



**Connecticut  
Children's**  
MEDICAL CENTER

Need information on our staff or services? Please call our KIDS LINE, 800-243-1552.

# Partners In Health

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## Dear Friends:

The third annual Big Hits 102.9 DRC-FM Children's Miracle Network Radiothon to benefit Connecticut Children's Medical Center takes place Labor Day weekend, **Thursday, Sept. 1, through Saturday, Sept. 3, starting at 6 a.m. each day.** The station's radio personalities, including Mike Stevens and Beth Bradley from the "Mike and Beth Morning Show," will broadcast live from the medical center's cafeteria.



We are very excited about this event and are thankful to Big Hits 102.9 DRC-FM.

Last year's radiothon raised more than \$122,000 for Connecticut Children's. The radiothon will include dozens of heartwarming and inspirational interviews with patients, families and staff of the medical center.

To pledge your support during this spectacular event, please call **800-852-KIDS.** ♦

**Larry M. Gold**  
President and Chief Executive Officer  
Connecticut Children's Medical Center

## Blood Pressure **Rising** Among Children

### Problems turn up as young as age 2

**T**he next time you hear folks talking about their blood pressure, take a look. They may be kids.

Yes, children can have high blood pressure, and experts say the number of kids with the problem is on the rise. "We estimate about 10 percent of children between 2 and 18 have high blood pressure," says pediatric heart specialist Reginald Washington, M.D., cochair of the American Academy of Pediatrics Task Force on Obesity. "A lot of these kids have not even been diagnosed."

High blood pressure once struck only adults. "We believe we'll see heart disease and stroke at earlier ages if we can't get this under control," Dr. Washington warns.

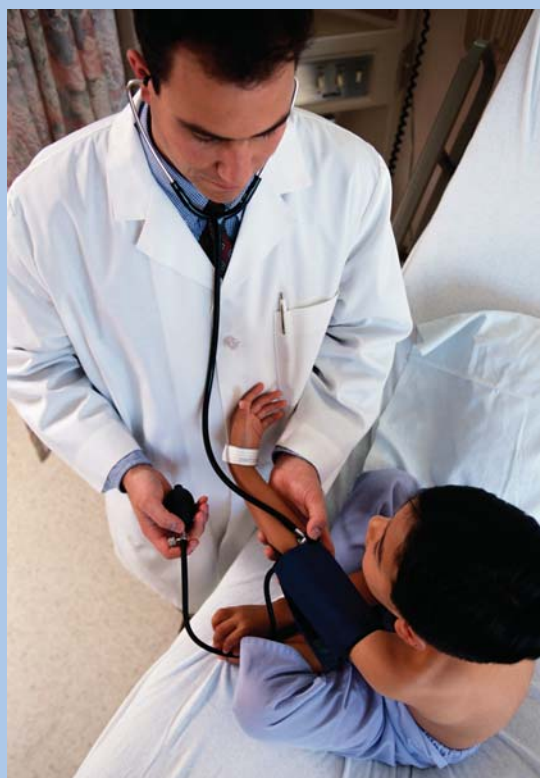
The increase in children with high blood pressure is directly tied to lifestyle, though genetics plays a role. Watch children for these risk factors:



- Weighing too much
- Poor nutrition (too much fast food and junk food)
- Lack of physical activity
- Cigarette smoking
- Family history of high blood pressure

"The majority of kids don't need to be put on medication," Dr. Washington notes. "Easily, 80 percent of the kids I see for high blood pressure can do well with lifestyle changes alone."

"Riding a bike is good exercise, but riding a bike across the street to your friend's house to play video games does not constitute exercise," he says. "Kids need a total of 60 minutes of exercise daily." ♦



### Start to Check at Age 3

Doctors should start to check kids' blood pressure by age 3, according to 2004 guidelines published by the American Academy of Pediatrics. Screening should start younger for some high-risk children, such as premature or low-birth-weight babies.



# Dermatology Services Come to Connecticut Children's With the Appointment of Director Mary W. Chang, M.D.

**M**ary W. Chang, M.D., has joined Connecticut Children's Medical Center as director of its new Pediatric Dermatology Department.

