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FALL 2007

First Steps

Influenza Update:

by Martin Fineberg, M.D.

Influenza (flu) season is quickly approaching. The flu is a serious disease that may be fatal. Children are at particularly high risk for developing complications if exposed to the flu virus. Complications include pneumonia, ear infections, sinus infections and worsening of chronic medical conditions such as asthma or diabetes. We will begin scheduling flu shots in both our West Hills and Agoura offices starting in October. Although we do not expect a shortage of the vaccine for the 2007/2008 flu season, vaccine supply is always unpredictable.

According to the Centers for Disease Control and Prevention (CDC), a flu shot is a now a routine recommended vaccine for all children aged 6 months to 5 years of age, and for those who are in a high-risk category such as children with asthma or heart disease. In addition, parents of children in these categories, as well as all family members of infants under 6 months of age, should be vaccinated against the flu. At Pediatric Affiliates Medical Group, we strongly recommend that all our patients and their family members receive the flu shot.

Children under the age of 9 years who have never received the flu vaccine in the past, will require 2 doses of the vaccine given 1 month apart.

Healthy children over the age of 2 years have the option of having FluMist®, an oral, intranasal spray vaccine that is very protective against influenza. At this time, however, children with asthma should receive the flu shot and not FluMist®.

For more information on the flu vaccine go to: www.vaccinecheck.com

Pediatric Affiliates Hours are Changing!

Beginning Monday July 2, 2007 we will now be open from 8:30 a.m.-6:30 p.m. Monday thru Friday in our West Hills location only.

Our Saturday hours will remain 9 a.m.-12 p.m.

We are excited about this change as we recognize the needs of our working parents and the increasing demands that are placed on the family.

We anticipate this change will better meet the needs of all our patients.

Thank You,

Pediatric Affiliates

by Beth Melin-Perel, M.D.

Weight Management

Today, more than half of all children in the US are overweight. The combined effects of readily available junk foods full of saturated fats and high fructose corn syrup and physical inactivity have created a major health problem in this country. Your pediatrician is a valuable resource to help you keep your child at his or her best nutritional level. Come in for annual check-ups to evaluate height, weight, blood pressure, and to discuss the need for any other tests such as thyroid, liver and kidney function, as well as cholesterol and triglycerides. We can be your guide to healthy eating and exercise and can recommend classes designed for children.

Baby, Baby!

Please give a warm welcome to some of our newborn friends!

Cinque Ross

Keila, Lily and Marielle Sakata

Matt and Ryan Levine

Mia and ???? Baik

Olivia Mendez

by Mark Snyder, M.D.

Viral Colds & Flus

As your children return to school this Fall, they will be exposed to many different types of infections, most of which will be viral colds and flus. Viral infections for the most part are NOT treatable with antibiotics, and they are self-resolving, meaning they go away on their own as your child's body builds up its own immune response to fight these infections. Treatment for colds and flus is symptomatic, meaning you take medicine to treat the symptoms in order to feel better. These medications do NOT actually treat the infection, so they do NOT help your child get better any sooner. You can use various over-the-counter medications such as cold medicines to treat cold symptoms, and either acetaminophen (Tylenol) and/or ibuprofen (Motrin or Advil) to treat fever, headache, sore throat, or other body aches. We recommend you treat fever in order to help make your child feel more comfortable. Fever itself is NOT harmful nor dangerous. It's more important to determine how ill or sick your child appears rather than being concerned about how many degrees the actual body temperature is. Sometimes children with viral colds and flus can develop a secondary bacterial infection (such as an ear infection or pneumonia) so they should be seen in our office if their symptoms persist. Please be aware that OTC cough, cold and allergy medications are now NOT RECOMMENDED for any child under 2 years of age.

Sore Throats

by Mark Snyder, M.D.

Many children complain of sore throat, and most of these infections ("tonsillitis" or "pharyngitis") are again viral, meaning they go away on their own without the need for any antibiotics. If your child has a sore throat, you should bring him/her into our office for a rapid strept test since a "strept throat" is bacterial and is therefore treatable with antibiotics. You should NEVER start treating a sore throat at home with any left-over antibiotics, rather you should treat the symptoms (with acetaminophen, ibuprofen, throat lozenges, etc.) and schedule a visit with us so we can determine if antibiotics are needed. Sometimes sore throats are caused by post-nasal drip from either colds or nasal allergies rather than being an actual throat infection, and for this you just treat the symptoms. Sometimes a prolonged throat infection can be from a mononucleosis virus ("mono") which is also NOT treatable with antibiotics. Sometimes these mono infections can persist for many weeks and they can cause significant fatigue and body aches as well. There is a blood test we can check to see if your child has one of these types of mono infections. Again, most of these throat infections are viral and go away on their own, but we will determine how best to treat your child by examining his/her throat, and by checking a rapid strept test in the office, sometimes to be followed up with another throat swab sent to the lab for culture and antibiotic sensitivity. Please be aware that OTC cough, cold and allergy medications are now NOT RECOMMENDED for any child under 2 years of age.

