Results: Desmopressin reduces the frequency of nocturnal enuresis by 1.34 wet nights per week (95% CI: 1.11 to 1.57) while treatment is ongoing.

Schulman, Stokes and Salzman (2001) found that a significant proportion of children respond to desmopressin (52% achieve $\geq 50\%$ reduction from baseline bed-wetting rates over 2 weeks). Desmopressin can be used safely in the long-term and response rates increase as dose and duration of treatment increase.

Relapse rates are high (80-100%) compared to those for alarm therapy. The number of children who demonstrate a full response and do not relapse over a 28-day treatment-free period increases over 12 months (5.8% to 37.5%).

Conclusion: Desmopressin is highly effective at treating nocturnal enuresis symptomatically but cannot be considered a curative therapy. Further investigation into the structured withdrawal method, or long-term treatment and regular weaning, may yield results which can be used to extend the short-term benefits of desmopressin.

1258

PERINEAL BLOCK WITH PRILOCAINE DURING LABOUR: EFFECT ON NEWBORNS

L. Muino Mosquera¹, A. Lem², T. Thio¹,
E. Franssen¹, A. Van Kempen¹, P. Valerio¹

¹Onze Lieve Vrouwe Gasthuis, Amsterdam,

²Erasmus MC, Rotterdam, The Netherlands

Background: Prilocaine is a local anaesthetic of the amide type. Compared to other local anaesthetics of this group it has less cardiovascular and neurological side effects. However, the use of Prilocaine during labour has been associated with the occurrence of methemoglobinemia in newborns. Furthermore newborns seem to be at a higher risk of developing methemoglobinemia due to a lower level of methemoglobin reductase and the fact that foetal haemoglobin is more easily oxidized.

Aim of the study:

1. To compare methemoglobin percentages in, during labour, prilocaine exposed and non-exposed newborns.
2. To study the incidence of methemoglobinemia in newborns.

Study design and results: 19 women who received 10ml prilocaine 1% as perineal block and their newborns were compared with 45 women and their newborns that were not exposed to prilocaine during labour. Of all the 64 newborns included, none had a methemoglobin percentage higher than 3%. There were no statistically significant differences between the methemoglobin percentages in both groups.

A retrospective study including 355 newborns of which 136 were exposed to prilocaine was also carried out. The results of the retrospective study support those found in the prospective study.

Implications of the study: Although newborns are at a higher risk of developing methemoglobinemia, this seems an infrequent problem in this age group. Furthermore, our data suggests that methemoglobinemia in newborns is a rare complication of prilocaine use. The occurrence of methemoglobinemia must be, therefore, weighed against the occurrence of cardiovascular and neurological side-effects of other local anaesthetics for perineal block.

1259

THE AVAILABILITY AND AGE-APPROPRIATENESS OF PAEDIATRIC MEDICINES

D.A. van Riet-Nales^{1,2}, K. de Jager¹,
A.F.A.M. Schobben¹, T.C.G. Egberts^{1,3},
C.M.A. Rademaker³

¹Division of Epidemiology and Pharmacotherapy,
Utrecht Institute for Pharmaceutical Sciences,
Utrecht University, Utrecht, ²RIVM, Bilthoven,

³University Medical Center Utrecht,
Utrecht, The Netherlands

Background: Optimal paediatric pharmacotherapy requires licensed, commercially available and age-appropriate medicines. In lack of these, health care professionals need to resort to extemporaneous preparations or off-label prescriptions. The EU Paediatric Regulation aims to improve this situation by incentives to increase the number of medicines approved for children. The aim of this study was to provide baseline information to evaluate the effect of the Paediatric Regulation by reviewing the availability and age-appropriateness of licensed, paediatric medicines in the Netherlands.

Methods: The availability of licensed, paediatric medicines was studied with help of the Z-index, the *Informatorium Medicamentorum* and the