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 ≥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.

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PERINEAL BLOCK WITH PRILOCAINE DURING LABOUR: EFFECT ON NEWBORNS

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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

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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

Summary of Product Characteristics. The nature of the medicines and the data for adults was studied as well. The age-appropriateness for children was evaluated concerning age, the ability to follow the authorised dosing recommendation, the suitability of the dosage form and the inclusion of potentially harmful excipients.

Results: 3542 licensed, paediatric medicines were identified containing 703 active chemical entities. The proportion of paediatric versus all human medicines increased with age from 37-96%. The proportion varied for the administration route from 22% (dermals) to 81% (inhalation products) and for the therapeutic category from 11% (genito-urinary medicines) to 89% (antiparasites). When considering the real age-appropriateness of licenced medicines the available formulations were acceptable for 27-88%, depending on age.

Conclusion: The current baseline information confirms a limited availability of paediatric medicines, especially for younger children. Health care professionals should realize that licensed, paediatric medicines may not be age-appropriate.

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DESIGN OF ELECTRONIC SOFTWARE TO AID RATIONALISED ANTIBIOTIC PRESCRIPTION AND IMPLEMENTATION OF THE LOCAL ANTIBIOTICS POLICIES.

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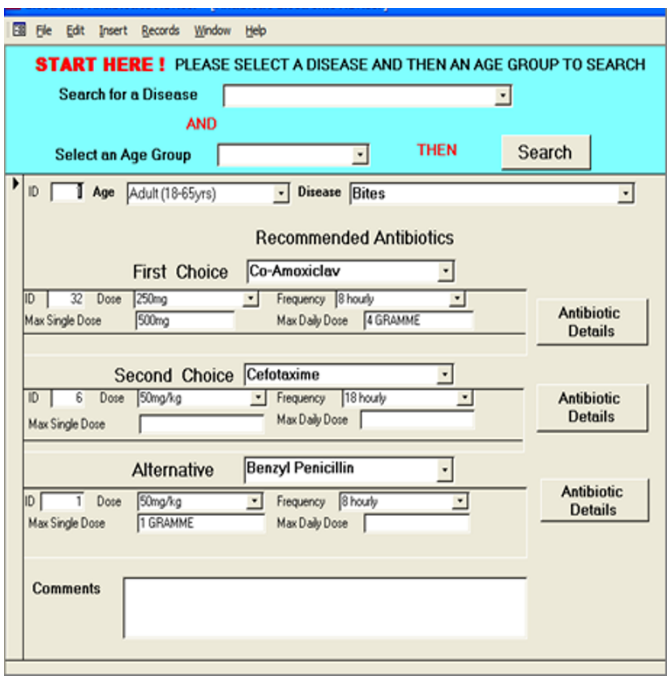
Antimicrobial resistance has become a global public health problem. The overuse (or misuse) of antimicrobials resulting partly from poor prescribing behaviour, is the single most important determinant of resistance. As a result of ongoing concern regarding antimicrobials resistance, the UK Department of Health in 2003 allocated £12 million to be spent over 3 years on developing roles for pharmacists taking a lead in promoting rational antibiotic prescribing. Implementation of standard treatment guidelines for acute infections and essential drug lists are powerful mechanisms to improve prescription practices.

Aims: To design an easy-to-use, user-friendly desktop windows application for all prescribing professionals acting as quick reference for the implementation of the local antibiotics guidelines and essential drug lists.

Methods: The designed software is based on antimicrobial guideline locally available in most hospitals. It is intuitively easy to use and requires no advanced computer skills.



[Antibiotic-Fig1]

Results: The software provides dosage recommendations for patients of different age groups based on the British National Formulary. It aids selection of appropriate antibiotics based on agreed priority criteria for selected common disease conditions. It minimises prescribing errors by aiding in calculation of the correct antimicrobial dosage based on the given patient's weight. It enables prescribers to easily implement the local antibiotics guidelines.

Conclusion: We have designed an easy-to use simple electronic assistant which offers guidance on choice and priority of antibiotics prescribed for empiric management of selected disease conditions within the context of a local antimicrobial prescribing policy.