



Healthy Kids

From our family to yours

A publication of California Pacific Medical Center

Fall 2006

Getting Your Child to Sleep



Tips on addressing sleep problems ■ An interview with Lalaine Dimagiba-Sebastian, M.D., developmental pediatrician

*From breakfast on through all the day
At home among my friends I stay,
But every night I go abroad
Afar into the Land of Nod.*

—Robert Louis Stevenson



Is your child's nightly journey to the Land of Nod frequently disrupted? If so, you're not alone. Sleep problems affect nearly 70 percent of children under age 10 at some point, according to the National Sleep Foundation.

"Sleep problems among children range from temporary sleeplessness due to stress or illness, to a chronic condition if the underlying cause is not addressed," notes Dr. Lalaine Dimagiba-Sebastian, a developmental pediatrician at California Pacific Medical Center with certification in neurodevelopment disabilities.

Sleep is important to a child's growth and development. "Lack of sleep can affect your children's temperament and impair their ability to perform," Dimagiba-Sebastian explains. "Persistent sleep loss can cause long-term health and behavioral problems."

General sleep guidelines

Although each child's need for sleep is different, Dimagiba-Sebastian offers the following general sleep requirement guidelines:

- ▶ **Toddlers up to age 3:** Approximately 12 hours at night, with one afternoon nap of approximately 1½ to 3 hours. (Most children start to give up their morning nap at 18 months.)
- ▶ **Preschoolers age 3 to 5:** Approximately 10 to 12 hours per night, with most children giving up their afternoon nap by age 5.
- ▶ **Early grade school children age 5 to 7:** Approximately 10 to 11 hours per night.

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California Pacific Medical Center

A Sutter Health Affiliate

A Safe Start for the School Year

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



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

It's back to school time! We hope that your family is transitioning well into your new routine. The American Academy of Pediatrics has some great tips about getting your child safely to school, backpack safety, study habits and how to handle bullying. See their Web site at <http://aap.org/advocacy/releases/augschool.htm>.

If you are driving your child to school, remember that the safest place is the back seat. Your child should ride in a child safety seat until she has reached the top weight for that device and then in a booster seat so that the shoulder belt fits properly across the chest and shoulders and not on the neck. In general, children younger than 8 and

shorter than 4'9" should be in a car booster seat after they have outgrown their car seat.

When you are packing those school lunches, remember to include fresh fruits and vegetables. If your school provides lunches, consider becoming advocates for healthier school meals!

Finally, as you may have heard, a new vaccine for rotavirus is available. Rotavirus is the most common cause of severe diarrhea in infants and young children. The vaccine is administered in three doses for children between 6 weeks and 32 weeks old. If you have a child this age, we encourage you to speak with your pediatrician. ★

The Doctor Is In



Your questions about child health answered ■ by David Tejada, M.D., and Brock Bernsten, M.D., pediatrician

Q: Should my younger child get the flu vaccine? The issue is not so much the age but rather the fact that the vaccines are preserved with a mercury compound (thimerosal) that has been connected to autism. Is it really safe?

A: Yes, the vaccine is safe. There is no clear evidence that vaccines cause autism. The influenza (flu) vaccine is recommended for all children from 6 months to 5 years old and for children older than 5 years with an underlying chronic medical disorder, such as asthma or diabetes. Each of these groups of children is at high risk of developing severe influenza if they catch the flu. Siblings of the above children also should receive the flu vaccine.

The vaccine is made from killed influenza virus, so it is not possible to get the flu from the vaccine. None of the flu vac-

cines currently used for children contain thimerosal. Be sure to discuss any other concerns with your child's pediatrician.

Q: What is a reasonable age to enroll a child in organized dance, gymnastics or sports activities?

