



Pennridge Pediatric Associates

Pointers and Pearls

Fall 2005

THE TEEN ROMANCE

When the seeds of first love take root in your child's heart, your sensitivity and guidance will help your child experience a healthy relationship.

- Get to know the boy or girlfriend. Talk candidly with your child about sex, pregnancy and STDs.
- Monitor the amount of time they spend together. Too much is not healthy, especially if your child is letting friendships slide or neglecting school work and other activities.
- Watch for signs of an unhealthy relationship, such as a boy or girlfriend being disrespectful, controlling or abusive.
- Set age limits. Dating before the age of 13 is not a good idea. Girls who start dating before age 13 usually go out with older boys, which can lead to older behavior such as smoking, drinking, experimenting with drugs and becoming active in sex.
- Know where your child is going. Set house rules (no girl or boyfriend in the house when no one else is home) and discuss places and activities that are off-limits. Set curfews, and enforce them.
- Most teen romances are fleeting. If you oppose the relationship, your child may cling to the undesirable person as an act of self-assertion.

The break-up

When a break-up happens, how do you handle the emotional tsunami that may follow?

- Don't give advice... just be there. Let your child know you are there if he or she needs you. Resist the urge to criticize the boy or girlfriend.
- Empathize. Let him or her know you understand; tell him what it felt like when it happened to you.

- Don't minimize the pain. While you may know it will pass, to them, it may feel like the end of the world. Encourage her to talk, cry or just sit with you. "You'll get over it" or "You'll find another boyfriend" shouldn't enter the conversation!
- Remind him of his wonderful qualities. Sometimes self-esteem plunges when a kid is "dumped."
- Be patient. Your child might lash out at you, or she may "shut you out" completely. Don't give up – your teen wants you to be interested in him even if he says otherwise.
- If your child doesn't seem to be getting over the pain, and is exhibiting worrisome behavior – sleeping too much, turning to drugs or alcohol, threatening to harm herself, seek professional help.

Adapted from CHOP Health Tip of the Day online.



CROUP is a common cold-weather viral infection that affects the upper airway and vocal cords. It is common in children under the age of five years. It often begins with a cold but may also occur suddenly in the middle of the night.

Symptoms

- A barking, seal-like cough

- Hoarseness
 - Fever, usually low grade
- With severe croup, a harsh, high-pitched sound called stridor may be heard when the child breathes in. This is made worse by crying, coughing or agitation. Signs of breathing trouble may include flaring of the nostrils, tugging in of the muscles between the ribs or blue color to face or lips.

Treatment

If your child develops stridor or difficulty breathing have him breathe warm mist. This can be done by running a hot shower with the bathroom door closed and having your child sit on your lap and breathe the mist. You can also use a cool mist humidifier or vaporizer and have your child breathe in the mist. If it is cold outside bundle your child and walk outside. The cold air may improve your child's breathing and help the cough. Try to keep your child calm. Stridor or difficulty breathing is worse when a child is crying or upset.

Call Your Child's Doctor

Immediately If:

- The stridor does not improve after 20 minutes of mist treatments.
- Your child develops tugging in of the muscles between the ribs.
- Your child's lips turn blue or dusky.
- Fever is greater than 104° F.
- Your child begins to drool or have trouble swallowing.
- You feel your child is getting worse.

THINKING OF MOVING? YOU'VE JUST MOVED?

Your child may view relocating to a new house and neighborhood and attending a new school as an exciting adventure or as an unknown, scary and lonely experience. How well your

child adjusts depends in part on her personality and on how you support her before, during and after the move. Children tend to assume the excitement or apprehension of their parents, so be aware of what emotions you're conveying to your child. Here's how to make the move go as smoothly as possible.

Moving strategies

- Talk to your child about the move. As soon as you know definitely you will be moving, let your child know about it. Give her an opportunity to share concerns, fears and joys about the move - such as losing friends, and going to a new school. Listen to and validate your child's concerns while trying to help her see the positive side, such as the chance to make new friends and still keep the old ones.
- Involve your child in the move. Give your child a sense of control by allowing him to participate in the move, packing and labeling boxes. If possible, allow him to pick the color of his new room. Resist the temptation to "clean house" by weeding out many of your child's old toys before the move.
- If possible visit the new home and town before the move. Take pictures, walk around the neighborhood looking for other children, and visit the school your child will attend.
- Try to arrange a conference with your child and his new teacher before to the first day of class.
- Look for age-appropriate books on moving. These can help your child realize that other children share the same concerns - and that she can overcome them.
- Give children a chance to say goodbye to their current friends. A going-away party gives them a chance to say goodbye, but still encourages them to stay in contact with old friends by exchanging phone numbers, e-mail addresses, and pictures. No matter how exciting the move may be, kids almost always feel sadness when leaving friends.
- To help your child find new friends quickly scout out community activities before the move or as soon

as possible after it.

- Try to maintain regular routines as much as possible after the move.

Challenges by age group

- School-age children tend to adapt readily to change, especially when their families and new teachers encourage them to meet new friends. Disappointment in the move may occur if it is hard for your child to make new friends. Try to help your child maintain contact with old friends while supporting the development of new ones.
- Teenagers find it hardest to be uprooted and often don't adapt as well to the loss of their friends. Pay close attention to your teen's feelings and help her work through things without getting defensive or lecturing.
- All children may experience behavior regression after a move. Potty-trained children may have accidents, preschoolers who had grown independent may exhibit separation anxiety, and children may have trouble sleeping.
- If your move is tied to other problems, such as a death, divorce or adverse finances, your child is more likely to have trouble with it. Counseling may help your child through this period. Believe it or not, some children thrive upon the positive changes associated with moving.

VACCINES FOR TEENS

Two new vaccines for teenagers have recently been recommended for routine use and others are on the way. A new Tdap vaccine which adds protection against pertussis has replaced the standard Td (tetanus-diphtheria) vaccine children get beginning at about 10 years of age. Whooping cough (pertussis) is an underappreciated cause of prolonged coughing illness in teens (and adults), and older individuals are the most common source of pertussis in infants too young to be protected by their own immunizations. The second new vaccine is an improved meningococcal vaccine that replaces the one that has been recommended for students entering

college or the military. The improvement allows us to protect many more children from these devastating infections beginning at 11 years of age.

Human Papillomavirus (HPV) causes genital warts and cervical cancer. Vaccines effective against about 70% of the HPV strains that cause cervical cancer will be licensed soon. This will be the 2nd vaccine that provides protection against cancer. Do you know the other? It is hepatitis B vaccine. We thank our patients (and their parents) who have participated in the studies that led to the approval and recommendations for use of these vaccines. They should be proud of the role they've played in improving the health of teens throughout the world. *And speaking of vaccines* – don't forget flu vaccine for "high risk" patients and their families. Call if you have a question about who is at high risk. If supplies are adequate anyone who wants to reduce his chance of flu disease may be vaccinated too.

FROM THE SECRETARIES

Please remember to bring your co-pay, as there is an additional \$5 charge when it is not paid at the time of the visit. Also please remember to bring any forms you need filled out at the time of the well check up; there is a \$10 fee when filled out any other time.

Evening sick appointments are reserved for acute and emergency visits. Other problems should be scheduled during the day.

Keystone and Aetna referrals are sent electronically, but Keystone Mercy and Blue Choice referrals must still be picked up at the office before the visit to the specialist.

Please call as soon as you realize you cannot keep an appointment. Help us keep as close to our appointment times as possible by being on time for yours.

STUDIES AT PPA

Coming soon – a study of one of the licensed flu vaccines for infants 6 to 12 weeks of age.