

Little things

that matter

“Doctor! My Nose is Running!”

Mark Deis, MD

“Yeah, and I bet your feet smell, too! The only problem with you is you’re upside down!” OK, so this might not be so funny when you or your child is miserable with a cold and maybe not when you’re feeling well either! Lately we have been told by many families that they have tried various cold remedies that they anticipated would bring relief, and there has been no effect. Some of this results from misunderstandings about the roles of various medications in treating rhinorrhea (the doctor word for a runny nose). We thought it might help to try to clear up some of the confusion, so, away we go...

The common cold is most often caused by one of the many viruses in the Rhinovirus family. Many other viruses can cause cold symptoms and vary depending on the age of a child. The bottom line is that cold viruses are not curable with any medication, including antibiotics. Preschoolers can experience six to ten colds per year and they frequently catch a second different virus that causes cold symptoms as they are getting over a previous viral cold. This can make a child have symptoms for several weeks without showing signs of improvement. Most episodes of cold symptoms follow a predictable course. Viral colds begin with the inoculation of virus onto the membranes of the mouth, nose, or eyes, followed by local infection. Since these areas are all connected physically to one another, the virus spreads and signs of inflammation develop. Within a few hours, sneezing and watery nasal discharge may occur, often accompanied by other complaints such as low-grade fever, loss of energy and appetite, headache, and muscle aches. Cough occurs in 60-80% of colds and does not necessarily suggest a bacterial cause. One to three days after the onset of illness, nasal secretions typically become thicker and more discolored because they contain cells from the nose lining, white blood cells, and bacteria that normally colonize the upper respiratory tract. The white blood cells also secrete a germ-killing chemical called myeloperoxidase, which turns the drainage green. Despite Grandma’s teaching, this is not a sure sign of bacterial infection! It can be somewhat difficult to distinguish the thicker secretions from the common cold versus a bacterial sinus infection, but there are other considerations. The duration of illness with a cold usually ranges from 2 to 7 days. Although patients are generally improved by

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Flu Vaccines

Here is a reminder to sign up for flu vaccines. Flu vaccines are scheduled for October and November. These patients are at high risk for complications from the flu: children from six months to two years of age and children with asthma, diabetes, organ transplant, or any chronic illness. If your child has ever had any flu vaccine, they require only one per flu season. For children less than nine years of age who have never received a flu vaccine, two flu vaccines are recommended to be given one month apart. We can only provide flu vaccines for patients of Pediatric Associates. We cannot provide flu vaccines for parents nor for non-patients of Pediatric Associates. Currently, we are not aware of any shortage of flu vaccines. However, if there were to be a shortage, flu vaccines will be distributed based on risk factors.

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day 10, lingering symptoms, including cough (in up to 31% of patients) and nasal discharge (35%), can persist in children and adolescents for more than 2 weeks. When symptoms persist longer than 14 days, or if fever lasts 5 or more days or first occurs after cold symptoms have been present for 7 days, a bacterial complication can be considered. These include ear infections, sinusitis, and if symptoms suggest it, pneumonia.

As parents we want our children to feel as comfortable as possible while Mother Nature is working her magic to cure cold symptoms. This is reasonable. So what can you do? First, if your child has fever or is experiencing pain, medications such as Tylenol (acetaminophen) or Motrin or Advil (ibuprofen) can help. These medications do nothing to help lessen the runny nose symptoms, however. We do not generally recommend the combination products such as Tylenol Cold or Motrin Cold because it is easy to under- or overdose a child with one or another component. Overdosing needs no explanation, but underdosing a medication results in no benefit for which it is intended, while still making side effects a possibility. If you are uncertain about how to dose a medication, our web site has references to aid you.

Now, what can you do to knock out that pesky runny nose? Your best bet is to use a preparation that contains a decongestant, although study results vary on how effective they are. In general, children experience a decrease in symptoms. The most common active ingredient in this category is pseudoephedrine. Since this is one component of crystal meth, these preparations are now often kept behind the pharmacists' counter and you have to sign for them. Do not let this scare you. They decrease nasal congestion by shrinking the swelling found in blood vessels in the nose. These medications can make a child experience irritability or sleeplessness, so do not use them for the first time at bedtime! Nasal spray decongestants such as Afrin or Neosynephrine can give short-term relief, but carry the risk of causing a "rebound runny nose" when you stop using them. This can occur after as little as two days' use.

