



Under the RAINBOW

THE LATEST IN CHILDREN'S HEALTH NEWS • FALL 2006

Control the Symptoms of an Epidemic

HOW TO HELP YOUR CHILD BATTLE BACK-TO-SCHOOL ASTHMA ATTACKS

Back-to-school season brings the usual return to pencils, books and homework. But for the 5 million U.S. students who suffer from asthma, it also can mean a surge in seasonal asthma attacks.

This phenomenon, often called the "September Epidemic," is probably caused by a host of factors that together cause a perfect storm, says Carolyn M. Kercksmar, MD, Co-Chief of the Division of Pulmonology and Director of the Children's Asthma Center at Rainbow Babies & Children's Hospital.

"The onset of the fall viral season, ragweed season, mold from falling leaves and rainy weather are each individual asthma triggers," Dr. Kercksmar explains. "But on top of that, students returning to school for the year also are exposed to additional classroom allergens or irritants — such as chalk dust, dust mites, potted plants, classroom pets or fumes from building repairs."

These irritants can spark the inflammatory process in the airways of asthma



CAROLYN M. KERCKSMAR, MD,
Co-Chief of the Division of Pulmonology and Director of the Children's Asthma Center at Rainbow Babies & Children's Hospital

sufferers and result in a greater number of asthma attacks.

"Some children also stop their asthma medications in the summer, which is typically a season when asthma sufferers find the most relief," Dr. Kercksmar says.

Although all of the factors that cause the September Epidemic aren't entirely avoidable, there are several steps you can take to help your child breathe easier when the new academic year kicks off.

Dr. Kercksmar recommends that students do not take a "summer vacation" from their asthma medications, or at least begin taking them again before going back to school. Any change in asthma medications always should be discussed with your child's doctor.

Good hand washing is the best defense against the common cold, which is a common asthma trigger, she adds.

"Parents and students also should keep the lines of communications open with school teachers and administrators and discuss ways to minimize your child's exposure to allergens as much as possible," Dr. Kercksmar says. For example, grade school teachers should be advised that a task such as cleaning chalkboard erasers or caring for a classroom pet could likely trigger an attack.

"With asthma, the tendency for flare-ups is always there," she says. "However, taking a proactive approach can help minimize exacerbations." ■



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Rainbow is offering free copies of the booklet *Childhood Asthma, Treating Asthma at School*. The booklet contains a convenient chart for your child's school nurse to fill out. Call 216-844-RAINBOW for your free* copy today.

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SEARCH HEALTH INFO ONLINE

For easy access to Rainbow physicians and in-depth health information for you and your child — including a new symptom checker — visit us online:

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When Is Urgent Care a Good Option?

Whether it's an ear infection, fever or an injury, there are times when your child gets sick or hurt in the evening, on a weekend or during a holiday.

Instead of thinking "emergency room," think "Rainbow Rapid Care."

Rainbow Rapid Care is a quicker, more convenient way for your child to get the highest-quality urgent care.

"The most common things we see are fevers, stomach flu and ear infections," says Amy Maneker, MD, Medical Director of Rainbow Rapid Care at University Hospitals. "But we also see lots of kids with minor cuts requiring stitching, as well as sprains."

Children at Rainbow Rapid Care are seen by nurses and pediatricians who specialize in pediatric urgent care needs. If the illness is more serious than first indicated, they will be sent to the pediatric specialists in Rainbow's adjacent emergency department. Additionally, on-site lab and radiology services are available 24 hours a day, allowing tests to be performed and quickly read.

"Parents can feel assured that their child will be seen promptly and receive the most expert care — backed by all of the resources of Rainbow Babies & Children's Hospital," Dr. Maneker says.

TO LEARN MORE

To find a Rainbow Rapid Care in your neighborhood, call 216-844-RAINBOW.



CAROL ROSEN, MD,
Medical Director
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Babies & Children's
Hospital



GREGORY GOLUNKA, MD,
Pediatrician,
University Hospitals



Why Won't My Baby Sleep?

The alarm goes off and the last thing you want to do is climb out of bed. But this is no ordinary alarm. It is your baby crying in the night — again.

