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KAREN OVERGAARD

"I've rarely if ever had an article quoted to me so many times by so many parents," Dr. Lawrence Rosen said of the recent study.

Experts Divided on Honey Rx for Coughs

BY TIMOTHY F. KIRN
Sacramento Bureau

The public was agog over a new study suggesting that a teaspoon of honey helps a child with nighttime cold and cough, but the experts' reaction was more nuanced and varied.

Dr. Lawrence Rosen said that if he had not already known about the study, his patients would have made sure he heard about it.

The study, published in the December issue of the Archives of Pediatric and Adolescent Medicine, received tremendous attention from the public and the press when it was released.

It came out just shortly after a Food and Drug Administration advisory panel voted that over-the-counter cough and cold medications should not be recommended for children under age 5 years, and many major manufacturers voluntarily pulled from the stores their cough and cold products aimed at infants and toddlers.

"What perfect timing," said Dr. Rosen, a pediatrician who practices in Old Tappan, N.J., and is a member of the provisional section on complementary, holistic, and integrative medicine of the American Academy of Pediatrics.

"I've rarely if ever had an article quoted to me so many times by so many parents," he said in an interview. Dr. Rosen said he thought the study was well designed and

compelling, and that he already recommended honey, with tea, before the study, but the study gives him more reason to do so, particularly since honey is benign for children over 1 year of age.

Honey is a known source of bacterial spores that produce *Clostridium botulinum* bacteria, and in children less than 1 year old there is risk of infant botulism.

Parents "are just happy to know there are things that they can do," he said. "They just want to be able to do something."

Some other experts, however, do not have such a high regard for the findings.

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Where the Bugs Are

Diarrhea-causing pathogens often lurk at petting zoos and swimming pools.

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On the Beach?

A nutritionist says a South Beach Diet-type program may help teen girls lose weight.

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A Better Image

A new use of ultrasound facilitates the diagnosis or exclusion of appendicitis.

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VITAL SIGNS

Mean Compensation for Pediatric Care Specialists in 2006

Pediatrics: general	(n = 3,128)	\$188,496
Pediatrics: infectious disease	(n = 25)	\$186,872
Internal medicine: pediatrics	(n = 106)	\$180,008
Family practice (without OB)	(n = 5,850)	\$178,859
Pediatrics: hospitalist	(n = 88)	\$166,568

Source: Medical Group Management Association

Congress Extends SCHIP Until 2009 As Stopgap Move

Bill also addresses physician pay, Part B.

BY ALICIA AULT
Associate Editor, Practice Trends

After months of debate and two presidential vetoes, Congress has successfully voted to extend the State Children's Health Insurance Program to April 2009.

President Bush signed the legislation on Dec. 29. The SCHIP extension is included in a bill that also addressed Medicare physician reimbursement, payments for Part B drugs, lab tests used by diabetics, and long-term care hospitals.

Authorization for SCHIP expired Sept. 30. The program operated through two continuing resolutions that kept the entire

federal government funded until mid-December while lawmakers and the President wrangled over a 5-year reauthorization.

The showdown ended in late December when the Senate and House both agreed to a stripped-down version of the Democrats' wish list.

Congress voted to allocate enough federal funds to keep SCHIP enrollment at 2007 levels—or about 6 million children and adults—through March 31, 2009.

Democrats have sought to broaden SCHIP to cover 10 million children, but could not get such legislation approved.

And the bill provided enough

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Yoga, Dance Game Highlight Girls' Weight-Loss Program

BY FRAN LOWRY
Orlando Bureau

NEW ORLEANS — Obese teenage girls who participated in an intervention program lost an average of 15 pounds in 6 months, compared with their matched controls who received no intervention and continued to gain weight during the same time.

The intervention, which was done in collaboration with the girls' pediatricians, emphasized cutting down on high-calorie beverages, portion sizes, and fast-food consumption, but did not stress counting calories. Partici-

pants were encouraged to eat three meals a day, including a good breakfast, and to have dinner with the family. Girls in the intervention group also added 30-60 minutes of physical activity per day, which included the video game "Dance Dance Revolution" and at least 15 minutes of yoga.

The girls, who were 12-17 years old and had a body mass index in the 90th percentile or more for their age, were found via a chart review and recruited from pediatricians' offices within the Kaiser Permanente Health Care Plan in the Pacific Northwest. Recruiting

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Phenolic Compounds May Be Key

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"I think it is reasonable to recommend honey for treatment in cough for children over 2 years old based on these results," said Dr. James Taylor, a professor of pediatrics at the University of Washington, Seattle.

However, "In my own practice I will probably not yet widely recommend honey because the benefits are relatively small, and the appropriate dose and form of honey to use are not well standardized," he said in an interview.

The type of honey used in the study was buckwheat honey, which is a dark honey containing higher levels of phenolic compounds than light honey, and phenolic compounds have antioxidant properties. On the other hand, the mechanism of action involved with the honey treatment might only be its demulcent properties, said Dr. Taylor, who has an interest in complementary medicines. "If that is the case, any soothing cough drop might work equally well."

Dr. J. Owen Hendley said he was not impressed with the study, but he probably would recommend honey to patients.

"It is not a knock-your-socks-off kind of study," said Dr. Hendley, a professor of pediatrics in the division of pediatric infectious diseases at the University of Virginia, Charlottesville, who has studied rhinovirus and colds since the 1960s.

The study used parental recall to measure cold improvement, rather than a more objective and definitive measure, he noted.

Moreover, all of the groups in the study had improvement in their cough, even those who received no treatment. "Either

recall is a problem, or whatever it is, but there is a problem," he said in an interview. "It may point out that cough is a moving target."

On the other hand, Dr. Hendley said he does not recommend much for a cold since nothing has been shown to have a definite benefit, but he would recommend honey.

