



Pediatric press

A Fun & Fact-Filled Newsletter from the University of Maryland Hospital for Children

Keeping Kids Active When It's Cold Outside

It is recommended that children participate in physical activity at least 30 to 60 minutes every day. As the temperature drops, this becomes a challenge. Cindy Ruth, senior physical therapist for the Pediatric Rehabilitation Team at the University of Maryland, says it is important to keep your kids active, even during the winter. She has a few tips to help keep your children moving:

- Put on layers and head outside for a family walk or trip to the park. The sunshine and fresh air will feel good.
- Try indoor activities that your children may enjoy, such as roller skating or bowling.
- Check with local park and recreation centers for organized indoor sports such as basketball or indoor soccer.
- Set limits on TV and computer time and encourage active play.
- Turn up the music and dance, dance, dance!
- Model active behavior and have your children join you while exercising.

HEY KIDS!
How many can you find?
See how many hidden logos you can find in each *Pediatric Press*!



We Are ...

The University of Maryland Hospital for Children



Welcome to the premier issue of Pediatric Press, a fun and fact-filled newsletter for families from the University of Maryland Hospital for Children. Don't know much about the University of Maryland Hospital for Children? We hope that by reading these articles and playing these games, you will learn more about us. We are the pediatric hospital at the University of Maryland Medical Center. We are made up of more than 100 pediatricians specializing in more than 30 areas of children's medicine. We are here for you, and we are strong believers that healthy children help create happy families. Here's to a healthy 2008!

Sincerely,

X



Steven J. Czinn, MD

Chief of Pediatrics, University of Maryland Hospital for Children; Professor and Chairman, Department of Pediatrics, University of Maryland School of Medicine



Winter Wives' Tales

The University of Maryland Hospital for Children sets the record straight ...

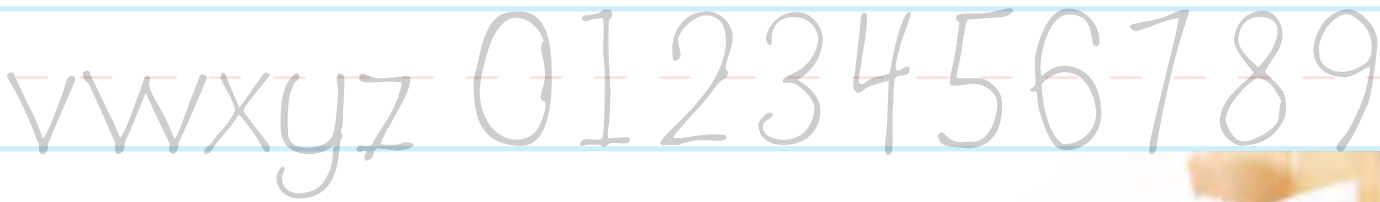
"PUT ON YOUR HAT SINCE YOU LOSE MOST OF YOUR BODY HEAT THROUGH YOUR HEAD."

This is not necessarily true! Your body heat escapes from any exposed area – so if you had on snow pants and a T-shirt and you forget your hat and jacket, the most amount of heat would escape through your arms – since that would be the largest exposed part of your body. Putting on winter accessories such as hats, mittens and scarves is still a very good idea to avoid the outside dangers of frostbite and hypothermia.

"YOU WILL GET SICK IF YOU GO OUTSIDE WITH WET HAIR."

This is another winter wives' tale. While your kids may be cold, they won't actually catch a cold by venturing outdoors with a wet head. Germs are spread by people, and temperature simply doesn't play a part.





Stressed-Out Stomachs

The Link Between Brains and Bellies

“Mommy, my tummy hurts!” is a common phrase heard around family households everywhere. When uttered in the morning before school, parents often wonder if the tummy ache is real or simply an excuse to stay home.

Not paying attention to this complaint is a common reaction of parents, but according to Anca Safta, MD, a pediatric gastroenterologist and an assistant professor of pediatrics at the University of Maryland School of Medicine, you shouldn't ignore your child's complaints.

THE ACID BUILDS

“A lot of times, stomach pain in children is a sign of stress or anxiety,” says Dr. Safta. “There is a direct link between our brains and our stomachs. When feelings of stress or anxiety occur, stomach acid builds.” This acid eats away at stomach lining. This overproduction of acid in the stomach is called gastritis. It may cause cramping, discomfort, or a burning sensation in your stomach. If left untreated, it can cause major stomach issues such as peptic ulcers.

