the 18 regional British Co-operative Clinical Group (BCCG) representatives to the consultants in charge of all 197 main GUM departments in the UK. One hundred and sixty out of 197 (81%) completed questionnaires were returned and analysed. The reported number of under-16-year-olds attending in 1998 varied considerably between clinics; for females ranging from 0 to 256 and for males between 0 and 50, with a male to female ratio of 1:4.4. The majority of responding clinics, 139/160 (87%) had been involved in the screening of abused children/adolescents for sexually transmitted infections (STIs). Most clinics were prepared to screen for STI (86%), HIV test (79%) and assess contraceptive needs (50%) in this age group. Staff involved in care included health advisers (74), nurses (59), and doctors (138) in the responding clinics. Only 31/160 clinics (19%) had a written policy for the management of children/adolescents attending their clinic. The majority of respondents were aware of their child protection policy [122/154 (79%)] and designated child sexual abuse doctor, [125/157 (80%)] in their district. When questioned on previous and current training needs, 134/160 (84%) respondents identified their need for further training in the area of adolescent sexual health and 124/160 (78%) in child sex abuse. The publication *Physical Signs of Sexual Abuse in Children*, was known to 112/160 (70%) respondents, of whom 58/112 (52%) who answered this question had read the publication. Genitourinary physicians in the UK are aware of the increasing number of children and adolescents accessing their services, and recognize the need to identify those in abusive situations. Written policies dealing with children and adolescents in GUM clinics in the UK are lacking. This needs to be rectified urgently. This survey identifies that further training in the field of child sexual abuse and adolescent sexual health would be welcomed by the respondents.

Williams WG. Surgical outcomes in congenital heart disease: expectations and realities. *Eur J Cardiothorac Surg* 2005; 27(6):937-44. Abstract: The past 50 years of congenital heart surgery has produced enormous progress. Current results surpass expectations. Yet there are important residual problems in patients growing up after heart surgery for congenital heart disease. Our system of care must evolve to care for these people throughout their lives. The evolution of congenital heart surgery has reached a

point in time when we should extend care to patients in under serviced emerging countries. Development of local expertise will be required within those countries that are willing to commit resources to an organized program of caring for people with congenital heart disease. Database technology is an essential tool for ensuring and improving quality of care in every congenital heart centre. Both Registry and Academic databases have much to offer in improving care for future patients. Yet overzealous privacy laws threaten the knowledge base provided by computerized databases. We need to guide our legislators in ensuring that the valuable resource provided by database technology is not lost.

Williamson MA, Johnston CA, Symes SA, Schultz JJ. Interpersonal violence between 18th century Native Americans and Europeans in Ohio. *Am J Phys Anthropol* 2003; 122(2):113-22. Abstract: During the winter of 1778-1779, a garrison of 176 individuals lived within the walls of a Revolutionary era stronghold named Ft. Laurens on the banks of the Tuscarawas River, near the present-day town of Bolivar, Ohio. At least 21 individuals were buried in the fort's cemetery during its occupation, 13 of whom were supposedly killed and scalped by Native Americans while gathering firewood and foraging horses. The purpose of this study is to build on previous work by Sciulli and Gramly ([1989] *Am J. Phys. Anthropol.* 80:11-24) by adding a more detailed analysis of the traumatic lesions, in order to better understand what happened to the victims. Lesions were analyzed based on type, location, and dimensions, as well as their overall pattern on the skeleton. Results indicate that multiple blows to the cranium were common. Out of 12 observable crania, the order of blows could be determined in only one case. Eleven of 12 of the observable crania from ambush victims and four of the seven nonambush victims exhibited lesions consistent with scalping. Evidence of postcranial trauma was noted on four individuals: one was an ambush victim, and the other three were killed at other times. No evidence of gunshot wounds was found.

Williamson R. The balance between privacy, safety and community health. *J Paediatr Child Health* 2003; 39(7):507-8.

Willock J, Askew C, Bolland R, Maciver H, James N. Multicentre research: lessons from the field. *Paediatr Nurs* 2005; 17(10):31-3. Abstract: Multicentre research can be used to explore and generate significant data in aspects of care that affect small numbers of children. This article describes the problems and benefits encountered by a group of nurses from 11 hospitals undertaking a multicentre study of pressure ulcers in children and young people in England and Wales. Multicentre research can generate a large amount of useful data contributing to

high quality evidence-based care and can provide nurses with a valuable learning and networking experience.

Wills TA, Resko JA, Ainette MG, Mendoza D. Role of parent support and peer support in adolescent substance use: a test of mediated effects. *Psychol Addict Behav* 2004; 18(2):122-34.

Abstract: This research tested comparative effects of parent and peer support on adolescent substance use (tobacco, alcohol, and marijuana) with data from 2 assessments of a multiethnic sample of 1,826 adolescents, mean age 12.3 years. Multiple regression analyses indicated that parental support was inversely related to substance use and that peer support was positively related to substance use, as a suppression effect. Structural modeling analyses indicated that effects of support were mediated through pathways involving good self-control, poor self-control, and risk-taking tendency; parent and peer support had different patterns of relations to these mediators. The mediators had pathways to substance use through positive and negative recent events and through peer affiliations. Effects for gender and ethnicity were also noted. Mechanisms of operation for parent and peer support are discussed.

Wills TA, Sandy JM, Yaeger AM. Stress and smoking in adolescence: a test of directional hypotheses. *Health Psychol* 2002; 21(2):122-30.

Abstract: The authors conducted a comparative test of the hypotheses that (a) stress is an etiological factor for smoking and (b) cigarette smoking causes increases in stress (A. C. Parrott, 1999). Participants were a sample of 1,364 adolescents, initially surveyed at mean age 12.4 years and followed at 3 yearly intervals. Measures of negative affect, negative life events, and cigarette smoking were obtained at all 4 assessments. Latent growth modeling showed negative affect was related to increase in smoking over time; there was no path from initial smoking to change in negative affect. Comparable results were found for negative life events, with no evidence for reverse causation. Results are discussed with respect to theoretical models of nicotine effects and implications for prevention.

Wills TA, Sandy JM, Yaeger AM. Time perspective and early-onset substance use: a model based on stress-coping theory. *Psychol Addict Behav* 2001; 15(2):118-25.

Abstract: This research tested the relation of time perspective to early-onset substance use (tobacco, alcohol, and marijuana) with a sample of 454 elementary school students with a mean age of 11.8 years. An adaptation of the Zimbardo Time Perspective Inventory (P. G. Zimbardo & J. N. Boyd, 1999) was administered with measures derived from stress-coping theory. Independent effects showed future orientation inversely related to substance use and present

orientation positively related to substance use. Structural modeling analysis indicated that the relation of time perspective measures to substance use was indirect, mediated through behavioral coping and anger coping. Proximal factors for substance use were negative affect, peer substance use, and resistance efficacy. Results are discussed with respect to epigenetic models and the role of executive functions in self-control ability.

Wills TA, Sandy JM, Yaeger AM, Cleary SD, Shinar O. Coping dimensions, life stress, and adolescent substance use: a latent growth analysis. *J Abnorm Psychol* 2001; 110(2):309-23.

Abstract: The relation of seven coping dimensions to substance (tobacco, alcohol, marijuana) use was tested with a sample of 1,668 participants assessed at mean age 12.5 years and two yearly follow-ups. An associative latent-growth model showed one index of engagement (behavioral coping) to be inversely related to initial level of adolescent use and growth over time in peer use. Three indices of disengagement (anger coping, helpless coping, and hangout coping) were positively related to initial levels of peer use and adolescent use and to growth in adolescent use. Life stress was positively related to initial levels for peer use and adolescent use and to growth in adolescent use. Moderation tests indicated that effects of coping were significantly greater at higher level of stress; behavioral coping buffered the effects of disengagement. Effects of life stress were greater for girls than for boys. Results are discussed with reference to mechanisms of coping-substance use relationships.

Willumsen E, Hallberg L. Interprofessional collaboration with young people in residential care: some professional perspectives. *J Interprof Care* 2003; 17(4):389-400.

Abstract: The article discusses interprofessional collaboration with young people experiencing psychosocial problems living in residential care in Norway. The professionals involved (n = 23) were social workers, psychologists, teachers, doctors/psychiatrists, unqualified graduates and other staff. The aim was to explore the professionals' contributions and grasp a sense of the wholeness of the collaboration process. A grounded theory approach was applied. During the analysis five categories emerged regarding professionals contributions; knowledge of own and others' agency/service, problem perception, priority, commitment and space for action. Three categories emerged regarding interprofessional interaction; building networks, developing trust and using flexibility. The core category was identified as 'readiness to act'. The findings show an apparent contradiction between health and social policy that encourages the standardisation of services and responding flexibly to the needs of young people for 'tailor made' solutions through access to a range of services. A further finding was extensive use of

flexibility and willingness to go beyond boundaries leading to the distinction between routinized and radical coordination.

Wilmshurst LA. Treatment programs for youth with emotional and behavioral disorders: an outcome study of two alternate approaches. *Ment Health Serv Res* 2002; 4(2):85-96.

Abstract: Youth with severe emotional and behavioral disorders (EBD) were randomly assigned for 3 months of intensive treatment to a 5-day residential program (5DR Program) or a community-based alternative, family preservation program (FP Program). Programs differed not only in method of service delivery (residential unit vs. home-based), but also in treatment philosophy (solution focused brief therapy vs. cognitive behavioral). Results confirmed high rates of comorbidity in this population for externalizing and internalizing disorders. A significant Treatment x Program interaction was evident for internalizing disorders. At 1-year follow-up, significantly higher percentages of youth from the FP Program revealed a reduction of clinical symptoms for ADHD, as well as, general anxiety and depression, whereas significant proportion of youth from the 5DR Program demonstrated clinical deterioration and increased symptoms of anxiety and depression. Results have implications for future treatment of youth with EBD and suggest that greater emphasis be placed on research linking treatment to specific symptom clusters, especially highly comorbid clusters in this hard to serve population.

Wilsnack SC, Wonderlich SA, Kristjanson AF, Vogeltanz-Holm ND, Wilsnack RW. Self-reports of forgetting and remembering childhood sexual abuse in a nationally representative sample of US women. *Child Abuse Negl* 2002; 26(2):139-47.

Abstract: OBJECTIVE: The purpose of this article is to describe patterns of forgetting and remembering childhood sexual abuse (CSA) in a nationally representative sample of US adult women. METHOD: The respondents were a national probability sample of 711 women, aged 26 years to 54 years, residing in noninstitutional settings in the contiguous 48 states. In a 1996 face-to-face interview survey, trained female interviewers asked each respondent whether she had experienced any sexual coercion by family members or nonfamily members while growing up; whether she believed that she had been sexually abused (by family members or others); and whether she had ever forgotten the CSA experiences and, if so, how she had subsequently remembered them. RESULTS: Twenty-one and six-tenths percent of respondents reported having sexually coercive experiences while growing up; of these, 69.0% indicated that they felt they had been sexually abused. More than one-fourth of respondents who felt sexually abused reported that they had forgotten the abuse for some period of time but later remembered it on their own. Only 1.8% of women

self-described as sexually abused reported remembering the abuse with the help of a therapist or other professional person. CONCLUSIONS: The findings indicate that, among women who report CSA, forgetting and subsequently remembering abuse experiences is not uncommon. According to the women surveyed, however, very few (1.8%) of those who felt abused recovered memories of CSA with help from therapists or other professionals. As one of the few studies of CSA memories in a nationally representative sample, this study suggests that therapist-assisted recall is not a major source of CSA memories among women in the US general population.

Wilson J. Family breakdown - how important is it for British general practice? *Br J Gen Pract* 2004; 54(504):558-9.

Wilson JJ, Pine DS, Cargan A, Goldstein RB, Nunes EV, Weissman MM.

Neurological soft signs and disruptive behavior among children of opiate dependent parents. *Child Psychiatry Hum Dev* 2003; 34(1):19-34. Abstract: The present study investigates the relationship between neurological soft signs and psychiatric symptoms among children of opiate dependent parents. A consecutive series of 102 children of opiate dependent parents received standardized psychiatric and neurological assessments. Symptoms of externalizing but not internalizing disorders associated with poor performance on the soft sign exam, controlling for age, intelligence, and socioeconomic status. Given the importance of externalizing disorders in the development of substance use disorders, studies of children at high risk for substance use disorder should also consider screening and assessment of children for soft neurological signs.

Wilson P, McConnachie A, O'Donnell CA, Ross S, Moffat KJ, Drummond N. Assessing dissatisfaction with an out of hours service: reasons and remedies. *Health Bull (Edinb)* 2001; 59(1):37-44.

Abstract: OBJECTIVE: To identify characteristics associated with dissatisfaction following contact with an out of hours co-operative in Glasgow, and to identify reasons for this dissatisfaction. To make recommendations for good practice in the light of these findings. DESIGN: Survey of attenders during one week of operation of an out of hours co-operative. Analysis of factors associated with dissatisfaction. SETTING: The Glasgow Emergency Medical Service, October 1996. SUBJECTS: Questionnaires were received from 1115 patients or their carers, representing a 69.3% response rate. RESULTS: Dissatisfaction was associated with unmet expectations, particularly among those expecting home visits. Parents of young children, more affluent patients, and those experiencing problems with daytime services also tended to be dissatisfied. Seventy four (7%) respondents indicated that they were very dissatisfied with aspects of the service. A high

proportion of this dissatisfaction was related to telephone contact. Transport to out of hours centres caused problems for some patients, particularly for those with young children. Perceptions of dismissive attitudes by medical staff, and of incorrect diagnoses and treatment were causes of strong dissatisfaction. Patients with adverse medical outcomes were also likely to be very dissatisfied. **CONCLUSION:** Clear reasons for dissatisfaction were found among our sample. In most cases, remedial management action could be taken to reduce the likelihood of major dissatisfaction with the service.

