This year marks the fifth anniversary of Child Health Month and the completion of a three-year, public awareness campaign focused on violence prevention. The “violence problem” is far from solved. But, as you will see in this special issue of AAP News, numerous efforts are underway by AAP chapters and individuals to do something about it.

1996 AAP Child Health Month resources focus primarily on the effects of violence. Their intent is to help parents and other adults protect children from the harmful consequences of the violence they witness in media or in real life. Issues addressed in previous campaigns – firearm safety and media literacy – also are revisited.

Exposure to violence in the media or real life can have long-lasting effects on children. It can cause them to be fearful of others, be depressed, perform poorly in school, or even become suicidal. Children exposed to violence often become aggressors and carry weapons to help them feel safe, thus creating a cycle of violence that becomes increasingly hard to break.

But, breaking the cycle of violence is possible – and one of the biggest challenges we face today. Changing attitudes toward violence and violent behavior is a critical first step: Violence must be declared socially unacceptable; we must insist that media stop glamorizing violence; and we must make every effort to eliminate violence from our homes, our schools and our communities.

No single profession can do the job alone. But, each can chisel away at the problem. Pediatricians can help parents build better relationships with their children; they can help children learn peaceful conflict resolution; they can talk to families about firearm safety; and they can promote pulling the plug on media violence.

If you haven’t done so already, a good time to start is now, during October – Child Health Month 1996.
Zithromax® (azithromycin) for oral suspension

Proud sponsors of the Friends of Children Corporate Fund.
"...maltreated children have disturbed images of themselves both as individuals and as partners in relationships."

Believing that laughter is the best medicine, two Canadian pediatricians want to know how your patients (or their parents) have made you laugh lately. Richard Goldbloom, M.D., FAAP, and Sarah Shea, M.D., FAAP, both of Halifax, Nova Scotia, Canada, are collecting material for a book they’re writing. The topic? Funny things children and their parents have said or written to pediatricians.

"ANY PEDIATRICIAN WHO CANNOT CONTRIBUTE A MINIMUM OF TWO HILARIOUS ITEMS NEEDS TO BE RE-CERTIFIED," THE AUTHORS STATED.

To contribute to the project, fax quotations to Dr. Goldbloom at (902) 428-3216, E-mail them to rgoldbloom@WKGrace.ns.ca, or mail them to 5850 University Ave., Halifax, N.S. B3J 3G9, Canada.

**ADDERALL OFFERS ANOTHER THERAPEUTIC OPTION WHEN DRUG THERAPY IS ESSENTIAL AS PART OF A TOTAL TREATMENT PROGRAM FOR ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY (ADHD)**

**Clinical Activity**

- ADDERALL has a product half-life of 8-12 hours.
- In ADDERALL responders, positive effects may be observed from the very first dose.
- The safety profile of amphetamine products like ADDERALL has been confirmed over years of clinical use.
- ADDERALL is generally well-tolerated—adverse reactions have seldom been reported (most frequently reported adverse reactions include anorexia, insomnia, stomach pain, headache, irritability, and weight loss).
- As with most psychostimulants indicated for ADHD, the possibility of growth suppression and the potential for precipitating motor tics and Tourette’s Syndrome exists with ADDERALL treatment and in rare cases exacerbations of psychosis have been reported.
- Since amphetamines have a high potential for abuse, ADDERALL should only be prescribed as part of a total treatment program for ADHD with close physician supervision.
- ADDERALL does not contain any tartrazine-based dyes.
- ADDERALL is safe and effective in younger children—indicated for use in children 5 years of age and older.
- The starting dose of ADDERALL:
  - 3-5 years: 2.5 mg daily;
  - 6 years of age and older: 5 mg
  - 1-2 times daily.

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Please see references and brief summary of prescribing information on adjacent page.
The American Academy of Pediatrics is pleased to announce that nominations are now being accepted for the 1997 Medical Education Awards. Nominations must be submitted by January 31, 1997. The awards will be presented at the Academy's Annual Meeting in New Orleans, Louisiana, November 1-5, 1997.

