

# Pediatrics <sup>for</sup> Parents

*The newsletter for people who care for children*

Richard J. Sagall, M.D., Editor

## *In this Issue...*

<b>Evaluating Colic Treatments.....</b>	<b>1</b>
<b>Navigating the Food Allergy Minefield .....</b>	<b>2</b>
<b>Saving Sight.....</b>	<b>3</b>
<b>Toy Injuries.....</b>	<b>4</b>
<b>Clinical Trials in Children.....</b>	<b>5</b>
<b>Asthma Attack.....</b>	<b>6</b>
<b>Blow It Out Your Nose ...</b>	<b>7</b>
<b>Vaccines Work .....</b>	<b>7</b>
<b>Child Care Centers and Socialization.....</b>	<b>8</b>
<b>Obese Kids .....</b>	<b>9</b>
<b>Potential Consequences of Hearing Loss .....</b>	<b>10</b>
<b>Sore Throat - Strep Throat When to Worry .....</b>	<b>11</b>

## Evaluating Colic Treatments

Colic is one of those horrible but not medically significant problems that drive parents crazy and may cause them to question why they had children at all. There are many different treatments for the endless misery the infants appear to be suffering. One medical “rule of thumb” is that when there are multiple treatments for a specific illness, none is all that good or it would be the one everyone uses.

The list of treatments that don’t work is much larger than the list of those that do. Simethicone, found in many over-the-counter products, helps with abdominal gas. But it doesn’t lessen the symptoms of colic. Dicyclomine (Bentyl and other products), a drug used for stomach problems, not only doesn’t help babies with colic, but causes side-effects such as shortness of breath, seizures, and coma. Scopolamine, a drug used to treat motion sickness, was no better than a placebo in treating colic.

Dietary changes in breastfeeding women can make a difference in their infants’ symptoms of colic. A hypoallergenic diet free of milk, egg, wheat, and nuts resulted in a 25% decrease in colic symptoms. For bottle-fed babies, using soy or hypoallergenic formula helps. Giving colicky babies lactase enzymes or fiber-enriched formula made no difference.

Behavioral interventions – increased carrying of the baby with a Snuggly or other carrier or using a car-ride simulator – had no effect. Interestingly, reducing the infants stimulation reduced the symptoms of colic. Giving the babies sugar water helped, but only for about 30 minutes.

One treatment that worked is giving a colicky baby 150 milliliters of a herbal tea containing chamomile, vervain, licorice, fennel, and balm-mint up to three times a day.

Sometimes the symptoms of colic are due to other problems. For example, a child with gastro-esophageal reflux, (GER) which is stomach contents going upwards and into the esophagus, may have the same symptoms as colic. Picking up the crying infant offers some relief. There are good treatments for GER which control its symptoms.

Caring for a colicky child can be very frustrating. Few treatments really work. The good news is that colic is not a serious medical problem, it has no long lasting effects, and all babies outgrow it.

*The Journal of Family Practice, 8/04.*

# Navigating the Food Allergy Minefield

*By Linda Marienhoff Coss*

For most parents, dropping by a friend's house for a visit, accepting an invitation to a child's birthday party, or signing a child up for day camp are not anxiety-filled occasions. But for parents of children with severe food allergies, each of these situations can feel like stepping into a potential minefield. Why? Because for their children, ingestion of even a tiny amount of a common food could be deadly. Food, and food residue, is everywhere – and keeping their children safe is a constant challenge.

## **What is a Food Allergy?**

A food allergy is caused when a person's immune system mistakenly believes that a normally harmless substance – food – is harmful. This should not be confused with food intolerance, such as lactose intolerance, which is a less serious adverse reaction to food that does not involve the immune system. Although just about any food can trigger an allergic reaction, there are eight foods which are responsible for 90% of all allergic reactions: peanuts, tree nuts (such as walnuts, cashews, and almonds), milk products, eggs, wheat, soy, fish, and shellfish.

When a food-allergic individual eats the food to which he is allergic (or, in some extreme cases, merely touches or inhales particles of that food), his immune system releases massive amounts of chemicals and histamines. Surprisingly, the reaction can begin within seconds or minutes of exposure to the allergen. Symptoms can range from mild – such as one or two hives on the face – to an extreme, potentially fatal reaction known as anaphylaxis.

Children with severe food allergies are at risk for anaphylaxis. An anaphylactic reaction can affect one or more bodily systems, including the skin, respiratory system, gastrointestinal system, or cardiovascular system. Symptoms may include one or more of the following:

- Swelling or tingling of the lips, tongue, or throat
- Hives (anywhere on the body)
- Nausea, vomiting, diarrhea, loss of bowel control
- Breathing difficulty and/or wheezing
- Hacking or repetitive cough
- Drop in blood pressure
- Loss of consciousness.

Without immediate treatment, anaphylaxis can rapidly lead to death.

## **How Do You Treat Food Allergies?**

There is currently no cure for severe food allergies. The only "treatment" is complete avoidance of the allergen. Allergic reactions caused by accidental exposure to the allergen must be noticed and treated very quickly. While liquid antihistamine is usually sufficient for treating very minor reactions, it will not stop a life-threatening reaction. The "drug of choice" for initial treatment of a life-threatening anaphylactic reaction is an injection of epinephrine followed by a trip to the hospital emergency room for further treatment and observation. An EpiPen® – a disposable and easy-to-use automatic injection device which is available by prescription only – is used to give this initial injection to the child.

