



Pennridge Pediatric Associates

Pointers and Pearls

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Thumb sucking may be adorable when the Peanuts character Linus does it. But dental experts say the orthodontic consequences of ongoing thumb sucking in children are not so cute. For infants, thumb sucking is a natural reflex that often begins in the womb. As children get older, they may suck their thumbs to soothe and comfort themselves, and put themselves to sleep. The American Dental Association warns that thumb sucking can lead to serious dental problems if it continues past the age of 5, when permanent teeth start coming in. At that point, thumb sucking can interfere with proper mouth growth, teeth alignment, and cause changes to the roof of the mouth.

The good news is that most children stop sucking their thumbs between the ages of 2 and 4. However, if your child continues past that point, you may have to gently intervene.

How to help your child stop thumb sucking:

- Don't nag. It won't do either of you any good. Instead, create an environment where he wants to stop on his own. Talk to him about how he is growing up.
- Use praise, not criticism. Tell her how proud you are when she doesn't suck her thumb.
- Offer distractions. When you notice your child's thumb in his mouth, distract him with activities that require the use of both hands, such as coloring, finger painting or

building with blocks. At bedtime, have him hold the book you are reading, or put a stuffed animal in each hand for him to hold.

- Use peer pressure. Friends can be a great help. Having a sleepover with friends that do not suck their thumbs can be great motivation to stop.

- Wrap it up. A bandage on the thumb can be a great deterrent, especially if they are bulky and don't taste very good!

- Your drug store might have a non-toxic pepper nail polish that can sometimes be effective.

- Get to the root of the problem. Children often suck their thumbs when they feel insecure or need comfort. Focus on correcting the cause of the anxiety and provide comfort to your child.



OUTSIDE ACTIVITIES CAN BE TOO MUCH OF A GOOD THING

Extracurricular activities are a good thing — they help children explore new talents and provide structure to their lives. However, more and more children today are getting too much of a good thing. A recent survey of 882 children ages 9-13 years old in the U.S. indicated that 41% feel stressed because they have too much to do. In addition, more than three-quarters of those surveyed said

that they wished they had more free time. The key to extracurricular activities enriching a child's life rather than adding stress is moderation. Children who are overscheduled:

- Have a higher incidence of anxiety and depression
- Suffer stress-related physical ailments, such as headaches, stomach aches and changes in sleeping or eating patterns
- Often rebel by refusing to go to school or participate in activities
- May turn to drug and alcohol abuse to cope

Children and teens need unstructured time too. Psychology experts stress the importance of unstructured play as a way for children to develop and express their personalities. They also say it's OK for kids to be bored. Eventually, they will learn to rely on themselves for entertainment rather than on adult-structured activities.

Questions to determine if your child is overscheduled....

- Does she really enjoy all of the activities, or is she participating because you want her to?
- Is he often exhausted or complaining of physical ailments?
- Is she able to complete school work and still get to bed at a reasonable hour?
- Is he able to enjoy a little "down time" each day to unwind, talk with friends, and spend quality time with family members?
- Are her grades dropping?
- Am I, as the parent, stressed,

strapped for time, and irritable because I'm unable to juggle the child(ren)'s schedule?

To help ease your child's schedule:

- Limit your child to one sport per season. Coaches today are demanding, and the amount of practice and game hours add up quickly.
- Keep lessons to a minimum. Whether it is dance, vocal training, music lessons or art instruction, the class time and practice times should be kept to a reasonable amount of hours per week.
- Set a bedtime and stick to it. If the extracurricular activities take up so much time that your child is still doing homework at 11 p.m., cut something out.
- Build "down time" into their schedule. If they don't have a few hours here and there to just relax, cut out an activity.
- Encourage informal social gatherings. Give your child and her friends some "hanging out" time with a movie and popcorn night. Have a family game night once a week. Plan to go out for ice cream or a movie once a week. Do anything that doesn't require a rigid schedule of events.
- Give your child an "out." Let him know it's okay to cut down on extracurricular activities if he's feeling overbooked.
- Just say NO. You are the parent, and it is okay to say "no, you can't do that" if you think her plate — or yours — is getting too full.

WHAT ARE AUTISM SPECTRUM DISORDERS AND WHAT ARE THE SYMPTOMS?

Autism spectrum disorders (ASDs) are a group of related disorders that affect a child's behavior, social, and communication skills.

Symptoms

No two children with ASD have the exact same symptoms. The number of symptoms, the age

they appear, and how severe they are can vary greatly. In addition, depending on the age of the child, many of these behaviors are NOT an indication of an ASD. The following are examples of how a child with ASD may act:

Social traits

- Doesn't snuggle when picked up
- Makes very little or no eye contact
- Doesn't respond to parent's smile or other facial expressions
- Doesn't look at or point to objects parents are looking at or pointing to
- Doesn't bring objects to show to parents just to share his interest
- Unable to make friends

Communication traits

- Doesn't say single words by 15 months or 2-word phrases by 24 months
- Repeats exactly what others say without understanding its meaning
- Doesn't respond to name being called, but does respond to other sounds
- Refers to self as "you" and others as "I"
- Doesn't start or can't continue a conversation
- May have a good rote memory, especially for numbers, songs, TV jingles, or a specific topic
- Loses language milestones, usually between the ages of 15 to 24 months

Behavioral traits

- Rocks, spins, sways, twirls fingers, or flaps hands
- Likes routines, order, and rituals
- Obsessed with a few activities, doing them repeatedly during the day
- Plays with parts of toys instead of the whole toy
- Doesn't cry if in pain or seem to have any fear
- May be very sensitive or not sensitive at all to smells, sounds, lights, textures, and touch
- Unusual use of vision or gaze— looks at objects from unusual angles

The apparent increase in ASDs is due to a combination of factors. For example, more and more behaviors and disorders are being included under the ASD umbrella than in the past. Also, the public and the medical profession recognize these disorders more often. There also may be a true rise in ASDs. Many studies from different parts of the world have shown there is no link between vaccines or the form of mercury (thimerosal) that used to be in vaccines and ASDs. Indeed, after thimerosal was removed from childhood vaccines the frequency of ASDs has still increased. Please let us know if you have any developmental concerns about your child.

FROM THE SECRETARIES

When coming for your appointment please try to have accurate insurance information so the correct party can be billed, especially if there have been any changes. Start thinking about scheduling summer well checks. It is always easier to schedule in the early summer than during the last weeks of August.

STUDIES AT PPA

We will be starting a study of an MMRV (combined measles-mumps-rubella-varicella [chickenpox]) vaccine soon. Given the unavailability of the currently licensed MMRV vaccine, this is a particularly attractive study.

A study of an already licensed medication to prevent wheezing episodes in young children has begun. The purpose of the study is to see if the medication can be used at the time of an illness rather than every day as it is now used.

If you have questions about either of these studies please call Bonnie Pforter, RN, Dr. Kratz or Dr. Rothstein at 215-257-2727.