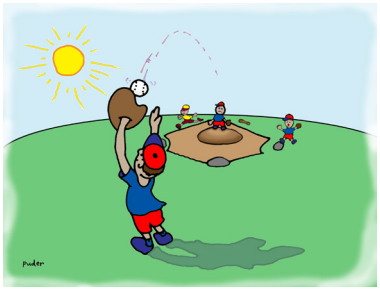
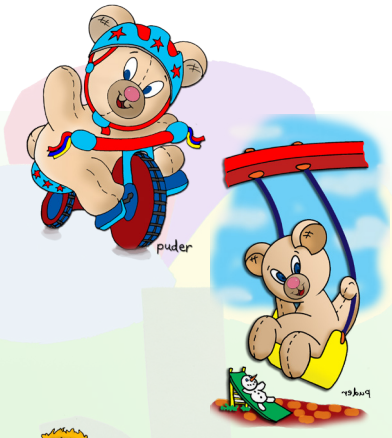
parentLetter
for the loving parents of our patients...
CLARKSTOWN pediatrics
Spring 2019

Happy, Healthy, Safe Spring!

by Doug Puder,MD and Erica Berg, MD





With the return of spring, we hope our patients will enjoy getting outside and exercising. Help your child choose a team sport or maybe non-competitive exercise. Find what's fun for them. In addition, exercise as a family and make getting outside regularly a goal this spring.

The quality of video gaming has improved so much. We totally understand why our patients love playing them. But when children or teenagers get lost in virtual reality it becomes unhealthy. Please limit screen time! The benefit of creative play and social interaction is so important. (To read more about healthy screen time visit the *ParentEd* section of our website).

Some ideas for fun include hiking and exploring nature, playing a ballgame, or heading to a playground. Many like riding a bicycle, a skateboard, or a scooter. We have suggestions for keeping these activities safe: Remember to apply sunscreen daily and check for ticks at the end of every outdoor day (see page 4). Always wear an approved helmet when riding. (more on these topics at *ParentEd*). Spring is also a great time to review how to cross a street safely and how to read traffic signs (especially for older bike riders).

And as we head out, safety while having fun is our goal. A state of emergency in Rockland County due to **measles** makes it harder to do that. Yes 97% of people who have gotten two doses of **MMR** vaccines are immune, but 3% won't have full protection. In addition babies under age 6 months and immune compromised children cannot get the vaccine. Yet they are at high risk for serious complications from measles including death. So make sure your children are immunized and let parents of unvaccinated playmates, friends, teammates know they could be risking your child's health as well.

The doctors at Clarkstown Pediatrics believe that your style of parenting is your own. But no matter what, safety rules always apply. Helmets, car seats for children, stopping at a stop sign are just a few. Stopping the spread of measles by getting MMR vaccine is a very important safety rule too!

www.clarkstownpeds.com

April Breezes Bring May Sneezes...

by Doug Puder,MD

Although spring flowers, trees and grasses are beautiful, their pollen can cause misery for those who are allergic. *Spring allergy* is also called *allergic rhinitis* or *"hay fever"*. Sneezing, runny nose, red itchy eyes, and an itchy throat are typical symptoms. Asthmatic children may wheeze. Luckily, most allergies today can be controlled, and suffering greatly reduced.

❑ How can I tell if my child has allergies?

A springtime "cold that just won't go away" may be allergy, especially if there is no fever. *Spring allergies* often occur in more than one family member. Pollen allergy is uncommon in children under 3 years old. It takes several seasons of pollen exposure before spring allergy is triggered. Although infants and toddlers can develop food allergies, springtime allergy is uncommon. The runny noses of infants and toddlers are usually from viruses.

❑ How can springtime allergy be treated?

Start with a ***non-sedating antihistamine***. These are given by mouth and block the release of a chemical which causes many of the allergic symptoms. These are all available now without prescription (OTC):

Step 1

Loratadine (*Claritin/Alavert*)
Give once daily. Made as pills-liquids-meltaways

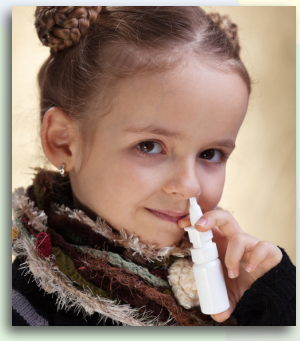
Fexofenadine (*Allegra*)
Give once to twice daily. Made as pills-liquids

Cetirizine (*Zyrtec*)
Give once daily. Made as pills-chewables-liquids

Levocetirizine (*Xyzal*) *(less sedating than cetirizine)*
Give once daily. Liquid or pills

Diphenhydramine (*Benadryl*) *(very sedating)*
Suggest give at bedtime only

If that doesn't give enough relief, add a ***cortisone*** nasal spray to reduce nasal inflammation. Studies have not shown much difference between these nasal cortisone products:



Step 2

These are now **OTC** (non-prescription):
Use in the morning 1-2 sprays each nostril for the first week, then decrease to one spray

Flonase **Nasocort** **Rhinocort**

Rx: Fluticasone (generic Flonase)
Mometasone (generic Nasonex)

Clarkstown Parentletter Douglas Puder, MD,FAAP, Editor,Illustrator
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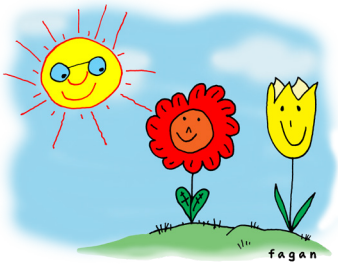
We do not recommend nasal spray decongestants like *Afrin* or *Neo-Synephrine*. They give short term relief but create a risk of rebound congestion. They can cause a vicious cycle of overuse and dependence that feels like an addiction.



