

# The surprising first signs of dehydration



It's 100 degrees Fahrenheit outside. We're hiking around the Southern Utah desert and one of my kids vomits once. Nope,

it's not the stomach bug; that was last vacation. This time one of my kids vomited because of dehydration. Strangely, humans don't always complain of thirst once they start becoming parched, and my kid was no exception.

Right now many kids are at camp running about in high temperatures and soon enough, kids will be called back to school for sport practices. Before they go off, let them know that the first signs of dehydration are usually a vague headache and nausea. Warn them not to depend solely on their sense of thirst to signal them to hydrate. If they "just don't feel right," take a break. Other signs of heat exhaustion and stroke are outlined here <http://www.cdc.gov/extremeheat/warning.html>

For kids who play only for an hour or so, water is a good choice for hydration. For the more competitive players who churn up a sweat or participate in vigorous activity, electrolyte replenishers such as Gatorade® and Powerade® become important, because after 20-30 minutes of sweating, a body can lose salt and sugar as well as water. In fact, my sister, an Emergency Medicine doctor, tells the story of a young woman who played ultimate frisbee all day, and lost a large amount of salt through sweating. Because she also drank large amounts of water, she "diluted" the salt that was still in her blood and had a seizure.

If your child plays an early morning sport, start the hydration process the night before so that they don't wake up already behind on fluids. If your child goes more than six to eight hours without urinating, she needs to drink more.

Avoid caffeine which is found in some sodas, iced tea and many of the energy drinks. Caffeine dehydrates. The American Academy of Pediatrics recommends that children and teens never drink "energy drinks" because of the adverse effects of the stimulants they all contain. Some of the newer highly touted rehydration fluids of the adult world such as coconut water or

chocolate milk are fine.

Keep in mind it's not only sports that can dehydrate kids. Years ago I knew of a tuba player who went to the emergency room after marching band practice on a hot August day.

Next vacation we'll definitely buy some water bottles to make sure we don't get dehydrated. Not having enough water can be so dangerous! We'll also take along paper towels and cleaning fluid too.

Naline Lai, MD and Julie Kardos, MD

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## When your child's friend moves away



This sign now sits on my friend's lawn. I still remember four years ago when I pulled my big blue minivan up in front of their house after the moving van left. A mommy sat on the stoop with her children. "How old are they? I hollered out. The ages of the children matched my children's and I was delighted. Indeed they became good friends. And now, there's the "For Sale" sign.

It's the end of the school year, and "For Sale" signs dot lawns all over the United States. Chances are, one of them belongs to your child's friend. Just as the child who moves will have to adjust to a new environment, your child will have to adjust to a world without a friend who was part of his daily routine.

Much has been written about how to transition the child who moves into a new environment, but how can you help your child when his close friend moves away?

Your child may experience a sense of loss and feel that he was "left behind." Some children persevere over the new hole in their world. Others take the change in stride.

In the late 1960's, psychiatrist Elisabeth Kubler-Ross described "the five stages of grief." The stages were initially applied to people suffering from terminal illness, but later they were applied to any type of deep loss such as your child's friend moving. The first stage is denial: "I don't believe he moved." Anger follows in the second stage: "Why me? That's not fair!" Your child may then transition into the third stage and bargain: "If I'm good maybe he will hate it there and come back." The fourth stage is sadness: "I really miss my friend," or, "Why make friends when they end up moving away?" The final stage is acceptance: "Everything is going to be okay. We will remain friends even if he doesn't live here."

Some pass through all stages quickly and some skip stages altogether. The process is personal and chastising your child to "just get over it" will not expedite the process. However, there are ways to smooth the journey:

- Reassure your child that feeling sad or angry is common. Parents need to know that sad children may not show obvious signs of sadness such as crying. Instead, rocky sleep patterns, alterations in eating, disinterest in activities or

a drop in the quality of school work can be signs that a child feels sad. If feelings of depression in your child last more than a month or if your child shows a desire to hurt himself, consult your child's health care provider.

