



Hand in Hand News

A Quarterly Newsletter from Advanced Pediatric Associates

Advancing Pediatric Care for Our Patients!

Volume 26, Spring 2011

Introducing "Cavity Free by Three" Pilot Project!



Having a "dental home" and receiving regular oral exams and dental care is very important to a child's over-all health. This not only protects against tooth decay, but also promotes proper development of facial bones, jaws and teeth. The American Academy of Pediatrics recommends that pediatricians include oral exams as part of a child's well-care exam beginning at 6 months of age and continuing until 2 years (or when the child begins seeing a dentist).

Our providers stress the importance of starting good dental habits at an early age. Even before the first tooth erupts, minimizing sugar in an infant's mouth and not allowing infants to fall asleep with a bottle that contains milk (or other sweetened liquids) is important. As teeth begin to appear, they should be cleaned twice daily with a gauze pad and plain water. Beginning at 2 years, children should brush with a "pea-sized" amount of fluoride toothpaste twice daily (spitting out excess toothpaste after brushing, but not rinsing mouth).

Following the recommendations of the AAP, Advanced Pediatrics includes an oral exam as part of regular well care. In addition, we are currently participating in a "Cavity Free by Three" pilot program at our Aurora office for infants and toddlers ages 9 - 24 months who are covered by Medicaid and CHP+.

If the oral assessment indicates the child is at high-risk for dental disease, a fluoride varnish is applied to the teeth. In addition, the parent is given a dental health kit that includes a toothbrush, toothpaste and materials to help promote good dental habits. Based on recent studies, the March issue of "Pediatrics" reported that children receiving oral assessments, fluoride varnish, and counseling were 17% less likely to need fillings by 6 years of age.

APA is hopeful that the success of the "Cavity Free by Three" program for Medicaid and CHP+ patients will encourage all insurance companies to cover pediatrician provided oral exams and preventative dental services for young children in the future.

Tips for Reducing Dental Decay in Children

- ◆ Regular dental care
- ◆ Drink (fluoridated) tap water
- ◆ Don't share items which go in the mouth
- ◆ Once teeth begin to appear, clean twice daily with gauze pad and plain water
- ◆ Don't put baby to bed with bottle
- ◆ Wean baby off bottle by age one
- ◆ Only water in sippy cup
- ◆ Brush with fluoride toothpaste twice daily beginning at age 2
- ◆ More water, less juice and soda
- ◆ More fruits, vegetables, milk and cheese

Dr. Stevens Promoted to Associate Clinical Professor of Pediatrics!



We are pleased to announce that Dr. Stephanie Stevens has been promoted to the rank of Associate Clinical Professor of Pediatrics with the University of Colorado Health Sciences Center. **Since Advanced Pediatric Associates was founded in 1972, our physicians have provided training for over 100 medical students and residents from the University of Colorado Health Sciences Center.**

In addition to their work at Advanced Pediatrics, many of our physicians are Clinical Professors of Pediatrics at

the University of Colorado Health Sciences Center and participate in two teaching programs through this university. Our physicians help train medical students through a 3 - 4 year "Foundation of Doctoring" program, where training takes place in our offices with students observing and assisting our physicians during patient appointments. In addition, our physicians supervise pediatric residents who see patients in our offices during their three year "Continuity Clinic." Dr. Stephanie Stevens is a perfect example of the success of these programs, as she, herself, trained at Advanced Pediatrics in 2002 as a resident under the supervision of Dr. Freeman Ginsburg.

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Hand in Hand for Healthier Children

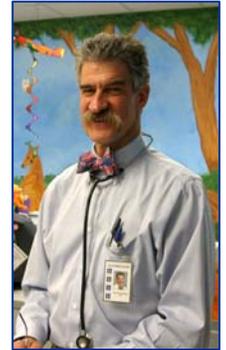


Advanced Pediatrics Bids a Fond Farewell to Dr. Mark Pearlman

After thirty-four years of devotion to providing high quality pediatric care to infants, children and adolescents at Advanced Pediatrics, Dr. Mark Pearlman has decided to pursue a new avenue in his passion for advancing pediatric health care. As a long time advocate and expert in the use of technology to create a "problem oriented medical record", Dr. Pearlman played a leading role in the development and implementation of Advanced Pediatrics' electronic medical record (EMR) in 2007. Building upon his expertise in implementing a pediatric EMR, Dr. Pearlman

has accepted an offer to serve as a consultant to Allscripts Electronic Medical Records company. Through his new position at Allscripts, Dr. Pearlman will be able to combine his interests in clinical care and technology with his love of travel, by helping medical groups across the country better use and understand their EMR. Dr. Pearlman has been one of the managing Partners at APA since 1979. In addition to his positive impact at Advanced Pediatrics, he has made a significant contribution to pediatric care in the local community, serving as an Associate Clinical Professor of

Pediatrics and on numerous committees at The Children's Hospital. After seeing his last patients at Advanced Pediatrics in August, Dr. Pearlman will be fondly missed by both staff and the families he has served with such dedication over these past three decades.



