

## **Pinnacle Pediatrics Newsletter**

### **Vol. IV No. 1**

I apologize for the delay since my last newsletter. I have been extremely busy converting my practice into an exclusively home-based practice, but I'm finally getting everything in order (I can see a few glimpses of my desktop now).

Despite the numerous logistical issues that needed to be dealt with, I am very excited about this change in the practice. I believe you will find that "the most convenient Pediatric practice in the U.S." is now even more convenient. Because I answer all the phone calls, both clinical and clerical issues can be handled very efficiently and promptly. You no longer need to explain the situation to the secretary, who relays the info to me, and I relay back through her. Now, you call, I answer → problem solved.

Many individuals have asked what the best method is to contact me. During regular office hours (9AM – 5PM), simply call the new office number – 412-366-1266. After hours as before, you may page me – 412-718-5626. I do appreciate if you can hold routine calls to regular office hours, though I am available 24/7 for urgent matters.

These are the only two numbers you need to know, but the intricacies of the system are these: If I am on the phone, you will be prompted to voice mail, and I will return your call as soon as I am finished. If I am on a House Call, calls to the office phone are call-forwarded to my cell phone. If I am in a house, you will be prompted to my cell phone's voice mail, and I will return your call as soon as I return to the car.

So far, things seem to be running very smoothly (except for my neglecting to include the new address in my last mailing –thanks to the 37,522 individuals who pointed this out). Despite the fact that we are now into the "busy season" for Pediatrics (January and February are always the two busiest months of the year due to illness), I have been able to respond promptly to all phone calls and to see expeditiously all children who need to be seen.

Enough about logistics. Obviously, you all know this is the most convenient Pediatric practice anywhere, and I am the most accessible Pediatrician. I know you also appreciate that your children are not getting sick sitting in the cesspool of germs that constitute a Pediatric waiting room, particularly at this time of year. But I will continue to stress that the most important aspect of this practice is the quality of the medical care. To maintain the highest quality of care available requires me to read the Pediatric literature voraciously, which I do. I also enjoy sharing with you pertinent aspects of that literature, so that you can make informed decisions concerning your children's health. Below are several topics that have received considerable, deserved, publicity recently.

## Pediatric Cold Medicines

Sharfstein, J. Over the counter but no longer under the radar – Pediatric Cough and Cold Medications. New England Journal of Medicine 357:23, p. 2321-2324.

On Oct. 11, 2007, the manufacturers of all 14 OTC cough/cold products labeled for children under two years of age voluntarily withdrew their products from the market. This was due to increased scrutiny from public interest groups... and subsequently the FDA, regarding safety and efficacy issues of this class of medications. One week later, an FDA advisory panel recommended that OTC cough/cold medications should not be given to children under six years of age.

Since 1985, there have been six randomized, placebo – controlled studies of the use of cough/cold preparations in children under 12 years of age. None of these studies showed any meaningful advantage for these products. In addition, there have been 123 deaths related to the use of these products in children under six years of age. It is known that decongestants have been linked to cardiac arrhythmias and other cardiovascular events, antihistamines cause neurological effects, and antitussives (anti-cough) can depress the level of consciousness and cause encephalopathy. The chief concern with these medications, though, is overdose. This results from parents not following the instructions properly, and from combining medications without realizing that they contain the same ingredients.

Obviously, in light of the hundreds of millions of doses of these products that have been used, the incidences of adverse events is very small. However, given the complete lack of data confirming the efficacy of these medications, it is difficult to justify their use. As parents, we naturally desire to help our children feel as comfortable as possible when they get a cold. For now, comfort measures such as saline nose drops with suction, elevating the head of the bed or crib, plenty of fluids, cold mist vaporizers, and aromatic therapies with camphor or eucalyptol should constitute the basis of our armamentarium. At this point, OTC cold medicines should not be given to children under two years of age. If you believe a particular product has been clearly beneficial to your older child, at least make sure that you are carefully following the instructions and not combining it with any other product. (The most frequent, and most serious, combination problem has been with Tylenol products. Many parents give Tylenol for fever/pain and also give a Tylenol-cold product, thus giving twice the amount of Acetaminophen that is recommended, which can be quite serious).

