

NOVEMBER/DECEMBER 2006

## HOUSE CALL: A Note from your Provider

### ADD / ADHD: How to talk to your child about the diagnosis



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ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) are much discussed topics in homes and schools when a child's behavior or academic performance is problematic compared to their same-age peers. In fact, few childhood adjustment issues are as controversial as the diagnosis of ADD / ADHD. Though the lack of consensus among "experts" can be frustrating for individuals and their families dealing with these symptoms, the controversy is good in that it promotes scientific research that helps sort out "what we *think* happens" from what "the results of the scientific method tells us." It is not in the scope of this article to discuss ADD /ADHD symptoms or to provide an update of the most "cutting edge" science on this fascinating disorder. The goal of the present article is to give some guidelines about how to talk to your child before you have them evaluated by a professional and what to say to your child if a diagnosis of ADD or ADHD is confirmed.

#### Key Points: Before the Evaluation

- Be totally honest with the child about why you are taking them to the doctor and/or the psychologist.
- Parents need to get as comfortable as possible with the information they are going to tell their child before telling them. If the child picks up that you are worried, embarrassed, or just getting the evaluation to get someone off their back the child begins the whole process with a negative attitude that hampers the child's ability to open up and talk with the doctor about what is going on.
- Usually ADD / ADHD symptoms do not exist alone. Often there are co-existing symptoms of anxiety and /or depression. This should not be surprising since children want to please adults and get upset with themselves

cont. on pg. 2

### Cabarrus Family Medicine Named Small Business of the Year



Tom Earnhardt, PA-C, & Jim Shepherd, MD, accepted the Small Business of the Year Award for CFM.

Cabarrus Family Medicine (CFM) has been given the Small Business of the Year Award from the Cabarrus Regional Chamber of Commerce. CFM Chairman of the Board, Jim Shepherd, MD, and Chief Operating Officer, Tom Earnhardt, PA-C, accepted the award at a luncheon on Friday, September 29, 2006 at The Copperfield Room. The award was presented by John Cox, CEO of the Cabarrus Regional Chamber of Commerce, and Jay Howard, President/Owner of JHE Production Group, Inc. and last year's award recipient.

Eight local small businesses were nominated for the Small Business of the Year Award, and the winner was chosen by a committee comprised of members of three out-of-state Chambers of Commerce.

Award criteria included staying power, indicating a substantial history as an established business; growth in number of employees, which was a benchmark to judge the impact of the business on the job market; increase in sales and/or unit volume, indicating continued growth; current and past financials to substantiate the improved financial position of the business; innovation of product or service, illustrating creativity and imagination; response to adversity with examples of problems faced in the business and methods used to solve them; and evidence of contributions to community-oriented projects.

CFM Chief Operating Officer, Tom Earnhardt, PA-C, commented: I would like to take this opportunity to thank all of our fine staff and providers who have worked so hard to make a difference in this community. It is not the business minds but rather the caring and compassionate care provided, and the countless volunteer hours given by this organization that truly makes the difference. Sometimes when we are in the heat of the battle, we may not clearly see what we have been blessed with. Those around us see the good qualities of this organization and this is yet another example. Although we have our struggles, at the end of the day, we still are truly 'family.'"

## NEWS

**ADD/ADHD cont.** when they continually frustrate and disappoint adults. Also several ADD/ADHD symptoms overlap the symptoms of anxiety, depression, specific learning disorders, not to mention several medical disorders. This is why it is so important to get a thorough medical and psychological evaluation.

- There are all kinds of “beliefs” that children already have about ADD. These are gathered from peers, teachers, family members, and just overhearing conversations in public. Most of the tidbits they have heard are probably negative. It is best to ask the child, “What do you think ADD is? What have you heard about it?” This gives you a chance to clear up misunderstandings early on.