- When you discuss the move with your child, keep in mind your child's developmental stage. For instance, preschool children are concrete and tend to be okay with things being "out of sight, out of mind." Talking endlessly about the move only conveys to the child that something is wrong. Children around third or fourth grade can take the move hard. They are old enough to feel loss, yet not old enough to understand that friendships can transcend distance. For teens, who are heavily influenced by their peers, a friend's moving away can cause a great deal of disruption. Acknowledge the negative emotions and reassure your child that each day will get better. Reassure him that despite the distance, he is still friends with the child who moved.

- Prior to the move, don't be surprised if arguments break out between the friends. Anger can be a self defense mechanism employed subconsciously to substitute for sadness.

- Set a reunion time. Plan a vacation with the family who moved or plan a trip to their new home.

- After the move, send a care package and write/ help write a letter with your child.

- Answer a question with a question when you are not sure what a child wants to know. For example if he asks, "Will we always be friends?" Counter with "What do you think will happen?"

- Share stories about how you coped with a best friend moving when you were a child.

Social media and texting can be ways for older kids to stay in touch with a friend who moves away. Be sure to monitor your child, however, because too much time texting, skyping, and



posting takes away from time your child needs to spend acclimating to a new routine.

As for my children, when I told one of my kids that I will sign her up for soccer, she squealed with delight, “Oh, that’s the league Kelly belongs to.”

My heart sank. I said as gently as I could, “She’s moving- she won’t be here for soccer season.”

And so we begin the process...

Naline Lai, MD with Julie Kardos, MD  
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## Soothe the itch of poison ivy



Recently we’ve had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, **poison ivy is NOT contagious**. You can catch poison ivy **ONLY** from the plant, not from another person.

Also, **contrary to popular belief, you can not spread poison**

**ivy on yourself through scratching.** However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.
- **Hydrocortisone 1%.** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day
- **Calamine lotion – a.k.a. the pink stuff.** This is an active ingredient in many of the combination creams. Apply as many times as you like.
- **Diphenhydramine (brand name Benadryl)- take orally** up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti itch properties.
- **Oatmeal baths –** Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)
- **Do not use alcohol or bleach–** these items will irritate the rash more than help

The biggest worry with poison ivy rashes is not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen. However, **infections cause pain** – if there is pain

associated with a poison ivy rash, think infection. **Allergic reactions cause itchiness**– if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure. Infection usually occurs on the 2nd or 3rd days. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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**Would you recognize if your child was overweight?**




## PICTURE THE FACTS OF YOUR CHILD'S FUTURE.

<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>	<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>
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<p>Age: 8 Weight: 60 lbs. Height: 51" Body Mass Index: 16 BMI Percentile: 50<sup>th</sup></p>	<p>Age: 8 Weight: 75 lbs. Height: 51" Body Mass Index: 20 BMI Percentile: 95<sup>th</sup></p>
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**Overweight children suffer adult health problems.**  
Ask a health professional how you can play a role in managing your child's weight.

  
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<p>Age: 5 Weight: 39 lbs. Height: 42" Body Mass Index: 15.5 BMI Percentile: 50<sup>th</sup></p>	<p>Age: 5 Weight: 45 lbs. Height: 42" Body Mass Index: 18 BMI Percentile: 95<sup>th</sup></p>
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In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

Nearly all parents of overweight preschoolers and most parents of obese kids are unaware their children are classified as such, say researchers at New York University and two other medical centers. Click here for Happy Healthy Kids' interview with Dr. Kardos on the subject.

Julie Kardos, MD with Naline Lai, MD  
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# Blame it on Mom

In honor of Mother's Day, teach your children the time-honored way to get themselves out of a bad situation: Blame everything on mom.



If your child realizes that she'd rather not attend a particular party or other social event, have her say: "I can't go- my mom won't let me."

If your teen is at a friend's house or party, is uncomfortable and wants to leave, but does not want the other kids to know his discomfort (such as in the presence of alcohol or drugs)

have him text or call you and say a predetermined code, such as: “Oh, my mom wanted me to *check in with her* at (fill in the current time, whatever it is)”. Then, have him say: “I can’t believe it! She says she has to come get me now!” Remember, Moms, do not ask questions if you hear or read: “I’m *checking in* like you said I had to.” Just go rescue your child!

