NEWS

VOL 71, NO 2 April 2006

los angeles pediatric society

FROM THE PRESIDENT

ADVOCATES FOR CHILDREN

Lettie Burgett



As pediatricians, we are designated advocates for the health and well being of children. In this task we partner with parents, who of course have the primary and ultimate responsibility. An awesome task. Yes, one of the best jobs going for both pediatricians and parents, but a sometimes overwhelming responsibility. In our instant gratification, quick-fix society, where perfection is viewed as attainable and anything less with disdain, parents are taking the responsibility not simply for doing their best but for doing THE best. An awesome and impossible task. Somehow the assignment has gotten mixed up and parents seem increasingly afraid of doing it wrong. I'm sure parents have always feared making mistakes; it goes with the territory. But perhaps because we can now fix so many imperfections and discard and replace defective items, there seems to be an increasing emphasis on perfect everything—including parents and children.

> As child advocates, we need to remind parents that they will make mistakes and that this is healthy for them and their children.

As child advocates, we need to remind parents that they will make mistakes and that this is healthy for them and their children. It teaches children what parents already know: that it needs to be safe to make mistakes, that life goes on, and perhaps most important, that parents and children are still loved and loveable even when things go wrong. We need to support parents who choose the popular as well as the less popular course—not to breastfeed or not to put their child in the "best" preschool, or maybe to delay preschool until that individual child is ready. I do not mean to diminish the importance of breast feeding or the benefits of preschool. I merely wish to suggest that the pressure for perfection is putting a serious damper on the joy of parenting, and, sadly, may give us children whose perfectionism will make life a series of unattainable goals.

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FUTURE MEETINGS



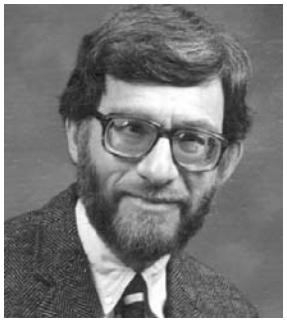
May 17, 2006
Parmelee Lectures
Current and Emerging Treatments in Management of Childhood ADHD
Dodger Stadium Club
1000 Elysian Park Ave.
Los Angeles, CA 90012
bcarr@lapedsoc.org or
meosborne@lapedsoc.org
(See page 3 for flyer)

September 28-October 1, 2006
63rd Brennemann Lectures
Pediatric Pain, Death, & Dying
Disneyland Paradise Pier® hotel
Anaheim, California
bcarr@lapedsoc.org or
meosborne@lapedsoc.org
(See page 10 for flyer)

November 16-19, 2006
Pediatric Update, 28th Annual Las Vegas Seminars
Hosted by
American Academy of Pediatrics,
California Chapters, 1, 2, 3 & 4
Venetian Hotel, Las Vegas Nevada
(310) 540-6240 or
email meetings@aap-ca.org
Register online: www.aap-ca.org

TAKE ME OUT TO THE BALLPARK

ANNUAL SPRING MEETING AND PARMELEE LECTURE



Remember the date, May 17, 2006.
Remember the event, the annual Parmalee Lecture.
Remember the topic. ADHD: an Update.
Rember the speaker, James McGough, M.D., child psychiatry U.C.L.A.
Remember the new location, the Stadium Club at Dodger Stadium.
This should be a grand slam event.
An important topic. A nationally-recognized authority on ADHD!
See you all behind home plate.

I'M GOING TO DISNEYLAND

2006 BRENNEMANN LECTURES

Save these dates for the 2006 Brennemann Lectures. We have a great new location—Disney's Paradise Pier® Hotel in Disney's California Adventure Park. It's a perfect setting for all ages. We'll have access to California Adventure Park and of course, Disneyland.

