

Little things

that matter

TV Watching Causes the Common Cold!

Mark Deis, MD

Clearly this is not a true statement, but it hopefully got your attention. During the recent holiday season I was struck by the number of children who stated that the only things that they wanted as presents were electronic media devices and accessories. During well checks it is also concerning how much time children are spending watching TV, playing video games, surfing the Web, etc. Several studies have been published recently about the effects of electronic media on children. Since it is difficult to spend time discussing every aspect of life that impacts our children at well visits and this issue is becoming more important, I thought it might help to highlight some points here.

Children in the U.S. live in a media-rich environment, with the average household having children containing 2.8 TV sets and 97% of these having at least 1 VCR or DVD player. In addition, two thirds of such households have at least one computer and 53% have home Internet access. The average hours of TV viewing per day were 2.2 for children under age 3, 3.29 for children ages 3-5, and 3.54 for children the age of 6. Viewing time for older children varies based on different surveys. It is estimated that school-aged children watch approximately four hours of television each day. Keep in mind that



this does not take into account time spent watching videos, playing video games, or playing/researching online. Those parents with older children might also add time spent talking to or text messaging friends on their cell phones. Frequently this age group engages in 2 or 3 electronic activities at the same time!

In a recent study of third graders in Baltimore, Maryland, children who had a television set in their own bedroom showed a correlation with having the worst academic performance of those children studied. Children who had access to a home computer ranked among the best in academic performance. This study did not, however, look at the content of either what the children watched on TV or what they did on the computer. In a second study looking at children nationwide it was shown that children's performance on two separate tests of intelligence worsened as their length of time viewing TV each day increased. In a third study conducted in New Zealand, increased time spent watching television during childhood and adolescence was associated with a lower level of academic achievement by early adulthood. These effects were independent of intelligence, family socioeconomic status and childhood behavioral problems.

Increased television viewing has also been linked to increased dietary intake (another recent study showed that children consume 20% of their daily calories while parked in front of the TV set), obesity, decreased fruit and vegetable consumption, increased risk of attention deficit hyperactivity disorder, and poor sleep behaviors. Several concerns arise from this. First, as more children attend day care or latch-key programs, parents lose some degree of control over how much media exposure they have and what the content of that exposure is. Second, most of today's popular games are handheld or other portable electronic gaming devices that children

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engage in as individuals. This decreases their social interaction during their free time. Finally, electronic media is very seductive in its appeal and is marketed in a way to hook kids into wanting more and more. All of this adds up to many sedentary hours spent in non-enriching activities that involve little energy expenditure. The American Academy of Pediatrics recommends that children spend no more than one to two hours in media related activities each day. Keeping a three-day diary of those activities that your children engage in may give an interesting picture of how your children measure up.

Researchers from the Partners for Child Passenger

Too Early for a Seat Belt?

Safety study, now in its eighth year, have released some of its key findings:

- ◆ In 2002, 62% of four to eight year olds were inappropriately restrained in only a seat belt.
- ◆ Using a belt-positioning booster with a seat belt instead of a seat belt alone reduces a child's risk of injury by 59 percent.
- ◆ Children in seat belts are four times more likely to suffer head/brain injury as compared to children who use child safety seats and belt-positioning booster seats.
- ◆ Over 48% of children between the ages of four and eight who were killed in motor vehicle crashes in 2001 were unrestrained.

We would like to welcome Dr. William deBuys, who joined the practice January 2005. Dr. deBuys grew up

Personnel News

in Birmingham, Alabama, attended the University of Virginia for his undergraduate studies and then graduated from the University of Alabama School of Medicine. Dr deBuys completed his pediatric residency at the Cincinnati Children's Hospital. He joins Pediatric Associates after spending two years in private practice in Cincinnati and remains very active on committees at Cincinnati Children's Hospital. We are sure you will enjoy getting to know Dr. deBuys.

Also, we would like to welcome Missy Pangallo, Nurse

Practitioner. Missy is from Alexandria, Kentucky and completed her Bachelor and Master of Science Degree at Northern Kentucky University.

Missy was a pediatric nurse on the hematology/oncology floor at Cincinnati Children's Hospital before becoming a public health nurse and Clinic Manager for the Northern Kentucky Health Department. Most recently before joining Pediatric Associates, Missy served as a pediatric nurse practitioner for the Northern Kentucky school-based health center.

Birth Announcement:

Congratulations to Dan and Polly Rose, Patient Service Representative (PSR), on the birth of Matthew on February 6, 2006. Matthew came into this world weighing in at 7 pounds, 12 ounces, and measuring 20 inches long.

Asthma Camp

Camp Wheeze-Be-Gone will be held at Potter's Ranch April 22-23, 2006.