Does your child need a reason not to try smoking? Tell him to say: “Are you kidding? My mom can sniff out when I forget to brush my teeth. She would kill me if I came home smelling like smoke. Or at the very least she would ground me for life!”

Do your kids already blame a bad hair day on Mom? A forgotten lunch on Mom? Oversleeping an alarm clock on Mom? That’s all okay as long as they know to blame Mom when it really counts.

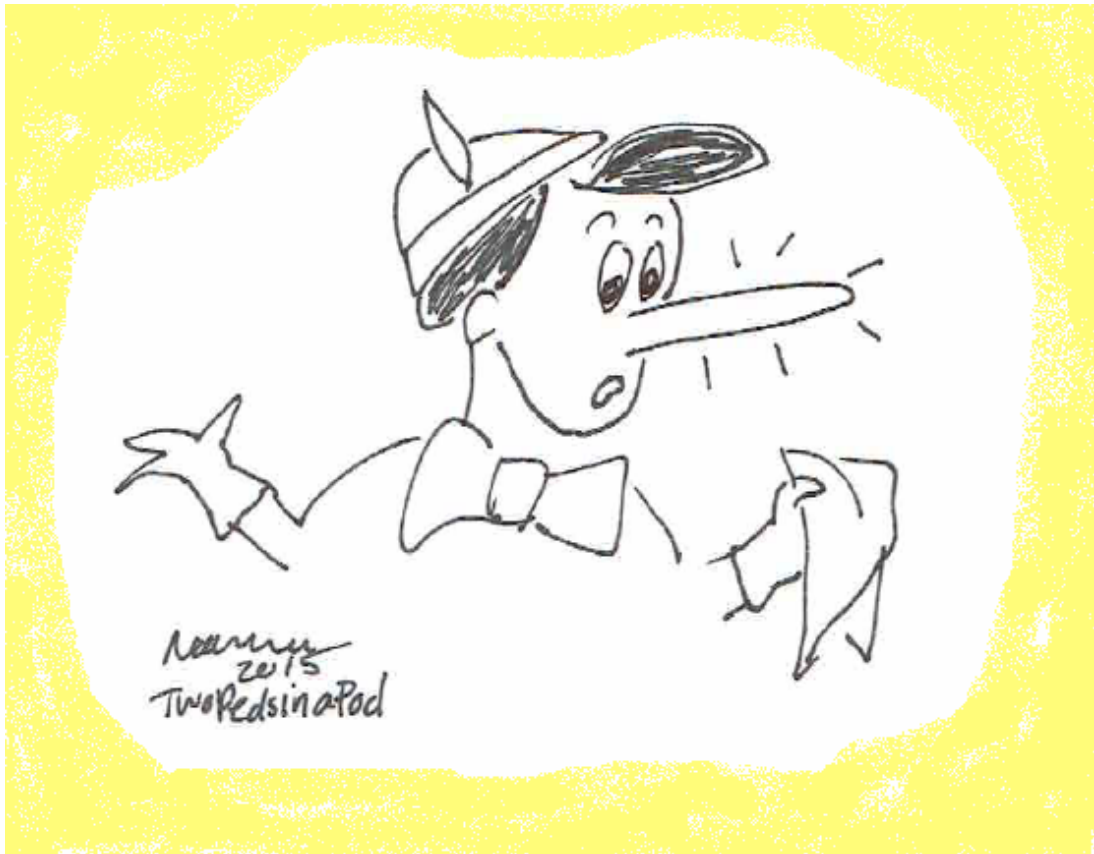
Happy Mother’s Day

Naline Lai, MD and Julie Kardos, MD

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**The best allergy medicines  
for kids**



Gepetto always said his son had allergies, but the villagers knew better

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you choose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Is it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