How can you help your new bundle of joy, as well as yourself, get rest so you can enjoy every moment of parenthood? Let her cry it out, nurse her, give her a pacifier or rock and sing her back to sleep?

"During the first three or four months, the nightly awakenings are natural and will become less frequent over time," says Carol Rosen, MD, Medical Director of Pediatric Sleep Services at Rainbow Babies & Children's Hospital. "Your baby will begin to sleep for longer periods of time, and you can help your infant learn to sleep through the night. As your infant approaches four to six months, teach her that night time is for sleeping by laying her in her crib before she is asleep."

But getting your baby to fall asleep is only half the battle. When your baby is very young, she will need to eat in the middle of the night to grow. As your baby gets older and doubles her birth weight, these night feedings become less important for growth. In the meantime, nightly awakenings might have you out of bed four or five times a night.

Although you may want to run to your baby at the first sounds of distress, some of her cries may just be during transition times

in sleep. We all wake up briefly four to five times a night, usually as we cycle between dream and nondream sleep. Trying to comfort her might wake her up entirely. However, if the cries continue after a few minutes, it is OK to check on your baby.

"If your baby wakes up during the night, leaving her to cry herself back to sleep for prolonged periods of time is not a solution because she may feel deserted and lonely," says University Hospitals pediatrician Gregory Golunka, MD.

"Instead, if light crying continues after a few minutes, keeping the lights low, quietly check to make sure she is not wet, sick, or too hot or cold, and remedy these situations quickly and quietly. Rather than picking her up, gently rub her back or give her a pacifier so that she knows she is safe, and allow her to fall back to sleep on her own."

For toddlers and young grade-schoolers, creating a positive bedtime routine, with your child's input, can help him learn to prepare for sleep. Turn off the TV and other stimulating devices, give him a bath,

read a bedtime story and make sure the sleeping environment is dark and quiet. A small night light is fine for the child who is more fearful of complete darkness.

"One mistake parents often make is trying to wear their child out in order to make him tired," Rosen says. "By skipping naps or stimulating him close to bedtime, he can actually become overtired, which makes falling asleep more difficult." ■



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Rainbow is offering free* copies of the CD *Symphony of Dreams* to the first 250 callers at 216-844-RAINBOW.





When a Friend or Family Member Has Cancer

HOW TO HELP KIDS UNDERSTAND AND COPE WITH A LOVED ONE'S BATTLE

Whether it's a friend, parent, grandparent, brother or sister, it can be a very confusing and difficult experience for a child to learn that someone close to him or her has cancer.

The very word "cancer" itself strikes a feeling of unease or even fear in most adults. So, it's that much more understandable how hard it can be for a child to grasp exactly what is happening to a loved one who has been diagnosed with this disease.

With that in mind, parents can help children and teens cope by having ongoing and open discussions with them, says Rainbow psychologist Jennifer Anderson, PhD, who works with families affected by cancer.

"Children should understand that nobody knows why the person they love got cancer," Dr. Anderson says. "They should be assured that there is nothing they did, or their loved one did, to get cancer — and that cancer isn't contagious. Children should be assured that their loved one is receiving the special medical help he or she needs. When the affected person is a close family member, such as a parent or sibling, having the child see the place where treatment occurs can be helpful to his or her understanding."

It also is important to explain that it's OK to be upset or sad.

"Give your child an opportunity to talk about their feelings, rather than keeping them bottled up inside," says Rainbow social worker Sharon McLain. "Accept your child where he or she is at emotionally, and assure him or her that it's normal to feel scared and worried."

Dr. Anderson adds, "Young children may not be able to do so in words, but it can help to see adults modeling expression of feelings. It also can help to offer a label for a child's feelings to help them get started, such as by saying, 'Your face is looking a little worried today.'"

"Children should understand that nobody knows why the person they love got cancer. They should be assured that there is nothing they did, or their loved one did, to get cancer — and that cancer isn't contagious."

—Jennifer Anderson, PhD

Both children and teens should be taught that people do survive cancer. Older children may benefit from learning more through books or the Internet about cancer and what advances researchers are discovering to beat the disease.