### Key Points: During and After the Evaluation

- Inform your child that if the doctors arrive at the diagnosis of ADD/ADHD that is a good thing, “because this is a very treatable problem and we can find strategies to help you not struggle so hard with school, obeying the rules at home, and getting into so many arguments with kids at school.” Obviously, tailor this to whatever areas your child struggles with most.
- Be prepared to deal with critics if you decide to get an evaluation for your child and certainly be prepared for critics if you tell others about the ADD / ADHD diagnosis. There are still many people that believe the medical/mental health community has “invented” this disorder to take the blame off parents for bad parenting practices or to create a multi-million dollar market for drugs for children. The more you educate yourself and your child with the facts the better you can respond to the critics. A good source of information on the web is [www.chadd.org](http://www.chadd.org).
- Inform your child that ADD/ADHD has absolutely nothing to do with intelligence. Many bright people have ADD/ADHD and in their adult years have great success in their chosen careers. Though not all of the following people were “officially diagnosed” many historians and scientists have reviewed their behaviors and thought processes and concluded the

very strong probability that they had ADD/ADHD: Alexander Graham Bell, Beethoven, Mozart, The Wright Brothers (*both* of them. How many times their mother must have said, “Go *outside* and play with something!!”) Admiral Richard Byrd, Jim Carrey (no surprise there), Robin Williams (again, no surprise), Walt Disney, Winston Churchill, Tom Cruise, Bill Cosby, Cher, Albert Einstein, Dwight D. Eisenhower, John F. Kennedy, John Lennon, Michael Jordan (yes, *that* Michael Jordan), Dustin Hoffman, Abraham Lincoln, Steven Spielberg. Actually, the list is much longer but you get the idea. ADD/ADHD did not stop these people from becoming successful. In fact some of the features of the disorder made them very good at what they do best.

Not everyone that has trouble paying attention has ADD. Not everyone that is “disorganized” has ADD. Not everyone that is in “constant motion” has ADHD. There is a normal window for all the ADD/ADHD type symptoms. The key is how much the symptom interferes with living and does the symptom occur in more than one environment. It is not a good idea to self-diagnose or to diagnose your own family member. There is no way you can be unbiased. Although the Internet is full of “self-diagnosing” questionnaires, most of these are not scientifically standardized and there is no substitute for a face-to-face interview to thoroughly go over the history of the development of the individual as well as the history of the symptoms.

At Cabarrus Family Medicine – Psychological and Behavioral Health, there are five psychologists with specialized training in the evaluation and treatment of ADD/ADHD. These practitioners also have specialized training in evaluating other co-existing problems that could complicate the diagnostic picture. Whether the evaluation starts with the doctor, the psychologist, or the school, we work collaboratively to give the parent accurate education on the problem areas as well as a “toolkit” of resources to improve the child’s functioning.

Providers in all aspects of the healthcare professions will tell you, “The attitude of the parent (or caretaker) is one of the most powerful factors to determine the progress of the treatment.” Nowhere is this more true than seeking evaluation for the possibility of ADD/ADHD. Feel free to contact Cabarrus Family Medicine-Psychological and Behavioral Health (704-721-7430) with any questions regarding an initial assessment.

## New to Our Family

Please join us in welcoming new healthcare providers to our family:

Soo Lee, MD

Mt. Pleasant & Albemarle locations

Isaias Melo-Lizardo, MD

Mt. Pleasant & Albemarle locations

Malinda Daye, PA-C

Cabarrus Family Medicine – Mt. Pleasant

Scott Young, PA-C

Cabarrus Family Medicine – Concord

Dellyse Bright, MD

Cabarrus Family Medicine – Concord

Daniel Goodrich, MD

Cabarrus Family Medicine – Concord

Paul Delaney, MD

Cabarrus Family Medicine – Concord

Joni Short, FNP

Cabarrus Family Medicine – Concord

Erin Trantham, MD

Cabarrus Family Medicine – Kannapolis

Cathy Crutchfield, PA-C

Cabarrus Family Medicine – Kannapolis

Greg Oleksy, MD

Cabarrus Family Medicine – Kannapolis

Dan Rosenberg, MD

Cabarrus Family Medicine – Harrisburg

Rebecca Delaney, MD

Cabarrus Family Medicine – Harrisburg

Cecilia Novitt, MD

Cabarrus Family Medicine – Poplar Tent

## Flu Vaccine Appears Safe for Young Children

By Vivian Richardson, Ivanhoe Health Correspondent

ORLANDO, Fla. (Ivanhoe Newswire) -- Flu season is right around the corner, and doctors are urging parents to make sure their children get vaccinated before it's too late.

