

healthy children

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Welcome to the Back to School 2012 issue of *Healthy Children* magazine—the only magazine for consumers backed by 60,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. And now, beginning with this premiere digital issue, you can receive fresh, dependable, and relevant content on important issues regarding your child's health at your fingertips, anytime and anywhere.

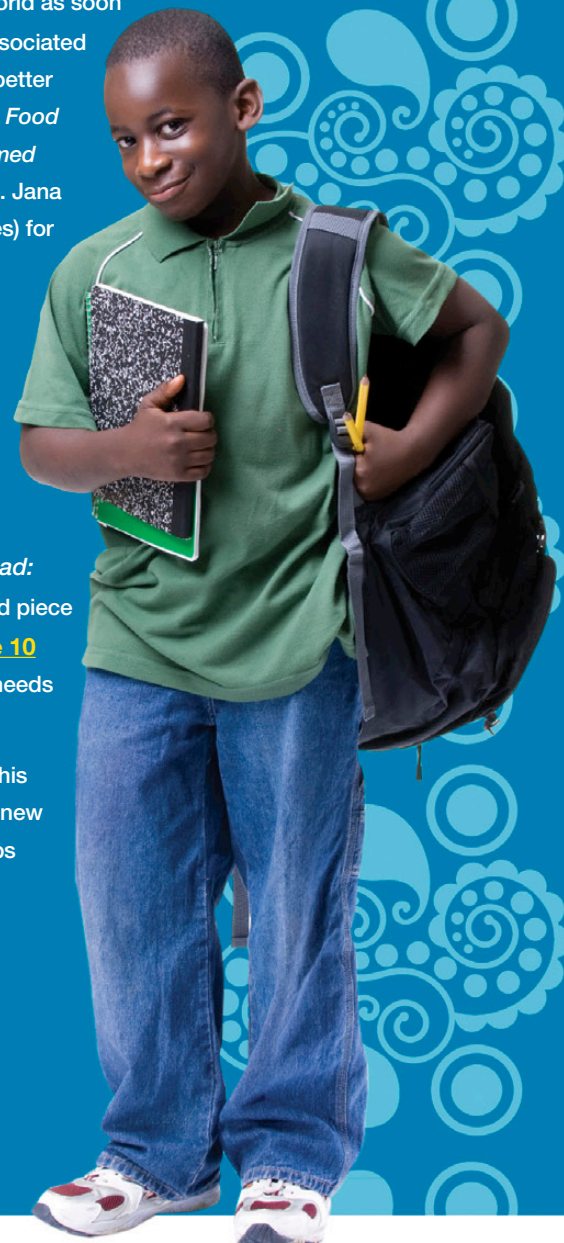
In this edition, you'll find information on a range of subjects related to children and learning, such as how infants learn about the world as soon as they are born ([page 18](#)). And since breakfast has been associated with everything from better memory, better test scores, and better attention span, an article adapted from the second edition of *Food Fights: Winning the Nutritional Challenges of Parenthood Armed With Insight, Humor, and a Bottle of Ketchup*, by Drs Laura A. Jana and Jennifer Shu, provides some great strategies (and recipes) for giving your children a healthy start to their school day ([page 20](#)).

In Back to School 101 ([page 6](#)) you'll find a host of tips to help prepare for the new school season, and information about why it's good to have your child get an annual physical exam ([page 26](#)).

On the topic of attention-deficit/hyperactivity disorder, we've included an excerpt from Dr David Hill's new book, *Dad to Dad: Parenting Like a Pro* ([page 12](#)). And our adolescent-focused piece looks at the importance of immunizations for teens. On [page 10](#) we take a look at the essential vaccines that this age group needs to protect them from illness.

These are just a sampling of the articles we've prepared for this issue. We appreciate your readership and hope you find this new digital issue of *Healthy Children* an excellent at-your-fingertips resource for current, scientifically sound parenting advice!

Robert W. Block, MD, FAAP
President
American Academy of Pediatrics





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This Just In...

the latest parenting news, research, and health tips from our experts



Checklist for the First Day of School

As you and your child prepare for the first day of the new school year, use this checklist to help make sure you have taken care of the necessary tasks and learned the information you need.

- ✓ Is your child registered? (If he attended the same school the previous school year, he is already registered.)
- ✓ When is the first day of school?
- ✓ What time does school start?
- ✓ Does your child know his teacher's name?
- ✓ What will his daily schedule be like?
- ✓ Does your child need to bring pencils, paper, notebooks, and other supplies? (Often, the teacher will announce these requirements on the first day.)
- ✓ Does your child have something in which to carry his books and supplies back and forth to school? Will he have a place (besides his desk) to keep his things at school?
- ✓ Have you filled out all health forms or emergency contact forms that have been sent home?
- ✓ Have any new health problems developed in your child over the summer that will affect his school day? Does the school nurse know about this condition, or is an appointment set up to discuss it?
- ✓ If your child will need to take medication at school on the first day, have arrangements been made for this?
- ✓ Does your child know where he is going after school (eg, home, babysitter)? Does he know how he will get there? If you will not be there when he arrives, does he know who will be responsible for him, what the rules are, and how to get help in an emergency?
- ✓ Does your child have your work telephone numbers in his backpack?

[read more here](#)



Helping Babies Breathe

[read article here](#)

quick tip

Don't forget to schedule your baby's first dental appointment!

Children Today Don't Get Enough Sleep, but Neither Did Their Parents, Grandparents, or Great-Grandparents

Concerns that children do not get enough sleep are widespread—and longstanding.

A recent article in the journal *Pediatrics* tracked more than a century's worth of advice regarding children's sleep, comparing it to data on how much children actually slept over the years. Unfortunately, most guidelines lack empirical evidence regarding how much sleep children need. Despite this, the study did make some important observations.

On average, age-specific sleep recommendations declined about 0.71 minutes—or roughly 43 seconds—per year between 1897 and 2009. This is almost identical to the decline in actual sleep duration of children, about 0.73 minutes per year. Actual sleep was consistently about 37 minutes less than recommended sleep. Throughout the study period, concerns were expressed that modern life and overstimulation prevented children from getting the sleep they needed.



How to Care for Your Child's Teeth

Tooth decay is the number one dental problem among preschoolers, but it can be prevented. Starting children with good dental habits from an early age will help them grow up with healthy smiles. The following is important information about how to care for your child's teeth from birth to age 2.

Birth to 12 Months

- Good dental habits should begin before the first tooth appears. After feedings, gently brush your baby's gums using water on a baby toothbrush that has soft bristles. Or wipe them with a clean washcloth.
- Ask about fluoride. After the first tooth appears, ask your child's doctor if your baby is getting enough fluoride. Many experts recommend using a fluoride-free toothpaste before the age of 2, but check with your child's doctor or dentist first.
- Schedule your baby's well-child visits. During these visits your child's doctor will check your baby's mouth.