"Age-appropriate discussions about cancer and care can help erase the mystery and make things not seem so scary," McLain says. However, it's helpful to have caring adults guide this review of information since there is so much out there.

Knowing how to interact with their friend or loved one while they are undergoing treatment also may be tricky for children. Discussing how to be thoughtful and stay involved can help, Dr. Anderson says. "Assure them that it's best to simply be themselves," she suggests.

If cancer treatment isn't helping his or her loved one, your child will face additional challenges. "Support groups or counseling may be helpful so that children don't feel so alone or isolated," Dr. Anderson says. "Talking to others can help them understand how life changes and how to deal with grief. It can be helpful to be in contact with the psychosocial team at the hospital that is treating your loved one. They can help get you connected with resources that can be helpful during such a challenging time." ■



Helping Survivors of Childhood Cancer

With support from the Lance Armstrong Foundation, Rainbow now offers additional help to patients and families touched by cancer through its Center for Survivors of Childhood Cancer.

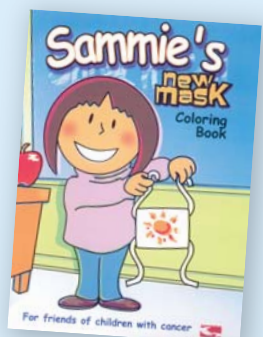
The new Center is dedicated to the advancement of survivorship and well-being in children and young people with cancer. This comprehensive program, which

encompasses research, clinical care, patient advocacy and education, serves childhood cancer survivors from all over Northeast Ohio.

For more information, call **216-844-3070** or visit <http://www.rainbowbabies.org/OurServices/CentersAndPrograms/SZ/SurvivorsofChildhoodCancerCenterfor/tabid/176/Default.aspx>.

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To help kids cope when a friend or loved one has been diagnosed with cancer, Rainbow is offering free* copies of the coloring book *Sammie's New Mask*. Call **216-844-RAINBOW** for your free copy today.



New PI Center Opens

Raising awareness of primary immunodeficiencies

Rainbow is now one of only 25 centers in the world focusing on the diagnosis, care and treatment of adults and children suffering with primary immunodeficiencies (PI) through the Jeffrey Modell Diagnostic Center for Primary Immunodeficiencies at Rainbow Babies & Children's Hospital.

The new center, headed by Rainbow allergist and immunologist Melvin Berger, MD, was made possible this spring thanks to the Jeffrey Modell Foundation, in partnership with global biotherapeutics leader ZLB Behring.

This new partnership reaffirms a commitment to raise awareness and increase diagnosis of PI globally. The Center at Rainbow also will serve as a resource of expertise in the subcutaneous administration of IgG (antibodies that PI patients cannot make themselves), an alternative to intravenous IgG, which was introduced by Dr. Berger.

For more information about the Jeffrey Modell Diagnostic Center for Primary Immunodeficiencies at Rainbow, please call **216-844-RAINBOW**.



MELVIN BERGER, MD,
Allergist and Immunologist,
Rainbow Babies & Children's Hospital



Primary Immunodeficiency

WHEN IT'S MORE THAN A STRING OF BAD INFECTIONS

Nearly every child does battle with the common cold, ear infections, sinus infections or bronchitis. But frequent infections and other problems that are unusually hard to cure could be a sign a more serious problem.

Primary immunodeficiency (PI) is a defect in the immune system that affects 10 million children worldwide.

PI is an inherited condition that affects males and females of all ages, but the most severe forms are frequently detected in children, explains Rainbow allergist and immunologist Melvin Berger, MD, head of the new Jeffrey Modell Diagnostic Center for Primary Immunodeficiencies at Rainbow Babies & Children's Hospital.

"Symptoms of PI often are overlooked because they appear to be common childhood illnesses such as sinus infections, pneumonia, fever and bronchitis," Dr. Berger says. "For this reason, families and doctors often are unaware that the troubling conditions they are dealing with are actually rooted in a defect in the immune system." Frequently, an underlying, smoldering infection continues when acute episodes seem to have resolved after antibiotics.