We are concentrating on an important area: **Pediatric Pain, Death and Dying**. By the end of 2006, all physicians in California are required to fulfill twelve CME credits in pain management as mandated by the California State Legislature, Measure AB 487. Attendees will be able to satisfy their complete CME requirements by attending this meeting. Equally important, we will address an area which we fortunately do not commonly encounter. With the help of Lonnie Zeltzer, M.D., an expert in pain management in UCLA's program, we have assembled what may be the finest group of speakers in this somewhat neglected area of pediatrics—Heather Krell, M.D. (UCLA Psychiatry), Tonya Palermo, PhD, Gary Walco, PhD, Steven Weisman, M.D. (Anesthesia and pain management) and Lonnie Zeltzer, M.D.

We again have a stellar cast of speakers, a new exciting location and an urgent topic. I look forward to a well attended informative and entertaining three days. I'm looking forward to see in you all in Anaheim.

Marshall G. Goldberg, M.D., FAAP, FAAAA&I, Program Chairman

the los angeles pediatric society
Annual Spring Meeting and Parmelee Lecture

the los angeles pediatric society presents the

ANNUAL SPRING MEETING AND PARMELEE LECTURE

Current and Emerging Treatments in Management of Childhood ADHD

Speaker:
James J. McGough, M.D.

Wednesday, May 17, 2006
6:30 pm-9:30 pm

Dodger Stadium Club
1000 Elysian Park Ave.
Los Angeles, CA 90012

NEW SITE!

This is an approved program of continuing medical education for two CME hours

Information: (310) 540-6240
email: bcarr@lapedsoc.org
www.lapedsoc.org

Current and Emerging Treatments in Management of Childhood ADHD

Attention Deficit Hyperactivity Disorder continues to be a common and challenging issue. With the recent revelations regarding possible cardiovascular side effects attributable to stimulant medications, we may now have to explore other therapeutic options. To that end, we are indeed fortunate to welcome back James McGough, M.D. from the Division of Child Psychiatry at UCLA. Dr. McGough is a nationally recognized authority on ADHD and many of you will remember the informative and stimulating lecture he delivered at a past Parmalee program. We urge you all to take advantage of what promises to be a most worthwhile evening.

Speaker

JAMES J. MCGOUGH, M.D., Professor of Clinical Psychiatry, UCLA Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA

ADVANCE REGISTRATION

The Los Angeles Pediatric Society ANNUAL SPRING MEETING AND PARMELEE LECTURE
Wednesday, May 17, 2006 Dodger Stadium Club, 1000 Elysian Park Ave., Los Angeles, CA

Name _____ Date _____

Address _____

City_____State_____ Zip _____

If Pediatric Resident, Hospital Name:_____

(Advanced registration is required.)

	BANQUET AND LECTURE		**LECTURE ONLY**	
	Tuition Fee before April 30, 2006:		**Tuition Fee before April 30, 2006:**	
Physician, Member of LAPS	$50	$ _____	**$20**	**$** _____
Physician, Non-Member	$75	$ _____	$25	$ _____
Allied Health or Lay Person /Parent/Teacher	$50	$ _____	$25	$ _____
Pediatric Residents	$30	$ _____	$10	$ _____
Non-Member Pediatrician new to area in 2005/2006	$30	$ _____	$10	$ _____

Banquet Choice: ❑ Chicken ❑ Vegetarian

Late Fee after April 30, 2006: Add $10 to each category

Information: (310) 540-6240 *Please make check payable to: Los Angeles Pediatric Society and return to: PO Box 4198, Torrance CA 90510-4198*

DODGER STADIUM CLUB
1000 Elysian Park Avenue, Los Angeles is the new location for the 2006 Parmelee Lectures.

As an attendee, enter through Elysian Park Avenue at Security Gate A and inform the attendant you are there for the Parmelee Lecture at the Stadium Club. Parking will be in Lot 6. Signs will indicate "Stadium Club," which is the blue building.

ACCREDITATION: The Los Angeles Pediatric Society is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Los Angeles Pediatric Society takes responsibility for the content, quality and scientific integrity of this CME activity.

