

# ADOLESCENT MEDICINE IN THE NEWS

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## CDC: U.S. kids with autism up 78% in past decade

By Miriam Falco, CNN March 29, 2012

The number of children with autism in the United States continues to rise, according to a new report released Thursday by the Centers for Disease Control and Prevention. The latest data estimate that 1 in 88 American children has some form of autism spectrum disorder. That's a 78% increase compared to a decade ago, according to the report.

Since 2000, the CDC has based its autism estimates on surveillance reports from its Autism and Developmental Disabilities Monitoring Network. Every two years, researchers count how many 8-year-olds have autism in about a dozen communities across the nation. (The number of sites ranges from six to 14 over the years, depending on the available funding in a given year.)

In 2000 and 2002, the autism estimate was about 1 in 150 children. Two years later 1 in 125 8-year-olds had autism. In 2006, the number was 1 in 110, and the newest data -- from 2008 -- suggests 1 in 88 children have autism.

Boys with autism continue to outnumber girls 5-to-1, according to the CDC report. It estimates that 1 in 54 boys in the United States have autism.

Mark Roithmayr, president of the advocacy group Autism Speaks, says more children are being diagnosed with autism because of "better diagnosis, broader diagnosis, better awareness, and roughly 50% of 'We don't know.'"

He said the numbers show there is an epidemic of autism in the United States.



Early recognition of signs of autism -- a neurodevelopment disorder that leads to impaired language, communication and social skills -- is vital because it can lead to early intervention, says Dr. Gary Goldstein, an autism specialist and president of the Kennedy Krieger Institute in Baltimore.

"There have been studies -- double-blinded studies -- to show that behavioral early intervention changes the outcome for children," Goldstein says.

Roy Sanders and Charlie Bailey sensed something was wrong with their son Frankie Sanders when he was 9 months old.

"Our pediatrician at the time who was a friend of ours tried to tell us that we were being too cautious, we were being too anxious," Sanders says.

Frankie's pediatrician thought his parents were seeing developmental delays that weren't really there. But Frankie wasn't talking, Sanders says. "He didn't have speech; he didn't have any communication skills at all. He didn't point. He would flap quite a bit. He would stare at fans; he would stare at lights; he would become frantic if he didn't have a Thomas the [Tank] Engine because he was obsessed with Thomas the [Tank] Engine."

His parents kept pushing, and Frankie, now a ninth-grade nose guard and defensive guard for the Decatur Bulldogs football team in Decatur, Georgia, was diagnosed with autism when he was 15 months old.

"Early detection is associated with better outcomes," says CDC Director Dr. Thomas Frieden. "The earlier kids are detected, the earlier they could get services, and the less impairment they'll have on their learning and in their lives on a long-term basis is our best understanding."

The CDC is working with the Academy of American Pediatrics to recommend that children get screened for autism at ages 18 months and 24 months, Frieden says.

However, according to the CDC report, most children were diagnosed between ages 4 and 5, when a child's brain is already more developed and harder to change.

"Doctors are getting better at diagnosing autism; communities are getting much better at [providing] services to children with autism, and CDC scientists are getting much better at tracking which kids in the communities we're studying have autism," Frieden says.

#### **U.S. kids and autism**

- Overall: 1 in 88 U.S. kids have autism; up 78% from 2002
- Total: Estimated 1,000,000 children with autism
- Boys: 1 in 54; up 82% from 2002
- Girls: 1 in 252; up 63% from 2002
- Non-Hispanic white children: 1 in 83; up 70% from 2002
- Non-Hispanic black children: 1 in 98; up 91% from 2002
- Hispanic children: 1 in 127; up 110% from 2002
- Symptoms typically apparent before age 3

**Source: Centers for Disease Control and Prevention**



"How much of that increase is a result of better tracking and how much of it is a result of an actual increase, we still don't know. We know more about autism today than we have ever known," he says, "but there is still so much we don't know and wish that we knew."

**CDC: What you should know about autism:**

<http://www.cdc.gov/ncbddd/autism/index.html>

**Read the CDC report (PDF):**

<http://i2.cdn.turner.com/cnn/2012/images/03/29/ss6103.ebook.pdf>

## **Study: Teen access to Plan B uneven**

By Amanda Gardner, *CNN/Health.com* March 26, 2012

Since 2009 the Food and Drug Administration (FDA) has mandated that Plan B and other emergency contraceptives be available without a prescription to women age 17 and up. In reality, a new study suggests, a 17-year-old's access to these drugs can be uncertain.

In the study, two female research assistants at Boston University called every commercial pharmacy in five major cities and asked whether emergency contraception was available to them that day. If the answer was yes, they followed up with the question "If I'm 17, is that okay?"



At that point, 19% of the pharmacy workers told the young women that contraception would not be available to them. When researchers posing as doctors called the same pharmacies on behalf of a (fictional) 17-year-old patient, however, just 3% of pharmacies said the drugs weren't available.

Pharmacies, moreover, incorrectly reported the age guidelines for over-the-counter access to 43% of the "girls" and 39% of the "doctors," according to the study, which appears in the April issue of the journal *Pediatrics*.