Time to Schedule Summer Well Care!



It's time to schedule summer well-care exams for school, sports and camp! Consistent with guidelines from the American Academy of Pediatrics, we recommend well-care exams every year beginning at age two. If your child will be playing high school sports or going to camp this summer, he or she will need an up to date physical exam. **We strongly recommend against seeking camp or sports physicals at retail**

based health clinics or urgent care facilities, as providers at these clinics have no access to your child's medical record or health history and advertised "sports physicals" are not as comprehensive as a well-care exam by your child's primary care provider. Recent health care reform laws require most insurance plans to cover 100% of well care and immunizations for children. We recommend you check with your insurance company to be aware of coverage for your specific plan. If it has been over a year since your child's last well-care exam, please speak with one of our Care Coordinators to schedule an appoint-

ment as soon as possible, as our summer well care schedule fills up quickly!

Do you need a copy of your child's immunization records to be ready for school or camp?

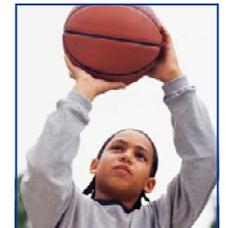
You may request copies of your child's immunization records and even pay your Advanced Pediatrics' bill online – 24 hours a day!! We urge **ALL** patients to visit the "Online Forms and Payments" page of our website at – www.AdvancedPediatricAssociates.com – and create an online account so that they may take advantage of our online services!

What is the Difference Between a Well Care Exam and a Sports Physical?

Local high schools require athletes to provide proof of an annual physical exam in order to participate in high school sports. Unfortunately, patients may not realize that a "sports physical" is not as comprehensive as a "well care exam". A sports physical is simply an exam that helps determine if it is safe for the athlete to participate in a particular sport. When a sports physical is completed at an urgent care or retail based clinic, the examiner has no access to a patient's medical history and, therefore, may miss important clues to the safety of sport participation and overall health concerns. According to Paul Stricker, MD, FAAP, and author of Sports Success RX! Your Child's Prescription for the Best Experience, an annual well

care exam "gives the pediatrician a chance to give the child a thorough exam. It's also a good chance to address important questions, especially with teenagers, including adolescent issues of drinking, smoking, drugs, sexual activity and depression." Stricker points out that sports physicals alone tend not to address the adolescent's overall health and should not be a substitute for an in-depth well care exam by the family pediatrician. "The continuity of regular physical exams is invaluable," Stricker says. "Having a long-term history with a child or adolescent gives the doctor the awareness of the child's progress and development over time. This helps the doctor detect emerging problems, as well as be informed by the detail of the patient's his-

tory, such as important past illnesses or injuries the child may forget to mention on the sports physical questionnaire." Adolescence is a time when important changes take place. "It is important to have your child see the pediatrician during the transition years from later childhood to puberty," Stricker says. By visiting your pediatrician for an annual well care exam, you are ensuring that important developmental and emotional issues are addressed and a thorough review of his or her medical history is performed.



New Vaccine Recommendation to Protect Your Teen Against Meningitis!



Bacterial meningitis is a rare but sometimes fatal disease which infects the fluid surrounding the brain and spinal cord. College freshman living in dormitories are most at risk for the spread of bacterial meningitis. Previ-

ously a single dose of the meningococcal vaccine was recommended at 11 – 12 years. Due to recent outbreaks and research which indicates that meningococcal vaccine immunity wanes after 5 years, The American Academy of Pediatrics is now recommending that a booster of the meningitis vaccine be given at 16 years of age. Adolescents older than 16 years of age should also receive a booster, if it has been 4 - 5 years since their initial men-

ingitis vaccination. **If you have an adolescent 16 years or older, please be sure to check to see if it has been 4 – 5 years since he or she has received the initial meningitis vaccine.** Sometimes there is a lag between when new vaccines are recommended and insurance plan coverage of new vaccines. Please check with your insurance company to determine whether it has begun covering the new meningococcal booster.