The Los Angeles Pediatric Society designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE (COPEM) REPORT

Important Things to Do when Sending a Patient to the Emergency Department – An ED Perspective

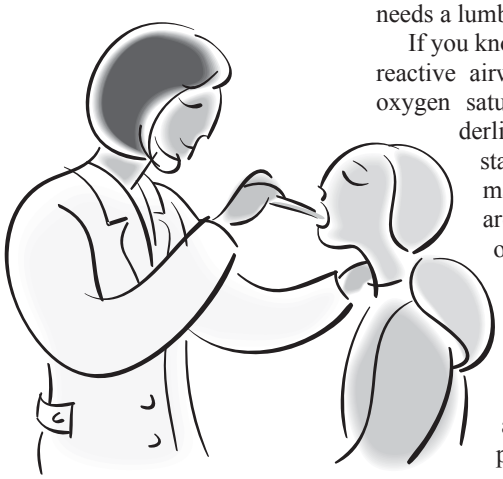
Paula J. Whiteman, MD FACEP, Co-Chair, COPEM

Parents bring a five-week-old male to your office with a temperature of 103F.

You have a patient in your office with exacerbated reactive airway disease. It is 4:30 pm and you know she will need additional breathing treatments.

In such cases, you tell the parent to go to the local emergency department. While you are transferring the child's care, these are a few things you need to do to make the transition smoother, which will result in better care and patient (or parent) satisfaction. First you or someone from your office should call in your referral to the triage nurse or an ED physician. Depending on the hospital, it may be preferable to speak to the triage nurse as opposed to an ED physician. You should know ahead of time who the best individual to speak with is and have their direct phone numbers.

This communication is essential; parents often do not remember instructions given to them while they are distracted trying to comfort their sick child. With a quick call you can provide your patient's name, age, chief complaint, what treatment you initiated in the office, and what you would like done by the ED. Alternatively, you can fax your instructions in to the ED, as long as you inform their staff you are doing it. That way, someone is responsible for placing your faxed information on the chart or calling your office back if the fax didn't come through.



For example, in the first case with the five-week-old febrile infant, if you gave Tylenol after noting the fever in the office, then write it down in a note for the ED staff. The patient may be afebrile upon presentation and the mother may not remember that temperature was 102F or report it as 100.2F. Similarly, the triage nurse should act quickly on a note stating that the infant needs a lumbar puncture.

If you know your patient with reactive airway disease has an oxygen saturation that is borderline, then provide the staff with this information. All patients are triaged in the order they present, if the acuity is equal. By calling ahead, you may bump your patient to a higher priority. In addition, when your patient arrives it may help expedite their triage process and give them a sense of being "welcome."

Write down in your note any specifics instructions for the staff as well, if possible. For example, if you gave a shot of Ceftriaxone or Decadron to your patient, then you certainly don't want it repeated. The parent may tell the doctor that "some" shot was given or forget completely to inform the staff. List any allergies or recent medications, such as in the child with resistant otitis media. Parents can loose the note you have given them with all your instructions. Don't be upset if the ED MD asks you to repeat the information, if the parent left that note in the car. A fax can always be sent as a backup.



This communication is essential;
parents often do not remember instructions given to them while they are distracted trying to comfort their sick child.

Calling ahead, does not ensure that the ED physician will decide your patient needs to be admitted, but feel free to give explicit instructions, such as a "three-year-old with probable AGE, give IVF and check electrolytes." You can ask to be called only if admission needed or instead direct the staff to call Dr. X of the hospitalist service. If there is more than one hospitalist group at your hospital, then let the staff know your referral preferences up front, even if initially your patient does not seem to need admission. Many EDs keep a "secret" list for physician preferences, that is not for general distribution. Find out if they do, or suggest that they create one. This list in the ED can help you to avoid a potential late night call. Contrary to popular belief, we do not want to wake you up at night! Time gets away from us during a shift and suddenly, it is 11pm or later. If you absolutely want to be called, regardless, then state that. After hours, many doctors will simply say "to evaluate and call" after the patient is first seen. They know their

patients, but want to hear what an extra set of eyes has found on the physical exam. By making such a reuest you can help the ED physician tailor the tests you want ordered as well as develop any contingency plans.