**Oral antihistamines:** Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child's body, called histamine. Prescription antihistamines are not necessarily "stronger." In fact, at this point there are very few prescription antihistamines. The "best" choice is the one that alleviates your child's symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don't tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become "hyper" and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in

this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

**Allergy eye drops:** Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

**Allergy nose sprays:** Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, Flonase, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

**Oral Decongestants** such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active

ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

**The best medication? Get the irritating pollen off your child.** Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

Naline Lai MD and Julie Kardos, MD

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# **How to tell your kids someone they love is dying**





*It is never easy to break bad news, and it can be especially difficult to break bad news to our children. Bereavement counselor Amy Keiper-Shaw helps parents give advice on how to talk to your children if someone they love is dying.*

While we all try to live our best and happiest lives, one day, something bad will invariably happen to us and/or our families. Maybe a grandparent or a pet is so ill they have been told they are going to die, or a family member has been diagnosed with a terminal illness. Are you and your child prepared to communicate effectively during these tough times?

Here are some suggestions to help you talk to your child when death is a possibility.

*“One must talk little and listen much.”—African proverb*

- First, try to distinguish your emotions about the news from what to tell your kids. It’s always harder to talk about bad news when it’s an emotional issue for you.

Allow yourself to “sit with” the feelings you have about it before sharing it with a child. Try to be calm—even if the news is upsetting to you. If you’re overly emotional, your child may feel like he or she needs to take care of you instead of having his or her own reaction.

- Mentally rehearse how you will deliver the news. You may wish to practice out loud, as you would prepare for public speaking. Script specific words and phrases to use or avoid. Be open and prepared for your kids’ reactions. Some may cry. Others may get angry. Some may not seem to react at all. Don’t read too much into your child’s initial reaction. For some kids, it takes a while for the news to sink in.
- Arrange to talk to the child in a private, comfortable location. For example, have your child sit on your lap, or talk to your child on his or her bed. Having your child’s favorite comfort item available (a blanket, a stuffed animal or favorite toy) can also help. Turn off your cell phone, TV, or other background distractions.
- Long before we realize it, children become aware of death and when bad news is approaching. It may be tempting to withhold bad news. It’s important to be honest with your kids and not to be afraid of their reactions. When we aren’t honest about what is going on, children make up their own explanation for the tense environment. What they imagine is often worse than the truth. Foreshadow the bad news, “I’m sorry, but I have bad news.”
- When you meet with the child ask what they already know and understand. Be prepared to provide basic information about prognosis and treatment options if there are any available. Give information according to your child’s age. Younger children will require less information than

older teenagers.

- Speak frankly but compassionately. Avoid euphemisms and medical jargon. Use the words cancer or death rather than “going to sleep” or giving false hope. Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available such as hospice or medications which will help the person or pet have the best quality of life as possible until they die.
- Have the child tell you his or her understanding of what you have said, use repetition and corrections as needed. Encourage them to ask questions if they have any now or in the future and be sure to follow up often to see if any new questions have arose.
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the child’s pace. Be empathetic; it is appropriate to say “I’m sorry” or “I don’t know.”
- Talk about what the bad news means for them personally. Be as clear as possible about how the bad news will make their life change—or not change. “Mom won’t be able to take you to school anymore so our neighbor will bring you instead.” Older kids will want to know more details about this than younger kids.
- Reassure your kids. When bad things happen, they need to hear that you love them and that you’re there for them. If you’re uncertain how long you can be there for your children (such as when you receive a terminal prognosis), make sure they know of other caring, trusted adults who will also be there for them.
- Don’t be surprised if your child tries to blame you or someone else for the bad news. It’s hard for children and teens to understand that sometimes bad things just

happen.

