

Cancer Patients' Adaptive Skills Surpass Those of Counterparts

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Children and adolescents with cancer showed greater adaptive skills and social skills than expected in healthy children, and certain adaptive styles help them thrive psychologically, separate speakers said at the annual meeting of the American Psychological Association.

A study of 172 children and teenagers with cancer looked at positive adjustment by measuring adaptability, social skills, and leadership. Results were compared with the same measures on a healthy sibling for 90 of the patients and with expected levels of these traits in healthy children.

Skills were assessed using the Revised Children's Manifest Anxiety Scale and the Behavioral Assessment System for Children-2.

Both the children with cancer and their siblings showed similar or lower levels of externalizing problems than would be expected in healthy controls. Children with cancer had higher composite scores for internalizing problems (anxiety, depression, and somatization), but their siblings had significantly lower composite scores, compared with expected rates, reported Melissa A. Alderfer, Ph.D., of Children's Hospital of Philadelphia.

Both the children with cancer and their siblings had greater adaptability and social skills than would be expected in conventional children. The siblings also showed more elevated levels of leadership than might be expected, but this trait was lower in children with cancer because of depressed leadership scores among children with brain tumors.

The children with cancer were 7-19 years of age and had been diagnosed between 44 days and 17 years prior to the study. Their siblings were 8-17 years old. Most (59%) of the children with cancer had leukemia, lymphoma, or blood disorders. A modest decline in positive adjustment was seen the further the cancer patient was from the time of diagnosis, Dr. Alderfer said.

Many previous studies have reported lower rates of depression in children with cancer, compared with healthy controls, Sean Phipps, Ph.D., said in a separate presentation. "The preponderance of evidence suggests that children with cancer are doing quite well" psy-

chologically, said Dr. Phipps of St. Jude's Children's Research Hospital, Memphis, Tenn.

He and associates explored one of the possible reasons for this—each individual's style of coping or defense, termed adaptive style. In one study of 162 pediatric cancer patients and their parents, the parents and patients reported on their adaptive styles and levels of posttraumatic stress.

Children and parents who were identified as low anxious or repressors had less posttraumatic stress reported, compared with those who were identified as high anxious or defensive/high anxious (*J. Pediatr. Psychol.* 2006;31:298-309).

"These findings, in combination with the generally low levels of posttraumatic stress in the pediatric oncology population, raise questions about the utility of the posttraumatic stress model for understanding the experiences of children with cancer," the investigators concluded.

A separate study in which Dr. Phipps was a coinvestigator assessed quality of life for 199 children with cancer and 108 healthy control children. The children with cancer and their parents reported better quality of life, compared with control children (*Cancer* 2006;106:2267-74).

Dr. Phipps wondered whether there is a downside to repressive adaptation. "I always thought so," he said, which led him and his associates to conduct a separate study on the effects of adaptive style on somatic symptoms in children aged 7-18 years, including 120 children who had completed treatment for cancer at least 6 months earlier and 120 matched healthy controls.

Contrary to expectations, there were no significant differences between the cancer and control groups in self-reported somatic symptoms. Children who were identified as repressors were least likely to report somatic symptoms (*Pediatr. Blood Cancer* 2007;49:84-9).

"These results do not support the prevailing hypothesis that a repressive style may be a risk factor for psychosomatic illness," the investigators reported.

Another study that hooked up physiologic monitoring devices to children with cancer found no relationship between measures of adaptive style and physiologic reactivity or short-term medical outcome, he added.

"Children with cancer are not only doing well, they're flourishing" psychologically, Dr. Phipps said. ■

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Look for Off-Line Behavior Problems Among Cyber Bullies

BY HEIDI SPLETE
Senior Writer

Youth who harass their peers via the Internet are significantly more likely to suffer from behavioral and psychosocial problems than youth who don't harass others online, based on data from interviews with 1,500 adolescents aged 10-17 years reported in the August issue of the *Journal of Adolescent Health*.

Although the analysis of Internet harassment is relatively new, the existing data suggest that children and adolescents who harass others online have mental health problems similar to the problems observed in off-line bullies. These problems include substance use, delinquency, and poor relationships with family members or caregivers, reported Michele L. Ybarra, Ph.D., of Internet Solutions for Kids Inc. of Irvine, Calif., and her colleagues.

