
Almost three-fourths (71%) of 840 early career pediatricians surveyed agreed that they have physician colleagues who are important sources of personal support. They were more likely than pediatricians without such support to report higher career and life satisfaction, balanced personal and professional commitments, and lower burnout (see figure).

More than two-thirds (68%) agreed that their resources for patient care are adequate. These pediatricians were more likely than those without such resources to report higher career satisfaction (89% vs. 73%), life satisfaction (79% vs. 50%), balanced commitments (51% vs. 27%) and less burnout (23% vs. 47%).

In statistical analyses that accounted for other personal and work factors, race/ethnicity and having children were not important factors of satisfaction, work-life balance or burnout. Men and women reported similar levels of burnout and life satisfaction. Women, however, were less likely than men to report balance in their personal and professional commitments and satisfaction with their career as a physician.

“It is encouraging to see the high satisfaction among early career pediatricians, especially as they are juggling many responsibilities and experiencing multiple transitions personally, such as raising children at the same time that they are building their careers professionally,” said Amy J. Starmer, M.D., M.P.H., FAAP, lead author and member of the PLACES project advisory committee. “Work settings that promote personal support among physician colleagues and provide adequate resources for patient care may have the potential to enhance work-life balance and career satisfaction.”

FDA Update

New ADHD medications target patients who have trouble swallowing pills

from the Food and Drug Administration Office of Pediatric Therapeutics, Division of Pediatric and Maternal Health, and Division of Psychiatry Products

The Food and Drug Administration (FDA) recently approved three new treatment choices for pediatric patients 6 years and older with attention-deficit/hyperactivity disorder (ADHD). All are oral extended-release pediatric formulations:

- Adzenys XR-ODT (amphetamine), approved Jan. 27, is the first extended-release orally disintegrating tablet for the treatment of ADHD.
- QuilllChew ER (methylphenidate hydrochloride), approved Dec. 4, 2015, is the first chewable extended-release ADHD tablet. QuilllChew XR can be chewed or swallowed whole.
- Dyanavel XR (amphetamine), approved Oct. 19, 2015, is the first extended-release amphetamine-based oral suspension.

Each of these formulations may be useful for patients who are unable or have difficulty swallowing tablets or capsules. Patient compliance may be enhanced because these extended-release medications are taken once daily.

As part of the approvals for these formulations, the FDA is requiring studies for patients 4-5 years of age.

RESOURCES

- The AAP Section on Early Career Physicians provides guidance and resources for early career physicians who are transitioning out of residency and fellowship, as well as those in their early years in practice. For information, contact Julie Raymond, in the AAP Division of Membership Outreach and Marketing, at 800-433-9016, ext. 7137, or jraymond@aap.org.
- The AAP clinical report Physician Health and Wellness is available at http://pediatrics.aappublications.org/content/134/4/830.
- For more information on the AAP Pediatrician Life and Career Experience Study, visit www2.aap.org/research/places.htm or contact Mary Pat Frintner, in the AAP Division of Health Services Research, at 800-433-9016, ext. 7664, or mfrintner@aap.org.