- Schedule a dental checkup. If your baby is at high risk for tooth decay, your child's doctor will recommend that your baby see a dentist.

12 to 24 Months

- Brush! Brush your child's teeth 2 times a day using water on a baby toothbrush that has soft bristles. The best times are after breakfast and before bed.
- Limit juice. Make sure your child doesn't drink more than 1 small cup of juice each day and only at mealtimes.
- Consult with your child's dentist or doctor about sucking habits. Sucking too strongly on a pacifier, a thumb, or fingers can affect the shape of the mouth and how the top and bottom teeth line up. This is called your child's "bite." Ask your child's dentist or doctor to help you look for changes in your child's bite and how to help your child ease out of his sucking habit.
- Schedule a dental checkup. Take your child for a dental checkup if he has not had one. ☺



Ask the Pediatrician

Solving the Riddles of Parenthood



1

Q: My six-year-old wants to play sports. Is he too young?

A: Before school age, children should stay physically active and healthy through unstructured “free play.” For preschool-aged children, “sports” classes that emphasize fun are a great way to introduce athletics without competition. Most older children are ready for organized team sports when they are about 6 years of age. This is when they can follow directions and understand the concept of teamwork.

Keep in mind that all children are unique individuals. They grow and mature at different rates. Age, weight, and size shouldn't be the only measures used to decide if your child is ready to play a sport. Emotional development is also important. Children shouldn't be pushed into a sport or be placed in a competition they are not physically or emotionally ready to handle. Consider allowing your child to participate only if his interest is strong and you feel he can handle it. Remember, most children play sports to have fun.

quick tip read here

2

Q: My baby is just about to turn one. How do I know if she's developing normally?

A: Children develop at different rates, but they usually are able to do certain things at certain ages. Following are general developmental milestones. Keep in mind that they are only guidelines. If you have any questions about your baby's development, ask your pediatrician—the sooner the better. Even when there are delays, early intervention can make a significant difference.

By 1 year most babies will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, “Look at the _____.”
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns “talking” with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say “da-da” to dad and “ma-ma” to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

quick tip read here



To submit questions to *Healthy Children*, send an e-mail to healthychildren@aap.org

3

Q: How do I decide if my child is sick enough to stay home from school?

A: If your child is not feeling well, your pediatrician is the best person to talk to about whether she can go to school. However, as general guidelines, keep her home if

- She has a fever.
- She is not well enough to participate in class.
- You think she may be contagious to other children.

If your child has been ill but is feeling better, but still has minor symptoms, like a runny nose or slight headache, you can send her to school if none of the 3 circumstances listed above are present. Even so, make sure the school and your child have a phone number where you can be reached during the day if more serious symptoms develop and she needs to return home.

quick tip read here

4

Q: I'm worried my child is being bullied at school. How can I help her deal with this?

A: Bullying is when one child picks on another child repeatedly. Bullying can be physical, verbal, or social. It can happen at school, on the playground, on the school bus, in the neighborhood, or over the Internet. Help your child learn how to respond by teaching your child how to

- Look the bully in the eye.
- Stand tall and stay calm in a difficult situation.
- Walk away.

You can also give your child words to say in a firm voice.

- "I don't like what you are doing."
- "Please do NOT talk to me like that."
- "Why would you say that?"

It's also important that your child know when and how to ask for help.

- Encourage her to make friends with other children.
- Support activities that interest your child.
- Alert school officials to the problems and work with them on solutions.
- Make sure an adult who knows about the bullying can watch out for your child's safety and well-being when you cannot be there. ◦

quick tip read here



Back to School 101

HOW TO MAKE THE FIRST DAY EASIER

If your child is anxious about the first day of school, reassure her that she is not the only student who may feel a bit uneasy. Before the first day approaches you can

- Help your child focus on the positive aspects of starting school, including remembering the good and fun times at school, and seeing old friends and making new friends.
- Find another child in the neighborhood with whom your child can walk to school or ride with on the bus. See [How to Safely Travel To and From School](#).
- Make your child's favorite breakfast and slip an encouraging note like "Hope you have a great day!" in her lunch bag.

HOW TO SAFELY TRAVEL TO AND FROM SCHOOL

Review the basic rules with your child.

Walking

- Make sure your child's walk to school is a safe route with well-trained adult crossing guards at every intersection.
- Teach your child to never stop and talk to strangers or to go into a stranger's car for any reason like "to see a lost puppy." Also, discuss when it is OK to get a ride from a family member or friend.

As the days of summer wind down it's time for parents and their children to begin preparing for a new school year. The end of summer can arrive sooner than expected so it's never too early to prepare. The following are back-to-school parenting tips to help parents and their children get off to a good start.

- Be realistic about your child's pedestrian skills. Does your child have the skills necessary to walk safely to school? Can he stay alert to the dangers of traffic? Can he stay focused on getting to school without getting distracted and delayed? The American Academy of Pediatrics recommends that children should not walk to school unsupervised before 10 years of age, except in limited situations.
- Remind your older child to never walk or bike alone and to take the same route every day. Designate safe places to go in case he is being followed or needs help, such as a grocery store or a friend's house.
- In neighborhoods with higher levels of traffic, consider starting a "walking school bus," in which an adult accompanies a group of neighborhood children walking to school.

Biking

- Always wear a bicycle helmet, no matter how short or long the ride.
- Ride on the right, in the same direction as auto traffic.
- Use appropriate hand signals.



Learn
more safe
travel tips

read here

- Respect traffic lights and stop signs.
- Wear bright colors and/or reflective clothing and gear to increase visibility.
- Know the “rules of the road.”

Riding in a car

- All passengers should wear a seat belt and/or ride in an age- and size-appropriate car safety seat or booster seat.
- Your child should ride in a car safety seat with a harness as long as possible and then ride in a belt-positioning booster seat. Your child is ready for a booster seat when she has reached the top weight or height allowed for her seat, her shoulders are above the top harness slots, or her ears have reached the top of the seat.
- Your child should ride in a belt-positioning booster seat until the vehicle’s seat belt fits properly (usually when the child reaches about 4' 9" in height and is between 8 to 12 years of age). This means that the child is tall enough to sit against the vehicle seat back with her legs bent at the knees and feet hanging down and the shoulder belt lies across the middle of the chest and shoulder, not the neck or throat; the lap belt is low and snug across the thighs, and not the stomach.
- All children younger than 13 years should ride in the rear seat of vehicles. If you must drive more children than can fit in the rear seat (when carpooling, for example), move the front-seat passenger’s seat as far back as possible and have the child ride in a booster seat if the seat belts do not fit properly without it.
- Remember that many crashes occur while novice teen drivers are going to and from school. You should require seat belt use; limit the number of teen passengers; do not allow eating, drinking, cell phone conversations, or texting to prevent driver distraction; and limit nighttime driving and driving in inclement weather. Familiarize yourself with your state’s graduated driver license law and consider the use of a parent-teen driver agreement to facilitate the early driving learning process. For a sample parent-teen driver agreement, read more [here](#).

