Background Pharmacological treatment of paediatric patients is a clinical area not deeply investigated because of the health, legal and financial implications. The multidisciplinary team for clinical management of drugs in Rizzoli Orthopedic Institute wanted to meet the clinical demand for standardisation of off-label use.

Purpose To develop a list of safe medicines for use in pediatrics.

Materials and Methods The analysis was conducted considering the data sheets of 169 analgesics and anesthetic medicines extracted from ATC M-N (60 drugs) and the following sources: TripDataBase, GUF for children 2003, BNF for Children 2011–2012, Who Model Formulary for Children 2010. The information stored in a DB enabled us to classify the medicines as: authorised in paediatrics; licenced with restrictions on use by age/weight/pathology; contra-indicated or not recommended in childhood; with no references for use in children.

Results 80 anti-inflammatory/antirheumatic medicines (9 drugs) and 42 analgesics (10 drugs): ibuprofen, paracetamol and pethidine are reference drugs, ketorolac and nimesulide are contra-indicated and there is no documentation for age <16 or <12 years; morphine has age limitations, but its use is strongly recommended; 12 muscle relaxants (9 drugs): suxamethonium, vecuronium, atracurium, bacofox, rocuronium are for reference; 31 anaesthetics (14 drugs): bupivacaine, isoflurane, remifentanil, ropivacaine and sevoflurane are authorised, thiopental and ketamine have no indications in childhood but their use is documented; 54 anticonvulsants (18 drugs), gabapentin and pregabaline are contra-indicated for neuropathic pain although authorised over 6 years in epilepsy.

Conclusions The results confirmed the limited information contained in the data sheets and the need to apply scientific evidence in paediatrics. Therefore, the resulting list was a tool for clinicians to increase awareness of the off-label use as an aid in the acquisition of informed consent.

No conflict of interest.

Results 18 subjects recruited (n = 18), percentage of males 67%, mean age 47.3. 10 patients had genotype 2 or 3, and 8 patients had genotype 1 or 4. Low-grade (stage 1–2) and high-grade (3–4) fibrosis was found in 11 and 7 patients respectively. 9 patients had >800,000 RNA copies/mL at presentation. With regard to the antiviral therapy, statistically significant differences in the following items were found between week 0 and week 4: physical functioning (P = 0.046), physical role (P = 0.001), pain (P = 0.001), health (0.046), energy/fatigue (P = 0.001), and emotional wellbeing (P = 0.001). Additionally, we found statistically significant differences in the emotional component with regard to the VL (P = 0.005) and the degree of fibrosis (P = 0.03).

Conclusions Antiviral therapy was associated with deterioration in HRQOL. Items involving physical health exhibited the greatest differences. Conversely, those subjects with higher VL and an advanced degree of fibrosis had worse scores in the items involving emotional wellbeing. Long-term studies are currently being conducted to determine whether the existing differences are emphasised over time, as well as the implications of these findings.

No conflict of interest.