PEDIATRIC REVIEW

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Pediatricians crucial to obesity awareness, prevention

By ***Sarah Stender***, MD, pediatric endocrinologist at Children's Hospital.

This issue of *Pediatric Review* is intended for pediatricians, family physicians and all other interested medical professionals. For CME purposes, the author has no relevant financial relationships to disclose.

Objectives

At the end of this activity the participant should be able to:

1. Explain the incidence and primary risk factors of obesity
2. Describe how pediatricians can work with their patients to reduce risk factors
3. Discuss ways families can make intensive lifestyle changes to reduce obesity risk

Introduction

Two years ago, Americans observed the first Obesity Awareness Month. The year was 2010, and the unbundling of data from the Healthy People 2010 initiative was in process. It revealed that — despite best efforts to stem the tide of the epidemic of obesity— its incidence in all age groups, both children and adults, was (and is) continuing to rise. "Pandemic of the new millennium" was the description, coined by Kim et al in 2002, and the American Academy of Pediatrics (AAP) was speaking of the "new morbidities," focusing on chronic illness and psychological disease presenting in youth. The National Institutes of Health has classified obesity as a chronic illness. Indeed this is the most common chronic childhood illness. Since 1980, obesity prevalence in children has almost tripled.

Changes in Federal Guidelines

Because of the increase in Americans' girths, the Social Security Disability Administration, carefully monitoring incidence and prevalence of debilitating disease, for the first time in the year 2000 removed absolute criteria for adult body mass index (BMI) above which an individual might automatically qualify for disability. The epidemic was recognized, but there was also a realization that it might easily strap the ever-decreasing available governmental funds. So too is reimbursement dwindling for ongoing medical care for these populations, and there are shrinking resources available for medical nutrition therapy and psychological support.

The call to action has been made. Our response was swift but the situation is still grim. The sustainability of the response is questionable. Primary care pediatricians continue to be perplexed about how to approach this disease in a healthcare setting that has time constraints and provides minimal reimbursement for chronic illness management— much less preventive care, which requires extensive anticipatory guidance to address the multifaceted lifestyle changes needed.

Pediatric Epidemic

Despite best efforts on the part of public and private partnerships, community and individual efforts, school-based and family-focused programs, public health and private practice, and hundreds of new books on diets and healthy workout programs, millions of our youth are overweight or obese — and these are destined to become obese adults. It is a cruel irony that the very government that is reluctant to provide care for prevention — or sustenance for disability — is the same that has subsidized much of the unhealthy food environment available to our most vulnerable youth. Corn fed chickens and cows provide poor quality meats, and the same policies favor non-dairy drinks sweetened with high fructose corn syrup (HFCS). Indeed, fast food chains serving these products have been mapped to be highest in density in the poorest zip codes. Litigation is emerging over food labeling of HFCS as a sugar. Such labeling creates an increasingly confusing environment for our patients, many of whom need basic, not nuanced, instruction in reading food labels.

Many have now had the opportunity to see "The Weight of the Nation," the profoundly moving and timely HBO documentary that premiered in May. This film was produced by a collaborative public and private effort of the National Institutes of Health, the Institute of Medicine, the Centers for Disease Control, the Michael and Susan Dell Foundation and Kaiser Permanente. This four-part manifesto sets out an informed, passionate plea for change, lest the misery of obesity itself and its cruel co-morbidities create a majority population of people too ill to live healthy, productive lives. This next generation of children is the first to have a shorter life expectancy than that of their parents.

What is it then to be aware? It is to have knowledge and perception, concern and well–informed interest. These are all subjects of the documentary, which is highly recommended as a teaching tool for your individual communities. Its four parts could be shown

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Table 1: Comorbid conditions associated with obesity

Metabolic
- Type 2 diabetes
- Early puberty
- Accelerated bone age
- Premature adrenarche
- Polycystic ovarian syndrome (hyperandrogenism)

Cardiovascular
- Poor cardiovascular fitness
- Hypertension
- Hypertrophic cardiomyopathy
- Heart failure
- Stroke
- Dyslipidemia
- Hyperfibrinogenemia
- Elevated C-reactive protein
- Venous thrombosis

