



# Healthy Kids

From our family to yours

A publication of California Pacific Medical Center

Fall 2007

## Healthy Eating Options for Children



**Start early to create lifelong habits** ■ An interview with Aimee Marcich, MPH, CHES, MOVE Program Coordinator

Overweight children face the potential risk for a variety of health problems including sleep apnea, orthopedic issues and type 2 diabetes. Moreover, overweight children are more likely to remain overweight into adulthood and to develop serious health problems.

### MOVE Program promotes healthy lifestyle

To help parents handle this complex issue, California Pacific Medical Center has launched the Health Champion's MOVE clinic and classes geared toward children who are at or above the 85th percentile for their age on the body mass index (BMI) growth charts. MOVE aims to assist families in making the necessary behavioral changes to live a healthier life.

"In the MOVE Program, the behavioral changes we encourage are for the entire family, not just the child who is overweight," says program coordinator Aimee Marcich, MPH, CHES. "Treating an overweight child differently from everyone else can have a negative effect on the child's self-esteem. The whole family should be involved in developing healthy eating and exercise habits."

The MOVE clinic for overweight children ages 2 to 18 provides a multi-disciplinary team approach to evaluate potential medical causes of pediatric obesity and to identify and treat complications that arise from a child's overweight status.

In addition, the MOVE classes offer three months of group sessions for 8- to 12-year-old children and their primary caregivers to support positive changes in food choices and levels of physical activity. The first session of MOVE classes starts in October through a partnership with the Chinatown Public Health Center.

### Offer healthy eating options

"Starting early to promote healthy eating habits with children is key," says Marcich, a nutritionist and certified health education specialist. "The best way to do that is for parents to model appropriate behavior and to offer children a variety of foods. Having the family eat together encourages healthy family relationships and socialization."

Marcich recommends getting children to sample a wide variety of foods, including plenty of fruits and

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# Health Bits



## Study Backs Ibuprofen for Some Pain

Ibuprofen worked better than two other pain relievers in emergency rooms to ease children's pain from musculoskeletal injuries, such as sprained ankles, a Canadian study shows. Doctors compared ibuprofen with acetaminophen and codeine, says study lead author Eric Clark, M.D., an emergency medicine specialist at the University of Ottawa School of Medicine. Children who got ibuprofen reported less pain after an hour. The study in the journal *Pediatrics* involved 300 children ages 6 to 17. "When we send parents home with children who have bumps, bruises or broken bones, we suggest parents give the child ibuprofen," Dr. Clark says. That also goes for treating other injuries to muscles, bones, joints and related tissues that don't call for a doctor. Ibuprofen is not recommended for children younger than 6 months of age.



## Diabetes Hospital Stays Surge

The rate of hospital stays for children with type 2 diabetes tripled in just six years. The upsurge took place nationwide from 1997 to 2003, according to a New York University School of Medicine study. "Epidemic childhood obesity has transformed a chronic disease of midlife into a pediatric scourge," says David Katz, M.D., director of the Yale University School of

Medicine Prevention Research Center.

Untreated diabetes can damage the heart, eyes, nerves and kidneys.

In general, type 2 diabetes is linked to weight, while type 1 diabetes is not. Records show hospitalization rates for type 1 diabetes rose 15 percent from 1997 to 2003, while the rate for type 2 diabetes rose 200 percent.



## Inhalant Use Common

About 11 percent of children and teens get high by inhaling household products, the American Academy of Pediatrics (AAP) says. The list runs the gamut from paint thinner and hair spray to rubber cement, fabric guard and butane from lighters. Inhalants draw young kids because they're easy to find, convenient, cheap and easily hidden. This abuse takes place in all parts of the populace, the AAP says. Abusers can be as young as age 5. Among the signs of abuse are changes in behavior, including apathy, listlessness or poor appetite; a major shift in friends or activities; a lack of interest in school; poor hygiene; fatigue; sinus or nasal problems; depression; or paranoia. Inhalants cause a slew of health problems—including sudden death. ★

# The Doctor Is In



Your questions about child health answered ■ Tim Nicholls, M.D., pediatric hospitalist



**Q:** Can you tell me more about the HPV vaccine for girls?

**A:** Human papilloma virus, or HPV, is the name for a group of related viruses that cause warts (including genital warts) and cervical cancer.

