How to treat a crying baby? Brain waves offers window

Could a baby's cry mean an anesthetic isn't working well during a procedure? That a painkiller for postoperative pain has worn off? Or could it mean something else entirely?

Scientists at the University of Oxford think they have found a new way around that problem. Neuroscientist Caroline Hartley and her colleagues studied 72 infants undergoing medically necessary painful procedures, like a needle prick for a blood test. They found, using electrodes on the babies' scalps, a signature change in brain activity about a half-second after a painful stimulus. In the future, that measure could help pain researchers objectively establish if an infant is in pain and, ultimately, determine how to manage it. The study was published in Science Translational Medicine on [May 3].

And the approach is about to get its first field test. Hartley and another one of her coauthors have started recruiting patients for what is expected to be a three-year clinical trial to test the efficacy of morphine in infants. Treating an infant in pain is not like treating a tiny adult: Infants' skins and intestines absorb drugs differently, and they can have different levels of enzymes that break down drugs and the receptors to which drugs bind, too.

The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion, and analysis. Read full, original post: Babies' brain signals offer window into treating their pain

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