Today, stress is a common part of childhood. Peer pressure, parent discord or divorce and bullying can all cause your child stress, and stomach problems are becoming prevalent among children. These problems are commonly seen in:

1 CHILDREN WITH TYPE A PERSONALITIES

Often overachievers typically push themselves very hard and want to please their parents and peers. If your child is an overachiever, he or she can develop high levels of stress and anxiety or control issues.

2 AT-RISK KIDS

Children in dysfunctional or volatile family environments are at high risk for developing stomach issues from stress.

COMBAT THE UNDERLYING ISSUE

If your child is experiencing stomach issues, you may want to speak with your pediatrician or family physician about ways to evaluate and alleviate stomach pain.

“Although a healthy lifestyle and acid suppressants can help ease stomach pain, it is equally important to combat the underlying issue,” says Dr. Safta. “It is a vicious cycle if ignored. Stress causes stomach problems, and the stomach problems in turn cause more stress.”

Behavioral therapy has become a crucial component of healing stress-related stomach problems. “Behavioral therapy teaches coping mechanisms. It helps children get through stressful times in a healthy way, decreasing stress before it manifests into gastritis,” states Dr. Safta.

Minimizing stress and anxiety is a big step in your child's health. To find out more about stress-related stomach problems, contact a University of Maryland Hospital for Children pediatrician today. Visit us online at www.umm.edu/pediatrics or call the Division of Gastroenterology directly at 410-328-0812.



Tips for Healthy Tummies

The experts at the University of Maryland Hospital for Children recommend these helpful hints to minimize your child's stress and keep the belly happy:

Make sure your child is eating a healthy diet. Monitor and limit your child's intake of junk food, soda and artificial sweeteners.

Encourage and provide fun ways to fit in physical activity every day.

Practice and teach your children breathing exercises and relaxation methods. These are great coping mechanisms if you or your child feels stressed out.

Make sure your child has some peaceful and reflective alone time.

Most important, your child's body needs a good night's sleep. Make sure he or she is getting at least eight hours of sleep a night.



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Kids and Pets: Teaching Responsibility



“You likely have fond memories of childhood pets. And, parents can use pets as an opportunity to model responsible pet ownership,” says Linda Grossman, MD, associate professor of pediatrics and head of the division of Behavioral and Developmental Pediatrics at the University of Maryland Hospital for Children.

“If you demonstrate good pet care, kids are likely to pick this up. You may not see the fruits of this behavior right away. But my kids are very responsible pet owners because they saw me taking care of our pets when they were little,” Dr. Grossman says.

KEEPING COMMITMENTS

“You shouldn’t assume that kids will automatically be responsible, because it’s a learned behavior,” Dr. Grossman explains. “Instead, parents can emphasize that taking on a pet is a family commitment and responsibility. The family should be prepared to honor this commitment, even if the child loses interest.”

“Assign children fun or simple jobs like walking the dog after school or filling the water dish,” Dr. Grossman says. “The fastest way to get your child not to follow through is to give them tasks like cleaning the litter box,” she adds.

THE RIGHT FIT

Elementary school is generally when children can start taking on pet care responsibility. “A very responsible 6-year-old might be fine; elementary school-age kids can easily learn to be kind to the pet,” Dr. Grossman says. “Middle to late elementary-school-age kids are often very involved with their pets, and for many that’s a major positive part of their lives.

Dr. Grossman says, “Tailor a pet to the child’s personality. For example, one of my children was shy and cautious when she was little. Caring for a guinea pig when she was 6 and then having a docile cat played a major role in getting over her fear of animals.”

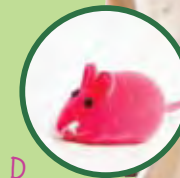
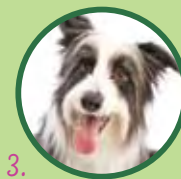
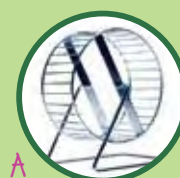
Finally, explain to children that the best way to have a pet become attached is to be a kind caretaker. “Remind the child that whoever feeds the pet is the one the pet wants to play with,” Dr. Grossman says.

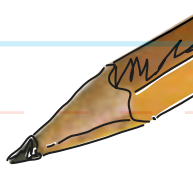


Taking on a pet is a family commitment and responsibility.



Draw a line to match the pet with the favorite toy!