Wimmer H, Hutzler F, Wiener C. Children with dyslexia and right parietal lobe dysfunction: event-related potentials in response to words and pseudowords. *Neurosci Lett* 2002; 331(3):211-3. Abstract: Hari and Renvall (*Trends Cogn. Sci.*, 5 (2001) 525) proposed that dyslexic children suffer from sluggish attention deployment due to a right parietal lobe dysfunction. To examine this hypothesis, good and poor readers (12, 11-year-old boys in each group) had to read familiar words (low attentional demand) and pseudowords (high attentional demand). The amplitude of the event-related potential at around 100 ms post-stimulus (N1) in response to words and pseudowords was used as measure of attention deployment. Consistent with the attention deficit/right parietal lobe dysfunction hypothesis, poor readers showed lower N1 amplitudes in response to pseudowords, but not in response to words at central sites of the right hemisphere. However, poor readers also showed lower N1 amplitudes to both words and pseudowords at left frontal sites suggestive of an early deficit in activating phonological codes.

Wind M, Bobelijn K, De Bourdeaudhuij I, Klepp KI, Brug J. A qualitative exploration of determinants of fruit and vegetable intake among 10- and 11-year-old schoolchildren in the low countries. *Ann Nutr Metab* 2005; 49(4):228-35. Abstract: **BACKGROUND:** For the development of fruit and vegetable promotion interventions, insight is needed into determinants of health behaviour. This study presents results of focus group interviews held with 10- to 11-year-old schoolchildren from Ghent (Belgium-Flanders) and Rotterdam (the Netherlands) to explore personal beliefs and motivations and environmental factors related to schoolchildren's fruit and vegetable intake, to inform the Pro Children intervention development. **METHODS:** Twelve focus groups were held with 92 schoolchildren. The interviews were recorded and transcribed and NVivo was used to analyse the transcripts. **RESULTS:** Positive health beliefs, taste preferences, lack of knowledge and practical barriers were identified as personal factors related to fruit and vegetable intake. Home and school availability of fruits and vegetables, as well as parenting practices were identified as important environmental factors. **CONCLUSION:** A

fruit and vegetable promotion intervention should aim to increase fruit and vegetable accessibility and should include educational and motivational activities tailored to these personal and environmental factors. These indications should be further evaluated in quantitative research among representative samples.

Wise LA, Zierler S, Krieger N, Harlow BL. Adult onset of major depressive disorder in relation to early life violent victimisation: a case-control study. *Lancet* 2001; 358(9285):881-7. Abstract: **BACKGROUND:** Major depressive disorder is a significant cause of morbidity among women in the USA. Women are twice as likely as men to be diagnosed with major depressive disorder, yet no known risk factors can account for this sex difference. We aimed to assess violent victimisation as a risk factor for depression in women. **METHODS:** We undertook a case-control study to assess the association between violent victimisation early in life and major depressive disorder in women. We randomly selected a population-based sample of women, aged 36-45 years, from the greater Boston area. In 1999, 236 cases and 496 controls (n=732) completed a self-administered questionnaire designed to ascertain a lifetime history of exposure to violent victimisation. Our main outcome measure was major depressive disorder, assessed by structured clinical interview for Diagnostic Statistical Manual IV (DSM-IV) criteria. **FINDINGS:** 363 (50%) of 732 respondents reported experience or fear of abuse as a child or adolescent. 68 were excluded because they reported violence as an adult only. Compared with women who reported no abuse, risk of depression was increased in women who reported any abuse as a child or adolescent (relative risk 2.5, 95% CI 1.9-3.0), physical abuse only (2.4, 1.8-3.0), sexual abuse only (1.8, 1.2-2.8), and both physical and sexual abuse (3.3, 2.5-4.1). Severity of abuse had a linear dose-response relation with depression. **INTERPRETATION:** Our results suggest a positive association between violent victimisation early in life and major depressive disorder in women.

Wise PH. The transformation of child health in the United States. *Health Aff (Millwood)* 2004; 23(5):9-25. Abstract: Social trends and medical progress have fueled major changes in the epidemiology of child health in the United States. Injuries remain a major contributor to childhood illness and death. However, among noninjury causes, chronic illness now accounts for the majority of children's hospital days and deaths. Although mortality rates for all children have fallen dramatically, social disparities persist. Approximately half of all excess deaths among African American children occur during infancy, primarily from extremely premature births, and the remaining portion, primarily from homicide and serious chronic conditions. These challenges may require changes in today's child health practices and policies.

Witte C. Cord blood storage: property and liability issues. *J Leg Med* 2005; 26(2):275-92.

Wocial LD. Neonatal care for premature infants. *Hastings Cent Rep* 2005; 35(1):6-7; author reply 7. Notes: GENERAL NOTE: KIE: KIE Bib: allowing to die/infants; patient care/minors

Wolak J, Finkelhor D, Mitchell K. Internet-initiated sex crimes against minors: implications for prevention based on findings from a national study. *J Adolesc Health* 2004; 35(5):424.e11-20. Abstract: PURPOSE: To describe the characteristics of episodes in which juveniles became victims of sex crimes committed by people they met through the Internet. METHODS: A national survey of a stratified random sample of 2574 law enforcement agencies conducted between October 2001 and July 2002. Telephone interviews were conducted with local, state, and federal law enforcement investigators concerning 129 sexual offenses against juvenile victims that originated with online encounters. RESULTS: Victims in these crimes were primarily 13- through 15-year-old teenage girls (75%) who met adult offenders (76% older than 25) in Internet chat rooms. Most offenders did not deceive victims about the fact that they were adults who were interested in sexual relationships. Most victims met and had sex with the adults on more than one occasion. Half of the victims were described as being in love with or feeling close bonds with the offenders. Almost all cases with male victims involved male offenders. Offenders used violence in 5% of the episodes. CONCLUSIONS: Health care professionals and educators, parents and media need to be aware of the existence, nature and real life dynamics of these online relationships among adolescents. Information about Internet safety should include frank discussion about why these relationships are inappropriate, criminal, and detrimental to the developmental needs of youth.

Wolak J, Mitchell KJ, Finkelhor D. Escaping or connecting? Characteristics of youth who form close online relationships. *J Adolesc* 2003; 26(1):105-19. Abstract: We used data from a US national sample of Internet users, ages 10-17 (N=1501), to explore the characteristics of youth who had formed close relationships with people they met on the Internet (n=210). Girls who had high levels of conflict with parents or were highly troubled were more likely than other girls to have close online relationships, as were boys who had low levels of communication with parents or were highly troubled, compared to other boys. Age, race and aspects of Internet use were also related. We know little about the nature or quality of the close online relationships, but youth with these sorts of problems may be more vulnerable to online exploitation and to other possible ill effects of online relationships. At the same time, these relationships may

have helpful aspects.

Wolchik SA, Sandler IN, Millsap RE *et al*. Six-year follow-up of preventive interventions for children of divorce: a randomized controlled trial. *JAMA* 2002; 288(15):1874-81.

Abstract: CONTEXT: Compared with their peers with nondivorced parents, adolescents with divorced parents are more likely to have mental health problems, drop out of school, and become pregnant. The long-term effects of intervention programs for this population are unknown. OBJECTIVE: To evaluate the long-term effectiveness of 2 programs designed to prevent mental health problems in children with divorced parents. DESIGN AND SETTING: Six-year follow-up of a randomized controlled trial of 2 intervention programs (mother program: 11 group and 2 individual sessions; mother plus child program: mother program and 11 group sessions for children) and a control condition (books on postdivorce adjustment), which was conducted in a large metropolitan US city from April 1998 through March 2000. PARTICIPANTS: A total of 218 families (91% of the original sample) with adolescents aged between 15 and 19 years were reinterviewed. MAIN OUTCOME MEASURES: Externalizing and internalizing problems, diagnosed mental disorders, drug and alcohol use, and number of sexual partners. RESULTS: Eleven percent of adolescents in the mother plus child program (95% confidence interval [CI], 3.8%-18.2%) had a 1-year prevalence of diagnosed mental disorder compared with 23.5% (95% CI, 13.8%-33.2%) of adolescents in the control program (P =.007). Adolescents in the mother plus child program had fewer sexual partners (mean [SE], 0.68 [0.16]) compared with adolescents in the control program (1.65 [0.37]; P =.01). Adolescents with higher initial mental health problems whose families were in the mother plus child program had lower externalizing problems (P =.007) and fewer symptoms of mental disorder (P =.02) compared with those in the control program. Compared with controls, adolescents whose mothers participated in the mother program and who had higher initial mental health problems had lower levels of externalizing problems (P<.001); fewer symptoms of mental disorder (P =.005); and less alcohol (P =.005), marijuana (P =.02), and other drug use (P =.01). CONCLUSIONS: In adolescents of divorced parents, the mother program and the mother plus child program reduced symptoms of mental disorder; rates of diagnoses of mental disorder; levels of externalizing problems; marijuana, alcohol, and other drug use; and number of sexual partners.

Wolf LE, Lo B, Beckerman KP, Dorenbaum A, Kilpatrick SJ, Weintrub PS. When parents reject interventions to reduce postnatal human immunodeficiency virus transmission. *Arch Pediatr Adolesc Med* 2001; 155(8):927-33.

Abstract: In a recent Oregon case, the state successfully

sued for custody of an infant to prevent his human immunodeficiency virus (HIV)-infected mother from breastfeeding him and to require antiretroviral prophylaxis. As more HIV-infected women give birth, pediatricians may increasingly face dilemmas when parents reject medical recommendations to forego breastfeeding and to administer antiretroviral prophylaxis to the infant. Such disagreements create ethical dilemmas because pediatricians have an obligation to both protect the infant and respect parental decision making. Pediatricians need to balance these obligations in deciding whether to ask the courts to intervene on the infant's behalf. To that end, we analyze the legal and ethical issues that arise when an HIV-infected mother refuses interventions to reduce neonatal transmission of HIV to her infant, provide an approach for addressing these disagreements, and present illustrative scenarios in which pediatricians should, may, and should not seek a court order to intervene.

Wolf RC, Bond KC. Exploring similarity between peer educators and their contacts and AIDS-protective behaviours in reproductive health programmes for adolescents and young adults in Ghana. *AIDS Care* 2002; 14(3):361-73.  
Abstract: This analysis explores the similarity between peer educators and their contacts. To examine interpersonal communication in the context of peer education, this study tested a new approach using multiple semi-structured interviews and network analysis to collect data from 106 peer educators and 526 of their contacts. These evaluation activities were conducted at three sites in Ghana during April 1998, in peri-urban and rural locations, and in in-school and out-of-school targeted settings. It was found that in their peer counselling and peer promotion activities peer educators tend to reach people who are like themselves (53% within 2 years of age, 59% same sex, 70% same ethnicity, and 65% same school status) however, this trend is not uniform among all youth and varies by demographic characteristics and their cultural environment. By examining the social networks of peer educators, it is possible to gain a better understanding of the process of peer education counselling in the context in which it occurs. The study also shows that controlling for other factors, contacts of peer educators who are highly similar regarding age, sex, ethnicity, and school status, are 1.74 times more likely (95% CI: 1.18, 2.56) to have done something to protect themselves from AIDS in the past three months. The results have relevance for programme managers and planners, researchers, and international agencies serving youth.

Wolfe DA, Scott K, Wekerle C, Pittman AL. Child maltreatment: risk of adjustment problems and dating violence in adolescence. *J Am Acad Child Adolesc Psychiatry* 2001; 40(3):282-9.  
Abstract: OBJECTIVE: To examine the relationship

between child maltreatment, clinically relevant adjustment problems, and dating violence in a community sample of adolescents. METHOD: Adolescents from 10 high schools (N= 1,419; response rate = 62%) in southwestern Ontario completed questionnaires that assessed past maltreatment, current adjustment, and dating violence. Logistic regression was used to compare maltreated and nonmaltreated youths across outcome domains. RESULTS: One third (n = 462) of the school sample reported levels of maltreatment above the cutoff score on the Childhood Trauma Questionnaire. Girls with a history of maltreatment had a higher risk of emotional distress compared with girls without such histories (e.g., odds ratios [OR] for anger, depression, anxiety, and posttraumatic stress-related problems were 7.1, 7.2, 9.3, and 9.8, respectively). They were also at greater risk of violent and nonviolent delinquency (OR = 2.7) and carrying concealed weapons (OR = 7.1). Boys with histories of maltreatment were 2.5 to 3.5 times as likely to report clinical levels of depression, posttraumatic stress, and overt dissociation as were boys without a maltreatment history. They also had a significantly greater risk of using threatening behaviors (OR = 2.8) or physical abuse (OR = 3.4) against their dating partners. CONCLUSIONS: Maltreatment is a significant risk factor for adolescent maladjustment and shows a differential pattern for male and female adolescents.

Woltersdorf M. [Post-traumatic stress disorder in police with long-term exposure to homicide and child abuse. A previously unrecognized occupational disease exemplified by 2 case reports]. *Psychiatr Prax* 2003; 30 Suppl 2:S88-9.  
Abstract: In this paper we discuss two cases of PTSD of policemen according to their occupational duties.

Wolfram-Gabel R, Sery FG, Sick H. Microvascularisation of the male urethra in neonates and infants. *Surg Radiol Anat* 2004; 26(6):488-93.  
Abstract: The microvascularisation of the male urethra was studied in neonates and infants by injection of agarised China ink into the circulation. The purpose of this study was to specify the angioarchitecture of each tunic of the urethral wall. The disposition of the microvascularisation networks varies depending on the urethral parts considered: only the mucous membrane networks are uniform throughout the entire urethra. The sub-mucous networks are significantly increased in the spongy part. The muscular networks disappear in the spongy part.

Wolfram-Gabel R, Sick H. Microvascularization of the mucocutaneous junction of the eyelid in fetuses and neonates. *Surg Radiol Anat* 2002; 24(2):97-101.  
Abstract: The aim of this study was to specify the microvascularization of the junctional region between the integuments of the superficial surface of the free

margin of the eyelid and the palpebral conjunctival mucosa. The study was carried out using histological or transparified slices of upper and lower eyelids taken from fetuses and neonates, in which the vascular system was injected with agarized China ink. The mucocutaneous junction of the eyelid is located at the posterior border of the free margin and extends to its deep surface. It has vascular similarities to the oral cavity and the nasal pyramid. Under a thickened avascular epithelium, there is a papillary network composed of characteristic loops that are less raised than in the lips but more developed than in the nose. The superficial and deep vascular reticular networks are comparable in fundamental arrangement to those of other junctional zones. Thus, the palpebral mucocutaneous junction shows cutaneous-type microvascularization, just like the other junctional zones of the head.