A: There are no actual age guidelines from the American Academy of Pediatrics (AAP). Preadolescent sports should be a fun and learning experience, with the competitive aspect de-emphasized. When enrolling a child in organized sports before age 6 or 7, parents should be careful, since coaches for younger kids often are not well trained. Activity time should be limited to not more than 20 to 30 minutes a session. This time guideline will help avoid injuries and address the limited attention span of this age group. As with any activity, fun is the word! ★



Parents should be careful when enrolling a child in organized sports before age 7.

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: bosquejp@sutterhealth.org, or visit www.cpmc.org/pediatrics. Due to space limitations, we cannot guarantee that all questions will be answered.

Ticks — How to Prevent Them



Protecting your family from tick-borne diseases ■ by Tim Nicholls, M.D., pediatric hospitalist

Fall is upon us, and with fall comes outdoor activities. Camping, backpacking, hiking and horseback riding provide great opportunities for exercise and family fun. We have plenty of reminders



**Tim Nicholls, M.D.,
pediatric hospitalist**

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If the person hosting the tick has a fever or rash, call your health care practitioner.

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to prevent nuisances from above such as sunburn and mosquito bites when we set off into the wilderness. We also need to remember that critters from below, such as the tick, pose a health risk.

Ticks live on leaves, in grass and under leaf litter in wilderness settings, especially near wooded areas, throughout the world. Ticks live on blood meals from birds and mammals, including humans. Household pets can also carry ticks. Ticks feed by biting into the skin and harvesting a blood meal, often times without causing any pain to the host. Besides being nasty little parasites, ticks also transmit such diseases as Lyme disease and Rocky Mountain spotted fever.

The best way to prevent ticks from causing illness is to keep them from finding our skin in the first place. Recommendations for preventing tick bites include:

- ▶ Walk in the center of trails, particularly in tick-infested areas.
- ▶ Wear light-colored clothing so that you and your campmates can see and remove ticks before they make their way to your skin.
- ▶ Tuck your pants into your socks so that ticks can't crawl up your pants leg.
- ▶ Some ticks can crawl through socks; make sure to remove your socks and shoes to check your feet after hiking.



- ▶ Insect repellents containing permethrin can be sprayed on clothes, and work for days.
- ▶ Repellents containing DEET can be applied to skin by a parent; these typically work for a few hours. Avoid using DEET on small children and on one's hands, eyes and mouth.

When returning from the outdoors, check your children, your pets and self from head to toe for ticks. A child's hair deserves special scrutiny. Placing clothes in a dryer on high heat effectively kills ticks.

If you find a tick feeding, use fine tweezers to grab the tick as close to the skin as possible. Pull straight up without twisting, taking care not to leave the tick's mouthparts in the skin. Scrub the bite area thoroughly with a disinfectant such as iodine, rubbing alcohol or detergent. Wear gloves during removal to protect yourself from tick fluids, and wash your hands thoroughly with soap and water or an alcohol-based rub after discarding the tick. If the person hosting the tick has a fever or rash, call your health care practitioner. ★

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Ticks live on leaves, in grass and under leaf litter in wilderness settings, especially near wooded areas, throughout the world.





Don't Let Asthma Take Your Child's Breath Away

Asthma a major contributor to pediatric hospital admissions ■ An interview with Eric Zee, M.D., pediatric pulmonologist

Asthma is among the most common chronic childhood diseases. The American Lung Association estimates 4 million children younger than age 18 have had an asthma attack in the past 12 months. Although there is no cure for asthma, you can help your child control it.

“Asthma in children has become increasingly more common over the past couple of decades.”

**Eric Zee, M.D.,
pediatric
pulmonologist**

“Asthma is a chronic inflammatory condition that causes narrowing of the airways in the lungs,” says Dr. Eric Zee, a pediatric pulmonologist at California Pacific Medical Center. “Symptoms include congestion, coughing, wheezing and potential difficulty in breathing. Asthma in children has become increasingly more common over the past couple of decades, especially in inner cities, perhaps because of environmental conditions. Today it is one of the most common diagnoses for pediatric hospital admission.”