Dr. Chang, a nationally recognized pediatric dermatologist, provides care in the outpatient dermatology clinic, including cutaneous and laser surgery, and she is available for inpatient consultations.

Dr. Chang also is a member of the faculty



**Mary W. Chang, M.D.,**  
director of pediatric  
dermatology, Connecticut  
Children's Medical Center

of the Dermatology Department at the University of Connecticut (UConn) School of Medicine, and will spend time there each week. Because pediatric dermatologists are in short supply and high demand across the country, Connecticut Children's and UConn worked together to bring Dr. Chang's expertise to the Greater Hartford area.

"We are extremely fortunate that we were able to attract an experienced pediatric dermatologist who is widely recognized for her clinical skills, as well as for her educational and clinical research contributions," says **Paul Dworkin, M.D.**, vice president and chief medical officer for the medical center.

Dr. Chang comes to Connecticut

Children's from the New York University School of Medicine, where she was assistant professor of Dermatology and Pediatrics. She was an attending physician at Tisch Hospital, Bellevue Hospital and Lenox Hill Hospital for more than seven years before relocating to Connecticut.

Dr. Chang is board certified in pediatrics, dermatology and pediatric dermatology, and has published widely in the dermatologic and pediatric literature. Her areas of special interest include birthmarks, atopic dermatitis, hemangiomas and vascular anomalies, and clinical drug trials in children.

To make an appointment for your child with Dr. Chang, please call **860-545-9550**. ❖

## Help Girls Stay Active as Teens

### Adolescent girls often skip exercise, putting their health at risk

The teen years often bring a sharp drop in physical activity — especially for girls. But girls who trade tennis for television or volleyball for video games could face a future of obesity and poor health, experts say.



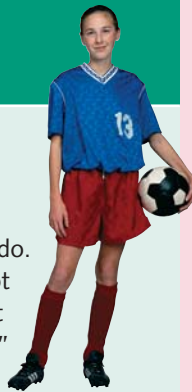
Research shows physical play plummets after age 9. While 72 percent of adolescent boys play hoops, hockey or some other activity for 60 minutes a week, a recent survey found just 57 percent of girls are that active. Inactive adolescents turn into inactive adults, says researcher Penny Gordon-Larsen, Ph.D., assistant professor of nutrition at the University of North Carolina.

But you can steer your daughter toward a healthier course. Change her focus to skating, running, softball, skateboarding — anything that gets her away from the remote and the keyboard.

Building activity into girls' lives before adolescence could help stave off disease. Coupled with too many fries and sodas, a dearth of exercise leads to obesity, diabetes, heart disease and other ailments. "Obese kids are more likely to become obese as adults," says Dr. Gordon-Larsen.

Exercise doesn't just burn calories — it builds strong bones, says Thomas A. Lloyd, Ph.D., director of the Young Women's Health Study at Pennsylvania State University. While calcium and vitamin D are

### How to Get Your Daughter Moving



- Start by turning off the television, Dr. Gordon-Larsen says.
- Find things she likes to do. "Your daughter may not want to play soccer, but she may enjoy dancing," Dr. Gordon-Larsen says.
- If your streets aren't safe, organize neighbors to watch girls and boys at play, or while they walk to school.
- Join with her to set small goals, such as walking for 30 minutes a day, three days a week.
- Give her a role model — you — who's excited about skiing, yoga, swimming, biking or hiking. That may be the most inspiring step of all.

important, his research shows exercise is the key to healthier bones from about ages 12 through 17. After that, the body no longer adds the bone strength that later fuels resistance to osteoporosis. ❖



## Moms Urged to Breastfeed

Breastfeeding can do a lot of good for babies *and* moms, says the American Academy of Pediatrics (AAP). In a breastfeeding policy that came out in February, the AAP cited studies showing that breastfeeding can lessen or ease diarrhea, ear infections and bacterial meningitis in infants. Some studies suggest breastfeeding may help head off sudden infant death syndrome, diabetes, obesity and asthma, the AAP adds. Research also shows breastfeeding can cut a mother's risk for some medical problems. Among them: ovarian and breast cancer. The AAP recommends moms nourish babies solely through breastfeeding for about six months. It also backs breastfeeding for the first year and beyond — as long as the mother and child both want it to go on.