Pulmonary
- Obstructive sleep apnea, excessive daytime sleepiness
- Hypoventilation
- Asthma

Gastrointestinal
- Nonalcoholic steatohepatitis

Cancers, including
- Breast
- Prostate
- Colon

Dermatological
- Acanthosis nigricans
- Candida
- Necrobiosis lipoidica diabeticorum
- Striae
- Intertrigo
- Perleche
- Skin tags

Infectious
- Candidiasis
- Lymphadenitis
- Poor wound healing

Orthopaedic
- Pes planus
- Blount's disease
- Slipped capital femoral epiphysis
- Osteoarthritis

Neuropsychiatric
- Pseudotumor cerebri
- Learning disabilities
- Depression
- Anxiety
- Social isolation/marginalization
- Bullying
- Eating disorders/body image angst
- Adolescent adjustment disorders, exacerbated by:
  - Anger/rage
  - Early puberty
  - Pseudoacromegaly
  - Concealed penis
  - Gynecomastia

over each of the four weeks of the month, with a focus on each disc's content: (1) Consequences (2) Choices (3) Children in Crisis and (4) Challenges. There is also an extra bonus disc with short case vignettes, describing various clinical situations and the pros and cons of individual treatments -- including patients' perceptions.

Call to Action

How we as a society react to this grim situation is a true test of our mettle. Rather than becoming complacent, or fearful — in a "deer in the headlights reaction" — it might behoove us to respond to the urgent call to action with radical change that will deflect the current trajectory of overweight and obesity. As we reflect on where we have been, we might once again realize that we are a nation of resilience and hope, and that we will with full knowledge and perseverance return to health.

Two years ago, I shared with many of you a talk at the fourth annual Pediatric Symposium at Children's Hospital, "An Urgent Call to Action: Addressing the Obesity Epidemic in Primary Care." Now as we progress into our second year toward the Healthy People 2020 initiative, I would like to highlight my own C's, not in the form of a documentary but as part of a larger healing tide whose mission is to reclaim the lives of our most vulnerable citizens, our children and our children's children.

Collaboration, Communication and Compassion

Collaboration: Without collaboration between all sectors of our communities we will not succeed. Collaboration must be done with mutual respect for differences as well as similarities, with sharing of ideas and with marginalization of none. It is impossible to name all of those working specifically toward this goal. However, through the FIT NOLA initiative spearheaded by our city health commissioner, Dr. Karen DeSalvo, her CDC intern, William Mupo, and our New Orleans mayor, Mitch Landrieu, many professionals have been brought together, and public and private entities have been linked in various ways. New Orleans Saints running back Pierre Thomas has created the "I Can" foundation (http://believeican.org/) addressing childhood obesity. The energy and the enthusiasm resulting from these efforts have been enormous. Each of us, as members of families, faith communities, schools and places of employment, needs to be involved and to be welcomed in our mutual efforts to become healthier.

Communication: We cannot possibly know one another unless we feel that we can share, in a collaborative effort, what we are doing. There is much overlap in our efforts, and this should strengthen those efforts, not attenuate them. Sharing ideas in efforts to make each program stronger should be our goal, and the element of unhealthy competition can be eliminated. In communicating with our family, friends and patients, knowledge and compassion are paramount.

Compassion: In the midst of an epidemic of the proportions that we are seeing with obesity, there is a great need for true compassion, not pity. The burden of obesity is great for all — so much so that I have lost count of the boxes of tissues that have been used in our clinics as parents express their feelings of guilt and helplessness in dealing with their child's condition and its consequences: the bullying and shame that is inherent in the condition, the feeling of being looked upon as "disgusting" even by healthcare professionals, the comments surrounding the need for a bigger seat in an airplane, and, even in death, the need to be provided with a bigger coffin. When, despite delivery of programs that are based on the evidence of the literature, there is little progress, it is helpful not to judge or let our patients' families believe that they are being judged. Instead, we must problem solve. There are challenges inherent in any program that is being delivered in our current media-

Map of obesity incidence from the CDC

driven environment, when the younger the child, the less able he is to deconstruct unhealthy food advertisements. In addition, some of our children are suffering from eating disorders such as binge eating and night eating disorder. These are psychiatric illnesses that, if not addressed by a trained mental health professional, will not be able to be overcome with simple recommendations about changes in lifestyle. There may also be tears when we are obligated to inform our families of the risks of co-morbid conditions that may in fact have dire consequences. It has been postulated that if we do not inform them, we could be sued for this omission of information. Obesity is a serious chronic illness with serious co-morbidities affecting every organ system.