PI includes more than 120 diseases caused by an immune system that does not function properly. Failure to diagnose PI can lead to serious chronic illness, permanent damage to health

or even death. In many cases, PI diseases may become apparent only in mid-life, so they should be considered in adults as well as children.

When PI is suspected, Dr. Berger says, tests should be ordered promptly find out if PI is indeed the problem.

"Early recognition and diagnosis of PI can save lives and improve the health of many patients," Dr. Berger says.

Treatment for PI can include treating recurring infections with low or moderate doses of antibiotics to prevent permanent damage. Other patients may require immunoglobulin therapy or bone marrow transplants, as appropriate. Stem cell transplants done in the first month of life can now cure most forms of severe combined immune deficiency (SCID), or "bubble-boy" disease.

"Cutting-edge research and treatments are now making life-changing advancements possible," Dr. Berger notes. "Today, patients with PI have ever-increasing options available to help them lead a healthy, normal life." ■

WARNING SIGNS

Correct diagnosis begins with recognition of the 10 warning signs of primary immunodeficiency. Children who have two or more of the following symptoms should be seen by a physician to discuss the possibility of PI:

- Eight or more new ear infections within one year
- Two or more serious sinus infections within one year
- Two or more months on antibiotics with little effect
- Two or more pneumonias within one year
- Failure of an infant to gain weight or grow normally
- Recurrent, deep skin or organ abscesses
- Persistent thrush in mouth or elsewhere on skin, after age 1
- Need for intravenous antibiotics to clear up infections
- Two or more deep-seated infections
- A family history of PI





Chore Wars

STRATEGIES FOR GETTING YOUR SPOUSE TO PITCH IN AROUND THE HOUSE

It's 8 p.m. You've finished making dinner, giving the kids a bath, reading bedtime stories and tucking them in for the night.

When you walk downstairs, piles of dishes remain on the counter. Grease-filled pans are strewn on the stove. Remnants of taco cheese and sour cream are smeared on the kitchen table. And there your spouse sits on the couch, magazine in hand, apparently oblivious to the mess that remains.

Are there any strategies for sharing housework with your spouse that can help head off World War III?

"Splitting up chores fairly between spouses is a significant source of tension in many households," acknowledges Sheryl A. Kingsberg, PhD, clinical psychologist with University Hospitals MacDonald Women's Hospital. "Left unchecked, this issue can breed anger and resentment in a marriage. That is why it is best to take a proactive approach and discuss the division of labor with your spouse — when you're not already fuming."

This is critical, Dr. Kingsberg says, because your unhelpful spouse probably doesn't see the world (and what needs to be done) the same way you do. While cleanliness may be next to godliness for many, others take a less ambitious "it's doing no harm" approach.

"Help them see — without getting

angry — the things that are obvious to you as chores to be done," she says. A good way to start is by wiping the slate clean and dropping all assumptions.

"Talk about your expectations," she recommends. "Explain your idea of what a clean house means and how you think chores should be split — whether that's 50-50 or some other ratio, based upon your schedules and responsibilities outside the home."

Once you've come to an agreement, it's also best to clearly spell out the requested tasks that you want your spouse to do.

"Don't be vague. Simply saying you want more help with the housework or with the kids isn't good enough," Dr. Kingsberg says. Instead, specify if it's having the laundry washed, dried, folded and put away, or having the dishes cleared from the table, washed, dried and put in the cupboards.

This approach can help sidestep nagging, which only breeds discontent for both parties. It also, however, is the time to decide your priorities. You should decide what you can live with — and without.

"If the litany is too long, your spouse will feel overwhelmed and resentful. Then he or she won't do it," she explains.

New habits also take time to establish. Use positive reinforcement — which works much better than punishment —



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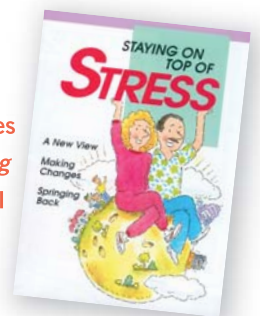
while your spouse is beginning to pitch in with the agreed-upon chores.

