

Fall
2008

health highlights

for
PARENTS

NEWS FROM CHILDREN'S MEMORIAL HERMANN HOSPITAL



Children's Memorial Hermann will be a part of the new Memorial Hermann Tower at Memorial Hermann Memorial City Medical Center, opening in early 2009.

inside this issue:

What to Do About the Flu *page 2*

Could Your Child Have Type 2 Diabetes? *page 3*

Protecting Your Child from Cyber-Bullies *page 4*

SMALL-TOWN SETTING, BIG-CITY PEDIATRIC CARE

Your child wakes up in a colorful replica of a bicycle shop. Leaving her room, she walks down a hallway that looks like a tree-lined street, complete with sidewalks and streetlights. She passes a post office, a fire station and other fun rooms on her way to the playroom – a replica of a toy store where she can take toys right off the shelves.

No, your child is not in a new amusement park. She's at Children's Memorial Hermann, located inside the new Memorial Hermann Tower at Memorial Hermann Memorial City Medical Center. The new facility, opening in early 2009, features a leading-edge approach to neonatal and pediatric care in a fun environment that supports the whole family and is an extension of Children's Memorial Hermann Hospital in the Texas Medical Center.

A HEALING ATMOSPHERE

More than a friendly small-town environment for kids, the new children's floor features groundbreaking innovations aimed at supporting parents. One of the most revolutionary: a move to all private rooms. With dedicated living and sleeping space, parents can stay close to their children during an extended stay, which is especially beneficial for parents of premature babies.

"Private rooms really help with reducing length *continued on page 4*



Affiliated with The University of Texas Medical School at Houston

What to Do About the Flu

Because last year's flu vaccine fell short of its mark, many parents may be wondering if it's worth vaccinating their children again this year. The answer is yes.

"Usually, flu manufacturers change one or two flu strains in the flu vaccine each year," says Peter Jung, M.D., who practices at Blue Fish Pediatrics and is the chief of pediatrics at Memorial Hermann Memorial City Medical Center. "This year, hoping for better results, they have changed all three strains. But even if the flu vaccine isn't a perfect match for circulating strains, it can still provide protection and help prevent flu-related complications."

The Centers for Disease Control and Prevention (CDC) recommends vaccination for children ages 6 months to 19 years. Important things to note: Children 6 months to 9 years old who are getting a flu shot for the first time need two doses the first year for optimal protection. Children younger than 9 who are getting the vaccine for the second year need two doses if they received only one dose the year before.

Some children should not be vaccinated. These include children who are severely allergic to chicken eggs and those who have had a severe reaction to a flu shot. Check with your doctor first.

If your child can't tolerate needles, a nasal-spray flu vaccine is available for healthy kids 2 years and older.

After a Long Diagnosis, Hope for NICHOLAS AND NATHAN

Unless they're diagnosed early, children with mitochondrial (mito) disease often have long histories of chronic health problems, repeated hospitalizations and partial or incorrect diagnoses. For Nicholas and Nathan, it took the diagnosis of a mitochondrial disorder in one child to see the condition in the other.

NICHOLAS

Nicholas was born five weeks early with hyperbilirubinemia, a treatable condition that affects about 80 percent of preemies. He wasn't eating well. After two days in the Neonatal Intensive Care Unit, he went home. But he began crying so loudly and consistently that he developed an umbilical hernia. He was later diagnosed with gastroesophageal reflux disease (GERD).

By 11 months old, Nicholas had undergone two major surgeries: a pyloroplasty to repair the valve regulating the movement of food to the intestines, and a fundoplication for GERD, to help prevent stomach acid from backing up into the esophagus. Things slowly improved, but at 15 months, Nicholas was hospitalized with blood sugar swings. Later, he had symptoms associated with mitochondrial dysfunction, including low muscle tone.

"We still weren't thinking of mito yet," recalls his mother, Melody. "Our gastroen-

terologist had mentioned it, but there wasn't enough evidence."