Is Your Child Allergic to Pets?

An estimated 10% of Americans may be allergic to animals, and 20% to 30% of people with asthma also have pet allergies.*

It is important to see a board-certified allergist prior to getting a pet if there is any question about your child having pet allergies.

It's usually not fur or feathers that trigger the itchy, watery eyes, sneezing and stuffy nose that are symptoms of allergies. It's the small, invisible flakes of animal skin (dander), pet saliva and urine. Children can become allergic to pets with continued or intermittent exposure. If your child has asthma, pet allergies may increase his or her asthma symptoms.

If your child has a documented allergy to his or her pet, the best treatment is to remove the pet from the home. If this is not feasible, take some preventive measures to decrease exposure such as:

- ✓ Bathe the animal frequently.
- ✓ Restrict the animal from sleeping areas at all times.
- ✓ Keep bedroom doors shut.
- ✓ Vacuum frequently when your allergic child is not around.
- ✓ Remove carpeting from sleeping areas and main living areas.

If your allergic child is still having symptoms despite these measures, it is important to remove the pet as soon as possible, since symptoms can become severe.

BEST BETS FOR PETS

Unfortunately there are no hypoallergenic (allergen-free) dogs or cats. Even shorthaired or hairless breeds can cause allergies. One option: Choose pets without feathers or fur such as fish, geckos or frogs, but be aware that reptiles can carry the bacteria salmonella.

* Source: American College of Allergy, Asthma & Immunology.



Choose pets without feathers or fur such as fish, geckos or frogs!



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Where to go **During an Emergency**



It's all about access! Here Dr. Keyvan Rafei, (pictured left) head of the division of pediatric emergency medicine, speaks with asthma and allergy specialist Dr. Mary Beth Bollinger.

Asthma attacks. Broken bones. Dehydration. Ear infections. Irregular heartbeat. Infectious diseases. Uncontrollable vomiting. This is a short list of the medical problems that are handled each year in the Pediatric Emergency Department at the University of Maryland Hospital for Children.

Children and adults have different needs. That is why the University of Maryland Hospital for Children has an exclusively pediatric emergency department staffed by highly experienced nurses and health care professionals trained to put children at ease. What makes this pediatric emergency department unique is the access to a large network of pediatric specialists who make up the Hospital for Children. We are a resource for other physicians. When a case is very complicated, we are often called to help diagnose or treat complex problems. We pride ourselves on delivering care and compassion that can only come from an institution with a primary focus on providing the highest quality of care to children and their families.

Because we have access to specialists in more than 20 areas of pediatric medicine, we provide the most advanced care. The Pediatric Asthma Program is one example of how patients benefit from the close collaboration of physicians in the emergency department and other specialties. This asthma program, which is the first of its kind in the region to be awarded the Joint Commission's Disease-Specific Certification, assures that children admitted to the emergency department not only leave breathing easier – they are also given the tools, knowledge and medication to improve their long-term asthma control.

During a medical emergency, there is little time to consider where to take a sick child. Remember, the University of Maryland Hospital for Children is here for you and your family.

Learn more about the University of Maryland Hospital for Children by visiting umm.edu/pediatrics.

University of Maryland Hospital is here for Maryland's youngest citizens. In honor of our state, find these words:

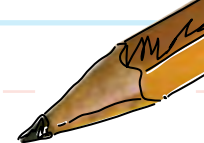
- ANNAPOLIS
- BABE RUTH
- BLACK EYED SUSAN
- BLUE CRAB
- CHESAPEAKE
- LACROSSE
- ORIOLE
- ROCKFISH
- SEVENTH STATE
- SKIPJACK
- TERRAPIN
- THOROUGHbred



ANSWERS ON BACK PAGE



v w x y z 0 1 2 3 4 5 6 7 8 9



Numbers can appear only once on each row • Numbers can appear only once on each column • Numbers can appear only once on each area (3x3 slots)

Do You Sudoku?

Fill in the grid so that every row, every column, and every 3x3 box contains the digits 1 through 9. The number should appear only once on a row, column or 3x3 area.

		6	5				3	
4				3	1		6	2
8			4			9	1	
	8			2		6		1
		2	1		4	5		
7		3		5			4	
	4	5			6			7
6	7		3	9				8
	9				7	1		

ANSWERS ON BACK PAGE



Don't Dismiss Risks of Over-the-Counter Medicines



Is your medicine cabinet stocked with cough syrups and cold capsules in case you or a family member gets sick? Over-the-counter (OTC) medicines are readily available at drug stores and don't require a doctor's prescription. Nevertheless, these pills, drops, liquids and creams are still medicines – and can cause serious problems if used incorrectly.

