

Children's

MEDICAL CURRENTS

A Children's National Medical Center Quarterly Publication for Physicians

Spring 2004

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**Children's
Hospitalists Are
Inpatient Specialists**

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Children's
National Medical Center



Photo above, left to right: Hospitalists Karen Smith, MD (also pictured on cover), Jennifer Maniscalco, MD, and Miriam Bloom, MD.

Children's Hospitalists Are Inpatient Specialists

“We make ourselves available to physicians in the community, and encourage them to call the hospitalists as a resource or to ask about their patient.”



The growing field of pediatric hospitalists is firmly established at Children's National Medical Center. Children's pediatric hospitalists also provide care for inpatients at Anne Arundel Medical Center and Holy Cross Hospital. The physicians in the program serve in a clinical capacity and academic role. The hospitalists teach nursing staff, ancillary staff, medical students, and pediatric and family practice residents.

In a health care environment that severely limits the amount of time pediatricians can spend with their patients, Children's hospitalists are a bridge and resource to the community pediatrician. These specialists contribute to the community pediatrician's ability to use their avail-

able time more efficiently by providing care for the pediatrician's hospitalized patients. At the same time, the hospitalized patients receive more coordinated and efficient care.

“Our goal is to provide personal, comprehensive medical care for the community pediatrician's patients once admitted to Children's Hospital,” says Mary Ottolini, MD, MPH, head of the Hospitalist Division. The advantages include timely consults, timely discharges and overall more efficient medical care. Additionally, the hospitalist is not only the link to the community pediatrician but also to other specialists and the family.

One of the important advantages of the hospitalist service is availability. “We make ourselves available to physicians in the community, and encourage them to call the hospitalist as a resource or to ask about their patient,” says Karen Smith, MD, attending in the hospitalist division.

Children's hospitalists care for children with a variety of medical and surgical conditions. “To be solely responsible for inpatients allows us to focus on the full range of services the patient needs and to coordinate those medical services,” says Craig DeWolfe, MD, an attending in the division. Moreover, since Children's is a Level I Pediatric

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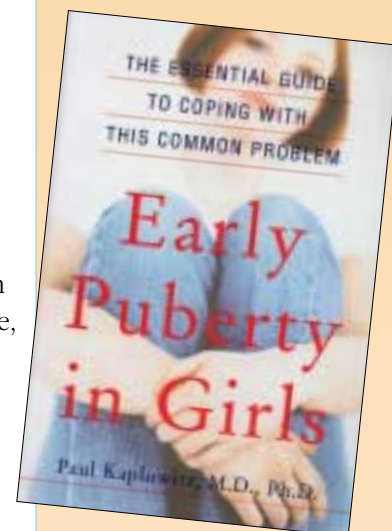
Children's Hospitalists, from page 2

Left to right: Miriam Bloom, MD, Craig Ballard, CRT, and Claudette Coderre, RN.

Trauma Center, Children's hospitalists stay up-to-date on critical care medicine.

Children's hospitalist team is made up of: Mary Ottolini, MD, MPH; Miriam Bloom, MD; Craig DeWolfe, MD; Jill Joseph, MD, PhD; Jennifer Maniscalco, MD; Natella Rakhmanina, MD; and Karen Smith, MD.

For more information about Children's Hospitalist Service, call 202-884-2130.



From leading pediatric endocrinologist Paul Kaplowitz, MD, PhD, comes the first book of its kind and the definitive guide to early puberty in girls as a Trade Paperback Original—What it is....

*What causes it....
When to be concerned....
And when and how it should be treated.*

The 2nd Annual Conference on Pediatric Office and Hospital Management: A Continuum of Care

After a successful inaugural conference at Holy Cross Hospital last spring, Children's Hospitalist Division is currently planning a repeat performance. This year, the division is pleased to hold the conference at the DoubleTree Hotel and Executive Meeting Center in Rockville, MD. The 2004 conference will take place on Friday, May 21 from 8:15 am-4 pm. Both full and half-day registration will be available.