NATHAN

When Nathan was born, like Nicholas, he had little interest in eating, and no one could figure out why. As he grew older, he had developmental delays and was diagnosed with GERD.

Mito wasn't considered until Nathan was a year old, but test results were mixed. "The neurologist sent us to a geneticist," says Melody. "We were told that the boys looked too good to have mito. They can walk and talk, and they're bright."

Meanwhile, Melody had joined an online mito group and learned about Mary Kay Koenig, M.D. Dr. Koenig is a child and adolescent neurologist affiliated with Children's Memorial Hermann Hospital and an assistant professor of pediatrics at The University of Texas Medical School at Houston. An expert in mitochondrial diseases, she is director of UT Medical School's Neuro-Metabolic and Mitochondrial Clinic.

Dr. Koenig says: "When they came to me, Nicholas and Nathan didn't have an official diagnosis. Since then, we've confirmed the diagnosis with blood work."

Dr. Koenig started Nicholas and Nathan on supplements. "The boys have had a remarkable change in stamina and strength," Melody says. "They're improving." ■



Nicholas at age 5



Nathan at age 2

MITOCHONDRIAL DISEASES frequently affect the cells of the brain, heart, liver, skeletal muscles, kidneys and the endocrine and respiratory systems. Depending on the cells affected, mito diseases produce a variety of symptoms, including seizures, muscle weakness and pain, gastrointestinal disorders, poor growth, cardiac disease, diabetes, respiratory complications and developmental delays. For more information, call the Neurometabolic and Mitochondrial Clinic at 713.500.7164.

Could Your Child Have Type 2 Diabetes?

Your child won't come to you with a sign that says, "I have diabetes." It's important that you know the telltale symptoms.

WHAT TO WATCH FOR

Talk with your child's doctor if he or she:

- Unexpectedly loses weight
- Has cuts or sores that won't heal
- Urinates more than normal or begins wetting the bed
- Is unusually thirsty
- Develops frequent infections
- Has blurred vision
- Feels more tired than usual
- Gets patches of thick, dark skin under the arms or on the neck

WHO IS MOST AT RISK

"Most children with type 2 diabetes are diagnosed around puberty," says Michael Yafi, M.D., a pediatric endocrinologist affiliated with Children's Memorial Hermann

Hospital and assistant professor at The University of Texas Medical School at Houston. "However, more children are developing it at an earlier age."

Having a family member with diabetes increases a child's risk. So does:

- Being overweight
- Having a bigger waist
- Having high cholesterol
- Not getting enough exercise
- Being African-American, Latino or American Indian

HOW TO HELP PREVENT IT

You can do a lot to reduce your child's risk. Here are some tips:

- Make sure your child exercises. Kids need an hour a day on most days.
- Control portions. Don't let kids overeat. Switch to smaller plates to encourage smaller portions. Don't let your child eat while watching TV.
- Don't buy junk food. Offer low-calorie snacks such as carrots, celery,



Italian ices, low-fat cheese or fresh fruit. And limit or get rid of soda.

- Set a good example. Eat in a more healthy manner – and exercise too. ■

November is **AMERICAN DIABETES MONTH**. Help raise awareness about this serious condition. Join us on Sunday, Oct. 26, as we support the Fort Bend Walk to Cure Diabetes at First Colony Mall. Visit jdrf.org for details.

zesty turkey tenderloin with vegetables

- 1 lb. boneless, skinless turkey breast tenderloin
- 1½ tsp. ground cumin
- 3 garlic cloves, minced
- 2 tbsp. red wine vinegar
- 2 tsp. sugar substitute with sucralose
- 2 tsp. cornstarch
- 1 cup tomatoes, chopped
- ½ cup zucchini, chopped
- ½ cup yellow squash, chopped
- ½ cup onions, chopped
- 2 tbsp. fresh cilantro, chopped
- 1 tbsp. jalapeño peppers, chopped

Serves four; serving size is 4 oz. turkey meat and approximately ½ cup vegetables.

