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

Mary McDonald has a Masters of Education from Arcadia University and completed her health coach certification from Institute of Integrative Nutrition. She is a high school teacher, a mom of four daughters, and an advocate for healthy food choices. For more information on her health coaching services, please contact her at nutrition101withmary@gmail.com or visit her website at nutrition101withmary.com.

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.

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

Gender Spectrum Education and Training www.genderspectrum.org

Gay, Lesbian, and Straight Education Network www.glsen.org

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

Center Link (for a listing of LGBT Community Centers) www.lgbtcenters.org

The National Youth Advocacy Coalition www.nyacyouth.org

Listing of rural youth resources at www.nyacyouth.org/docs/ruralyouth/resources/index.php

Advocates for Youth www.advocatesforyouth.org

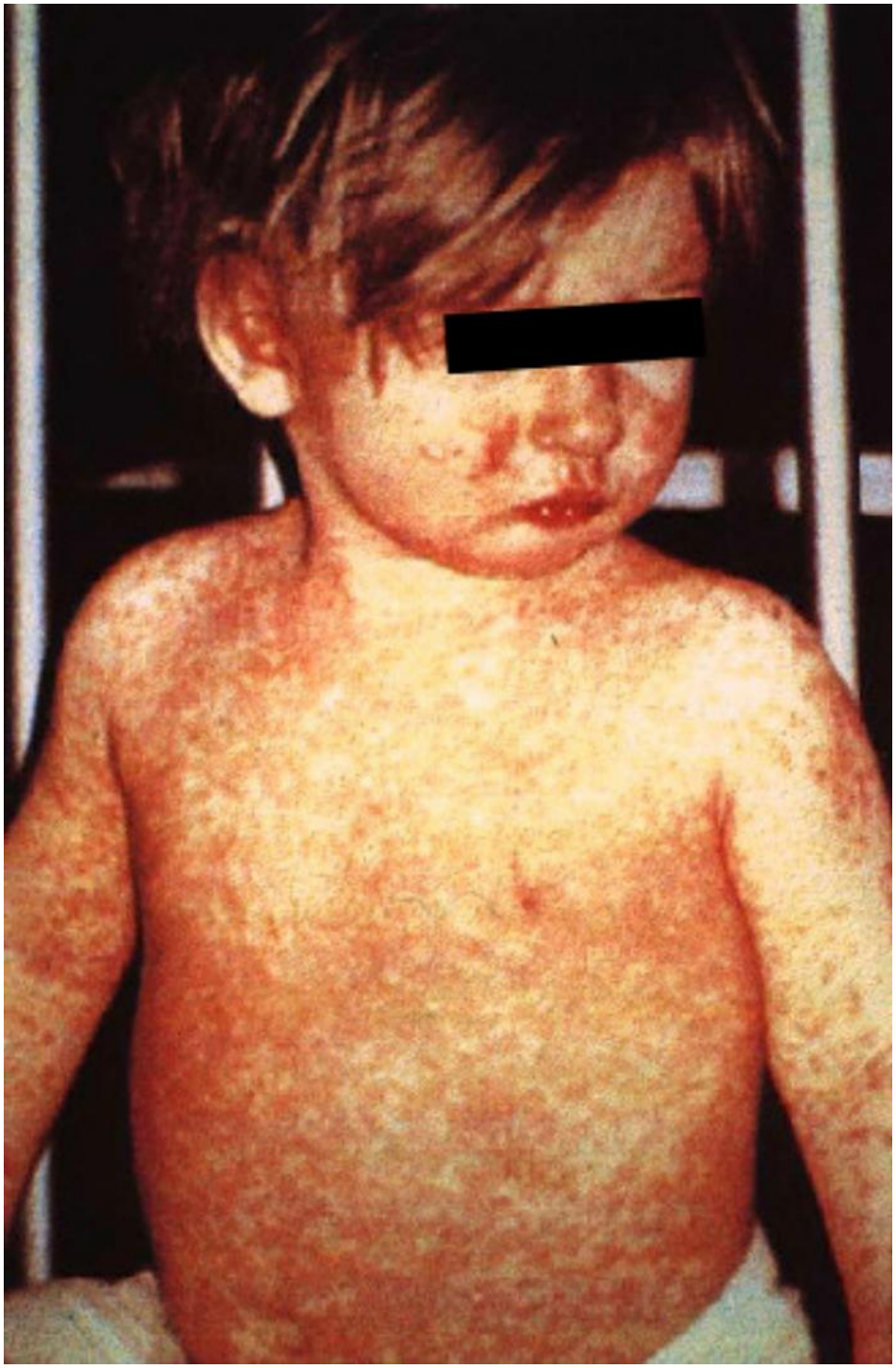
Gay and Lesbian Medical Association Provider's Directory (for finding an LGBT-competent medical provider) www.glma.org

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.