Cough seems to be a symptom that produces the greatest concern for parents. Although cough can reduce sleep (for kids and parents!), it also results in the clearance of mucus from the throat and even the lungs. For this reason cough meds are not recommended for children with asthma or cystic fibrosis. Whether one uses

a narcotic or OTC cough preparation (i.e., cough suppressant or antitussive), it is difficult to completely eliminate cough because it requires the use of doses that can have harmful side effects, including suppression of the respiratory drive and therefore death in extreme cases. Simple measures such as maintaining fluid intake, using cough drops, or intermittently drinking a small amount of corn syrup (I'm not making that up!), or using a vaporizer placed near the child can all go a long way toward eliminating cough.

Antihistamines (Benadryl, Claritin, Zyrtec, Allegra, etc.) are very commonly used as a treatment for cold symptoms in children, but amazingly are not well studied for this use. A key consideration is that colds do not result in the production of extra histamine in the body, so antihistamines should play no role. In adult studies they show only a small effect towards producing symptomatic improvement. For these reasons, we do not routinely recommend their use for treating colds. If your child has a runny nose that truly seems to respond to an antihistamine, they probably have allergies.

Other agents including expectorants, zinc, Echinacea, and menthol vapor (Vicks) produce little or no benefit in the treatment of colds in children. The best prescription for the common cold is patience tempered with a healthy dose of knowledge about its cause and treatment. We should also make clear that we never recommend the use of cold medications in children under the age of 6 months, and they should be used with a degree of caution in children aged 6-12 months. For that age range the use of saline nose drops and a bulb syringe as well as a vaporizer or humidifier are best. Please feel free to ask any of us about any additional questions that you might have about treating your child's cold symptoms.

Insurance Reminder:

Please be sure to bring a copy of your current insurance card to all of your visits. If your child is under two months of age, we understand that you may still be waiting for your child's insurance card to be mailed to you. In order to provide medical care for your child and to avoid the need to contact your insurance company from our office regarding coverage, we require proof of current insurance. If you are unable to provide insurance information, we will require a payment of \$50 toward the cost of the visit at that time. Thank you for your understanding.

What the Research Shows

Association of Co-sleeping and Infant Deaths: According to findings of the Family and Children First Council's Child Fatality Review Team, in 2005, at least 13 babies died while sleeping with their parents in Hamilton County (Ohio) alone. Twenty-seven babies were determined to have died from sleeping "somewhere they shouldn't have." This data reiterates the American Academy of Pediatrics' position against parents co-sleeping with infants. (<http://news.enquirer.com/apps/pbcs.dll/article?AI D=2006605110337>)

Association of Early Age of Onset of Solid Feedings and Eczema: In a recent review, researchers analyzed 2,719 articles on the topic of whether early introduction of solid foods (before four months of age) was associated with an increased risk of allergy and asthma. The review showed that there appears to be a clear link between early introduction of solid food and eczema. However, the link with environmental allergies and asthma was not clear. There was only one controlled trial out of all the papers, so the authors recommended that further studies be conducted. Arch Pediatr Adolesc Med 2006; 160:502-507.

Decreasing Consumption of Sugar-Sweetened Beverages Leads to Weight Loss in Teens: A recent study from Children's Hospital in Boston showed that 73% of adolescent boys and 62% of girls drink sugar sweetened beverages (SSB's) daily. They derive on average 10-11% of their daily calories from these beverages. In the 25-week study the consumption of SSB's decreased by 82% in the study group and not at all in the control group. The study group showed a significant decrease of 0.75 kg/m² in their Body Mass Index (BMI) during the study period by making this one simple intervention. You most likely have heard us discuss the importance of BMI's at well visits. If not, ask us or study the concept online. This study points out the increased risk of obesity among teens with high intake of SSB's and explains why lawmakers are trying to decrease their availability in American schools, including those here in Kentucky. Eb beling CB et al, Pediatrics 117:673-680, March 2006.

