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Editorial Board Member

Dr. Lonnie Zeltzer

Director

Distinguished Professor of Pediatrics,

Anesthesiology, Psychiatry and Biobehavioral

Sciences



David Geffen School of Medicine at UCLA

Tel: 310-825-0731





Biography

Dr. Lonnie Zeltzer, is a Distinguished Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Sciences at the David Geffen School of Medicine at UCLA, Director of the Children's Pain and Comfort Care Program. She is a co-author on the Institute of Medicine report on Transforming Pain in America. She has received a WT Grant Faculty Scholar's Award, a National Cancer Institute Research Career Development Award, a 2002 Physician Excellence Award from Trinity Hospice, the 2003 UCLA Helene Brown Award for Excellence in Cancer Control Research, a 2005 Mayday Pain and Policy Fellowship, and the 2005 Jeffrey Lawson Award for Advocacy in Children's Pain Relief from the American Pain Society





Her UCLA pain program received a 2009 Clinical Centers of Excellence in Pain Management Award from APS. She is Past-President of the SIG on Pain in Childhood in the International Association for the Study of Pain and past-Secretary of the APS. Her research focuses on the development of sex differences, puberty, and the role of parents on pain vulnerability and inhibition in children. She has over 350 publications, including a book for parents on chronic childhood pain (HarperCollins, 2005), also translated into French.



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Research Interests

Dr. Lonnie Zeltzer's research interests includes: Pediatric pain, Pediatric palliative care, Complementary and Alternative medicine in pain and in other symptoms and in Palliative care; Chronic pain in children and adolescents; Childhood cancer pain.



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Publications

- Ford JS, Kawashima T, Whitton J, Leisenring W, Laverdière C, et al. (2014) Psychosexual functioning among adult female survivors of childhood cancer: a report from the childhood cancer survivor study. J Clin Oncol 32: 3126-3136.
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- <u>Chou R, Cruciani RA, Fiellin DA, Compton P, Farrar JT, et al. (2014) Methadone safety: a clinical</u> practice guideline from the American Pain Society and College on Problems of Drug Dependence, in <u>collaboration with the Heart Rhythm Society. J Pain 15: 321-337.</u>
- <u>Tsao JC, Li N, Parker D, Seidman LC, Zeltzer LK (2014) Pubertal status moderates the association</u> between mother and child laboratory pain tolerance. Pain Res Manag 19: 23-29.
- Mertens AC, Brand S, Ness KK, Li Z, Mitby PA, et al. (2014) Health and well-being in adolescent survivors of early childhood cancer: a report from the Childhood Cancer Survivor Study. Psychooncology 23: 266-275.
- <u>Tsao JC, Jacob E, Seidman LC, Lewis MA, Zeltzer LK (2014) Psychological aspects and hospitalization</u> for pain crises in youth with sickle-cell disease. J Health Psychol 19: 407-416.



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Pediatric Palliative Care





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Pediatric Palliative Care

Pediatric Palliative care is specialized medical care for children with serious illnesses. It focuses on providing relief from the symptoms, pain, and stress of a serious illness whatever the diagnosis. The goal is to improve quality of life for both the child and the family.

Pediatric palliative care is provided by a team of doctors, nurses and other specialists who work together with a child's other doctors as an extra layer of support. It is appropriate at any age and at any stage of an illness and can be provided along with treatment meant to cure.



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Pediatric Palliative Care

Pediatric palliative care addresses a serious medical conditions, including genetic disorders, cancer, prematurity, neurologic disorders, heart and lung conditions and others. It relieves the symptoms of these diseases, such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. In short, it helps the child and the family gain the strength to carry on with daily life.

Above all, pediatric palliative care is family-centered. It helps with communication and coordination of care. With the close communication that palliative care provides, families are better able to choose options that in line with with their values, traditions and culture. This improves the well-being of the entire family.





Childhood cancer pain

The types of cancers that occur most often in children are different from those seen in adults. The most common cancers of children are:

Leukemia

Brain and other central nervous system tumors

Neuroblastoma

Wilms tumor

Lymphoma (including both Hodgkin and non-Hodgkin)

Rhabdomyosarcoma

Retinoblastoma

Bone cancer (including osteosarcoma and Ewing sarcoma)



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Childhood cancer pain

Managing pain in the pediatric oncology population can be a daunting task. Often pain in these patients is severe and often not adequately treated or assessed. Studies have found that the reason for this disconnect is due to the impulse to follow unsubstantiated fears and myths held by healthcare professionals and even by the caregivers of the patients. For this reason, many pediatric oncology patients suffer from unnecessary pain when there are both pharmacological and non-pharmacological means available to intervene. The diagnosis and treatment of childhood cancer is multidimensional; however, it can be managed based on recent research and evidence-based practice. In addition, the family, nurses, and other caregivers play a significant role in the management of pain for these young patients. It is imperative that empirical research is conducted and put into practice when appropriate in order to dissipate the burden of such a complex diagnosis. The synthesis of the existing research will help to identify risks and benefits associated with certain medications and treatments as well as identify where gaps exist and further research is necessary. Pediatric oncology patients are affected by their disease in every facet of their lives and would benefit greatly from adequately managed pain.

Palliative care and medicine Related Journals

- Journal of Nursing & Care
- Primary Health
 Care: Open Access

Palliative care and medicine Related Conferences

 2nd International Conference on Nursing & Healthcare during November 17-19, 2014, at Chicago
 2nd International conference on Geriatrics& Gerontology August 31-September 02, 2015 Toronto, Canada



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