Updated from the original 2011 post

Measles outbreak: Would you recognize measles in your child?



A typical measles rash, courtesy of the public health library, Centers for Disease Control and Prevention

Who knew when we first published this post in June 2014 that another measles outbreak would occur in the US. In light of the numerous measles cases that emerged out of the California Disneyland exposure, we re-publish signs of measles in children. Parents who have children who are not completely

immunized against measles should be especially vigilant.

Measles typically starts out looking like almost every other respiratory virus– kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the Immunization Coalition site. Many kids also develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base 1-2 days before rash. Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine or if their immunized child was exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found here. For global stats on measles, please see this World Health Organization page.

There is no cure for measles and there no way to predict if your child will have a mild or severe case. Fortunately, one dose of the MMR (Measles, Mumps, Rubella) vaccine is 92-95% effective at preventing measles, and two doses are 97-99% effective at preventing measles. That's the best we can do, and this protection rate works great when everyone is vaccinated. The American Academy of Pediatrics recommends giving the first dose of MMR vaccine at 12-15 months and the second dose at school entry, between 4-6 years of age.

If parents refuse the MMR vaccination for their children, then more people are left susceptible to measles. This leads to

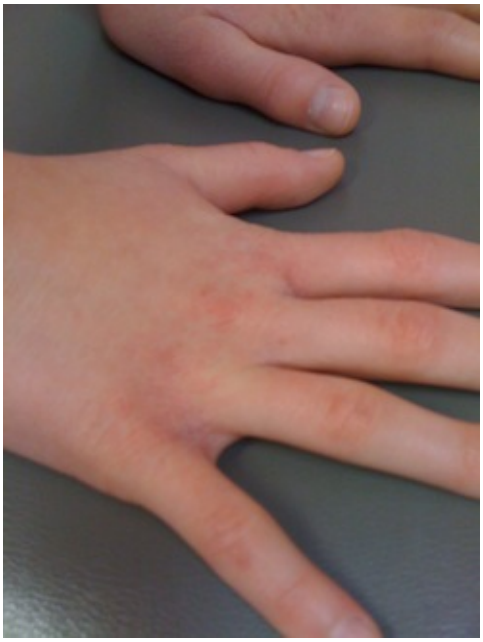
more people who can spread the disease when it hits a community. Measles is one of the most contagious diseases known: 9 out of 10 unvaccinated people exposed to measles will become sick, and infected people are contagious even before symptoms appear. One of the reasons behind the increase in measles cases is the increase in unvaccinated children. One patient of Dr. Kardos's was a four-year-old boy who was behind on his vaccines and hospitalized for measles pneumonia. Before he was diagnosed he exposed an entire Emergency Department to measles.

In our global world, another reason for the spike in measles cases is the increase in travel between countries. In fact, young children traveling internationally should now get the MMR vaccine outside of the routine schedule. If you plan on traveling, check here to see if you need to give your child the MMR vaccine on an early schedule.

With increased vigilance and vaccination, hopefully measles will once again become a disease few doctors have ever encountered. After all, vaccines did eradicate small pox. The last case of smallpox in the United States was in 1949, and the last case in the world was in 1977. In the meantime, you'll know how to "spot" a case of measles too.

Julie Kardos, MD and Naline Lai, MD

Dry, chapped hands: home remedies



Raw hands- recognize your kid?

I wash my hands about sixty times a day, maybe more. This frequent washing, in combination with cold Pennsylvania air, leads to chapped hands. Here are the hands of a patient. Do your children's hands look like these?

To prevent dry hands:

• Don't stop washing your hands, but do use a moisturizer afterwards.

• Whenever possible, use water and soap rather than hand sanitizers. Hand sanitizers are at minimum 60% alcohol- very drying. Be sure to fully dry hands after washing.

• Wear gloves or mittens as much as possible outside even if the temperature is above freezing. Remember chemistry class- cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss.

• Before exposure to any possible irritants such as the chlorine in a swimming pool, protect the hands by layering heavy lotion (Eucerin cream) or petroleum based product (i.e. Vaseline or Aquaphor) over the skin.