HOW TO PICK AND PACK A BACKPACK

A new backpack may be one of the many items on your child's school supply list. You may end up at a few different stores searching for the "perfect" backpack. While your child's choice may be focused on a cartoon character or favorite color or style, your criteria may be price and durability. However, when shopping or using a backpack your pediatrician wants you to also keep your child's health in mind.

Backpacks should be designed to distribute the weight of the load among some of the body's strongest muscles. However, backpacks that are too heavy or are worn incorrectly can cause problems for children and teenagers. Backpacks that are not used properly may injure muscles and joints. This can lead to severe back, neck, and shoulder pain, as well as posture problems.

HOW TO DEVELOP GOOD HOMEWORK AND STUDY HABITS

Some children prefer to complete their homework right away while others may need repeated reminders. Either type of student can benefit from a dedicated

place and time for homework. The following are some tips for parents:

- Create an environment that is conducive to doing homework—a permanent work space in your child's bedroom or another part of the home that provides suitable peace and quiet with few distractions.
- Schedule ample time for homework.
- Establish a household rule that the TV set stays off during homework time.
- Supervise computer and Internet use.
- Be available to answer questions and offer assistance, but never do your child's homework.
- Encourage your child to close the books for a few minutes, stretch, and take a break periodically when it will not be too disruptive. These steps can help alleviate eye fatigue, neck fatigue, and brain fatigue while studying.
- If your child is struggling with a particular subject, and you aren't able to help, a tutor can be a good solution. Talk it over with your child's teacher first. ☉

Backpack Safety



read here



WHAT YOU NEED TO KNOW ABOUT BEFORE- AND AFTER-SCHOOL CHILD CARE

During early and middle childhood, children need supervision. A responsible adult should be available to get them ready and off to school in the morning and watch over them after school until you return home from work.

Children approaching adolescence (11- and 12-year-olds) should not come home to an empty house in the afternoon unless they show unusual maturity for their age.

If alternate adult supervision is not available, parents should make special efforts to supervise their children from a distance. Children should have a set time when they are expected to arrive at home and should check in with a neighbor or with a parent by telephone.

If you choose a commercial after-school program, inquire about the training of the staff. There should be a high staff-to-child ratio, and the rooms and the playground should be safe.



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The Importance of Being Immunized

Older Children Need Them Too

Making sure your child's immunizations are up to date should be on your back-to-school checklist. Some grade levels may require a copy of your child's immunization records before your child can attend school. Immunizations are important because they keep children healthy.

While it's easy to think of vaccines as an early childhood necessity, the truth is that immunizations are just as important for older children and teens. In fact, the American Academy of Pediatrics (AAP)-recommended vaccination schedule doesn't end at age 11. It continues through the later teen years.

The key to helping parents remember these important vaccines is the "protection visit" with a pediatrician. The AAP recommends this visit for all preteens at 11 or 12 years old. This visit is a chance for the child and pediatrician to discuss the many things that can put a teen's health at risk. And that's a great time to get adolescent vaccines taken care of too.

FOCUS ON TEENS

Parents may not be aware, but 3 vaccines were added to the list of immunizations recommended for adolescents: the human papillomavirus (HPV) vaccine; the meningococcal conjugate vaccine; and the tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. Read on to learn more about these important additions.

[Teen Immunization Rates...](#) [read here](#)



HPV: AN ANTI-CANCER VACCINE

According to the Centers for Disease Control and Prevention, there is an epidemic of HPV in the United States. HPV causes a large number of cancers of the mouth and throat, cervix, and genital organs. HPV is the most common sexually transmitted virus in the United States, and the highest prevalence of HPV infection is found in sexually active teens and young adults. About 20 million Americans are currently infected, and about 6 million more get infected each year.

There are about 40 different types of HPV that can cause infection. Most are not serious and do not even cause any symptoms. Most come to an end in 1 to 2 years. However, some types of HPV can cause serious health problems, including the following:

- Cervical cancer in women (In the United States, about 12,000 women get cervical or other genital cancers from HPV each year.)
- Head and neck and anal cancers in men (In the United States, about 7,000 men get head and neck and anal cancers from HPV each year.)
- Genital warts in women and men
- Rarely, warts in the airways of infants and children

In 2012 the AAP updated its guidelines for the HPV vaccine, recommending it for both girls and boys. Specifically, the AAP and the Centers for Disease Control and Prevention now recommend routine HPV vaccination at 11 to 12 years of age in a 3-dose series. The series can start as early as 9 years of age. The vaccine is most effective before the first sexual contact, because preteens won't have been exposed to HPV. Once infected with the virus, the vaccine might not work as well or might not work at all.

TDAP RECOMMENDATIONS

Pertussis (also known as whooping cough) is a serious, easily transmitted infection that causes severe and violent coughing spells. The infection primarily affects teens and adults and is often spread by family members. The disease is less severe in teens and adults, but if they have it, it can cause severe illness and death to young infants who are too young to be immunized.

In 2011 the AAP revised its recommendations for Tdap vaccination in children and adults. The AAP advises a single dose of Tdap for children 7 through 10 years of age who were underimmunized or who have an incomplete vaccine history. The AAP continues to recommend that all teens, including those who are pregnant, be vaccinated. Pregnant women should also receive the vaccine. Adults who have contact with infants should also receive a single dose, even if they are older than 65, as should those who are health care workers of any age.

MENINGOCOCCAL VACCINE

Meningococcal disease is caused by a specific bacteria. The disease can affect the blood (meningococemia) or brain and spinal cord (meningitis). It can be life-threatening unless diagnosed and treated early.

While it can strike anybody, the greatest risk is to those between 15 and 21 years of age. Also, students entering college and planning to live in dorms are at higher risk than other people of the same age. It's easy for infections to spread in crowded dorms

or in enclosed areas where students often meet. Teens should be routinely immunized with the meningococcal vaccine at 11 or 12 years of age, and receive a booster dose at age 16.

This booster is reflected in the current 2012 immunization schedule for adolescents. Teens who receive their first dose of meningococcal vaccine at or after 16 years of age do not need a booster dose.