Dr. James King, a professor of pediatrics and a pediatrician at the University of Maryland Hospital for Children, says children's OTC cough and cold medicines have generated quite a buzz recently. Drug makers have even gone as far as recalling some infant and children's decongestants and antihistamines due to reported overdoses and deaths. "There are no data suggesting that cold and cough medicines have any benefits for children under the age of 6, and it is not recommended that parents give their young children, particularly those under 2 years of age, these cold medicines," says Dr. King. "There is greater risk than benefit."

The FDA recently reported 54 deaths in children since 1969 due to decongestants and 69 deaths due to antihistamine medications. Most of these deaths occurred in children under 2 years of age. "I tell my patients' parents that saline or salt water nose sprays are one of the best options when trying to clear a stuffy nose to help a child sleep," says Dr. King.

LEARN THE OTC BASICS

OTC medicines are generally safe when taken correctly. Consider these basics:

- **Always read the label before taking any medication.** The instructions will let you know if you are taking the right medication for your symptoms. Also, the label will explain dosing instructions and side effects.

- **Take the recommended dose.** Although you may think more medication will make your child feel better, taking more than the recommended dose can be dangerous. Use these drugs only on a short-term basis, unless directed by your doctor.
- **Remember that children are not little adults.** Parents have to be especially careful when giving children medications. Check with your doctor before giving your child any OTC medication, and do not give more than the recommended dose for his or her age or weight.
- **Call your doctor if your child is taking prescription and nonprescription medications at the same time.** Your doctor or pharmacist can let you know if the OTC medicine will interact with the prescription.
- **Give your doctor a list of your child's medications and supplements.** This includes all nonprescription and prescription drugs. This way, your doctor will be able to better answer your questions or concerns, and prescribe new medication that won't interact with other medicines.
- **Use caution when giving your child more than one OTC drug at a time.** Many drugs contain the same active ingredients, so you may be giving more than the recommended dose without realizing it. Always compare the active ingredients in OTC medications and call your doctor if you have questions.
- **Throw out OTC medicines after their expiration date.** Make sure to dispose of drugs properly so children and pets cannot find them.

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Brushing up on Boosters

Safe Kids Baltimore, based at the University of Maryland Hospital for Children, is a nonprofit organization that is dedicated to the prevention of unintentional childhood injuries, which are the leading cause of death for children between the ages of 1 and 14. Since most common childhood injuries are preventable, we don't call them "accidents." We call them "unintentional injuries."

Safe Kids Baltimore is dedicated to child passenger safety. Most parents know that their children should be riding in car seats until they weigh at least 40 lbs. But do they know what to do when their child is too big for a car seat? Karen Hardingham of Safe Kids Baltimore wants parents to remember the 3 B's:

- Sit on a **B**ooster seat
- Ride in the **B**ack seat and
- **B**uckle up every time you get in the car

A booster seat should be used until a child has reached approximately 4 feet 9 inches and is between 8 and 12 years old. At this size, a safety belt begins to fit properly across the shoulder (not the neck) and the lower hip/upper thigh.

Visit umm.edu/safekids or contact safekidsbaltimore@umm.edu for more information on child passenger safety and other Safe Kids topics.



- B** • Sit on a booster seat
B • Ride in the back seat
B • Buckle up every time you get in the car

Activity Answer Keys:

Word Search from page 6



Sudoku Puzzle page 7

1	2	6	5	8	9	7	3	4
4	5	9	7	3	1	8	6	2
8	3	7	4	6	2	9	1	5
5	8	4	9	2	3	6	7	1
9	6	2	1	7	4	5	8	3
7	1	3	6	5	8	2	4	9
2	4	5	8	1	6	3	9	7
6	7	1	3	9	5	4	2	8
3	9	8	2	4	7	1	5	6

Pet Match-Up page 4



How many did you find?

We Found **11**



For more information about the newsletter, please e-mail abessent@umm.edu. To learn more about the Hospital for Children, please log onto umm.edu/pediatrics or call **1-800-492-5538**.

Pediatric Press is an information service of the University of Maryland Hospital for Children and published by the University of Maryland Medical Center.

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