July 2013
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The contents of this newsletter are intended for educational and informational purposes only and do not necessarily
represent the opinion or position of the American College of Pediatricians.

**Kudos from a Senator!**
The College received this message from Kansas Senator Mary Pilcher-Cook

"THANK YOU! I was pleased to discover this [College] website and I will be using
some of the well-researched information you have made available to make our
case for science and the value of all human life."

Email: mary@pilchercook.com

**What is Colocation?**
With all of the computerization how do we come up with a human solution to burn-out? Some
organizations have successfully employed colocation. Colocation is a fancy term for putting people
together in the same room. Physicians and medical assistants sit side-by-side and actually talk about
patient care instead of sending each other electronic messages. Verbal messaging is actually more
time-efficient. Who would have guessed?

Communication throughout the day is crucial to efficiency - not to mention good patient care!

See the full article here at [Medscape](#).

**Smartphone 'Addiction' May Affect Adolescent Development**
Medscape Medical News warns that the more the overuse of smartphones, the
greater the risk for severe psychopathologies in adolescents, according to new research.

See the Medscape article [here](#).

The bottom line is parental guidance is necessary in all aspects of rearing children and adolescents. Boundaries must be set and children must be expected to respect the boundaries. Parents need to be engaged with their children and aware.

**Dream or Nightmare?**
This message brought to you by Freda Bush, MD, of the [Medical Institute for Sexual Health](#).

What if you were to close your eyes and imagine a worldwide health crisis that most people wouldn't
even discuss? What if the crisis affected one in four American teenage girls, many without even knowing it? What if the threat jeopardized our children's physical and emotional health, their future - even their lives? What if it were completely preventable? Tragically, we don't have to imagine such a world. It's the world we live in today.

It's time we open our eyes.

The silent pandemic of sexually transmitted infections thrives at the junction of stigma, complexity, and misunderstanding. The best hope against this epidemic is to attack it with unbiased, credible information.

The moment calls for nothing less than a second sexual revolution - one that delivers on the promise of health and deep fulfillment in the context of a committed marriage.

Encourage sexual risk avoidance in your patients. It protects their future.

**Gender-Blurring: Coming soon to a school near you**
The California State Assembly passed a bill in May mandating schools permit boys to play on girls' athletic teams and utilize the ladies' locker room if they gender identify as girls - or vice-versa for girls identifying as boys. Read more here.

**AMA House of Delegates approves resolutions disapproving recertification programs**
*MedPage Today* (6/19, Pittman) reports that, "members of the AMA's House of Delegates approved a spate of resolutions aimed squarely at the American Board of Medical Specialties' (ABMS) controversial Maintenance of Certification (MOC) program." According to MedPage Today, physicians "generally feel such recertification programs are burdensome, costly, and have little known positive impact on patient outcomes." In addition, "delegates approved the commissioning of a study that will evaluate the impact of MOC and Maintenance of Licensure (MOL) requirements on physicians."

**Change in Address?**
If you have any changes to your contact information such as home address, office address, email address, etc., PLEASE let Lisa in the College office know so that she can update the database and prevent any interruption in communication to you. You may contact Lisa by email to admin@acped.org or by phone to 888-376-1877. Thank you!

**Guidance for Identifying Motor Delays**
*Medscape news* outlines some guidelines for identifying motor delays in patients at their 9, 18, 30 and 48 month check ups.

"The initial responsibility for identifying a child with motor delay rests with the medical home. By using the algorithm presented here, the medical home provider can begin the diagnostic process and make referrals as appropriate," the authors Drs. Noritz and Murphy conclude.

**Advice from your peers on hiring a receptionist**
"I walk to the local Walmart and select the best, friendliest, and hardest-working employee there. [It] works wonders," wrote a neurologist. (Excerpted from this page at Medscape).

Other words of wisdom from the Medscape article include using your local medical societies as a resource as well as local colleges that train medical assistants. Many colleges have externship
programs that allow you an opportunity to find out about a person's work ethic and capabilities. In some cases, you don't have to have someone already familiar with medical terminology if they are motivated and willing to learn. One person recommended using a temp service so you can "try out" some people until you find one that's a good fit.

Listen to your gut, always check references and it's not a bad idea to pre-screen them on Facebook, etc.

And when you do find a good fit.... it is always cheaper to keep the good employees by paying them well and showing them appreciation than to continually hire new people!

**Adult Stem Cells to the Rescue!**

On discovering that type 1 diabetes destroys blood vessels as well as insulin-producing cells, scientists at the University of Missouri have developed a drug called Ig-GAD2 that **works with adult stem cells** from bone marrow. Lead author Habib Zaghouani said "the bone marrow cells led to growth of new blood vessels, and it was the blood vessels that facilitated reproduction of new beta cells." The results appear in the journal *Diabetes*.