Adapted motivational interviewing is a useful tool for helping our patients, even those who seem not yet to be ready to change. This is a tool that embraces ambivalence, rather than viewing it as pathological. The four basic steps are to: (1) Establish Empathy (2) Develop Discrepancy (3) Roll with Resistance and (4) Support Self-Efficacy. This last goal is that which will sustain the weight loss. Otherwise, all efforts will be in vain.

Lifestyle Clinic at Children's Hospital

Many of the families referred to our Lifestyle Clinic at Children's Hospital are seeking an underlying medical disorder to explain their child's obesity. And indeed there are very occasionally genetic conditions as Bardet-Bedet (leptin resistance) or Prader-Willi Syndrome. Many of our patients are of ethnicities (African American, Native American Indian, Asian or Hispanic) that predispose them to thrifty genes. These are the groups who in times of famine were able to survive because of the evolutionary advantage of being able to subsist on relatively small amounts of food, but who in an environment of caloric excess become especially obese. Some drugs such as depakote or exogenous steroids can cause weight gain, as can endocrine conditions of hypothyroidism and hypercortisolism. But even in the context of (and especially because of) these diagnoses — once they are addressed — the need for intensive lifestyle change is absolutely indicated to achieve improved health.

The linkage between biochemistry and absolute need for lifestyle change is brilliantly described in a recent article in which four specific foodstuffs associated with the metabolic syndrome (trans fats, branched chain amino acids, ethanol and fructose) — not being insulin regulated — result in delivery of metabolic intermediates to hepatic mitochondria, enhancing lipogenesis and ectopic adipose storage. Dietary avoidance of these substances, increasing fiber in the diet and exercising (to increase mitochondrial efficiency) are suggested, as there are no obvious drug targets for this pathway.

With regard to future and ongoing research, studies are being conducted regarding the specific monogenic (with about 200 cases) and polygenic causes (e.g. specific nuclear polymorphisms, or SNP) and how these might relate to obesity and its inherent insulin resistance. There are ongoing studies on alterations in microbiota of the gut, and how various sweeteners, including artificial sweetners, might predispose someone toward obesity. Low vitamin D levels are being implicated as contributors to insulin resistance as well.

An initial look at the results of our own Children's Hospital Healthy Lifestyle Program showed that for the first hundred patients, we have had a 50% success rate with the lifestyle change. The most significant difference between responders and non-responders is getting an adequate amount of sleep. (The basic science behind this is that with insufficient sleep, there are decreased serotonin levels that result in carbohydrate craving.) Our successful patients are from all backgrounds, and they are the ones to be acknowledged for their abilities to translate "Guidelines for Rearing Healthy Children" into their own lives. They are the ones to be credited with successful translational research: words into thought, and thought into action. Sustainability is the goal as we work as a community to provide access to healthy foods and safe places to exercise.

Pediatricians are vitally needed to change the tide of the epidemic: The power of healthcare professionals to impact the lives of their patients cannot be overstated. When careful compassionate words create an informed, positive environment, this voice is heard above the media din, and the self-fulfilling prophecy of hope can begin its mission. We must be optimistic enough to believe in the ability of people to change and heal. Despite occasional steps backward, meaningful and permanent lifestyle changes can be effected. If we do not believe this to be so, neither will our patients.

The message might be one of hope in the context of a very urgent call to action. Now is the time for reflection upon how we can move toward the goals of the 2020 Healthy People initiative, this time actually effecting the change that is so greatly needed.

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Children's Hospital Allergy & Immunology

The Allergy and Immunology Department provides complete allergy history and physical examination; immunotherapy vaccines; and a full range of allergy testing and asthma care training for families and caregivers. The department also offers full evaluation of patients with recurrent or unusual infections or family history of immunodeficiency disorders. The evaluation includes laboratory evaluations of complement, phagocytes, T and B cell quantitation and function, quantitation of all immunoglobulin classes and function studies.