The camp is for children ages 7-12 with mild to severe asthma. Check for more information in the office.

Office Notes

Please allow 48 hours notice when calling for ADHD medications to avoid repeated trips to the office.

Please remember that if your child is sent for lab testing or x-rays, please do not list Chris Bolling, MD, as the physician of record so that Pediatric Associates can receive those results.

Congratulations to Dr. Kevin Reidy, MD on his appointment as Cincinnati Children's Hospital Medical Staff President. As medical staff president, he will be supervising over 1300 faculty and community physicians. Because of these commitments, Dr. Reidy will start in the office a few hours late a few days a week. We appreciate your understanding.

Every time I walk in my family physician's office, someone copies my insurance card. If I didn't work in a physician's office and see the problems caused to patients by incomplete or outdated insurance information, I would wonder why they needed to copy it so often!

Annoying as it might become at times, scanning your child's current insurance card is our way of keeping your insurance information up to date so we can get your claims paid in a timely manner. Without patient realization, your insurance company can change your information: ID number, prefix, or billing address. It happens more frequently than you might imagine. Scanning your most recent card is our only way of knowing the correct information to use for filing. If holder identification or claims filing information is not 100% complete and accurate, your insurance company may not process your claims, and you may be needlessly billed for services.

So make it a habit always to have your children's most recent insurance cards when you come in for a visit. When the receptionist asks to see your child's most recent card, know that what you give her will communicate to our insurance department where and for whom they can file your insurance. We are happy to file for you. Our ability to serve you successfully is directly dependent on the information you provide for us. Your insurance card is, indeed, a big deal!

As I See It: Editor's Note on Teenage Driving

Chris Cunha, MD

As the practice has grown older so, too, have we. It is in this spirit that we thought it would be helpful to share with you, our readers, some of our families' real life experiences as they relate to our children. The first topic to be addressed will be teenage driving. Since Dr. Cunha is the "oldest of the bunch" he has been the first to have to handle this stressful process. Here are his thoughts:

It is very obvious to most that the amount of new driver training done throughout the Tri-state is woefully inadequate. This was quite apparent to me when I arrived here to live twenty-one years ago, and continues to be so today. As this article is being written, new legislation is being proposed in Frankfort to improve things in the Commonwealth, but even these new laws, should they survive the political process, will be fair at best. The reality is that we, the parents, need to be responsible for teaching our children the correct way to drive and this must be started before they turn sixteen and yearn for the learning permit. We must first lead by example by obeying traffic laws, including seatbelt use at all times. We should obey posted speed limits and avoid any suggestion of being aggressive while behind the wheel. We should avoid unnecessary distractions like cell phones, loud radios and, as the teen gets closer to driving age, discuss observations and situations with them while they are still passengers.

That being said, we should go beyond just what the law states is the minimum for getting one's license. In our family's case, I informed all my children, as they started asking about driving (usually by age ten) that they would have to complete a written paper for ME before I would permit them to drive. The content of the paper had to be a review of ten different traffic accidents involving teens in which there was a fatality. I asked that they write a brief review of the events leading up to the tragedy, the determined cause of the crash and the ways in which it could be prevented. I then asked them to speculate for me the impact of the loss of that young person by their family and society. Thus far, I have had one child, Kyle (17 years), write the paper and one child, Katie, getting ready to write it. It is my belief that we have to bring these young people down to earth and have them realize that driving is a privilege, not a right, and that sometimes the outcome of a situation can never be reversed.

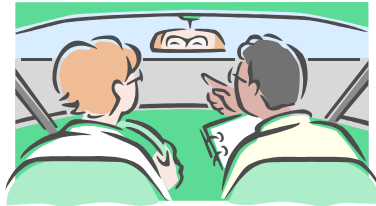
In addition to the paper, I also have had Kyle sign a pledge agreement with us.

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The list of items which he had to agree to without exception, included the following:

- 1 - No passengers in the vehicle, without parental permission, for six months
- 2 - Understanding that all passengers must have their seatbelt in use before any movement of the vehicle
- 3 - No use of cell phones, or other devices (ipods, etc.) while driving
- 4 - No eating or drinking while actively driving
- 5 - Agreement to allow to be tested for drug use at any time if it is suspected
- 6 - Agreement to share a portion of the cost of insurance and vehicle upkeep
- 7 - Understanding that any moving violation, of any kind, will result in immediate suspension of driving privileges and a re-review of the entire pledge agreement
- 8 - Lastly, we included a statement which reminds Kyle that driving is a privilege and a serious responsibility, which if misused could result in permanent injury, or death to himself and or others.

In closing, please remember that despite all these efforts, children can still go down the "wrong road." The toughest job is often to demonstrate the "tough love" needed to be an effective parent and keep your children safe. Good luck on the path of life.



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