## Crimes Against Students Drop

The rate of violent crimes against students ages 12 to 18 in school fell by half in the last decade, says a report from the U.S. Education and Justice departments. There were 24 crimes for each 1,000 students in 2002, compared with 48 in 1992. Other key findings:

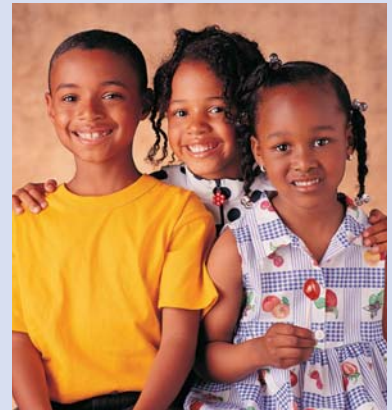
- The number of students in grades 9 to 12 who said they had brought a weapon to school in the past 30 days fell from 12 percent in 1993 to 6 percent in 2003.
- Urban students ages 12 to 18 were most likely to report gangs in schools (31 percent). Eighteen percent of suburban students and 12 percent of rural students reported gangs.
- In 2003, 7 percent of students ages 12 to 18 said they had been bullied at school. That compares with 5 percent in 1999 and 8 percent in 2001.



## Obesity Up Among Preschoolers

At least one out of 10 preschoolers weighs too much, says the American Heart Association (AHA). The number of overweight children ages 2 to 5 has risen from 7 percent in 1994 to 10 percent in 2002, the AHA says. More than 15 percent of children

ages 6 to 19 are overweight or obese. "Childhood risk factors carry over into adulthood, and may eventually translate into heart disease and other medical problems, such as diabetes," says AHA President-Elect Robert H. Eckel, M.D. "Obesity is a major risk factor for heart disease that should be controlled early in life."



## Vaccine Cuts Pneumococcal Disease

A vaccine introduced in 2000 has been "highly effective" in cutting pneumococcal disease in children under age 5, a study shows. In April 2000, Northern California Kaiser Permanente began routine use of the pneumococcal conjugate vaccine (PCV). By March 2003, 157,471 children in that large health system had received at least one PCV dose. In the year ending March 2003, the system saw no cases of the illnesses the vaccine aims to prevent in children under 1 year old. In the years before PCV use, the system treated up to 34 such cases each year in that age group. The system saw similar benefits in children under 5.



## Scalding Poses a Risk in the Kitchen

What's the top source of burns to young kids in the kitchen? Scalding from hot liquids or steam, according to a report in *Pediatrics*. Scalding was twice as common as thermal burns (caused by contact with a hot surface), according to emergency room data from 1997 to 2002. Scald injuries often take place one of two ways, the report found:

- A child reaches up and pulls a pot of hot water off the stove or some other high surface.
- A child spills a container of hot water on himself.



One-year-olds were at highest risk for scalds and burns. Boys were hurt more often than girls.

# Wild Rides Can Be Safe Rides

Heed posted warnings at the amusement park to head off injuries

Rides at amusement parks and traveling shows are faster, higher and wilder than ever. It's great fun — if you ride safely.

But in 2001, injuries related to amusement attractions sent 6,500 children ages 14 and under to emergency rooms, says Connecticut SAFE KIDS, a program of Connecticut Children's Medical Center that is sponsored by the Elks of Connecticut. Avoid *that* kind of ride; follow the rules.

"Reputable parks and carnivals will clearly post the age, height, weight and health restrictions for each ride, and it's the responsibility of the rider [or parent] to make sure he or she meets those restrictions," says **Karen Brock, M.P.H.**, director of Connecticut SAFE KIDS. Height rules, for instance, ensure a child has the muscle and posture control to ride safely.

