



Nutrition & Obesity in Children

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The epidemic of obesity among Americans has become one of the most significant health crises facing us in the 21st century. Indeed, many experts are predicting that the next generation may actually face a life span less than that of the previous generation, secondary to the health effects of obesity. **The incidence of overweight in 12- to 19-year-olds has more than doubled in the past 20 years.** Overweight adolescents have a 70% chance of being obese adults, and 80% if one parent is also overweight. Being overweight is associated with multiple health problems including heart disease, stroke, diabetes, cancer, gallbladder disease, sleep apnea, and osteoarthritis.

One's risk for obesity is influenced by genetics, environment, and behavior. Obviously, we cannot alter genetics, but environment and behavior are things that, as parents, you can influence quite a bit. The

sooner you make these lifestyle changes, the more likely they will be lifelong patterns that your child will carry into adulthood. **What can you do to prevent obesity in your child** or to help a child already dealing with obesity issues?

- **Encourage a diet high in fruits, vegetables, and whole grains.** Offer healthy snacks. Avoid all sugared drinks—limit fluids to water and non-fat milk. Avoid crash diets. Limit portion sizes. Do not use food as a punishment or reward. As much as possible, eat meals together as a family. Avoid fast food.
- **Stay active.** It is recommended that children engage in at least 60 minutes of activity per day almost every day. Be active as a family. Take walks after dinner together, or try bike rides, hiking or skiing on the weekends. Be a good role model for your children and show them that exercise can be fun.

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Spring and Summer Hours

Memorial Day
Monday, May 30th
 All offices closed
 Normal hours on
 Tuesday, May 31st

Independence Day
Monday, July 4th
 All offices closed
 Normal hours on
 Tuesday, July 5th

Labor Day
Monday, September 5th
 All offices closed
 Normal hours on
 Tuesday, September 6th



There has been much coverage in the media recently about various medications and their safety in children. This can be very alarming for parents when they are considering placing their children on one of these medications, or if the child is already on it when the warning is released. Here is an overview of the medicines as discussed in the news recently.


Antidepressants — the FDA now requires a “black box” warning for many (i.e., Prozac, Paxil, and Zoloft) antidepressant prescriptions. This is the toughest requirement federal drug regulators can impose, short of banning the medication. This action resulted from the results of a large, 4 month long study of


children and adolescents with depression. The study found an increased incidence (4% vs. 2% not on medicine) of suicidal thoughts or behaviors. There were no cases of suicide in either group. Depression can be very serious and can also cause suicidal thoughts. Therefore, the risks of the medication should be weighed with the benefits. You can discuss this with your health care provider to decide if an antidepressant is indicated. If you do decide to begin medications for depression it is very important to monitor your child for signs of suicidal thoughts, especially in the first few months. Also, your health care provider will monitor your child very closely in the first several months of starting the medication. It is very important that you do not abruptly stop an antidepressant. If you would like to discontinue a medication your child is already on, discuss this with your health care provider.


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Office Reminders


All of us at Greenwood Pediatrics strive to provide efficient and quality services to our patients, parents and families. **Listed below are several ways you can help us meet your needs in a timely fashion:**

 **Website:** Need to know a drug dose or how to handle a fever? Our website, at www.greenwoodpediatrics.com, is full of useful information. You can find out what type of illnesses we are seeing in the office, guidance for dealing with the wellness of your child and practice specific information. Many questions that may take up to one hour for our nurses to answer for you can quickly be found on our website. We strongly encourage you to look here first before calling.

 **Refill Requests:** Please have your pharmacy fax us all prescription refill requests, excluding controlled substances. Fax request help us expedite our turnaround time and provides a returned written documentation of drug type, dose and strength to your pharmacist.

 **Health Forms:** We are quickly approaching the time when we are inundated with requests to complete forms for sports, camps, school and daycare. Please fill out as much of the form prior to sending it into our office. If you would like for us to mail the form back to you, we would appreciate an attached addressed and stamped envelope. Forms that you would like for us to fax to someone other than yourself will require by federal law a written authorization from you that states your approval for us to fax the completed form.


 **Insurance:** There has been a lot of public discussion regarding the increasing costs of health insurance and how many employers are finding ways to cut costs on monthly premiums by raising copays, deductibles, co-insurances and eliminating coverage altogether for certain types of services. The end result is an increase in out-of-pocket expenses for the patient/parent. If you have questions regarding a bill you receive from us, we encourage you to contact our business office at 303-799-1765. Our staff will take the time needed to help make sure you understand the statement you received from us. We do not bill patients for charges that are submitted to your insurance company. Statements are sent to our patients/parents based on the directions provided to us directly from your insurance company in the form of an Explanation of Benefits (EOB).