To rescue dry hands:

• Prior to bedtime, smother hands in 1% hydrocortisone ointment. Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a petroleum oil based product such as Vaseline or Aquaphor in place of the hydrocortisone.

• If your child has underlying eczema, prevent your child from scratching his hands. An antihistamine such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.

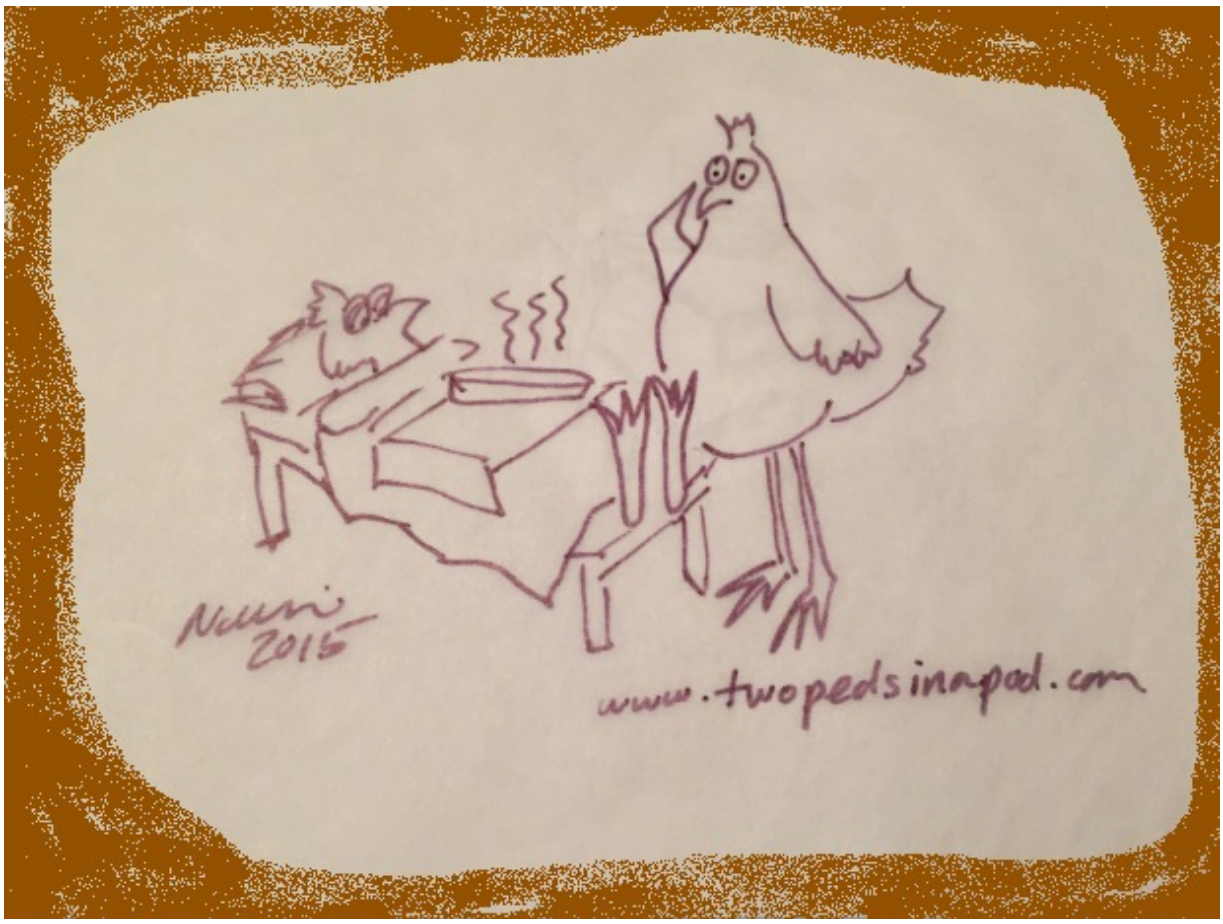
• For extremely raw hands, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember how much fun it was to smear glue on your hands and then peel off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

How to tell the difference between the Flu and the

Common Cold



"Now what kind of soup did the doctor recommend? Was that tomato soup? Mushroom barley?"

Now that we are in the middle of the 2015 flu season, we have parents asking us every day how they can tell if their child has the flu or just a common cold. Here's how:

Colds, even really yucky ones, start out gradually. Think back to your last cold: first your throat felt scratchy or sore, then the next day your nose got stuffy or then started running profusely, then you developed a cough. Sometimes during a cold you get a fever for a few days. Sometimes you get hoarse and lose your voice. Kids are the same way. In addition, they often feel tired because of interrupted sleep from coughing or nasal congestion. This tiredness leads to some extra crankiness.

