



Healthy Kids

From our family to yours

A publication of California Pacific Medical Center

Spring 2008

Probiotics—Are They Right for Your Child?



Studies show potential health benefits—physician guidance recommended

■ An interview with Christine Nguyen, M.D., pediatric gastroenterologist

More and more parents are considering probiotic foods and supplements for their children to prevent and treat certain health conditions. In fact, some companies in the U.S. are now conducting long-term studies on the safety of including probiotics in infant formulas—something that has been practiced in Europe for several years.

But are probiotics effective? Are they safe? And what, exactly, are probiotics anyway?

“Probiotics are microscopic living organisms—in most cases, bacteria or yeast,” says Christine Nguyen, M.D., a pediatric gastroenterologist at California Pacific Medical Center.

“Various probiotics in food or supplements may provide a health benefit when given in adequate amounts,” she adds. “There are a lot of anecdotal reports, but there is also fairly strong evidence that specific strains of probiotics can decrease the duration and severity of acute infectious diarrhea. They also can reduce the incidence of antibiotic-associated diarrhea. Antibiotics can be medically necessary, but they can change our body’s bacterial profile and intestinal motility.”

Encouraging Research Results

Although some probiotic foods such as cultured milk products date back to ancient times, scientific understanding of probiotics and their potential for preventing and treating health conditions is still at an early stage.

“Various ongoing studies are showing that probiotics may help decrease the incidence of asthma attacks and allergic reactions to foods,” Nguyen notes. “One probiotic, *lactobacillus GG*, may reduce the incidence of eczema flare-ups in toddlers. Probiotics also may help reduce symptoms of lactose intolerance and irritable bowel syndrome.”

Safety Considerations

While people presume probiotics are generally safe because they are similar to bacteria already present in the digestive system, more research is needed to determine their appropriate use and safety, especially for young

continued on page 3



INSIDE:

- 2 New Pediatric Emergency Department
- 3 Health Bits
- 2 The Doctor Is In
- 4 Managing ADHD
- 5 “Red Flags” of Autism
- 6 Guidelines for Kids on “Restricted” Diets
- 7 Play Is the “Business” of Children
- 8 Treating Eczema



California Pacific Medical Center

A Sutter Health Affiliate
With You. For Life.

Beyond Medicine.

Pediatric Emergency Department —A San Francisco First

■ by Kathleen Lewis, M.D., acting chair, Department of Pediatrics



Kathleen Lewis, M.D., acting chair, department of pediatrics

For children with an injury or illness, a visit to the emergency room can be a scary experience. In our Pediatric Emergency Department—slated to open this summer—our team will work with each family, trying to make such a hospital visit as positive and comfortable as possible.

Opening at our Women and Children's Center—3700 California Street in San Francisco—the Pediatric Emergency Department (ED) will be the first of its kind in the city that is tailored to the needs of children. The emergency department will be focused entirely on treating infants and children in a child-friendly environment. Staff is backed up by in-house pediatricians 24 hours a day, seven days a week. Our Child Life team works with families in the emergency department to help their children cope with the new environment and whatever treatment is indicated.

California Pacific's Emergency Department will offer care for children up to 18 years old with emergencies such as:

- ▶ Traumatic injuries such as broken bones, athletic or head injuries or lacerations

- ▶ Chronic illnesses such as asthma, or recurrent seizures

- ▶ Acute illness such as unexplained fever, pneumonia, croup, fever, dehydration, severe vomiting or diarrhea or abdominal pain

With our 27-bed pediatric unit and eight-bed pediatric intensive care unit, children who need additional medical care can be hospitalized in the same building. Our pediatric units provide care to thousands of families annually and are complemented by a talented pediatric hospitalist and nursing team, as well as our Child Life staff.

Look for news about the opening of our Pediatric Emergency Department in upcoming issues of *Healthy Kids!* ★

The Doctor Is In ALL AGES

Your questions about child health answered ■ by David Tejada, M.D., chief of pediatrics, Physician Foundation at California Pacific Medical Center



David Tejada, M.D., chief of pediatrics

Q: There is a new monitor sold at drugstores that apparently checks for fluid in the ear. Is this type of device effective for diagnosing ear infections? Would you recommend that parents of an infant or toddler use it?