MORE TEEN NEEDS

In addition to those listed above, the AAP recommends the following vaccinations for children between the ages of 11 and 19 if they haven't received the full dosages:

- Hepatitis B (Hep B)
- Measles, mumps, rubella (MMR)
- Polio
- Varicella: If the child hasn't had chickenpox and hasn't been vaccinated, the 2-dose vaccination is necessary. A teen who only received 1 dose of the vaccine as a child should get the second dose now as well.
- Influenza
- Pneumococcal disease: Some teens with chronic health problems should receive this vaccine. Your pediatrician can guide you as to whether this is recommended for your child.
- Hepatitis A (Hep A): While anyone can get hepatitis A, certain teens are at greater risk. Talk to your pediatrician about your child's risks and the benefits of this 2-dose vaccine.

Doctors know that staying on schedule with immunizations isn't easy once children reach their teenage years. "Parents just don't think of this as part of the routine with their teenagers," says Charles Wibbelsman, MD, FAAP, chief of the Teenage Clinic at Kaiser Permanente in San Francisco. "A lot of teens may go several years before coming in to see their pediatrician. Most of those who do come in for a physical exam are athletes who need them to participate in their sports." However, a yearly checkup is important for all teens to ensure that they are healthy and making healthy choices. ☺



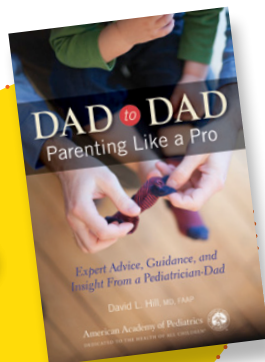
Making the Grade: When to Worry About ADHD



Children with attention-deficit/hyperactivity disorder (ADHD) have behavior problems that are so frequent and severe that they interfere with their ability to live normal lives. And school can be particularly challenging. In an excerpt from his new book, *Dad to Dad: Parenting Like a Pro*, David L. Hill, MD, FAAP, outlines a few things parents need to know about the disorder.

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or purchase
this book...

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When parents come to me worried about their child's behavior or school performance, they often express concern that the child will be "labeled" as having ADHD. To be honest, I've tried many times to label a kid with ADHD, but no matter what I do it seems as soon as the child takes a bath, the label falls right off. The fact is that ADHD is a real condition that affects between 4% and 12% of school-aged children. Whatever stigma may have attached itself to the problem in past decades has fallen off as surely as a damp sticker. Of course, I also have skin in this game—I am the father of a child with ADHD.

HOW WILL I KNOW?

The core symptoms of ADHD include inattention, impulsivity, and hyperactivity. One feature of ADHD that frustrates parents and doctors is that there is no single test to determine who has the condition and who doesn't. ADHD remains a descriptive diagnosis, which doesn't mean it can't be made accurately, just that it requires a lot of question-asking to make. To some extent the diagnosis of ADHD always remains subjective, depending in part on the judgment of observers.

How soon a child gets diagnosed with ADHD depends on how that child manifests the condition. That, in turn, often depends on the child's sex. Boys are 3 times more likely than girls to be diagnosed with ADHD, and they tend to be younger when they're diagnosed. Boys with ADHD are much more likely than girls to display poor impulse control. They may act out, disobey teachers and parents, have trouble getting along with other children, injure themselves, and break stuff. There's nothing like getting suspended from kindergarten to get you some medical attention. Girls, on the other hand, are more likely to manifest their ADHD with poor attention. They often do fine in school until the work starts to require prolonged periods of concentration, usually around third or fourth grade. Then, when their grades start to fall off, someone may bring up ADHD testing.

Technically the diagnosis of ADHD follows criteria laid out in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the book doctors and psychiatric professionals use to categorize the conditions they treat. Diagnosis begins when someone who interacts with a child regularly suspects she may have ADHD. Many times this person is a teacher because school is the environment most likely to make prolonged demands on the child's attention. Some parents worry that a teacher will "diagnose" their child with ADHD, but only a medical or psychological professional can make that diagnosis. A teacher's input is critical to the process, but some teachers identify up to 15% of students as possibly having ADHD; many fewer kids actually end up being treated for the condition.



WHAT YOU CAN DO

There are several ways you as a parent can help your child with ADHD succeed. One is to provide a strong sense of structure in the household. Do your best to maintain a stable bedtime, wake-up time, and meal plan for your child. Your expectations of her behavior should be clear, and she should have no trouble understanding what positive and negative consequences to expect. Take every opportunity to focus on what she does well. If she cleans up her room, plays a game of cards with her brother, or makes a better than expected grade, be sure she knows how proud of her you are. The more she succeeds, the more she will envision herself as someone who succeeds.

You have to take a child's age into account when diagnosing ADHD. To pose a concern, her behavior should be unusual compared with her peers. Can your 3-year-old not sit still for 5 minutes? Neither can anyone else's! That's not ADHD. Does your 7-year-old have to pop up out of her chair every 20 seconds? Now you're talking. To have ADHD a child should display at least some symptoms before age 7. A child may end up being diagnosed with ADHD in preschool, but often the more structured demands of kindergarten or grade school alert teachers and parents that a child may need evaluation. Symptoms also need to continue for at least 6 months. Any child is allowed a brief rough spot.

As you might imagine, a doctor evaluating a child for ADHD must collect a lot of information from a lot of people. To simplify the process, doctors usually rely on one of several questionnaires. These instruments vary by the age of child they're designed to assess and environment in which they are to be used, but they all are designed to rank children's behavior based on the DSM criteria for ADHD.

A child with ADHD may fall into 1 of 3 different diagnostic categories based on whether inattention, hyperactivity, or impulsivity seems to dominate her behavior. *Inattentive-only* ADHD predominates in girls. These children seem to daydream rather than listen. They don't appear to attend well to details, and careless errors pull their grades down. They may fail to follow through, forget important facts, and avoid activities that require sustained concentration. If your child doesn't call to tell you she forgot her homework because she also forgot your phone number, she might fall into this category.

Children with *hyperactive/impulsive* ADHD actually pay attention well, but they have difficulty inhibiting their own behavior. They seem impatient, talk too much, act out, and have a tough time taking turns.

PHARM HANDS

As a pediatrician and parent of a child with ADHD, I understand why many parents feel conflicted about using medication to treat the disorder. Some parents express immense relief that they finally have a way to help their children. Others flat-out reject the prospect of treating a behavioral disorder with medicine on philosophical or religious grounds. ADHD researchers have worked for decades exploring potential nonmedical approaches to treating the disorder. So far medications are the only treatments that have proven broadly successful in treating ADHD.

