

## *For a Healthy Practice*

### **Federal legislation means a giant step backward for US children, AAP leader charges**

The US Congress dramatically reduced children's access to health care by passing the Deficit Reduction Act (DRA) this year, according to American Academy of Pediatrics President Eileen Ouellette, MD, JD, during an address Saturday morning at the AAP National Conference and Exhibition in Atlanta. The act was subsequently signed into law by President George W. Bush.

"The American public, which espouses 'family values,' isn't aware of how children are being affected," Ouellette told the audience in her opening remarks to conferees. "The DRA was a giant step backwards for kids dependent on Medicaid."

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One result of the DRA is the requirement that Medicaid recipients supply a state-certified birth certificate. The requirement, which went into effect in July, predominantly had an impact on children in foster care, homeless adolescents, and babies.

For newborns released from the hospital, the certification requirement basically means that they are without financial support for medical services through the first few months of life.

"It takes six weeks or more for the certified birth certificates to be delivered. And we're hearing from hospitals that they are unable to discharge children who need equipment, like monitors and so forth, because the babies can't be registered for Medicaid," Ouellette explained. "We've heard from Virginia that one county alone has dropped 4,000 children from Medicaid since July 1st."

Ouellette emphasized that the AAP is working hard with congressional staff to allow exceptions for these three groups of children.

"The law was intended to keep undocumented immigrants from using Medicaid. But in the process, children who are American citizens are being denied Medicaid as well."

Although the AAP has been working in coalitions with more than 300 groups to inform the public, Ouellette said that these efforts have fallen short in alerting Americans of the effects of the legislation.

"It is quite clear that the American public, which espouses 'family values', does not understand the harm that is being done to children every day."

As a result of these experiences, Ouellette reported that the AAP is starting an initiative to develop a national agenda for children in which new associations with judiciary and business leaders are being forged.

"Fortune 500 leaders we've spoken to are very aware of the benefits of early childhood education. They've estimated that the return on investment for preschool is 16%, because children graduate from high school at a much higher rate and are less likely to go to prison. And children who aren't well, can't learn."

What can you do? There's a need for pediatricians to assist with this important issue by contacting the AAP chapter president in their state, Ouellette urged, and

becoming involved in work that promotes public awareness. The goal? To energize Americans so that there is a coalescence of political to have the nation invest in its children.

“Children are 100% of our future, and we are depriving them of medical care,” she concluded. “This jeopardizes everyone’s future.”

### **Prevalence of allergic disease is rising—strikingly**

Allergies are not only becoming more prevalent but, in the case of food allergy, the natural course may be changing, according to Robert A. Wood, MD, professor of pediatrics and director of pediatric allergy and immunology at the Johns Hopkins University School of Medicine in Baltimore.

In an adjunct CME symposium addressing early strategies for allergy prevention, held October 6<sup>th</sup> before the opening of the AAP’s National Conference and Exhibition in Atlanta, and sponsored by Nestle, Dr. Wood reviewed what is known about the etiology of food allergy, atopic dermatitis (AD), asthma, and allergic rhinitis.

“There is a rising prevalence of allergies and AD,” said Dr. Wood. “There are about 5% to 8 % of children and 3% to 4% of adolescents and adults with a food allergy. These numbers have risen significantly; now we think that at least 11 million Americans have food allergies, and the prevalence appears to be rising sharply.”

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Among allergic diseases, food allergies have the quickest onset, with peak prevalence at 1 year of age. In contrast, asthma and allergic rhinitis have a much more gradual onset, and do not hit peak prevalence until adolescence or early adulthood. A child who develops a food allergy or AD early in life is much more likely to go on to develop other allergic disease, including asthma and allergic rhinitis, as they grow older.

“This natural progression of the allergy-prone child from atopic dermatitis and/or food allergy to asthma and allergic rhinitis is referred to as the ‘atopic march’,” said Dr. Wood. “This is a very real phenomenon.”

Studies show that the prevalence of asthma and AD rose dramatically in the 1980’s and 1990’s but stabilized around by the end of the 1990’s. Now, there is evidence that the prevalence of peanut allergy has doubled in the last five to 10 years; the data are less clear on other foods, but Wood recently completed a study in which milk allergy appears to be undergoing changes.

“We used to tell people that there was a 90% chance that kids will outgrow milk allergy; our new study shows that 70% of milk allergies now persist beyond the age of 12 years,” Dr. Wood explained. “That indicates that what we are seeing now is different than from what studies found 20 or 30 years ago, and an indication that the natural course of food allergy may be changing.”

Wood said that because the changes in allergy prevalence have been so dramatic, genetic factors are probably not involved. He reviewed the so-called hygiene hypothesis, which proposes that the T-helper-2 cells, which predominate in a newborn, develop over the first six months of life in one of two directions, and become predominantly T-helper-

1 (no allergy) or remain predominantly T-helper 2 (allergy develops). The immune system of children who have an older sibling and are exposed to a variety of infections do not tend to develop allergies. Children who do not have a sibling and are not exposed to many few infections do tend to develop allergies.

Supporting the hygiene hypothesis is evidence that children who are raised on a farm, attend day care, have at least two older siblings, live in a less-developed country, and are exposed to parasites or pets, have an immune system that resists the development of allergy. Dr. Wood points out, however, that inner-city children defy this profile: They have all the “benefits,” as it were, of poor hygiene, such as older siblings and exposure to factory by-products, yet the prevalence of allergy among them is on the rise. What exactly is overwhelming the potential benefits of bad hygiene for these children? That, Dr. Wood said, is a question immunology researchers are trying to answer.