## **Who Do I See to Diagnose My Child's Food Allergies?**

If you suspect that your child may suffer from food allergies, make an appointment to take your child to a board certified allergist. The physician will take a complete medical history, including detailed information about your child's previous allergic reactions, and will perform allergy tests (either "skin prick test" or blood tests or both) to determine the diagnosis.

If your child is at risk for anaphylaxis, the allergist will give you a prescription for EpiPen® and teach you when and how to use it. It is imperative that your child's emergency medication must always be kept readily available, because accidents are never planned.

## **What are the Most Common Issues Faced by Parents of Severely Food-Allergic Children?**

How do you care for a child who can have an almost immediate and potentially fatal allergic reaction if he eats even a trace amount of a common food? How do you keep a child from touching the food residue that can be on surfaces everywhere, knowing that whatever is on the child's hands can easily end up on her food or in her mouth?

A diagnosis of life-threatening food allergies affects almost every aspect of the family's life. After the parents learn the basics of how to keep their child safe, one of the biggest challenges is often that of getting all the other adults in the child's life (such as relatives, friends, and caretakers) "on board" the food allergy management team. Many people refuse to believe the

seriousness of the diagnosis, and may even do things that are potentially harmful, such as offer the child allergenic food.

Other issues depend on the child's age. The biggest challenges in caring for a severely food-allergic toddler usually revolve around a toddler's innate need to put everything within reach into his mouth. As the child gets older the parents must gain the cooperation of school personnel in creating a safe school environment. For teenagers, the biggest issues tend to be with social and peer group issues. Regardless of the child's age, parents face challenges in their family's home and social life, and in their ability to dine in restaurants and travel.

### **Where Can I Go For Further Help?**

Because so many people have food allergies, there are numerous food allergy resources available, including books, children's books, videos, websites, and support groups (both online and in-person).

If you are new to the food allergy world, a good starting point would be the Food Allergy and Anaphylaxis Network (FAAN), a national non-profit organization dedicated to food allergy awareness, education, and research. They can be reached at 800-929-4040 ([www.foodallergy.org](http://www.foodallergy.org)).

To obtain a referral to a board certified allergist, contact the American Academy of Allergy, Asthma and Immunology at 1-800-822-2762 ([www.aaaai.org](http://www.aaaai.org)).

To join Parents of Food Allergic Kids (POFAK), a non-profit online support group for parents of children with severe food allergies, visit Parents of Food Allergic Kids (<http://health.groups.yahoo.com/group/POFAK>).

For an extensive list of online food allergy resources, visit Helpful Allergy Links and Resources (<http://www.foodallergybooks.com/howto/links.htm>).

*Linda Coss is the author of two books on food allergy. **How To Manage Your Child's Life-Threatening Food Allergies: Practical Tips For Everyday Life** provides the detailed, step-by-step information that parents need.*

***What's to Eat? The Milk-Free, Egg-Free, Nut-Free Food Allergy Cookbook** contains over 145 original recipes for everything from soups and salads to main dishes, side dishes, breakfast foods and baked goods.*

*Both books are available at [www.FoodAllergyBooks.com](http://www.FoodAllergyBooks.com) and various online and bricks-and-mortar stores throughout the country.*

# Saving Sight

*By Linda Davis Kyle*

Of the thousands of eye injuries that occur daily in the United States, 90% are preventable. Attention to seemingly insignificant details can bring big bonuses that save sight for youngsters and adults. Eye safety protection cannot be overemphasized. Proper eye safety protection – worn in homes, workshops, yards, and gardens, and for sports – saves the sight of thousands of people each year. Onlookers also must be considered not only outdoors but also in workshop and home situations. Observers' eyes definitely need protection, too.

### **Being in a Safe Place**

The simple solution of having youngsters play indoors while their lawn is being mowed or trimmed can keep them out of the path of flying debris and dust thrown by the mower or trimmer. Such action not only shows love and careful attention, but also it heightens children's awareness regarding common sense eye safety and helps to instill an attitude of caution without creating fear. When boosting a car battery, always keep children out of danger, and wear protective eyewear yourself. When youngsters or adults must be in areas where dangers to the eyes may lurk, eye protection is a must.

### **Purchasing Protective Eyewear**

First, make sure that the frames and lenses of safety eyeglasses or safety goggles that you buy for yourself and your family have been certified and meet the standards of the American National Standards Institute (ANSI) and the American Society for Testing Materials (ASTM) for sports and recreational eye protectors. Second, always remember that eyewear protection is necessary for many activities, not just for sports.

### **Recognizing and Controlling Four Potential Enemies of Sight**

**Caustic Chemicals** – Hurried or improper use of caustic household products, garden and lawn care products, craft supplies, and personal grooming products cause 32,000 eye injuries annually. Reading and following instructions carefully and using products only for their intended purposes help to prevent injuries.

When using any spray-type cosmetics such as hair spray, deodorant, or cologne, make certain where the nozzle will direct its ingredients, then protect your eyes

*Continued on page 4*