AAP grants provide research opportunities for residents

from the AAP Department of Research

Pediatric residents have an opportunity to initiate and complete projects related to their professional interests through the AAP Resident Research Grant program.

Qualifying residents receive $2,000 grants for projects related to a wide variety of child health research topics. Residents also are provided a travel stipend to attend a professional research conference. Award winners conduct their research under a mentor’s supervision. Research projects are conducted for up to two years and should be completed during residency training.

The AAP Committee on Pediatric Research Subcommittee on Resident Research Grants selects recipients each year based on criteria focused on project methodology, significance of the topic, feasibility of completion during residency and project relevance to the resident’s career goals. The program is designed to encourage residents with limited research experience to apply and to begin academic careers in research.

To submit an application, visit https://www.aap.org/sections/ypn/r/research.html. Application deadline is March 6.

2015 Resident Research Grant winners

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<th>Name and mentor</th>
<th>Program name</th>
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<td>Amy Chong, M.D.</td>
<td>University of California, San Francisco</td>
<td>Smartphone-based neonatal resuscitation coaching in Peru</td>
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<td>Laura Ellington, M.D.</td>
<td>University of Washington School of Medicine</td>
<td>Implementation of high flow nasal cannula for pediatric respiratory disease in resource-limited settings</td>
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<td>Margaret Clark Emmott, M.D.</td>
<td>University of California, San Francisco</td>
<td>A qualitative study of transitions of care for children with special health care needs living in Spanish-speaking households</td>
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<td>Sonya Chin Tang Girdwood, M.D.</td>
<td>Cincinnati Children’s Hospital Medical Center</td>
<td>Pharmacokinetics of oseltamivir in critically ill children: oral vs. enteric tube administration</td>
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<td>David A. Hill, M.D., Ph.D.</td>
<td>The Children’s Hospital of Philadelphia</td>
<td>A retrospective analysis of pediatric food allergy incidence, prevalence and predisposing comorbidities in the primary care setting</td>
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<td>Katherine Sheffer Larabee, M.D.</td>
<td>Massachusetts General Hospital for Children</td>
<td>Incidence and risk factors for secondary malignancy in patients with neuroblastoma after treatment with 131I-metaiodobenzylguanidine</td>
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<td>Jennifer Kaplan, M.D.</td>
<td>University of California, San Francisco</td>
<td>A validated oral food challenge scoring algorithm</td>
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<td>Christine March, M.D.</td>
<td>University of Pittsburgh Medical Center</td>
<td>Persistent symptoms of hyperandrogenism in girls with a history of premature adrenarche or adolescent hyperandrogenism</td>
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FDA approves nasal spray to treat opioid overdose

by Melissa Jenco • News Content Editor

The Food and Drug Administration (FDA) has approved Narcan nasal spray, which can reverse the effects of an opioid overdose.

A naloxone hydrochloride formulation like the one in the spray previously was approved in injectable forms. The American Medical Association (AMA) Task Force to Reduce Prescription Opioid Abuse, which includes the Academy, and addiction groups have pushed for increased access to naloxone.

Review of Narcan spray was fast-tracked by the FDA.

“We cannot stand by while Americans are dying,” Acting FDA Commissioner Stephen Ostroff, M.D., said in a news release. “While naloxone will not solve the underlying problems of the opioid epidemic, we are speeding to review new formulations that will ultimately save lives that might otherwise be lost to drug addiction and overdose.”

In the U.S., 44 people die from prescription opioid overdoses each day, and people who are addicted to such drugs also are 40 times more likely to develop a heroin addiction, according to the Centers for Disease Control and Prevention (CDC). From 2011-13, the rate of heroin use among 18- to 25-year-olds doubled compared to the period of 2002-04.

Narcan nasal spray can be used on adults and children, and medical training is not required to administer the drug, which is distributed by Adapt Pharma Inc. If administered shortly after an opioid overdose, naloxone can reverse the effects in about two minutes, but the person still needs emergency care and also may experience withdrawal symptoms.

“It’s not a cure, it’s one and done,” said Pamela K. Gonzalez, M.D., M.S., FAAP, a member of the AAP Committee on Substance Abuse. “You give it and be sure you’re calling emergency medical services.”

Dr. Gonzalez said pediatricians may want to consider co-prescribing naloxone to children who are prescribed opioids for a chronic illness. She pointed to the AMA task force recommendations (http://bit.ly/1Lqj8Wg) to consider whether patients are on a high opioid dose and their history of substance abuse, mental health conditions and medical conditions that might make them susceptible to respiratory distress or overdose.

It also is important for pediatricians to be aware of their state’s Good Samaritan protections for those assisting someone who has overdosed and naloxone access laws, Dr. Gonzalez said. She stressed the importance of talking to families about opioid addiction and the availability of naloxone, especially since teens tend to start experimenting around age 15 or 16.

Pediatricians should “make ourselves visible and reach out so that any parent knows we know this problem is out there and we’re here to help,” she said. “Come talk to me if you think your kid has got a problem.”

RESOURCES

• AAP policy Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians, http://bit.ly/1NhIru
• Narcan website, www.narcanasprayspray.com/
• FDA announcement on Narcan nasal spray, http://1.usa.gov/1MWqZG6
• Transcripts and presentations from the FDA’s workshop on naloxone, http://1.usa.gov/1LoQ1b8