"A spouse is much more likely to engage in new, helpful behavior if he or she is positively reinforced," Dr. Kingsberg says. "You may think that the task is so small that it doesn't warrant mention, or that it's only fair that your spouse complete the chore. But, if the ultimate goal is to maintain the behavior, you should forget the fairness and offer positive feedback — such as a heartfelt, 'Honey, thanks so much

for your help!' This also may encourage your spouse to help more." ■

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Learn how to reduce the amount of stress in your life. Rainbow is offering free* copies of the booklet *Staying On Top Of Stress*. Call 216-844-RAINBOW for your free copy today.



The Great Divide

HOW DO YOU MEASURE UP?

So, how does your household measure up to the national average when it comes to how household chores are shared?

According to the U.S. Department of Labor's 2004 Time Use Survey, women still outrank men in the amount of time spent on daily household chores.

The survey, which tracked the average hours 14,000 Americans reported spending

in various activities, found that on an average day in 2004, 84 percent of women and 63 percent of men spent some time doing household activities, such as housework, cooking, lawn care or financial and other household management.

Women who reported doing household activities on the diary spent 2.7 hours on such activities, while men spent 2.1 hours.

Nineteen percent of men reported doing housework — such as cleaning or doing laundry — compared with 54 percent of women. Thirty-five percent of men did food preparation or cleanup, versus 66 percent of women.

For men and women, and overall, the amount of time spent doing household activities did not vary greatly by the presence or age of household children.



Ranked #4 in the Nation and #1 in the Midwest

1. Children's Hospital of Philadelphia
2. Children's Hospital of Boston
3. Johns Hopkins Hospital, Baltimore

4. Rainbow Babies & Children's Hospital, Cleveland

5. Texas Children's Hospital, Houston
6. New York Presbyterian Univ. Hospital of Columbia and Cornell
7. Children's Hospital, Denver
8. Cincinnati Children's Hospital Medical Center
9. Children's National Medical Center, Washington, D.C.
10. Children's Memorial Hospital, Chicago

Rainbow is proud to have climbed to Number 4 in the nation — up from its previous ranking of Number 6 — while remaining the Number 1 children's hospital in the entire Midwest. These rankings are based on a reputational score given to hospitals by pediatricians from across the country.

Fighting Over Fashion

HOW AND WHEN TO ADDRESS DESIGNER-LABEL DEPENDENCE

Mom's annoyance grows into frustration as her sulking 11-year-old makes derogatory comments about the pair of athletic shoes she intends to buy for him. They seem perfectly priced and fashionable to her. To him, the shoes are a potential object of embarrassment because they do not meet the fashion requirements set by marketing campaigns and his peer group.

Sound familiar? This scenario and its endless variations play themselves out in homes and stores across America. In addition, it probably peaks around the time school starts again at the end of the summer. So, what is a parent to do? When does a child's interest in wearing fashionable apparel become problematic? It depends.

"There is no one-size-fits-all answer to when a child's interest in wearing fashionable clothing becomes problematic," says Felipe Amunategui, PhD, of Rainbow's Division of Child and Adolescent Psychiatry. "However, parents can use some simple guidelines to decide where to draw a line."

First, the basics: All children need adequate nutrition, shelter, seasonally appropriate clothing, physical and moral safety, and others to speak with on a regular basis, Dr. Amunategui says. "Notice that the clothing requirement specifies that garments have to be seasonally appropriate, not fashion-compliant," he says.

Parents should ask themselves if they're meeting these five essentials. If the answer is "yes," then they ought to question the behaviors associated with the child's interest in wearing garments with specific brand names.

For example, does the child's concern about the brand of apparel frequently result in parent-child conflict? Does this interest interfere with aspects of the daily routine such as getting ready for school? Is this interest associated with school or peer problems in any way? Does the child limit participation in social activities because of the clothing he or she has to wear? "Problems in functioning in any of these areas may indicate that parents should address the issue directly," Dr. Amunategui says.

In doing so, there are a couple of things to keep in mind. Set consistent expectations and consequences, both positive and negative, he says.