**Mercatomet.com** reports that after more than a decade of research on embryonic stem cells, scientists are quietly moving on to greener pastures. In 2003 there was "promise of universal healing" in embryonic stem cells and ethics had to take a back seat to science, but the cures never came.

The reason why stem cell research with embryos has faded from the headlines is that it has been superseded by "induced pluripotent stem cells". In 2007 Japanese researcher Shinya Yamanaka showed that it was possible to create stem cell lines from skin cells without destroying embryos. Almost immediately leading stem cell scientists abandoned embryonic stem cell research. Yamanaka - a man who had spurned embryonic stem cell research as unethical -- won the Nobel Prize in Medicine last year.

**HIPAA Rules Have Changed**


**Measles Update**

In 2013, the measles vaccine remains extraordinarily effective. In 2008 in the United States, however, we saw an outbreak of indigenous measles with subsequent outbreaks such that in 2011, 222 cases had been reported in the US.[1] Since the autumn of 2012, in the United Kingdom, there have been outbreaks of measles in Northeastern England and Wales, totaling more than 750 cases.[2] These outbreaks are occurring primarily in unimmunized children, mostly children ages 5-14 years.

This is exactly the age that you might predict as a consequence of the erroneous Lancet article by Wakefield and colleagues[3] that linked the MMR vaccine with autism (a hypothesis that has been soundly discredited along with the primary author). However, the ramifications are coming home to roost now; many parents became concerned that vaccines may lead to developmental delays in their children, and they sought not to immunize them. Thus, we are seeing these unimmunized children now, predictably prone to measles. See the rest of the article at Medscape.


P.S. Since this writing, Healio.com has reported an outbreak of 56 new cases of measles in New York.

**ADHD - Treating Parents Helps Kids Too**

Medscape new reports that pharmacologic therapy for parents who have attention-deficit/hyperactivity disorder (ADHD) improves their parenting skills, especially if their children also have the disorder.

In a small trial of 38 parent-child dyads with ADHD, treatment of the parents with lisdexamfetamine dimesylate (LDX) enhanced their ability to help their children do homework and also caused them to interact with their children in a more positive, nurturing way.

One thing that Medscape does not mention in their article is how parents manage the cost of not only treating their child, but also treating themselves. The cost of this drug and other drugs in this classification is often out of reach for many families.

**Resources**

Here are links to a couple of websites that are owned by College members. If you have a website that you would like us to share, please contact Lisa in the office at admin@acpeds.org.

- www.goodparent.org
- www.Catholicmom.com

This is a link to one of the many handouts found on the College website: How far is too far? Feel free to print and share it with your adolescent patients.

**Water Safety**

Summertime is here and water safety is paramount. Please check out this new (free) patient handout on water safety to share with your patients. Remember, that the College website has many patient handouts available, with the majority listed in the members' section of the website.

Water safety handout - front page - black and white
Water safety handout - back page black and white

**Help End Abortion and Support Human Rights for All Ages**

Ward Ricker in Oregon has started a campaign enlisting individuals to contact "Human Rights" organizations around the world to enlist their support in supporting the rights of the unborn. With his efforts he hopes to end the greatest human rights tragedy on earth.

You can sign up to support this campaign. Signing up costs nothing, but it does require you to commit to contacting at least one of the organizations listed on the "Challenge Them" page. Of course, you can send messages to confront these organizations even if you don't sign up, but signing here will affirm your commitment, will encourage others, and will allow you to keep in touch with the
campaign as it advances and to get involved further.

Let's gather in solidarity and let our voice be known in support of our vulnerable children.

**College Board Meeting: Welcome Members**

The next College Board meeting (held twice per year) will take place the late afternoon and evening of **Friday, September 13th and all day on Saturday, September 14th, 2013**, in Atlanta, Georgia.

If you are interested to attend the Board meeting, please contact Lisa in the College office for more details. You may reach her by phone 888-376-1877 or by email admin@acpeds.org.

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**EHR - Electronic Health Records**

According to a survey conducted by the College in the spring (of its members), most College members are already using EHR. However, for the few who have not yet made the transition, you may want to take a look at this report at Medscape about the user-friendliness (or not) of particular EHR programs.

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**To Circ or Not to Circ**

A number of articles have come out indicating that there may be benefits to performing a newborn circumcision. In fact, for a long time we had known that the incidence of urinary tract infection in uncircumcised males is somewhere between 8- and 20-fold greater than in those infants who have undergone a circumcision. More recently, more work has been done looking at the incidence of sexually transmitted diseases. Predominantly in the African population, it has been found that the incidence of HIV and sexually transmitted diseases was much less in circumcised men.

See the full report in this Medscape article.

