Top news stories from AMA Morning Rounds®: Week of March 28, 2022

Read AMA Morning Rounds®’ most popular stories in medicine and public health from the week of March 28, 2022–April 1, 2022.

CDC warns of accelerated mental health crisis among adolescents

The Washington Post (3/31, Balingit) reports the CDC “is warning of an accelerating mental health crisis among adolescents, with more than four in 10 teens reporting that they feel ‘persistently sad or hopeless,’ and one in five saying they have contemplated suicide, according to the results of a survey published” in the CDC’s Morbidity and Mortality Weekly Report.

According to the New York Times (3/31, Barry), the CDC’s “nationwide survey of 7,705 high school students conducted in the first half of 2021 built on earlier findings of high levels of emotional distress, with 44.2% describing persistent feelings of sadness or hopelessness that prevented them from participating in normal activities, and 9% reporting an attempt at suicide.” What’s more, it revealed “high rates of reported abuse, with 55.1% of teenage respondents saying they suffered emotional abuse from a parent or another adult in their house in the preceding year, and 11.3% saying they suffered physical abuse.”

Ivermectin does not appear to reduce risk of hospitalization from COVID-19, study finds

NPR (3/30, Diaz) reports, “The anti-parasitic ivermectin doesn’t reduce the risk of hospitalization from COVID-19, according to a study.” The findings were published in The New England Journal of Medicine.

ABC News (3/30, Salzman) reports that investigators “compared more than 1,300 patients, some given ivermectin and others given a placebo, and found no difference between the groups.”
FDA authorizes second booster of Pfizer-BioNTech, Moderna COVID-19 vaccines for older adults

The Washington Post (3/29, Johnson, Sun) reports, “Older adults can get second booster shots of the Pfizer-BioNTech and Moderna coronavirus vaccines, federal agencies announced Tuesday as they expanded access to additional shots to help shore up protection against severe illness.” The Food and Drug Administration authorized the second mRNA booster doses “for people 50 and older at least four months after their first booster” and “updated its authorization for people 12 and older who are immunocompromised, saying they are eligible for an additional booster.”

The AP (3/29, Neergaard, Perrone) reports, “The Centers for Disease Control and Prevention later recommended the extra shot as an option but stopped short of urging that those eligible rush out and get it right away.”

Prediabetes prevalence more than doubled among U.S. youth from 1999 to 2018, data indicate

CNN (3/28, Holcombe) reports rates of prediabetes among U.S. “children have more than doubled in about 20 years, according to” data from the “Centers for Disease Control and Prevention’s National Health and Nutrition Examination Survey from 1999 to 2018.” This “increase was seen over almost all subpopulations of young Americans, regardless of income, ethnicity and education, said” one study author. The data were published in JAMA Pediatrics.

MedPage Today (3/28, Monaco) reports the data also revealed that “some of the sharpest spikes in prevalence occurred in youth with obesity.”

FDA pulls sotrovimab authorization for COVID-19 in U.S. regions with high BA.2 activity

Reuters (3/25, Maddipatla) reported the FDA “said on Friday the current authorized dose of GlaxoSmithKline and Vir Biotechnology’s COVID-19 antibody therapy is unlikely to be effective against the Omicron BA.2 variant.” The FDA “pulled its authorization for the therapy, sotrovimab, in much of the U.S. northeast where the subvariant is dominant.” The companies “said on Friday they are preparing a package of data in support of a higher dose for sotrovimab than the currently authorized
500 mg, for the BA.2 subvariant.”

Healio (3/25, Laday) reported that according to the agency, “other therapies, including antivirals nirmatrelvir (Paxlovid, Pfizer), remdesivir (Veklury, Gilead Sciences) and molnupiravir (Lagevrio, Merck), as well as the monoclonal antibody bebtelovimab (LY-CoV1404, Eli Lilly), are expected to be effective against the BA.2 sub-variant.”

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