A: These monitors, which sell for about \$50, cannot diagnose ear infections or replace an exam by an experienced clinician. They use sound waves to determine the probability of fluid behind the eardrum. Fluid in the middle ear is fairly common with colds. This fluid typically resolves on its own

and does not usually develop into an ear infection. If fluid is present and the child has a fever and/or is complaining of ear pain, then an infection is more likely and you should consult your pediatrician.

The monitor can be useful to help determine if fluid is persisting, though it is not typically necessary to do so. It is not reliable in children less than 6 months of age, or with ear tubes, perforated eardrums and/or ear drainage. I do not recommend use of this device as a routine for my patients. ★

To Learn More

If you have a child's health question that you want addressed in a future issue of *HealthyKids*, e-mail it to us at miyashi@sutterhealth.org, or visit www.cpmc.org/pediatrics. Due to space limitations, we cannot guarantee that all questions will be answered.

Health Bits

Schools Make Gains, but Work Remains

U.S. schools have made strides in promoting students' health. But there's lots of room for improvement, says a report on school health policies and programs issued by the Centers for Disease Control and Prevention (CDC). Director Julie L. Gerberding, M.D., says schools "have made significant progress in removing junk food, offering more physical activity opportunities and establishing policies that prohibit tobacco use." Among report findings:

- ▶ The share of school districts that ban junk foods in their vending machines rose from 4 percent in 2000 to 30 percent in 2006.
- ▶ Tobacco was barred at all school sites, including off-campus events sponsored by schools, at 64 percent of schools in 2006, compared with 46 percent in 2000.
- ▶ Just 14 percent of elementary schools, 15 percent of middle schools and 3 percent of high schools had physical education at least three days a week year-round for students in all grades.

CDC officials urged families and schools to work together on more improvements.



One in Three Kids Takes Supplements

Do you give your child a daily vitamin? You've got company. More than 30 percent of American children take some kind of dietary supplement. Most of them use multivitamins and multiminerals. A National Institutes of Health study looked at data on more than 10,000 youngsters. The study found that 32 percent of children 18 and younger had used dietary supplements in the last 30 days. This included:

- ▶ 12 percent of those younger than 1 year
- ▶ 38 percent of those ages 1 to 3
- ▶ 41 percent of those ages 4 to 8
- ▶ 29 percent of those ages 9 to 13
- ▶ 26 percent of those ages 14 to 18

Before you start any vitamin or supplement for your child, check with your child's health care provider. ★

Probiotics *continued from page 1*



children and people with compromised immune systems.

"Various probiotics have been used safely in infants and children, but it's important to make sure your child's immune system is healthy," Nguyen cautions. "Probiotics should not be used without medical supervision in children who have a permanent IV in place or a permanent medical device."

Quality control is another concern. "Make sure the probiotic contains live organisms; good products should be able to guarantee a certain number of live organisms per dose," Nguyen explains. "The strain of the bacteria or yeast is also important. Names of probiotics use a two-part naming system that can be confusing. Similarly named probiotics are not interchangeable. Find out if the one you're considering has been shown to be effective for your child's condition. Don't rely on marketing claims or testimonials; ask for specific research studies in legitimate scientific journals. Also, be sure to use the right dose. Consult your pediatrician before giving your child any probiotics—or any other dietary supplement." ★

Probiotic	Condition
<ul style="list-style-type: none"> • <i>lactobacillus GG</i> • <i>saccharomyces boulardii</i> 	Antibiotic-associated diarrhea
<ul style="list-style-type: none"> • <i>lactobacillus GG</i> 	Acute infectious diarrhea
<ul style="list-style-type: none"> • <i>lactobacillus GG</i> • <i>lactobacillus rhamnosus</i> • <i>lactobacillus reuteri</i> 	Allergic disorders
<ul style="list-style-type: none"> • <i>lactobacillus strains</i> • <i>bifidobacterium infantis</i> 	Irritable bowel syndrome
<ul style="list-style-type: none"> • Blend of <i>bifidobacterium/lactobacillus/streptococcus</i> 	Inflammatory bowel disease

Drugs Aren't the Sole Answer for Children with ADHD



Parents, doctors and teachers must work together to fight ADHD

Most people would point to Fred Grossman, Ph.D., as an authority on childhood behavior because of his 30 years as a school psychologist in Portland, Ore. But he draws some of his expertise from home. His daughter once displayed all the impulsive and inattentive conduct typical of attention-deficit/hyperactivity disorder (ADHD). Today, she's a respected chiropractor.