These children seem full of more energy than they know what to do with. While this is actually the smallest group of kids with ADHD, they tend to come to medical attention earliest, as you might imagine. If you've resorted to using only plastic cups and plates in your house, this is probably your kid. Children with combined *inattentive/hyperactive/impulsive* ADHD obviously display all of the previous traits. Many parents assume

any child with ADHD must fall into this category, but it's useful to know whether your child truly displays all 3 symptom types or only 1 or 2. She will be able to leverage the areas where she's strongest to help her overcome difficulties stemming from areas she finds more challenging.

ACTION FIGURES

So once you've determined a child has ADHD and you've identified other coexisting conditions, what's next? ADHD is a complex condition that affects multiple aspects of a child's life. An appropriate treatment plan involves not just the doctor but a whole team including parents, teachers, other caregivers, counselors and, most importantly, your child.



read here

Why Education's Important...

Your child's school should participate actively in the treatment team. Children with ADHD may benefit from special accommodations like sitting in the front of the classroom or taking tests in an environment with minimal distractions. Children with ADHD often respond very well to one-on-one instruction. Depending on your child's diagnosis and coexisting conditions, she may qualify by federal law for an Individual Education Plan (IEP) that spells out what measures the school will take to help her. Make sure you sit down with her teacher and school guidance counselor after she is diagnosed to coordinate your efforts and make sure your child is getting the most out of her educational environment.

Children with ADHD have a real medical condition with very real consequences at school, among friends, within the family, and in life. A holistic approach to therapy involves a team of parents, teachers, health professionals, and especially the child, all focused on helping the child succeed in showing the world all she has to offer. If your child is to have a label it will probably be one of her own startlingly original design, applied with a novel, bath-resistant adhesive. ☺

To preview or purchase *Dad to Dad: Parenting Like a Pro, or ADHD, What Every Parent Needs to Know*, visit the HealthyChildren.org bookstore.



read here

What Are Coexisting Conditions?

Staying Safe at Home

Latchkey Kids

Until about the age of 11 or 12, most children are not able to handle stressful or emergency situations that require mature decision making on their own. So it is best for parents to arrange for an adult or a responsible older adolescent to be at home when they are not around or for some other structured supervision.

Your child, however, may be an exception and be sufficiently mature at the age of 8 to 10 years to be home alone after school. But before his first day on his own, you need to make sure he feels safe and secure, and that he is prepared for dealing with knocks on the door, emergencies, and injuries. Some communities offer courses in babysitting that can also prepare them for a positive self-care experience. Nevertheless, your child should not be home alone until he is comfortable with that arrangement. Here are some issues that you should discuss with him.

- Does he know his full name, address, and phone number? Does he know your full name as well, and the address and phone number of your workplace, or other ways to reach you at work? (You might call every day to be sure your child has

arrived home safely and that nothing at home is out of the ordinary. Children appreciate the sense of security this form of supervision provides.)

- Does he have an established routine to follow so he knows what he is supposed to do and where he is supposed to be?
- When he returns home from school every day, does your child know how to lock the door behind him? Can he remember to call you and/or a neighbor as soon as he arrives home, and then check in again at designated times?
- Have you instructed your child never to enter your home if a door is ajar, or if a window is open or broken?
- Have you talked about what to do if someone knocks at the front door while he is home alone? (The best advice: He should not open the door and should tell the person knocking that you are home but are busy and unable to answer the door.)

Talking about these issues and taking all of these things into consideration will help you and your child feel more safe, secure, and comfortable about his after-school experience. ◉



Get more
tips on how
to handle
emergencies

[read here](#)

Goodbye Flu, Hello Enteroviruses



Warmer weather brings people together, and viruses love a good party.

As the influenza virus retreats during the warmer weather, one of its counterparts steps forward. The highly contagious enteroviruses take advantage of the warmer weather to creep their way through birthday parties, summer camps, child care centers, and public pools.

With no effective vaccines or antiviral medications widely available, little stands in the way of someone getting sick this summer from these viruses. Fortunately, they usually run their course without causing too much harm and, better still, your child will emerge from mild illness immune to that strain for life. Armed with a little knowledge, you'll know when to worry and when to wait these viruses out.

MULTITALENTED VIRUSES

The very large enterovirus family includes coxsackieviruses, echoviruses, polio, and hepatitis A. During spring, summer, and fall, non-polio enteroviruses cause the majority of rash illnesses in children. These viruses live in the gut and travel from stool to skin to mouth. They owe their success rate in large part to their ability to live for days on unwashed toys and surfaces.

Most children show no symptoms at all. But for some, these viruses can cause respiratory infections, including the common cold, croup, sore throats, and pneumonia. Enteroviruses can also cause gastrointestinal infections, bringing about nausea, vomiting, abdominal pain, and hepatitis. Some may feel hot with no other symptoms.

The hand, foot, and mouth disease strain results in several days of painful red blisters in the throat and mouth and on the palms of hands and soles of feet. Herpangina, an enteroviral infection of the throat, causes red-ringed blisters and ulcers on tonsils and the fleshy back portion of the roof of the mouth. Hemorrhagic conjunctivitis, an infection of the eyes, results in painful, watery, and/or swollen eyes, with light sensitivity and blurred vision. A doctor should diagnose conjunctivitis in case the cause is bacterial.

Most children recover from these infections within a few days with no treatment. But newborns can be infected from mothers and are at higher risk for more serious infection within 2 weeks after birth.

Enteroviral infections that may need hospital treatment include viral meningitis (attacking the 3 membranes that envelop the brain and spinal cord); encephalitis, a brain infection; and myocarditis, an infection of heart tissue. Viral meningitis is far less serious than bacterial meningitis and tends to cause flu-like symptoms lasting 7 to 10 days. Viral encephalitis can develop out of hand, foot, and mouth disease and herpangina. Viral encephalitis and myocarditis are extremely rare but can be fatal.

AN OUNCE OF PREVENTION

Because there are no vaccines for these viruses, Margaret Fisher, MD, FAAP, advises simple preventive measures: “Wash your hands, wash your children’s hands, and encourage children not to cover their mouth with their hands but to cough into sleeves or into the shoulder.” Doctors cannot cure these viruses, so “time is the best therapy,” Dr Fisher says.

There are many ways to make your child comfortable while you wait for illness to pass at home. First off, “I’m a big advocate of chicken soup,” she says. Also, you can give your child acetaminophen (children’s Tylenol or its generic equivalent) for fevers or joint pain. For croup, Dr Fisher recommends a hot shower or a cool evening outside. For mouth ulcers, warm liquids can help while acidic juices will hurt. Some people find comfort with cold, wet washcloths placed over itchy eyes from conjunctivitis. Dr Fisher suggests skipping on humidifiers. “With hot mist humidifiers, a child can pull it down and get scalded,” she says. And cool mist humidifiers gather bacteria and mold.

