Are You On Guard Against Pertussis?

Rising Incidence—
A Growing Concern

The incidence of pertussis has been steadily increasing in the United States since 1976. And while adult and adolescent cases of pertussis account for the majority of this increase, infants and young children contribute significantly to the number of cases reported each year. From 1980 to 2000, the number of pertussis cases reported to the Centers for Disease Control and Prevention (CDC) increased cyclically with peaks occurring every 3 to 4 years. In particular, the incidence of pertussis has remained the highest in infants too young to have received 3 doses of vaccine.

Mild Disease—
A Serious Threat

Recently, mild/atypical pertussis has been implicated as an important contributor to the pool of infection and to the continued spread of the disease.

Often lacking the paroxysmal “whoop,” mild/atypical disease can present as a bad chest cold or bronchitis in adolescents and adults.

Nevertheless, mild/atypical pertussis is highly contagious and rapidly spread. Infected adolescents and adults may transmit it to infants and younger children and cause severe disease, thereby exposing them to life-threatening pertussis-associated complications.

According to the CDC, from 1997 through 2000 there were 28,187 reported cases of pertussis. Among these cases, 5630 patients were hospitalized, 1477 had pneumonia, and 216 had seizures. In addition, 26 cases of encephalopathy were reported and 62 patients died. Fifty-six of these 62 deaths occurred in infants <6 months of age. All of these complications were directly related to pertussis, and 40% of these complications occurred in children ≤4 years old (n=11,413).

Comprehensive Protection—
It’s Up to You

If the ultimate goal of vaccination is to eradicate pertussis in the United States, all severities of pertussis including severe and mild/atypical disease must be aggressively prevented. To achieve this, strategies that interrupt the transmission and spread of the disease should be adopted. Moreover, reevaluation of routine immunization programs, including the currently available vaccine options, is warranted.

Have You Noticed That
Since The Introduction Of FLAVORx,
The Term “Gag Me With A Spoon”
Has Almost Disappeared?

Coincidence? We don’t think so. FLAVORx has 42 great flavors, like Butterscotch and Citrus Punch that can be added to prescription and over-the-counter liquids that make even the worst tasting medicines go down easy. And FLAVORx won’t compromise their integrity. So kids get better quicker. And, to make it easy, you can recommend FLAVORx right on your prescription form.

Call 1-800-884-5771 to find out more or visit us at www.flavorx.com.
Now approved in patients as young as 6 years...

- **Proven safe and effective at a new lower dose...**
  - Xopenex® 0.31 mg
    - From one of the largest, well-controlled, pediatric trials conducted with a β-agonist¹
    - Now available in two doses, 0.31 mg and 0.63 mg, for children ages 6-11 years

- **Devoid of the unnecessary left isomer, (S)-albuterol**

In patients aged 6 to 11 years, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo were (0.31 mg Xopenex, 0.63 mg Xopenex, and placebo, respectively): headache (10.5%; 11.7%; 8.8%), pharyngitis (3.4%; 10.4%; 6.0%), rhinitis (0.3%; 10.4%; 7.6%), asthma (5.1%; 4.8%; 5.1%), fever (0.3%; 3.8%; 5.1%), and infection (10.5%; 11.5%; 5.1%), cough (0.3%; 2.7%; 2.7%), tachycardia (1.5%; 1.5%; 1.5%), pain (0.3%; 3.8%; 2.7%), anxiety (5.1%; 4.8%; 2.7%), and vertigo (0.3%; 2.7%; 2.7%).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo were (0.31 mg Xopenex, 1.25 mg Xopenex, and placebo, respectively): viral infection (11.4%; 12.9%; 2.7%), rhinitis (11.1%; 2.7%; 2.7%), nervousness (2.7%; 2.7%; 0.3%), cough (0.3%; 2.7%; 2.7%), asthenia (4.2%; 4.2%; 2.7%), tachycardia (3.8%; 2.7%; 2.7%), pain (2.7%; 1.5%; 1.5%), vertigo (4.2%; 1.5%; 1.5%), vertigo (1.5%; 1.5%; 1.5%), dizziness (1.5%; 1.5%; 1.5%), dyspepsia (1.5%; 1.5%; 1.5%), leg cramps (0.3%; 2.7%; 2.7%), accidental injury (0.3%; 2.7%; 2.7%), anxiety (0.3%; 2.7%; 2.7%), and migraine (0.3%; 2.7%; 2.7%).

¹ Less than 2% reported.

Xopenex is contraindicated in patients with a history of hypersensitivity to levosalbuterol HCl or racemic albuterol.

See next page for brief summary of Xopenex prescribing information and safety information concerning β-agonists.

Introducing Parent’s Choice™

An Affordable DHA/ARA Formula

The best start in life comes naturally from mother’s milk. A number of studies now show that breastfed babies have a mental and visual advantage over bottle-fed babies. Among the key determinants of this advantage are likely to be two important fatty acids found naturally in mother’s milk – DHA and ARA. But for many, breastfeeding is not an option, and with some existing term formulas, bottle-fed babies may not get these developmental advantages.
DHA & ARA Studies

Several studies show the long term benefits of DHA and ARA in breast milk

A longitudinal study of children from birth to 18 years which examined early diet and later cognitive outcomes found that breastfeeding was associated with increases in cognitive ability and school performance in childhood and adolescence. These increases were attributed to effects of LCPs especially DHA on early neurodevelopment.