Correlation between asthma and allergies

Dr. Zee notes that asthma seems to have a hereditary component. “Kids with asthma often have a family history of the disease,” he says. “There also is a high correlation between asthma and allergies. Allergies and asthma may have the same underlying process — both result in increased inflammation.”

In addition to allergies, other “triggers” for asthma attacks can include exercise, respiratory infections, cold weather, emotional stress and such irritants as cigarette smoke, air pollution, strong odors and aerosol sprays.

Asthma treatment

“Treating asthma requires a two-pronged approach,” Dr. Zee explains. “For acute asthma attacks, treatment entails using an inhaled bronchodilator to relax the muscles constricting the airways. If the child is very sick with prolonged asthma attacks, we also may use oral steroids such

as prednisone to reduce inflammation.

“The second approach, and in many ways the more important one, is prevention,” he adds. “The best medicines to decrease inflammation and prevent asthma attacks are inhaled steroids. The steroids used to prevent asthma do not have significant side effects — it is worse to have undertreated asthma,” Dr. Zee explains. “To further reduce inflammation, we also may use longer-acting inhaled bronchodilators and oral medications such as leukotriene.”

In general, preventive medicines are recommended after a child suffers from asthma attacks for two to three months and/or if a child needs his “rescue” medicine for an asthma attack more than two times a week during the day or two times a month at night.

For asthma triggered by allergies, you should have the child avoid the allergens causing the reaction. “Asthma can be triggered by allergies to food or medicine, as well as by respiratory allergies,” Dr. Zee says. “You should consult an allergist to determine what your child is allergic to.”

Dr. Zee advises families to track symptoms and talk to their pediatrician if their child has been coughing regularly after exercise, when exposed to cold air or during the night. “Your pediatrician will help determine if your child has asthma and ensure the most appropriate treatment,” he explains. “If your child has asthma, be aware of the signs of a critical attack — rapid breathing, difficulty breathing or speaking, and lethargy or lack of energy. If using a bronchodilator doesn’t help, seek emergency medical care.” ★



Inhaled steroids are the best medicines to decrease inflammation and prevent asthma attacks.

Controlling Childhood Obesity



A new program will target at-risk groups to reduce obesity ■ An interview with Molly Prindiville Linehan, M.D.

Childhood obesity is on the rise. The number of obese children ages 2 to 5 doubled over the past three decades. For children age 6 to 11, the number tripled.



Molly Prindiville Linehan, M.D., pediatrician

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Almost 24 percent of children of all ages in San Francisco meet the criteria for obesity.

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“Nationwide, nearly 16 percent of children older than age 6 are considered obese,” notes Dr. Molly Prindiville Linehan, a pediatrician at California Pacific Medical Center. “More alarmingly, almost 24 percent of children of all ages in San Francisco meet the criteria for obesity. The health risks associated with childhood obesity can be serious — diabetes, high blood pressure, sleep apnea, orthopedic problems and such psychiatric issues as depression and low self-esteem. In addition, obese children are more likely to remain obese into adulthood and face increased risk for cardiovascular disease and some cancers.”

Dr. Prindiville Linehan notes that many factors are involved in the rising rates of obesity. “Some factors are genetic, but more often they are related to food choices, sedentary lifestyles and cultural influences,” she explains. “The populations most at risk of becoming obese are African American and Pacific Islander.”

In response to this escalating problem, California Pacific is developing a new program for overweight children called MOVE. A culturally integrated approach to pediatric weight management, MOVE will target at-risk groups within San Francisco to decrease the rate of obesity, reduce health disparities among various ethnic and cultural groups, and serve as a resource for other community programs.

The MOVE program, under the leadership of Medical Director Dr. Prindiville Linehan, will incorporate three components:

► **MOVE clinic:** A multidisciplinary team of pediatricians, nutritionists, exercise experts and social workers will offer diagnosis and treatment of the

underlying causes of excess weight, as well as related conditions such as diabetes, high blood pressure, depression and orthopedic problems. California Pacific’s Family Health Center will launch this pilot program, with subsequent expansion to the Bayview Child Health Center and subsequent sites in Chinatown and the Mission to serve the Asian and Latino communities.



