PRC - MEDICAL HOME
NCQA
RECOGNIZED PRACTICE

parentLetter

for the loving parents of our patients...

CLARKSTOWN pediatrics

Spring 2018

The Practice of Parenting

for loving parents who are not perfect

Clarkstown Pediatrics will host a series of six **free** classes and discussion led by Dr. Puder, a loving but imperfect father and grandfather. The classes will be held in our conference room from 7pm to 8pm on Wednesdays. We hope to have some special guest speakers as well.

Come to any or all classes which interest you. The classes are open to all parents. We prefer parents find a babysitter for their children as we cannot provide this service during the classes.

All of our doctors discuss parenting issues, but rarely do we have time to discuss these topics in this depth and format. You don't have to be a perfect parent, you have to care and do the best you can! Here are the topics and brief outline:

Parenting 101: How did your parents raise you?

MAY
9
Wed 7 to 8 pm

Can you measure up to your parents and what they did right with you?
Will you make the same mistakes that your parents made with you?
Challenges of accepting your child as he or she is...
Genetics and personality. Comparison-itis
What parents can change and what they can't
Giving your child what they need, including limits
Teaching by example

Understanding the Minds of Infants and Toddlers

MAY
30
Wed 7 to 8 pm

A united front and consistency
Parents working together yet parenting differently?
Tantrums and time outs and hugs
Catch your toddler being good!
Bedtime and the magic of bedtime reading
Teachable moments
Trouble with transitions of the daily routine

Class Schedule continued on page four

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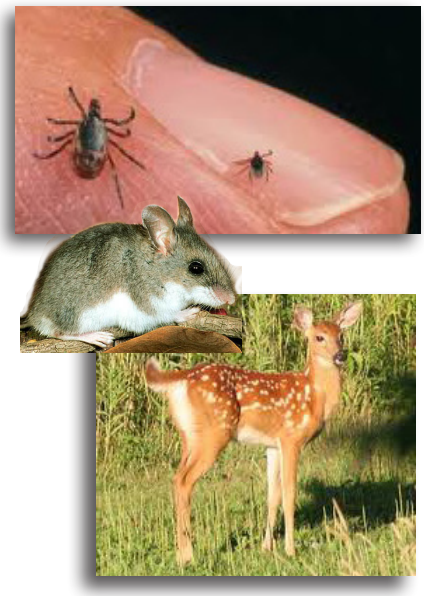
My Child Was Bitten by a Tick! What Should I do?

❑ This is the life cycle of a tick, a story no-one could make up if they tried:



Ticks live for two years. They eat twice in their lives, seeking a blood meal from a mammal. They wait in brush and 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!

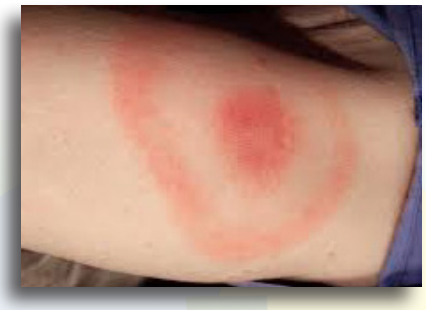
In their first year ticks prefer a small mammal such as a mouse, and in their second year they prefer a larger mammal such as a deer. But they can't be too choosy, so they will feed on a human if they happen by.

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:

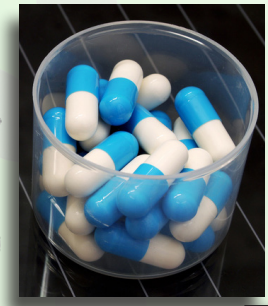
So if a tick is removed before the end of it's blood meal, it will **not** transmit *Lyme* disease. Daily tick inspections should be effective in preventing most cases of *Lyme* disease. Remove ticks with tweezers by grabbing at the skin line and pulling back slowly until the tick releases. If you save 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 and no other symptoms. The rash appears 3 to 14 days after a tick has dropped off. If untreated it leads to fever, headache, and fatigue. After months it can give more serious problems such as meningitis, and heart rhythm problems. Joint swelling (not just pain) takes many months to develop and most often affects one knee.

❑ Is it curable? ❑ Should my child get antibiotics?



Yes, it is completely 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, and 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 no vaccine for *Lyme* disease.

by Doug Puder,MD

Clarkstown Parentletter Douglas Puder, MD,FAAP, Editor,Illustrator
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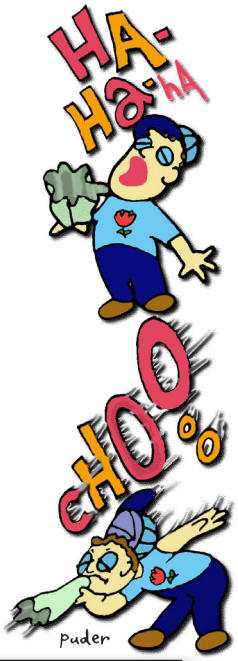
April Breezes Bring May Sneezes...

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*, *allergic conjunctivitis* 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 spring "cold that just won't go away" may be allergy, especially if there is no fever. *Spring allergies* usually occur in more than one family member. They are uncommon in children under 3 years old as it takes several seasons of pollen exposure to develop.

❑ How can spring 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. They are all available without prescription (OTC):

Step 1

Loratadine: *Claritin/Alavert*/generics-pills, liquids once daily
Fexofenadine: *Allegra*-pills and liquids-once to twice daily
Cetirizine: *Zyrtec*-pills,chewables, liquids- once daily
Levocetirizine: Needs Rx- less sedating than cetirizine

If that doesn't give enough relief, add a *cortisone* nasal spray to reduce nasal inflammation. It can give additional relief if an antihistamine alone isn't working: **Many of these are now OTC (non-prescription)!**

Step 2

Fluticasone or Flonase: 1-2 sprays once daily in morning
(usually 2 sprays in each nostril for first week, then one)
Nasocort, **N**asonex, **Q**Nasl 1-2 sprays once daily

Avoid vasoconstricting nasal sprays (*Afrin*, etc.) since they can become addicting and make things even worse when stopped.

Eye allergy responds well to 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: A triple strength 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.

Lots of free apps track pollen counts

❑ Should my child go to an Allergist?

Most allergic children will be comfortable through the pollen season with these treatments. A child who is still miserable despite them should be tested by an allergist, and may benefit from "allergy shots" (immunotherapy).

The Practice of Parenting: Class Schedule continued from page one

Helping your school aged child develop interests and morals

Finding and building your child's strengths
Challenges in accepting your child's weaknesses
Dealing with bullies
Peer pressure
Introducing consequences and fairness

The transition of 'Tweens

Confusion of pubertal changes
Pressure to fit in with friends
Clinging to childhood yet wanting to act grown up
Consequences and fairness
Screen time, bedtime and limits

Teenagers and young adults, the challenge of communication

Walking, talking, looking adult but not thinking like one
Acting out, "it can't happen to me"
The illusion that teens don't listen to you
Sex,drugs,rock and roll, what's normal?
Screen time, bedtime and limits

Special needs children and the exhausted parent

Challenges of autistic children
Childhood anxiety and depression
Attention deficit hyperactivity
Developmentally delayed children
Challenges of gifted children