Other services provided are the evaluation and management of primary immunodeficency disorders and allergic diseases – including conditions affecting the respiratory tract (asthma, bronchitis, croup, allergic rhinitis, chronic serous media); skin (urticaria, angioedema, eczema); gastrointestinal tract (vomiting, colic, diarrhea); systemic anaphylaxis; food allergies and behavior disorders suspected to be caused by foods or food additives and coloring.

Management expertise includes, but is not limited to:

- Chronic Rhinitis
- Asthma
- Primary Immunodeficiency Disease
- Atopic Dermatitis
- Allergy

Ricardo U. Sorensen, MD

Victoria Dimitriades, MD

Augusto C. Ochoa, MD

Kenneth Paris, MD, MPH

PHYSICIANS

Ricardo U. Sorensen, MD
Director, Allergy/Immunology, Children's Hospital
Professor and Chair, Department of Pediatrics,
LSU Health Sciences Center
Professional School: University of Chile School of Medicine, Santiago, Chile
Specialty Training: Pediatric Immunology
Special Interests: Recurrent infections, primary immunodeficiency disorders, pneumococcal vaccines
In Area Since: 1989
In Practice Since: 1964

Victoria Dimitriades, MD
Allergist/Immunologist, Children's Hospital
Assistant Professor of Pediatrics, LSU Health Sciences Center
Professional School: University of Miami School of Medicine
Specialty Training: Louisiana State University Allergy/Immunology
In Area Since: 2005
In Practice Since: 2006

Augusto C. Ochoa, MD
Allergist/Immunologist, Children's Hospital
Professor of Pediatrics, Director, Tumor Immunology and Immunotherapy, LSU Health Sciences Center
Professional Schools: Universidad de Antioquia, Colombia, University of Minnesota, National Cancer Institute, Washington D.C.
Specialty Training: Allergy/Immunology
Special Interests: Allergies to food, asthma, immunodeficiencies
In Area Since: 2000
In Practice Since: 1982

Kenneth Paris, MD, MPH
Allergist/Immunologist, Children's Hospital
Assistant Professor of Pediatrics, LSU Health Sciences Center
Professional Schools: LSU Health Sciences Center, New Orleans, Tulane University School of Public Health and Tropical Medicine, New Orleans
Specialty Training: Brown University/Hasbro Children's Hospital, Providence, RI - Pediatrics
LSU Health Sciences Center, New Orleans - Allergy/Immunology fellowship
Special Interests: Primary Immunodeficiency, asthma, atopic dermatitis
In Area Since: 2004
In Practice Since: 2000

Allergy & Immunology

Appointments: (504) 896-9589
Office Hours: 8:00 am - 4:30 pm
Locations: Children's Hospital, Main Campus
The Metairie Center

Children's Hospital Specialty Clinics & Therapies

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Dimitriades, Victoria [M, BR] ..... (504) 896-9589
Ochoa, Augusto [M] ..... (504) 896-9589
Paris, Ken [M, L] ..... (504) 896-9589
Sorensen, Ricardo [M] ..... (504) 896-9589

Amputee Clinic
Gonzales, Tony ..... (504) 896-9569

Cardiology
Ascuitto, Robert ..... (504) 896-9751
Gajewski, Kelly ..... (504) 896-9751
Lilje, Christian ..... (504) 896-9751
Ross-Ascuitto, Nancy ..... (504) 896-9751
Sernich, Steffan ..... (504) 896-9751
Siwik, Ernest ..... (504) 896-9571
Stopa, Aluizio ..... (504) 896-9571

Cardiothoracic Surgery
Caspi, Joseph ..... (504) 896-3928
Dorotan, Jaime ..... (504) 896-3928
Pettitt, Timothy ..... (504) 896-3928

Children at Risk Evaluation (CARE) Center
Jackson, Jamie ..... (504) 896-9237
Wetsman, Ellie ..... (504) 896-9237

Cleft/Craniofacial
McBride, Lori ..... (504) 896-9568
Moses, Michael ..... (504) 896-9857
St. Hilaire, Hugo ..... (504) 896-9857