Usually kids still feel well enough to play and attend school with

colds, as long as their temperatures stay below 101°F and they are well hydrated and breathing without any difficulty. The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

Important news flash about mucus: the mucus from a cold can be thick, thin, clear, yellow, green, or white, and can change from one to the other, all in the same cold. The color of mucus does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu.

The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a truck. Flu always causes fever of 101°F or higher and some respiratory symptoms such as runny nose, cough, or sore throat (many times, all three). Children, more often than adults, sometimes will vomit and have diarrhea along with their respiratory symptoms. Usually the flu causes body aches, headaches, and often the sensation of your eyes burning. The fever usually lasts 5-7 days. All symptoms come on at once; there is nothing gradual about coming down with the flu.

So, if your child has a runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever and the symptoms have been around for a few days, the illness is unlikely to "turn into the flu."

Remember: colds = gradual and annoying. Flu = sudden and miserable.

Fortunately, a vaccine against the flu can prevent the misery of the flu. In addition, vaccines against influenza save lives by preventing flu-related complications that can be fatal such as pneumonia, encephalitis (brain infection), and severe dehydration. Even in a year, like this one, when the flu vaccine is not well matched to the currently circulating strains, its still worth getting the vaccine.

Be sure to read our guest article on ways to prevent colds and flu and our thoughts on over the counter cold medicines. Now excuse us while we go out to buy yummy-smelling hand soap to entice our kids to wash germs off their hands. After that you'll find us cooking up a pot of good old-fashioned chicken soup, just in case…

Julie Kardos, MD and Naline Lai, MD
revised from our Sept 2009 post

Hail to Kale

Crunching on kale

Resolved to eat more vegetables this year? Our pediatrician gardener Dr. Marion Mass shares with us the benefits of kale and how to prepare it so your kids will eat it.

Open one of those ubiquitous “Ten Superfoods” articles and kale is sure to be somewhere on the list. Are there really nutritional benefits to stuffing this leafy green into our pie holes? And can I easily grow kale myself? The answers are ‘yes’ and ‘yes,’ both emphatic!

Just one cup of cooked kale provides 100% of the US RDA of vitamin K, 70% of vitamin C, 10% of Vitamin B6, fiber, and calcium, and 7% of iron. Not much iron, you say? Au contraire, dear parent. The absorption of iron is enhanced by vitamin C, so that 7% is much more available to your child’s body. This information is especially pertinent for female teens, whose iron and calcium intake are likely to be deficient.

In addition, kale houses 45 different flavonoids, which are molecules with antioxidant and anti-inflammatory properties. One of these, a carotenoid, is selectively absorbed into the retina of the eye and protects against age-related macular problems. If that’s not enough, kale (especially when steamed) has been proven to reduce the risk of five cancers: breast, colon, ovarian, prostate and bladder.

While beloved broccoli boasts many of the same nutritional benefits, kale wins the flavonoid content by a mile. Do not misunderstand… there is virtue in all veggies. I do not advocate eating kale nightly, just making it a regular part of you and your child’s diet.

Now what if I told you that even in my home state, frosty Pennsylvania, we are still picking kale from our garden and will be for another month? Kale, especially The Red Russian variety, and the Tuscan, (also called lacinto or dinosaur

kale) is one of the most winter-hardy vegetables in existence. We plant a fall crop in mid August located where we have just dug up our potatoes. (Come to think of it, I should plant a spring crop in early April as well.) We start picking the outer leaves in October. The plant keeps producing new leaves from the center. Frost comes and sweetens the flavor. Snow comes, and Kale still grows! Throw a row cover over the top, and you get an additional 4-6 weeks of harvest after the really cold weather sets in.

While easy to plant, Kale has its enemies. Aphids love it, and cabbage worms take a bite. Both can be combated by the release of beneficial insects: ladybugs, lacewings and praying mantises. Thanks to my friends at Gardeners Supply Company for carrying all three insects.

How to get your kid to eat Kale? Ah, there's the rub. Start with that dinosaur variety. Age 3-6 is what I call 'the modern age of dinosaurs.' Use your child's love of the extinct beasts to your advantage! Dinosaur kale not only looks like a plant that would live in ancient times, but the deep ribbing looks like the skin of an ankylosaurous. Tell the little darlings they will be as tough as T-Rex if they eat it. Does little Emily like salad? Why not make it with kale added in, or even as the main ingredient? Remember the anti-inflammatory proprieties of the flavonoids mentioned above? Sick that fact on your aching adolescent athlete. After suffering two different inflammation-related problems this past cross-country season, my son practically inhales the stuff.