It's clear that Grossman knows the recipe for success with ADHD. And he'll be the first to say that drugs aren't always the key ingredient. For him and a rising number of Americans, the formula for treating ADHD demands the involvement of parents and teachers.

“

In this culture, people just want a quick-fix pill. But there's no magic cure.

”

There's No Magic Pill

“In this culture, people just want a quick-fix pill to cure it,” says Grossman, a spokesman for the American Psychological Association. “But there's no magic cure.”

That's not to say prescription medications don't have a place in treating ADHD. In fact, a landmark study released in 1999 showed the benefit of drugs. Medication alone or in combination with behavior-focused methods may work better at easing the condition's telltale symptoms, compared to behavioral therapies alone.

“The problem with medication is that it's not monitored as it should be,” Grossman says. He agrees, though, that drugs help calm symptoms that hamper behavioral therapies. “It's a balancing act to get the right dosage.”

How Parents Can Help

The fact is that parents are a vital part of the solution to ADHD, he says. He has this advice if your child has the condition:



Model used for illustrative purposes only.

- ▶ Ask your child's doctor about training sessions that teach you how to encourage good behavior by praising it.
- ▶ Seek chances to praise your child for doing something good.
- ▶ Work with your child's teachers. Your child may focus better if he or she sits near the teacher. Shorter assignments may help, for instance.
- ▶ Ask your child's teachers and doctor whether the child should be evaluated for learning and language problems. Such problems often go hand in hand with ADHD. You may need to work with the school to draw up an individualized education plan.
- ▶ Get your child counseling. This can help keep children from taking advantage of the diagnosis and can make them accountable for their behavior.

The ADHD label can lessen kids' self-esteem or make them see themselves as damaged in some way. Counseling helps convince children that “they're better than they think,” Grossman says. This approach helped him to treat his daughter.

“I kept telling her that she was okay and that she would find a way,” he says. “You might not have a straight path, but you will find a way.” ★

Recognizing the “Red Flags” of Autism



Early intervention can make a difference ■ An interview with Barbara Bennett, M.D., developmental behavioral pediatrician

According to the Centers for Disease Control and Prevention, the number of children in the U.S. who have autism spectrum disorders (ASDs)—a group of neurobiological developmental disorders—is now one in 150. In an effort to detect autism as early as possible, the American Academy of Pediatrics now recommends that physicians start screening children at age 18 months and again at age 2, instead of waiting until age 3 or 4.



Barbara Bennett, M.D., medical director, Kalmanovitz Child Development Center

“
Early detection and intervention yield the best results in improving the primary symptoms of autism.”

“Early detection and intervention yield the best results in improving the primary symptoms of autism,” says Barbara Bennett, M.D., medical director of the Kalmanovitz Child Development Center at California Pacific Medical Center.

Distinctive Behavioral Symptoms

“Children with autism typically exhibit three distinctive symptoms—difficulty with social interaction, delayed verbal and nonverbal communication skills and repetitive behaviors or obsessive interests,” Bennett explains. “These behaviors can vary widely from mild to severe.”

Bennett notes that autism has a strong genetic link. “Males are four times more likely to be autistic than females,” she says. “In identical twins, if one twin is autistic, there is an 80 percent chance the other one will be, too. Siblings of children with autism are also at increased risk.”

A number of behavior patterns may indicate that a child is at risk for autism. “These ‘red flags,’ can range from a lack of or decreased interaction, to delayed speech or nonverbal development,” says Bennett.

“I have been screening young toddlers with ‘red flags’ for autism for more than a year. All have had early intervention, involving play, interaction and/or communication therapy. Many of these children have progressed very well. “Some toddlers are, in fact, ultimately diagnosed with autism, but all have made progress and some have few symptoms left,” Bennett adds.