A new study reveals parents should not worry about their children getting sick because of the flu shot. Some may believe that a flu shot could cause their child to get the flu or cause other side effects. In fact, the study showed children between ages 6 months and 23 months were less likely to visit the doctor with problems like asthma, cough, and the common cold in the two weeks following the vaccination.

Influenza is more than a cold. The Centers for Disease Control and Prevention estimates more than 200,000 people are hospitalized and about 36,000 people die from the flu and its complications every year in the United States. The elderly and young children are among the most susceptible. Two years ago, the CDC recommended all kids between 6 months and 23 months be vaccinated.

To ensure the vaccine was safe for children in this age group, Simon J. Hambidge, M.D., Ph.D., from Kaiser Permanente Colorado in Denver, and his colleagues studied what happened in the two weeks after almost 70,000 injections of the flu vaccine. "Influenza is a really nasty illness and can cause a lot of complications in this age group. Our study should offer a lot of reassurance to doctors and to parents alike about how safe the vaccine is in this age group," Dr. Hambidge told Ivanhoe.

There was a slight increase in the number of children visiting the doctor's office for vomiting and diarrhea after getting the shot. "We don't think that the vaccine is causing that, though we can't rule it out. We actually think the kids were being exposed to intestinal viruses at a very low level around the time they're getting the shot," Dr. Hambidge said.

The study demonstrated how important it is for children with asthma to be vaccinated. "What we found was actually a decreased number of visits for asthma in the two weeks after the vaccine, so certainly we didn't find any evidence that it was making it worse," Dr. Hambidge said.

Influenza season usually starts in late fall. As of Oct. 20, the CDC reports only sporadic reports of flu infections in just 10 states. Dr. Hambidge says right now is the best time for the youngest kids to be vaccinated. If it's their first flu shot, kids will need two shots one month apart. "It's really important to start that right now so these kids can be protected before the flu hits."

Next, researchers will be evaluating the safety of flu vaccines in kids between 2 years and 5 years old.

This article was reported by Ivanhoe.com, who offers Medical Alerts by e-mail every day of the week. To subscribe, go to: <http://www.ivanhoe.com/newsalert/>.

SOURCE: Ivanhoe interview with Simon J. Hambidge, M.D., Ph.D., of Kaiser Permanente Colorado in Denver; *The Journal of the American Medical Association*, 2006;296:1990-1997

## Curry for Arthritis

(Ivanhoe Newswire) -- A spice commonly used in curries and other South Asian dishes may help treat arthritis.

A new report from the National Institutes of Health reveals turmeric -- a flowering plant in the ginger family -- has anti-arthritic benefits.

Researchers used an experimental compound containing turmeric that was similar to over the counter turmeric dietary supplements.

Study results reveal the dose they gave to rats blocked a protein that leads to inflammation and also blocked other key genes that cause inflammation. Researchers also found turmeric could prevent acute and chronic arthritis, block the destruction of joints due to arthritis, and prevent an increase in the cells that break down bone in joints.

The authors say the turmeric dietary supplements seem to work in the same way as drugs that are currently being developed to target the same protein to treat arthritis. And because of the chemical complexity of turmeric, it may also block other causes of inflammation.

"In summary, just as the willow bark provided relief for arthritis patients before the advent of aspirin, it would appear that the underground stem (rhizome) of a tropical plant [turmeric] may also hold promise for the treatment of joint inflammation and destruction," write the authors.

They say more studies are needed before turmeric supplements can be recommended as a treatment for arthritis.