Clinical Trials ..... (504) 894-5377

Cochlear Implants
Arriaga, Moises ..... (504) 896-2141
Marks, Herbert ..... (504) 896-2141

Craniofacial/Genetics
Lacassie, Yves [M] ..... (504) 896-9857
Marble, Michael ..... (504) 896-9857
Zambrano, Regina ..... (504) 896-9857

Cystic Fibrosis
Levine, Stephen ..... (504) 896-9436
Pepiak, Derek ..... (504) 896-9436

Dental
Mobile Dental Program 34-BRUSH
Ritwik, Priyanshi ..... (504) 896-9580

Dermatology
Poole, Jeffrey ..... (504) 896-2888

Developmental/High Risk
Wong, Joaquin ..... (504) 896-9458

Diabetes
Chalew, Stuart ..... (504) 896-9441
Genet, Michelle [BR] ..... (504) 896-9441
Gomez, Ricardo ..... (504) 896-9441
Stender, Sara ..... (504) 896-9441
Vargas, Alfonso ..... (504) 896-9441

Down Syndrome
Lacassie, Yves [M] ..... (504) 896-9254
Marble, Michael ..... (504) 896-9254
Zambrano, Regina ..... (504) 896-9254

Endocrinology
Chalew, Stuart ..... (504) 896-2888
Felipe, Dania ..... (504) 896-2888
Genet, Michelle [BR] ..... (504) 896-2888
Gomez, Ricardo [M, BR] ..... (504) 896-2888
Stender, Sara ..... (504) 896-2888
Vargas, Alonso [M, BR] ..... (504) 896-2888

Epilepsy Surgery
McGuire, Shannon ..... (504) 896-9458

Feeding Clinic
Hyman, Paul ..... (504) 896-9534

Gastroenterology
Brown, Raynorda [M, BR] ..... (504) 896-2888
Hyman, Paul ..... (504) 896-2888
Keith, Brent ..... (504) 896-2888
Monagas, Javier [M] ..... (504) 896-2888
Noel, Adam [M] ..... (504) 896-2888
Rosenberg, Allan [M, BR] ..... (504) 896-2888

Genetics
Lacassie, Yves [M] ..... (504) 896-9254
Marble, Michael [BR, L] ..... (504) 896-9254
Zambrano, Regina [M, BR] ..... (504) 896-9254

Gynecology
Holman, Stacey ..... (504) 896-2888
Wells, Lindsay ..... (504) 896-2888

Hematology/Oncology
Gardner, Renee ..... (504) 896-9740
Morales, Jaime [BR, L] ..... (504) 896-9740
Morrison, Cori ..... (504) 896-9740
Prasad, Pinki [L] ..... (504) 896-9740
Ramos, Ofelia ..... (504) 896-9740
Velez, Maria [BR] ..... (504) 896-9740
Yu, Lolie [L] ..... (504) 896-9740

Hemophilia Clinic ..... (504) 896-9740

HIV Clinic/FACES
Wilcox, Ronald ..... (504) 896-9583

Hospitalists
Referrals ..... (504) 896-3924
English, Robin ..... (504) 896-3924
Hescock, Jay ..... (504) 896-3924
Roy, Melissa ..... (504) 896-3924
Sulton-Villavasso, Carmen ..... (504) 896-3924

Infectious Disease
Bégué, Rodolfo ..... (504) 896-9583
Seybolt, Lorna ..... (504) 896-9583
Wilcox, Ronald ..... (504) 896-9583

International Adoption Clinic
Bégué, Rodolfo ..... (504) 896-9583

Kidney Transplant
Buell, Joseph ..... (504) 896-9238
Killackey, Mary ..... (504) 896-9238
Paramesh, Anil ..... (504) 896-9238
Slakey, Douglas ..... (504) 896-9238

Kidney Transplant Clinic
Vehaskari, Matti ..... (504) 896-9238

Metabolic
Zambrano, Regina ..... (504) 896-9254
Marble, Michael ..... (504) 896-9254

Muscular Dystrophy
Tilton, Ann ..... (504) 896-9283
Weimer, Maria ..... (504) 896-9283
Wong, Joaquin ..... (504) 896-9283