The HPV vaccine approved last year by the Food and Drug Administration contains proteins that familiarize the immune system with the four virus types that cause the majority of cervical cancer cases.

The Centers for Disease Control and Prevention (CDC) recommends the vaccine for young women between the

ages of 9 and 26. Because the types of HPV that cause cervical cancer are sexually transmitted, it is ideal to give the vaccine before the onset of sexual activity.

Studies in girls and women show that the HPV vaccine effectively prevents infection and the development of cervical precancerous growth caused by the four virus types. The vaccine has been proven to be safe with no significant side effects. However, because virus types not included in the vaccine can cause cervical cancer, sexually active teens and women should continue their routine health care visits for Pap tests. ★

## 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](mailto:miyashi@sutterhealth.org), or visit [www.cpmc.org/pediatrics](http://www.cpmc.org/pediatrics). Due to space limitations, we cannot guarantee that all questions will be answered.

# Specialized Pediatric Care



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

A little known fact about California Pacific Medical Center is the breadth of our pediatric programs. Did you know that we have more private practice pediatric physicians on staff than any other Bay Area hospital? All of our pediatricians bring superb training, expert skills and compassion to caring for your child.

The Department of Pediatrics is an integral component of our new Women & Children's Center. The Center, located at 3700 California Street, includes our Pediatric Unit and Intensive Care Unit, along with a beautiful new Pediatric Specialty Clinic.

Should the need arise, California Pacific offers children specialized care in areas such as:

- ▶ Cardiology and cardiac surgery
- ▶ Child development
- ▶ Diabetes and endocrinology
- ▶ Gastroenterology and nutrition
- ▶ Hematology/oncology
- ▶ Neurology
- ▶ Ophthalmology
- ▶ Pulmonology and cystic fibrosis
- ▶ Surgery
- ▶ Weight management



Last year, our pediatric specialists had more than 3,500 visits from children needing care for conditions such as asthma, digestive disorders, epilepsy, diabetes and cancer, among others. Our physicians work closely with families to meet the needs of each child—from newborns to adolescents.

California Pacific Medical Center is a California Children's Services (CCS) certified tertiary care hospital and regional referral center, meaning that children are transported here from throughout Northern California for expert care. Our 27-bed Pediatric Unit and eight-bed Pediatric Intensive Care Unit provide care for thousands of families annually and are complemented by a talented pediatric hospitalist and nursing team and a Child Life staff that strives to make a family's visit as comfortable as possible.

While no one wants to think of their child needing specialized pediatric care, rest assured that if you need it, California Pacific has the specialists your family needs. ★

## To Learn More

To find a pediatrician or a pediatric specialist, call our Specialty Referral Line at 888-637-2762.

## Healthy Eating *continued from page 1*

vegetables, whole grains, lean meats and dairy products. "For young children, it can take up to 10 times for them to acquire a taste for certain foods," she says. "Don't force them to eat a whole serving if they don't immediately like a new food. Just let them sample it and then try re-introducing it a few weeks later."

Other suggestions include:

- ▶ Pay attention to the size of meal portions, as well as the types of foods.
- ▶ Include a couple of small healthy snacks—such as a piece of fruit paired with string cheese—between meals.
- ▶ Limit sugary snacks and beverages, including juice and soda.
- ▶ Avoid using food as a "reward."
- ▶ Encourage children to get plenty of

exercise. Try family activities in which you can be active together.

- ▶ Take your children to farmers' markets or grocery stores and encourage them to try new fruits and vegetables.
- ▶ Start a new family tradition with "new recipe night" once a week to introduce new foods.
- ▶ Involve children in preparing meals with age-appropriate tasks.

For information about feeding your family and current nutrition guidelines, see the following Web sites:

- ▶ [www.ellynsatter.com](http://www.ellynsatter.com)
- ▶ [www.mypyramid.gov](http://www.mypyramid.gov)
- ▶ [www.fruitsandveggiesmorematters.org](http://www.fruitsandveggiesmorematters.org)

- ▶ [www.nationaldairycouncil.org](http://www.nationaldairycouncil.org)

For information about the Health Champion's MOVE Program's clinic and classes, please call Aimee Marcich, MPH, CHES, at 415-600-2975. ★



# Diabetes in Children—A Growing Concern



**Identifying risk factors and managing treatment** ■ An interview with Saleh Adi, M.D., medical director, Pediatric Diabetes Center

**D**iabetes is among the most common chronic diseases in school-age children.

“  
The first line of treatment for prediabetes or diabetes is weight management and increasing physical activity.”