Wolfram-Gabel R, Sick H. Microvascularization of the mucocutaneous junction of the nose. *Surg Radiol Anat* 2002; 24(1):27-32.

Abstract: The aim of this study was to describe the microvascularization of the area of junction located between the integuments of the nasal ala and the respiratory mucosa. This study is part of an overall study on the microvascularization of the mucocutaneous junctions of the head. It was undertaken on histological or clarified sections of noses from fetuses, newborns and adults whose vascular system was injected with Indian ink agar. The mucocutaneous junction of the nose shows similarities with the mucocutaneous junction of the oral cavity. Under a well-defined avascular and thick epithelium lies a vascular papillary network with typical loops less high than in the lips. The angioarchitectonics of superficial and deep vascular reticular networks is similar to that of the lips but they are less dense.

Wolfram-Gabel R, Sick H. Microvascularization of the mucocutaneous junctions of the head in fetuses and neonates. *Cells Tissues Organs* 2002; 171(4):250-9.

Abstract: The mucocutaneous junctions of the head (oral, nasal and palpebral) are transitional zones between the integuments and the mucosa. Their microvascularization is studied in the heads of fetuses and neonates by injection of agarized China ink into the vascular system. These zones are situated deep with respect to the free edge of the oral or nasal cavity or relative to the free margin of the eyelid. They present cutaneous-type microvascularization with a papillary network and reticular networks. Long capillary loops connected to the deep reticular network are their main feature. In the lips and eyelids, the morphology of the networks and their relationship with the orbicular muscles are suggestive of a functional structure.

Wolfson DR, McNally DS, Clifford MJ, Vloeberghs M. Rigid-body modelling of shaken baby syndrome. *Proc*

*Inst Mech Eng [H]* 2005; 219(1):63-70.

Abstract: Recent reassessment of the literature on the shaken baby syndrome (SBS) has revealed a lack of scientific evidence and understanding of all aspects of the syndrome. In particular, studies have been unable to clarify the mechanisms of injury, indicating that impact, rather than shaking alone, is necessary to cause the type of brain damage observed. Rigid-body modelling (RBM) was used to investigate the effect of neck stiffness on head motion and head-torso impacts as a possible mechanism of injury. Realistic shaking data obtained from an anthropometric test dummy (ATD) was used to simulate shaking. In each study injury levels for concussion were exceeded, though impact-type characteristics were required to do so in the neck stiffness study. Levels for the type of injury associated with the syndrome were not exceeded. It is unlikely that further gross biomechanical investigation of the syndrome will be able to significantly contribute to the understanding of SBS. Current injury criteria are based on high-energy, single-impact studies. Since this is not the type of loading in SBS it is suggested that their application here is inappropriate and that future studies should focus on injury mechanisms in low-energy cyclic loading.

Wolke D, Samara MM. Bullied by siblings: association with peer victimisation and behaviour problems in Israeli lower secondary school children. *J Child Psychol Psychiatry* 2004; 45(5):1015-29.

Abstract: BACKGROUND: The association of bullying victimisation by siblings with a) involvement in bullying at school and b) behaviour problems among lower secondary school children in Israel was investigated. METHOD: Self-report questionnaires of sibling victimisation, peer bullying experiences and behaviour problems were completed by 921 pupils aged 12-15 (mean age 13.7 years). RESULTS: Of the sample, 16.2% were directly bullied by their siblings at home and 11.9% were direct victims of bullying by peers at school every week. More than half of victims of bullying by siblings (50.7%) were also involved in bullying behaviour at school compared to only 12.4% of those not victimised by siblings, indicating a strong link between intrafamilial and extrafamilial peer relationships. Children with poor sibling and peer relationships were at a highly increased risk for behaviour problems. Ethnic (Israeli Jewish vs. Arab) and sex differences were small compared to the effects of sibling relationship on behaviour problems. CONCLUSION: Intervention strategies directed at reducing bullying in school should take into account pupils' experiences of victimisation by siblings at home.

Wolke D, Woods S, Stanford K, Schulz H. Bullying and victimization of primary school children in England and Germany: prevalence and school factors. *Br J Psychol* 2001; 92(Pt 4):673-96.

Abstract: Differences in definitions and methodologies



for assessing bullying in primary school children between countries have precluded direct comparisons of prevalence rates and school factors related to bullying. A total of 2377 children in England (6-year-olds/Year 2: 1072; 8-year-olds/Year 4: 1305) and 1538 in Germany (8-year-olds/Year 2) were questioned individually using an identical standard interview. In both countries the types of bullying to victimize others were similar: boys were most often perpetrators, most bullies were also victims (bully/victims), most bullying occurred in playgrounds and the classroom, and SES and ethnicity only showed weak associations with bullying behaviour. Major differences were found in victimization rates with 24% of English pupils becoming victims every week compared with only 8% in Germany. In contrast, fewer boys in England engaged every week in bullying (2.5-4.5%) than German boys (7.5%), while no differences were found between girls. In England, children in smaller classes were more often victimized. Further study of the group of bully/victims, schooling differences in England vs. Germany and implications for prevention of bullying are discussed.

Woller W, Kruse J. [Personality disorders and psychopathology following trauma. Reflection on diagnostic classification]. *Nervenarzt* 2003; 74(11):972-6.

Abstract: Pervasive personality disorders have been shown to be long-term sequelae of cumulative childhood physical and sexual traumatization. This finding is not reflected in DSM-IV and ICD-10 classifications where post-traumatic stress disorder is confined to intrusions, avoidance, numbing, and hyperarousal. However, there is growing evidence that trauma etiology should be taken into account in planning treatment for personality disorders. It is not yet clear whether childhood traumatization is more strongly associated with borderline personality disorder than with other personality disorders. The finding of a substantial overlap between borderline personality disorder and dissociative identity disorder gives rise to discussions concerning the relationship of these two pathologies.

Wong JP, Stewart SM, Ho SY, Rao U, Lam TH. Exposure to suicide and suicidal behaviors among Hong Kong adolescents. *Soc Sci Med* 2005; 61(3):591-9. Abstract: Suicidal behaviors (deliberate self-injury with the intent to hurt or kill oneself) have been little examined outside the West. The aims of this study were to (a) determine the correlates of suicidal behaviors, and (b) examine whether depression and suicide ideation moderated the effects of exposure to completed and attempted suicide on suicidal behaviors among a community sample of Hong Kong youth ages 12-17. Adolescents responded to questions regarding self-injurious behaviors, and also indicated presence of intention to hurt or kill themselves in the past 12 months. Based on their responses, two groups of

interest were formed: 96 youths reported both self-injurious behaviors and the intent to hurt or kill themselves, and formed the "suicidal behaviors" group; and, 1213 adolescents reported neither self-injurious behaviors nor intent to hurt self or die, and formed the control group. The participants also responded to questions about depressive symptoms, anxiety, suicidal ideation and attempt, alcohol/drug use, stressful life events, and family relationships. They indicated whether anyone they knew had attempted or completed suicide in the previous 12 months. Logistic regression indicated that depressive symptoms, stressful life events, suicidal ideation and exposure to suicide attempt (but not completed suicide) contributed unique variance to the presence of suicidal behaviors, after controlling for demographic variables. Depression (and at trend levels, suicidal ideation) moderated the effect of exposure to suicide attempt by others on suicidal behaviors. Our results indicate that completed suicide in the social network increases risk for suicidal behaviors, but not when other risk factors are controlled. By contrast, a suicide attempt independently increases risk for suicidal behaviors. Furthermore, those youths who experience depressive symptoms or suicidal ideation are at particularly high risk for engaging in suicidal behaviors when an exposure to suicide attempt occurs.

Wong WC. Acceptability study of sex workers attending the HIV/ AIDS clinic in Ruili, China. *Asia Pac J Public Health* 2003; 15(1):57-61.

Abstract: A charitable clinic was set up to provide HIV/STD education and care to commercial sex workers in Ruili. Despite regular promotion of the clinic, few people had utilised the service. Therefore, a qualitative study was carried out among 89 sex workers between March and April 2001 to look at the background of our target group, their medical-seeking behaviours and the range of services expected. The turnover rates of sex workers were high. They had good awareness but poor knowledge of STD/HIV. Many self-medicated or sought advice from peers. They had a serious concern for private practitioners or the quality of drugs from pharmacy stores. They found our clinic inconvenient and did not meet their needs. Subsequently, we refurbished the clinic, implemented changes and retrained our staff. The number of patients treated three weeks after re-opening of the clinic has increased by three folds, with many of them still sex workers, and the clinic's income increased by 58%. Our experience has important implications for policymakers and other NGOs working with sex workers.

Woo P. Cytokines and juvenile idiopathic arthritis. *Curr Rheumatol Rep* 2002; 4(6):452-7.

Abstract: Cytokines are a large group of polypeptides and small proteins that are effector molecules for cells involved in immune and inflammatory responses. There are agonists and antagonists that interact with each other to maintain a dynamic equilibrium, and

ensure eventual recovery of any perturbation, for example, by trauma or infection, of the network toward inflammation. The imbalance between pro- and anti-inflammatory cytokines and the T helper cell subtypes is considered important in the pathogenesis of autoimmune diseases, including juvenile idiopathic arthritis. The measurement of cytokines and chemotactic cytokines in body fluids and synovial tissue has provided insight into the type of immune and inflammatory reaction and the possible presence or absence of regulation. Differences between subtypes of juvenile idiopathic arthritis have been identified with these measurements. But cytokine measurements in serum are not useful for diagnostic purposes, because of the variability during 24 hours, the collection and assay methods, as well as the ease of degradation for most cytokines. The recent interest in the genetic polymorphisms of cytokine genes and their association with juvenile idiopathic arthritis has provided association with a number of cytokine alleles. Confirmation of linkage with disease is only available for tumor necrosis factor and interleukin-6 at present. These genetic variants may be the basis of genetic susceptibility to the persistent imbalance in the inflammatory and immune networks, and determine the phenotype and severity of disease.

Wood D. Effect of child and family poverty on child health in the United States. *Pediatrics* 2003; 112(3 Part 2):707-11.

Abstract: Poverty has been described as an economic state that does not allow for the provision of basic family and child needs, such as adequate food, clothing, and housing. However, the debate about the effects of poverty on the growth, development, and health of children is as much involved with the culture or general context of poverty as it is with the economics of poverty. This culture of poverty is in part mediated through environmental deprivations, such as failing schools, gangs, drugs, violence, and struggling families. Hecl(1) described this sociocultural and environmental dimension of poverty as "a condition of misery, hopelessness, and dependency." The subject of this article is to review the literature on the effects of poverty on US children as mediated through economic, ecologic, and family influences.

Wood DL. Increasing immunization coverage. *American Academy of Pediatrics Committee on Community Health Services. American Academy of Pediatrics Committee on Practice and Ambulatory Medicine. Pediatrics* 2003; 112(4):993-6. Notes: CORPORATE NAME: American Academy of Pediatrics Committee on Community Health Services CORPORATE NAME: American Academy of Pediatrics Committee on Practice and Ambulatory Medicine

Abstract: Despite many recent advances in vaccine delivery, the goal for universal immunization set in 1977 has not been reached. In 2001, only 77.2% of US

toddlers 19 to 35 months of age had received their basic immunization series of 4 doses of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine, 3 doses of inactivated poliovirus vaccine, 1 dose of measles-mumps-rubella (MMR) vaccine, and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine. Children who are members of a racial or ethnic minority, who are poor, or who live in inner-city or rural areas have lower immunization rates than do children in the general population. Additional challenges to vaccine delivery include the introduction of new childhood vaccines, ensuring a dependable supply of vaccines, bolstering public confidence in vaccine safety, and sufficient compensation for vaccine administration. Recent research has demonstrated specific and practical changes physicians can make to improve their practices' effectiveness in immunizing children, including the following: 1) sending parent reminders for upcoming visits and recall notices; 2) using prompts during all office visits to remind parents and staff about immunizations needed at that visit; 3) repeatedly measuring practice-wide immunization rates over time as part of a quality improvement effort; and 4) having in place standing orders for registered nurses, physician assistants, and medical assistants to identify opportunities to administer vaccines. Pediatricians should work individually and collectively at local and national levels to ensure that all children receive all childhood immunizations on time. Pediatricians also can proactively communicate with parents to ensure they understand the overall safety and efficacy of vaccines.

Woodruff TJ, Parker JD, Kyle AD, Schoendorf KC. Disparities in exposure to air pollution during pregnancy. *Environ Health Perspect* 2003; 111(7):942-6.

Abstract: Previous research shows poorer birth outcomes for racial and ethnic minorities and for persons with low socioeconomic status (SES). We evaluated whether mothers in groups at higher risk for poor birth outcomes live in areas of higher air pollution and whether higher exposure to air pollution contributes to poor birth outcomes. An index representing long-term exposure to criteria air pollutants was matched with birth certificate data at the county level for the United States in 1998-1999. We used linear regression to estimate associations between the air pollution index and maternal race and educational attainment, a marker for SES of the mother, controlling for age, parity, marital status, and region of the country. Then we used logistic regression models both to estimate likelihood of living in counties with the highest levels of air pollution for different racial groups and by educational attainment, adjusting for other maternal risk factors, and to estimate the effect of living in counties with higher levels of air pollution on preterm delivery and births small for gestational age (SGA). Hispanic, African-American, and Asian/Pacific Islander mothers experienced higher

mean levels of air pollution and were more than twice as likely to live in the most polluted counties compared with white mothers after controlling for maternal risk factors, region, and educational status [Hispanic mothers: adjusted odds ratio (AOR) = 4.66; 95% confidence interval (95% CI), 1.92-11.32; African-American mothers: AOR = 2.58; 95% CI, 1.00-6.62; Asian/Pacific Islander mothers: AOR = 2.82; 95% CI, 1.07-7.39]. Educational attainment was not associated with living in counties with highest levels of the air pollution index (AOR = 0.95; 95% CI, 0.40-2.26) after adjusting for maternal risk factors, region of the country, and race/ethnicity. There was a small increase in the odds of preterm delivery (AOR = 1.05; 95% CI, 0.99-1.12) but not SGA (AOR = 0.96; 95% CI, 0.86-1.07) in a county with high air pollution. Additional risk of residing in areas with poor air quality may exacerbate health problems of infants and children already at increased risk for poor health.

