Academy

Top Accomplishments of 1996

* Published The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC), Child and Adolescent Version.

* Launched three new international publications. The Polish and Hungarian editions of Pediatrics in Review are being published in Warsaw and Budapest; approximately 2,000 copies of each journal will be distributed monthly. A Portuguese language edition of Pediatrics was launched in Brazil; it is estimated that 4,000 pediatricians will receive the bi-monthly journal.

* Published the Committee on Fetus and Newborn “Early Discharge” statement and provided leadership in the enactment of federal legislation and 23 state laws requiring insurance coverage for 48 hours of inpatient stay following a normal vaginal delivery and at least 96 hours following a cesarean section.

* Reached a book publishing milestone. Caring for Your Baby and Young Child: Birth to Age 5 surpassed the 500,000 copies-sold mark.

* AAP member Richard A. Molteni, M.D., was appointed as the first pediatrician on the American Medical Association CPT Editorial Panel.

* CATCH planning funds in the amount of $320,000 leveraged $8.2 million in additional revenue sources for community-based projects that provide access to health care for children and adolescents.

* Published practice guidelines on evaluation of febrile seizures and acute gastroenteritis.

* Expanded the Neonatal Resuscitation Program (NRP) internationally into Brazil, Canada, England, Egypt, India, Ireland, Italy, Laos, Mexico, Philippines, Romania, Russia, Saudi Arabia, Thailand, The Bahamas, Turkey and the Ukraine.

* Launched KidSTAT Plus, the CD-ROM electronic version of APLS: The Pediatric Emergency Medicine Course manual with added audio, photos, x-rays and video to illustrate key points. It also features a therapeutics calculator designed to automatically calculate the dosages of selected pediatric medications.

* Co-sponsored the “Invitational Conference on Pediatric Resident Education in Community Settings,” with Johnson & Johnson. This conference provided a “State of the Art” review of basic and applied education principles for residency education in community settings. Proceedings of the conference were published as a supplement to Pediatrics in December.

* Achieved recognition for excellence in medical communications. Caring for Your School-Age Child: Ages 5 to 12 received a National Health Information Gold Award and both Caring for Your Baby and Young Child and Caring for Your School-Age Child made the 1996 American Health Foundation list of the top ten child health books for parents.

* Distributed a record number of Child Health Month resource packets – over 8,500. Close to two-thirds of AAP chapters used the observance as their annual “centerpiece” activity and more than 100 local, state and national organizations participated in the observance.

* Formed the Surgical Advisory Panel to address issues pertaining to pediatric surgery.

YOUR CHANCE TO IMPROVE TV PROGRAMMING

Ever wish you could put the entertainment industry on the back for doing something well?

Now you can!

A new program to promote positive interaction with the media has been launched by the AAP Committee on Communications, California Chapter 2 and the Media Resource Team. Every chapter can take part; there are no deadlines for submitting nominations for the awards; and there are no restrictions on the type of program nominated, except that its contents must be congruent with Academy policy.

Anything on television that promotes children’s health and wellness in an accurate, positive and entertaining manner can be nominated – a special, a week-long news series, an episode of a sit com. It might be fiction or documentary. The nominee can be the writer, producer, station, actor, etc.

All that is needed is for the AAP member who spots a potential nominee to obtain a tape from the station or show – if it’s an award, they are usually happy to supply it, or you might have to purchase it – and send it to California Chapter 2 Administrator Eve Back, 9209 Sixth Avenue, Inglewood, CA 90305. When the nominee is approved, the local chapter will present the award, and the Academy will publicize it nationally.

This is every member’s chance to influence local and national media!

A Whole New Look!

http://www.aap.org

Check it out now

As of February 1st, the Academy’s web site will have a brand new look with colorful graphics and user-friendly links. You can access the vast resources and services of the AAP with a single click on headings including: What’s New, Publications & Services, Visit the AAP, Membership Services, You & Your Family, Professional Education, Advocacy, and Research. The search engine, another new feature, guides you in locating specific information from over 1,000 pages of content.

American Academy of Pediatrics

Committee on the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults

What’s New

Publications and Services

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Watch Us Grow

The Academy is committed to the continuing support of the AAP web site. We invite you to visit the web site often to catch the latest in pediatric health information. We welcome your comments and suggestions.
Not all drugs for the treatment of ADHD are identical in formulation, clinical activity, or dosing frequency.

The only product that contains both dextro (d) and levo (l) amphetamine.

Usage data for ADDERALL indicate that most patients can be maintained on a once- or twice-daily dosing regimen.

Analysis of open-label ADDERALL dosing frequency data in children 3 to 12 years of age:

<table>
<thead>
<tr>
<th>Dosing Frequency</th>
<th>Patients (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once / day (n=240)</td>
<td>39%</td>
</tr>
<tr>
<td>Twice / day (n=327)</td>
<td>54%</td>
</tr>
<tr>
<td>Three or more / day</td>
<td>7%</td>
</tr>
</tbody>
</table>

n=611 children aged 3 to 12 who had at least three office visits during the 1-year, ADDERALL usage period (March 1995 to February 1996)—34 patients receiving greater than 40 mg per day were excluded from this analysis.
**Clinical activity**

- **ADDERALL** has a product half-life of 8 to 12 hours.
- 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 an overall multimodal treatment program for ADHD with close physician supervision.
- **ADDERALL** is safe and effective in younger children—indicated for use in children 3 years of age and older.
- The starting dose of **ADDERALL**: 3 to 5 years: 2.5 mg daily; 6 years of age and older: 5 mg once or twice daily.
- **ADDERALL** is available in 10 mg and 20 mg double-scored tablets for optimal dosing flexibility.
  - Offers precise dosage correlation with individual therapeutic needs.
  - Titrate to optimal dose with a single prescription.
Even the smallest allergy can be a BIG problem. So for your patients choose BIG relief—ZYRTEC® (cetirizine HCl).

- **BIG** relief of seasonal allergic rhinitis, perennial allergic rhinitis, and chronic idiopathic urticaria
- **BIG** 24-hour relief
- **BIG** value—lowest cost/day of widely prescribed branded antihistamines

So put ZYRTEC to work, and see just how **BIG** the relief can be.
Most side effects with ZYRTEC® (cetirizine HCl) tablets were mild or moderate. Incidence of discontinuation was not significantly different from placebo (2.9% vs 2.4% on placebo).

The incidence of somnolence was dose related (6% on placebo, 11% at 5 mg and 14% at 10 mg). Discontinuations due to somnolence were not significantly different from placebo (1% vs 0.6% on placebo). Other side effects included fatigue (5.3% vs 2.6% on placebo) and dry mouth (5.0% vs 2.3% on placebo).

* Based on a comparison of the list price to wholesalers (acquisition cost) of ZYRTEC tablets, Claritin, Seldane, Homatril, Claritin-D, Seldane-D, and Allegra on a cost basis.

Actual cost to patients may vary. Medco, December, 1999.

Due caution should be exercised when driving a car or operating potentially dangerous machinery.