Nutrition Tip for Spring - More Fruits and Vegetables!

According to a recent study by the Produce for Better Health Foundation, children and adults are still not eating nearly enough fruits and vegetables, despite years of promotion by nutrition and health experts. In fact, on average, children 6 to 12 years of age consume less than 1 1/2 cups of fruit and vegetable per day — significantly below the recommended 2 1/2 to 4 1/2 cups daily. Kids aren't the only ones not getting enough fruits and vegetables. The study also showed that teens and adults consume, on average, less

than two cups of fruits and vegetables daily — compared to the recommendation of 4 to 6 cups per day. Why is this so important? Diets rich in fruits and vegetables help promote a healthy weight and lower the risk of many types of cancer, stroke, heart disease, type 2 diabetes and other chronic illnesses. Here are some simple tips to increase your family's consumption of fruits and vegetables:



- ◆ Top cereal, pancakes or yogurt with fruit.
- ◆ Keep your refrigerator stocked with cut up fruit and raw veggies for a convenient snack.
- ◆ Include fruit **AND** raw veggies in your child's lunch. Add dipping sauce for a special treat!
- ◆ Add veggies to pizza, omelets, soups, pasta, spaghetti sauce and baked goods. (Pumpkin, zucchini and carrots are great in muffins!)
- ◆ Serve veggies **AND** salad with dinner.
- ◆ Let your child pick out new fruits and vegetables to try at the grocery store.

Infants

Starting Solids Too Early Increases Risk for Obesity



According to a recent study published in the journal Pediatrics, early introduction of solid foods is linked to a risk for early childhood obesity. Specifically, the study showed that among children who were never breastfed or who stopped breastfeeding before 4 months of age, introduction of solid foods before 4 months of age was linked to a six-fold increase in the odds of obesity at 3 years of age. Among

children who were breastfed for at least four months, the timing of solid-food introduction did not affect the odds of becoming obese at 3 years. The American Academy of Pediatrics recommends waiting to introduce solid foods until infants are between 4 and 6 months old.

Drop-Side Cribs Banned by CPSC
The Consumer Product Safety Commission is banning cribs with drop-down sides because they have been blamed for the deaths of at least 32 infants since 2001. Manufacturers have issued millions of recalls of drop-side cribs due to risk of strangulation and suffocation.

New Car Seat Recommendations from the American Academy of Pediatrics

The AAP is now recommending that children should ride in **rear** facing car seats until **2 years**, or until they reach the maximum height and weight for rear facing seats. The AAP also advises that children should ride in a booster seat until they have reached **4 feet 9 inches** tall **AND** are between **8 and 12 years** of age.



Children

Signs your child may have an allergy:

- ◆ Recurrent red, itchy, dry or scaly rashes in the creases of the skin, wrists and ankles.
- ◆ Repeated or chronic cold like symptoms (runny nose, nasal stuffiness, sneezing and throat clearing) that last more than a week or two, or develop at about the same time every year.
- ◆ Nose rubbing, sniffing, snorting, sneezing and itchy, runny eyes.
- ◆ Itching or tingling sensations in the mouth and throat.
- ◆ Coughing, wheezing, difficulty breathing, and other respiratory symptoms.

How to manage allergic nasal symptoms:

- ◆ Use air conditioners to reduce exposure to pollen in your home and car.
- ◆ Children with allergies to molds should not play near decaying vegetation or composts.
- ◆ Padded furnishings such as mattresses, box springs, pillows and cushions should be encased in allergen-proof, zip-up covers.
- ◆ Wash linens weekly, and blankets, every 2 to 3 weeks, in hot water.
- ◆ Pillows should be replaced every 2 to 3 years.



Medications to suppress symptoms:

Antihistamines - Help with itchy watery eyes, runny nose and sneezing, as well as itchy skin and hives (may cause drowsiness).

Nasal Corticosteroids - Highly effective for allergy treatment and are widely used to stop chronic symptoms. Safe to use in children over long periods of time.

Allergy Immunotherapy - Allergy shots may be recommended to reduce sensitivity to airborne allergens. Not every allergy problem can or needs to be treated with allergy shots, but treatment of respiratory allergies to pollen, dust mites, and outdoor molds is often successful.