Woods CR. Syphilis in children: congenital and acquired. *Semin Pediatr Infect Dis* 2005; 16(4):245-57. Abstract: Syphilis rates in women and congenital syphilis rates have declined steadily in the United States in recent years. However, syphilis remains a worldwide public health problem, with more than 12 million cases in adults and more than half a million pregnancies affected yearly. Prenatal screening and treatment programs are limited or nonexistent in many developing countries. The genome of *Treponema pallidum*, one of the smallest among prokaryotes, has been sequenced, but methods for continuous *in vitro* cultivation of the microbe remain elusive. There are no promising candidates for future vaccines at this time. Serologic testing, for both specific treponemal and nontreponemal antibodies, continues to be a primary means of diagnosis. Penicillin remains the drug of choice for congenital and acquired syphilis in childhood. The diagnosis of syphilis beyond early infancy raises concerns for possible child sexual abuse, although progression of congenital syphilis may account for some cases. Syphilis is a potentially eradicable disease, but this can be achieved only with sustained international will and cooperation to fund the necessary screening and treatment programs.

Woolfenden S, Dossetor D, Williams K. Children and adolescents with acute alcohol intoxication/self-poisoning presenting to the emergency department. *Arch Pediatr Adolesc Med* 2002; 156(4):345-8. Abstract: OBJECTIVE: To describe the presentations, characteristics, and follow-up care of children and adolescents aged 10 to 18 years who present to emergency departments (EDs) with acute alcohol intoxication/self-poisoning. DESIGN: Retrospective medical record review. SETTING: Five EDs in Western Sydney, Australia. PARTICIPANTS: Patients aged 10 to 18 years who presented to EDs with acute alcohol intoxication/self-poisoning between January 1, 1996, and December 31, 2000. MAIN OUTCOME

MEASURES: Frequency of presentations; presentation characteristics; psychosocial characteristics; and presence or absence of follow-up. RESULTS: Two hundred twelve children and adolescents presented to EDs 216 times. Of the 212 patients, 49 (23%) were 14 years or younger, and the youngest was aged 10 years. The majority (82%) came after hours and were brought in by emergency services (77%). In 13% of presentations, verbal and/or physical aggression was present, and a threat of self-harm was present in 2% of cases. A mental health worker was consulted about the child or adolescent in only 6% of presentations. Most children and adolescents (85%) were discharged from the ED. Of concern, in 56% of presentations, a follow-up plan was not recorded. There was documentation of mental health follow-up in only 14% of presentations and follow-up from drug and alcohol services in only 1%. Forensic history, school functioning, and a history of past mental health problems were not documented in more than 60% of the medical records examined. CONCLUSIONS: When children or adolescents present to an ED with acute alcohol intoxication/self-poisoning, their risk factors for psychosocial dysfunction appear to be inadequately assessed, documented, and followed up. Clear guidelines for assessment and referral pathways must be established in EDs.

Woollard M, Jewkes F. 5 Assessment and identification of paediatric primary survey positive patients. *Emerg Med J* 2004; 21(4):511-7.

Workowski KA, Levine WC. Selected topics from the Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines 2002. *HIV Clin Trials* 2002; 3(5):421-33.

Worku A, Addisie M. Sexual violence among female high school students in Debarq, north west Ethiopia. *East Afr Med J* 2002; 79(2):96-9. Abstract: OBJECTIVES: To assess the prevalence, outcome and awareness of sexual violence among high school female students. DESIGN: A school-based cross-sectional survey. SETTING: Debarq Town, north-west Ethiopia. SUBJECTS: Two hundred and sixteen female high school students, grade 9-11 were included for the quantitative study. For the qualitative data, 16 individuals for the focus group discussion (10 well-recognised female figures in the town and six high school students) and head of the police department for in-depth interview were enrolled. RESULTS: Sixty two per cent of the respondents had heard of sexual violence committed on young females. Sexual violence was reported by 65.3% of the respondents. The prevalence of performed and attempted rape were 8.8% and 11.5%, respectively. The age range of performed rape victims was between 12 and 21 years. Of the 19 (8.8%) who reported rape being performed on them, unwanted pregnancy, suicide attempt, vaginal

discharge and abortion were the consequences in 21%, 15.8%, 10.5% and 5.3%, respectively. CONCLUSION: Sexual violence is a major public health problem with high rates of underreporting. Sex education should be given on a regular basis and policy making bodies and the police be well aware of this high magnitude and take strong measures to reduce it.

Worobey J, Pisuk J, Decker K. Diet and behavior in at-risk children: evaluation of an early intervention program. *Public Health Nurs* 2004; 21(2):122-7. Abstract: This study describes outcomes for children enrolled in the Prevention-Oriented System for Child Health Project, an early intervention program aimed at improving health and developmental status in at-risk families. Through a series of home visits by public health nurses, 60 families received lessons on nutrition- and health-related topics determined by the child and family's needs. On two occasions, some 8 months apart, the children were evaluated using the Developmental Assessment of Young Children, and their energy intake over the previous day was recorded. Analyses of the dietary and behavioral records indicated that the children's scores on the physical subtest improved significantly. A number of nutrition-development associations were found at follow-up, suggesting that the intervention was successful. Implications of the results for at-risk children are discussed.

Wozniak J, Biederman J, Kwon A *et al.* How cardinal are cardinal symptoms in pediatric bipolar disorder? An examination of clinical correlates. *Biol Psychiatry* 2005; 58(7):583-8. Abstract: BACKGROUND: The main goal of this study was to test whether the hypothesized cardinal symptom of euphoria results in differences in clinical correlates in bipolar youth ascertained with no a priori assumptions about cardinal symptoms. METHODS: Subjects (n = 86) satisfying DSM-IV criteria for bipolar disorder with and without the proposed cardinal symptom of euphoria were compared in their bipolar symptom pattern, functioning and patterns of comorbidity. RESULTS: Among Criterion A (abnormal mood), we found that severe irritability was the predominant abnormal mood rather than euphoria (94% vs. 51%). We also found that among Criterion B items, grandiosity was not uniquely overrepresented in youth with mania, nor did the rate of grandiosity differ whether irritability or irritability and euphoria were the Criterion A mood symptom. Neither symptom profile, patterns of comorbidity nor measures of functioning differed related to the presence or absence of euphoria. CONCLUSIONS: These findings challenge the notion that euphoria represents a cardinal symptom of mania in children. Instead they support the clinical relevance of severe irritability as the most common presentation of mania in the young. They also support the use of unmodified DSM-IV criteria in establishing the diagnosis of mania in pediatric populations.

Wray J. Choice: fad or fashion? *Pract Midwife* 2005; 8(3):4-5.

Wray J. Confidentiality and teenage pregnancy--the affinity gap. *RCM Midwives* 2005; 8(12):493.

Wray J. Postnatal home visits: the parents' views. *Pract Midwife* 2004; 7(9):38-40.

Wray S, Levy-Milne R. Weight management in childhood: Canadian dietitians' practices. *Can J Diet Pract Res* 2002; 63(3):130-3. Abstract: Canadian dietitians specializing in pediatric practice were surveyed to provide a preliminary profile of the strategies they use to manage overweight youth. The survey was mailed to 298 dietitians belonging to the Dietitians of Canada's (DC) Pediatric Nutrition and Consulting Dietitians' Networks and to the head dietitians in Canadian pediatric hospitals across the country. It was also posted on the DC website and sent by electronic mail. Of the 164 respondents, 65 reported that they provide an intervention program to overweight youth. Growth charts, ideal body weight, and body mass index were mostly used to assess and monitor overweight. However, about 20% of the respondents did not define overweight in their client population. The majority of the clients were girls aged seven to 18. Most respondents used the healthful lifestyle approach via one-on-one consultation, included parents and collaborated with two or more health professionals for the management of these children. As the discussion on best practices for the prevention and treatment of overweight youth continues, we need further evidence to determine what strategies, if any, support positive outcomes in this group.

Wright C, Lee RE. Investigating perinatal death: a review of the options when autopsy consent is refused. *Arch Dis Child Fetal Neonatal Ed* 2004; 89(4):F285-8. Abstract: Autopsy remains the best method of investigating perinatal deaths. Recent years have, however, seen a decline in autopsy rates. This review looks at some of the options available for investigating perinatal deaths when the family decline to give consent for standard autopsy.

Wright DC, Woo WL, Muller RT, Fernandes CB, Kraftcheck ER. An investigation of trauma-centered inpatient treatment for adult survivors of abuse. *Child Abuse Negl* 2003; 27(4):393-406. Abstract: OBJECTIVE: The purpose of this study was to examine a comprehensive inpatient treatment program designed for adult survivors of childhood abuse with posttraumatic stress disorder (PTSD). METHOD: One hundred and thirty-two formerly abused individuals completed clinician-administered and self-administered measures of PTSD symptomatology at admission and discharge. All

participants experienced a range of physical, sexual, and/or emotional abuse as children prior to the age of 17. Approximately one-third of these individuals also completed measures at 3-months postdischarge and 1-year postdischarge. Data were collected using a clinician-administered PTSD measure and self-administered PTSD measure at admission and discharge. On admission, all participants met criteria for a diagnosis of PTSD. RESULTS: Analyses revealed that the program was effective in reducing symptoms from admission to discharge. Additionally, treatment gains were maintained at 1-year postdischarge. CONCLUSION: The findings of this investigation suggest that the current intensive inpatient group treatment program appears to reduce PTSD symptoms effectively for a sample of adult survivors of abuse.

Wright RJ, Steinbach SF. Violence: an unrecognized environmental exposure that may contribute to greater asthma morbidity in high risk inner-city populations. *Environ Health Perspect* 2001; 109(10):1085-9. Abstract: In the United States, rising trends in asthma prevalence and severity, which disproportionately impact minorities and the urban poor, have not been fully explained by traditional physical environmental risk factors. Exigencies of inner-city living can increase psychosocial risk factors (e.g., stress) that confer increased asthma morbidity. In the United States, chronic exposure to violence is a unique stressor existing in many high-risk urban neighborhoods. In this paper, we describe a series of cases that exemplify a temporal association between exposure to violence and the precipitation of asthma exacerbations in four urban pediatric patients. In the first three cases, the nature of the exposure is characterized by the proximity to violence, which ranged from direct victimization (through either the threat of physical assault or actual assault) to learning of the death of a peer. The fourth case characterizes a scenario in which a child was exposed to severe parental conflict (i.e., domestic violence) in the hospital setting. Increasingly, studies have begun to explore the effect of living in a violent environment, with a chronic pervasive atmosphere of fear and the perceived or real threat of violence, on health outcomes in population-based studies. Violence exposure may contribute to environmental demands that tax both the individual and the communities in which they live to impact the inner-city asthma burden. At the individual level, intervention strategies aimed to reduce violence exposure, to reduce stress, or to counsel victims or witnesses to violence may be complementary to more traditional asthma treatment in these populations. Change in policies that address the social, economic, and political factors that contribute to crime and violence in urban America may have broader impact.

Wrisley BA. Reframing the issue: a new child maltreatment prevention message. *N C Med J* 2005; 66(5):367-9.

Wu P, Hoven CW, Liu X, Cohen P, Fuller CJ, Shaffer D. Substance use, suicidal ideation and attempts in children and adolescents. *Suicide Life Threat Behav* 2004; 34(4):408-20. Abstract: Using data from a community sample of youth (N = 1,458; ages 9-17), this study assessed the association between adolescent substance use/abuse and suicidal behaviors. Suicide attempts were strongly associated with alcohol abuse and dependence, followed by frequent cigarette smoking. The associations remained significant even after controlling for depression. The associations between substance use/abuse and suicidal ideation were no longer significant after controlling for depression. These findings highlight the important role that substance use plays in adolescent suicidal behaviors.

Wuest J, Merritt-Gray M, Ford-Gilboe M. Regenerating family: strengthening the emotional health of mothers and children in the context of intimate partner violence. *ANS Adv Nurs Sci* 2004; 27(4):257-74. Abstract: Although concern for their children's well-being is pivotal in mothers' decisions to leave abusive partners, rarely is lone-parent family life after leaving framed as beneficial for family members' emotional health. In this feminist grounded theory study of family health promotion in the aftermath of intimate partner violence, we learned that families strengthen their emotional health by purposefully replacing previously destructive patterns of interaction with predictable, supportive ways of getting along in a process called regenerating family. These findings add to our knowledge of family development and how families promote their health when they have experienced intimate partner violence.

Wyatt J. Medical paternalism and the fetus. *J Med Ethics* 2001; 27 Suppl 2:ii15-20. Notes: GENERAL NOTE: KIE: Wyatt, John GENERAL NOTE: KIE: 14 refs. GENERAL NOTE: KIE: KIE Bib: abortion; fetuses; professional patient relationship Abstract: A number of developments in the medical field have changed the debate about the ethics of abortion. These developments include: advances in fetal physiology, the increase in neonatal intensive care and the survival rates of premature infants. This paper discusses the idea of selective termination and the effects that these decisions have on disabled people of today. It presents a critique of the counselling services that are provided for the parents of a disabled fetus and discusses how this is viewed from a social perspective. The article ends with an argument that the mother deserves to be autonomous in the decision of abortion. The easiest and most fair way to develop her autonomy is to consider the relationship between a professional and a mother as an expert-expert relationship. Here both parties are considered experts in diagnostic information, treatment options, possibilities, and their history, family roots, philosophy and way of life,

respectively.

Wylie JL, Jolly A. Patterns of chlamydia and gonorrhea infection in sexual networks in Manitoba, Canada. *Sex Transm Dis* 2001; 28(1):14-24. Abstract: BACKGROUND: The use of sexual network analysis has the potential to further our understanding of sexually transmitted disease (STD) epidemics and contribute to the development of more effective targeted control strategies. GOAL: To use sexual network analysis to study transmission patterns of chlamydia and gonorrhea in Manitoba, Canada. STUDY DESIGN: Routinely collected case/contact information gathered by public health nurses was used to construct the sexual network. RESULTS: Components within the sexual network ranged in size from 2 to 82 people. Two types of components, designated radial and linear, were described. Large linear components resembled the theoretical structure of STD core groups. Geographic analysis of the largest components demonstrated the potential for STD transmission between isolated rural communities and within different areas of an urban center. CONCLUSIONS: The application of sexual network analysis on a provincial basis demonstrated the importance of a centralized, coordinated approach to STD control. The analysis highlights the need for a greater understanding of the causative factors promoting the formation of different component types, the homogeneity and heterogeneity of behaviors within and between components, and the temporal stability of these patterns.