Conference topics include:

- Pediatric Obesity – Are Your Patients Part of the “Low-Carb” Revolution?
- Brief Update on Hip Clicks and Clunks
- The Many Faces of Mycoplasma Infection
- Brief Update on the Prenatal Ultrasound – What it Means for the Pediatrician
- Office Emergencies for the General Pediatrician (An interactive hands-on session)

The goal of the conference is to provide the attendee with direct access to a variety of community experts and up-to-date information in an interactive format. Last year's conference received rave reviews.

For further information look for the conference flyer in the mail or contact:

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In recent years, the issue of early puberty in girls has become a well-publicized topic. Studies show that young girls are maturing earlier than in the past. Paul Kaplowitz, MD, PhD, Children's division chief, Endocrinology and Diabetes, has been at the forefront of this issue since it first came into public awareness. In a groundbreaking and controversial article published in *Pediatrics* in 1999, Dr. Kaplowitz called for revised guidelines for assessing early puberty. Ballantine Books has published the indispensable guide to this increasingly common problem, **EARLY PUBERTY IN GIRLS: The Essential Guide to Coping with This Common Problem** by Paul Kaplowitz, MD, PhD, a pediatric endocrinologist who has treated children for more than twenty years.

FDA Approves Procedure for Treating Vesicoureteral Reflux

With the recent FDA approval of Deflux, a biocompatible "implant" material, pediatric urologists are now able to endoscopically treat VUR.

The pediatric urologists at Children's National Medical Center have received approval from the Food and Drug Administration (FDA) for a new treatment for children with vesicoureteral reflux (VUR). This outpatient procedure is changing the treatment approach for many children with VUR previously managed with long-term antibiotics, particularly those with lower grades of VUR.

Until recently, there were only two accepted treatments for children with VUR: long-term antibiotic therapy and open surgery. Long-term antibiotic therapy (medical management) is designed to prevent bacterial urinary tract infection, thereby preventing pyelonephritis and renal scarring. Medical management is initiated in children with a high-likelihood of spontaneous resolution of VUR, typically those with less severe grades of VUR. Successful medical management relies on children taking their antibiotic every day, possibly for years, until the VUR resolves. Approximately 20 percent of children with VUR experience resolution each year, thus most children will outgrow their VUR after several years.

Open surgery is most often used to treat severe grades of reflux or when medical management has failed. Open surgery has the advantage of being more than 95 percent effective in curing the condition permanently. The operation is performed through a lower abdominal incision under general anesthesia. The child is generally discharged after a two to three day hospital stay and recovers at home for approximately one to two weeks.

With the recent FDA approval of Deflux, a biocompatible "implant" material, pediatric urologists are now able to endoscopically treat VUR. With this incisionless

technique, a cystoscope (fiber optic camera) is inserted through the urethra under general anesthesia. The opening of the refluxing ureter is visualized and a small amount of the implant material is injected under the ureteral orifice. This changes the angle of the entrance of the distal ureter into the bladder providing additional support, thus preventing VUR. In properly selected candidates the success rate approaches 80 percent and can be accomplished in approximately 15 minutes as an outpatient procedure. These children resume normal activity the next day.

If you have any questions regarding the management of vesicoureteral reflux and the possible candidacy of your patient(s) for this procedure, please call 202-884-5042 for any one of the pediatric urologists in the division. They are H. Gil Rushton, MD; A. Barry Belman, MD; M. David Gibbons, MD; Hans G. Pohl, MD; and Naida Kalloo, MD.

Sleep Laboratory Improvements

The Pediatric Sleep Disorders Program provides evaluation and treatment of children up to age 18 with any kind of sleep disorder. Currently there are clinics at Children's on Tuesday and Thursday mornings, and at Children's Outpatient Center in Fairfax on Mondays; both pulmonologists and behavioral psychologists see patients on these days.

