Early Puberty: A Cautionary Tale
Anuttara Pathomvanich, Deborah P. Merke and George P. Chrousos
Pediatrics 2000;105;115

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/105/1/115.full.html
Academy of Pediatrics (AAP) as opposed to pictorial anticipatory guidance (PAG) sheets that the authors designed. The authors do not reference their method of determining the reading level of the TIPP materials (stated to be 9th grade), but the AAP-assessed grade level is 6.3 using the Flesch-Kincaid method (personal communication, AAP, September 9, 1999). This could easily account for the similar results using both sets of materials. Nevertheless, this is an interesting study, because although it has been well established that injury prevention counseling based in primary care settings can result in positive outcomes; there is not much information regarding the efficacy of education when used specifically in low-income clinic populations.

As is so often the case in injury prevention research, determining whether the outcome was successful or not is often a matter of the researchers’ expectations and perspective. The authors felt that their parents as a group might be considered difficult to educate using TIPP counseling materials, and it is difficult to gauge what level of benefit might be considered successful from a single counseling encounter using either of the counseling approaches. TIPP attempts to build on the known efficacy of physician counseling and is based on the premise that the “typical” parent will need repetitive reinforcing messages to be educated in an effective manner. TIPP has 3 components: an Injury Prevention Schedule, the TIPP sheets, and the Framingham Safety Surveys. Powell et al decided to use only the TIPP sheets for this study.

The authors observed that there was no difference between the use of the TIPP sheet versus the PAG sheets and concluded that recall of injury information several weeks after a clinic visit was “limited.” These results, based on a phone survey performed several weeks after the counseling, are presented in terms of the negative data; that is, 17% to 20% of the parents were unable to name an injury topic discussed at the visit. When grouped by categories (fire/burns, falls, guns, drowning), there was no recall in 30%, 22%, 40%, and 33% of parents, respectively, who were given TIPP sheets. Had the inverse positive data been used, the authors could have stated that 80% to 83% of the group were able to name an injury topic and that there was some recall (directed or prompted) in 70%, 78%, 60%, and 67% of the parents for each of the specific topics. Perhaps this is a limited result as the authors see it. Personally I consider it quite successful, given the initial assumptions of the authors. In my own experience, such a result from an even more typical parent population would be considered well within expectations. In any case, evidence now exists of the educational value of even a single use of one component of TIPP.

I certainly concur with the authors’ conclusion that successful injury prevention counseling needs to be comprehensive and repetitive, not only for clinic parents but for any group. In addition, injury prevention counseling should never be viewed as the sole approach to childhood injury prevention but must always be placed in synergy with other approaches, including technological advances implemented with legislation and regulation. At the same time, it is encouraging that even one counseling encounter with either counseling method had some demonstrable educational effect.

REFERENCES
Early Puberty: A Cautionary Tale
Anuttara Pathomvanich, Deborah P. Merke and George P. Chrousos

Pediatrics 2000;105;115

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/105/1/115.full.html

References
This article cites 9 articles, 7 of which can be accessed free at:
http://pediatrics.aappublications.org/content/105/1/115.full.html#ref-list-1

Citations
This article has been cited by 6 HighWire-hosted articles:
http://pediatrics.aappublications.org/content/105/1/115.full.html#related-urls

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Office Practice
http://pediatrics.aappublications.org/cgi/collection/office_practice

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://pediatrics.aappublications.org/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
http://pediatrics.aappublications.org/site/misc/reprints.xhtml