One final note. Many parents already use, and more may now, alternative medicine type products to treat colds. For some reason, these types of products, such as herbals, homeopathics and other “natural” remedies, are given a free pass in the efficacy/safety debate. Although most users of these products regard them as “probably safe”, they should be subjected to the same scientific scrutiny as “traditional” medicines. In fact, two of the more popular cold remedies, Echinacea and Zinc, have not been shown to be useful in studies in Pediatric patients. (One recent study did show mild efficacy against cough for an old home remedy – honey. Remember never to give honey to infants less than one year

of age due to the risk of infantile botulism). This doesn't mean there aren't safe, useful products to relieve cold symptoms out there, both in traditional as well as non-traditional modalities. However, if there was a wonderfully beneficial product, don't you think we'd all be well aware of it by now? I still think the most astute statement about the common cold is that "It will last one week if you treat it, and seven days if you don't."

### Lead in Toys

Testing the Test Kits Consumer Reports, Dec., 2007, p. 14.

Lead is a potent neurotoxin. Many studies have shown that even relatively low serum levels of lead in young children can lead to neurodevelopmental deficits, including behavior problems and decreased intellectual abilities. In the past, the chief source of lead toxicity in children was ingestion of lead-based paint chips, chiefly an inner-city problem in decaying residences. In the 1990's, a new source of lead toxicity was recognized due to the lead in the dust generated by remodeling of older homes. Now we are faced with the revelation that many children's toys, particularly those made in China, contain lead. This is a significant problem, as estimates are that 90% of the toys sold in the U.S. are made in China.

The good news is that the toys really need to be placed in the child's mouth for them to have any significant lead exposure. Simply playing with a toy that has lead in it is not a serious concern. So, this is chiefly a problem for infants and pre-school aged kids who tend to mouth objects.

What should you do? If you have an infant or pre-school aged child, it certainly makes sense to avoid toys made in China for now (easier said than done). If you desire to test your toys for lead, Consumer Reports recommends Home Lead Check, Household Lead Test Kit, or Lead Inspector, all available for less than \$20. They do not recommend First Alert or Pro-Lab Lead Surface. If you believe your child has had a significant exposure to lead-tainted toys, you should notify me and we will obtain a lead level (a simple blood test) to see if there is a problem.

### MRSA

Invasive MRSA. Center for Disease Control and Prevention. 10/17/07.

It is an indication of how much publicity this subject is getting that I can label this topic MRSA, instead of Bad Staph, as I did previously, and assume that everyone will know what I am referring to. Because I receive numerous questions and concerns about this bug, I thought it would be appropriate to review the CDC's Fact Sheet.

Staphylococcus aureus, or "staph" are bacteria commonly carried on the skin or in the nose of healthy people. Staph is also one of the most common causes of skin infections. Most of these infections are self-limited or easily treated with standard antibiotics.

Some staph are resistant to the usual antibiotics used to treat these infections. These staph are labeled methicillin-resistant staph aureus, or MRSA. In the past, MRSA infections were acquired almost exclusively by patients in hospitals. Unfortunately, and the reason why this has become such a big topic, these infections are now occurring much more frequently in the community.

Clinically, MRSA infections are difficult to distinguish from “usual” staph. The typical presentation is a raised, red, tender bump, which enlarges and sometimes drains. Initially the patient is not otherwise ill, but if the infection spreads the patient may develop fever and become acutely ill.

Staph infections are spread by skin-to-skin contact, particularly through cuts or abrasions in the skin. They may also be transmitted by contaminated surfaces such as towels. Hence, prevention strategies include good, frequent hand-washing (or alcohol-based hand sanitizer), keeping cuts and abrasions clean and covered with bandages, and not sharing personal items such as towels and razors.

