



Cutting **Antibiotics** for Ear Infections

Most Disappear on Their Own if Parents Can Wait, Study Shows

Many of you may have read about a new study reported in the press and on national television that recommends **waiting before you start antibiotics for the child with an ear infection**. We would like to bring you up to speed on the logic behind this approach since we may discuss it with you in the office.

As background, **ear infections are the most common reason for antibiotic use among U.S. children, with 15 million prescriptions written annually**. In addition, antibiotic resistance is a growing worldwide public health concern that has been spurred by the widespread overuse of antibiotics. The American Academy of Pediatrics (AAP) states that 80% of children whose ear infections are not treated immediately with antibiotics get better on their own. Traditionally we have

treated these infections with routine use of antibiotics despite the fact that most children would not need medicines for their infection to self resolve.

In 2004 the AAP gave its stamp of approval to the watch-and-wait strategy telling physicians **it is OK to delay antibiotics in children over age 2 for 48 to 72 hours** as long as pain is managed with pain relievers like ibuprofen or acetaminophen.

Now, a new study suggests parents are often willing to delay treatment if they know their kids can get the antibiotics if they need them. Giving parents the option of delaying treatment meant far fewer kids ended up taking antibiotics -- with no significant increase in complications, researchers reported in the Sept. 13 issue of *JAMA, The Journal of the American Medical Association*, Spiro, D et al.

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Holiday Hours

Thanksgiving Day
Thursday, November 23
 All offices are closed.

Christmas Day
Monday, December 25
 All offices are closed.

New Year's Day
Monday, January 1
 All offices closed

Please see page 2 for more detailed information about our 2006 Holiday Hours.

Provider **UPDATES**

Kelly Dickson, PA-C at Southwest

We at Greenwood Pediatrics would like to introduce our families to our newest provider, Kelly Dickson, PA-C. Kelly will be working at the Southwest office four days per week with Dr. Bob, Dr. Jim and Jenna. We feel very fortunate to have Kelly with us and have every confidence that you will find her caring and competent. Please welcome her as the newest member of Greenwood Pediatrics.



Hi to all! Here is a little bit about me!

I grew up in the Littleton area; moving here from California when I was 8 years old. After graduating from Columbine High School, I attended CU at Boulder and

graduated with a degree in Kinesiology. Three weeks after graduating from college, I started PA school at the University of Colorado Health Sciences Center CHA/PA program. I was lucky enough to rotate at Greenwood and intern during my third year and even more lucky now to be employed by GWP! I still cannot believe it and I feel so fortunate to be a part of such a

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New Vaccine Recommendations

The Advisory Committee on Immunization Practices (ACIP) is a panel of physicians experts selected by the U.S. Department of Health that make recommendations regarding vaccine administration based on scientific data. **Recently the ACIP has recommended one new vaccine and a booster of a currently administered vaccine be given.** At this time the American Academy of Pediatrics has not formally endorsed these recommendations. However this is a formality and we are taking this opportunity to introduce these vaccines to our families.

Human Papilloma Vaccine – Gardasil (Merck)

Cervical cancer is a major health problem in the United States. The American Cancer Society estimates that in 2006, over 9,710 women will be diagnosed with cervical cancer and 3,700 will die from this disease.

The vaccine, Gardasil, is the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to Human Papilloma Virus (HPV).

Routine vaccination with the newly licensed HPV vaccine (Gardasil) is recommended for 11- to 12-year-old girls. The ACIP recommendation also allows for vaccination of girls beginning at 9 years old as well as vaccination of 13- to 26-year-old females. Female patients should receive the vaccine before onset of sexual activity and exposure to disease-causing viruses, but those who are sexually active also should be vaccinated. The vaccine is administered in a three-dose series. The second and third doses should be given at two and six months (respectively) after the first dose. HPV vaccine may be given at the same time as other vaccines.

The vaccine is most effective for girls/women who get vaccinated before their first sexual contact. Therefore we feel it is important for girls to get HPV vaccine before they become sexually active.

Of note there is already one state that has passed legislation requiring this vaccine for girls entering the 6th grade. There is also research to see if it may be beneficial to older females or males.

Varicella (Chicken Pox) Booster

We have been routinely administering the Varicella vaccine since 1995. **The ACIP recently updated its recommendations to advise a varicella vaccine booster.** Fifteen percent to 20% of children who have received one dose of the vaccine are not fully protected and may develop disease after coming in contact with varicella zoster virus. A second dose provides increased protection against varicella disease. The first dose of varicella vaccine is recommended at 12 to 15 months old.

Children, adolescents and adults who previously received one dose of varicella vaccine now are recommended to receive a second dose.

These vaccines are currently being covered by some insurance plans and not yet with others. We recommend that you check with your plan to see if these are a covered benefit. We do expect that in the near future all plans will cover both of these vaccines. You may also choose to have the vaccine administered and cover the expense out of pocket in the event it is not a covered benefit by your plan.

Provider Updates (from page 1)

wonderful practice; I truly feel like part of the family. Currently, I am busy planning a wedding as I am engaged to be married June 2007. I enjoy skiing and hiking during the weekends and reading a good book when I have time. I love my job and I love the challenges and rewards of pediatrics. I look forward to meeting you and your children!

Sonya at Parker

For those of you who are not familiar with Sonya Shell, CPN-P we would like to take this opportunity to introduce her to our families who receive care from the Parker office. Sonya is an experienced Pediatric Nurse Practitioner who has worked in the Southwest office for a number of years. Due to family needs Sonya had to change her schedule, and although it will be a great loss to the Southwest office we are delighted to announce she will now be working with Dr. Michelle and Dr. Sunit at the Parker office. All of us who have extensive experience working with Sonya feel that she will fit in beautifully in Parker.