To assess the nature of Internet harassment and the implications for adolescent health, the researchers reviewed data from the Second Youth Internet Safety Survey, a telephone questionnaire conducted in the United States between March and June 2005.

The survey included questions about how often the teens had used the Internet to harass or embarrass someone, and how many times they had made rude comments to someone online. The survey also included questions to assess behavior problems and off-line bullying (*J. Adolesc. Health* 2007;41:189-95).

Based on how often they reported engaging in any type of Internet harassment, the respondents were classified as "limited" (one to two times), "occasional" (three to five times), or "frequent" (six or more times) harassers.

Overall, 6% of the youth met the criteria for frequent harassers, another 6% met the criteria for occasional harassers, and 17% met the criteria for limited harassers.

Boys were three times more likely than girls to be frequent online bullies, while girls were twice as likely as boys to be limited online bullies. Off-line aggression problems were nine times more likely and rule-breaking behavior was seven times more likely among youth who were frequent online bullies.

The findings emphasize the need to ask children and adolescents about experiences with Internet harassment as victims, perpetrators, or both. "Youth who are limited or occasional perpetrators may represent an opportunity to intervene early," the researchers noted. ■

Dispensing Errors Common

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less likely to involve dispensing problems (49% vs. 67%).

Because more dextroamphetamine/amphetamine errors occurred during the dispensing phase, those errors were significantly more likely to reach patients than were errors involving methylphenidate (85% vs. 74%), said Dr. Bundy of Johns Hopkins University, Baltimore. Dextroamphetamine/amphetamine errors were three times more likely than were methylphenidate errors to involve the wrong dosage form (22% vs. 8%).

Overall, 297 errors reached patients but did not cause harm, 10 errors reached the patient and required monitoring to confirm no harm and/or intervention to preclude harm, and 2 errors occurred that may have contributed to or resulted in temporary harm and required intervention. There were no deaths related to the errors.

Dr. Bundy suggested that ADHD medications themselves may have properties predisposing them to certain types of errors. He described an ADHD "medication bingo" that includes an array of dosages and formulations, including Adderall XR (5, 10, 15, 20, 25, 30 mg); Adderall (5, 7.5, 10, 12.5, 15, 20, 30 mg); methylphenidate (Concerta) (18, 27, 36, 54 mg); and three formulations of methylphenidate (Ritalin), including Ritalin SR and Ritalin LA.

Although few errors involving ADHD medications appear to be harmful to patients' health, the impact on school performance and behavior may be important, said Dr. Bundy, who disclosed no related conflicts of interest. Moreover, pediatric ADHD outpatient medications are associated with 3.5 million ambulatory visits annually among children under 15 years of age—second only to asthma as a cause of

ambulatory care visits for a chronic disease.

Dispensing errors are common, and there are no checks and balances afterward to identify errors, the investigators found. "Efforts aimed at reducing ADHD medication errors must include not only clinician-based systems, but also dispensing/pharmacy systems," Dr. Bundy said.

Dispensing errors accounted for more than half of the reported errors (218 or 60%), while nearly one-quarter (84 or 23%) occurred during prescribing, and more than 1 in 10 (45 or 12%) during administration. The most common type of error was improper dose or quantity (131 or 36%) followed by wrong dosage form (51 or 14%), prescribing error (43 or 12%), omission error (39 or 11%), and wrong patient (32 or 9%).

Limitations of the study included the lack of a denominator, which made an incidence calculation impossible; no verification of report accuracy or completeness; underreporting and reporting bias; a non-

representative sample; and a lack of information from patients.

The impact of these errors on school performance and behavior may be important.

DR. BUNDY



"While the study can not estimate error incidence for pediatric ADHD medications, the substantial prevalence of ADHD and its related medication use, as well as data from previous studies, suggest that ADHD-related medication error incidence is significant," Dr. Bundy said in an interview.

"Since medication errors can never be completely eliminated, the importance of judicious use of ADHD medications is magnified." ■