

Pediatric News

www.pediatricnews.com

VOL. 45, NO. 4

The Leading Independent Newspaper for the Pediatrician—Since 1967

APRIL 2011

Big Changes in AAP Car Safety Guidelines

BY JANE ANDERSON

FROM PEDIATRICS

The American Academy of Pediatrics, citing a substantial increase in scientific evidence backing best practices for child passenger safety, is recommending changes in child car seat use that include keeping most infants and toddlers in rear-facing safety seats until they reach age 2 years, according to a new policy statement.

The new guidelines also recommend forward-facing car safety seats for most children until they outgrow the weight or height limits on those seats; belt-positioning booster seats for most children through age 8 years or well beyond; and lap-and-shoulder belts for all those children who have outgrown booster seats. In addition, the policy statement recommends that all children ride in the back seat of vehicles through age 12 years (Pediatrics 2011;127:788-93).

Although the AAP policy recommendations are not binding, states use them in crafting and revising child safety seat laws, said Dr. Benjamin Hoffman, an expert in child passenger safety and associate



LOUISE A. KOENIG/ELSEVIER GLOBAL MEDICAL NEWS

Instead of making the switch to a lower level of protection as soon as they're legally able, parents should keep their children in safety seats until they outgrow the weight and height limits.

professor of pediatrics at the University of New Mexico, Albuquerque. Previous academy recommendations regarding the use of booster seats prompted many states to enact laws requiring booster seats for older

children, which has improved safety dramatically, he said.

"The best way to get people to use child safety seats appropriately is to have state laws requiring their use," Dr. See **Car Safety** page 6

AAP policy is not binding, but states use it in crafting child safety seat laws.

Asthmatic Children Are at High H1N1 Risk

Asthma symptoms were more severe.

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY

SAN FRANCISCO – During 2009's peak influenza season, children with asthma were nearly twice as likely to be infected with the novel H1N1 influenza virus compared with other viruses, results from a prospective single-center study demonstrated.

In addition, H1N1 influenza infection caused increased severity of both cold and asthma symptoms compared with other infections.

Although reasons for the association remain unclear, "this really proves that asthmatics need to be vaccinated for the flu, because we can see that they're more susceptible to be infected when they're exposed, and they're more susceptible to have loss of asthma control when they get it," lead inves-

tigator Dr. Kirsten M. Kloepper said in an interview during a poster session at the meeting.

Dr. Kloepper, a fellow in allergy and clinical immunology at the University of Wisconsin, Madison, and her associates evaluated 161 children aged 4-12 years who provided at least six of eight consecutive weekly nasal samples between Sept. 5 and Oct. 24, 2009. The children also submitted daily cold symptom diaries, and when applicable, asthma symptom diaries including frequency of albuterol use and daily peak flow. The researchers used reverse transcriptase polymerase chain reaction testing to evaluate the nasal specimens.

Of these 161 children, 94 had asthma and 67 did not. Their mean age was 9 years, and 60% were male.

Dr. Kloepper reported that the incidence of H1N1 influenza infection was 39% in

See **H1N1** page 2

WHAT'S NEWS

The American Academy of Pediatrics endorses the new rabies vaccine schedule. 4

Dr. Michael E. Pichichero takes a second look at the observation option for acute otitis media management in the ID Consult column. 12



Health Insurance Exchanges: Will underinsurance become the "new" uninsurance? Dr. Colleen Kraft wonders. 14

Learn how to manage ADHD in a younger child. Dr. Michael S. Jellinek tells you how in Behavioral Consult. 18



Dr. David L. Marshall discusses treating sports overuse injuries in Subspecialist Consult. 20

Dr. Anna Mandalakas and Dr. Burris Duncan discuss how U.S. pediatricians are helping international colleagues make a difference to children in their communities through I-CATCH in Passport to Pediatrics. 22

Teens recorded their own take-your-asthma-meds messages on iPod shuffles as part of a pilot study. 22

What do you say when parents ask about TV and toddlers? Dr. Lee Savio Beers has some answers in Practical Parenting. 24



Thinking about a change?
Interested in relocating? Go where the jobs are ...

IMNGmedjobs.com

Lung Function Alone: Poor Asthma Control Marker

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY

SAN FRANCISCO – Lung function alone is a poor marker of asthma control in children, results from a large retrospective analysis demonstrated.

"Physicians should use all components of the 2007 National Asthma Education and Prevention Program Expert Report 3 guidelines, asking questions to patients not only about daytime and nighttime symptoms, but doing lung function testing as well," Dr. Edward K. Hu advised during a poster session at the meeting.