If you do call ahead, let the parent know you are doing so. Ask them which hospital they prefer. If you are on staff at two hospitals, then a call to the ED may tell you which is empty and which is full. If you feel a child most likely will need to be admitted, then it may be reasonable to ask about the potential bed situation.

In many states where medical resources are stretched to capacity, this is an important question. In the US, California ranks 50th in terms of the nurse to patient ratio. This contributes to our nursing shortage and results in ward closures. A hospital may have unoccupied rooms, but without nurses to care for those patients, the beds go empty. If there is no room in the ward for a timely admission, then this may result in a transfer preferably to another hospital that you are on staff.

Not every hospital has ready access to pediatric sub-specialists, such as a pediatric surgeon. If you want a pediatric surgeon, then that may influence your hospital selection for a particular patient. There is overlap in some specialties. For example, in some areas, pediatric surgeons may be too busy to operate on a ten-year-old with appendicitis, while there are many general surgeons that would be comfortable removing an appendix in a five-year-old. Similarly, a gynecologist or a pediatric surgeon can manage an ovarian torsion. An ENT or an oral maxillary surgeon can handle some types of mouth trauma.

Plastic surgeons are not needed to repair small facial lacerations. Many EDs do not have plastic surgeons readily on-call to come in for minor lacerations that can be easily repaired by the ED physician. Even if your patient's family states that money is no object when it comes to their child, they may not realize that some insurance plans will not cover a plastic surgeon for minor lacerations that can be repaired by the ED physician. Many years ago, I asked one of the plastic surgeons how much it was for him to come in and repair a one cm laceration on a small child. He charged them $800 and his fee was separate from the ED. If the family insists on a specialist, then an ophthalmologist or ENT with an interest in plastics may be willing to repair certain facial lacerations.

If a child presents to your office appearing gravely ill, call 911. Even if your office is across the street from the hospital, there are medical-legal implications to not calling. While in your office, that patient has you and your staff. When the ambulance arrives, they will have oxygen, monitoring, and resuscitation equipment. Lethargic children may have their airway compromised when placed in a car seat and their head flops over.

In conclusion, call ahead. You make dinner reservations at a restaurant to ensure timely service; your patients deserve the same. Have your staff get in the habit of calling the ED. Get the ED fax number. Ask them if you can fax over the relevant chart information. Write a brief note on a piece of prescription paper for the parents to take with the. After hours, a quick call early on may save you a page late in the night.



FREE MEMBERSHIP

Free membership in LAPS until June 30, 2007 to all third-year pediatric residents graduating this June, 2006. Our gift to you. Just fill out the application on page 11 or at www.lapedsoc.org and return to PO Box 4128 Torrance, CA 90510-4198 or fax to (310) 543-2375.

LAPS Membership Directory

We are in the process of updating the LAPS Membership Directory, which is available for view or download from our Web site at www.lapedsoc.org. Please review your listing and submit any changes or additions to Barbara Carr (bcarr@lapedsoc.org) or Mary Ellen Osborne (meosborne@lapedsoc.org). You may also mail or fax the form below to the Los Angeles Pediatric Society at: PO Box 4198 Torrance CA 90503; Fax (310) 543-2375 or phone changes or additions to (310) 540-6240 or (310) 328-2036.

Please make the following changes/additions to my listing:

Name ..... ❑ Change ❑ Addition

Address .....

