



# Pennridge Pediatric Associates

## Pointers and Pearls

Spring 2005

### **BED-WETTING**

Most children do not become fully toilet trained until they are between 2 and 4 years of age. Nighttime bed-wetting (enuresis) is considered normal until 5 to 6 years of age. At 5 years of age about 20% of children are still wetting the bed. Many children who wet the bed have small bladders, which cannot hold all the urine produced in a night. Many others are deep sleepers who don't awaken to the signal of a full bladder. Fortunately, as each year passes, the number of children who have enuresis decreases. Most children who are bed-wetting overcome the problem between ages 6 and 10. In children who have never had a prolonged period of dryness at night, medical problems are a very rare cause of enuresis. When enuresis is caused by a medical condition there will often be changes in how much and how often a child urinates during the day. Other symptoms that raise suspicion of a medical problem include blood in the urine, discomfort while urinating, unusual straining during urination, a very small or narrow stream of urine, or dribbling that is constant or happens just after urination.

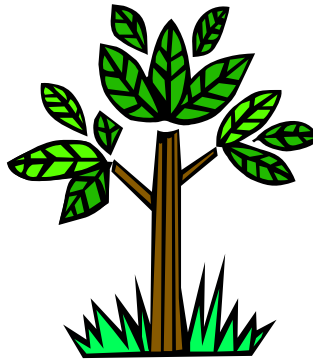
### **Tips for Managing Bed-Wetting**

Until your child outgrows bed-wetting, it is important that you give him support and encouragement. Make sure your child understands that bed-wetting is not his fault and that it will get better in time. Do not pressure your child to develop nighttime bladder control. As hard as he might try, the bed-wetting is usually beyond his control, and he

may only get frustrated or depressed because he cannot stop it. Set a no teasing rule in your family.

If your child is older than 6 or 7 years of age and seems overly concerned about bed-wetting, talk to us about treatment options.

Because bed-wetting is such a common problem, many mail-order treatment programs advertise that they are the cure. Use caution; many of these products make false claims and promises and may be overly expensive. Ask us before your child



starts any commercial treatment program.

### **TIME TO START THINKING ABOUT SUNBURNS AGAIN**

Many skin cancers diagnosed in the US are caused by unprotected and excessive exposure to the sun. Sunburns during childhood are important in the development of melanoma (skin cancer) later in life. Compared to the first summer of life, more infants are sunburned and tanned during their second summer. So remember - use your sun block!

### **TIPS FOR SUMMER CAMP**

For most children summer camp is a fun and rewarding experience. In addition to physical and athletic

activities, children learn about independence, cooperation, competition and teamwork. For many children, summer camp is also a time of significant emotional growth, development and transition. Parents often note that their children come home seeming older or more mature. Although most children are excited about going to summer camp, for some, it can be a scary or anxiety provoking experience. In general, parents should not push or force their children to go to camp if they feel frightened or uncomfortable. Choose a camp that is suited to your child's personality, temperament and interests. At the same time, there is nothing wrong with encouraging them to try new things or to have a variety of experiences. In general, it is best not to force them to do things at camp that they really dislike or simply cannot do.

Involve your child in choosing the camp. Ask for the names of other families you and your child can talk to about the camp. The "right" age will vary from child to child. Some are ready for sleep away camp at 5 or 6, while others would not even consider the idea at 14 or 15. If your child is shy, consider a camp where they know and like at least one other person their own age. If you choose a camp that is within driving distance, consider an off-season visit to help familiarize your child with the setting. It's not unlike visiting a new school with your child.

Encourage your child to bring favorite toys, books, music or other reminders of home such as photos or

even favorite foods, if allowed by the camp.

If your child has problems with other campers, encourage them to try to work things out themselves before intervening. Suggest that they ask a counselor or the camp director for help or suggestions. Remember, part of camp is about learning how to deal with new people and different situations.

Don't be surprised if your child gets "homesick". It's a normal reaction to being away from family and friends, especially for the first time. Don't criticize a child who feels homesick at camp. Tell him you understand that it's hard to be away from home, and that you miss him, too. Try to focus on intermittent goals, like Visiting Day or special camp events. Regular, scheduled and predictable phone contact also may be helpful. For most kids, episodes of homesickness pass within a few days.