- Do something special with your child. You can say that when bad things happen, it often helps to do something you enjoy to try to feel better. For example, ask your child what he or she would like to do with you. Maybe your child will want to go the playground or play a board game. It is important that children know it is okay to still want to have fun and to enjoy life. They should not feel guilty about wanting to be happy.
- Model the grief process. It helps children and teens to see that there are hard times and that people can get through these tough situations by making positive coping choices. For example, even if you don't feel like exercising, you notice that exercise helps you feel a bit better. Explain that even though you may be tempted to eat badly, you notice that you feel better when you eat healthy. Talking about the ups and downs (while modeling positive coping strategies) will help your child be more intentional about the choices he or she makes and they are grieving.
- Keep in mind, although older teenagers may seem like they can take on more hardship than younger kids, remember that they still don't have the life experience that you have. Hearing bad news can be extremely difficult on a teenager, and it can sometimes trigger risky behaviors, particularly if they were struggling before the bad news hit or they're feeling extremely vulnerable.
- Talk to other significant adults in your child's life. For example, talk to your child's teacher, coach, or club leader. Sometimes a child will talk to another adult, and it helps if everyone knows the same information.

Parents, remember this:

- Attend to your own needs during and following the delivery of bad news. Find a few people who are good listeners and can help with practical things such as taking kids to after school activities.
- Allow yourself to accept help.

It can be challenging to be the bearer of bad news, but keep in mind that there are others who can assist with this. Asking for help from a social worker, counselor, a trusted friend, or spiritual adviser can help to facilitate this conversation, as well as connect families to resources in the community.

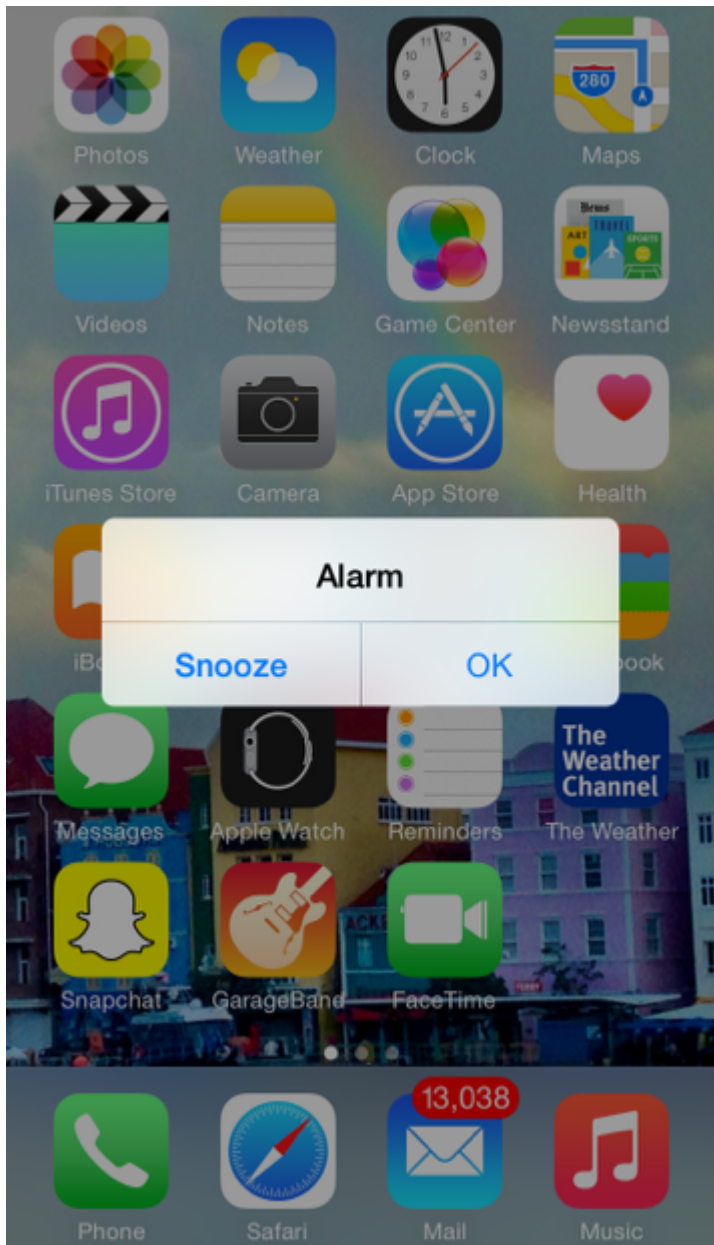
Amy Keiper-Shaw, LCSW

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*Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts.com, a resource for children who have experienced a significant death in their lives.*

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## **A Tired Teen's Guide to Good Sleep**



As a follow up to our tired teen post, we're posting the handout we gave out at the Community Conversations Workshop last week at Council Rock South High School, Holland, PA. This handout is designed for teens to read:

### **A teen's guide to healthy sleep **habits****

Most teens need 8-10 hours of sleep per night to be healthy, perform optimally, and act safely.