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**Results from Member Survey on Circumcision**

*Medscape News* recently had an article (see the article here) about male circumcision and the considerable controversy about the medical indications for circumcision, particularly when it is used as a preventive measure. The College polled its members - strictly out of curiosity. The results of the College pole on this controversial topic are as follows:

- **Do you believe that circumcision of newborn males is medically indicated?**

  - Yes 55.6%
  - No 44.4%

- **Do you perform circumcisions? If yes, where?**

  - In the hospital 100%
  - In the office 50%

- **Do you believe it is safe or wise for non-medical persons to perform circumcisions?**
Do the benefits of circumcision to the child outweigh the liability risks to the physician?

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Thank you for your participation!

**Calling all Members**
In January 2014 the College will hold elections for the 2014/2015 term. The College nominations committee is seeking candidates for the 2014 elections (January).

* Serving as a board member does not require special qualifications. All member Fellows, Specialty Fellows, and Emeritus Fellows are eligible.*

Board members are expected to attend two annual board meetings. The meetings are usually held in Atlanta on a Friday evening and all day on Saturday. One meeting is in the spring and one is in the fall. Board members are called upon to comment or vote on activities with which the College engages, and Board members are encouraged to serve on one or more committees within the College. Board members may elect also to participate in teleconferenced executive committee meetings on a monthly basis. The total time commitment involved in addition to the two weekends is about 3/4 hours per month.

Board members generally pay their own expenses to attend the meetings; however, financial assistance is available.

If you or someone you know is interested in serving on the College Board, please contact the College office. If you have questions about what is involved with serving on the Board, you may email your questions to admin@acpeds.org, or call the College office at 888-376-1877.

**A mother's advice**

"Because of her life, I have the unique perspective of seeing the best in the human spirit - and not just in her spirit (though she's quite spirited!) but in everyone else."

A moving letter from the mother of a child with Down Syndrome to a pregnant mother who has just found out that her baby will be born with Down Syndrome. This can be shared with anyone who's heart needs to hear it.

**TYPE 2 Diabetes in Youth**
See Medscape article.

Type 2 diabetes, formerly thought to occur only in adults, is now developing in children and adolescents as childhood obesity rates have soared. Seen disproportionately in ethnic-minority youth, type 2 diabetes accounts for up to 1 in 3 new cases of diabetes in those younger than 18 years of age. See the full article at Medscape for new guidelines in addressing this issue.
**Adolescent Pharyngitis**

Acute pharyngitis is 1 of the 20 most common primary care diagnoses in the United States. The majority are attributed to viral etiologies or allergic rhinitis. Although Group A β-hemolytic streptococcus (GABHS) or Streptococcus pyogenes are the main bacterial causes of pharyngitis, new bacteria, specifically Fusobacterium necrophorum, are emerging. Rare yet potentially fatal complications—peritonsillar abscess or Lemierre's Syndrome—may also occur. The latest Clinical Practice Guideline for the Diagnosis and Management of GABHS was issued by the Infectious Diseases Society of America in 2012. Practitioners must be astute in assessment and aware of current treatment recommendations.

Medscape brings to light in [this paper](#) a common complaint with potentially lethal complications.

**Catholic Medical Association (CMA)**

The CMA is holding their annual meeting in Santa Barbara, California—October 24-26th, 2013. If you are planning to attend and would be willing to take some College brochures with you to share with colleagues, please contact Lisa in the College office: **888-376-1877** or by email to **admin@acpeds.org**. Thank you!

**Hepatitis A outbreak affects 87 people in eight states**

[Healio](#) brings us an update on a hepatitis outbreak. As of June 10, a hepatitis A virus outbreak, potentially associated with a frozen food blend has infected 87 people across eight states, according to the FDA.

Fifty-three percent of those infected have been hospitalized but no deaths have been reported. On June 3, Townsend Farms Inc. of Fairview, Ore., announced a recall of certain lots of its frozen Organic Antioxidant Blend because of a potential of contamination with hepatitis A virus, according to a company press release.

"At this time, hepatitis A has not been found in the product, but Townsend Farms is taking this precautionary action in consultation with the FDA, as the investigation continues," according to the company release.

The recall was implemented after the company learned that one of the ingredients of the frozen Organic Antioxidant Blend, pomegranate seeds processed in Turkey, may be linked to an illness outbreak outside of the United States.

CDC recommends that consumers do not eat the blend and discard any remaining product. If some of the product has been eaten without anyone becoming ill, CDC still recommends disposal.

The CDC, the FDA, and state and local officials are working together and will provide updates as they become available.

**Still a Life Worth Living**

Here's a [lovely letter](#) to a beloved Aunt who passed away brought to us by Mercatornet.com. The author shares the important value of a life, even when it wasn't outwardly evident and consumed with frequent pain.