The answer may be specific to Western countries, as evidence suggests that allergy rises rapidly as countries become “westernized.” Woods gave the example of East and West Germany after the Berlin wall came down in the 1990’s. Before that, allergies were one quarter as common in East Germany as they were in West Germany. East Germany was much more polluted, yet had much less allergy. Within 10 years of the Berlin Wall coming down, prevalence in the East and in the West equalized.

Other variables affecting the development of allergy are allergen exposure, housing variables, exposure to microbial agents, lifestyle factors, exposure to tobacco smoke, and dietary variables.

“We generally think of air pollution as being bad for the immune system, but that may not necessarily be the case,” Dr. Wood explained. “For air pollutants other than endotoxin and tobacco, it is much harder to determine a role in allergy development, especially when you see examples like the East and West Germany scenario, in which it was clearly much worse in the country where there was much less allergy.”

### **Easy on the peanut butter, specialist in mold illnesses advises**

Molds are commonplace in virtually every modern environment, and are even present in the everyday jar of peanut butter sitting on the kitchen counter in most children’s homes. The advice of Lynnette J. Mazur, MD, MPH, presented Saturday at a seminar at the AAP National Conference and Exhibition, was simple: Eat a balanced diet!

“Aflatoxin is a natural inhabitant of peanuts,” Mazur said. “How much or how little is present in peanut butter varies from jar to jar. To address that, tell your patients not to eat it every day.”

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Dr. Mazur reviewed the range of types of mold that can cause illness. She said that such factors as changes in new building construction are contributing to mold growth. New homes, for example, are made of soft woods that do not contain the tannins and oils of harder woods that inhibited mold growth—woods used in older construction. And new homes have become more energy-efficient, which, in turn, causes air exchange to be lower, also encouraging mold.

There is more: A soon-to-be-released AAP policy statement, Dr. Mazur reported, advises against the use of humidifiers for the management of respiratory tract infections.

The resulting increase in ambient humidity that is considered a benefit in such circumstances can also encourage the growth of mold growth indoors.

When should you consider mold-related illness in a patient? According to Dr. Mazur, several scenarios should arouse suspicion: When a patient has chronic respiratory infections of unknown cause, poorly controlled asthma, recurrent flu-like symptoms, or suspected (or diagnosed) hypersensitivity pneumonitis, allergic bronchopulmonary aspergillosis, or fungal sinusitis. The symptoms may also subside or become worse at a particular location or time, or during a particular activity.

In a case in which mold-related illness is suspected, a home inspection may be warranted. Visible signs of mold, a moldy odor, or old water damage can indicate a problem. Where there are no visible signs of mold, air sampling may be appropriate.

Getting rid of mold is tricky. Porous materials that have been wet, including carpet, ceiling tiles, mattresses, pillows, and upholstery, must be discarded. Nonporous materials, such as floors, countertops, metal object, plastic, and glass can be cleaned with soap and water, followed by a dilute mixture of bleach. Bleach is *not* recommended by all organizations, however, for addressing a mold problem, Dr. Mazur pointed out; the US Environmental Protection Agency advocates its use but it is not recommended by the US Occupational Safety and Health Administration.

Raised public awareness regarding molds has brought questions by parents about the potential for mold-related illness at schools, Dr. Mazur concluded. Faced with such a complaint or worry by parents, you should advise them to contact the local health department and school board with their concern.

### **Tonsillectomy—when is it the right choice?**

When deciding whether a tonsillectomy is indicated for a given patient, tailor your decision to the severity of symptoms and that patient's ongoing story, advised a specialist Saturday at the AAP's National Conference and Exhibition in Atlanta.

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In a presentation designed as a primer for the generalist, David H. Darrow, MD, DDS, of the departments of otolaryngology and pediatrics at Eastern Virginia Medical School, Hampton Roads, reviewed the indications for tonsillectomy in children, including severe upper-airway obstruction, suspected malignancy, and recurrent tonsillitis.

In determining airway obstruction, Dr. Darrow reported that the gold standard is polysomnography—a procedure that is both expensive and difficult to schedule in a timely manner.

“Audiotaping or videotaping can be very practical,” Darrow said. “Keep in mind that you won't get paid for your time, but it can enable you to see what parents may or may not be reporting.”

When conducting a polysomnography test, Dr. Darrow advised pediatricians to look for apnea, hypopnea, the hypopnea index (events per hour), desaturation time, and arousal index.

“Cancer is one thing in patients that you never want to miss,” said Dr. Darrow. “However, if you see asymmetry in tonsils, it is reasonable to observe the child over a period of weeks to see if further changes occur.”

According to Dr. Darrow, mild asymmetry is not unusual. Furthermore, the depth of the fossa can sometimes cause one tonsil to look significantly larger than the other—when, in fact, it is not.

Tonsillectomy for recurrent tonsillitis has been controversial for nearly a century, Dr. Darrow reported, because of the role tonsils play in the immune system. His advice? Consider whether the patient was at a point at which the degree of impairment of the local immune function because of the tonsillitis justifies the procedure. Also important to consider is that tonsillectomy removes some of the symptoms associated with infection but not necessarily the source of infection.

Dr. Darrow urged all pediatricians to be familiar with the Paradise and colleagues' study of tonsillectomy, published in 1984 in the *New England Journal of Medicine*.

“This study is not without its flaws, but it provides one of the most comprehensive guides available to date,” Dr. Darrow said. “A variety of entities, including insurance companies, use this [study] to make decisions regarding tonsillectomy.”