If homesickness persists or seems severe, or if your child seems truly unhappy, talk to the camp director. In the end, trust your instincts. If you are convinced it's just not working out, do not be afraid to let your child come home. It's not the end of the world for you or for your child, and it's better than being truly miserable or unhappy for an entire summer.

### **SPRING AND SUMMER SAFETY TIPS FOR KIDS**

Starting about now, children across the country are hopping on their scooters, in-line skates, bicycles and skateboards for another day of fun outdoors. Unfortunately, many of these children will be among the thousands who find themselves in the emergency room. Most injuries are bruises, lacerations and abrasions, but other more extensive wounds, often on the face, are not uncommon. Most can be avoided if the child wears the proper safety equipment. Make sure children wear appropriate safety equipment – helmets, elbow pads, knee pads and wrist guards. Remember too that children grow fast. The helmet that fit last year may now be too small. Caution children to use their bicycles, scooters, in-line skates and skateboards only on

smooth-paved roads. Teach children how to stop properly and avoid traffic.

### **REMOVING TICKS**

Spring and summer is a time for outdoor activities – and ticks are a part of outdoor activities. If ticks are removed within 24-48 hours they will not cause infections like Lyme disease or Rocky Mountain Spotted Fever. The simplest and quickest way to remove a tick is to pull it off. Use tweezers to grasp the tick as close to the skin as possible. Apply a steady upward pull until he releases his grip. Do not twist the tick or jerk it suddenly. Do not squeeze the tweezers to the point of crushing the tick; the secretions released may contain germs that cause disease. Tiny deer ticks can be scraped off with a knife blade or the edge of a credit card. Wash the site and your hands with soap and water after removal. The few tiny parts that are sometimes left in the skin after removal of the tick's body do not have to be removed.

**FROM THE SECRETARIES**  
**Referrals for Keystone Health Plan** members are now completed electronically. Please call our referral line at 215-257-6280 in Sellersville or 215-256-7326 in Harleysville.

### **Summer Well Checks**

Avoid disappointment: please make appointments for children who need exams for camp or school early! Bringing a urine sample in a small, clean container can save you time.  
**Change in PPA Policies**  
Due to increased non-reimbursed costs we regret that starting January 1<sup>st</sup> we began charging a \$10 fee for forms that are filled out at times other than the child's well check up.

Because of increased billing costs, effective May 1<sup>st</sup>, if co-payments are not made at the time of the visit we will be adding a charge equal to the co-payment, but not more than \$5. Thank you for your understanding.

**RESEARCH AT PPA**  
**MENINGOCOCCAL INFECTIONS** often cause severe illness that can be rapidly fatal. Many of you have

participated in our recent studies of an improved meningococcal vaccine. This vaccine, Menactra, was recently approved for use beginning at age 11 years. It is expected that approval for use in younger children will come soon. A sincere thank you to those who participated in these studies. You have contributed to another important improvement in preventative medicine.

**NEW DTAP VACCINE FOR 11-18 YEAR OLDS.** Immunity to whooping cough (pertussis) is gone 5-10 years after immunization or disease. Though usually thought of as a childhood disease, pertussis is being recognized more frequently in teens and adults. The FDA's vaccine advisory panel has recommended licensure of 2 dTaP vaccines for teens and adults. These vaccines are expected to replace the dT vaccine now given to teens and adults. We will be evaluating one of the dTaP vaccines given with or without Menactra (see above).

**INFANT FORMULA STUDY.** If your baby is less than 6 weeks of age and cries or fusses for more than 3 hours a day for 4 or more days a week talk to us about a change in formula.

**COMING IN THE FALL FOR INFANTS** – a vaccine that combines DTaP, HIB and polio vaccines in one injection.

**ONE ANSWER FOR "RELAPSES" OF STREP THROATS.** Some children seem to get one strep throat after another, making many parents think that this is due to a treatment failure or an underlying problem with their child's immune system. As part of studies preparing the way to a strep vaccine we have found that that many instances of what seem to be relapses of a very recent strep throat are in fact infections with different strains of strep, ones that cannot be differentiated by the usual strep cultures. So just as there are many cold viruses that cause the same cold-like symptoms, there are many strep bacteria that cause strep throats, and one does not confer immunity to the next one.