**Saleh Adi,  
M.D., pediatric  
endocrinologist**

The Centers for Disease Control and Prevention (CDC) estimates 176,500 U.S. youngsters under age 20 have diabetes. The vast majority of cases are type 1 diabetes, in which the pancreas stops making insulin or makes only a tiny amount. The CDC notes, however, that increasing numbers of young people are being diagnosed with type 2 diabetes, in which the body fails to use insulin effectively.

## Diabetes: Type 1 and type 2

“Because the risk factors for type 1 diabetes are primarily genetic factors and autoimmune disorders, it is not preventable,” says Saleh Adi, M.D., a pediatric endocrinologist at California Pacific Medical Center. “The primary risk factors for type 2 diabetes, though, are obesity and lack of physical activity—and those can be controlled. While overweight children may not develop diabetes during childhood, they often become obese adults at risk for developing type 2 diabetes later in life.”

Symptoms of type 1 diabetes generally develop quickly. They include increased thirst and urination, extreme hunger, changes in school performance or trouble concentrating, and weight loss. Type 2 diabetes, on the other hand, usually develops slowly and may not produce any overt symptoms in the early stages.

## Is your child at risk?

“The number one screening tool to determine your child’s risk for developing type 2 diabetes is to find out his or her body mass index (BMI),” Dr. Adi says. “For children, we look at the BMI-for-age percentile, comparing a child’s weight to other children of the same age and sex. Children in the 85th



percentile or higher are considered overweight. Parents should ask their pediatrician to determine their child’s BMI during regular physical exams.

“Another possible indication of diabetes is a symptom of insulin resistance called acanthosis nigricans, which is a darkening of the skin in creases of the body, such as the neck and underarms.”

Children who have these risk factors for diabetes should be tested for their fasting blood glucose levels. A level of 100 to 125 is considered prediabetes. A level higher than 126 is considered diabetes.

## Diabetes treatment and management

“The first line of treatment for diabetes is weight management and increasing physical activity,” Dr. Adi explains. “For type 1 diabetes, the child will need insulin injections. If weight management and exercise aren’t sufficient to control type 2 diabetes, the child may need oral medications or insulin injections as well.”

If you are concerned that your child is at risk for diabetes, consult your pediatrician for a referral to California Pacific’s Pediatric Diabetes Center or call 415-600-0506 for more information. ★

## To Learn More

For an easy way to learn your child’s BMI, go to [www.cdc.gov/nccdphp/dnpa/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm) and click on the link for “Child and Teen BMI Calculator.”

# Avoiding Sports Injuries



**Encourage healthy exercise, not sports obsession** ■ An interview with Terrence Cronin, M.D., pediatric sports medicine specialist

Exercise is important to your child's health, and organized sports can play an important role in ensuring that little Justin or Justine gets enough exercise. Sometimes, though, your child can get too much of a good thing.

“Participating in a range of different sports builds the child's overall fitness and helps prevent overuse injuries.”

**Terrence Cronin,  
M.D., pediatric  
sports medicine  
specialist**

“The most common sports injuries are ‘overuse injuries,’ which result from repetitive use of the muscles, tendons, bones and joints,” says Terrence Cronin, M.D., a pediatric sports medicine specialist at California Pacific Medical Center. “Some common examples of overuse injuries include ‘Little League elbow’ among pitchers, runner's knee and swimmer's shoulder.”

## Encourage playing a range of sports

To avoid overuse injuries, Dr. Cronin recommends involving children in a wide variety of sports, rather than specializing in a single sport at an early age. “Participating in a range of different sports builds the child's overall fitness and helps prevent overuse injuries,” he says.

“Children usually are ready to participate in sports between ages 6 and 10, but you should wait to specialize in a particular sport until at least early adolescence,” he adds. “Even then, it's not a good idea to play the same sport year-round. You also should make sure they get appropriate preseason overall conditioning before starting the sports season.”

## Recognizing overuse injuries

Overuse injuries can sometimes be difficult to recognize. “Generally, it's normal to experience minor muscle soreness in the first few days after starting a sports activity,” Dr. Cronin explains. “But if your child has lasting muscle pain, pain in the joints or swelling, there's cause for concern.”