More than 40 percent of arthritis patients in the United States use complementary and alternative medicine, including dietary supplements. The use has gone up since the FDA warned consumers about the dangers of anti-inflammatory drugs such as Celebrex.

This article was reported by Ivanhoe.com, who offers Medical Alerts by e-mail every day of the week. To subscribe, go to: <http://www.ivanhoe.com/newsalert/>.

SOURCE: *Arthritis & Rheumatism*, 2006;54:3452-3464



## Plate Size Matters

One of the simplest ways to help yourself eat smaller portions is to put them on smaller plates, for example, an 8 to 9-inch salad plate rather than a 10- to 12-inch dinner plate. The effect, according to the National Institutes of Health and the Calorie Control Council, is that smaller portions don't look inadequate and they satisfy the psychological need to see a full plate. Research also supports this notion. One study at the University of Illinois at Urbana-Champaign showed that snackers helped themselves to 42 percent more party mix when it was offered in four-quart rather than two-quart bowls.

# MONTHLY EVENTS & OBSERVANCES

## november COPD Awareness Month

From [www.goldcopd.org](http://www.goldcopd.org)

### What is COPD?

COPD stands for "Chronic Obstructive Pulmonary Disease"

- Chronic means it won't go away.
- Obstructive means partly blocked.
- Pulmonary means in the lungs.
- Disease means sickness.

COPD is a common lung disease that obstructs the airways, making breathing difficult. COPD is usually caused by smoking or exposure to fumes or very dusty places. COPD can be prevented. When COPD develops, it can be treated, although it cannot be cured. The earlier it is detected, the better the results of treatment.

Adults may have COPD if they have trouble breathing, or a cough that will not go away. If you have these symptoms, you should ask your doctor about COPD. Doctors can help to improve your symptoms and slow damage to your lungs. Your doctor can help you do something about COPD!

- You will feel less short of breath.
- You will cough less.
- You will get stronger and get around better.
- You will feel better.

### COPD Clinical Research Study at CFM

For information on this study, contact your Cabarrus Family Medicine healthcare provider or Carolinas Research Associates at 704-366-3001.

## American Diabetes Month

From [www.diabetes.org](http://www.diabetes.org)

### Preventing Diabetes: Prediabetes

Before people develop type 2 diabetes, they almost always have "pre-diabetes" -- blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. About 41 million people in the United States, ages 40 to 74, have pre-diabetes. Recent research has shown that some long-term damage to the body, especially the heart and circulatory system, may already be occurring during pre-diabetes.

But research has also shown that if you take action to control your blood glucose when you have pre-diabetes, you can delay or prevent type 2 diabetes from ever developing. The American Diabetes Association has just published a Position Statement on "The Prevention or Delay of Type 2 Diabetes" to help guide health care professionals in treating their patients with pre-diabetes.

There is a lot you can do yourself to know your risks for pre-diabetes and to take action to prevent diabetes if you have, or are at risk for, pre-diabetes. People with pre-diabetes can expect to benefit from much of the same advice for good nutrition and physical activity.

### How do you tell if you have Prediabetes?

There are two different tests your doctor can use to determine whether you have pre-diabetes: the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT). The blood glucose levels measured after these tests determine whether you have a normal metabolism, or whether you have pre-diabetes or diabetes. If your blood glucose level is abnormal following the FPG, you have impaired fasting glucose (IFG); if your blood glucose level is abnormal following the OGTT, you have impaired glucose tolerance (IGT).

## december 3-9 National Handwashing Awareness Week

From [www.HenrytheHand.com](http://www.HenrytheHand.com)

Handwashing is the single most important act you can do to prevent getting sick and spreading disease. The Center for Disease Control estimates that 36,000 people die from the flu or flu-like illness each year; 5,000 people die from food borne illness each year; and between 78,000 and 90,000 patients die each year from Hospital Acquired Infections (HAI), for which a direct link to many of these deaths is poor handwashing.