- Evaluation and management services are provided for patients who need CPAP or BIPAP during sleep, including patients with neuromuscular disorders, craniofacial abnormalities or obesity; however, these services cannot be provided if the

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Help Parents in Your Practice Understand the Importance of Orthodontics

Growth and development are very important aspects of oral health. The orthodontist is the dental specialist with the most extensive training in monitoring and optimizing children's oral-facial development. An orthodontic evaluation should be recommended whenever a problem is noted or a question needs to be answered, but the American Association of Orthodontists recommends an orthodontic evaluation for all children no later than age 7.

You may want to explain to parents in your practice that there are several reasons for an orthodontic evaluation, including:

1. Orthodontists can spot subtle problems with jaw growth and emerging teeth while some baby teeth are still present.
2. A developing problem may require monitoring until the appropriate age for intervention, or early treatment may be indicated.
3. When indicated, early treatment may prevent more serious problems from developing and may make treatment at a later age shorter and less complicated.
4. In some cases, the orthodontist will be able to achieve results that may not be possible once the face and jaws have finished growing.
5. Early treatment may provide the opportunity to:
 - a. Guide growth of the jaws
 - b. Correct harmful oral habits
 - c. Guide permanent teeth into a more favorable position
 - d. Improve appearance
 - e. Improve the way the lips meet
 - f. Lower the risk of trauma to protruded front teeth

Children's Hospital has a state-of-the-art dental clinic located in Children's Outpatient Center in Rockville, Shady

Grove Professional Center, 14801 Physician's Lane, Suite 173, in Rockville, MD. The office offers a full range of



orthodontic services using the most advanced treatment techniques. The orthodontists specialize in attentive, individualized care with close interaction between the patient, the parent and the doctor providing the treatment. Special needs patients are also a focus of the program. There is no charge for the first appointment, which is the initial evaluation, and the fees are very competitive. The telephone number for scheduling an orthodontic evaluation is 301-838-8750. The Rockville office also offers a full range of pediatric dental services.

The American Association of Orthodontists recommends an orthodontic evaluation for all children no later than age 7.

Sleep Laboratory, from page 4

- patient has only had a sleep study and has not been seen in clinic.
- Many children with sleep disorders do not need a polysomnogram; if they do, it should be tailored to their problem. Many times a behavioral or circadian sleep disorder must be treated before a useful polysomnogram can be done. Therefore, it is recommended that a referral to the clinic for evaluation is made before ordering a sleep study.
 - Otolaryngologists may order a polysomnogram to determine if an uncomplicated child with adenoidal or tonsillar hypertrophy has obstructive sleep apnea, but if there are complicating factors a clinic referral is suggested.
 - Direct referrals from neurology are also accepted.
 - For Behavioral Sleep Disorders Clinic appointments, call 202-884-2231. To schedule the most accurate and comprehensive pediatric polysomnography available anywhere, call 202-884-2128 and press 2 for Sleep Disorders Clinic appointments, or press 6 to schedule a sleep study.

Glenna B. Winnie, MD, is the medical director for the Pediatric Sleep Disorders Laboratory and chief of the Division of Allergy, Pulmonary and Sleep Medicine.

NEWS NOTES

Children's was one of only six diabetes programs throughout the country to have a "clean" American Diabetes Association audit. Under Fran Cogen's, MD, leadership as program director, along with the endocrinologists, nurse educators, nutritionist, and psychosocial support specialists (Diabetes Team), who work to see many new patients each month, the division has met growth projections and improved quality. Murray Pollack, MD, MBA, Children's executive director for Center for Hospital-Based Specialties and chief of Critical Care Medicine, says, "In an area with a large number of children with diabetes, our program is often the only one in the region to accept new patients."

Physicians in the division see approximately 400 patients each month, which includes approximately 20 new diabetes onset patients per month and 12 transfer of care patients per month.

For information about the diabetes program, please call 202-884-2121.

More **NEWS NOTES** on page 7

Clinical Trials: Healthy Kids Needed

Many clinical trials need healthy or normal children as participants just as much as they need children with the disease they are studying. This is especially true when studying disorders of the brain. Healthy children are necessary to help researchers understand normal brain development and determine what is different about the brain of a child suffering from diseases such as epilepsy, attention deficit hyperactivity disorder (ADHD) and autism.