The MOVE program will collaborate with various community organizations to provide children with safe places to engage in regular physical activity.

► **MOVE classes:** MOVE classes for children ages 8 to 12 and their families will teach techniques to create a positive change in diet and exercise behaviors. Classes will be held at convenient locations within the community and will be geared toward the specific needs of various cultural and language groups.

► **Community collaborations:** The MOVE program will collaborate with various community organizations to provide children and adolescents with safe places within their own neighborhoods to engage in regular physical activity. In addition, community partners will be able to refer youth to the MOVE program for medical management of overweight children. ★

Boosting Your Child's Natural Cold and Flu Defenses



Alternative therapies may reduce severity of colds ■ An interview with Michael Cantwell, M.D., pediatric infectious disease specialist and holistic pediatrician

There's still no cure for the common cold or flu. But you may help boost your child's natural defenses against these respiratory viruses.

"I can't overemphasize the importance of hand washing," says Dr. Michael Cantwell, a pediatric infectious disease specialist and holistic pediatrician at California Pacific Medical Center's Health & Healing Clinic. "Washing your hands with soap and water for 20 to 30 seconds after coming in contact with someone who has a cold or the flu — or using an alcohol-based hand gel — decreases your chances of developing an infection by 60 to 80 percent."

If a cold or flu virus does take hold, you may be inclined to treat your child with over-the-counter decongestants and antihistamines. "These medications don't cure the infection; they merely treat the

symptoms," Dr. Cantwell says. In lieu of these remedies, he offers several suggestions for enhancing your child's natural defenses:

Echinacea

"There is no evidence that echinacea prevents colds, but it is an easy remedy to try if one develops. There are some downsides, however. You should not use echinacea for children younger than 6 months old or for anyone with an autoimmune disorder. In addition, it is difficult to find good-quality echinacea in the proper dosage. It is better to use a tincture [liquid] form of echinacea," he says. Dr. Cantwell suggests echinacea brands such as Herbs for Kids®, Eclectic Institute™ and GAIA™.

Vitamin C

Vitamin C also may not prevent colds or flu, but numerous studies show that taking vitamin C at the onset of symptoms may decrease the severity and duration of a cold. "Do not use vitamin C in children younger than 6 months," Dr. Cantwell says. "For children between 6 months and 6 years, I recommend 500 milligrams, three times a day for four or five days. Children older than 6 may take 1,000 milligrams, three times per day. If a child takes in more vitamin C than his body can absorb, it is usually eliminated through urination but can still irritate the digestive tract and cause diarrhea."

Zinc gluconate lozenges

"The data on zinc lozenges is variable. It may decrease the severity and duration of the illness," Dr. Cantwell observes. "Zinc lozenges are best for children older than 4, since they are a choking hazard for younger children. Children between 4 and 6 may suck on



Michael Cantwell, M.D., pediatric infectious disease specialist and holistic pediatrician

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Alternative therapies do not replace conventional treatment.

It's called 'complementary' medicine because it complements traditional Western medical practices.

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Washing your hands with soap and water decreases your chances of developing an infection.





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four to five lozenges a day for the first two days of the illness. Children older than 6 may take a lozenge every two to three hours, up to eight lozenges a day."

Homeopathy

"Homeopathic remedies are designed to help alleviate symptoms of illness, and there is some evidence they are effective in treating colds and flu," says Dr. Cantwell. "If a parent is interested in homeopathy, I would recommend the book *Homeopathic Medicine for Infants and Children* by Dana Ullman."

Alternative medicines can treat cold and flu symptoms, but do not cure the illness. If they are helping, it is safe to use them as directed, but if you don't find any benefits, there is no reason to continue them. Dr. Cantwell cautions that you also should consult your pediatrician if your child is really ill — with a high fever or difficulty breathing, for example. "Alternative therapies do not replace conventional treatment," he says. "It's called 'complementary' medicine because

it complements traditional Western medical practices."