Brock adds, "One case that we see too often is parents forcing their kids to go on these rides, saying, 'If I can do this, so can you.' Scared out of their wits, children may not follow the rules of the ride, try to get out and put themselves into jeopardy."

Teach kids that risky conduct can cause accidents, Brock says. "Review the

safety rules with them before they get on the ride, so that they know what is expected of them."

**Here are more tickets to safety:**

- **Check out the rides.** Move on if the ride has torn seats, worn safety belts, rusty parts or a careless operator, or doesn't have the rules posted.
- **Know your limits.** If you or your kids can't take high speeds, sharp turns or other wild action due to health concerns, find a calmer ride. Pregnant women and people with heart problems, epilepsy, back or neck injuries should avoid roller coasters.
- **Tell children what's coming.** Explain the sensations they'll face.
- **Pick rides that suit kids' ages.** Start



toddlers on a merry-go-round or slow cars. Move up in stages to faster rides.

- **Stay put on the ride.** Hands, arms, legs and long hair should stay inside at all times. Use the seat belts or other safety equipment, and hold onto the handrails.
- **Know when to quit.** Parents should call it a day before their kids get too tired to ride safely. ❖

## We're Your Partner in Children's Health

Services available in several communities

Families from all over Connecticut and Massachusetts now can benefit from the affiliated practices of Connecticut Children's Medical Center. These services are provided by our pediatric specialty physicians at numerous hospitals and health care sites.

For more information on Connecticut Children's Medical Center, please call your local pediatrician or our **KIDS LINE, 800-243-1552**. We want to be your partner in children's health.





# What does philanthropy mean to Connecticut Children's Medical Center?



It means everything. 

Please Choose Children and make your gift today!  
*Annual Giving Goal - \$1.6 million*

## Our Partners in Children's Health



### Avon

- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Occupational and Physical Therapy
- Orthopaedics
- Pulmonary Medicine
- Speech and Audiology
- Surgery
- Urology

### Glastonbury

- Ear, Nose and Throat
- Gastroenterology
- Neurology
- Orthopaedics/Sports Medicine
- Pulmonary Medicine

### Meriden

#### MidState Medical Center

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- Gastroenterology

### Middlebury

*(in collaboration with Waterbury Hospital)*

- Endocrinology
- Gastroenterology
- Rheumatology
- Urology

### Middletown

#### Middlesex Cardiology Associates

- Cardiology

### New Britain

#### New Britain General Hospital

- Cardiology
- Gastroenterology
- Neurology
- Pulmonary Medicine

### New London

#### Lawrence and Memorial Hospital

- Orthopaedics
- Rheumatology

### Norwich

#### Easter Seals Connecticut, Norwich Office

- Endocrinology
- Genetics

### Putnam

#### Day Kimball Hospital

- Cardiology

### Stamford

#### The Rehab Center, a division of Stamford Hospital

- Rheumatology

### Torrington

#### Mary Seymour Brooker Memorial/Charlotte Hungerford Hospital

- Cardiology
- Endocrinology/Diabetes
- Gastroenterology
- Rheumatology

### Waterbury

#### Waterbury Hospital

- Cardiology

### Massachusetts

#### Shriner's Hospital

- Rheumatology

### Baystate Medical Center

- Cardiology

### New York State

#### Albany Medical Center

- Rheumatology

For more information on Connecticut Children's Medical Center staff and services, please call our KIDS LINE, **800-243-1552**

# Help! My Daughter Wants to Dress Just Like Britney

If today's fashions for girls worry you, here's what to do

**B**are legs and navels may look fine on stage. But is that the right look for a 9-year-old girl?

Most parents say no — but many kids find it hard to agree. With so many mall shops offering sexy styles for the youngest girls, some parents wonder whether their daughters are risking sexual harassment for the sake of fashion.

Sexuality is a serious issue, says Heather Johnston Nicholson, Ph.D., director of research at Girls Incorporated, a national nonprofit youth organization. "Primarily, girls aren't dressing that way to attract men, but to please each other. It's not fair to make girls responsible for

the actions of boys and men — but safety is a vital issue."