Alternating Acetaminophen (Tylenol) and Ibuprofen (Motrin/Advil) for Fever: The University of Bristol in England completed a study in which children presenting to the Emergency Department with fever received either acetaminophen, ibuprofen, or both on an alternating schedule. Results showed a significant difference between the alternating therapy and acetaminophen alone, but not between alternating therapy and ibuprofen. The concern with alternating therapy is that a parent may forget which medication the child is due to receive and inadvertently overdose the child. The second concern is the idea of "fever phobia," meaning that all fever is bad and must be treated. Fever is a natural response that the body has to help it to fight infection, and if a fever is not causing a child discomfort or compromising their fluid intake, it is likely best to observe the child without medicating. In either case, ibuprofen alone was as effective as alternating both medications. Erlewyn-Lajeunesse, MDS et al, Arch. Dis. Child. 91:414-416, May 2006.

Baby News

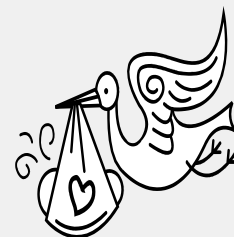
Congratulations to:

Dan and Shaunda Weinel, RN, on the arrival of Dana Weinel on 4/16/06. Dana weighed 7 lbs. 14 oz. Mom, Dad, and Dana are doing well.

Joe and Mandy Tackett, Patient Service Representative, on the birth of Carson Tackett 5/16/06. Carson weighed in at 8 lbs. 11 oz. and the Tackett family is doing great.

Rich and Michelle Bosse, Nurse Practitioner, on the arrival of Joseph on 5/25/06. Joseph weighed 8 lbs. 4 oz. and Mom, Dad, and big sis, Leah are all adjusting well.

Jeremy, Melissa, RN, Zachary, and Nathaniel Reed on the arrival of little sister, Elena, on 8/4/06. Elena weighed in at 9 lbs. 2 oz. and all are doing well.



What's New with Immunizations

Rota Teq is a new vaccine approved in the United States for prevention of gastroenteritis (stomach virus) caused by rotavirus. Rotavirus is a viral infection that can cause severe diarrhea, vomiting, fever, and in some cases, dehydration. Although not responsible for all cases of diarrhea, rotavirus is the number one cause of severe diarrhea in children. Rota Teq was developed to replace a rotavirus vaccine that was withdrawn from the market due to rare cases of intestinal obstruction/intussusception. In a trial involving over 70,000 children, no association was found between Rota Teq and an increased risk of intussusception. Most common side effects include fever, vomiting, or diarrhea.

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that infants receive three doses of the oral vaccine at 2, 4, and 6 months of age. Children should receive the first dose of Rota Teq by 12 weeks of age and should receive all of the doses by 32 weeks of age. Rota Teq will not prevent gastroenteritis caused by other viruses, but it is very effective against rotaviral disease.

In the United States, rotavirus annually is responsible for more than 400,000 doctor visits, more than 200,000 emergency room visits, over 55,000 hospitalizations and 20-60 deaths in children younger

than five years of age.

Rota Teq is available so please speak to your Health Care Provider if you are interested in having your child receive this vaccine.

Gardasil is also a new vaccine, but it targets four strains of human papillomavirus (HPV)--HPV 6, 11, 16, and 18. The strains HPV 16 and 18 are responsible for 70% of cervical cancers, and HPV 16 and 11 are responsible for about 90% of genital warts. Gardasil protects against the leading causes of cervical cancer and should have a very large impact on cervical cancer in general. However, it does not prevent all causes of cervical cancer.

Studies demonstrate 100% effectiveness in protecting against infection with HPV 16 and 18 strains in patients who had NOT been previously exposed to HPV. Furthermore, Gardasil does not protect people who have already been exposed to HPV nor does it treat genital warts. Currently it is known that Gardasil protection lasts at least four years -- long-term results are not yet known.

The FDA has approved the vaccine for women 9-26 years of age.

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