Call your doctor when a rash pops up, when your child complains of ear pain, or if he is having trouble breathing. And if you don’t feel comfortable with your child’s state, trust your instincts. “Any child who looks ill to their parent, who isn’t able to eat or drink, and is just lying around, that’s the child I’m worried about,” Dr Fisher says. “A child’s activity level and interest in their surroundings are your best clues.” 🎯

tips

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How Do Infants Learn?



As soon as they are born, infants start to learn about the world from their experiences. Read on to learn how you can help give your infant a strong start to life.

INFANTS ARE AMAZING

In the very beginning, it may seem that your baby does nothing but eat, sleep, cry, and fill her diapers. But your infant is learning too. She can see and hear what is happening around her and can communicate her needs and interests to others. Parents can help their babies learn by playing with them.

Infants have the ability to see faces and objects of different shapes, sizes, and colors. They can tell the difference between the voices of their parents and others. We're surprised when they mold their bodies into our arms or shoulders. We marvel at how they came into the world able to suck, communicate certain needs by crying and, at times, calm down on their own. Most infants can do all of these things as soon as they are born.

YOU ARE YOUR BABY'S FIRST TEACHER

First experiences have a very important effect on the future. That's why you are so important to your baby's growth and development. The growth of your baby's brain is affected by the care and experiences you provide. Loving attention helps new brain cells connect in ways that help infants

- Feel secure and confident.
- Make sense of new ideas and information.
- Grow healthy bodies.



THINGS TO WATCH FOR

Your baby has a different style or personality from all other babies. It's fun to get to know your baby's likes, needs, and abilities. Find out how your baby relates to other people and situations.

- Some infants like more activity, some like less.
- Some infants are louder when they laugh or cry, some are quieter by nature.

All infants let us know when they have had enough. Some ways your baby may tell you that it's time for a nap are

- Avoids making eye contact
- Becomes sleepy or fussy, may cry a lot
- Coughs or spits
- Rubs eyes



TAKE CARE OF YOURSELF

Children grow faster in their first year than at any other time in their lives. This will take a lot of your time and energy. You need to be healthy and happy to give your child the best start possible. When you feel good about yourself, you will be helping your baby feel happy and secure too. This is why you need to find the time to take care of yourself. Let people know when you need support or help. After you are rested, you will have more energy and you will be able to have more fun with your baby.

OTHERS WHO CARE FOR YOUR BABY

Developing a close bond with parents and family members is important. It helps infants form positive relationships with others.

- By letting other people hold and talk with your baby when you are around, your baby learns how to relate to other people.
- When you cannot be with your baby, it is best if the same few trusted people are the caregivers. Your baby will learn to expect and enjoy their company and kindness.
- If you leave your baby with a relative, friend, or professional child care provider, make sure that the caregiver and surroundings adequately provide a healthy, safe, and comforting environment. This way, you will feel confident about the loving care being provided.



A STRONG START FOR LIFE

Infants spend the first year learning to feel secure about being loved. Love—expressed in the ways mentioned here, and in many other ways by you—will give your child the physical strength to fight illness, the emotional strength to feel confident, and the ability to learn new things. ☉

Breakfast for Learning



To preview
or purchase
this book...

[go here](#)



Nearly half of all American families regularly skip breakfast. Is your family one of them? When it comes to getting your children back to school, a healthy breakfast is just as important as new gym shoes and sharp pencils.

Breakfast has been associated with everything from better memory, better test scores, and better attention span to decreased irritability, healthier body weights, and improved overall nutrition. In this article, adapted from the second edition of *Food Fights: Winning the Nutritional Challenges of Parenthood Armed With Insight, Humor, and a Bottle of Ketchup*, by Laura A. Jana, MD, FAAP, and Jennifer Shu, MD, FAAP, you'll learn some great strategies (and recipes) for giving your children a healthy start to their school day.

RISE AND DINE

It's easy to see how breakfast has come to qualify as one of the nutritional challenges of parenthood. Whether it's your own parental time constraints or your child's busy schedule, getting the whole family ready to set off to child care and/or school in the morning, play dates, or any of a whole host of other common early-in-the-day commitments, breakfast is often neglected. If the words "slow" and "leisurely" don't exactly describe your morning routine, we'd like to suggest that you commit a little extra time and effort to protecting the nutritional integrity of your child's morning meal. Whether you opt for a simple breakfast or a more elaborate one, any effort to make it nutritious is better than no breakfast at all. Whether that means a glass of low-fat milk and a piece of wheat toast or an all-out feast, the following breakfast-made-easier tips will hopefully help you rise to the occasion and overcome some of the most common barriers to a healthy breakfast.



- **Schedule accordingly.** While we'd like to remind you that sitting down and sharing family meals is beneficial, we're willing to bet that sitting down to a leisurely breakfast with your kids each morning simply isn't realistic for most of you. What is realistic, however, is making sure you carve out enough time to allow your child to eat without pressure. Especially for infants and toddlers, this includes factoring in enough time in the morning's schedule to allow for both assisted- and self-feeding.
- **Fix breakfast before bedtime.** In other words, plan ahead. As with just about all other aspects of feeding your child, a little advance planning can go a long way toward having a wider range of healthy foods on hand. Simple examples such as hard-boiling eggs ahead of time or having your child's favorite cold cereal dished out the night before to pair with some presliced fresh fruit can mean the difference between time for a balanced breakfast and running out the door without it (or, as is often the case, with some commercially packaged and far less nutritious alternative in hand).
- **Grab-and-go breakfasts.** If the reality of your schedule is such that you and your kids routinely run out the door with no time to spare in the morning, then try stocking up on a variety of nutritious foods that you can preprepare and prepackage for healthier grab-and-go convenience. In addition to hard-boiled eggs, consider other fast favorites like sliced apples, homemade muffins, or a bagel with low-fat cream cheese.
- **Make sure sleep is on the menu.** Applying the age-old adage, make sure your child is early enough to bed that she rises early enough to allow time for breakfast. No matter what their age, tired kids tend to be cranky, and cranky kids are far less likely to sit down for a well-balanced breakfast. Not only that, but sleep has proven itself to be a crucial ingredient in children's overall health.
- **Broaden your horizons.** You'll certainly want to keep safety in mind when figuring out what's age-appropriate to offer your child for breakfast, but don't let yourself be constrained by artificially

imposed labels to determine what is good to serve for a morning meal. Think protein, think fruits and vegetables, and think outside the box when it comes to expanding your breakfast horizons beyond just breakfast cereals and milk.