Adolescents

Social Media Benefits and Worries



For some teens, social media — Facebook and texting — is the primary way they interact socially. Half of adolescents log onto a social media site more than once a day. It is how they make plans, keep in touch and share photos. Sometimes, however, social media can provide venues for cyberbullying and sexting, and interfere

with homework, sleep and physical activity. Here are some tips to help keep your teen safe:

- ◆ Talk to teens about cyberbullying, sexting, management of online time, and guidelines for appropriate content and photos.
- ◆ Teach teens to protect their identity by marking **ALL** content private, so that it may only be viewed by their immediate friends.
- ◆ Educate yourself on social media and supervise your teen's online activities. Hint: Be one of your teen's "Facebook Friends".

AAP Supports Laws Banning Salon Tanning by Minors

The use of tanning salons is a common practice among teens — especially girls. Unfortunately the intensity of UVR radiation produced by some tanning units can be 10 - 15 times higher than the midday sun. Rates of skin cancer - including melanoma, the most serious form of skin cancer - continue to rise, even in young people. The AAP supports legislation prohibiting access to tanning salons by children under the age of 18.



Focus on Wellness



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Parenting the Overweight Child

Parenting an overweight child is tough. Parents are afraid to say the wrong thing and make their child self-conscious or have a poor self image. Rather than focusing specifically on weight, experts recommend that parents focus on their child's health. For this effort to work, though, the focus on health must extend to the entire family. If only the overweight child is encouraged to eat healthy and exercise, while the rest of the family indulges in unhealthy treats and a sedentary lifestyle, the new plan is doomed to failure. **Small, sustainable change that the whole family can participate in is what is needed to have a long term positive effect on weight and health.** The Colorado Health Foundation recommends four simple steps using the **"5-2-1-0 approach"** to promote healthy and fit families:



5 servings of fruits and vegetables daily:

- ◆ At least one fruit or vegetable with every snack or meal.
- ◆ Make half your plate fruits or vegetables.
- ◆ Add extra veggies to tacos, stews, burritos and soups.

2 or less hours of screen time daily:

- ◆ No TV or computer in bedrooms or during meals.
- ◆ Set aside "no screen" family time and get outside.

1 or more hours of physical activity daily:

- ◆ Enjoy family time outdoors or at community health centers.
- ◆ Walk or bike to school.
- ◆ Join after school activities and sports.
- ◆ Play outside daily.

0 sweetened beverages daily:

- ◆ Drink nonfat milk, water or water flavored with lemon.
- ◆ No soda, sports drinks or fruit drinks.

Always start your day with a healthy breakfast.

Stock your pantry and fridge with healthy choices.

Plan healthy meals ahead of time.

Grill, steam or bake instead of frying.

Serve whole grain bread, rice and pasta.

Set out healthy snacks for your children: fruit, cut up veggies, low-fat yogurt, string cheese, whole-grain crackers, air-popped popcorn and pretzels.

Enjoy regular mealtimes together.

Make healthy choices when eating out. Limit fast food to once a week or less.

Reward with fun activities rather than food.

Plan a family friendly physical activity each weekend — hiking, biking, swimming etc.

For more information on parenting the overweight child, see the **"Healthy Weight"** page of our website at: www.AdvancedPediatricAssociates.com

Childhood Weight Issues in the News



Type 2 Diabetes Surges in People Younger than 20 Years of Age

Twenty years ago, Type 2 Diabetes was almost exclusively an older adult disease. Unfortunately, due to the rise in childhood obesity, about 3,700 Americans under the age of 20 are now diagnosed with Type 2 Diabetes each year. What's more, many times more children and adolescents are believed to have pre-diabetes — a condition where blood sugar levels are higher than normal, but not high enough to be diagnosed with diabetes. Diabetes can cause a number of medical complications, including heart disease, kidney failure, limb amputation and blindness. Because 80% of Type 2 Diabetics are overweight or obese, managing a healthy weight is critical to preventing diabetes. The Centers for Disease Control recommends that children who have a family history of diabetes, or whose weight is above the 85th percentile for age and sex should be screened for diabetes, with blood and urine tests. The providers at Advanced Pediatrics regularly measure patients' Body Mass Index (BMI) at all well care visits and recommend appropriate screening and preventative measures for children with a BMI of over 75%.

Lack of Sleep Linked to Childhood Obesity

A recent report in the January issue of Pediatrics has shown that children who get the least amount of sleep have the highest risk of being overweight or obese. There are several theories as to the cause of this relationship. Lack of sleep is thought to have a negative influence on hormones that regulate hunger, appetite and the body's use of energy. On average experts recommend school age children get 10 to 11 hours of sleep per night and adolescents get 8 1/2 to 9 1/2 hours of sleep per night.