Yaghmai R, Kashani AH, Geraghty MT *et al.* Progressive cerebral edema associated with high methionine levels and betaine therapy in a patient with cystathionine beta-synthase (CBS) deficiency. *Am J Med Genet* 2002; 108(1):57-63. Abstract: Cystathionine beta-synthase (CBS) deficiency, the most common form of homocystinuria, is an autosomal recessive inborn error of homocysteine metabolism. Treatment of B6-nonresponsive patients centers on lowering homocysteine and its disulfide derivatives (tHcy) by adherence to a methionine-restricted diet. However, lifelong dietary control is difficult. Betaine supplementation is used extensively in CBS-deficient patients to lower plasma tHcy. With betaine therapy, methionine levels increase over baseline, but usually remain below 1,500 micromol/L, and these levels have not been associated with adverse effects. We report a child with B6-nonresponsive CBS deficiency and dietary noncompliance whose methionine levels reached 3,000 micromol/L on betaine, and who subsequently developed massive cerebral edema without evidence of thrombosis. We investigated the etiology by determining methionine and betaine metabolites in our patient, and several possible mechanisms for her unusual response to betaine are discussed. We conclude that the cerebral edema was most likely precipitated by the betaine

therapy, although the exact mechanism is uncertain. This case cautions physicians to monitor methionine levels in CBS-deficient patients on betaine and to consider betaine as an adjunct, not an alternative, to dietary control.

Yamada H. Japanese mothers' views of young children's areas of personal discretion. *Child Dev* 2004; 75(1):164-79.

Abstract: Sixty-four Japanese mothers of 3- to 6-year-olds were interviewed concerning their conceptions of children's areas of personal control. Mothers granted children choices regarding recreational activities, clothes, and friends to foster autonomy and competence, but they set limits around daily routines, recreational activities, and interpersonal confrontation based on moral, conventional, and prudential concerns. Mothers believed in reaffirming children's personal boundaries when children failed to follow through with their initial decisions. Mothers experienced conflict with children around daily routines and recreational activities and used various resolution strategies. Mothers perceived child resistance as egocentric whereas fewer considered it as establishing personal boundaries. Some age and gender differences were observed. Results supported the heterogeneity of social judgments and practices of individuals within cultures.

Yamawaki S. [Early childhood trauma and stress-related psychiatric disorders: neuroscience perspective]. *Seishin Shinkeigaku Zasshi* 2005; 107(5):506-13.

Abstract: Morphometric studies using magnetic resonance imaging have reported smaller than normal volumes of the hippocampus in stress-related psychiatric disorders such as major depression, post-traumatic stress disorders (PTSD) etc... On the other hand, epidemiological studies have suggested that early childhood trauma including child abuse and sexual abuse is associated with markedly elevated rates of major depression and PTSD. Psychoanalyst and child psychiatrists have reported that mother-child relationship and fostering environment in early childhood strongly affect the later mental development and increase the prevalence rate of various psychiatric disorders, but its biological mechanism has not been elucidated. Recent progress of neuroscience research has brought a possibility to elucidate molecular biological mechanism of this developmental psychological issue. The author reviews recent neuroscience researches focused on the effect of early childhood trauma on the stress vulnerability and the pathogenesis of stress-related psychiatric disorders.

Yancey AK, Siegel JM, McDaniel KL. Role models, ethnic identity, and health-risk behaviors in urban adolescents. *Arch Pediatr Adolesc Med* 2002; 156(1):55-61.

Abstract: BACKGROUND: The assumption that role models or mentors constructively influence adolescent

psychological functioning has prompted societal investment in mentoring programs. However, there has been little empirical evaluation of the relationship between role model or mentor characteristics and health behaviors. **OBJECTIVES:** To describe role model selection in urban adolescents and examine the relationships between role model characteristics, psychosocial functioning, and health-risk behaviors. **DESIGN:** Cross-sectional survey. **PARTICIPANTS:** A population-based, multiethnic sample of Los Angeles County adolescents aged 12 to 17 years was generated from a 3-stage, area-probability sampling frame. Of 877 adolescents identified, 749 are included in this analysis. **METHODS:** In-person, in-home interviews were conducted. **MAIN OUTCOME MEASURES:** Substance use, academic performance, and self-perception (measures of ethnic identity and self-esteem). Ethnic identity was measured by an adaptation of a scale developed by Phinney (*J Adolesc Res*. 1992;7:156-176) to assess commonalities across ethnic groups. **RESULTS:** Fifty-six percent of adolescents identified a role model. Higher levels of ethnic identity were associated with moving from identifying no role model to identifying a figure primarily available through the media to identifying a known individual, familial or nonfamilial ( $P < .001$ ). Having a role model, particularly an individual known to the adolescent, was also associated with higher self-esteem ( $P < .001$ ) and higher grades ( $P < .05$ ). For white males without custodial fathers, having a role model was associated with decreased substance use ( $P < .05$ ). **CONCLUSION:** Role model selection is associated with protective psychosocial characteristics.

Yang JW, Kuppermann N, Rosas A. Child abuse presenting as pseudorenal failure with a history of a bicycle fall. *Pediatr Emerg Care* 2002; 18(2):91-2.

Yates A. Biologic perspective on early erotic development. *Child Adolesc Psychiatr Clin N Am* 2004; 13(3):479-96, vi. **Abstract:** Neurobiologic researchers can understand children's sexuality in less moral and more biologic terms. Genetically programmed levels of neurotransmitters and hormones establish a baseline trajectory of erotic interest and activity across the lifespan. Environmental influences also contribute. Intense early stimulation can affect the brain and create a condition of hyper eroticism, whereas too little stimulation can limit the ability to bond and impair the sexual response. Children who are erotically challenged or challenging are viewed correctly as having a brain imbalance, rather than as victims or as being morally deficient. This should pave the way for more humane, objective, and effective interventions.

Yazicioglu M, Asan A, Ones U *et al*. Indoor airborne fungal spores and home characteristics in asthmatic children from Edirne region of Turkey. *Allergol Immunopathol*

(Madr) 2004; 32(4):197-203. **Abstract:** **BACKGROUND:** The contribution of indoor fungal exposure to childhood asthma is not completely clear. **OBJECTIVE:** To investigate airborne fungal flora within the homes of asthmatic and control children, and to assess the influence of housing characteristics regarding indoor fungi. **METHODS:** Forty-seven atopic asthmatic and 23 nonatopic control children were studied. Allergen sensitivity was determined by skin prick tests. A thorough assessment, using a questionnaire and inspection surveys, was carried out. Home visits were made between October 2000 and February 2001. Samples of airborne fungal spores were collected from four rooms by the "open Petri dish" method. Indoor temperature and humidity were measured. **RESULTS:** The total indoor fungal colony counts from the living rooms and bedrooms were significantly higher in the asthma group than in controls ( $p = .012$  and  $p = .003$ , respectively). The most commonly isolated genus was *Cladosporium*. Twelve of the asthmatic patients (25.53 %) were found to be sensitive to fungal allergens. The factors found to be associated with indoor fungal growth in logistic regression were visible fungal patches in the bathrooms [(odds ratio (OR) = 5.75; 95 % CI 1.19 to 27.70)], and the age of the house [OR = 4.24; 95 % CI 1.34 to 13.45]. Total fungal colony numbers did not correlate with indoor temperature or humidity. **CONCLUSION:** Fungal colony numbers were higher in the homes of asthmatic children than in those of controls. Therefore, indoor fungal exposure may contribute to childhood asthma. Bathrooms were the main source of fungal propagules. Old houses were more prone to fungal growth.

Ybarra ML, Mitchell KJ. Exposure to internet pornography among children and adolescents: a national survey. *Cyberpsychol Behav* 2005; 8(5):473-86. **Abstract:** Estimates suggest that up to 90% or more youth between 12 and 18 years have access to the Internet. Concern has been raised that this increased accessibility may lead to a rise in pornography seeking among children and adolescents, with potentially serious ramifications for child and adolescent sexual development. Using data from the Youth Internet Safety Survey, a nationally representative, cross-sectional telephone survey of 1501 children and adolescents (ages 10-17 years), characteristics associated with self-reported pornography seeking behavior, both on the Internet and using traditional methods (e.g., magazines), are identified. Seekers of pornography, both online and offline, are significantly more likely to be male, with only 5% of self-identified seekers being female. The vast majority (87%) of youth who report looking for sexual images online are 14 years of age or older, when it is developmentally appropriate to be sexually curious. Children under the age of 14 who have intentionally looked at pornography are more likely to report traditional exposures, such as magazines or movies. Concerns

about a large group of young children exposing themselves to pornography on the Internet may be overstated. Those who report intentional exposure to pornography, irrespective of source, are significantly more likely to cross-sectionally report delinquent behavior and substance use in the previous year. Further, online seekers versus offline seekers are more likely to report clinical features associated with depression and lower levels of emotional bonding with their caregiver. Results of the current investigation raise important questions for further inquiry. Findings from these cross-sectional data provide justification for longitudinal studies aimed at parsing out temporal sequencing of psychosocial experiences.

Ye DQ, Zhu JM, Zhang YQ *et al.* [A survey on violence among primary and secondary school students in Hefei city]. *Zhonghua Liu Xing Bing Xue Za Zhi* 2004; 25(1):6-8.

Abstract: **OBJECTIVE:** To explore the features of violence among primary and secondary school students in Hefei, and to set up intervention measures for violence prevention. **METHODS:** Four schools in Hefei were randomly sampled in the study. A total of 3064 students completed a questionnaire. **RESULTS:** 16.22% of the pupils reported having suffered from violence at least once every month. The rate was higher in boys than that in girls's ( $\chi^2 = 25.13, P = 0.000$ ). The major assaulters were from classmates (45.80%), with hand beating (37.42%), insulting (31.21%), threatening (20.88%), and 10.49% using sticks and sharp weapons. Most violence occurred at school (46.08%), followed by at home (28.41%) and outside of schools (25.51%), with significant difference ( $P = 0.000$ ). As a result, 3.33% ended up with fractures, and 0.51% with disability. 97 pupils reported having assaulted others frequently (3.21%). Being irritated (47.38%) was the major reason for the violence to occur. **CONCLUSION:** Violence among primary and secondary school students in Hefei city was serious that called for targeted education be strengthened and school environment be improved.

Yeole BB, Kumar AV, Kurkure A, Sunny L. Population-based survival from cancers of breast, cervix and ovary in women in Mumbai, India. *Asian Pac J Cancer Prev* 2004; 5(3):308-15.

Abstract: **BACKGROUND:** Breast, cervix and ovarian cancers contribute more than 45% of the total in women in Mumbai and survival proportions for these neoplasms are very high in most developed populations in the World. The authors here report and discuss the population-based survival for these cancers in Mumbai, India. **METHODS:** Follow-up information on 4865 cancers of breast, cervix and ovary, registered in the Mumbai Population Based Cancer Registry for the period 1992-1994 was obtained by a variety of methods, including matching with death certificates from the Mumbai vital statistics registration system, postal/telephone enquiries, home visits and scrutiny of

medical records. The survival for each case was determined as the duration between the date of diagnosis and date of death, date of loss to follow-up or the closing date of the study (December 31(st), 1999). Cumulative observed and relative survival was calculated by the Hakulinen Method. For comparison of results with other populations, age-standardized relative survival (ASRS) was calculated by directly standardizing age specific relative survival to the specific age distributions of the estimated global incidence of major cancers in 1985. The log rank test was used in univariate analysis to identify the potentially important prognostic variables. The variables showing statistical significance in univariate analysis were introduced stepwise into a Cox Regression model to identify the independent predictors of survival. **RESULTS:** The 5-year relative survival rates were 46.2% for breast, 47.7% for the cervix and 25.4% for the ovary. Higher survival was observed for those younger than 35 years for all these three sites. For each, survival declined with advancing age. Single patients who remained unmarried had better survival. For all sites Muslims had a better and Christians a lower survival as compared to Hindus. Education did not appear to be of significance. Survival decreased rapidly with advancing clinical extent of disease for all sites. With localized cancer, 5-year rates ranged from 54.7% to 69.3%, for regional spread 20.4% to 41.6% and distant metastasis not a single site recorded more than 5%. On multivariate analysis, age and extent of disease emerged as independent predictors of survival for all the sites. **CONCLUSION:** All the sites included in the study demonstrated moderate survival rates with significant variation. Comparison with other populations revealed lower survival rates as compared to developed countries, particularly for breast and ovary. In Indian populations survival proportions did not show much variation for these cancers. Early detection and treatment are clearly important factors to reduce the mortality from these cancers.

Yeole BB, Sunny L, Swaminathan R, Sankaranarayanan R, Parkin DM. Population-based survival from colorectal cancer in Mumbai, (Bombay) India. *Eur J Cancer* 2001; 37(11):1402-8.

Abstract: Survival estimates of patients registered by population-based cancer registries reflect the average prognosis from a given cancer as they are based on unselected patients with a wide range of natural histories and treatment patterns. In this paper, we report the survival experience of colorectal cancer patients in Mumbai (Bombay), India. Follow-up information on 1642 colorectal cancer patients registered by the Bombay Population-based Cancer Registry for the period 1987-1991 was obtained by matching with death certificates from the Bombay vital statistics registration system, postal/telephone enquiries, home visits and scrutiny of medical records. Cumulative observed and relative survival proportions



were calculated by Hakulinen's method. For comparison of results with other populations, age-standardised relative survival (ASRS) was calculated by directly standardising age-specific relative survival to the specific age distributions of the world standard cancer patient population in 1985. The log-rank test was used to identify the potential prognostic variables which were introduced step-wise into a Cox regression model to identify the independent predictors of survival. The 5-year relative survival was 36.6% for colon and 42.2% for rectal cancer. Age, site of cancer and clinical stage of disease emerged as independent predictors of survival. Age-specific 5-year relative survival declined with advancing age. Survival at 5 years was 61.2% for localised colon cancer; 31.9% for regional and 9.0% for distant metastatic disease. These were 65.7, 25.6 and 4.3%, respectively for rectal cancers. Comparison of the results with other populations revealed significant variations, which seem to be related to differences in detection and treatment. The prognosis from colorectal cancer in Mumbai and developing countries, may be further improved through early detection linked with treatment.