Researchers in England found that women who regularly ate oily fish (a source of DHA) throughout their pregnancy and during lactation gave birth to children who had better visual development at the age of three as compared to those children whose mothers did not breast feed.1

Studies have shown long term cognitive and visual benefits of DHA and ARA supplemented term formula

Infants fed formula supplemented with LCPs for the first 4 months of life had problem-solving skills at 10 months of age that were superior to those of infants fed a standard formula.1 This study suggests that supplementation with ARA and DHA may be important for the development of childhood intelligence since higher IQ performance in childhood is associated with higher problem-solving skills in infancy.

In a study comparing LCP enriched formula to control formula, DHA and ARA enriched formula fed during the first 4 months of life was shown to significantly improve IQ scores at the age of 18 months. This study shows the long term benefits of DHA and ARA-enriched formula early in life.

Term infants who were fed LCP supplemented formula for the first 4 months of life had better visual acuity at 4 months and 1 year as compared to those fed unsupplemented formula. The visual acuity of the supplemented group was similar to that of breast fed infants.2 This study shows that the inclusion of LCPs in term formula in the first months of life is associated with improved visual development throughout the first year of life.

References for Studies

That is, until now with the introduction of DHA and ARA-enriched formulas. And now, Wal-Mart is honored to introduce the first affordable DHA/ARA-enriched infant formula—Parent’s Choice with LIPIDS. To learn more about this new formulation, visit ParentsChoiceFormula.com. And, if you have more questions, please call our nutritionists at 1-800-272-5095.
ADVANCES IN CONTROLLING PEDIATRIC ASTHMA:
THE EFFICACY AND SAFETY EVIDENCE FOR INHALED CORTICOSTEROIDS AS FIRST-LINE THERAPY
CME TELECONFERENCE SERIES  NOVEMBER 14 – DECEMBER 19, 2002

ACTIVITY PURPOSE
This activity is intended to update practicing pediatricians on the growing burden of asthma in the pediatric population and current evidence on the importance of early diagnosis and treatment.

STATEMENT OF NEED
In 1999, 3.8 million (of the 7.7 million) children had an asthma episode making asthma the leading serious chronic illness affecting this age group. Interestingly, most children have mild to moderate problems, and their illness can be controlled by treatment at home or in the doctor's office. Nevertheless, asthma is the number one cause of hospitalization among children under the age of 15 and it is the top-ranking chronic condition. Specifically, there were close to 658,000 pediatric emergency room visits in 1999 due to asthma and approximately 164,000 hospitalizations. The estimated annual rate for emergency room visits among children under age 5 is 137.1 per 10,000—the highest rate of all age groups.

Despite the dissemination of asthma management guidelines that emphasize appropriate diagnosis and preventive therapy, including inhaled corticosteroids, appropriate medications continue to be underused by pediatricians and primary care physicians.

LEARNING OBJECTIVES
After this teleconference, participants should be able to:
1. Recognize the importance of and current approaches to the early diagnosis of pediatric asthma.
2. Discuss new evidence supporting the efficacy and safety of inhaled corticosteroids in the treatment of pediatric asthma.
3. Assess health outcomes including hospitalizations, emergency department visits and prednisone courses that may be reduced through the early diagnosis and appropriate treatment of children with asthma.

TARGET AUDIENCE
This educational activity is designed for pediatricians, family physicians, and other health care practitioners with an interest in pediatric asthma.

TELECONFERENCE FORMAT
The topics will be discussed during a live, 40-minute lecture and 20-minute interactive Q&A session.

ACCREDITATION STATEMENT
National Jewish Medical and Research Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This activity has been jointly planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of National Jewish Medical and Research Center and Clarus Health, LLC.

DESIGNATION STATEMENT
National Jewish Medical and Research Center designates this educational activity for a maximum of 1 hour in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

CO-CHAIRPERSONS
James P. Kemp, MD
Clinical Professor
Department of Pediatrics
Division of Immunology/Allergy
University of California, San Diego
San Diego, CA

Stanley J. Szefler, MD
Helen Wohlbegr and Herman
Lambert Chair in Pharmacokinetics
Head, Pediatric Clinical Pharmacology
National Jewish Medical and Research Center
Denver, CO

Kevin R. Murphy, MD
Pediatric Pulmonologist, Clinical Professor
Department of Pediatrics
University of Nebraska Medical Center
Omaha, NE

David P. Skoner, MD
Associate Professor of Pediatrics & Otolaryngology
University of Pittsburgh School of Medicine
Pittsburgh, PA

Joseph D. Spahn, MD
Associate Professor
Department of Pediatrics
National Jewish Medical and Research Center
Denver, CO

FACULTY
Bradley E. Chipps, MD, FAAP, FAAAI, FCCP
Capital Allergy and Respiratory Disease Center
Sacramento, CA

Jeffrey Leflein, MD
Allergy & Immunology Associates of Ann Arbor, P.C.
Ypsilanti, MI

Michael Mellon, MD
Clinical Associate Professor
Pediatrics
University of California, San Diego
School of Medicine
La Jolla, CA

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Upon registration, a confirmation letter will be sent to you via fax. A program syllabus and dial-in instructions will be mailed to you 3-7 days prior to your scheduled teleconference.

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Supported by an unrestricted educational grant from AstraZeneca LP.
Once-daily Ritalin® LA
The ADHD original.
Optimized for the school day.

- Rapid onset of Ritalin®
- Mirrors bid dosing
- Lasts the school day
- Favorable safety and tolerability in clinical trials
- Flexible, once-daily dosing
  - Capsules offer sprinkle option
  - Available in three dosage strengths


Ritalin® LA is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).
Ritalin® LA should be given cautiously to patients with a history of drug dependence or alcoholism. Chronic abusive use can lead to marked tolerance and psychological dependence. Frank psychotic episodes can occur, especially with parenteral abuse. (See Boxed Warning.)

Please see brief summary of full prescribing information, including Contraindications and Boxed Warning, provided on the following page.