In addition to homeopathic remedies, a variety of other products may be effective in treating colds and the flu, including such Western herbs as elderberry and golden seal, as well as various mushroom extracts and Chinese herbs. "These remedies should be used only under the supervision of a physician," Dr. Cantwell notes. As with all medications, it is best to discuss therapies with your child's pediatrician. ★

To Learn More

The Health & Healing Clinic was the first integrative medicine clinic to be accredited by the state of California in 1997. The Clinic is staffed with board-certified, Western-trained physicians and expert clinicians who are specially trained in integrative practices.

For more information, call 415-600-3503 or visit www.cpmc.org/ihh.

Sleep *continued from page 1*

The best way to ensure that your child gets enough sleep is to develop a standard bedtime routine. "A nightly routine is just as important as a daytime routine of meals and play time," Dimagiba-Sebastian says. "The bedtime routine should be simple and relaxing. Start by minimizing your child's social contact with family members around bedtime — which should be the same time every night. Give the child a soothing bath before putting on pajamas and brushing teeth. Then read a quiet story, put your child to bed, say goodnight and leave the room. The bedroom should be a 'sleep-only zone,' with no television, computer or stimulating toys. A 'comfort' item such as a stuffed toy or favorite blanket may help soothe your child to sleep."

Tackling sleep problems

If your child gets out of bed, Dimagiba-Sebastian recommends putting him right back in, promptly and repeatedly, until he gets the message that you expect him to get to sleep on his own. "You also need to ignore children's demands for attention when they wake up repeatedly at night," she says.

"Gradually withdraw your attention when putting your child back to bed — spending three minutes the first time, two minutes the second time, one minute or less the next time," she adds. "That way he isn't 'rewarded' by your company. Instead, you can reward him with stars or stickers on a chart for each night he goes to sleep and stays asleep on his own. If your child gets up too early in the morning, try delaying bedtime by 15-minute increments over time."

Dimagiba-Sebastian notes that some childhood sleep disorders warrant a physician's attention. "When behavior intervention doesn't work, your child may have a more serious problem," she says. "Consult your pediatrician if your child is snoring or appears to have sleep apnea (pauses in breathing) or asthma. Some children also experience restless leg syndrome, recurrent nightmares or sleepwalking." ★

There's No Place Like a Child-focused Hospital

When you walk into a child-focused hospital, you see families who never expected to be there. Whether they have to deal with a simple ear infection or a complex heart defect, they are worried and upset that their child is suffering.

However, the children are in good hands. Child-focused hospitals treat more than 1 million hospitalized children each year with the common goal of keeping children healthy.

The National Association of Children's Hospitals and Related Institutions (NACHRI) estimates there are 250 to 275 child-focused hospitals in the United States which represent about five percent of our nation's hospitals. More than 190 of those hospitals are members of NACHRI, which helps these hospitals fulfill their common mission to provide quality clinical care, conduct life-saving research, educate the next generation of pediatricians and advocate on behalf of all children.

While some child-focused hospitals are large, freestanding institutions, others are part of larger medical centers, such as California Pacific Medical Center. Some are specialty hospitals that focus on areas



such as rehabilitation or burn care. Yet, all provide the highly-specialized and family-friendly care children need. Whether a child has respiratory or gastrointestinal problems or needs neonatal intensive care, child-focused hospitals are able to attend to his or her medical and psychological needs.

Child-focused hospitals strive to meet the medical needs of the children in their communities regardless of a family's ability to pay. And just as children depend on child-focused hospitals, these hospitals depend on you. You can support your local child-focused hospital by making a financial donation, volunteering or advocating to your legislators the importance of these hospitals to all children. ★

To Learn More

For more information about the importance of child-focused hospitals to all children, visit www.childrenshospitals.net.



www.cpmc.org

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