All teens should be able to get themselves up, washed, dressed, fed, lunch packed, and out the door for school **WITHOUT** a parent's help.

Establish a bedtime routine which includes an adult family member – even if you just say “goodnight.”

Routinely give yourself time before falling asleep to clear your mind and relax your body. Meditate or pray.

Avoid computer/TV/phone/screen time 30 minutes before going to bed and turning out the light.

If your homework is taking too long, consider leaving your phone in another room or turning it off so that you are not interrupted by texts. People work more efficiently when they are not constantly interrupted. This will give you more time to sleep.

Associate your bed with sleeping. Do not do homework, play video games, or use your phone in bed.

Avoid caffeine, or do not drink any past noon. Caffeine stays in your body for 24 hours, which means that even a morning coffee or energy drink can inhibit falling asleep at night.

If you cannot wake up in time for school, gradually move your bedtime earlier, by 15 minutes every few nights, until you sleep long enough that you wake up feeling refreshed.

If you just can't readjust your schedule to fall asleep earlier, check with your doctor if short term melatonin is fine for you.

Sleeping in too long on weekends can throw your weekday schedule off and make Monday mornings dreadful. If you do sleep in on weekends to catch up on sleep, try not to sleep more than a couple of hours past your week day wake up time.

### **Tired teens:**

Are involved in more car crashes

Perform less well in school

Have difficulty paying attention and focusing in class and on homework

Suffer from more depression and mental health issues

Are more likely to become obese



Julie Kardos, MD and Naline Lai, MD

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# Deception in Packaging: Navigating the Nutrition Information Highway



*Today, we welcome Health Coach Mary McDonald's insight on how to read food labels for nutritional content...*

Have you ever stood in the cereal aisle staring at the rows and rows of choices and feeling like a deer in headlights? You know that you want to select a cereal that is healthy for your family, but you are not sure which one to choose. So, you

start reading the nutrition claims on the front of the box. "Multi-grain. Low fat. Good source of vitamins and minerals. No high fructose corn syrup." You select a cereal that you think is a good option, only to find out later that the first two ingredients are sugar and grains that are void of nutrition. Navigating the nutrition information highway can be extremely complex, even for an educated person.

One of the reasons for the confusion is the mass influx of marketing from major food manufacturers. According to the Federal Trade Commission, the 44 major food and beverage marketers spent \$2.1 billion marketing food to youth in 2006. A second report in 2012 compared data from 2006 to 2009 and found that total spending on food marketing to youth dropped 19.5% to \$1.79 billion. But, spending on new media, such as online and viral marketing, increased 50%. The report found that the overall picture of how marketers reach children did not change significantly.

With the major food manufacturers sending constant messaging about the health benefits of their products, a consumer can get very confused about what is healthy to eat. Couple this with the fact that most formal nutrition education ends when a person graduates from high school. Therefore, the major food manufacturer, whose purpose is to sell food, has become the nutrition education for our society. This creates a perfect storm and makes it really difficult to know what is healthy to purchase and consume. So, how we fix this problem? Here are a few quick tips that can help you navigate the nutrition hype:

- 1. Don't look at the front of the packaging to determine if a product is nutritionally sound.** Remember, the claims on the packaging are designed to sell more products. In our fast-paced society, it's easy to fall into this trap, but ignore the marketing because there is more reliable information in the ingredient list. Which brings me to my next point.
- 2. Read the ingredient list.** You may be surprised if you

open your pantry and start to read the labels on the food sitting on your shelves. Many products contain ingredients that are difficult to pronounce, let alone know what they are. What is more concerning is the fact that some ingredients are deceptive in the way that they are represented. For example, enriched wheat flour sounds like a nutritious ingredient, but in reality it is a refined grain that is very similar to white flour. Enriched wheat flour is milled to strip the bran and germ and then some vitamins and minerals are added back in. When reading your labels, don't be fooled into thinking that you are eating something packed with nutrition when you see enriched wheat flour. If you are looking for a nutritious grain, then look for labels that say whole-wheat flour, and make sure that it is one of the first ingredients on the label.