Nephrology
Aviles, Diego [BR] ..... (504) 896-9238
Bamgbola, Oluwatoyin [L] ..... (504) 896-9238
Gautreaux, Jessica [M] ..... (504) 896-9238
Iorember, Franca ..... (504) 896-9238
Straatman, Caroline [L] ..... (504) 896-9238
Vehaskari, Matti [BR, L] ..... (504) 896-9238

Neurofibromatosis
Lacassie, Yves ..... (504) 896-9254
Marble, Michael ..... (504) 896-9254
Zambrano, Regina ..... (504) 896-9254

Neurology
Conravey, Allison [M] ..... (504) 896-2888
Deputy, Stephen ..... (504) 896-2888
McGuire, Shannon ..... (504) 896-2888
Tilton, Ann ..... (504) 896-2888
Weimer, Maria ..... (504) 896-2888
Wong, Joaquin ..... (504) 896-2888

Neuromuscular
Gonzales, Tony ..... (504) 896-9569
Levine, Stephen ..... (504) 896-9436
Tilton, Ann ..... (504) 896-9319
Weimer, Maria ..... (504) 896-9859
Wong, Joaquin ..... (504) 896-9283

Neurosurgery
Greene, Clarence [L] ..... (504) 896-9568
McBride, Lori ..... (504) 896-9568
Nadell, Joseph [L] ..... (504) 896-9568

Occupational Therapy (504) 896-9540

Ophthalmology
Ellis, George, Jr. [M] ..... (504) 896-9426
Eustis, Sprague ..... (504) 896-9426
Leon, Alejandro [M] ..... (504) 896-9426
Vives, Tere [M] ..... (504) 896-2134

Orthopaedics
Accousti, William [M, L] ..... (504) 896-9569
Chavez, Manuel, PA ..... (504) 896-9569
Faust, Donald ..... (504) 896-2888
Gonzales, Tony [BR] ..... (504) 896-9569
Heinrich, Stephen ..... (504) 896-9569
King, Andrew ..... (504) 896-9569
Lago, Theresa, PA ..... (504) 896-9569
Lee, Raven, PA ..... (504) 896-9569
Nguyen, Jessica, PA ..... (504) 896-9569
Patel, Prerana ..... (504) 896-9569
Southern, Edward ..... (504) 896-9569

Otolaryngology (ENT)
Arriaga, Moises ..... (504) 896-9254
Hagmann, Michael [M] ..... (504) 896-9254
Jeyakumar, Anita ..... (504) 896-9254
Marks, Herbert ..... (504) 896-9254
Simon, Lawrence ..... (504) 896-9254

Physical Therapy ..... (504) 896-9557

Plastic Surgery
Moses, Michael ..... (504) 895-7200
St. Hilaire, Hugo ..... (504) 412-1240

Psychology
Clendaniel, Lindsay ..... (504) 896-9484
Courtney, John ..... (504) 896-9484
Franz, Diane ..... (504) 896-9484
Gentile, Steven ..... (504) 896-7272
Henke, Amy ..... (504) 896-7272
Heslet, Lynette ..... (504) 896-7272
Jackson, David ..... (504) 896-7272
Kamps, Jodi ..... (504) 896-7272

Pulmonology
Edell, Dean ..... (504) 896-9436
Levine, Stephen ..... (504) 896-9438
Pepiak, Derek ..... (504) 896-9438

Rheumatology
Brown, Amanda [BR, L] ..... (504) 896-9385
Dimitriades, Victoria ..... (504) 896-9385
Gedalia, Abraham [M, BR, L] ..... (504) 896-9385

Scoliosis/Pediatric Spine
Accousti, William [M, L] ..... (504) 896-9569
Gonzales, Tony [BR] ..... (504) 896-9569
King, Andrew ..... (504) 896-9569
Patel, Prerana ..... (504) 896-9569

Spasticity
Nadell, Joseph ..... (504) 896-9568
Tilton, Ann ..... (504) 896-9283
Wong, Joaquin ..... (504) 896-9283

Speech & Hearing (504) 896-9551

Surgery
Hill, Charles ..... (504) 896-3977
Steiner, Rodney ..... (504) 896-9756
Valerie, Evans ..... (504) 896-9756