The AAP Medical Education Awards, sponsored by Ross Products Division Abbott Laboratories, annually recognize excellence in pediatrics education, and are offered in the following categories:

**Lay Education Award**
For programs that educate parents, teachers, children, and others in aspects of child health

**Professional Education Award**
For innovative and effective programs in the education of medical students, residents, nurses, and pediatricians

**Lifetime Achievement Award**
For lifetime achievements in pediatric medical education

**Criteria for Awards**
Selection of awards will be based on originality, educational value, program/project effectiveness, international/national impact, and the potential for utilization in other programs or practices.

- Nominees are restricted to pediatricians who are members of the American Academy of Pediatrics.
- Nominees for the Professional or Lay Medical Education Awards should be actively involved in the program for which they are being considered. The program should have come to fruition within the last two or three years.
- Previous nominees must be formally resubmitted for consideration.

To obtain nomination forms or additional information, please contact:
KYLE ANN OSTLER, AAP Department of Education, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007. 800/433-9016, Extension 7892, 708/228-5097 Facsimile

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**1996 AAP Annual Meeting**

**Update Your Adolescent Health Skills in Boston**

**Saturday, Oct. 26**

- **SPECIAL PRESENTATION** — 9:00 - 11:00 a.m.
  One in Ten: Pediatricians and Gay and Lesbian Youth

- **WORKSHOP** — 9:00 a.m. - noon
  Anticipatory Guidance and Counseling Teens

**Sunday, Oct. 27**

- **COMMITTEE EVENT** — 8:00 a.m. - noon
  Diagnosing Substance Abuse in Teenagers: Sponsored by the Committee on Substance Abuse

- **SEMINAR** — 9:00 a.m. - noon
  Sex in the Media: Impact on Children and Adolescents: Sponsored by the Committee on Communications

- **SECTION PROGRAM** — 2:00 - 5:00 p.m.
  Section on School Health, the Committee on Adolescence, and the Committee on Substance Abuse — Smoking: The First Addiction

- **SPECIAL PRESENTATION** — 2:00 - 4:00 p.m.
  Sexual Health: Who’s Responsible?

**Monday, Oct. 28**

- **SEMINAR** — 2:00 - 5:00 p.m.
  Interesting and Perplexing Adolescent Health Issues: Sponsored by the Section on Adolescent Health

**Tuesday, Oct. 29**

- **SEMINARS** — 9:00 a.m. - 12:00 noon
  - Adolescent Gynecology
  - Adolescent Prevention Services: What’s Recommended and Why: Sponsored by the Section on Uniformed Services and the Section on Adolescent Health

- **SEMINAR** — 2:30 - 5:30 p.m.
  Evaluation and Treatment of Attention Deficit-Hyperactivity Disorders

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**American Academy of Pediatrics 1997 Medical Education Awards**

Sponsored by Ross Products Division Abbott Laboratories

THE 1996 AWARD RECIPIENTS ARE AS FOLLOWS:

- **Lay Education Award**: Dan K. Seilheimer, MD
- **Professional Education Award**: Loren Yamamoto, MD
- **Lifetime Achievement Award**: Frank A. Oski, MD and Melvin M. Grumbach, MD

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**Make a move for laboratory quality with AAP-PT!**

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By participating in AAP-PT, you can evaluate your test results against comparable laboratories, pinpoint potential sources of testing error, and stay in compliance with government standards for PT.

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**Improved 1997 AAP-PT Program**

The following improvements have been introduced this year:

- Improved QBC Specimens—shipped faster with better packaging and cold packs
- New Combination Modules that include PT challenges for Hematology, Rapid Strep, and Urine Colony Count with Presumptive ID
- New module for urine hCG (pregnancy test)

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*Early Bird* Enrollment Deadline: November 1

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American Academy of Pediatrics