To determine normal brain development, a functional MRI (fMRI) is used to map brain function. In addition to the fMRI, many of the clinical trials perform neuropsychological testing that give a profile of strengths and weaknesses. Tests assess different cognitive domains including language, visual/spatial abilities, intelligence, and academics. The information from healthy children during these trials is then compared to the results of children with brain disorders. This helps doctors identify the exact source of the problems within the brain.

Participation in all clinical trials is completely voluntary and confidential. Children can stop participating at any time without repercussions or penalty. There are many benefits for healthy children who participate in clinical trials. They learn about their brain and how it works; help other children while furthering science; fulfill community service requirements; and most important – have fun. The information obtained in the

tests is often helpful to parents for their child's school because they will know their child's cognitive strengths and weaknesses. You may have patients that would be interested in participating in a clinical trial. The following are descriptions and contact information for studies currently active at Children's.

Plasticity of Language and Epilepsy Research (POLER):

Aim is to investigate the impact of epilepsy on language functioning.

- Normal volunteers and children with epilepsy are eligible
- Eight-hour time commitment
- Reimbursement for time
- Procedures include: neuropsychological testing, neurologic exam and fMRI
- Ages 4 to 12

Please contact study coordinator at 202-884-2545.

Brain Research in children with and without ADHD:

Aim is to investigate brain functioning in healthy children and in children with ADHD.

- Normal volunteers or children diagnosed with ADHD are eligible
- Ages 7 to 12
- Study involves behavioral testing and fMRI
- Compensation \$10 to 30/hour + parking

Please contact study coordinator at 202-687-9133 or at georgetownkids@yahoo.com.

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Kurt Newman, MD

Kurt Newman, MD, has been appointed to the position of Executive Director of the Joseph Robert Center for Surgical Care. Dr. Newman has been at Children's since 1984. He graduated Phi Beta Kappa from the University of North Carolina, and received

his medical education at Duke University. He began his surgical training in the Harvard program at the Peter Bent Brinham Hospital in Boston rising to the level of Chief Resident. He did his pediatric surgical fellowship at Children's National Medical Center under the tutelage of Dr. Judson Randolph, and then joined the attending staff at Children's. Dr. Newman is a member of the Board of Commissioners of the Joint Commission on Accreditation of Health Care Organizations, and is a member of the Board of Governors of the American Pediatric Surgery Association. He is chairman-designate of the Surgery Section of the American Academy of Pediatrics. Dr. Newman is an expert in Clinical Resource Management and has served as a consultant to several children's hospitals in conjunction with the Child Health Corporation of America. Dr. Newman is the author or co-author of over 60 publications. He holds the rank of Professor of Surgery and Pediatrics at the George Washington University School of Medicine.

PEOPLE NOTES



Laurel Blakemore, MD

Laurel Blakemore, MD, will be joining Children's as Chief of the Division of Orthopedic Surgery. Dr. Blakemore is currently serving as the Director of the Orthopedic Surgery Residency Program at the University of Michigan Medical

Center. She is a nationally recognized spine surgeon who has additional expertise in pediatric sports medicine. Dr. Blakemore was trained in General Surgery and Orthopedic Surgery at Stanford Affiliated Hospitals, the University of Michigan Medical Center and Case Western Reserve University/Rainbow Babies and Children's Hospitals. Additionally, Dr. Blakemore is a team physician for the USA Hockey National Team Development Program. Dr. Blakemore will start practicing at Children's later this summer.