 **Referrals:** Most insurances today do not require a traditional referral and referral number from our office in order to see a specialists (HMO plans excluded). Our providers will provide you with a referral form that identifies who they want you to see and for what type of services in the event they are recommending that you see a specialist. This form is all the specialist's office will need in most circumstances. Our referral staff will verify if a traditional referral or pre-authorization is required. In the event one is required, they will contact you within three days provided we can get the referral and/or pre-authorization from your insurance company within this time frame.

Obesity *(from page 1)*

- **Limit TV and other sedentary activities.** Children who have a TV in the bedroom or watch more than 1 to 2 hours of TV per day have an increased risk of being overweight.
- **Do not criticize or make an issue of a child's weight.** Studies show that overweight children already suffer from low self-esteem and an increased incidence of depression. Instead, try to emphasize the health benefits and the increased sense of well-being that results from these lifestyle changes, and let your child know that these changes are intended to benefit the entire family.

Beginning at age 3 years of age, your health care provider will calculate your child's Body Mass Index (BMI). The BMI is placed on a graph along with your child's height and weight. This helps your provider decide if your child is at risk for overweight and is also a useful tool to follow weight over time.

If you have concerns that your child is overweight or you need help implementing these lifestyle changes, bring this up with your child's health care provider at his next well child checkup. You may also schedule a consultation. 

In case you've been wondering...

Rays of Light

- UVA** Long-wave solar rays that penetrate the skin deeply and are responsible for wrinkling, leathering and other aspects of "photoaging"
- UVB** Short-wave solar rays that cause sunburn and have been directly linked to various forms of skin cancer



Tips for Avoiding Sunburn

- **Protect children from excessive exposure to the sun**, especially between the hours of 10:00 a.m. and 2:00 p.m. when the sun's rays are strongest.
- **Use sunscreen or sun block** with an SPF of 15 or higher.
- When applying sunscreen or sunblock, **pay special attention to exposed parts** such as the face, neck, shoulders, back and tops of feet.
- Get children in the habit of **wearing hats** (a brim all the way around is preferred).
- Encourage your child to get in the habit of **wearing sun glasses whenever they are outside**. There are more and more "cool ones" out there so try shopping with them so they will pick out a pair that they will enjoy wearing.
- **You should protect your lips with special lip sunscreens**. It is important that you reapply the lip balm frequently, as it tends to be licked off.

Although sunburns should be avoided at all costs, sometimes sunburns happen.

Here are some tips to lessen the hurt of the burn:

- *Run cool (not cold) water over the affected area or a tepid bath will help relieve some of the pain. Cool compresses also help. Don't use ice as it can irritate the sunburn*
- *A pain reliever may help reduce the discomfort of sunburn. Ibuprofen is preferred over acetaminophen because of anti-inflammatory activity. Check the **Owner's Manual** or our web site (greenwoodpediatrics.com) for correct dosage.*
- *Never pull peeled skin.*
- *Wear loose, soft clothing to avoid irritation of the burned skin.*
- *If there are no blisters, a creamy lotion may feel soothing. Any good moisturizer may offer help.*
- *If there are blisters, keep area clean and when blisters have dried out apply lotion.*
- *Topical anesthetic sprays or creams may cause sensitization and consequent dermatitis and, therefore, should be avoided.*

Avoid future sunburns as damage intensifies with continued exposure. Consult a physician or hospital emergency if sunburn is serious or the child is under one year of age.

Medication (from page 1)

Adderall XR — Recently Canada suspended the marketing of this medication due to cases of sudden unexpected death (SUD) in children taking them. Sudden unexpected death has been associated with use of these medications in children with cardiac abnormalities, as well as a very small number of children without cardiac disease. There were 20 international reports of SUD, 14 of which were in children and 12 cases of stroke, 2 of which were in children. Some of the children without cardiac defects had other underlying health issues such as dehydration or diabetes. The FDA is investigating this but presently feels that a withdrawal of this medication is not warranted. It is suspected that the rate of SUD is no higher in children on Adderall than it is in the general population, although further studies are being done to determine the risk. For now, if you have concerns about whether your child should continue this medication, or if he has a heart defect, contact your health care provider.