Stomach Flus

by Mark Snyder, M.D.

Many children are likely to be exposed to various viral stomach flus with symptoms such as nausea, vomiting, stomach ache, diarrhea, or fever. If your child is vomiting, you should NOT give him/her any solid food or milk, rather just small sips of clear liquids such as water, Pedialyte, dilute juice, 7-Up, etc. For recurrent vomiting, we sometimes may prescribe a suppository to help stop nausea and vomiting. If the vomiting persists, you do need to keep track of how much your child is urinating in order to prevent the possibility of dehydration, and we will need to see him/her in the office for an evaluation.

If your child is having diarrhea but no vomiting, he/she should be on a very bland diet such as soup, toast, crackers, jello, banana, rice cereal, etc. If the diarrhea persists, then you should come into our office for a visit since we sometimes need to check stool tests in order to rule out a possible bacterial or parasite infection. Most of these cases of persistent diarrhea will be due to a virus causing the primary infection plus some temporary lactose intolerance (possibly because dairy products were started too soon.). You should wait until the diarrhea has completely resolved before starting dairy products.

Viral stomach flus are not treatable with antibiotics, rather they go away on their own as your body's immune system becomes activated. We should see your child for a visit if there are any severe or persistent symptoms, especially if there is any fever or abdominal pain. Sometimes a urinary tract infection or appendicitis can look and act like a stomach flu, so please make an appointment to see us if your child has any significant symptoms.

Attention Deficit Disorder (ADD)

by Beth Melin-Perel, M.D.

Attention deficit disorder (with or without hyperactivity) affects between 5 and 10 percent of school children. If left undiagnosed, ADD can result in academic failure, grade retention, social stigma, delinquent behaviors, and increased risk for school dropout. Is your child so forgetful, disorganized, impulsive or distractible that he or she is causing concern for you or the teacher? Talk to us about your childâ ™s school performance and decide if your son or daughter needs a detailed evaluation in our office. We offer an extensive assessment to identify potential psychological, emotional, and medical causes for your childâ ™s school struggles. We can discuss treatment options and help your child get more individualized accommodations through your public school system. We want all of our patients to have an optimal chance for school success.

<- Is this Tina?

Stye

by Tina Beckham, RN., CFNP

A stye is an infection of the oil glands of the eyelids. There is usually a swollen, tender, slightly red lump near the edge of the upper or lower eyelid. Whenever the lid blinks, there is the sensation that something is rubbing against the eye. While they produce no lasting damage, they can be quite painful.

Classification & external resources

Styes are generally caused by bacteria, staphylococcus aureus, and are common in people of any age, but especially in children who often rub their eyes with unclean fingers.

Treatment

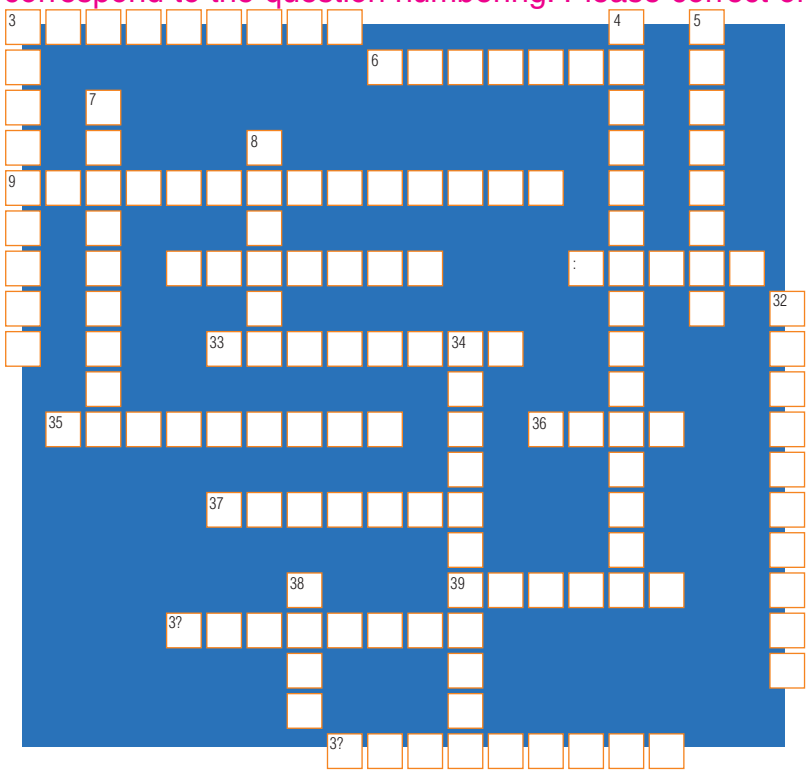
Some styes will drain spontaneously, but this may be helped along with hot compresses three times per day. Styes will typically resolve within 1 week. We recommend making a solution of watered-down "no more tears" baby shampoo to scrub the eyelids and to clean the infection. Get lots of sleep. If it does not respond to this treatment, we may prescribe antibiotic drops or ointment to apply like a ribbon along the edge of the lid. Sometimes antibiotics by mouth are necessary to fight the infection. Contact lenses and eye makeup should never be worn during treatment for a sty. Styes do tend to reoccur. If a stye does not respond to home care, please make an appointment.