Symptoms of overuse injuries fall into four general stages, according to Dr. Cronin:

► Stage 1: Achy pain—such as in the elbow or knee—the night after participation

- Stage 2: Pain during the sporting event that doesn't really affect performance
- Stage 3: Pain during the event that limits performance
- Stage 4: Constant pain

“If you recognize overuse at stage 1 or 2, you can prevent it from progressing further by backing off exercise for a while, using ice and compression, and elevating the affected body part,” he says. “At stage 3 or 4, the child really needs to take time off from the event. The number one cause of injury is a recurrence of a previous injury. The athlete needs complete rehabilitation and reconditioning to get the injured body part back to proper condition before returning to full activity.”

Dr. Cronin notes that overemphasizing sports participation also can interfere with a child's overall development. “Exercise is important, but it shouldn't be the sole focus of a child's life,” he says. “Overemphasis on sports can disrupt family life, especially with traveling teams that go year-round. Your child needs to have time for schoolwork, family activities and just plain fun.” ★



# Diagnosing Food Allergies and Food Intolerance



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

**F**ood allergies can produce rapid reactions, such as hives, shortness of breath, vomiting and—in severe cases—a life-threatening “anaphylaxis” that causes swelling of the tongue or throat and can obstruct breathing and lower blood pressure.



**Christine Nguyen, M.D., pediatric gastroenterologist**

“Foods that account for 90 percent of allergic reactions in children are cow’s milk, eggs, peanuts, soy, tree nuts, fish and wheat.”

Some food allergies, however, produce a delayed response that doesn’t appear for several hours—or even days. Delayed responses often include gastrointestinal symptoms, such as nausea, vomiting and diarrhea.

## Causes of food allergies

“A food allergy is an abnormal reaction to a food, triggered by the immune system,” says Christine Nguyen, M.D., a pediatric gastroenterologist at California Pacific Medical Center. “Immediate allergic reactions occur anywhere from a few minutes to hours after eating. Delayed reactions are harder to diagnose because it is difficult to connect symptoms with food eaten days beforehand.”

Any food can cause an allergic reaction, but foods that account for 90 percent of allergic reactions in children are cow’s milk, eggs, peanuts, soy, tree nuts, fish and wheat.

Dr. Nguyen notes that many people confuse food allergies with food intolerance, which is an inability to digest a particular food. “Some people think lactose intolerance is an allergy, but it’s not,” she explains. “A person with lactose intolerance cannot break down the sugars in milk. It is very rare for infants to be lactose intolerant, but a child can develop intolerance over time.”

## Milk allergy

“Approximately 5 percent of babies are allergic to a milk protein,” continues Nguyen. She advises breastfeeding mothers of infants who are allergic to cow’s milk to avoid eating dairy products



and foods containing milk proteins. “These mothers may need calcium supplementation,” she says.

Bottle-fed babies may do better with a “hydrolyzed” formula in which proteins have been broken down into smaller units or an “elemental” formula that breaks down protein into individual amino acids.

“Some parents try soy formula, but babies can have the same reaction to soy as to cow’s milk because 50 percent of the proteins are the same as in cow’s milk,” Dr. Nguyen says.

## Eosinophilic esophagitis

Eosinophilic esophagitis (EE) is another form of allergy. EE is difficult to diagnose because the symptoms resemble gastroesophageal reflux disease (GERD),” Dr. Nguyen says. A gastroenterologist can help differentiate EE from GERD.

## Celiac disease

Celiac disease, a sensitivity to the gluten found in grains (particularly wheat), can appear when infants start solid foods or later in childhood. Symptoms may include diarrhea, anemia, poor weight gain or weight loss. “The treatment is to avoid all foods with gluten,” Dr. Nguyen says. “Because it’s a lifelong condition requiring total avoidance of these grains, you should get a positive diagnosis from a physician before assuming that your child has it.” ★

# Wheezing: Is It Asthma—Or Bronchiolitis?

■ An interview with Edward Fong, M.D., pediatric pulmonologist

It's the middle of the night. Your tiny tot is wheezing, finding it difficult to breathe. You wonder if it might be asthma. Then you feel his forehead and realize there's a fever. What's wrong with your child?



