Suicide is the third leading cause of death among young people ages 10-18. Each year an additional 520,000 youth require medical services for a suicide attempt. It’s clear that something must be done.

In July, the President’s non-partisan New Freedom Commission on Mental Health did its part. To find youth at risk, the Commission recommends that schools and primary health-care providers offer every child a mental health screening. The next steps are up to you.

The Carmel Hill Center at Columbia University has prepared a report that explains how every parent, policymaker, educator, health professional and community leader can help save young lives. For a free copy of “Catch Them Before They Fall: How to Implement Mental Health Screening Programs for Youth,” visit www.TeenScreen.org
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Performula™

for difficult tolerance problems*

Alimentum Advance provides fast colic† relief: In just 24 hours,
Alimentum Advance starts reducing colic symptoms in most infants‡

- Alimentum Advance contains levels of
  DHA and ARA typically found in U.S.
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- DHA and ARA, two nutrients found in
  breast milk, are important for cognitive
  and visual development

Fast Colic† Relief

*Due to protein sensitivity and food allergies.
†Due to protein sensitivity.
‡Based on a clinical study with Alimentum®. Alimentum and
Alimentum Advance contain the same oils except for the
addition of DHA and ARA.
§Alimentum Advance has DHA and ARA levels based on
studies with Similac® Advance™.

References: 1. Data on file, AOVI, April 2003, Ross
Products Division, Abbott Laboratories, Columbus, Ohio.
108:372-381. 3. Auchst N, Montalto MB, Hall RT, et al:

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  - Children 12 years of age and older: take 2–4 tablets every 4–6 hours
- For the relief of sneezing, runny nose, itchy/watery eyes, and itchy throat

Also available: Children’s Benadryl® Allergy/Cold Fastmelt® Tablets (antihistamine/nasal decongestant/cough suppressant combination)

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While many formulas are enriched with DHA and ARA, only Nestle® Good Start® Supreme DHA & ARA is made with 100% whey protein, partially hydrolyzed for easy digestion. Compared to whole-protein formulas, partially hydrolyzed whey:
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And now, it's enriched with DHA & ARA.

Good Start Supreme DHA & ARA contains the highest levels of DHA and ARA allowed in the U.S. – levels shown by some studies to enhance visual and mental development. When parents ask about a formula with DHA and ARA, recommend the one that gives their child the Supreme advantage.

Breastfeeding is best. But when formula is chosen, recommend Good Start Supreme DHA & ARA right from the start.

Questions? Call the Nestle Professional Information Line at 1-800-274-2672 from Monday to Friday, 8:00 AM to 8:00 PM Eastern Time.

* When fed exclusively, as soon as formula feeding begins. Good Start Supreme is not intended as a therapeutic formula like more extensively hydrolyzed specialty formulas.

CHILDHOOD ASTHMA AND ALLERGIES:
IMPROVING EVIDENCE-BASED TREATMENT AND THE ROLE OF INHALED CORTICOSTEROIDS

COMPREHENSIVE CME PROGRAM OFFERING

Now Available:
- Interactive Teleconference Series (Led by National Experts)
- Dates and Times through December 18, 2003
- Print Monograph
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Activity Purpose
This activity is intended to update practicing pediatricians, primary care physicians, and other health care practitioners on the growing burden of childhood asthma and allergic rhinitis and provide current evidence on the appropriate diagnosis and treatment of these potentially coexisting conditions.

Statement of Need
Asthma is the leading serious chronic childhood illness, affecting ~6.3 million children younger than 18 years. In 2001, 4.2 million children had an asthma episode. These asthma attacks substantially impact children, families, and the health care system. Children miss 14 million days of school annually because of asthma. For children younger than 15 years, asthma is the third leading cause of hospitalization. Although only 25% of the U.S. population is younger than 15 years, ~33% of hospital discharges for asthma occurred in this age group.

Children with asthma also may have concomitant allergic rhinitis. The increasing prevalence of the interrelationship among allergic diseases, and evidence suggests that asthma and allergic rhinitis are linked epidemiologically and pathophysiologically, supporting the concept of “one airway, one disease.” Importantly, symptoms of allergic rhinitis have been reported to occur in as many as 86% of patients with asthma, while asthma affects approximately 43% of patients with allergic rhinitis. The Centers for Disease Control reports that allergic rhinitis and asthma each account for ~9 million annual visits to office-based physicians. Finally, seasonal allergic rhinitis affects 10–25% of the population and is more common among children and adolescents than adults.

Despite the dissemination of asthma (NAEPP) and allergic rhinitis (ARIA) guidelines that recommend inhaled and nasal corticosteroids as preferred therapy, appropriate use of these medications by pediatricians and primary care physicians continues to be an important clinical goal.

Learning Objectives
After this teleconference, participants should be able to improve health outcomes for children with asthma and allergic rhinitis by:
1. Identifying the interrelationship between asthma and allergic disorders
2. Recognizing the importance of early diagnosis
3. Applying new evidence supporting the efficacy and safety of nasal and inhaled corticosteroids

Target Audience
This educational activity is designed for pediatricians, physician assistants, nurses, nurse practitioners, family physicians, and other health care practitioners with an interest in pediatric allergic airway diseases.

Teleconference Format
The topics will be discussed during a live, 60-minute session which includes an interactive Q&A period.

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.

National Jewish is provider approved by the California Board of Registered Nursing, Provider Number CEP 12724, for 1.0 contact hours.

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

Patients receiving the highest dose of Xopenex Inhalation Solution should be monitored closely for adverse effects and the risks of such effects should be balanced against the potential for improved efficacy.

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 (7.6%; 11.9%; 5.8%), pharyngitis (3%; 10.4%; 6.6%), rhinitis (6.1%; 10.4%; 1.7%), asthma (9.1%; 9%; 5.1%), fever (3.1%; 3%; 5.1%), viral infection (76%; 9%; 5.1%), rash (NR†; NR†; NR†), accidental injury (6.1%; 4.5%; 3.4%), diarrhea (1.5%; 6%; NR†), pain (3%; 1.5%; 3.4%), asthenia (3%; 3%; NR†), lymphadenopathy (3%; NR†; NR†), and urticaria (NR†; 3%; NR†).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.63 mg Xopenex; 1.25 mg Xopenex; and placebo, respectively): nervousness (2.6%; 9.0%; NR†), tremor (NR†; 6.8%; NR†), flu syndrome (4.2%; NR†; NR†), and tachycardia or increased heart rate (2.8%; 2.7%; NR†).

†The mean duration of effect, as measured by a >15% increase from baseline FEV1, was approximately 5 hours after administration of 0.63 mg of levalbuterol and approximately 6 hours after administration of 1.25 mg of levalbuterol after 4 weeks of treatment. In some patients, the duration of effect was as long as 8 hours.

†Less than 2% reported.

Please see brief summary of prescribing information on adjacent page.

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