Look at the recipes below. You might want to work up to the kale salad with beets, pepitas and golden raisins. Or just take it to a grown up potluck. Judging from the reactions from the two places I've taken it, it may be the best thing I've created in my kitchen.

For all recipes, de-stem the kale by holding the stem at its base, use your thumb and index finger to peel the dark green

part away from the stem. Always thoroughly wash and salad spin dry kale before use in the following recipes.

Kale Caesar or Kale Vinagrette

1 bunch kale stemmed and torn into salad sized pieces
1 bottle Caesar dressing
juice of ½ orange or 1 lemon
croutons
parmesan

Prep as you would a regular salad. The citrus juice cuts the bitter taste of the kale. Don’t like Caesar? Dress your kale with a sweetly flavored balsamic (fig, orange or cherry is nice), lemon juice salt and olive oil.

Kale Chips, the easy kind

1 bunch of kale de-stemmed and ripped into pieces
2 tbsp olive oil
salt

Preheat oven to 300F. Massage the olive oil into the kale on a large rimmed baking sheet, sprinkle with salt. Option: add cumin, cayenne, curry, or any favorite spice! Bake for 10 minutes, stir, bake for an additional 10 until edges are turning golden.

Kale chips that have more protein, but take more effort

1 bunch of kale stemmed and torn into pieces
¾ cup garbanzo bean flour*
pinch of salt
juice of ½ lemon
¾ cup water
2 tbsp olive oil
optional add ins: pinch of cayenne, pinch of turmeric, pinch of cumin

Preheat oven to 300F. Brush a parchment lined cookie sheet

with olive oil. Mix flour with salt, add spices, stir in lemon juice and water. Should be like thin pancake batter. Dip kale pieces in batter and place on cookie sheet. Bake 15 minutes, turn over with tongs, bake an additional 10-15 minutes. Kale will crisp as it cools.

Kale, bean, and sausage soup

1 cup dried beans, soaked overnight cooked until tender (cranberry or roman are my fave)
2 tbsp olive oil
2 medium onions, diced
1 tbsp minced garlic
1 lb sausage(we like Bolton's local turkey sausage) cut into small pieces
2 bunches kale de-stemmed and chopped
1 ½ tsp dried thyme
8 cups your favorite stock

Sauté onions in olive oil until pale gold, add garlic and sauté for 1 minute, add sausage and cook until it's edges are brown. Add kale and thyme, pour in broth and cook for 30 minutes, add beans during last 10 minutes. Salt to taste.

Kale and Quinoa Salad with Beets and Pepitas

2 bunches kale, de-stemmed and cut into ribbon thin pieces
¾ cup quinoa, cooked as per package directions (red looks best and has best taste)
5 medium beets, cooked until fork tender and cut into ½ inch cubes
juice of 1 lemon
2 cloves minced garlic
½ cup crumbled cheese (your choice, blue, goat or queso fresco)
¾ cup pumpkin seeds (pepitas), toast them in pan, they taste better
salt

