February 2021 ORIGINAL ARTICLES

- Sturm AC, Knowles JW, Gidding SS, Ahmad ZS, Ahmed CD, Ballantyne CM, et al. Clinical genetic testing for familial hypercholesterolemia: JACC Scientific Expert Panel. J Am Coll Cardiol 2018;72:662-80.
- 23. Wiegman A, Gidding SS, Watts GF, Chapman MJ, Ginsberg HN, Cuchel M, et al. Familial hypercholesterolaemia in children and adolescents: gaining decades of life by optimizing detection and treatment. Eur Heart J 2015;36:2425-37.
- 24. Muratova VN, Islam SS, Demerath EW, Minor VE, Neal WA. Cholesterol screening among children and their parents. Prev Med 2001;33:1-6.
- **25.** Hales CM, Fryar CD, Carroll MD, Freedman DS, Ogden CL. Trends in obesity and severe obesity prevalence in US youth and adults by sex and age, 2007-2008 to 2015-2016. JAMA 2018;319:1723-5.
- de Ferranti SD, Rodday AM, Parsons SK, Cull WL, O'Connor KG, Daniels SR, et al. Cholesterol screening and treatment practices and preferences: a survey of United States pediatricians. J Pediatr 2017;185:99-105.e2.
- 27. Duell PB, Gidding SS, Andersen RL, Knickelbine T, Anderson L, Gianos E, et al. Longitudinal low-density lipoprotein cholesterol goal achievement and cardiovascular outcomes among adult patients with familial hypercholesterolemia: the CASCADE-FH registry. Atherosclerosis 2019;289:85-93.

- 28. National Institute for Health and Care Excellence (UK). Familial hypercholesterolaemia: identification and management. https://www.nice.org.uk/guidance/cg71/chapter/Recommendations#management. Accessed August 15, 2018.
- Vuorio A, Kuoppala J, Kovanen PT, Humphries SE, Tonstad S, Wiegman A, et al. Statins for children with familial hypercholesterolemia. Cochrane Database Syst Rev 2019;11:CD006401.
- **30.** Braamskamp MJ, Kusters DM, Avis HJ, Smets EM, Wijburg FA, Kastelein JJ, et al. Long-term statin treatment in children with familial hypercholesterolemia: more insight into tolerability and adherence. Paediatr Drugs 2015;17:159-66.
- 31. Vuorio A, Docherty KF, Humphries SE, Kuoppala J, Kovanen PT. Statin treatment of children with familial hypercholesterolemia–trying to balance incomplete evidence of long-term safety and clinical accountability: are we approaching a consensus? Atherosclerosis 2013;226: 315-20.
- 32. Luirink IK, Wiegman A, Kusters DM, Hof MH, Groothoff JW, de Groot E, et al. 20-Year follow-up of statins in children with familial hypercholesterolemia. N Engl J Med 2019;381:1547-56.

50 Years Ago in The Journal of Pediatrics

From Aspirin to Magnets: 50 Years of Pediatric Ingestions

Deeths T, Breeden J. Poisoning in Children—A Statistical Study of 1057 Cases. J Pediatr 1971;78:299-305.

Deeths and Breeden collected data on pediatric ingestion admissions at Milwaukee Children's Hospital from 1962 to 1968 and took special note of the number of patients treated for aspirin and hydrocarbon ingestions. Their findings were part of a broader problem throughout the US, with an estimated 2 million poisonings and 400 deaths per year in patients under 5 years of age. Although there were variations from year to year in the particular ingestions, there were no discernable improvements in ingestions of aspirin or hydrocarbons.

It is within this epidemic of ingestions that national legislation began to take effect and protect children. Just before the study period, in 1957, poison control centers were first mandated to collect and report data to the US Food and Drug Administration, and in 1961, *The Child Protection Act* first banned dangerous and hazardous toys. In 1966, aspirin packaging requirements were changed to decrease toxic pediatric ingestions. Finally, the Consumer Product Safety Commission was created with the *Poison Prevention Packaging Act* in 1970. Together, these legislative actions changed the market for medications and toys which could be ingested by young children. Since then, the number of fatalities due to poisoning for children less than 5 years of age has decreased from 216 deaths in 1972 to 30 deaths in 2016.

Despite the success of this legislation, there are still challenges today. In 2018, there were nearly 1 million calls to Poison Control Centers for exposures to children 5 years old and younger, representing more than 40% of reported exposures.² New products often represent the greatest threats, and recent trends in exposures include laundry detergent pods and rare earth magnets. These products fall within broad categories, household chemicals and toys, that continue to represent common ingestions for children since the 1950s. As clinicians and advocates, pediatricians must remain diligent and coordinate with Poison Control Centers to quickly note trends in exposures and notify the public, the Consumer Product Safety Commission, and legislators when products pose dangers to young children.

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References

- 1. Consumer Product Safety Commission. Pediatric poisoning fatalities from 1972-2016, www.cpsc.gov/s3fs-public/PPPAMortality2016.pdf? eWmTwBO8a8GO0jhXA.YTdfPGhwmA_5bW. Accessed August 23, 2020.
- 2. Gummin DD, Mowry JB, Spyker DA, Brooks DE, Beuhler MC, Rivers LJ, et al. 2018 Annual report of the American Association of Poison Control Centers' National Poison Data System (NPDS). Clin Toxicol 2019;57:1220-413.