In addition, 2 million patients contract hospital acquired infections (HAI) and 70 million food borne illnesses each year. Handwashing and Hand Awareness is important for nosocomial infection prevention, food safety, school health, personal health and disease prevention. There

are many critical times to wash your hands. A few examples are before eating, after the bathroom, during food preparation, after handling animals, upon arriving home, after changing diapers, and any time you think your hands are dirty. Use soap, running water, and scrub all surfaces of your hands for 20 seconds and dry with a paper towel.

### 4 Principles of Hand Awareness

1. Wash your hands when they are dirty and before eating.
2. Do not cough into your hands.
3. Do not sneeze into your hands.
4. Above all, do not put your fingers in your eyes, nose, or mouth.

### Teaching Children

Go to [www.henrythehand.com](http://www.henrythehand.com) to download Henry's School Visit video and "Doin' the Handwash" song.

## ETCETERA

### Safe for the Holidays

If grandparents and older relatives will be visiting over the holidays, the Home Safety Council reminds homeowners that slips and falls remains the number one cause of injury and death in the house for Americans age 65 and older. It recommends these precautions:

- ✓ Make sure there is adequate light in hallways and stairs.
- ✓ Check all handle rails and tighten any loose ones.
- ✓ Inspect stairs for worn or loose carpeting.
- ✓ Secure loose rugs to the floor with double-sided tape or rug gripper pads.
- ✓ Arrange furniture so that it's not in high-traffic areas.
- ✓ Keep stairs free of obstacles, such as toys or decorations.
- ✓ Apply nonskid strips or mats in the bathtub.
- ✓ Make sure there are no cords in walkways.

### Remove Tags on Toys

Ironically, the stiff paper or cardboard tags on toys – often used to spell out safety issues – are a hazard themselves. Safety experts say that babies and pets can choke on the tags or risk an eye injury tossing the toy around. Before giving a toy, remove the tag but give it to the parents or guardians so they can review the safety information.

### Smoke Detector Ornament

Christmas trees cause about 300 fires each year. While firefighters have long urged tree owners to keep the tree well watered, keep it away from heat sources, and be careful with decorating lights, companies are now selling another safeguard – a heat alarm ornament. Disguised as a routine mirrored ball, it can be hung on the tree and emits an alarm when the temperature reaches 110 degrees Fahrenheit. Firefighters warn that this should not replace a traditional smoke detector – which every house should have – but is a wise supplement, especially if the tree is in a room far away from the smoke detector, because this could give homeowners advance warning. The ornaments cost around \$25 and can be found in specialty catalogs, some hardware stores, and online.

## HOLIDAY RECIPE BOX:

### Orange-Flavored Acorn Squash & Sweet Potato

*A heart-healthy recipe for the your family*

Serves 6

Preparation time: 20 minutes

Cooking time: 30 minutes

Vegetable oil spray

1 t. orange zest

2 T. orange juice

2 t. light margarine, melted

1 medium acorn squash (about 1½ pounds)

6 to 8 ounce sweet potato

2 T. light brown sugar

¼ t. ground mace or nutmeg

Preheat oven to 400 degrees. Spray one extra-large or two large nonstick baking pans with vegetable oil spray; set aside. In small bowl, stir together orange zest, orange juice, and margarine; set aside.

Trim ends of squash. Cut crosswise into ¼-inch slices (about 12 slices). Using a spoon, remove seeds. Peel sweet potato and cut into 1/8-inch slices.

To assemble, place squash slices in single layer on baking sheet(s). Place 4 or 5 overlapping slices of sweet potato in center of each squash ring. Pour a small amount of orange juice mixture over each stack. Sprinkle with brown sugar and mace, then lightly spray with vegetable oil spray.

Bake for 30 minutes or until vegetables are tender when pierced with a fork. Use a large, flat spatula to remove slices.

Calories

76

Protein

1 g

Carbohydrate

19 g

Cholesterol

0 mg

Total Fat

0 g

Fiber

2 g

Sodium

8 mg