Yeung EK, Hsiao TC, Chiang HK, Lin CW. Prediction of burn healing time using artificial neural networks and reflectance spectrometer. *Burns* 2005; 31(4):415-20. Abstract: BACKGROUND: Burn depth assessment is important as early excision and grafting is the treatment of choice for deep dermal burn. Inaccurate assessment causes prolonged hospital stay, increased medical expenses and morbidity. Based on reflected burn spectra, we have developed an artificial neural network to predict the burn healing time. PURPOSE: Our study is to develop a non-invasive objective method to predict burn-healing time. METHODS AND MATERIALS: Burns less than 20% TBSA was included. Burn spectra taken on the third postburn day using reflectance spectrometer were analyzed by an artificial neural network system. RESULTS: Forty-one spectra were collected. With the newly developed method, the predictive accuracy of burns healed in less than 14 days was 96%, and that in more than 14 days was 75%. CONCLUSIONS: Using reflectance spectrometer, we have developed an artificial neural network to determine the burn healing time with 86% overall predictive accuracy.

Yeung WJ, Linver MR, Brooks-Gunn J. How money matters for young children's development: parental investment and family processes. *Child Dev* 2002; 73(6):1861-79. Abstract: This study used data from the Panel Study of Income Dynamics and its 1997 Child Development Supplement to examine how family income matters for young children's development. The sample included 753 children who were between ages 3 and 5 years in 1997. Two sets of mediating factors were examined that reflect two dominating views in the literature: (1) the investment perspective, and (2) the family process perspective. The study examined how two measures of

income (stability and level) were associated with preschool children's developmental outcomes (Woodcock-Johnson [W-J] Achievement Test scores and the Behavior Problem Index [BPI]) through investment and family process pathways. Results supported the hypothesis that distinct mediating mechanisms operate on the association between income and different child outcomes. Much of the association between income and children's W-J scores was mediated by the family's ability to invest in providing a stimulating learning environment. In contrast, family income was associated with children's BPI scores primarily through maternal emotional distress and parenting practices. Level of income was associated with W-J letter-word scores and income stability was associated with W-J applied problem scores and BPI, even after all controls were included in the models.

Yin Z, Hanes J Jr, Moore JB, Humbles P, Barbeau P, Gutin B. An after-school physical activity program for obesity prevention in children: the Medical College of Georgia FitKid Project. *Eval Health Prof* 2005; 28(1):67-89.

Abstract: This article describes the process of setting up a 3-year, school-based after-school physical activity intervention in elementary schools. The primary aim of the study is to determine whether adiposity and fitness will improve in children who are exposed to a fitogenic versus an obesogenic environment. Eighteen schools were randomized to the control (obesogenic) or intervention (fitogenic) group. The study design, program components, and evaluation of the intervention are described in detail. The intervention consists of (a) academic enrichment, (b) a healthy snack, and (c) physical activity in a mastery-oriented environment. Successful implementation would show the feasibility of schools' being able to provide a fitogenic environment. Significant differences between the groups would provide evidence that a fitogenic environment after school has positive health benefits. If feasibility and efficacy are demonstrated, implementing an after-school program like this one in elementary schools could play a major role in preventing and reducing childhood obesity.

Yip R. Iron supplementation: country level experiences and lessons learned. *J Nutr* 2002; 132(4 Suppl):859S-61S.

Abstract: Iron supplementation is a commonly used strategy to meet the increased requirements of at-risk groups, such as women of childbearing age, especially during pregnancy. Other at-risk groups for which iron supplementation may be appropriate include infants, young children, adolescents and the elderly. There is a need to consider iron supplementation as part of a comprehensive strategy for the prevention of iron deficiency, and not just as a treatment for anemia that is stopped as soon as clinical improvement is noted. Experience in developing countries indicates that often the poorest women with the most deficient intakes are

the least likely to receive iron supplements during pregnancy. Providing supplements to women during antenatal care visits is useful but often inadequate, so other delivery channels must also be explored, including private sector markets and community networks. Communication efforts must be expanded to increase understanding of the importance of taking supplements and to address any fears or misconceptions relating to supplementation. Overall, we must increase the capacity of individuals and communities to define, analyze and act to address their own health needs.

Yonge O, Haase M. Munchausen syndrome and Munchausen syndrome by proxy in a student nurse. *Nurse Educ* 2004; 29(4):166-9. Abstract: Most faculty are not prepared for the possibility of encountering Munchausen syndrome (MS) in nursing students and Munchausen syndrome by proxy (MSP) in nursing students' children. When confronted with MS or MSP, their first reaction is often hostility coupled with a sense of betrayal. Given that individuals with this condition are attracted to helping professions, the authors describe both conditions in a case in which a nursing student presented with MS and the student's daughter was a victim of MSP. The focus is on protection of any children and the public, psychiatric treatment for the offender, and assistance for faculty.

Yordanova J, Kolev V, Heinrich H, Woerner W, Banaschewski T, Rothenberger A. Developmental event-related gamma oscillations: effects of auditory attention. *Eur J Neurosci* 2002; 16(11):2214-24. Abstract: This study describes maturational changes in topographical patterns, stability, and functional reactivity of auditory gamma band (31-63 Hz) responses (GBRs) as brain electrical correlates relevant for cognitive development during childhood. GBRs of 114 healthy children from 9 to 16 years were elicited in an auditory focused attention task requiring motor responding to targets, and analyzed by means of the wavelet transform (WT). The effects of age and task variables (attended side and stimulus type relevance) were examined for GBR power and phase-locking within 120 ms after stimulation. Similar to the spontaneous gamma band power, the power and phase-synchronization of GBRs did not depend on the age. However, the functional reactivity of GBRs at specific locations changed in the course of development. In 9-12-year-old children, GBRs at frontal locations were larger and better synchronized to target than to nontarget stimulus type, and were larger over the left hemisphere (contralateral to the responding hand), thus manifesting sensitivity to external stimulus features and motor task. In 13-16-year-old adolescents, GBRs at parietal sites were enhanced by active attending to the side of stimulation, thus being associated with a maintenance of attentional focus to stimulus location. The results indicate that (i) specific aspects of task-

stimulus processing engage distinct spatially localized gamma networks at functionally relevant areas, and (ii) the neuronal substrates of gamma band networks and the ability to synchronize them in relation to task-specific processes are available in all age groups from 9 to 16 years. However, the mode and efficiency with which gamma networks can be entrained depends on the age. This age-dependent reactivity of GBRs to different task variables may reflect a transition in processing strategies emerging at approximately 12-13 years in relation to the maturation of cognitive and executive brain functions.

Yorke S. Brassed off with knee-jerk reactions. *Nurs Times* 2001; 97(32):21.

Yost NP, Bloom SL, McIntire DD, Leveno KJ. A prospective observational study of domestic violence during pregnancy. *Obstet Gynecol* 2005; 106(1):61-5. Abstract: OBJECTIVE: To assess whether women reporting domestic violence are at increased risk for adverse pregnancy outcomes. METHODS: A screening questionnaire, previously validated for the identification of female victims of domestic violence, was offered to women presenting to our Labor and Delivery Unit. The survey prompted women to indicate whether her partner or family member physically hurt her, insulted or talked down to her, threatened her with harm, or screamed or cursed at her. The primary study outcome was to detect a 3-fold increase in low birth weight infants (< or = 2,500 g) in women reporting physical abuse, compared with those not reporting domestic violence. RESULTS: A total of 16,041 women were approached to be interviewed. Of these, 949 (6%) women responded affirmatively to one or more of the survey questions, and another 94 (0.6%) declined to be interviewed. The incidence of low birth weight infants was significantly increased in women who reported verbal abuse, compared with the no-abuse group (7.6% versus 5.1%, respectively,  $P = .002$ ). Physical abuse was associated with an increased risk of neonatal death (1.5% versus 0.2%,  $P = .004$ ). Interestingly, women who declined to be interviewed had significantly increased rates of low birth weight infants (12.8% versus 5.1%,  $P < .001$ ), preterm birth at 32 weeks of gestation or less (5.3% versus 1.2%,  $P = .002$ ), placental abruptions (2.1% versus 0.2%,  $P < .001$ ), and neonatal intensive care admissions (7.4% versus 2.2%,  $P = .008$ ) when compared with women in the no-abuse group, respectively. CONCLUSION: Women who declined to be surveyed regarding domestic violence were at increased risk for adverse pregnancy outcome. LEVEL OF EVIDENCE: II-2.

Youd J. Lost generation? *Emerg Nurse* 2005; 12(9):15-7.

Young B, Dixon-Woods M, Findlay M, Heney D. Parenting in a crisis: conceptualising mothers of children with cancer. *Soc Sci Med* 2002; 55(10):1835-47.

Abstract: Much research on the experiences of parents of children with cancer has been conducted within a discourse of psycho-pathology, or has tended to see parents mostly as a proxy source of information on the well-being of their children. Using empirical data from semi-structured interviews with 20 mothers of a child with cancer, in one area of the UK, we draw on sociological literatures on motherhood, childhood, caring, and chronic illness to suggest a more helpful and informative way of understanding their experiences. We suggest that mothers, although not ill themselves, experience many of the consequences of chronic illness. Biographical disruption begins for them when they first notice something wrong with their child, and intensifies with diagnosis, altering their sense of self and their social identity. The diagnosis brings with it a set of new responsibilities and role expectations, including an obligation of 'proximity'-being physically close to their child at all times to provide 'comfort' and 'keep-watch'. For mothers, caring evokes an intense emotional interdependence with their sick child, and involves a range of technical tasks and emotional work, including acting as 'brokers' of information for their child and managing their cooperation with treatment. Managing these obligations was achieved at high cost to the mothers themselves, and resulted in severe role strain by compromising their ability to function in other roles, including their role as the mother of their other children. Against the backdrop of a severe and life-threatening illness, everyday concerns about their child's diet or appropriate discipline take on a new significance and carry a heightened potential for generating conflict and distress for mothers. In presenting their accounts, mothers draw on prevailing cultural discourses about motherhood, childhood and cancer, and these clearly influence the context in which they care for their child, and shape their reflexive constructions of their experiences. Caring for a child with cancer had many adverse implications for the quality of life of the women we studied. Mothers of a child with cancer warrant study in their own right, and such study benefits from interpretive perspectives.

Young S, Heptinstall E, Sonuga-Barke EJ, Chadwick O, Taylor E. The adolescent outcome of hyperactive girls: self-report of psychosocial status. *J Child Psychol Psychiatry* 2005; 46(3):255-62. Abstract: BACKGROUND: The aim of the study was to clarify the developmental risk associated with hyperactive behaviour in girls in a longitudinal epidemiological design. METHODS: This was investigated in a follow-up study of girls who were identified by parent and teacher ratings in a large community survey of 6- and 7-year-olds as showing pervasive hyperactivity or conduct problems or the comorbid mixture of both problems or neither problem. They were later investigated, at the age of 14 to 16 years, with a detailed self-report interview technique. RESULTS: Hyperactivity was a risk factor for later

development, even allowing for the coexistence of conduct problems. Hyperactivity predicted academic problems and interpersonal relationship problems. Relationships with parents, by contrast, were not portrayed to be as problematic as relationships with peers and the opposite sex. Their psychological, social and occupational functioning was objectively rated to be more deviant and their self-report showed them to be more ambivalent about their future. There was a trend for hyperactivity to be self-reported as a risk for the development of continuing symptomatology but neither hyperactivity nor conduct problems were self-reported to be a risk for antisocial behaviour, substance misuse or low self-esteem in adolescence. However, they were at risk for the development of state anxiety. CONCLUSIONS: The results suggested girls' pattern of functioning may differ from that of boys because girls self-report a more pervasive range of social dysfunction than that previously reported in boys.

Young SE, Smolen A, Corley RP *et al.* Dopamine transporter polymorphism associated with externalizing behavior problems in children. *Am J Med Genet* 2002; 114(2):144-9.

Abstract: Early childhood externalizing behavior is a stable and heritable pattern of aggressive and delinquent behavior that often leads to the development of serious psychiatric disorders such as conduct disorder and attention deficit hyperactivity disorder. We examined the relationship between parent reported externalizing behavior (assessed at ages 4, 7, and 9 years) and the VNTR polymorphism of the 3' untranslated region of SLC6A3 (DAT1) in a community sample of 790 children ascertained as part of our longitudinal twin and adoption studies. We applied the sibling-based methodology developed by Fulker *et al.* [1999: *Am J Hum Genet* 64:259-267] for estimating allelic association with quantitative traits, while controlling for population stratification. An extension of these methods allowed for the inclusion of monozygotic twins, dizygotic twins, siblings, and singletons. We have demonstrated that the 9-repeat variant of the DAT1 is a significant risk allele for externalizing behavior at ages 4 ( $P=0.001$ ) and 7 years ( $P=0.02$ ). Although the effect size was negligible at age 9 ( $P=0.92$ ), a formal test of the developmental decrease in effect across the three ages was non-significant ( $P=0.70$ ).

Youngstrom E, Weist MD, Albus KE. Exploring violence exposure, stress, protective factors and behavioral problems among inner-city youth. *Am J Community Psychol* 2003; 32(1-2):115-29.

Abstract: This study examined relationships between violence exposure, other stressors, family support, and self-concept on self-reported behavioral problems among 320 urban adolescents (aged 11-18) referred for mental health treatment. Overall, participants reported high levels of violence exposure, with a median of six past encounters with violence as a witness, victim, or

through the experiences of associates. All forms of violence exposure (witnessing, being a victim, knowing of victims) were correlated with internalizing and externalizing behavioral problems for males and females. Total violence exposure predicted behavioral problems among participants, even after controlling for the effects of other risk, demographic and protective factors. Family support and self-concept moderated the influence of life stress and cumulative risk on problem behavior outcomes, but these protective variables did not significantly moderate violence exposure.