Effective Therapies Promote Improvement

“Therapy for a child with autism is specific to his or her developmental needs and should be determined by an expert,” Bennett advises. “There are a range of therapies that address communication, social interaction and intense interest issues.” These include:

- ▶ Applied behavioral analysis to modify behaviors and teach skills through positive reinforcement. This one-on-one therapy with a child aims to increase attention, eye contact and responsiveness.
- ▶ Speech, language, occupational therapy and later social skills groups.
- ▶ Floor time, relationship development intervention or other methods that use play as a base of intervention.

“There is no cure for autism, but you can substantially improve a child’s chances for overcoming developmental problems,” says Bennett. ★

To Learn More

For more information and video clips showing the “red flags” of autism, as well as diagnosis and treatment options, visit www.firstsigns.org.



Model used for illustrative purposes only.

Nutrition Guidelines for Children on “Restricted” Diets



Coping with food allergies, food intolerance and vegetarian diets ■ An interview with Mary Ellen DiPaola, R.D., CDE, IBCLC

A well-balanced diet is essential for healthy growth in childhood. Sometimes, however, a child’s diet must be limited because of food allergies, intolerances or family dietary preferences. In those cases, it’s still possible to provide balanced nutrition through careful food selection.



Mary Ellen DiPaola,
registered dietitian

Food Allergy—Or Intolerance?

“Only a small percentage of children have true food allergies,” says Mary Ellen DiPaola, registered dietitian, certified diabetes educator and internationally board certified lactation consultant. “Allergic reactions can be serious and may require medical attention. Food intolerances, such as lactose intolerance, are more common and are a discomfort, but do not involve an immune system response.”

Three common high-allergen foods are milk, eggs and wheat. These may be eliminated from a child’s diet in early life, but are often outgrown by later childhood. “If your child cannot drink milk, alternative sources of calcium, protein and vitamin D are required,” DiPaola says. “If the problem is lactose intolerance, cheese is lactose-free and yogurt can often be tolerated. If eggs must be eliminated, there are other adequate sources of protein to substitute. Processed foods can contain milk, wheat and eggs; therefore, label reading is necessary.”

Gluten intolerance associated with celiac disease must be diagnosed by a physician and requires strict avoidance of gluten, a protein in wheat, barley and rye. This is an autoimmune disease, commonly a genetic disorder, and requires close management to aid proper nutritional balance to avoid serious health issues. Vitamin/mineral supplementation is often necessary.

“Only a small percentage of children have true food allergies. Food intolerances, such as lactose intolerance, are more common and are a discomfort, but do not involve an immune system response.”



“Avoiding wheat can create deficiencies in the B vitamins and iron,” DiPaola cautions. “Unnecessary restriction can be difficult and may affect total caloric intake required for growth. Pursue the medical testing required to assess the need for complete gluten restriction.”

Concerns for Vegetarians

Families may decide on a vegetarian diet for health reasons or concern for animals. “Although vegetarians must be sure to consume adequate sources of protein, iron and vitamin B12—especially if the diet has no animal products—a well-planned vegetarian diet can actually be a healthy way to eat,” DiPaola says. “If your child’s diet is restricted in any way and nutrient intake or growth is questioned, seek the professional advice of a registered dietitian,” she adds. ★

To Learn More

To obtain basic nutritional guidelines, visit www.mypyramid.gov, click on MyPyramid Plan, and enter your child’s information.

Play Is the “Business” of Children



Part 2 of 3: Toys that help your child learn ■ by Barbara Bennett, M.D., developmental behavioral pediatrician and medical director of the Kalmanovitz Child Development Center at California Pacific Medical Center

Friedrich Wilhelm August Froebel, who developed the concept of kindergarten with structured activity-based learning, says, “Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child’s soul.”



Barbara Bennett, M.D., medical director, Kalmanovitz Child Development Center

“As their level of play becomes more complex, children move from exploration and object play to language and symbolic play.”

Young children do not learn by words alone. They initially learn to talk by learning the names of objects and describing activities they are engaged in. By age five or so, a child knows what common objects are like, what they will do and what the child can do with them. The child learned these lessons through playing. As their level of play becomes more complex, children move from exploration and object play to language and symbolic play (pretend play).

Toddlers (18 months—3 years)

Toddlers amuse themselves with “parallel” play—when kids play next to, but not with, each other. Blocks with numbers and letters, cloth books, dress-up clothes and push-pull toys are great for toddlers. To help your toddler play:

- ▶ Engage the child in conversation, explaining events going on around him.
- ▶ Select safe toys that encourage creativity, remembering that ordinary objects can be “toys” (boxes, hats, pots and pans, etc).
- ▶ Make time for play every day, including outdoor play.

