

# Administration of nasal medications to infants and young children – thematic analysis of parents' experiences in online forum discussions and blogs

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## Background

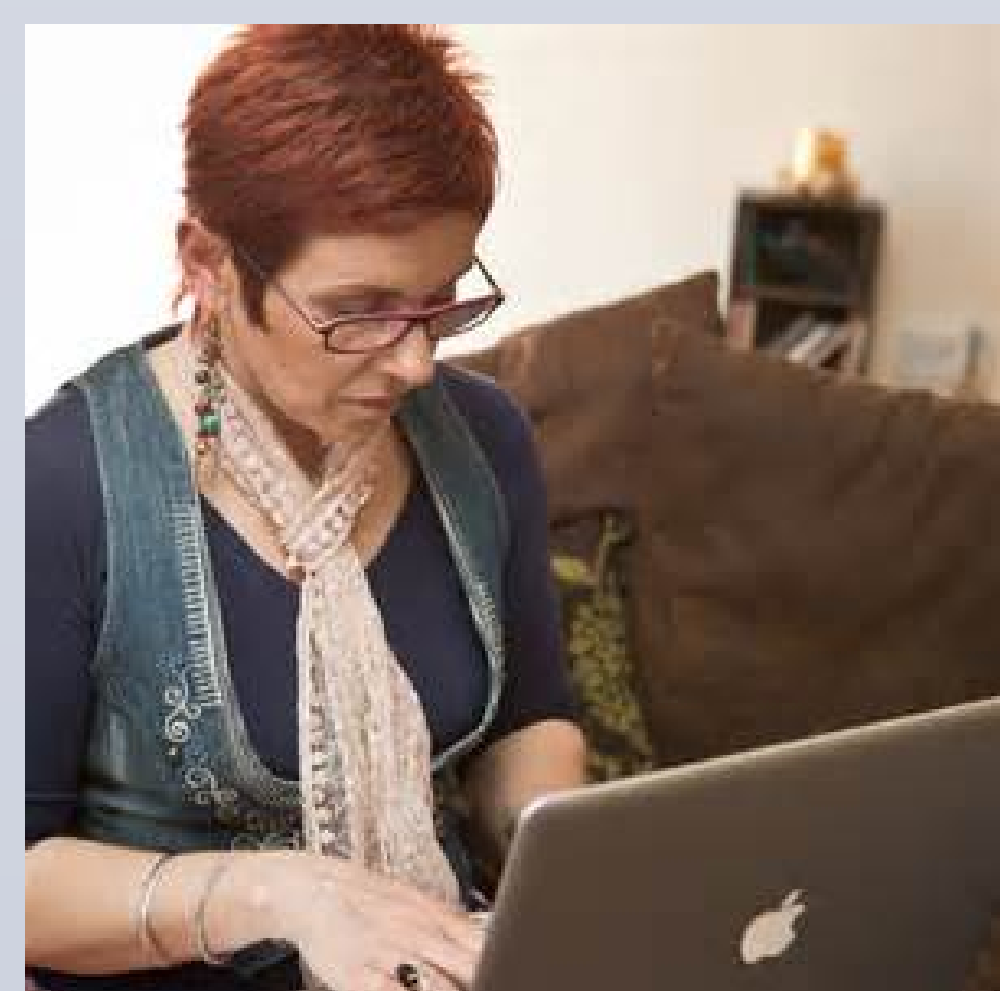
- Allergic rhinitis is an increasing problem among children in developed countries
- A 12-year birth cohort study from 2001 to 2012 on Isle of Wight showed that current-rhinitis and lifetime-rhinitis prevalence increased by 5.5% (22.6-vs-28.1, p=0.004) and 13% (18.6-vs-31.7, p<0.001) respectively



- Parents play an essential role in the administration of medication, but to date no qualitative research has focussed on the administration challenges of nasal medications to young children
- The objective of this study was to explore the experiences of parents administering nasal medications to their children
- Using a novel method in paediatric health services research in allergy, online forum discussions and blog posts were used for this matter

## Methods

- Simple searches in Google were done to identify websites, where parents generally discussed the care of their atopic children
- After that, advanced title searches in Google, Yahoo and Bing were done in the most appropriate websites like mumsnet.com, bellybelly.com.au, babycentre.co.uk, etc.
- Keywords for these advanced searches were: 'how to nasal spray/drops toddler', 'tips nasal spray/drops toddler', etc.
- A thematic analysis was used
- First, the forum discussions and blog posts were transcribed into Word with line numbers
- Transcripts were coded and divided into subthemes and themes
- For ethical reasons, only online forum discussions were used which could be accessed without having to sign in



## Results

29 online forum discussions and 1 weblog were analysed, where parents of children with rhinitis symptoms sought advice on how to administer nasal medications or nasal saline irrigation. The following themes were found:

### 1. Barriers to medication administration

**Resistance** towards nasal medications shown by infants and young children was widely reported:

"I've tried giving her nasal drops and nasal spray but she goes crazy!! She's a strong baby and she literally fights me away with all her might and flings her head side to side screaming."

"She fights her head left right, gets red, cries in screams!"

Other barriers were **fear of medications** or **hatred** towards it:

"He hates it. I don't think anything you do will change it. I just do it as fast as possible & give him a cuddle after:)"

"I've had my 8 year old daughter use it and it freaked her out. She really didn't like the sensation and she's old enough to understand what it's supposed to do. I can't imagine getting a toddler to use it."

### 2. Consequences to barriers of medication administration

Very common for parents was to use **force** because of resistance to medication which led to **emotional disturbance** in parents:

"I hold my baby in my left arm and pin his head against my shoulder while using my left hand to hold his arms down. Then I use my right hand to do the syringe."

"I feel like I'm torturing him trying to get these damn drops in his tiny nose."

### 3. Facilitators for successful nasal medication administration

Several strategies for successful nasal medication administration were suggested like **demonstration**, **distraction**, **while asleep**, or **game**:

"If you want your child to use it, I think the best way would be to use it yourself, let your daughter watch, get her interested, and then try it."

"I often found that playing peek a boo with my daughter, covering her eyes a few times then covering mine, in between I would squeeze some in her nose or use the syringe."

## Conclusions

- This qualitative research highlights the challenges parents face when administering nasal medications to their children with rhinitis
- Health professionals need to be aware of these difficulties to advise parents about medication administration appropriately
- More research is needed to understand how best to facilitate the delivery of nasal treatment for allergic rhinitis in order to develop optimal control, and possibly prevent progression to asthma