Elidel and Protopic — these medications are used in the treatment of moderate to severe eczema or atopic dermatitis. In February the FDA issued a Public Health Advisory based on animal studies and case reports from a small number of patients. Studies were done on mice, rats, and monkeys that were exposed to these medications topically or orally. Subjects received doses much higher than those generally used by patients (up to 17X higher), and showed an increased incidence of lymphomas and skin cancers after exposure. The FDA has reviewed these reports. Whether the reported cancers are associated with these products has not been clearly established; it may take more

than 10 years of studies to decide if there is a link. Once again, the risks of these medications must be weighed against the benefits. These medications should be used as suggested by product labeling, only in children 2 years and older, and only when other treatments have failed.

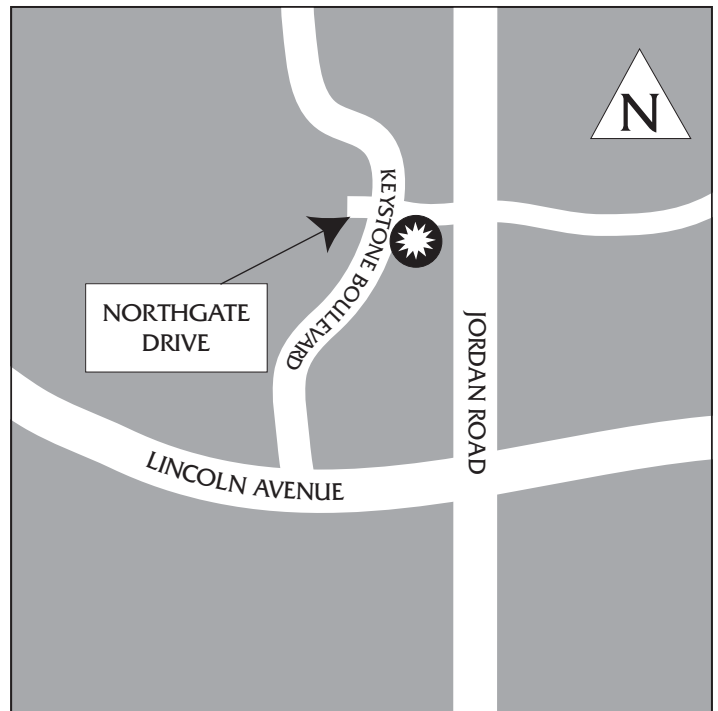
Children's Motrin — there was a recently publicized case of Steven's-Johnson Syndrome in a 6-year-old girl following the use of Children's Motrin that resulted in blindness. The parents of the girl are suing Johnson and Johnson because they failed to disclose this risk on the product label. Stevens Johnson Syndrome (SJS) is a very rare (2-3 cases per million people) skin disorder that has a high fatality rate. It can be caused by almost any medication, including antibiotics, anti-seizure medications, and NSAIDs (Non-Steroid Anti-Inflammatory Drugs), including Motrin. Many experts believe that SJS is more typically caused by viral infections than drugs in children. Whether this child's SJS was caused by the Motrin or her underlying infection is difficult to say. The bottom line is that all medications are associated with some risk, and it is important to use them only when necessary. For example, if your child has a low grade fever (<102) he usually needs no treatment at all (see *Owner's Manual* section on fever). However, sometimes medications can be very beneficial at speeding recovery and easing discomfort in your child. If you do use medications, be certain to alert your physician to any unusual side effects or unexpected symptoms such as severe skin rash, swelling, difficulty breathing, lesions in the eyes or mouth, or severe flu-like symptoms.



New Parker Office to Open in June 2005

As you know, we opened a temporary office in Parker in June, 2004 while awaiting the construction of our new building. After much planning and anticipation, we are excited to celebrate the opening of our new Parker office in June, 2005. Our new office is located just north of Lincoln Avenue on Jordan Road at 16830 Northgate Drive. Many of you have had the opportunity to meet the wonderful physicians, Dr. Sunit Gill and Dr. Michelle Chapin, who are located at our current location. We feel very fortunate to have them as a part of Greenwood Pediatrics.

We hope that you will stop by and pay a visit at our new building. Please keep us in mind for your family and friends in the Parker area who may be looking for a pediatrician for their children. They may make an appointment to come and meet Dr. Michelle or Dr. Sunit and take a tour of our new office once it opens. We appreciate your referrals and your continued confidence in us.



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