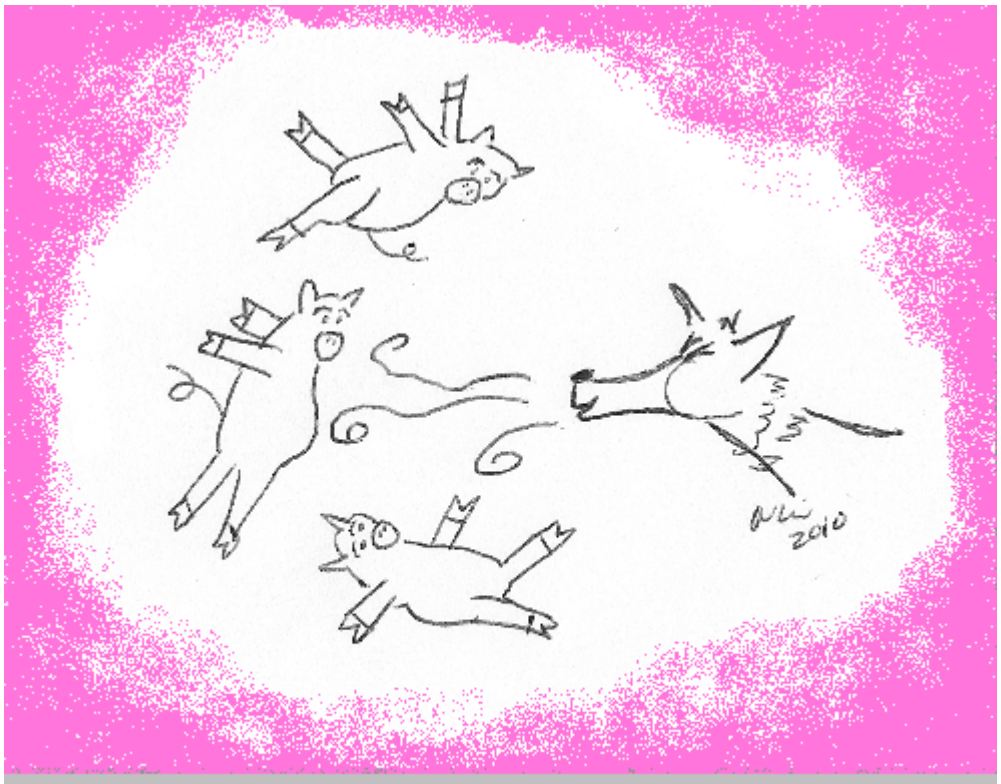
¼ cup olive oil

Mix first 5 ingredients, toss in rest just before serving. I make this from leftover quinoa and beets that I have cooked the night before. Less work!

Marion Mass MD, FAAP

In practice for 17 years, Marion Mass MD, FAAP graduated from Penn State and Duke University Medical School. She completed her pediatric residency at Northwestern University's Children's Memorial Hospital in Chicago. Currently Dr. Mass works at Jellinek Pediatrics in Doylestown, PA and serves on the Wellness Council of the Central Bucks School District, PA. Produce from her kids' garden garnishes the plates of many local families as well as the plates of the restaurant Puck. All garden profits benefit Relay for Life. When she is not in her home garden, you can find her also tending to her son's middle school garden.

Asthma meds made simple



Few people, and no pigs, knew B.B. Wolf had asthma

A mom wrinkles her brow and hands me a bulging bag of inhalers. "Which medicine is the 'quick fix' inhaler? And which medicine is the 'controller' inhaler?" she asks.

Perfecting a treatment regimen for a child with asthma initially can be tricky and confusing for parents. But don't panic. There are simple medication schedules and environmental changes which not only thwart asthma flare ups, but also keep lungs calm between episodes. The goal is to abolish all symptoms of asthma such as cough, wheeze, and chest tightness.

For asthma flares

Albuterol (brand names Proair, Proventil, Ventolin) or levalbuterol (brand name Xopenex): These are the "quick fix" medications. When inhaled, this medicine works directly on the lungs by opening up the millions of tiny airways constricted during an attack. Albuterol is given via nebulizer or inhaler. A nebulizer machine areosolizes albuterol and pipes a mist of medicine into a child's lungs through a mask or mouth piece.

For kids who use inhalers, we provide a spacer, a clear plastic tube about the size of a toilet paper tube, which suspends the medication and gives the child time to breathe in the medication slowly. Without a spacer, the administration

technique can be tricky and even adults use inhalers incorrectly.

Prednisone/prednisolone (brand names include Prelone, Orapred): Given orally in the form of pills or liquid, this steroid medicine acts to decrease inflammation inside the lungs. This kind of steroid is not the same kind used illegally in athletics. While steroids in the short term can cause side effects such as belly pain and behavior changes, the advantages of improving breathing greatly outweigh these temporary and reversible side effects. However, if your child has received a couple rounds of steroids in the past year, talk to your pediatrician about preventative measures to avoid the long term side effects of continual steroid use.

Quick environmental changes One winter a few years ago, a new live Christmas tree triggered an asthma attack in my patient. The only way he felt comfortable breathing in his own home was for the family to get rid of the dusty tree. Smoke and perfume can also spasm lungs. If you know Aunt Mildred smells like a flower factory, run away from her suffocating hug. Kids should avoid smoking and avoid being around others who smoke.

For asthma prevention

Taking preventative, or **controller** medicines for asthma is like taking a vitamin. They are not “quick fixes” but they can calm lungs and prevent asthma symptoms when used over time.

Inhaled steroids (For example, Flovent, Pulmicort, Qvar) work directly on lungs and do not cause the side effects of oral steroids because they are not absorbed into the rest of the body. These medicines work over time to stop mucus buildup inside the lungs so that the lungs are not as sensitive to triggers such as cold viruses.