..... ❑ Change ❑ Addition

Phone..... ❑ Change ❑ Addition

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Specialty..... ❑ Change ❑ Addition

LAPS is considering producing an expanded directory in CD format that will be mailed to members only. Would you be interested in such a directory? ❑ Yes ❑ No

THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to stimulate high school students to choose careers in the health professions. This is accomplished by providing first hand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of $75.00 is given each student to cover incidental expenses and a certificate of completion at the end of the program. In addition two $500 scholarships are awarded each year from the Edward M. Rissman Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year are listed below. All are cordially invited to join. You will help students get started in the right direction just as perhaps someone helped you.

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We regret the omission of any names. If you find an error, please call our office and we will print a correction in the next issue.

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Would you like to participate in the Gene Black Summer Medical Career Program? Do so by giving your monetary support to:

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The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of $25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student's essay about their experience in the program.

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Disneyland RESORT

Disney's PARADISE PIER HOTEL

Los Angeles Pediatric Society
63rd Brennemann Lectures
Pediatric Pain, Death, & Dying
September 28–October 1, 2006

By the end of 2006, all physicians in California are required to fulfill twelve CME credits in pain management as mandated by the California State Legislature, Measure AB 487. Attendees will be able to satisfy their complete CME requirements by attending this meeting.

A limited number of $50.00 food vouchers and reduced Disneyland tickets are available to those who register before August 15, 2006.
(Good at all Disneyland hotels and parks during the meeting only.)

Faculty

HEATHER KRELL, MD Assistant Clinical Professor of Psychiatry and Pediatrics Block Chair, Human Biology and Disease Curriculum UCLA Neuropschiatric Institute and Hospital David Geffen School of Medicine at UCLA, Los Angeles, California.

TONYA PALERMO, PhD Assistant Professor (Secondary appointement), Department of Psychology and Peri-Operative Medicine, Oregon Health and Science University; Assistant Professor (Secondary appointment), Department of Psychiatry, Oregon Health and Science University, Portland, Oregon.

GARY WALCO, PhD Professor of Pediatrics, UMDNJ, New Jersey Medical School. Director, The David Center for Children's Pain and Palliative Care, Hackensack University Medical Center

STEVEN WEISMAN, MD Jane B. Pettit Chair in Pain Management, Children's Hospital of Wisconsin; Professor of Anesthesiology and Pediatrics, Medical College of Wilconsin; Milwaukee, Wisconsin

LONNIE ZELTZER, MD Director, Pediatric Pain Program, Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, California

Accreditation

This activity is offered by a CMA-accredited provider, the Los Angeles Pediatric Society. Physicians attending this course may report up to 15 hours of Category 1 credits toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award. The California Board of Registered Nursing approved 15 hours of continuing medical education. Provider number CEP11121.

MEETING INFORMATION
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63nd Brennemann Lectures Meeting Advance Registration

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Tuition Fee	Before 9/5	After 9/5	
Physicians: Members of LAPS	$500	$550	$_____
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Special additional incentives for registration by August 15, 2006 (see above)
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60 rooms are available to registrants at the special rate of $149 (plus tax) per day single or double occupancy, plus resort fee of $10. These rates apply from September 26-October 1, 2006.
Note: Special rates will be available only until September 2, 2006 or until all 60 blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply.
WE RECOMMEND YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING.
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Premature Adrenarche: No Longer a Normal Variant

Ronald A. Nagel

Every now and then in the field of pediatrics, a "benign" condition is later discovered to actually have some serious consequences. Over the past five years, the endocrine condition benign premature adrenarche is now being labeled by pediatric endocrinologist as not necessarily being entirely benign. In some cases of premature adrenarche, this may be the first clinical manifestation of insulin resistance.