How can you approach this? Tell your girls, "You're sending messages you may not be aware of. Let's talk about when and where it's safe to be trendy and uncovered, and where it's unsafe or inappropriate," Dr. Nicholson says.

Much of the trend toward sexy clothing for the youngest girls starts with the media. From music videos to fashion magazines to fashion sites on the Web, girls are barraged with images of ultra-thin models in ultra-skimpy outfits. One key to fighting media messages, says Dr. Nicholson, is helping your daughter question the messages she's getting.

"By the time they're 10," says Dr. Nicholson, "girls are ready to be treated with respect, and to be included in the process. They're ready to take on leadership, make change and do things."

Then, encourage your daughter and her friends to take action. Search the mall or the Web together to find retailers and designers whose styles match your daughter's taste and budget.

"Girls can critique the dress code at school, decide what they really want to look like, maybe even find trendsetters other than Britney who they think look attractive — and find new trendsetters or set trends themselves," Dr. Nicholson says.

Lastly, it's wise for parents to remember that styles are just passing fads. Sooner or later — and probably sooner — the Britney look will be out. ❖

## Help Your Daughter Ask the Critical Questions:

- Who's sending the messages about style and fashion?
- Do you really like the styles, or are you just following the herd?
- How do you feel about the role the media plays in your life?
- What would you like to do about it?

# Cross-Gender Play No Cause for Concern

It's OK for your 5-year-old son to play with dolls

Three-year-old Tommy likes to dress up as Cinderella.

Four-year-old Sally barely glances at the dolls in her room. She favors toy trucks.

Should their parents be concerned?

Not if this is the only concern, say the experts. That's what play is all about.

"Enjoying the stereotyped play of the opposite sex is usually not a sign of gender confusion," says developmental pediatrician **Ann Milanese, M.D.**, at Connecticut Children's Medical Center. "It's more likely to be a part of the process of exploring one's own identity by trying on different qualities represented by the roles of others."

# Despite Our Antidepressant Fear, Depressed Kids Need Help

A new label on some antidepressants warns that they may make kids feel more suicidal. But that warning shouldn't stop parents from seeking help for depressed teens, psychiatrists say.

"Depression interrupts a youth's normal emotional development, undermines self-esteem, interferes with learning in school and undermines friendships with peers," says Laurence Greenhill, M.D., who chairs an American Academy of Child and Adolescent Psychiatry initiative on drugs that affect children's minds.

In short, he says, teen depression is a serious illness. The benefits of taking drugs to fight it far outweigh the potential risks.





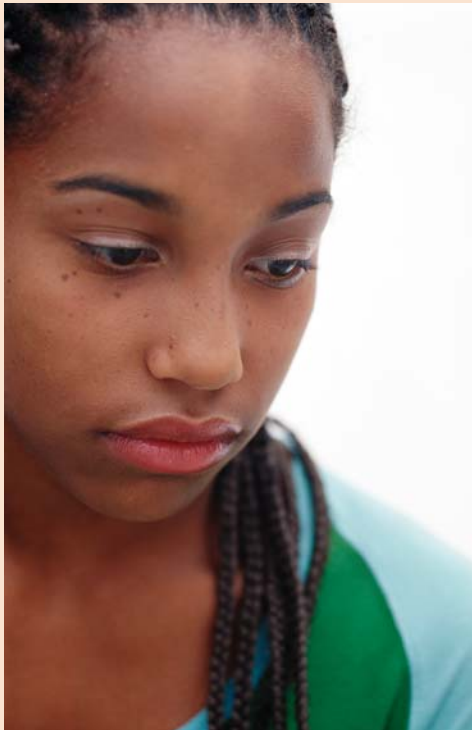


And “trying on” includes not only costumes, but also attitudes and behaviors. It’s common — especially for preschool girls to switch back and forth between roughhousing “boy stuff” and sugar-and-spice “girl stuff.” Boys are less likely to

do this since “girly play” is not as well tolerated by adults as tomboyishness for girls. Gender identity is believed set by around 2½ to 3 years of age. And the toys and play roles that children may explore before or after this time really

don’t influence it significantly. They reflect a child’s interests rather than causing or changing them.