Monteleukoclast (brand name Singulair), also used to treat nasal allergies, limits the number and severity of asthma attacks as well by decreasing inflammation. It comes as a tiny

pill kids chew or swallow daily.

Avoid allergy triggers and respiratory irritants such as smoke. Even if you smoke a cigarette outside, smoke clings to clothing and your child can be affected. Treating allergy symptoms with appropriate medication will help avoid asthma attacks as well.

Treat acid reflux appropriately. Sometimes asthma is triggered by reflux, or heartburn. If stomach acid refluxes back up into the food pipe (esophagus), that acid could tickle your child's airways which lie next to the esophagus.

Avoid respiratory viruses and the flu. Teach your child good hand washing techniques and get yearly flu shots. Parents should schedule their children's flu vaccines as soon as the vaccines are available.

Some parents are familiar with asthma because they grew up with the condition themselves, but these parents should know that health care providers treat asthma in kids differently than in adults. For example, asthma is one of the few examples where medicine such as albuterol can be dosed higher in young children than in adults. Also some treatment guidelines have been improved upon recently and may differ from how parents managed their own asthma as children. For example, a doctor friend now in his 50's said his parent used to give him a substance to induce vomiting during his asthma attacks. After vomiting, the adrenaline rush would open up his airways.

Don't do that. We can do better. Hopefully now that flu season has descended upon us, this information helps you to keep your child's asthma under good control and helps you know which medicine to reach for when it flares up.

Julie Kardos, MD and Naline Lai, MD

How to help your teenager through a breakup

Brace yourself. When your child experiences heartbreak, you will too. Psychologist John Gannon gives advice on what you can do to help your teen through a breakup.

It happens to almost every adolescent. At some point or another, we all experienced our first love. In the early stages, it was the greatest feeling we had ever felt. When it ended, it was the largest and most powerful feeling of hurt that we had ever experienced. Each moment felt like 10 years. Days went by and life went on for everyone else. Yet, for us, life stopped and we felt lost and paralyzed.

Your child will not be the exception either. They will feel their feelings the same way we felt ours. Your response to their heart break might offer them comfort. It may also infuriate them. They might claim that you just don't understand. They might sob inconsolably. In practicality, your life will also suffer! Nothing can take their pain away except the passage of time. I always speak about the scar that occurs from first love. I believe it is a necessary scar, so that we do not become lost without emotional boundaries. The price of the scar though, is the loss of emotional love with another person.

There are things you may want to consider when this occurs for your child. For instance, some teenagers have more than just a traditional break up syndrome. They enter a state of significant sadness or anxiety. It can be difficult to distinguish what is a break up and what is something else. Sometimes, they will try to self medicate with drugs or alcohol. They may be more likely to have poorer judgment than they typically would have. It's good to try and be as emotionally available as they will let you. Don't take it personally if they shut you away.

Fortunately, time does heal most of these feelings. One day, you will see they look brighter. They may start to smile. Luckily, first love happens only once in a lifetime for most of us. (Some people live life with every relationship as a first love.) Keep in touch with your kids during this time. Even if it appears they are being overly dramatic, they are inexperienced when it comes to affairs of the heart. The pain is real for them. First love can teach how to balance love. Sometimes, they may need to have several breakups to figure this out. Most of the time, we ultimately learn how love is kept in perspective and by doing so we do not lose our emotional well-being.

Finally, this is a passage of your child's becoming an adult. Enjoy the ride!

John Gannon, MS, FPPR

Mr. Gannon is a licensed psychologist with nearly 30 years experience as a marriage and family therapist in the Philadelphia area. His post originally appeared in 2010.

Flu update 2014-2015- We may be in for a rough winter

Ben's runny nose, as depicted by Ben

Because we couldn't have said it better ourselves, we have reprinted (with permission) our pediatrician colleague Dr. Roy Benaroch's recent flu update from his blog The Pediatric Insider.

Some bad news about flu this year
We could be in for a rough influenza winter.

First, data just released from the CDC shows that a lot of the flu circulating in the USA isn't a good match for the strains

in this year's flu vaccines. About 82% of flu since autumn is a type A H3N2, one that historically has been associated with more-severe illness. Of those, only about half are closely related to the A/Texas/50/2012 strain that was chosen in February to be included in the vaccine. Unfortunately, current methods of vaccine production take a long time, and manufacturers have to commit early—months ahead of time—to what will be included in the vaccines. In February, when the World Health Organization made their recommendations for the Northern Hemisphere 2014-2015 flu vaccine, they chose the H3N2 that was then in circulation. Since then, it's "drifted", or changed, to a related but non-identical type.