"Ensure that inappropriate behaviors such as demanding, whining and sulking do not result in the child getting the product he or she desires," Dr. Amunategui says.

Instead, give the child the opportunity to earn the extra money that it would cost to purchase the brand-name item he or she desires.

Children who aren't old enough to hold a job can always earn extra money doing odd jobs around the house, he suggests. For teens who have their own income and appear to be spending an excessive amount on fashion expenditures, parents may consider requiring the teen to save a percentage if his or her income.

"When under pressure from your youngster, keep in mind that neither a child's development or achievement are influenced by fashion," Dr. Amunategui says. "Also, keep in mind that parenting frequently involves making unpopular choices." ■



ASK THE DOCTOR: WHEN IS IT OK FOR MY CHILD TO STAY HOME FROM SCHOOL IF HE'S SICK?

Q My daughter has small bumps covering both sides of her face. I first thought it was acne, but they look more like goosebumps that don't go away. Could it be something else?

A Yes, bumps don't always equal acne, says Rainbow pediatric dermatologist Joan E. Tamburro, DO. What you describe sounds like another common skin disorder characterized by small bumps called keratosis pilaris.

This condition results from the buildup of adherent skin cells in the openings of hair follicles. This causes small, rough bumps on the skin — mostly found on the arms, face and thighs.

"Keratosis pilaris isn't harmful, but can be bothersome," Dr. Tamburro says. "It tends to get aggravated when the skin is dry, like in the winter months." Treatment includes exfoliation and keeping the skin hydrated. However, even with proper treatment, it can be stubborn to resolve. "Although the cause of keratosis pilaris isn't known, it does appear to be hereditary and some children do outgrow it in their late teen years," she says. "Talk to your doctor to examine whether this may be the cause of your child's discomfort and to discuss a treatment plan."

Q When is it OK for my kid to stay home from school if he says he's sick?

A In general, the answer to this question should be "When they are sick!" Unfortunately, as any parent of a school-age child will tell you, it is not always so straightforward.

Any child with signs or symptoms of obvious contagious illness should be kept home, advises Lyn Hollis Dickert-Leonard, MD, a University Hospitals Medical Practices pediatrician with offices in Solon and Shaker Heights. These symptoms include, but aren't limited to fever, significant diarrhea (more than two to three times a day), red or draining eyes, or a new rash associated with other symptoms such as headache or sore throat. "It's also a good rule of thumb that if you wouldn't want your son or daughter to be sitting across from a classmate with your child's symptoms, he or she should probably not attend school that day," Dr. Dickert-Leonard says. "A child with a disruptive cough, nausea or headache may not be able to benefit much from school instruction, and a day's absence may also be in his or her best interest."

The more difficult situation is when symptoms are vague — "I don't feel good" — or mild, but your child expresses a desire to stay



JOAN E. TAMBURRO, DO, Pediatric Dermatologist, Rainbow Babies & Children's Hospital

home. If your child doesn't appear to be as ill as he or she professes to be, other causes for school avoidance should be sought, Dr. Dickert-Leonard says. "For example, is your child the victim of bullying or suffering from test anxiety? If the answer is yes, those issues need to be addressed," she says. "In most cases, and especially when no clear source of stress can be elicited, your child should usually be sent to school." "Get out of school" passes should be doled out judiciously, since rewarding the avoidance behavior will often reinforce it without addressing the underlying issues, she says.

Q My 10-year-old says she doesn't have any friends, but she's involved in several school activities and seems to have buddies. I don't know if this is a self-esteem problem or some type of complex. Should I be concerned?

A Making friends is an important developmental task for children, which requires learning specific

social skills such as making eye contact, cooperating, listening to others and sharing. A child's ability to form and maintain friendships depends on how capable the child is using these skills and "reading" social cues from others, explains Rainbow pediatric psychologist Carin Cunningham, PhD.

"These skills are typically learned naturally in settings such as preschool, elementary school and by participating in extracurricular activities such as scouts, sports teams or in art classes," Dr. Cunningham says. "Some children learn these skills effortlessly, while others need special guidance. Your daughter's perception of not having friends reflects a lack of confidence in her social skills."