And if your child's eyes get red add allergy blocking drops:

Step 3

Ketotifen: *OTC/Zaditor*
one drop in each eye three times a day

Pataday: Rx
one drop in each eye once daily in the morning

Pazeo: Rx version of *Pataday*

Those with contact lenses should switch to glasses on high pollen days. ***HEPA*** air cleaning devices help a little but may not be worth the expense. If you have airconditioning, keep windows closed during high pollen count days.

❑ How can I track pollen levels?

It's helpful to know how high the pollen levels are around you and which type of pollen it is. Learn to match the pollen levels and types of pollen with your childs symptoms. During April and May tree pollen is high. Grasses and other flowering plants produce pollen in late spring. There are lots of free apps which make this easy. Here's a good example:

Step 4 ❑ What about other products?

Aren't there lots of other medications? Yes, montelukast (*Singulair*), azelastine OTC (*Astelin*) and others could be considered **Step 4** medications. They may help a little but the first three steps are the most effective and should be continued until pollen levels drop.

Step 5 ❑ Should my child go to an Allergist?

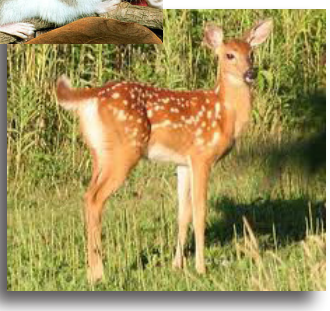
Most children and teens will be comfortable with **Step 1,2,3,4** treatments this spring. But what about a child who is still miserable even while taking all of this? We recommend testing by an allergist. Immunotherapy, most often given by "allergy shots", can be very effective. A new technique uses daily immunotherapy drops under the tongue. It appears to have benefit as well.

We strongly encourage parents to consider immunotherapy for children or teenagers with severe allergies. The decrease in allergy can be dramatic and permanent!

My Child Was Bitten by a Tick!

What Should I do?

❑ The life of a tick, truth can be stranger than fiction:



Ticks live for two years. They eat twice in their lives, seeking a blood meal from a mammal. They wait in brush or wooded areas until their "host" brushes against them and then attach. They feed on the host mammal for three days, become engorged with blood, drop off, and hibernate. What a life!

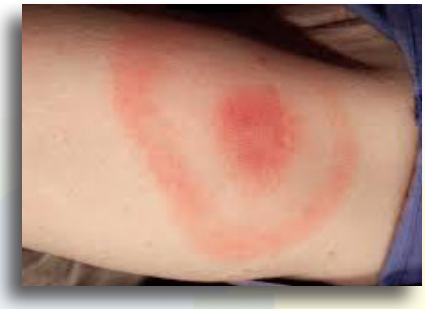
In their first year ticks prefer a small mammal such as a mouse, and in their second year they prefer a larger mammal such as a deer. But they can't be too choosy, so they will feed on a human if they happen by.

It is estimated that about half of the deer ticks (*Ixodes scapularis*) in our area carry the *Lyme* bacteria, *Borrelia Burgdorferi*. A tick carries *Lyme* bacteria in their GI tract and regurgitates it into their host just before dropping off. In the first year, ticks (nymphs) are tiny (2mm) and harder to find. In their second year, ticks (adults) are larger and usually found.

❑ It's the tick you don't find that you have to worry about:

So if a tick is removed before the end of it's blood meal, it will **not** transmit *Lyme* disease. Daily tick inspections should be effective in preventing most cases of *Lyme* disease. Remove ticks with tweezers by grabbing at the skin line and pulling back slowly until the tick releases. If you save the tick we can send it for identification, but testing the tick for *Lyme* bacteria is expensive and unneccesary.

❑ What am I watching out for?



Most children with *Lyme* disease come to us with a bullseye rash without other symptoms. The rash appears 3 to 32 days (average 11 days) after a tick has dropped off. If untreated it leads to fever, headache, and fatigue. After weeks to about a month it could cause more serious problems such as meningitis, Bell's palsy, or heart rhythm problems. Joint swelling (not just pain) takes several months to develop and most often affects one knee.

❑ Is it curable, should my child get antibiotics?

Yes, it is fully curable with antibiotics. Treatment is from 14 to 28 days depending on symptoms. Chronic *Lyme* disease does not appear to occur in children or adolescents. Prolonged antibiotic courses are not needed. Some recommend one tablet of doxycycline after a tick bite for children over age 8, but a full course of antibiotic adds only side-effects. If there is concern, a blood test can be performed 4 weeks later. There is currently no vaccine for *Lyme* disease.

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