So you should support a child’s desire or willingness to check out gender stereotypes in play. “Disapproval is likely to undermine self-confidence, and accepting and tolerating it will contribute to a sense of confidence and curiosity,” Dr. Milanese says. “The most important aspect is to allow your children to feel safe expressing what they feel, whether through their play choices, or later in words. Tolerating all types of play can help to set a tone for openness and safety that reaches far beyond the preschool period.” So parents are advised to let children pursue their interests without being confined by gender strait jackets. The goal should be to raise sons and daughters who are secure in their gender without feeling restricted by it, and to establish a pattern of open and safe communication between kids and their parents. ❖



*Model used for illustrative purposes only.*

The so-called “black box” warning on some antidepressants says suicidal thoughts are more likely in the first

few weeks of use or when dosages are changed. Psychiatrists say the warning was meant, in part, to alert other doctors to the need for closer monitoring.

“Suicidal thoughts are very common in adolescents,” says David Fassler, M.D., a child psychiatrist who teaches at the University of Vermont. “At least one in six thinks about it, and about half of all kids with depression will attempt suicide.” Luckily, few succeed. “Usually, they won’t tell anybody about it, and that’s what we worry about.”

Studies involving about 4,400 depressed kids led to the new warning. Those who took antidepressants were twice as likely to express suicidal thoughts as those who took placebos (sugar pills). The numbers were small — 4 percent for those on the drugs vs. 2 percent on placebos. There were no actual suicides, Dr. Fassler says.

A clinical trial involving about 440 adolescents with major depression showed that about 70 percent responded well to a combination of Prozac and talk therapy. That was double the rate for youngsters on placebos.

“The key is, if you think your child might have depression, don’t worry about trying to define what it is, just get it checked out,” says Dr. Fassler. “Get to a mental health professional and get a comprehensive evaluation. The good news is that if it is depression, we really can help most of these kids.” ❖

### Signs of Teen Depression

- Thoughts of hurting themselves or others
- Agitation or extreme restlessness
- Major changes in behavior, such as irritability or fighting
- Staying in their room and avoiding friends or family
- Loss of interest in favorite activities
- Trouble organizing, concentrating or remembering
- Loss of appetite, trouble sleeping or sluggishness

# Children's Hospitals Work to Insure America's Children

Insuring America's children is a top public policy priority for children's hospitals. Children with a consistent source of health insurance receive routine checkups and stay healthier than children without coverage. That's why the National Association of Children's Hospitals, the public policy affiliate of NACHRI, advocates strengthening Medicaid and the State Children's Health Insurance Program (SCHIP) for children. Two-thirds of the 8 million uninsured children in the United States are eligible but not yet enrolled in these programs.

Introduced 40 years ago, Medicaid insures roughly one out of every four children — making it the country's

largest children's health coverage program. It provides 22 million low-income and disabled children with essential health care benefits. Children reliant on Medicaid come from working families who do not have access to health insurance through their employers.

In 1997, Congress enacted SCHIP. The program allows states to expand Medicaid to uninsured children of low-income families, create alternative insurance programs for them or both. All states have now implemented SCHIP. For family friendly information on Medicaid and SCHIP, visit <http://coveringkidsandfamilies.org>.

Even for privately insured families, Medicaid is important because it plays a critical role in the ability of children's hospitals to care for all children. Children's hospitals benefit all children by providing clinical care, training the



nation's pediatricians, conducting pediatric research and advocating public health protections. On average, 40 to 50 percent of children's hospitals' revenues comes from Medicaid. Without Medicaid, children's hospitals cannot fulfill their mission to serve all children. ❖

## To Learn More

To learn more about the importance of Medicaid and SCHIP to children's health and children's hospitals, visit [www.childrenshospitals.net](http://www.childrenshospitals.net), or contact your local children's hospital.



**NACHRI**

National Association of Children's  
Hospitals and Related Institutions

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