- **Look for child care and school support.** Be sure to check out what breakfast options your child's school or child care provider offers. With much-deserved attention now being paid to the food our children eat in out-of-home settings, you're more likely to find balanced breakfast options on the menu, and your child may well be more receptive to eating them if all of his friends are eating alongside him.

Max on Snax® to the Rescue!

"I want a snack." "I'm hungry." As parents, how often do your children greet you with those words after returning home from school?

We know getting kids to eat healthy foods, let alone enjoy them, can be an ongoing challenge. But with a little encouragement from an unexpected source, they just might be open to the idea.

Meet Max on Snax. He speaks to preschoolers (ages 3–5) by getting them excited about good nutrition and empowering them with simple, healthy snack recipes they can create themselves. Max, an animated character, is on a quest to entertain kids while empowering them and their "big people" to make healthier choices. Max's snack recipes give kids a chance to get involved in cooking experiences and then eat their creations. And what preschooler doesn't love the chance to cook like a "big person"?

The Max on Snax Web site (www.maxonsnax.com) has recipes, videos, books, games, and apps you and your children are sure to enjoy. And in the process you just may find that there is no better "quality time" than making recipes with your child. Visit www.maxonsnax.com to meet Max for yourself!



read more

BREAKFAST RECIPES

Get your family out of the breakfast rut with some of these creative concoctions.

- **Easy breakfast burritos:** Roll up scrambled eggs and some shredded cheese in a warm tortilla. Take it to go or serve alongside sliced berries.
- **Sausage sandwiches:** Place a low-fat sausage patty in between 2 small pancakes. Serve with string cheese or a cup of skim milk.
- **Yummy yogurt:** Mix 1 cup of low-fat plain or vanilla yogurt, ¼ cup blueberries, and ¼ cup cereal, such as Cheerios, for crunch (and fiber). Put in a cup and bring a spoon for eating on the road.
- **Frozen foods:** If your child is partial to frozen concoctions, you may hit the jackpot by simply making orange juice ice cube popsicles or any of a variety of fruit slushies, smoothies, or milkshakes. Another option: Freeze a few of the yogurts conveniently packaged in a squeeze tube for an any-time-of-the-day treat.
- **Cereal sense:** The trick to a healthy cereal diet is to become more discriminating about which cereals you select. So, focus on 5. Read the label and aim for no more than 5 grams of sugar and at least 5 grams of fiber per serving.
- **Dinner for breakfast:** Remember, there's nothing that says that only traditional breakfast foods can be served at breakfast. Here's where your options become endless: pizza, baked potatoes, or spaghetti. When it comes right down to it, all fare is fair when it comes to winning the breakfast war!
- **Take it on the run:** Choose a variety of nutritious foods that children can easily grab in a hurry: hard-boiled eggs, sliced apples in a baggie, a bagel with low-fat cream cheese, a toasted English muffin with a little jelly, or a bran muffin. Preparing your own "packaged" food reduces the temptation to reach for the prepackaged, sugary, and calorie- and fat-laden alternatives.

We've found that the best way to convince parents and children of the purpose and benefits of breakfast is to simply break up the word "breakfast" into its

component parts. While you may not have thought of it this way, a good night's sleep not only leaves children well rested, but it also inherently represents a period of fasting that can easily total as much as 12 to 14 hours without food. Once you consider it this way, dedicating time in the morning to break the nighttime fast and refuel for the day makes perfect sense!

To preview or purchase this book, visit the [HealthyChildren.org bookstore](http://HealthyChildren.org/bookstore).

RECIPES FOR SUCCESS

The following 3 breakfast recipes from the second edition of *Food Fights: Winning the Nutritional Challenges of Parenthood Armed With Insight, Humor, and a Bottle of Ketchup*, by Laura A. Jana, MD, FAAP, and Jennifer Shu, MD, FAAP, are sure to get you and your children off to a great start. ☺

Banana-Nut Bread

get recipe

1



get recipe

2

Cinnamon-Sprinkled French Toast



Applesauce Pancakes

3

get recipe

Food Fights: Winning the Nutritional Challenges of Parenthood Armed With Insight, Humor, and a Bottle of Ketchup, 2nd Edition

By Laura A. Jana, MD, FAAP, and Jennifer Shu, MD, FAAP
978-1-58110-585-8 • \$14.95

This revised second edition includes new chapters on healthy breakfasts, what's lacking in snacking, and supermarket sanity, along with new content on learning to read packaging labels and choosing food wisely. New resources include a cornucopia of information such as recipes for success, a nutrient primer, and phone apps that help families stay on track with good nutrition on the go.

Just in time for Father's Day 2012!

Dad to Dad: Parenting Like a Pro

By David L. Hill, MD, FAAP • 978-1-58110-650-3 • \$14.95

This is a modern-day, humorous, and helpful guide to parenting and your child—from birth through toddlerhood and beyond—written by a pediatrician-dad who's been through it all.

Coming soon!

Autism Spectrum Disorders: What Every Parent Needs to Know

By the American Academy of Pediatrics; Alan I. Rosenblatt, MD, FAAP, and Paul S. Carbone, MD, FAAP, Editors
978-1-58110-651-0 • \$14.95

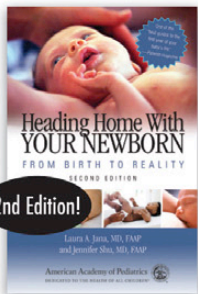
This is an invaluable resource for parents and caregivers of children who have been diagnosed with an autism spectrum disorder (ASD). Prepared under the editorial direction of 2 distinguished pediatricians who are autism experts—one of whom is also the parent of an autistic son—this book helps you understand how ASDs are defined and diagnosed and provides you with information on the most current types of behavioral and developmental therapies.

