

Reply



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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

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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

psychologist and peer support of other families were the most appreciated components of CHIP-Family. On other outcome measures, results were not significant. Further research is needed.

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Reply



To the Editor:

We congratulate van der Mheen et al for their publication describing the results of a randomized controlled trial evaluating the Congenital Heart Disease Intervention Program (CHIP)-Family.¹ As noted in their Letter to the Editor, CHIP-Family intervention components map onto several themes identified in our report. Specifically, parents in our study expressed the need for psychosocial interventions that prepare parents for medical and neurodevelopmental challenges associated with congenital heart disease and promote parenting skills and facilitation of social support. The parents in our study also expressed the need for several aspects of program structure that were not components of the CHIP-Family intervention, namely, psychosocial interventions delivered during hospitalization and interventions delivered over multiple, brief sessions. As the CHIP-Family intervention did not significantly impact parent or child outcomes in the randomized controlled trial,¹ we look forward to future studies on this and other interventions to address parent and family needs. We agree that additional research is needed in this area and are eager to continue working toward the shared goal of supporting healthy psychosocial functioning for children with congenital heart disease and their families.

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Reference

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