"Even [among] those patients who are enrolled in a disease management program, there is still going to be a large minority who are going to be uncontrolled in one way or another, despite follow-up visits and seeing asthma specialists," the allergist advised.

Dr. Hu, a fellow in the division of allergy and immunology at the Los Angeles County/University of Southern California Medical Center, Los Angeles, and his associates studied 453 children aged 5-18 years who were enrolled in an asthma management program in Los Angeles County in 2009 and who made

a total of 886 follow-up visits.

Initial analysis defined asthma control based solely on lung function.

Secondary analysis included all components of asthma control based on the 2007 National Asthma Education and Prevention Program Expert Report 3, which included impairment and risk.

Of the 453 children, 61% were male and 83% were Hispanic.

At baseline more than one-quarter of pediatric patients (29%) had intermittent disease, 21% had mild persistent disease, 25% had moderate persistent disease, and 25% had severe persistent disease.

Dr. Hu reported that when lung function alone was used, 17% of children exhibited asthma that was not well controlled, and 5% exhibited asthma that was poorly controlled.

Inclusion of impairment and risk resulted in a downgrade of asthma control in an additional 22% of children, he reported.

The researchers at the Los Angeles County/USC Medical Center also found that males, aged 8-11 years, were significantly more likely than their female counterparts to present with normal lung function and uncontrolled disease due to other factors (24% vs. 15%).

Dr. Hu said that he had no relevant financial disclosures. ■

Rationale for Flu Vaccination

H1N1 from page 1

asthmatics and 25% in nonasthmatics, a difference that was not statistically significant, with an odds ratio of 1.9 ($P = .06$).

However, after adjustment for race, sex, and allergic sensitization, the difference became statistically significant, increasing to an OR of 3.5 (P less than .002).

The incidence of human rhinovirus was statistically similar between the two groups (89% in asthmatics vs. 93% in nonasthmatics), as was the incidence of other viral infections (37% vs. 42%).

Both asthmatics and nonasthmatics reported significant increases in moderate and severe cold symptoms with H1N1, compared with human rhinovirus (63% vs. 28%).

Also, a significantly higher proportion of moderate to severe asthma severity was observed in patients infected with H1N1 influenza, compared with those infected with human rhinovirus (48% vs. 23%). This association held true for severe asthma symptoms as well (19% vs. 4%).

Dr. Klopfer acknowledged certain limitations of the study, including its single-center design, the fact that it included only children aged 4-12 years, and the fact that it lasted only 8 weeks.

The study was supported by grants from the National Institutes of Health.

Dr. Klopfer said that she had no other relevant financial disclosures. ■

EDITORIAL ADVISORY BOARD

LILLIAN M. BEARD, M.D., George Washington University, Washington, D.C.

LEE SAVIO BEERS, M.D., George Washington University, Washington, D.C.

SUZANNE C. BOULTER, M.D., Dartmouth Medical School, Hanover, N.H.

STUART A. COHEN, M.D., M.P.H., University of California, San Diego

H. GARRY GARDNER, M.D., Northwestern University, Chicago

DAVID HILL, M.D., University of North Carolina Medical School, Chapel Hill

M. SUSAN JAY, M.D., Medical College of Wisconsin, Milwaukee

COLLEEN KRAFT, M.D., Virginia Tech Carilion School of Medicine, Roanoke, Va.

KEVIN T. POWELL, M.D., Ph.D., pediatric hospitalist, Cardinal Glennon Children's Medical Center, St. Louis, Mo.

KEITH S. REISINGER, M.D., M.P.H., private practice and research, Primary Physicians Research Inc., Pittsburgh

SARAH E. SCHLEGEL, M.D., University of Connecticut, Hartford

JACK T. SWANSON, M.D., private practice, Ames, Iowa

DEBORAH TOLCHIN, M.D., Albert Einstein College of Medicine, New York

Pediatric News

President, IMNG Alan J. Imhoff

Editor in Chief Mary Jo M. Dales

Executive Editors Denise Fulton, Kathy Scarbeck

Managing Editor Catherine Cooper Nellist

Senior Editors Christina Chase, Kathryn DeMott, Jeff Evans, Lori Buckner Farmer, Catherine Hackett, Keith Haglund, Gina L. Henderson, Sally Koch Kubetin, Teresa Lassman, Mark S. Lesney, Jane Salodof MacNeil, Renée Matthews, Amy Pfeiffer, Terry Rudd, Leanne Sullivan, Elizabeth Wood

Editorial Production Manager Carol Nicotera-Ward

Associate Editors Felicia Rosenblatt Black, Therese Borden, Lorinda Bullock, Jay C. Cherniak, Richard Franki, Virginia Ingram-Wells, Jane Locastro, January Payne