Although MRSA infections are resistant to our “usual” antibiotics, we do have effective antibiotics with which to treat these infections. Physicians must now maintain a high index of suspicion for these types of infections, and treat them appropriately.

### Vaccine Recall

On 12/11/07 Merck issued a recall of certain lots of its Hib and Hib Hep B (Comvax) vaccines. This was due to the detection of a bacteria in a piece of the manufacturing equipment. None of the lots of vaccine that they tested subsequently were contaminated by the bacteria, but the recall was issued due to the possibility of bacterial contamination.

This is the first vaccine recall I am aware of in my 22 years as a Pediatrician. I checked several of my patient charts and did not find that we had used any of the recalled lots. To date, I am unaware of any reported cases of infection due to a contaminated vaccine. There are no long-term concerns due to this potential problem – the only danger is a bacterial infection due to injection with a contaminated vaccine, which would present itself within a few days of receiving the vaccine. There would be no loss of potency of the vaccine in any case.

The real consequence of this recall is that Hib vaccine may be in short supply. Although there is another manufacturer of Hib vaccine, they may not be able to produce a sufficient supply to meet demand. I will discuss this with any parents that may be directly affected at the appropriate visit.

### Monthly Receipts

I have been asked by several families to stop sending receipts for the monthly credit-card deductions. I realize some of you do need these for HSAs, etc. At this time I will ask

anyone who wishes to continue to receive a monthly receipt to e-mail me that request. We will continue to send receipts to those who so desire, preferably by e-mail if possible.

Speaking of e-mail, many of you are receiving this newsletter via e-mail for the first time. Those of you who have not forwarded your e-mail address to me, please do so. This will certainly enhance our communication efficiency. I promise not to forward to you the raunchy e-mails my cousin Mike sends to me.

As we move into this enhanced version of Pinnacle Pediatrics, with exclusively House Calls, please let me know of any problems/concerns/criticisms. I will continually strive to provide you with the highest quality, most convenient Pediatric care available anywhere, and I sincerely appreciate any suggestions you may have in this regard. Now, go cuddle up with your kids...as Kenny Chesney says in his song about a 100 year old man..."Don't blink, life goes faster than you think."

Best regards,

Scott R. Serbin, M.D.

P.S. – This month's last page, sent to me by a parent in our practice, features more humor "from the mouths of babes". Enjoy!

A 1<sup>st</sup> grade school teacher had twenty-six students in her class. She presented each child in her classroom the first half of a well-known proverb and asked them to come up with the remainder of the proverb. It's hard to believe these were actually done by first graders. Their insight may surprise you. While reading, keep in mind that these are first graders, 6-year olds, because the last one is a classic!

1. Don't change horses.....until they stop running.
2. Strike while the .....bug is close.
3. It's always darkest before .....Daylight Savings Time
4. Never underestimate the power of .....Termites
5. You can lead a horse to water but..... How?
6. Don't bite the hand that .....looks dirty.
7. No news is .....impossible.
8. A miss is as good as a .....Mr.
9. You can't teach an old dog new.....Math
10. If you lie down with the dogs, you'll.....stink in the morning.
11. Love all, trust.....me.
12. The pen is mightier than the .....pigs.
13. An idle mind is .....the best way to relax.
14. Where there's smoke, there's.....Pollution.

15. Happy the bride who.....gets all the presents.
16. A penny saved is .....not much.
17. Two's company, three's .....The musketeers.
18. Don't put off tomorrow what.....You put on to go to bed.
19. Laugh and the whole world laughs with you, cry and ..you have to blow your nose.
20. There are none so blind as..... Stevie Wonder
21. Children should be seen and not..... Spanked or grounded.
22. If at first you don't succeed.....get new batteries.
23. You get out of something only what you.....see in the picture on the box.
24. When the blind lead the blind.....get out of the way.
25. A bird in the hand ..... Is going to poop on you.  
And the winner is!
26. Better late than .....Pregnant.