

Background

Recent federal drug legislation has resulted in pediatric labeling changes for more than 100 different medications for use in children, including many antihypertensive drugs. As a result, several antihypertensive drugs have FDA approval for use in children with documented evidence of safety and effectiveness in children. In addition, some of these medications' industry patents have recently expired resulting in availability of cheaper generic equivalents. This is significant as increasing number of children are overweight and have concurrent health conditions including hypertension often requiring antihypertensive drug therapy. Since blood pressure control is long-term, the need for safe and cost-effective antihypertensive drugs for children is paramount.

Previous studies have suggested a relationship between parental beliefs about prescription medications and medication adherence. However, parental beliefs and expectations regarding safety and effectiveness of prescription medications for their children are unknown, particularly in the long-term setting. Furthermore, the relative importance of FDA approval, compared to other factors such as cost and ease of dosing schedule, is unknown.

Objective

Our research objective is to characterize parents' beliefs and expectations about their children's prescription antihypertensive medications.

We hope that this study will give insight into parental beliefs and preferences regarding children's medications. Increased understanding may improve clinical care by informing physician medication choice that also addresses parental concerns and expectations, and improving physician communication of their medical decision-making to parents to appropriately address parental concerns. Importantly, addressing parental concerns and expectations may positively impact medication and treatment adherence for children prescribed long-term antihypertensive medications.

Methods

The three-phase study is conducted with parents of children evaluated for pre-hypertension or hypertension at university subspecialty clinics. Phase 1 consists of self-administered surveys of parents *prior* to their children's subspecialty clinic visit. In Phase 2, parents are contacted for telephone interview 1-2 weeks *after* the clinic visit to follow-up on their children's subspecialty clinic visit. Phase 3 consists of retrospective medical record review of children for validation and comparison of parent survey responses regarding treatment of their child's high blood pressure.

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