**Proof: A country can protect both women and children without access to abortion**

Maternal and Neonatal Health Better in Abortion-Averse Ireland Than in Great Britain
Researchers Byron C. Calhoun, M.D., of West Virginia University-Charleston, John M. Thorp, M.D., of the University of North Carolina at Chapel Hill, and Patrick Carroll, M.A., of Britain's Pension and Population Research Institute (PAPRI) examined maternal mortality, stillbirth rates, and preterm births.

Irish women can travel overseas to Great Britain or the continent to obtain abortions, but Irish abortion rates continue to be low. The authors calculate total abortion rates (TARs), analogous to total fertility rates (TFRs), of 0.13 for the Republic and 0.09 for Northern Ireland in 2011, compared with 0.52 for England and Wales, 0.36 for Scotland, and 0.6 for Sweden. About one-third of English women are likely to experience an abortion, compared with less than one-tenth of Irish women, they state. Since 1968, maternal mortality has declined much more steeply in Ireland than in Great Britain. In the last decade, the article reports maternal mortality of 3 per 100,000 in the Republic of Ireland compared with 6 per 100,000 in England and Wales.

A history of prior induced abortion is associated with preterm birth and low birth weight, which are in turn associated with a higher rate of cerebral palsy. The authors find that these indicators of neonatal health are also more favorable in the Irish jurisdictions.

"Over the 40 years of legalized abortion in the UK there has been a consistent pattern in which higher abortion rates have run parallel to higher incidence of stillbirths, premature births, low birth-weight neonates, cerebral palsy, and maternal deaths," the authors conclude.

"In contrast, both Irish jurisdictions consistently display lower rates of all morbidities and mortality associated with legalized abortion." "Women, women's health policy advocates, and national health systems ought to take careful note," they state.

The Journal is an official publication of the Association of American Physicians and Surgeons (AAPS), a national organization representing physicians in all specialties, which was founded in 1943.

**House passes anti-abortion bill**

The House passed a far-reaching anti-abortion measure which would limit nearly all abortions to the first 20 weeks after conception. As USA Today (6/18, Davis, 1.71M) puts it, the measure "stands no chance of becoming law under the Obama administration" because the Senate has not scheduled a vote on it and the White House "issued a veto threat."

**Induced abortion and preterm birth in subsequent pregnancy**

From the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG): One of the most consistent associations found in the medical literature is the association between induced abortion and increased risk of preterm birth in subsequent pregnancy. Currently, 137 studies confirm this association. Most studies show that one abortion increases the risk of preterm birth by about 30%, and 2 abortions increases the risk by over 70% (and this increasing"dose effect" continues to rise as the number of abortions rise.) A new study from McGill University can be found in the Feb J Obstet Gynaecol Can 2013;35(2):138-143.

The researchers found that, on average, women who had one prior induced abortion were 45% more
likely to have premature births by 32 weeks, 71% more likely to have premature births by 28 weeks, and 117% more likely to have premature births by 26 weeks.

The authors’ conclusion: "Our study showed a significant increase in the risk of preterm delivery in women with a history of previous induced abortion. This association was stronger with decreasing gestational age. This may imply that cervical insufficiency is a part of the mechanism that leads to preterm birth. Women in the reproductive years are often not aware of all the potential short and long-term complications that may arise from an induced abortion.

AAPLOG conclusion:
"The McGill article is another addition to the weight of evidence that there is a strong and alarming correlation between abortion and subsequent preterm birth. Tremendous effort is expended trying to decrease the heavy burden of preterm birth. The NIH, other federal agencies, many research universities, and the March of Dimes all focus on preterm birth risk factors with one glaring exception - previous abortion. This failure/refusal to connect the dots is a blot on our profession. Informed consent for abortion must include this clear correlation so that women will have all the facts."

Given that LBW/Prematurity is the leading cause of neonatal mortality, and of morbidity including CP, cerebral palsy, mental retardation, autism, epilepsy, blindness, deafness, lung impairment and serious infections, it is an egregious omission that induced abortion is rarely found in the well known list of risk factors for preterm birth. That the association is stronger with decreasing gestational age is especially pernicious, as increasing prematurity brings increasing morbidity/mortality.

Helping Teen Moms
Teen Mother Choices International (TMC) is an organization that addresses the challenges faced by teen moms. It provides resources to encourage and equip them to be successful parents, students and young adults.

If you or someone you know is interested in starting a TMC group in your area, visit this link: [www.tmcint.org](http://www.tmcint.org) to learn what's involved in starting such a group.

Quote of the month

"The crucible for silver and the furnace for gold, but man is tested by the praise he receives."
-Proverbs 27:21 NIV

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The Crucible for Silver and the Furnace for Gold, but Man is Tested by the Praise He Receives.

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