You can help your daughter improve these social skills by working with her to understand her social problems in a supportive way, free from criticism or judgment. "Identify which behaviors need to be worked on," Dr. Cunningham suggests. "The most effective way is to observe your daughter in social situations. Does she need to share or listen more — or hit, interrupt or tease less? Is she appropriately responding to peers' social cues?"

Explain, model and role-play social skills. Coach these skills in real-life situations, practicing regularly. It takes time for new skills to become comfortable and regular, she says. "Making friends and learning to interact well with others is hard work and a difficult skill for some children to learn; however, the rewards will be great for both you and your daughter," Dr. Cunningham says. ■



CARIN CUNNINGHAM, PhD, Pediatric Psychologist, Rainbow Babies & Children's Hospital



LYN HOLLIS DISKERT-LEONARD, MD, Pediatrician, University Hospitals Medical Practices pediatrician

ASK RAINBOW! Rainbow's experts are here to answer your health care questions! You can contact us by phone at 216-844-RAINBOW or email us at ask@rainbowbabies.org.

Detecting Diabetes Early

RECOGNIZE THE RISKS AND SYMPTOMS

When you consider the threat of diabetes to your family, you might be concerned for your parents, great-aunts and uncles or yourself. The last members you may consider at risk are your kids.

Unfortunately, a growing number of children are being diagnosed with type 2 diabetes each day.

"Type 1 diabetes, which is caused by a defect in the immune system, used to be called 'juvenile diabetes' because it

was the only instance of diabetes in children," says Sumana Sundararajan, MD. "Children with type 2 diabetes, which occurs when the insulin produced by the body does not work correctly, have increased from 2 to 4 percent of diabetes patients in the early 1990s, but now make up over 25 percent of those patients today. While genetic susceptibility may play a role, environmental, social and behavioral factors seem to have the greatest impact."

This increase of type 2 diabetes in children is a global trend, and obesity is the consistent, leading cause. Overweight children produce too much insulin on a regular basis, so when they need more, they can't produce more. Choosing healthy foods for your child to snack on and planning at least 30 minutes of exercise for your child each day can help them control their weight and decrease the possibility of insulin resistance.

"This is critically important because the risk for developing other health

problems, such as nerve damage, heart disease and stroke increase the longer you have diabetes," Dr. Sundararajan says.

Type 2 diabetes can be prevented in kids the same way it is prevented in adults. Screenings are necessary to determine if your child is at high risk because the symptoms are not always obvious.

The various approaches to treating type 2 diabetes include weight management with attention to diet and lifestyle modifications along with one or more

medications that can help the body respond better to its own insulin. "The most important thing you can do to help your child avoid, or live with, diabetes is to set a good example," Dr. Sundararajan says. "By making some of the lifestyle changes yourself, you can improve the whole family's health and eliminate some controllable causes of diabetes." ■

TRY OUR GREAT RECIPE FOR NUTTY CHOCOLATE CHIP COOKIES, CREATED FOR KIDS WITH TYPE 2 DIABETES. Visit <http://www.rainbowbabies.org>.



SUMANA SUNDARARAJAN, MD,
Endocrinologist,
Rainbow Babies & Children's Hospital



SCREENING DIABETES

The following signs may indicate that your child is at high risk:

- Frequent urination
- Continual thirst
- Extreme fatigue
- Development of dark skin around the neck, groin, and armpits or between fingers and toes
- For girls, infrequent or skipped periods or facial hair growth are also indicators

Time to Choose?

If you are choosing your family's health plan, remember there is no better place for children than Rainbow Babies & Children's Hospital.

Your health plan should provide a wide range of coverage; allow options for care close to home; easy access to the care that you need; promote wellness; provide a comprehensive benefit for preventive care at a low or no cost; and have reasonable out-of-pocket costs.

Most important, ask if your plan includes Rainbow. For clarification, call 216-844-7246 or log on to our website at www.rainbowbabies.org and click on the Ask Rainbow tab and link to insurance plans that include Rainbow.



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