Benign premature adrenarche typically occurs in females beginning at age five (but it can also be found in boys but this article will discuss girls only) with isolated pubic hair, followed by the appearance of axillary hair, apocrine odor, and slight acne. There is no breast development, virilization (clitiromegaly, facial hair, or bad acne), rapid growth spurt, or advanced bone age. It is also known that premature adrenarche has no adverse effects on ultimate height or the timing of menarche. The etiology is still unclear, but it may be due to the premature activation of the zona reticularis region in the adrenal gland. Serum DHEA-Sulfate, a weak adrenal androgen is the best marker for premature adrenarche and found to be elevated but appropriate for the Tanner stage of sexual hair development. Pathological causes for premature adrenarche are uncommon, but they include virilizing tumors found in the adrenal gland and ovary. These patients are usually virilized and will have VERY ELEVATED androgens like testosterone and DHEA-sulfate. Non-Classical 21 Hydroxylase Deficiency can also be a cause for premature adrenarche but there is again rapid growth, advanced bone age and virilization. These patients often have an elevated 17 OH progesterone level in the early morning. Should breast development begin shortly after the appearance of pubic hair, the physician should entertain the diagnosis of central precocious puberty (activation of the hypothalamic/pituitary gland) or a tumor that is secreting both androgens and estrogens.

The common teaching in the past was if a girl presents with isolated pubic hair prior to age seven and there is no advanced bone age or growth spurt, no further work-up was necessary. (All boys with pubic hair prior to age nine do need a work up). The newest question on this topic is whether premature adrenarche can still be called a normal variant or is it a harbinger for the adult diseases called Metabolic Syndrome or Polycystic Ovarian Disease. Metabolic Syndrome, or its previous name Syndrome X, consist of a group of metabolic conditions that place an individual at risk for coronary heart disease and strokes. Conditions defining Metabolic Syndrome include central obesity (apple shaped body) dyslipidemia, hypertension, and glucose intolerance/Type II Diabetes. Recent medical literature has now added another condition to Metabolic Syndrome. Premature adrenarche followed by rapid weight gain especially in the SGA/IUGR infant may indicate insulin resistance and ultimately lead to Metabolic Syndrome.

Since premature adrenarche may be the first clinical manifestation of insulin resistance, it is important to carefully inspect for acanthosis nigricans. We pediatricians have been observing a dramatic increase in pediatric obesity over this past decade and it is important that genitalia be examined at the annual check-up for early adrenarche as this might be a forerunner for Type II Diabetes. When a health care provider sees premature adrenarche, rapid weight gain, acanthosis nigricans, and a BMI over 97% it is suggested to obtain a fasting glucose, insulin level (normal is less than 15 uU/ml), lipid panel, glycosylated hemoglobin, and liver function tests.

Treatment should be aggressive dietary intervention and weight reduction. There are now studies looking at the drug Metformin (glucophage) which decreases hepatic glucose production and improves insulin sensitivity as an approach to decrease insulin resistance and delay or prevent the progression to PCO and Metabolic Syndrome. Nevertheless, remember the motto: One ounce of prevention is worth a pound of cure. If a physician sees a child with premature adrenarche crossing weight percentiles rapidly, a warning should be made to the parents about potential insulin resistance.

Since premature adrenarche may be the first clinical manifestation of insulin resistance, it is important to carefully inspect for acanthosis nigricans.

In conclusion, most patients with Premature Adrenarche will proceed without any adverse effects. However, in the year 2006 it behooves every pediatrician to consider premature adrenarche as a forerunner for insulin resistance and ultimately Metabolic Syndrome and PCO.

LAPS NEWSLETTER SUBMISSIONS

Here's your chance to express your ideas and opinions to fellow LAPS members. Submit articles of interest to other health professionals to LAPS, PO Box 4198, Torrance CA 90510-4198 or by email to bcarr@lapedsoc.org. Deadline for submission for the September 2006 issue is July 30. For more information, call Barbara Carr at (310) 540-6240.



los angeles pediatric society
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Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. Members residing outside of California will be classified as affiliate members. Membership for all categories is $100 a year. Please complete each of the following items as applicable. *Life membership is available at a one-time fee of $1000.

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