3. **Five is the magic number.** Michael Pollan, the author of *Omnivore's Dilemma*, suggests that you should not eat anything with more than five ingredients, or with ingredients you don't recognize or can't pronounce. In my opinion, this is singularly one of the best pieces of advice. When you use this rule of thumb, it will naturally lead you towards healthier foods with less additives and preservatives. For example, compare labels on snack bars. According to *Eat This Not That*, the "coating" on Special K Double Chocolate Protein Meal Bar is made with trans fats, soy, and sugar with a little cocoa processed with alkali, artificial flavor, polysorbate 60 and other artificial ingredients. And that's just the outside! Then there are the "Chocolatey Chips," which is market slang for "not real chocolate." Instead they are just more sugar, soy, trans fats, and artificial flavors mixed with a little cocoa that's been "alkalized," a type of processing that destroys up to 75 percent of the healthy nutrients in the chocolate. Compare that snack bar to Clif Kit's Organic Peanut Butter bar that has only four (yes, 4) ingredients:

Organic Dates, Organic Peanuts, Organic Almonds, Sea Salt. I recognize all of those ingredients!

4. **Positive nutrition messaging.** One of the best ways to achieve success in any goal is to surround yourself with positive messaging. I have connected with a variety of websites that provide great nutrition education. Eatright.org, a division of the Academy of Nutrition and Dietetics, and Nutritionaction.com, a division of Center for Science in the Public Interest, are two credible sources. Search for a site that fits your needs and sign up for free newsletters. The information will come to you and you can choose when and what to read. It's that simple.
5. **Cook more at home.** Yes, cooking at home can be one of the most effective ways to navigate the nutrition information highway. I realize that this is not always easy considering work, school, and sports schedules. But, it is important to make time for the things that matter most. What can be more important than the health of you and your family? Just like a major roadway, navigating the nutrition highway is complex. Fortunately, we live in a time when there are a variety of ways to receive information.

Mary McDonald, MA

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If you live in Bucks County, PA, the Doylestown Food Co-op will be hosting a screening of the documentary, *Fed Up*, hosted

by Katie Couric. This is an eye-opening account of how we view the food that we consume. The screening takes place Thursday 3/26/15 at 7 pm at the County Theatre in Doylestown, PA.

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## Coming out: How do I respond if my teen comes out as Lesbian, Gay, Bisexual or Transgender?



*Today our guest blogger, pediatrician Ilana Sherer, MD, Director of Primary Care for the Child and Adolescent Gender Center at University of California San Francisco, addresses how to respond supportively to your child if he or she comes out.*

*Drs. Kardos and Lai*

When Jaime recently came out as gay, his mother initially felt fear: “When he told us that he was gay, we were afraid for him. We were afraid of what his life would be and we were afraid that he would not accomplish our dreams for him,” she said.

Contrast this response to Laura’s experience. Laura came out to her parents as lesbian when she was depressed and suicidal.

Quickly recognizing the crisis, her parents responded by assuring Laura that they loved her no matter what, and got her into counseling with a local and Lesbian/Gay/Bisexual/Transgender (LGBT) conscious mental health professional. Her parents eventually joined the Board of Directors of their local Parents and Friends of Lesbians and Gays support group (PFLAG) and now Laura and her mom speak to other groups about their experiences.