Travel Clinic
Bégué, Rodolfo ..... (504) 896-9583
Seybolt, Lorna ..... (504) 896-9583
Wilcox, Ronald ..... (504) 896-9583

Treatment After Cancer & Late Effects Center
Prasad, Pinki ..... (504) 896-9740

Urology
Langston, Sherry, CNP ..... (504) 896-2888
Ortenberg, Joseph [BR, L] ..... (504) 896-2888
Roth, Christopher ..... (504) 896-2888

Vascular Anomalies
Poole, Jeffrey ..... (504) 896-9857
Simon, Lawrence ..... (504) 896-9857

Wound Clinic
Valerie, Evans ..... (504) 896-3977

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CHILDREN'S HOSPITAL
200 Henry Clay Avenue
New Orleans, LA 70118
(504) 899-9511 • www.chnola.org

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Children's Hospital	**(504) 899-9511**
Ambulatory Care Center	**(504) 896-9532**
Metairie Center [M]	**(504) 832-4033**
Baton Rouge Center [BR]	**(225) 216-3047**
Lafayette Center [L]	**(337) 289-8289**

Updated 8/12

ARTICLE EVALUATION

You must complete the following evaluation in order to receive your CME credit.

I enhanced my knowledge of the topic:

Very much				Very little
5	4	3	2	1

The author met the stated objectives:

Greatly				Not at all
5	4	3	2	1

The overall evaluation of the article:

Excellent				Poor
5	4	3	2	1

Did you receive any commercial bias in the material presented in this activity?

☐ Yes ☐ No

How long did it take to read the issue and complete the quiz:

30 minutes 1 hour

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Children's Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. Children's Hospital designates this enduring material educational activity for a maximum of **1.0 AMA PRA Category 1 Credit.™** Physicians should only claim credit commensurate with the extent of their participation in the activity. Please PRINT your personal information.

Name: _____

Physician ID number or last four SSN digits: _____

Mailing address: _____

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Topics that you would like to see in future issues: _____

_____

_____

CME Offerings

Pediatric Grand Rounds
1st, 3rd and 5th Wednesday
of each month, 8 – 9 a.m.
Children's Hospital Auditorium

Child Neurology Case Conference
1st, 2nd and 4th Wednesday
of each month, 2 – 3 p.m.
ACC Room 3302

Tumor Board
Wednesdays, 4 – 5 p.m.
Children's Hospital Auditorium

Weekly Pathology Conference
Thursdays, 8 – 9 a.m.
Research Center, Room 4222

Neonatology Conference
Thursdays, 12:30 – 1:30 p.m.
NICU Conference Room

Cath Conference
Fridays, 8 – 9 a.m.
ACC Room 3302

Please call the CME office
at (504) 896-9264
for more information.

Please record your responses to the questions on the form below. Please circle the best possible answer. CME offer is good through December 31, 2012.

1. With regard to obesity data from the Healthy People 2010, (an HHS initiative for every decade since 1980) over the last decade the prevalence: .
   a. Stayed the same
   b. Decreased in children but increased in adults
   c. Increased in children but decreased in adults
   d. Increased in all age groups
   e. Decreased in all age groups

2. Obesity may present with co-morbid conditions involving the following organ system(s):
   a. Pulmonary and gastrointestinal
   b. Endocrine and cardiovascular
   c. Orthopedic and dermatologic
   d. Psychiatric and neurologic
   e. All organ systems, as well all of the above

3. The role of the primary care physician in the care of the obese child is:
   a. To order lab tests for monogenic obesity
   b. To refer immediately to Endocrinology as there must be an underlying hormonal problem
   c. To realize the power of their trusting relationship in the context of knowledge of the family medical and social history, while monitoring the growth chart (BMI% as well as height and weight), and referring as indicated, supporting community efforts to promote healthy lifestyles included in anticipatory guidance and screening for underlying co-morbidities/causes
   d. To tell the parents that the condition is not serious and that most children will grow out of it
   e. Minimal as there is no time to handle this in a busy office/primary care setting, and it is uncomfortable to tell the parents that the child is overweight.

To receive CME credit, participants must score 100%.

To receive CME credit, mail, e-mail or fax your completed form to:
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