Yozwiak JA, Golding JM, Marsil DF. The impact of type of out-of-court disclosure in a child sexual assault trial. *Child Maltreat* 2004; 9(3):325-34. Abstract: This study investigated the impact of type of out-of-court disclosure in a child sexual assault case involving a 6-year-old alleged victim. Community participants read a fictional criminal trial summary of a child sexual assault case in which the alleged victim's out-of-court disclosure of the assault was: (a) complete on two occasions or (b) incomplete at first, but later included the full account of the incident. The results showed that there were more guilty verdicts, higher ratings of the defendant's guilt, and greater belief of the alleged victim when there was full disclosure on two occasions compared to when there was a delay in full disclosure. These results are discussed in terms of the impact the nature of out-of-court disclosure can have when a child testifies in a sexual assault case.

Ytterstad B. The Harstad Injury Prevention Study. A decade of community-based traffic injury prevention with emphasis on children. Postal dissemination of local injury data can be effective. *Int J Circumpolar Health* 2003; 62(1):61-74. Abstract: OBJECTIVES: To evaluate the outcome of a community-based program for reducing traffic injury rates with special focus on children and to assess the impact of a Traffic Injury Report (TIR) in terms of awareness and attitudes about safety issues. SETTING: The Norwegian cities Harstad (23 000) and Trondheim (140 000), during ten years. METHODS: The outcome was evaluated using hospital-based injury recording. Sustainability of the prevention program was promoted by disseminating information on the community's traffic injury profile. Reports containing information about traffic injuries were distributed quarterly to all Harstad households, containing victim stories and statistics on medical data and the location of the accidents. The impact of the reports was evaluated, using a questionnaire mailed to persons 18-80 years old. RESULTS: From the first two years (mean rate 116.1/10,000 person years), to last two years, a significant 59% [confidence interval (CI): 42% to 71%] reduction of traffic injury rates was observed for Harstad children. Overall rates for all ages decreased 37% [CI:47% to 24%] in Harstad increased by 3% [CI:-4% to 10%] in Trondheim (reference city). Significantly higher scores were found in Harstad

compared to Trondheim concerning the awareness of, and positive attitudes towards, safety issues (e.g. alcohol and driving, speeding and children's safety in traffic). 56.0% of respondents in Harstad reported having acquired information, or good advice, about traffic safety from the reports. CONCLUSIONS: Traffic injuries in children can be prevented by community-based interventions. Distributing written information may enhance the program's sustainability.

Ytterstad B, Norheim AJ. The epidemiology of injuries in Svalbard compared with Harstad. *Int J Circumpolar Health* 2001; 60(2):184-95. Abstract: STUDY OBJECTIVE: To survey all injuries treated in Longyearbyen hospital, Svalbard and to describe the injury epidemiology for Svalbard (residents and visitors), comparing it with Harstad. SETTING: The Norwegian arctic archipelago, Svalbard and the mainland city Harstad during three years from 8 March 1997. PARTICIPANTS: The person years of the study were 4211 for Svalbard residents and 69,014 for Harstad. MEASUREMENTS AND MAIN RESULTS: The variables followed the Nordic system. Of 630 recorded injuries, 107 were snowmobile related. Crude injury rates (per 1000 person years) [corrected] for Svalbard residents were for men 100.9 and for women 76.3. Corresponding rates were not significantly higher for men in Harstad (115.4,  $p = 0.19$ ) and for women (80.1,  $p = 0.56$ ). Home injuries were more prevalent in Harstad (30.5%) compared to Svalbard residents (13.1%,  $p < 0.001$ ) and visitors (8.9%,  $p < 0.001$ ). Work and leisure related injuries were more prevalent for Svalbard visitors (38.8% and 48.7%) and residents (27.2% and 41.9%) compared to Harstad (13.2% and 34.8%) (both  $p < 0.001$ ). 43.5% of Svalbard visitors sustained work related injuries at sea. These injuries had higher AIS (abbreviated injury scale) mean score (1.83) than visitors' work injuries occurring on land (1.41) ( $p < 0.05$ ) and residents' work injuries (1.29) ( $p < 0.001$ ). Harstad had lowest AIS score for work related injuries (1.24). The violence rate (per 1000 person years) was 0.9 for Svalbard residents, less than a third of the Harstad rate ( $p < 0.02$ ). There was one Svalbard resident fatality (drowning).

Yu BP, Chung HY. Stress resistance by caloric restriction for longevity. *Ann N Y Acad Sci* 2001; 928:39-47. Abstract: Hardly an aspect of aging is more important than an organism's ability to withstand stress or to resist both internally and externally imposed insults. We know that as organisms lose their ability to resist these insults, aged organisms suffer more than the young. Therefore, a prime strategy for an organism's survival has been the evolutionarily adapted defense systems that guard against insult. For better survivability, an organism's defense system must be maximized to its full effect through well-coordinated networks of diverse biologically responsive elements. Although terms like stress, resistance, and adaptability

have long been used in biology, they remain mechanistically and quantitatively poorly defined. In a gerontological context, stress resistance or susceptibility are often discussed in association with an organism's vulnerability to disease and age-related damage. However, to date, there is no clear molecular delineation of cellular and molecular mechanisms for such complex biological phenomena. The life-prolonging action of caloric restriction (CR) seems to offer an excellent opportunity for investigating the interrelationship between stress and the aging process. As an omnipotent intervention, CR provides a unique opportunity to probe the organism's ability to withstand age-related stress as a survival strategy. In this context, the antiaging action of CR can be viewed as "nutritional stress," because the organism's reduced caloric intake seems to be a stimulatory metabolic response for survivability. Recent gerontologic research has provided sufficient experimental data supporting this antiaging property of CR, of which several pertinent, key examples are discussed below.

Yu J, Fairbank JC, Roberts S, Urban JP. The elastic fiber network of the annulus fibrosus of the normal and scoliotic human intervertebral disc. *Spine* 2005; 30(16):1815-20.

**Abstract:** **STUDY DESIGN:** Immunohistochemical study of elastic fibers in human intervertebral discs (IVD) collected at surgery from patients with scoliosis. **OBJECTIVES:** To compare the elastic fiber network in scoliotic discs (idiopathic scoliosis or neuromuscular scoliosis) to that of control (normal) discs. To study whether the change in elastic fiber organization could contribute to the progression of spinal deformity. **SUMMARY OF BACKGROUND DATA:** Elastin and elastic fibers have been identified previously in human IVD but were believed to contribute little to the tissue's mechanical properties. However, a recent immunohistochemical study has revealed an abundant and organized elastic fiber network in bovine IVD, indicating that elastic fibers could play an important mechanical role. This article reports the organization of elastic fibers in human IVD and the changes of elastic fiber organization in scoliosis. **METHODS:** Intact wedges of IVD were obtained from patients undergoing surgery for scoliosis (aged 12-22 years). Control discs were obtained from a patient (aged 12 years) with a spinal tumor and a trauma patient (aged 17 years). The discs were dissected to give radial slices and were snap frozen. Frozen sections were cut and digested with hyaluronidase to remove glycosaminoglycans. Micrographs of the sections were examined by polarized light to visualize collagen organization. The elastic fiber network was visualized immunohistochemically or by histochemical staining with orcein. **RESULTS:** A highly organized elastic fiber network, similar to that described in bovine discs, was revealed in the control human discs. In the annulus fibrosus of control discs, dense elastic fibers were located between adjacent lamellae, with fibers also

present within individual lamellae. Elastic fibers appeared to be long (>200 microm) and straight in outer annulus, whereas in inner annulus, they nearly ran parallel to each other and at an angle of approximately 60 degrees or 120 degrees to those in adjacent lamellae. However, in scoliotic discs, elastic fibers were sparse, and the collagen and elastic fiber networks were disorganized with loss of lamellar structure. Cell clusters, one of typical degenerative feature, were seen in scoliotic discs but not in age-matched control discs. **CONCLUSIONS:** Our results reveal an abundant and organized network of elastic fibers in the adolescent (12 and 17-year-olds) human IVD, and suggest that elastic fiber network plays a significant biomechanical role. This network is sparse and disrupted in scoliotic discs, and could be involved in the progression of the spinal deformity.

Zaba R, Bukartyk-Rusek B. [School hygiene in the past, present and future--in the opinion of the Inspector of Pediatrics and School Medicine and member of the European Society for Social Pediatrics (ESSOP)]. *Wiad Lek* 2002; 55 Suppl 1:615-9. **Abstract:** Yesterday. School hygiene acted in a clear way. Physician, pediatrician, nurse and hygienist were employed at school and were responsible for carrying out periodic examination, vaccination of school children and youth. They also supervised groups of children with posture defects, obesity, underweight, circulatory system and respiratory tract (asthma, anaphylaxis), diseases nervous system disorders and also propagated health education at school. Inspector of Pediatrics and School Medicine was in charge of School Medical Care. Today. Reform of the Public Health System. Medical examination and services have their value in money. A school physician, some hygienists and school nurses have been dismissed to decrease the financial costs of school hygiene. All medical services must be bought by the National Health Service. Public and private medical services at doctors and nurses are organized at schools. Each service performs examinations, vaccinations bought by the National Health Service or parents. A pupil is a subject of buying medical services. He may be vaccinated by a nurse but a medical examination must be either bought or performed by home doctor. The supervision of school children with different illnesses is not conducted by a school doctor. At present all the threats of contemporary world such as alcohol, tobacco, drug addiction, nervous system illnesses and allergies which are destructive for youth start when they are teenagers. School is an important place for carrying out on a large scale prophylactic services with medical teams of paediatricians, rehabilitation specialists and psychologists. Tomorrow. School Hygiene at School. Not at home doctor's. Recommendations, Daily Hygiene: personal, oral, food mental... Hygiene of studying, rest and daily effort. Struggle with mass media, alcohol, drug, Internet, Computer addiction, violence, stupidity and poverty.

School Hygiene should be adjusted to youth's health needs in accordance with the recommendations of European Society for Social Pediatrics (ESSOP) and Committee on Public Education, American Academy of Pediatrics and reinforced, it should not be eliminated.

Zalkind HJ, Allen PW. Strengthening families: the role of community-based and grassroots organizations. *N C Med J* 2005; 66(5):383-5.

Zandi PP, Klein AP, Addington AM *et al.* Multilocus linkage analysis of the German asthma data. *Genet Epidemiol* 2001; 21 Suppl 1:S210-5. Abstract: We analyzed data from the German Asthma Genetics Group with three methods that utilize pedigree-specific nonparametric linkage scores to facilitate the search for multiple independent and interacting susceptibility loci. The three methods included a conditional analysis, logistic regression, and neural networks. Although there were differences, the three methods identified many of the same susceptibility loci. The most consistent evidence was provided for loci on chromosomes 1, 2, 6, 9, and 15. Both the conditional and the logistic regression analyses suggested an epistatic relationship between loci on chromosomes 2 and 9. The logistic regression analysis further revealed evidence for locus heterogeneity between loci on chromosomes 6 and 15. Finally, the neural network analysis identified a potential locus on chromosome 17 that was not identified in the other analyses.

Zanoti-Jeronymo DV, Carvalho AM. Self-concept, academic performance and behavioral evaluation of the children of alcoholic parents. *Rev Bras Psiquiatr* 2005; 27(3):233-6.

Abstract: OBJECTIVE: It has been shown that being the child of an alcoholic is a risk factor for the development of alcoholism in adulthood. Due to the suffering caused by living with alcoholic parents, other vulnerabilities appear in such children. Among these are low self-esteem, poor academic performance and behavioral problems. This work aims to comparatively evaluate children of alcoholic parents and children of nonalcoholic parents. METHODS: The study design was quasi-experimental, involving two comparison groups. Two groups of 20 children were selected. The groups consisted of 10- to 12-year-old male and female children. One group comprised children of alcoholic parents, whereas the other comprised children of nonalcoholic parents. The self-concepts of these children were evaluated using the Piers-Harris Children's Self-Concept Scale as well as the Academic Performance Test. Their mothers participated in the study by answering questions related to the behavior of their children on the Rutter A2 scale of Child Behavior. RESULTS: The results showed that the children of alcoholic parents tended to have more negative self-

concepts and presented lower academic performance in reading and arithmetic than did children of nonalcoholic parents. Based on the responses given by the mothers, the children of alcoholic parents presented more behavioral problems than did those of nonalcoholic parents. CONCLUSIONS: The results of this study confirm those of other studies and call attention to the need to be aware of the potential vulnerabilities of children of alcoholic parents and, especially, to try to minimize such vulnerabilities, thereby altering the course of psychological suffering that can mark their lives.

Zavela KJ. Developing effective school-based drug abuse prevention programs. *Am J Health Behav* 2002; 26(4):252-65.

Abstract: OBJECTIVE: To research effective drug prevention strategies for school-aged populations from drug prevention programs funded by the USDHHS Center for Substance Abuse Prevention (CSAP). METHOD: Nine directors and staff members from model CSAP-funded programs were interviewed. RESULTS: Fifteen strategies that focus on building trusted relationships, selecting well-qualified staff using existing communication networks, and providing timely evaluation feedback are discussed, with examples from the agencies cited. CONCLUSION: Formulating effective partnerships that support both the goals of the outside agency with drug prevention resources and the mission of a school can contribute toward effective school-based drug prevention programs.

Zebrowitz LA, Fellous JM, Mignault A, Andreoletti C. Trait impressions as overgeneralized responses to adaptively significant facial qualities: evidence from connectionist modeling. *Pers Soc Psychol Rev* 2003; 7(3):194-215.

Abstract: Connectionist modeling experiments tested anomalous-face and baby-face overgeneralization hypotheses proposed to explain consensual trait impressions of faces. Activation of a neural network unit trained to respond to anomalous faces predicted impressions of normal adult faces varying in attractiveness as well as several elderly stereotypes. Activation of a neural network unit trained to respond to babies' faces predicted impressions of adults varying in babyfacedness as well as 1 elderly stereotype. Thus, similarities of normal adult faces to anomalous faces or babies' faces contribute to impressions of them quite apart from knowledge of overlapping social stereotypes. The evolutionary importance of appropriate responses to unfit individuals or babies is presumed to produce a strong response preparedness that is overgeneralized to faces resembling the unfit or babies.