How can parents support their child? Many parents react in loving ways from the moment their child comes out. However, if you're reading this article, you may have already responded in a way that you regret. That's okay, and it's okay to feel sad, hopeless, depressed, blamed, embarrassed, ashamed, or guilty—most parents feel all of these things at one point or another in the process of acceptance. In fact, even parents who feel they are open and accepting to LGBT issues or parents who are LGBT parents may react negatively. However, it's never too late to show your child that you support and love him or her unconditionally. Based on work done by the the Family Acceptance Project, here are some behaviors to engage in and to avoid with your children.

### **Ways to Support your Child:**

1. Talk with your child about his LGBT identity, express affection, and support him even if you feel uncomfortable. Support his or her gender expression, clothing choices, and physical expression.
2. Connect your child with community resources geared toward adolescents. If you live near an urban area, there may be an LGBT community center nearby with youth programming. If not, there may be a school or community group available. Check the internet and newspaper listings. If you know any LGBT adults who are part of your community, consider asking them for resources.
3. Connect your family with resources, such as PFLAG (see

below). Siblings may also need support.

4. Check in with your child about bullying in school. If he is being bullied, demand that the school address the perpetrators and create a safe educational environment for your child. Advocating for your child is a powerful sign of acceptance.

5. Require that all family members respect your LGBT child.

6. Welcome your child's friends and partners into your home.

7. It is important for your child (and family) to identify healthy adult LGBT role models. If none are available in your community, point out LGBT people in the media who are leading successful lives. Thankfully, there are no shortage of visible "out" LGBT people in television, music, and movies, but if you need help identifying them, Wikipedia has an exhaustive list.

8. If your church or religion contains messages demeaning the worth of LGBT individuals or suggests that homosexuality can be reversed, consider finding a new worship community.

9. Monitor internet usage. Your child has likely already been on the internet. Hopefully, she found some great resources or has made friends with LGBT teenagers in other parts of the country. However, there is also a lot of misinformation. There are also pornography and social networking sites which can take advantage of your child. As always, keep track of the sites she visits and who she networks with online.

10. Let your child know that you believe he will have a happy future as an LGBT adult.

### **Unsupportive Behaviors to Avoid:**

1. Hitting, slapping, or physically hurting your child.

2. Verbally harassing or name-calling.

3. Excluding your child from family activities.

4. Blocking access to LGBT friends, events, and resources.



5. Blaming your child when she is discriminated against because of her LGBT identity.
6. Tolerating bullying and harassment.
7. Pressuring your child to be more or less masculine or feminine in clothing choices and external appearance.
8. Telling your child that God will punish him because he is gay.
9. Telling your child (or acting as if) you are ashamed of him or that he will shame the family.
10. Making your child keep her LGBT identity a secret or blocking her from telling close family members and friends, or conversely, "outing her" (telling others about her identity) against her will or without permission.

**Resources:**

Parents and Friends of Lesbians and Gays (PFLAG) [www.pflag.org](http://www.pflag.org)

Gender Spectrum Education and Training [www.genderspectrum.org](http://www.genderspectrum.org)

Gay, Lesbian, and Straight Education Network [www.glsen.org](http://www.glsen.org)

Trevor Project (crisis intervention and suicide hotline for LGBT youth) [www.thetrevorproject.org](http://www.thetrevorproject.org). 1-866-4-U-TREVOR

Center Link (for a listing of LGBT Community Centers) [www.lgbtcenters.org](http://www.lgbtcenters.org)

The National Youth Advocacy Coalition [www.nyacyouth.org](http://www.nyacyouth.org)

Listing of rural youth resources at [www.nyacyouth.org/docs/ruralyouth/resources/index.php](http://www.nyacyouth.org/docs/ruralyouth/resources/index.php)

Advocates for Youth [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

Gay and Lesbian Medical Association Provider's Directory (for finding an LGBT-competent medical provider) [www.glma.org](http://www.glma.org)

Ilana Sherer, MD

*Dr. Ilana Sherer is the Director of General Pediatrics of the Child and Adolescent Gender Center at UCSF. She is a recipient of the Chancellors Award for LGBT leadership at UCSF and also of the American Academy of Pediatrics Dyson Child Advocacy Award.*

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