

Reply



Emory University School of Medicine
Atlanta, Georgia

To the Editor:

We thank Bryant et al for sharing data from their local poison center on hospitalizations for unsupervised pediatric exposures. This provides further support for targeting pediatric poisoning prevention messages to grandparents¹ and emphasizes the risk of pediatric medication ingestions when using pill organizers in the presence of young children.²

Focusing on exposures requiring hospitalization (ie, those potentially most serious), Bryant et al found that when grandparents were involved, a higher percentage of cases involved medications accessed from pill organizers or involved antihypertensive medications compared with exposures without grandparent involvement. The proportion of cases involving intensive care unit admission was also higher for pediatric exposures with grandparent involvement, although whether the reported differences were statistically significant is unclear.

The findings reported by Bryant et al are important and suggest the need for additional studies to further investigate how medication use and storage practices of grandparents contribute to pediatric exposures with severe outcomes. Additional information on why medications are removed from original packaging, why medications are transferred to other containers, and how those containers are stored could help identify innovative interventions that promote both improved medication adherence among adults and improved child safety.

Grandparents' medications and pill organizers are only part of the problem of unsupervised pediatric exposures. Bryant et al provide additional evidence that it may be necessary to raise awareness among grandparents that most pill organizers are not child-resistant and can be easily opened by young children, but parents and other caregivers should be reminded of this as well. Targeted messaging could encourage caregivers of young children to keep medicines in child-resistant containers, fully secure child-resistant closures, and keep all medications (including those in purses, pockets, bags, and pill organizers) up and away and out of the sight and reach of young children.³

Maribeth C. Lovegrove, MPH

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Atlanta, Georgia

Maneesha Agarwal, MD

Division of Emergency Medicine
Department of Pediatrics
Emory University School of Medicine
Atlanta, Georgia

Robert J. Geller, MD

Department of Pediatrics

Daniel S. Budnitz, MD, MPH

Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Atlanta, Georgia

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2. Agarwal M, Lovegrove MC, Geller RJ, Pomerleau AC, Sapiano MRP, Weidle NJ, et al. Circumstances involved in unsupervised solid dose medication exposures among young children. *J Pediatr* 2020;219:188-95.e6.
3. UpAndAway.org. Put your medicines up and away and out of sight. www.upandaway.org. Accessed March 9, 2020.

Psychosocial interventions in families with a child with congenital heart disease

*To the Editor:*

We read the mixed-methods study by Gramszlo et al regarding parent perspectives on psychosocial interventions for congenital heart disease (CHD).¹ Parents of young children reported a need for an intervention targeting 6 themes: hospital care, parental self-care and stress management, communication with medical providers, challenges after hospitalization, neurodevelopment, and social support. Parents reported that the intervention should be brief, targeted at specific stages of care, and delivered in-person by a multidisciplinary team.

We would like to mention the results of our randomized controlled trial (n = 93) of the psychosocial Congenital Heart Disease Intervention Program (CHIP)-Family^{2,3} for preschoolers with CHD, their parents, and siblings. CHIP-Family is a multidisciplinary 1-day group workshop plus follow-up session provided by psychologists, physiotherapists, and pediatric cardiologists aimed at reducing parental stress and fostering emotional resilience of children with CHD and their siblings. CHIP-Family contained the key components described by Gramszlo et al.¹ The parent program included psychoeducation (eg, exercise capacity, neurodevelopmental problems), problem prevention therapy, general parenting skills, skills specific to parenting a child with CHD (eg, preparing for medical procedures, hospital care, aftercare), and facilitating social support. Children and their siblings participated in a group workshop including cognitive behavioral exercises to stimulate brave behavior, coping with emotions, relaxation, helpful thoughts, and physical activity. Our results show that discussing psychosocial topics with a pediatric cardiologist together with a