"I happen to like honey—the price is right. I can't think of anything bad about having a 1-year-old use honey," Dr. Hendley added.

The study that has excited so many parents since many over-the-counter cough and cold medications have become unavailable for infants and toddlers was performed by Dr. Ian M. Paul and his associates at Pennsylvania State University, Hershey.

A bedtime dose of buckwheat honey was more effective than was dextromethorphan or no treatment at all for quieting cough and facilitating sleep in children aged 2-17 who had upper respiratory infection, they reported.

Honey decreased the frequency, severity, and "bothersome" nature of children's coughs associated with upper respiratory tract infections, thus improving both their sleep and their parents' sleep. Dextromethorphan wasn't any better than no treatment at all in a study comparing the three strategies.

The findings, combined with those of a previous study by the same researchers that found that neither dextromethorphan nor diphenhydramine was superior to placebo for cold symptoms, "now provide a generally safe and well-tolerated alternative for practitioners to recommend," they wrote.

Dextromethorphan is the most commonly used over-the-counter antitussive for childhood cough, even though its use is not supported by the American Academy of Pediatrics or the American College of Chest Physicians.

The agent has been linked to serious adverse events including dystonia, anaphylaxis, and bullous mastocytosis at standard doses, as well as psychosis, mania, hallucinations, ataxia, dependence, and death at higher doses.

In contrast, honey, an alternative remedy used by many cultures and endorsed by the World Health Organization, is generally considered safe—with the exception of the risk of infantile botulism in children aged under 1 year.

Honey is thought to soothe the throat and to have antioxidant and antimicrobial effects, although there is "no scientific evidence to support" its use, Dr. Paul and his associates noted (*Arch. Pediatr. Adolesc. Med.* 2007;161:1140-6).

The investigators assessed the two cough remedies against no treatment in 105 patients at a single university-affiliated pediatric practice. The patients were randomly assigned to receive no treatment (37 children), buckwheat honey (35 children), or a honey-flavored dextromethorphan liquid (33 children) packaged in identical 10-mL syringes. They were treated for a single night and assessed via parent interviews before and after the intervention.

The children had a median age of 5 years and had cough or rhinorrhea for 7

Continued on following page

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States Rapidly Adopting CF Newborn Screening

BY TIMOTHY F. KIRN
Sacramento Bureau

SALT LAKE CITY — Twenty-nine states required newborn cystic fibrosis screening as of last year, and more states are likely to do so soon.

“Cystic fibrosis newborn screening is really taking off across the country,” Dr. Michael Rock told the annual meeting of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition. The Cystic Fibrosis Foundation has called for newborn testing in every state by 2010. “We’re on track to meet that goal,” reported Dr. Rock, director of the cystic fibrosis center at the University of Wisconsin, Madison.

The number of states requiring newborn screening has been increasing rapidly since 2004, when the Centers for Disease Control and Prevention issued a statement that expert opinion considered the health benefits of screening to outweigh the costs.

Since then, an advisory committee to the secretary of the Department of Health and Human Services recommended that all states screen for 29 conditions in newborns. One of those tests was the immunoreactive trypsinogen test for cystic fibrosis.

Continued from previous page

days or fewer before receiving treatment.

Buckwheat honey provided the greatest relief from cough and was significantly superior to both dextromethorphan and no treatment, the researchers wrote.

There was no difference in illness duration among the three groups. Parents reported mild adverse events such as hyperactivity, nervousness, or insomnia in five children who received honey and two who received dextromethorphan, compared with none of the children in the no-treatment group. This could influence physicians’ recommendations in some cases, Dr. Paul and his associates said.

Among the limitations of this study noted by the researchers was that much of the improvement in all groups “can also be attributed to the natural history of [upper respiratory tract infections], which generally improve with time and supportive care.

“While additional studies to confirm our findings should be encouraged, each clinician should consider the findings for honey, the absence of such published findings for dextromethorphan, and the potential for adverse effects and cumulative costs associated with dextromethorphan when recommending treatments for families,” they added.

The researchers explained that the efficacy of darker honeys, such as buckwheat, apparently is greater due to their containing more of the phenolic compounds that are associated with the antioxidant properties of honey, which likely contributes to its relieving effect.

Further, they wrote, honey’s “topical demulcent effect may contribute to its benefits for cough as postulated by the World Health Organization review.” ■

A study conducted on all children diagnosed with cystic fibrosis in Wisconsin between 1984 and 1995 showed that earlier detection resulting from newborn screening resulted in better growth for those children (J. Pediatr. 2005;147:S30-6), and other evidence suggests that earlier detection can affect cognition, if efforts are made to improve vitamin E status in diagnosed children (Pediatrics 2004;113:1549-58), Dr. Rock said.

The states that did not mandate cystic fibrosis screening as of this summer were

Alabama, Hawaii, Maine, Nevada, North Carolina, Utah, and Vermont. Connecticut and Pennsylvania have pilot programs in which testing is offered at some hospitals, but do not have universal screening. And Massachusetts has a pilot program whereby hospitals offer testing, but it is not required. States that had decided to mandate universal testing but had not implemented the requirement as of this past summer are Arizona, Arkansas, Florida, Kansas, Illinois, Indiana, Michigan, Montana, Ten-

nessee, Texas, and West Virginia.

Screening for cystic fibrosis is very cost effective, Dr. Rock said. According to data from two studies, the cost of offering newborn screening is \$2.66 per infant, and the estimated yearly cost of treating that infant with earlier diagnosis is \$7,228. In comparison, the cost of conventional diagnosis is \$4.97 per patient and the yearly cost of treating that patient is \$12,008.

Dr. Rock had no financial conflicts of interest to disclose. ■

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