Reporters *Chicago:* Patrice Wendling; *Denver:* Bruce Jancin; *Germany:* Jennie Smith; *Miami:* Damian McNamara; *Mid-Atlantic:* Michele G. Sullivan; *New England:* Diana Mahoney; *New York:* Mary Ellen Schneider; *Philadelphia:* Mitchel L. Zoler; *San Diego:* Doug Brunk; *San Francisco:* Sherry Boschert, Robert Finn; *Washington:* Alicia Ault, Frances Correa, Elizabeth Mechcatie, Naseem S. Miller, Heidi Splete, Miriam E. Tucker, Kerri Wachter

Multimedia Producer Nick Piegari

Contributing Writers Christine Kilgore, Mary Ann Moon

Multimedia Intern Esther French

Project Manager Susan D. Hite

Assignments Manager Megan Evans

Editorial Offices 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 877-524-2341, pdnews@elsevier.com

Address Changes Fax change of address (with old mailing label) to 973-290-8245 or e-mail change to subs@elsevier.com

Director of Information Technology Doug Sullivan

Senior Systems Administrators Lee J. Unger, Kreg M. Williams

Systems Administrator/Application Support Peter Ayinde

Accounts Payable Coordinator Daniela Silva

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing Yvonne Evans Struss

Production Manager Judi Sheffer

Production Specialists Maria Aquino, Anthony Draper, Rebecca Slebodnik

Creative Director Louise A. Koenig

Design Supervisor Elizabeth Byrne Lobdell

Senior Designers Sarah L.G. Breeden, Yenling Liu

Designer Lisa M. Marfori

Photo Editor Catherine Harrell

Senior Electronic Production Engineer Jon Li

Sales Director, IMNG

Mark E. Altier, 973-290-8220, m.altier@elsevier.com

National Account Manager Sally Cioci, 973-290-8215, s.cioci@elsevier.com

Advertising Offices 60 Columbia Rd., Bldg. B, 2nd flr., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Classified Sales Manager, IMNG

Robert Zwick 973-290-8226, fax 973-290-8250, r.zwick@elsevier.com

Classified Advertising Offices

1120 Jensen Ave., Mamaroneck, NY 10543, 800-381-0569

Reprints/Eprints

Contact Wright's Media 877-652-5295

Sr. Program Manager, Customized Programs

Maliika Wicks

Audience Development Manager

Barbara Cavallaro, 973-290-8253, b.cavallaro@elsevier.com

Program/Marketing Manager

Jennifer Eckert

Adv. Services Manager

Joan Friedman

Credit Supervisor

Patricia H. Ramsey

Manager, Admin./Conventions

Lynne Kalish

Receptionist

Linda Wilson

Business Controller

Dennis Quirk

PEDIATRIC NEWS is an independent newspaper that provides the practicing pediatrician with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in PEDIATRIC NEWS do not necessarily reflect those of the Publisher. International Medical News Group, LLC, an Elsevier company, will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

POSTMASTER Send changes of address (with old mailing label) to PEDIATRIC NEWS Circulation, 60 Columbia Rd., Bldg. B, 2nd flr., Morristown, NJ 07960.

PEDIATRIC NEWS (ISSN 0031-398X) is published monthly by International Medical News Group, LLC an Elsevier company, 60 Columbia Rd., Bldg. B, 2nd flr., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. Subscription price is \$114.00 per year. Periodicals postage paid at Morristown, NJ, and additional offices.

Founding Publisher: Jack O. Scher

Founding Editor: William Rubin

©Copyright 2011, by Elsevier Inc.

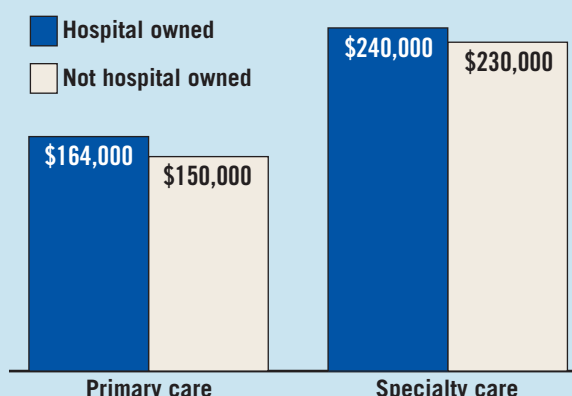


INTERNATIONAL MEDICAL NEWS GROUP



VITAL SIGNS

Median First-Year Compensation Higher Among Hospital-Owned Practices, 2009



Note: Based on survey responses from 702 practices.
Source: Medical Group Management Association