

POLICY & PRACTICE

Youth Health Statistics

Health trends among adolescents and young adults appear to be improving, Claire Brindis, Dr.P.H., codirector of the Center for Reproductive Health Research and Policy at the University of California, San Francisco, reported during a National Institute for Health Care Management conference. Trends indicate a decrease in mortality rates during the past decade. For example, among 15- to 24-year-olds, motor vehicle accident mortality decreased from 41/100,000 in 1981 to 28/100,000 in 2002, and homicide rates decreased from 14/100,000 in 1981 to 13/100,000 in 2002. However, overall mortality rates remain high among adolescents (68/100,000) and young adults (95/100,000), she said. Pregnancy, birth, and abortion rates decreased over the past decade among adolescents and young adults, although sexual activity remains prevalent among teenagers. In 2003, 45% of high school girls reported that they had had sexual intercourse, 11% with four or more partners. Among 18- to 24-year-olds in 2003, about one-fourth were overweight and one-eighth were obese. The good news is that most in this age category are exercising: In 2003, almost 60% had engaged in vigorous physical activity.

Drug Labeling Milestone

The antiepileptic drug Trileptal has become the 100th medicine to have new information for children and teenagers included in its labeling, the Food and Drug Administration (FDA) announced. The Federal Food, Drug, and Cosmetic Act (as amended by the FDA Modernization Act of 1997 and the 2002 Best Pharmaceuticals for Children Act) offers incentives to companies that "perform research to determine the safety, efficacy, dosing, and unique risks associated with medications for children, based on the same level of scientific evidence required for adults," according to an FDA press release. Under this labeling initiative, pediatricians discovered that they weren't giving enough medicine to be effective in some instances, said Dr. Eileen M. Ouellette, president of the American Academy of Pediatrics.

Teen Pregnancy Legislation

The latest effort to prevent teen pregnancy is new legislation, introduced in the U.S. House of Representatives last December, which would create grants to develop programs aimed at delaying sexual activity and helping parents communicate with teens about sexuality. The Teen Pregnancy Prevention, Responsibility, and Opportunity Act (H.R. 4644) was introduced by Rep. Robert Menendez (D-N.J.). If enacted, the legislation would provide funds to local educational agencies, state and local public health agencies, and nonprofit groups to educate sexually active teens and those at risk of becoming sexually active about the responsibilities of parenting. The legislation was referred to the House Committee on Energy and Commerce and the Committee on Education and the Workforce.

Health Care Spending 2004

Growth in U.S. health care spending slowed for the second straight year in 2004, increasing by only 7.9%, according to the Centers for Medicare and Medicaid Ser-

vices' annual report on health care spending. This compares with the 8.2% growth rate in 2003 and 9.1% growth rate in 2002. Slower growth in spending on prescription drugs has contributed to this overall slowdown. In 2004, prescription drugs accounted for only 11% of the growth in national health care expenditures, less than in the past few years. In a statement, the Pharmaceutical Care Management Association attributed the slowdown to increased reliance on generic drugs and mail-service pharmacies. Spending for physician services grew 9.0% in 2004, similar to the

8.6% increase in 2003. Hospital spending, by comparison, continues to accelerate, accounting for 28% of the growth in personal health spending between 1997 and 2000 and increasing to 38% by 2002-2004.

Evidence-Based Research

More cost-effectiveness studies are needed to evaluate public health interventions, Barbara K. Rimer, Dr.P.H., a member of the Task Force on Community Preventive Services, said at an audioconference sponsored by AcademyHealth, Washington. The task force is an independent, non-federal group that was convened by the Department of Health and Human Ser-

vices and is supported by staff from the Centers for Disease Control and Prevention and other public and private partners. Cost information is especially important as groups have to make decisions about scarce resources, she said. There are a number of areas where researchers can build on existing evidence-based public health research, said Dr. Rimer, who is also the dean of the school of public health at the University of North Carolina in Chapel Hill. There are also unanswered questions about the best duration for proven approaches such as disease screening, she said.

—Jennifer Lubell

OMNICEF (cefdinir) for Oral Suspension 250 mg/5 mL



**Great Efficacy.
Great Strawberry Taste.
Half the Volume.***



Great Minds... Concentrate on Success!

Indications (mild to moderate infections)¹

Acute Bacterial Otitis Media and Acute Maxillary Sinusitis (adults and adolescents) due to *H influenzae* (including β -lactamase producing strains), *S pneumoniae* (penicillin-susceptible strains only), and *M catarrhalis* (including β -lactamase producing strains). Use of cefdinir in the treatment of acute maxillary sinusitis in pediatric patients is supported by evidence from adequate and well-controlled studies in adults and adolescents.

Pharyngitis/Tonsillitis due to *S pyogenes*. Cefdinir is effective in the eradication of *S pyogenes* from the oropharynx. Cefdinir has not, however, been studied for the prevention of rheumatic fever following *S pyogenes* pharyngitis/tonsillitis. Only intramuscular penicillin has been demonstrated to be effective for the prevention of rheumatic fever.

Uncomplicated Skin and Skin Structure Infections due to *S aureus* (including β -lactamase producing strains) and *S pyogenes*.

Important Safety Information¹

- To reduce the development of drug-resistant bacteria and maintain the effectiveness of OMNICEF and other antibacterial drugs, OMNICEF should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria

* Compared to the 125 mg/5 mL formulation of OMNICEF.

¹ Calculated dose is based on 14 mg/kg/day. Dose in teaspoons is rounded to the nearest 1/4 teaspoon and is not an exact measure of calculated dose volume (mL). 1 tsp \approx 5 mL.

² Once-daily dosing has not been studied in skin infections; therefore, OMNICEF for Oral Suspension should be administered twice daily in this infection (7 mg/kg BID for 10 days).

Reference: 1. OMNICEF[®] (cefdinir) for Oral Suspension Prescribing Information, Abbott Laboratories.

Please see adjacent brief summary of full prescribing information.



For pediatric patients weighing 20 lbs, use the 125 mg/5 mL product

- OMNICEF is contraindicated in patients with known allergy to the cephalosporin class of antibiotics
- For patients with previous hypersensitivity reaction to penicillins, caution should be exercised because cross-hypersensitivity among β -lactam antibiotics has been clearly documented. If an allergic reaction to cefdinir occurs, the drug should be discontinued
- Safety and efficacy in neonates and infants less than 6 months of age have not been established
- 2% of 2,289 pediatric patients discontinued medication due to adverse events in US and ex-US clinical trials. Discontinuations were primarily for gastrointestinal disturbance, usually diarrhea

- The most common reported adverse events occurring in 1% of pediatric patients in US clinical trials (N=1,783) were diarrhea (8%), rash (3%), and vomiting (1%)

- Maximum dose of OMNICEF for pediatric patients weighing ≤ 43 kg is 600 mg/day. For pediatric patients with a creatinine clearance of <30 mL/min/1.73 m² and not requiring hemodialysis, the dose of cefdinir should be 7 mg/kg (up to 300 mg) given once daily

- Antacids that contain magnesium or aluminum and iron supplements, including multivitamins that contain iron, should be taken at least 2 hours before or 2 hours after taking OMNICEF

OMNICEF
(cefdinir) for oral suspension
125 mg/5 mL and 250 mg/5 mL

**Expert recommended.
Kid preferred.**