

LEADERS: KAREN WILSON, M.D.

Exploring the Effects of Secondhand Smoke

BY MARY ELLEN SCHNEIDER

For Dr. Karen Wilson, research holds the key to improving the care of hospitalized children.

As an assistant professor of pediatric hospital medicine at the University of Rochester (N.Y.), Dr. Wilson has spent the last few years studying how secondhand smoke affects children, especially the high-risk children who end up hospitalized for respiratory illnesses.



When research is lacking, pediatric hospitalists must rely too much on case studies or 'eminence-based' medicine.

DR. WILSON

Despite widespread recognition that secondhand smoke is bad for children, scientists don't really understand the underlying pathophysiology, she said. "We haven't really looked at what it does to kids on the cellular level, but I think that if we knew what it did to kids on [that] level there would be a lot more pressure for there to be absolutely no smoking around children ever."

For her part, Dr. Wilson is currently collecting data on cytokine levels in

healthy children. This data can later be compared with data from hospitalized children to provide evidence about the impact of secondhand smoke.

She recently completed a study looking at the effectiveness of screening children for secondhand smoke exposure in the inpatient setting. She and her colleagues compared what was documented in the chart regarding exposure, information from parent interviews, and measurements of cotinine levels in the children. They found that physicians aren't doing a very good job of identifying children who have been exposed to secondhand smoke.

For her next project, Dr. Wilson is hoping to take her research to the cellular level—looking at the cellular effects of secondhand smoke and how those changes relate to the severity of illness in hospitalized children. Once researchers have achieved a better understanding of the actual effects of secondhand smoke exposure, the information might be used

to develop therapeutic interventions.

Dr. Wilson said she can envision a scenario someday when physicians could use a biochemical profile to determine whether children are at increased risk for complications from a respiratory illness.

On the policy and prevention side, Dr. Wilson said she hopes that being able to document biologic changes in children exposed to secondhand smoke will give physicians more leverage with parents and policy makers in advocating avoidance of smoking around children.

Dr. Wilson is one of just a small group of pediatric hospitalists doing research on the effects of secondhand smoke exposure. Part of the problem is that pediatric hospital medicine is a new subspecialty and there are few fellowships, particularly ones that focus on research skills. But the field is starting to expand. "There are so many important questions that need to be answered, and there are a number of people doing great work," she said. "There's just not enough to do all the work that needs to be done at this point."

Training a cadre of research-focused physicians in pediatric hospital medicine is essential to improving the quality of care for children, she said. Without evi-

dence from rigorous studies, pediatric hospitalists are left to rely too heavily on case studies or "eminence-based" medicine. "I strongly believe that in order to provide the best care for children, we need to have a strong base of research that informs those decisions." ■

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