**Edward Fong, M.D., pediatric pulmonologist**

“There is not much you can do to treat bronchiolitis directly because it is viral. Treatment revolves around either preventing the infection or managing the patient's symptoms.”

“In children younger than age 2, the problem may be bronchiolitis,” says Edward Fong, M.D., a pediatric pulmonologist at California Pacific Medical Center. “Bronchiolitis can cause wheezing, coughing, fever, excessive mucus production and difficulty breathing.”

## What is bronchiolitis?

Bronchiolitis is the inflammation of the small airways in the lungs, called bronchioles. It is caused by a number of viruses, most commonly by respiratory syncytial virus (RSV). The disease is seasonal, appearing more frequently in the fall and winter. Some children have only minor symptoms, but bronchiolitis can be a severe illness requiring hospitalization.

“There is not much you can do to treat bronchiolitis directly because it is viral,” Dr. Fong says. “Treatment revolves around either preventing the infection or managing the patient's symptoms. If a child is wheezing severely, your doctor may prescribe bronchodilators, such as albuterol. As far as the use of steroids, such as prednisone, if the child has bronchiolitis, studies have shown that steroids are not helpful and, in fact, may be detrimental.”

Dr. Fong notes that children older than age 2 who experience three or more episodes of wheezing while suffering from a cold are more likely to have asthma than bronchiolitis. “We suspect there is some association between RSV and subsequent development of asthma.” He adds, “We can test the nasal fluid of the patient with bronchiolitis to determine whether RSV is the cause.”

When a child's wheezing is due to asthma, rather than bronchiolitis, your physician may recommend daily “controller” medications, including inhaled steroids such as Flovent® or Pulmicort®.

“The child also should be prescribed a ‘rescue’ medication, such as albuterol, to expand the airways in an acute episode,” Dr. Fong explains. “It's also important to control the ‘triggers’ for asthma.”

## Asthma triggers

Some of Dr. Fong's recommendations for controlling asthma triggers include:

- ▶ Avoid using strong scents, such as perfumes, body wash and cleaning products.
- ▶ Wash bedding at least weekly in hot water.
- ▶ Vacuum, sweep or mop the child's room on a weekly basis.
- ▶ Use dust covers over mattresses and pillows.
- ▶ Make the child's bedroom a “safe room,” keeping pets in another part of the house.
- ▶ Avoid using aerosols and other sprays.

“Children with asthma also are at a higher risk for complications of the flu, and they should get a flu shot every year,” Dr. Fong emphasizes. “The rest of the family should get a flu shot, too, in order to help protect the family member with asthma.” ★



# Over-the-Counter Cold Medicines Shown To Have No Benefits



**CDC urges parents to avoid pseudoephedrine and carbinoxamine** ■ by **Tim Nicholls, M.D., pediatric hospitalist**

All children get colds, particularly in the first few years of their lives. These sniffles, coughs, sneezes and sore throats often send parents in search of remedies from their pharmacy or doctor. Although these remedies seem to help adults go about their days more comfortably, they are not all appropriate for children.



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

## Cold medications not tested in infants

We do not know what doses of cold remedies are appropriate for children younger than 2 years of age. For over-the-counter cough and cold medications, dosing recommendations approved by the Food and Drug Administration do not exist for these children.

## Watch for pseudoephedrine and carbinoxamine in medications

Recently, the Centers for Disease Control and Prevention (CDC) warned that children younger than age 2 should not receive the medication pseudoephedrine. This drug has been linked to emergency room visits and, in a few cases, death due to overdose. Until Congress outlawed pseudoephedrine in over-the-counter cold remedies in 2006, it was a common ingredient.

Another ingredient in cold remedies—carbinoxamine—has been outlawed because of children's safety concerns. But medications stored at home or left-

over in a store's warehouse may make it to children. We advise parents to carefully examine the contents of every medicine they have at home.

## Alleviating cold symptoms

Research shows that *all* over-the-counter cough and cold remedies provide no benefit for cough or cold symptoms when compared with placebo. Rather than medication, a suction bulb is effective at reducing nasal congestion in young children. Before suctioning, nasal secretions can be softened with nasal saline drops or a cool-mist humidifier. If you plan to give any medication to a child younger than 2 years of age, discuss its use and dosage with your physician first. ★



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