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The Department of Neurology and Center for Neuroscience is pleased to announce a program for the Evaluation and Treatment of Dystonia in Childhood as part of the Movement Disorders Program at Children's. This multidisciplinary program involves Neurology, Neurosurgery, Physical Medicine, Neuropsychology, Psychiatric Social Work, and Psychiatry. Children with Dystonia are evaluated for treatment with Deep Brain Stimulation, a new neurosurgical technique currently utilized in other refractory neurological disorders including Parkinson's Disease and Tremor. The technique has had significant success in patients who are medically refractory and offers the latest approach to managing a severely disabling condition. For more information and patient referrals, contact Bennett Lavenstein, MD, Department of Neurology, or Audrey Scully, RN, clinic coordinator, Movement Disorders Program, at 202-884-2666.

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Studies To Advance Autism Research and Treatment (STAART):

Aim is to use innovative methods to investigate autism spectrum disorders (ASD), with an emphasis on developing an understanding that can have a direct benefit to children with these disorders and their families.

- Individuals with ASD and normal volunteers are eligible
- Families may participate in studies examining structure and function of the brain, early intervention and genetics
- Procedures may include: neuropsychological testing, medical exam, structural and fMRI, and genetic testing

- Commitment to several sessions lasting no more than four hours each
- Reimbursement for time
- Ages 6 and up

Please contact the study coordinator at 301-738-8940.

Study of Concussion Outcomes, Recovery and Education (SCORE):

Aim is to develop and validate a test battery for children that is sensitive in detecting and monitoring neurocognitive and behavioral outcomes of mild traumatic brain injury (mTBI).

- Normal volunteers, children with mTBI, children with ADHD and children with learning disabilities are eligible
- Two-hour time commitment
- Reimbursement for time
- Procedures include: game-like computerized tests and filling out questionnaires
- Ages 6 to 18

Please contact study coordinator at 202-884-2429.

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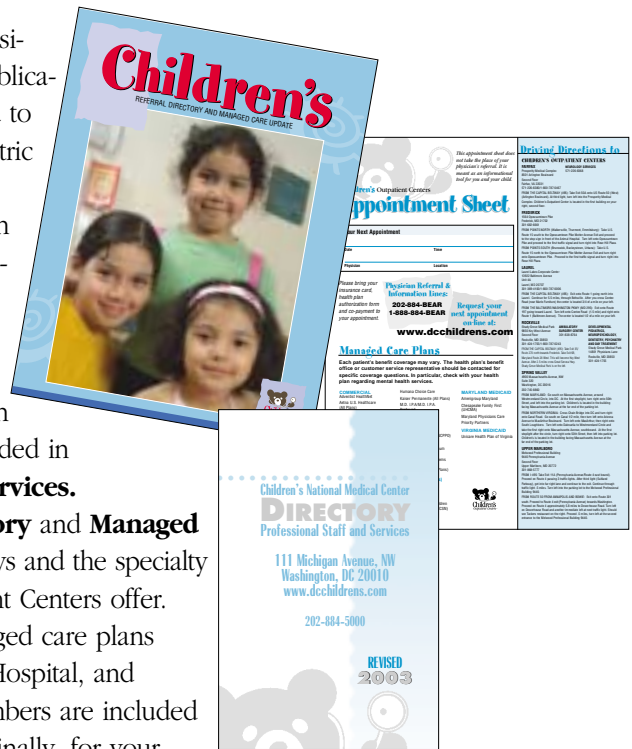
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Children's Provides Resource Kit to Area Physicians

To better serve area physicians, the following publications have been mailed to pediatricians and pediatric specialists. The kit provides a wealth of information about the services and physicians at Children's Hospital at your fingertips. Photos of physicians, their subspecialties and a brief description of medical services are included in **Children's Directory of Services**. The handy **Referral Directory and Managed Care Update** have times, days and the specialty services Children's Outpatient Centers offer. A current listing of all managed care plans contracting with Children's Hospital, and frequently called phone numbers are included in this "menu" type guide. Finally, for your convenience, **Children's Outpatient Centers Appointment Sheet** is included in the kit. Driving directions to the outpatient centers and the names of physicians practicing at each center are listed on this sheet.

If your office needs additional copies of these aides for your practice, please call 202-884-4500. The materials are in an attractive file box that can be placed on a desk or bookcase.



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