Nutritional analysis (per serving): 212 calories, 34 g protein, 4 g fat (1 g saturated fat), 9 g carbohydrate, 2 g fiber, 74 mg cholesterol, 104 mg sodium, 50 mg calcium and 2 mg iron.

- 1 Preheat broiler. Combine cumin and garlic in a small bowl and rub mixture on both sides of turkey.
- 2 Place turkey on broiler pan and broil for five minutes. Turn and broil five minutes, or until internal temperature reaches 185°. Juices should run clear and the turkey should not be pink in the center.
- 3 While turkey is cooking, combine vinegar, sugar substitute and cornstarch in saucepan and mix until smooth.
- 4 Stir in tomatoes, zucchini, squash, onions, cilantro and jalapeño peppers.
- 5 Cook and stir vegetables over medium heat until mixture boils and thickens. Cook and stir two minutes more after mixture begins to thicken.
- 6 Spoon over turkey.

Find more kid-friendly recipes online under Kid's Health at childrensmemorialhermann.org.

SMALL-TOWN SETTING, BIG-CITY PEDIATRIC CARE

CONTINUED FROM PAGE 1

of stay,” says Elizabeth Lee, R.N., director of Children’s Memorial Hermann Memorial City. “We can better control the noise and light, and less stimulation gives the baby more energy to breathe, learn to feed and grow. Parents can also be more involved in the care of their baby and become better prepared for when they return home.”

OUTSTANDING CLINICAL CARE

The new children’s facility also features a fully equipped level III Neonatal Intensive Care Unit (NICU) with some of the most advanced neonatal resources available. All NICU beds are equipped for bedside surgical procedures, eliminating the need to transport infants to separate operating rooms. The NICU also has a state-of-the-art room-to-room monitoring system and alarms that immediately notify nurses on their cell phones when a patient’s condition changes.

The best thing about this amazing facility: “Parents can get outstanding pediatric and neonatal care right in their own community,” says Lee. ■

For a referral to a pediatrician in your community, or for more information on Children’s Memorial Hermann Memorial City, call 713.222.CARE (2273).



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Children’s Memorial Hermann Hospital
6411 Fannin, Houston, Texas 77030. Call 713.704.KIDS (5437).

PROTECTING YOUR CHILD FROM CYBER-BULLIES

In today’s electronic age, bullying has taken on a new form. It has moved from the playground to the Internet. Like its old-fashioned counterpart, cyber-bullying feeds anxiety and depression.

Electronic bullying can mean sending cruel or threatening text or pictures via e-mail or instant messaging, or posting embarrassing information in chat rooms or on Web sites. A cyber-bully might pretend to be someone else to make a peer look bad.

WHAT MAKES CYBER-BULLYING SO TOXIC

Cyber-bullying can be even crueler than the old-fashioned variety. Bullies can’t see their victim’s reactions to tell when they’ve crossed the line from teasing to torment. Cyber-bullying can occur anywhere and anytime, making targets feel vulnerable day and night.

Harmful messages and pictures travel at heartbreaking speed. And they spread anonymously. In one study of more than



3,500 middle-school students published in the *Journal of Adolescent Health*, almost half the targets didn’t even know who had been bullying them.

HOW TO STOP CYBER-BULLYING

Kids who are bullied may hesitate to tell their parents because they’re afraid to lose their online

privileges. To keep your youngsters from becoming cyber-targets or bullies:

- Determine when and where your children can use the Internet and cell phones.
- Keep the computer in a room where you can monitor your kids’ use.
- Send to his or her parents any materials a cyber-bully has posted.
- Call the police if a cyber-bully threatens violence.

In addition, discuss these rules with your kids:

- Don’t send messages online that you wouldn’t say in person.
- Avoid responding to hurtful messages. Instead block the sender, remove friendship links and tell a trusted adult. ■

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