Sanofi Pasteur experienced a poor growth in one of the new virus strains used for this season. The strain was replaced by a substitute, but that has delayed shipment of the vaccine by several weeks.

We share in your concerns regarding this delay. While we have received some of our supply, the majority will not be received until later. We will schedule appointments for flu immunizations as supplies allow. Please check our website for updates: www.greenwoodpediatrics.com

Influenza Vaccine Recommendations 2006–2007 Season

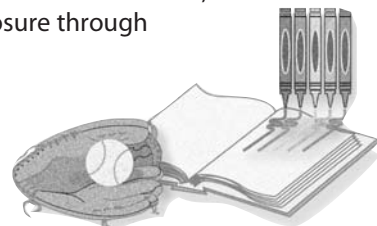
The American Academy of Pediatrics and the Center for Disease Control and Prevention recommends the influenza vaccine for children who are at the highest risk of complications or hospitalization for influenza infection. This year the definition has been broadened to include:

- healthy children between 6 months and five years
- any child (over 6 months) with chronic medical conditions
- children with chronic respiratory conditions (this includes asthma or reactive airways disease)
- household contacts and out-of-home caregivers of all children younger than 59 months of age

Flu shot clinics have been scheduled. Give us a call to schedule an appointment for your child(ren)s' flu shots.

The flu vaccine does contain a small amount of thimerosal, a mercury containing preservative necessary in multi-dose vials. There is no scientifically conclusive evidence showing any harm from exposure to vaccines containing this preservative. Influenza, on the other hand, makes all who get it feel miserable and carries a very real risk of complications. Therefore, the benefits of influenza vaccination far outweigh the theoretical risk, if any, from thimerosal exposure through vaccination.

If you have any questions please do not hesitate to ask your child's provider.



Cutting Antibiotics (from page 1)

Analgesics, Not Antibiotics

Parents often give antibiotics more credit for making their child feel better than they deserve. It is far more effective to treat your child with analgesics (acetaminophen (Tylenol) or ibuprofen (Motrin / Advil)) to relieve pain in the early phase of an ear infection. **The doses are in the Owner's Manual as well as on our web site greenwoodpediatrics.com.** You can also try putting prescription topical numbing drops or a few drops of warm baby oil or vegetable oil in your child's ear canal as long as nothing is draining from it.

The study concluded that well over half the parents advised to delay antibiotic treatment (62%) ended up not getting their child's prescription filled, compared with just 13% of parents who were not given the special instructions. Some reasons parents in the wait-and-see group did fill the prescriptions were fever (60%), ear pain (34%), and fussy behavior (6%). Ear pain did resolve, on average, a half day earlier in the immediate-treatment group. But those children also had more symptoms related to antibiotic use, including diarrhea and vomiting. Almost one of four children in the group that took more antibiotics (23%) experienced diarrhea, compared with 8% of those in the group that took fewer antibiotics.

We believe that parents need to understand that for many children the benefits of taking antibiotics for ear infections are outweighed by the side effects, which can include diarrhea, upset stomach, rash, allergies, and the possibility of drug resistance.

Given all this information, don't be surprised if you hear us recommend a watch and wait approach to ear infections. Hopefully this will help you understand the logic behind our recommendation.



Fall and Winter Safety

No doubt you have heard all of this before, but we are going to remind you again.

Whether you are on your bike, rollerblades, skis or snowboard data proves that most head injuries are preventable by wearing appropriate helmets. For those of us who bike or ski, it is frustrating to see families out there without safety equipment. It is equally frustrating to see children wearing helmets but parents opting to not wear them. Your example is one of the most powerful tools in creating safe habits in your children.

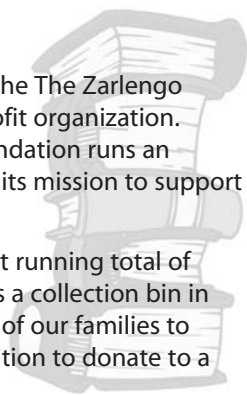
Another reminder: use sunscreen when you are outside, especially in the mountains. It may be cold but the sun is still a source of sunburn for any exposed areas, and can be even stronger when it reflects off the snow.

These summer safety tips are from the American Academy of Pediatrics (AAP).

Book Drive

Greenwood Pediatrics is supporting the The Zarlengo Foundation (ZF) book drive, a nonprofit organization. Since its inception, the Zarlengo Foundation runs an annual book drive in order to further its mission to support educational initiatives.

This year's book drive shows a current running total of 4,200 books collected. Each office has a collection bin in the reception area. We encourage all of our families to bring in books that are in good condition to donate to a child in need.



**Mark
your calendars!
2006 Holiday Hours**

Thanksgiving

Wednesday, November 22nd
All offices are open

**Thanksgiving Day
November 23rd
All offices are closed**

Friday, November 24th
Southeast Office (*Mineral Avenue*)
open 8:30-12:00
Southwest, Parker and the Business offices
are closed

Saturday, November 25th
is a regular Saturday–
Southeast Office only is open
8:30-12:00

Christmas

Saturday, December 23rd
is a regular Saturday–
Southeast Office only is open
8:30-12:00

**Sunday, December 24th
Monday December 25th
All offices are closed**

Tuesday, December 26th
All offices are open

New Year

Saturday, December 30th
is a regular Saturday–
Southeast Office only
is open 8:30-12:00

**Sunday, December 31st
Monday January 1st
All offices are closed**

Tuesday, January 2nd
All offices are open

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Our Pediatric Teams:
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