Zeigler VL. Ethical principles and parental choice: treatment options for neonates with hypoplastic left heart syndrome. *Pediatr Nurs* 2003; 29(1):65-9.

Abstract: Nurses caring for children with congenital heart disease face unique challenges, especially when caring for neonates diagnosed with hypoplastic left heart syndrome (HLHS). The treatment options for these neonates present difficult choices for the child's decision makers and are not without significant life-altering consequences. In order to assist in the decision-making process, nurses as patient and family advocates should acknowledge the unique role they play in the informed consent process, while simultaneously identifying specific ethical principles that are components of this process. By incorporating the principles of autonomy, beneficence, and veracity into specific nursing interventions, nurses can assist families in making informed decisions regarding a treatment option that is best for the child as well as the family.

Zeira A, Astor RA, Benbenishty R. School violence in Israel: findings of a national survey. *Soc Work* 2003; 48(4):471-83.

Abstract: The authors report preliminary findings of a national survey on school violence in Israel. The national representative sample was stratified on school type--elementary, middle, and high schools--and ethnicity--Jewish and Arab students. A total of 15,916 students from 603 classes and 232 schools participated in the study, resulting in a 91 percent response rate. Findings revealed high rates of violence in all areas and among all age groups, but relatively higher rates of low-level violent behaviors and lower rates of more severe violent events. The authors report on age-related, gender, and cultural differences and discuss social workers' roles in shaping national policy and professional discourse on school violence.

Zeira A, Astor RA, Benbenishty R. Sexual harassment in Jewish and Arab public schools in Israel. *Child Abuse Negl* 2002; 26(2):149-66.

Abstract: OBJECTIVE: Current empirical literature on sexual harassment in schools is mostly based on nonrepresentative samples of middle-class high-school Caucasian female students. Thus the scope of research regarding gender, age, and cultural differences is very limited. This article reports on findings on sexual harassment in Jewish and Arab schools in Israel with regard to gender, age, and cultural differences. METHOD: The study is part of the first national survey on school violence in Israel. The representative sample includes 10,400 students in grades 7 through 11 attending public schools in Israel. Students were asked to report whether they were victims of specific acts of sexual harassment in school during the month before the survey. RESULTS: Overall, 29.1% of the students were victims of at least one act of harassment. The more common acts were to show offensive pictures or to send obscene letters, to take off or to try to take off part of the student's clothing, and to try to kiss a student. The most vulnerable groups are the Arab boys and 8th grade students. Report rates were the lowest

among Arab girls. CONCLUSIONS: Sexual harassment is prevalent in Israeli schools. The pattern of victimization is different for boys and girls and for students in Jewish and Arab schools. These patterns are a complex phenomenon that must be considered in the intervention and policy measures addressing sexual harassment at school.

Zelnik N, Newfield RS, Silman-Stolar Z, Goikhman I. Height distribution in children with Tourette syndrome. *J Child Neurol* 2002; 17(3):200-4.

Abstract: Tourette syndrome is characterized by motor and vocal tics, frequently accompanied by attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder, coprolalia, aggressive or self-injurious behavior, and learning disabilities. We investigated the height distribution and clinical characteristics of 38 consecutive patients with Tourette syndrome. Seventeen patients with Tourette syndrome (44.7%) were in the lower height quartile versus 25% from a control group of 44 patients with ADHD ( $P < .05$ ). The mean standard deviation score differential (patient height - [target height]) was  $-1.12 \pm 0.82$  for patients in the first quartile (group A) compared with  $0.42 \pm 0.63$  in taller patients with Tourette syndrome (group B) ( $P < .001$ ). The mean birthweight of boys in group A versus group B was  $3023 \pm 351$  g and  $3363 \pm 486$  g, respectively ( $P < .02$ ); birthweight correlated with standard deviation score ( $r = .43$ ). Current weight relative to height was normal. Conduct disorder and/or self-injurious behavior were more common in group A patients ( $P < .05$ ). Relative short stature appears common in Tourette syndrome, and its presence with other features may implicate a neurotransmitter system that interacts with neuroendocrine pathways, controlling height.

Zerquera JT, Alonso MP, Bejerano GL, Lopez JO, Rodriguez NA. Assessment of the doses received by the Cuban population from 40K contained in the body: modelling based on a neural network. *Radiat Prot Dosimetry* 2003; 104(3):237-43.

Abstract: Potassium-40 constitutes the main natural source of potassium present in the body, which influences the effective dose received by people. With the aim of assessing the contribution of this component to the doses received by the Cuban population, a study intended to assess the doses was developed. For this purpose, a representative sample of the Cuban population was selected according to age and sex. The measurements were made using the whole-body counter (WBC) of the Center for Radiation Protection and Hygiene (CPHR). For dose estimations, a uniform distribution of potassium for the whole body was assumed. The methodology used was the one recommended by the ICRP. The values of annual effective dose range between 93 and 209 microSv for females and between 123 and 212 microSv for males. The annual average effective dose for members of the public was estimated as  $150 \pm 40$  microSv, taking

into account the experimental data and the specific features of the Cuban population. With the dose values obtained, it was possible to model dose estimates by means of a neural network, which was trained with the results obtained and using as starting data the sex, age, height and corporal weight of people studied. The model obtained allows consideration of the anatomical features of each person in the estimation of doses.

Zilberman ML, Blume SB. [Domestic violence, alcohol and substance abuse]. *Rev Bras Psiquiatr* 2005; 27 Suppl 2:S51-5.

Abstract: Domestic violence and substance abuse are common in primary care patients. Although these problems are associated with severe physical and psychological sequelae, they are often undiagnosed. This article provides an overview of the prevalence of these problems, the health-related consequences for adults, children and elderly, as well as the challenges for clinicians in screening, assessment and referral.

Zimba EW, McInerney PA. The knowledge and practices of primary care givers regarding home-based care of HIV/AIDS children in Blantyre (Malawi). *Curationis* 2001; 24(3):83-91.

Abstract: Knowledge is one of the major factors that promotes adherence to treatment regimens. With the current trends worldwide of home and community-based services for the management of HIV/AIDS patients, knowledge of care givers about the home care of these patients will determine the success of the programs. The purpose of this descriptive study was to explore the knowledge and practices of primary care givers of HIV/AIDS children in the provision of home care services. In this study an attempt was made to describe the factors which are associated with knowledge. Thirty-six primary care givers were randomly selected from three major home based care centres in Blantyre City, Malawi. A structured interview schedule was used to collect data. Data were analysed manually and by computer, using the Statistical Package for Social Science (SPSS). The findings revealed a gap in knowledge since in many instances taking a child to the hospital for the management of minor ailments was the action of choice, thus perpetuating the problem of overburdening hospital resources. Lack of prior preparation for home based care was found to be the major factor contributing to the lack of knowledge. Recommendations proposed include the need to put into place mechanisms that will ensure that all the primary care givers are adequately prepared in good time for home care service. Ensuring regular home visits was also thought to be helpful for efficient and effective supervision and reinforcement of information given to fill the gaps in knowledge wherever necessary.

Zink T. On my mind: meeting Daniel. *Arch Pediatr Adolesc Med* 2005; 159(8):704-5.

Zink T, Elder N, Jacobson J, Klostermann B. Medical management of intimate partner violence considering the stages of change: precontemplation and contemplation. *Ann Fam Med* 2004; 2(3):231-9. Abstract: BACKGROUND: We undertook a study to understand how women who are victims of intimate partner violence (IPV) want physicians to manage these abusive relationships in the primary care office. METHODS: Thirty-two mothers in IPV shelters or support groups in southwestern Ohio were interviewed to explore their abuse experiences and health care encounters retrospectively. The interviews were taped and transcribed. Using thematic analysis techniques, transcripts were read for indications of the stages of change and for participants' desires concerning appropriate physician management. RESULTS: Participants believed that physicians should screen women for IPV both on a routine basis and when symptoms indicating possible abuse are present, even if the victim does not disclose the abuse. Screening is an important tool to capture those women early in the process of victimization. When a victim does not recognize her relationship as abusive, participants recommended that physicians raise the issue by asking, but they also warned that doing more may alienate the victim. Participants also encouraged physicians to explore clues that victims might give about the abuse. In later contemplation, victims are willing to disclose the abuse and are exploring options. Physicians were encouraged to affirm the abuse, know local resources for IPV victims, make appropriate referrals, educate victims about how the abuse affects their health, and document the abuse. Participants identified a variety of internal and external factors that had affected their processes. CONCLUSIONS: In hindsight, IPV victims recommended desired actions from physicians that could help them during early stages of coming to terms with their abusive relationships. Stage-matched interventions may help physicians manage IPV more effectively and avoid overloading the victim with information for which she is not ready.

Zink T, Kamine D, Musk L, Sill M, Field V, Putnam F. What are providers' reporting requirements for children who witness domestic violence? *Clin Pediatr (Phila)* 2004; 43(5):449-60.

Abstract: Each year, 3.3 to 10 million children are exposed to domestic violence/abuse (DV). Providers' reporting obligations for these children are unclear. The child maltreatment statutes available on state's web sites (through August 2003) were reviewed. Only Alaska defines DV in the presence of a child as child abuse within its juvenile code. Within their child abuse definition and reporting statutes, many states include language such as "substantial risk" or "imminent danger" of "physical harm" or "mental injury." Although knowledge of the state law is an important first step, abiding by it may be challenging because most statutes are open to wide interpretation. As a result, providers are encouraged to seek advice from



local child maltreatment specialists who understand the local legal interpretations and resources.

Zink T, Sill M. Intimate partner violence and job instability. *J Am Med Womens Assoc* 2004; 59(1):32-5. Abstract: OBJECTIVE: Research has shown that intimate partner violence (IPV) affects the physical and mental health of victims. It can also compromise work performance, leading to job loss. We explored the potential link between job loss and IPV as part of a larger study on IPV and health care. METHODS: Thirty-two mothers in Midwestern IPV shelters or support groups were interviewed to gather information about their abuse histories, health care experiences, and demographic characteristics. Interviews were audio taped, transcribed, and reviewed for themes. RESULTS: Half of participants had lost jobs because of IPV. Reasons included: the abuser told the victim to quit, in order to be safe, excessive absences because of covering up the abuse, and health issues exacerbated by IPV. CONCLUSION: Job instability was common among IPV victims in this study. Although this study did not address cause and effect, evidence of job instability may be another "red flag symptom" indicating that providers should screen for IPV.

Zipitis CS, Paschalides C. Caring for a child with spina bifida: understanding the child and carer. *J Child Health Care* 2003; 7(2):101-12. Abstract: Spina bifida is a common congenital abnormality, which causes significant physical and psychological morbidity in affected children and which also affects their carers. This small-scale study looked at the health problems of a child with a myelomeningocele. It also addresses the psychosocial problems that his mother, his main carer, faced and the social networks involved in his care. The evidence supporting various aspects of spina bifida prevention and management is explored. Furthermore, a literature review is included, with regards to physical and psychological issues for child and carer. This study aims to raise awareness of the problems faced by children with myelomeningocele and their families. In particular, we aim to educate health care professionals on the importance of perceived stress by carers of such children, and suggest ways to reduce psychosocial morbidity.

Zoloth L. Nursing father and nursing mothers: notes toward a distinctive Jewish view of reproductive ethics. *Annu Soc Christ Ethics* 2001; 21:325-37. Notes: GENERAL NOTE: KIE: Zoloth, Laurie GENERAL NOTE: KIE: 24 fn. GENERAL NOTE: KIE: KIE Bib: bioethics; contraception; reproduction

Zwaigenbaum L, Bryson S, Rogers T, Roberts W, Brian J, Szatmari P. Behavioral manifestations of autism in the first year of life. *Int J Dev Neurosci* 2005; 23(2-3):143-

52.

Abstract: In the interest of more systematically documenting the early signs of autism, and of testing specific hypotheses regarding their underlying neurodevelopmental substrates, we have initiated a longitudinal study of high-risk infants, all of whom have an older sibling diagnosed with an autistic spectrum disorder. Our sample currently includes 150 infant siblings, including 65 who have been followed to age 24 months, who are the focus of this paper. We have also followed a comparison group of low-risk infants. Our measures include a novel observational scale (the first, to our knowledge, that is designed to assess autism-specific behavior in infants), a computerized visual orienting task, and standardized measures of temperament, cognitive and language development. Our preliminary results indicate that by 12 months of age, siblings who are later diagnosed with autism may be distinguished from other siblings and low-risk controls on the basis of: (1) several specific behavioral markers, including atypicalities in eye contact, visual tracking, disengagement of visual attention, orienting to name, imitation, social smiling, reactivity, social interest and affect, and sensory-oriented behaviors; (2) prolonged latency to disengage visual attention; (3) a characteristic pattern of early temperament, with marked passivity and decreased activity level at 6 months, followed by extreme distress reactions, a tendency to fixate on particular objects in the environment, and decreased expression of positive affect by 12 months; and (4) delayed expressive and receptive language. We discuss these findings in the context of various neural networks thought to underlie neurodevelopmental abnormalities in autism, including poor visual orienting. Over time, as we are able to prospectively study larger numbers and to examine interrelationships among both early-developing behaviors and biological indices of interest, we hope this work will advance current understanding of the neurodevelopmental origins of autism.

Zwick EB, Leistriz L, Milleit B *et al.* Classification of equinus in ambulatory children with cerebral palsy-discrimination between dynamic tightness and fixed contracture. *Gait Posture* 2004; 20(3):273-9. Abstract: In this study a generalised dynamic neural network (GDNN) was designed to process gait analysis parameters to evaluate equinus deformity in ambulatory children with cerebral palsy. The aim was to differentiate dynamic calf muscle tightness from fixed muscle contracture. Patients underwent clinical examination and had instrumented gait analysis before evaluating their equinus under anaesthesia and muscle relaxation at the time of surgery to improve gait. The performance of the clinical examination, the subjective interpretation of gait analysis results, and the application of the neural network to assess ankle function were compared to the examination under anaesthesia. Evaluation of equinus by a Neural Network showed high sensitivity and specificity values

with a likelihood ratio of +14.63. The results indicate that dynamic calf muscle tightness can be differentiated

from fixed calf muscle contracture with considerable precision that might facilitate clinical decision-making.