Parent-tested, doctor-approved advice

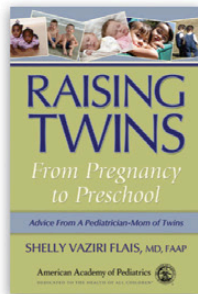
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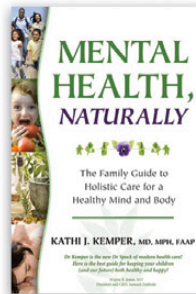
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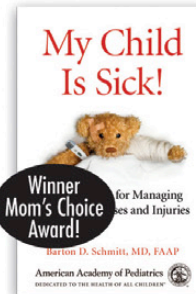
Laura A. Jana, MD, FAAP, and Jennifer Shu, MD, FAAP
978-1-58110-444-8 • \$15.95



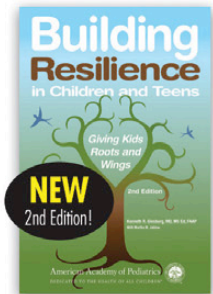
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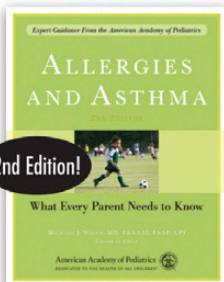
Kathi J. Kemper, MD, MPH, FAAP
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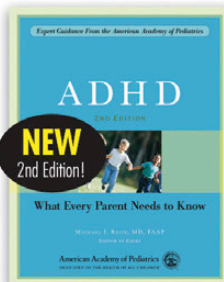
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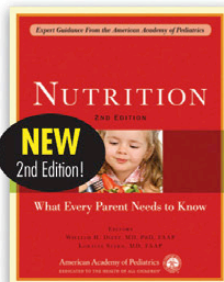
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from the American Academy of Pediatrics

Vaccine Safety: The Facts



PROTECTION
FOR
EVERYONE

[read here](#)

Some people have expressed concerns about vaccine safety. The fact is vaccines save lives and protect against the spread of disease. If you decide not to immunize, you're not only putting your child at risk to catch a disease that is dangerous or deadly but also putting others in contact with your child at risk (see [Protection for Everyone](#)). Getting vaccinated is much better than getting the disease.

Indeed, some of the most devastating diseases that affect children have been greatly reduced or eradicated completely thanks to vaccination. Today we protect children and teens from 16 diseases that can have a terrible effect on their young victims if left unvaccinated.

Your pediatrician knows that you care about your child's health and safety. That's why you need to get all the scientific facts from a medical professional you can trust before making any decisions based on stories you may have seen or heard on TV, the Internet, or from other parents. Your pediatrician cares about your child too and wants you to know that

- **Vaccines work.** They have kept children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% effective in preventing disease. And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated. There may be mild side effects, like swelling where the shot was given, but they do not last long. And it is rare for side effects to be serious.

- **Vaccines are safe.** All vaccines must be tested by the US Food and Drug Administration (FDA). The FDA will not let a vaccine be given unless it has been proven to be safe and to work well in children. The data get reviewed again by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians before a vaccine is officially recommended to be given to children. Also, the FDA monitors where and how vaccines are made. The places where vaccines are made must be licensed. They are regularly inspected and each vaccine lot is safety tested.
- **Vaccines are necessary.** Your pediatrician believes that your children should receive all recommended childhood vaccines. In the United States vaccines have protected children and continue to protect children from many diseases. However, in many parts of the world many vaccine-preventable diseases are still common. Since diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your children are vaccinated.
- **Vaccines are studied.** To make sure the vaccine continues to be safe, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report serious side effects of vaccines to VAERS so they can be studied. Parents can also file reports with VAERS. For more information about VAERS, visit www.vaers.hhs.gov or call the toll-free VAERS information line at 800/822-7967.

In the rare case that a child has serious side effects to a vaccine, parents can contact the National Vaccine Injury Compensation Program at 800/338-2382 or www.hrsa.gov/vaccinecompensation. This federal program was created to help pay for the care of people who have been harmed. ☺

Back to School Back to the Doctor

Making your back-to-school to-do list? Whether your child plays school sports or not, don't forget a physical exam.

No matter what grade your child is about to enter, there's the yearly back-to-school checklist of to-dos: shopping for school supplies, filling out permission forms, and the pediatric checkup.

While it may not seem as urgent, a yearly physical exam by your family's pediatrician is an important part of your child's health care. The back-to-school season is a convenient time for putting the exam on your family's schedule.

BEYOND THE ATHLETE'S PHYSICAL

"Back-to-school checkups are often the only visit most kids and teenagers have with their doctor every year," says Paul Stricker, MD, FAAP, and author of [Sports Success Rx! Your Child's Prescription for the Best Experience](#). "The annual physical gives the pediatrician a chance to give the child a thorough physical exam. It's also a good chance to address important questions, especially with teenagers, including adolescent issues of drinking, smoking, drugs, sexual activity, and depression."

Children involved in school athletic programs often receive a sports-specific exam through the school. These exams are good at screening for potential athletic health problems. But Dr Stricker points out that the school sports physicals alone tend not to address the child's overall health.

"The mass school physical can certainly provide a quick identification of immediate danger to a child in relation to the child's participation in sports," he says. "But it is not a substitute for a general physical performed by the family pediatrician. Mass physicals



are not as detailed or in-depth as a pediatrician's exam. Of course, there's nothing wrong at all with the child having both a pediatric exam with the family doctor and the school-sponsored sports exam."

TOTAL TEEN HEALTH

Adolescence is a time when vital changes are taking place. "It's important to have your child see the pediatrician during the transition years from later childhood to puberty," Dr Stricker says. "That is in terms of both development and the aches and pains your child sometimes feels. It also provides the pediatrician a sense of your child's level of self-esteem and emotional balance."

The annual pediatric exam also offers the doctor time to provide wellness guidance and advice. This has become critical as the nation wrestles with the childhood obesity epidemic. "Certainly pediatricians are paying more attention to obesity and related issues," Dr Stricker says.

In addition to monitoring heart and blood pressure and testing for diabetes, pediatricians can use this annual visit with your child to discuss diet and exercise options. "We can talk with the child and the parents about safe approaches to transitioning from little or no exercise to a sound, achievable exercise program," he says.

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The other side of the exercise issue is the student athlete who is already involved in an exercise and training program. "Overuse and overtraining injuries are huge problems," Dr Stricker says. "They're on the brink of becoming a national epidemic nearly as large as obesity."

The doctor's annual exam of a young athlete should be similar to one for any other child, Dr Stricker says. But he adds that most pediatricians will address some sports-specific issues, including injuries, nutrition, training and exercise programs, and even attitudes in the course of the exam.

"Sports can improve a child's self-esteem," he says. "But they can also harm it. If there's too much pressure, if there are brewing emotional issues, if the child is involved in the sport because of parent or peer pressure—anything like this can become an issue that affects the young athlete's well-being."

GETTING THE BALANCE RIGHT

Dr Stricker is quick to point out that those issues are not limited to children involved in athletics. "Whatever the child's interest—sports, academics, the arts—we want to be sure that the interest is a healthy one, and that it's balanced with the other aspects of the child's life."

A healthy childhood and adolescence calls for balancing home life, school, social activities, sports, and extracurricular pursuits. This is not easy, especially during a time when the child is passing through the years of growth, learning, exploration, and emotional and physical development, which is all the more reason to set aside 1 day during each of those years for your child to see the pediatrician. ☺