New Technology!

New advanced, computerized, portable spirometry machines are now set up in both offices. Spirometry is a painless, non-invasive tool that measures the health of your child's lungs. This helps in the diagnosis and management of lung conditions like asthma, wheezing and chronic cough. We recommend that children with asthma have this test performed on a yearly basis to closely monitor their lung function. Most children over the age of 5 years should be able to perform this test without any difficulty.

We are now scheduling spirometry in both our West Hills and Agoura offices. The test takes about 30 minutes and you will be provided with the results as soon as the test is completed. Ask your health care provider if this test may be right for your child.

The provided crossword puzzle appears to be messed up... The numbers within the puzzle do not correspond to the question numbering. Please correct or provide revised puzzle.



by Michael Melman, M.D.

X-Word

ACROSS

1. Harry Potter's arch nemesis
4. Deadly disease caused by mosquito
7. Medical term for pink eye
8. Sounds heard in lungs with asthma
9. Organ that pumps blood
11. Yellow color to a newborn's skin
13. Virus targeted by the flu vaccine
14. Abbreviation for gastro-esophageal reflux disease
15. Substance elevated in your blood with diabetes
17. White patches on newborn's tongue and roof of mouth
18. Medical term for broken bone
19. Abnormal curvature of the spine

DOWN

1. Chicken pox culprit
2. Medical term for vomiting and diarrhea caused by virus
3. Circular appearing fungal infection on skin
5. Congenital birthmarks, known as _____ spots
6. Dry skin, common in infants
10. New test offered in our office for asthma
12. The 'bad' fat in your blood
16. Pimples on teenager's face

Coughs

by Mark Snyder, M.D.

Most coughs are caused by post-nasal drip from either viral colds or allergies which may be treated symptomatically with over-the-counter cough medications, plenty of liquids, and a humidifier or vaporizer in your child's room. Sometimes coughing may be caused by other things such as wheezing ("bronchospasm") associated with asthma, bronchiolitis, GERD (acid reflux), pneumonia, or foreign body aspiration. If your child has a severe or persistent cough, he/she must be seen in our office in order to rule out any of the above conditions, especially if your child has a history of any wheezing in the past. If your child's cough is secondary to wheezing, then over-the-counter cough medications will NOT help, rather he/she will need to use a bronchodilator medication, usually in the form of an inhaler or nebulizer machine.

During the late Fall and Winter months, many children become infected by a "croup" virus which can cause a hoarse voice and a barky croupy cough due to swelling in the voice box and vocal cords. Sometimes the swelling can be significant, especially in infants and young toddlers, and it can lead to a difficulty breathing which we call "stridor." If your child has a significant croupy cough with stridor and difficulty breathing, you should first bring him/her into the bathroom with the door closed and boiling hot shower turned on in order to fill the room quickly with moist steam for about 10 minutes. Your child's breathing should improve within a few minutes, but you should still plan on coming into the office for an evaluation. These children typically need some oral steroid medication to decrease the swelling in the airways, along with keeping a cool mist humidifier in their room to keep the air moist. Sometimes we also recommend an expectorant cough medicine ("Guaifenecin" found in Robitussin, Mucinex, etc.) which will help loosen up mucous and keep the airways moist. Children with croup should not use an antihistamine which is found in many over-the-counter cold medicines since it may cause a drying effect on the airways rather than moisture which is what your child needs to help a croupy cough. Please be aware that OTC cough, cold and allergy medications are now NOT RECOMMENDED for any child under 2 years of age.

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