What this means is that the current vaccine is well-matched to only about 40% of circulating flu. The vaccine will probably offer some protection against the other 60%— illness will be milder and shorter—but a lot of people who got their flu vaccines are still going to get the flu, and spread the flu. Now, some protection is still better than none, so I'd still go and get that flu vaccine now if you haven't gotten it already. An imperfect (or, honestly, far-less-than-perfect) flu vaccine is better than none. But it isn't looking good this year.

And it gets worse. It's becoming increasingly clear that Tamiflu, the anti-viral medication we rely on to help treat influenza, doesn't work very well. As summarized by the Cochrane Collaboration earlier this year, studies show that Tamiflu is only modestly effective in reducing the length of influenza illness, and may be only slightly effective at reducing complications. If it does work for treatment of flu, it works best when started very early in the course of the illness. The FDA labeling calls for it to be started within 48 hours, but honestly it seems to barely work if started that late. Better to get it started within 24, or even better, 12 or 6 or 2 hours.

In practice, Tamiflu really doesn't seem to do much of

anything for most of the flu patients seen in hospitals and doctor's offices, because we usually see patients too late. It does have a role in helping family members at risk for flu. They can start it immediately, at the first symptoms, and will probably get more benefit.

Tamiflu can also be used as a prophylactic, or preventive, agent in people exposed to flu with no symptoms, though again, the benefits are modest at best. Crunching the numbers, we probably have to treat about 33 people on average for just one person to benefit from prophylaxis. That's not very good, especially considering that all 33 people will have to pay for it and risk the side effects.
And Tamiflu does have some significant side effects. Nausea and vomiting are quite common, but the scarier reactions are depression, hallucinations, and psychosis. Neuropsychiatric side effects are most common in people of Japanese ancestry.

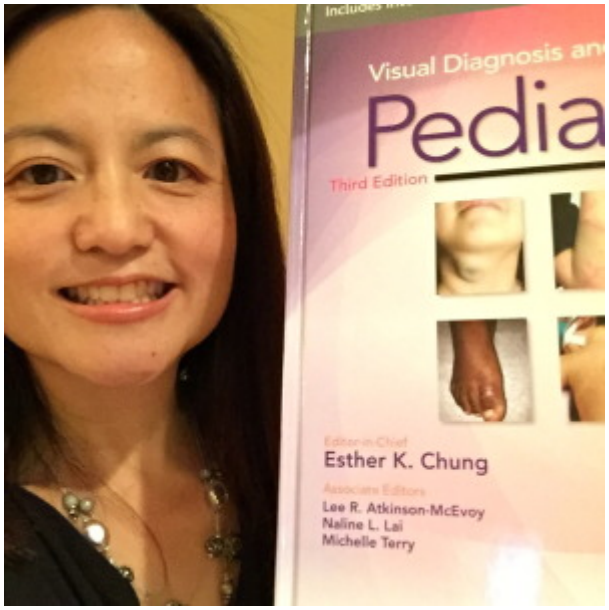
So: the flu vaccine, this year, will probably offer only modest benefits. And Tamiflu really has very limited usefulness. It looks like we'd better prepare for a rough winter, and keep in mind some of the old-fashioned ways to keep from getting the flu:
• Stay away from sick people.
• If you're sick, stay home.
• Keep your mucus to yourself—sneeze into your elbow, or better yet into a tissue. And then wash your hands.
• Don't touch your own face. Flu virus on your hands doesn't make you sick until you help it get into your body by touching your eyes, nose, or mouth.
• Wash or sanitize your hands frequently, and especially before touching your face or eating.

In practice near Atlanta, Georgia, Dr. Roy Benaroch is an assistant clinical professor of pediatrics at Emory University, a father of three, and the author of The Guide to

Getting the Best Health Care for your Child and Solving Health and Behavioral Problems from Birth through Preschool. Most recently he is the Narrator of the Great Courses Series: Medical School for Everyone. We are fans of his blog The Pediatric Insider

---

For you medical photo geeks- 3rd edition of Visual Diagnosis and Treatment in Pediatrics



For all you medical photo geeks, Two Peds in a Pod is excited to announce that Dr. Lai is an associate editor of the newly published 3rd edition of Visual Diagnosis and Treatment in Pediatrics – for pediatric health care professionals or anyone who has enjoyed pinning our medical photos to Pinterest (we know you are out there).

Julie Kardos, MD and Naline Lai, MD