Preschool (3—5 years)

At this age, children start engaging in more interactive play. Some ideas include:

- ▶ Set up a pretend post office. Children can draw pictures for relatives and friends and mail them (or pretend to).
- ▶ Use discarded boxes to build a pretend house. Drape a sheet to make a tent.
- ▶ Set up a pretend grocery store.
- ▶ Let the child take part in daily home activities such as cooking.

Kindergarten

By kindergarten, children are very involved in interactive play, sharing toys and taking turns in games. Great activities for this age include:

- ▶ Simple card and board games.
- ▶ Playdough, crayons, finger paints and watercolor paints.
- ▶ Simple jigsaw puzzles and large building blocks.

Parents should keep an eye on young children as they play, but there’s no need to be a “helicopter parent”—hovering over the child at all times. It can be great fun for parents, though, to be actively involved in some of their children’s play. ★

To Learn More

This article discusses how toddlers, preschoolers and kindergarteners learn about the world around them through the “business” of play. To read the first installment on babies up to 18 months, visit www.cpmc.org/pediatrics and click on the news link for the January issue of *HealthyKids*. ★



Red, Itchy, Scaly Skin? Maybe It's Eczema



Keeping your child's skin well hydrated is the first line of defense ■ An interview Amelia Kaymen, M.D., dermatologist

Eczema is a term for a family of skin conditions in which the skin becomes dry, red, irritated and itchy. The skin may develop small fluid-filled bumps that become oozy. The most common form of eczema, called "atopic dermatitis," affects approximately 20 percent of children.

"Eczema is a dermatitis caused by inflammation of the immune system," says Amelia Kaymen, M.D., a dermatologist at California Pacific Medical Center. "It is not contagious. In children, we often see it in the fold of the elbows and behind the knees, but it also can appear on the face or other body parts."

Kaymen notes that there is a genetic predisposition for developing eczema. "Children with eczema usually have a family history of the condition," she explains. "Kids with eczema also often have family members with allergies and may have allergies themselves." Eczema is not an allergic reaction, but some children with eczema are allergic to things—such as animal dander—that can make the condition worse."

Proper Skin Care Is Key

"Because the tendency to develop eczema is inherited, it's not really preventable," Kaymen says. "It may be possible to prevent flare-ups, though, by maintaining the proper moisture balance of the skin, which is the body's barrier to the outside world. Treatment for eczema entails keeping the skin well-hydrated—never let the child's skin dry out."

Kaymen offers a number of suggestions for preventing and treating eczema flare-ups:

- ▶ Bathe the child infrequently, no more than twice a week.
- ▶ Avoid using soaps or bubble bath that can strip the skin's natural oils.
- ▶ Wash the child's hair at the end of the bath, so he or she doesn't sit long in soapy water.
- ▶ Pat the child dry, rather than rubbing, to leave some moisture on the skin.
- ▶ Apply a thick moisturizing cream or an ointment such as petroleum jelly (Vaseline®) immediately after bathing.
- ▶ Use creams without perfumes (such as Eucerin®) during the day and apply frequently.

Treating Bad Flare-Ups

"With a bad flare-up, you may need to use a topical cortisone cream and an oral antihistamine to control the itching," Kaymen says.

"You also should consult your doctor if you suspect an infection—'weepy' patches that have a yellow crust. Your pediatrician may prescribe oral or topical antibiotics to treat such infections. ★



www.cpmc.org

Articles in this newsletter are written by professional journalists or physicians who strive to present reliable, up-to-date information. But no publication can replace the care and advice of medical professionals, and readers are cautioned to seek such help for personal problems. All models used for illustrative purposes only. (SP08) 6202M

To opt out of this mailing, please call 888-432-2762.

Editorial Team

Oded Herbsman, M.D.
Kathleen Lewis, M.D.
Steve Martel, M.D.
Laura Miyashita
David Tejada, M.D.

Contributing Writer

Susie Caragol

HealthyKids

California Pacific Medical Center

P.O. Box 7999
San Francisco, California 94120-7999

Return Service Requested

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 1741
San Francisco, CA