Misinformation of this sort could lead to unintended pregnancies, the researchers say. "It's important that adolescents get the correct information the first time," says Tracey Wilkinson, M.D., the lead author of the study and a professor of pediatrics at Boston University. "This highlights some of the barriers that adolescents face when accessing emergency contraception."

Two emergency contraceptives, both of which contain the hormone levonorgestrel, are approved for over-the-counter use and are stocked behind pharmacy counters: Plan B (including the single-pill version known as Plan B One-Step), and a so-called branded generic known as Next Choice.

Timely access to these drugs is important, Wilkinson and her colleagues say, since they're most effective in the 24 hours following unprotected sex or a contraception failure. The odds of getting pregnant rise by about 50% every 12 hours after the event, according to the study.

The study included every pharmacy -- nearly 950 in all -- in Austin, Texas; Cleveland; Nashville, Tennessee; Philadelphia; and Portland, Oregon. Researchers contacted each pharmacy twice, once in the role of the teenager and once in the role of the doctor.

To better disguise their identity, they spaced the calls at least two weeks apart and used cell phones programmed with each city's area code.

In roughly 20% of the phone calls, pharmacy workers reported that emergency contraception was not available for any caller or patient, regardless of age. Some of those pharmacies -- about one-third -- suggested another nearby pharmacy or offered to order the pills, but the average wait time was 45 hours.

The faulty information about age recorded in some of the other calls might be due to a combination of "confusion, misinformation, and maybe personal beliefs," Wilkinson says, although she and her colleagues stress that the study is silent on this matter. A pharmacy's location and whether or not it was part of a chain did not appear to play a role.

As for the differences in the responses given to doctors versus teenagers, Wilkinson says it could be that physicians are more likely to be transferred to higher-ranking pharmacy employees -- pharmacists rather than pharmacy technicians, say.

Similarly, the study notes that teenagers were twice as likely as doctors to be put on hold.

Experts not involved in the study say that several factors -- unintentional or otherwise -- could be responsible for the misinformation.

"There were probably some people who had some personal objections about [emergency contraception] and didn't want to deal with it, and some were not educated about the laws and facts," says Christopher Estes, M.D., an assistant professor of ob-gyn at the University of Miami Miller School of Medicine.

Jean Amoura, M.D., an associate professor of ob-gyn at the University of Nebraska Medical Center, in Omaha, has studied access to emergency contraception in Nebraska pharmacies and says barriers to access are often logistical. Rural pharmacies, for instance, may not stock the pill simply because too few people ask for it.

Amoura has encountered ideological objections as well, however. Although Plan B and Next Choice are believed to work by preventing ovulation, like daily birth control pills, and "will not interrupt an established pregnancy," Amoura says, some people view taking the drugs as tantamount to abortion.

The "misunderstanding among the public, pharmacists, and doctors about this being an abortion pill" is an "ongoing dilemma," Amoura says.



The FDA lowered the age threshold for over-the-counter access to emergency contraception from 18 to 17 in 2009, following a federal court order. Girls age 16 and under still require a prescription from a doctor. In 2011, the FDA recommended the removal of all age restrictions on Plan B One-Step, but in a controversial move, the U.S. Secretary of Health and Human Services, Kathleen Sebelius, overruled the agency.

Deborah Nucatola, M.D., senior director of medical services at Planned Parenthood, which provides reproductive health services -- including emergency contraception -- at more than 800 health centers around the country, says easing restrictions on emergency contraception may help address the uneven access seen in Wilkinson's study.

"It's unclear if the pharmacy workers who provided incorrect information to the study callers were simply unfamiliar with the law, but one of the unfortunate results of the age restriction is that it requires drugstores to keep emergency contraception behind pharmacy counters," Nucatola said in a prepared statement. "As the research shows, that restriction creates access barriers for women of all ages and these barriers can in turn result in preventable unintended pregnancies."

### 3 social media offenses to avoid

By Morgan Lewis Jr. **Medical Economics** March 28, 2012

Your behavior online can devastate your career and your practice.

That's the lesson learned from a study of reports to state medical boards that punished physicians for inappropriate online communication with patients, prescribing without a previous relationship, and misrepresenting their credentials, according to an article published in the March 21 issue of *Journal of the American Medical Association* [<http://jama.ama-assn.org/content/307/11/1141.extract>].

In the study, based on a survey of the 68 executive directors of medical and osteopathic boards in the United States and its territories, researchers found that reported violations included:

1. inappropriate contact with patients online (69%),
2. inappropriate prescribing (63%), and
3. misrepresentation of credentials or clinical outcomes (60%).

In response to these violations, 71% of state medical boards held formal disciplinary proceedings, and 40% issued warnings resulting in serious actions such as license limitation (44%), suspension (29%), or revocation (21%).



"I was definitely surprised," lead author Ryan Greysen, MD, MHS, MA, and assistant professor of hospital medicine at the University of California, San Francisco, wrote to Medical Economics eConsult in an email. "This was higher than we anticipated, and I think it underscores that boards do see this issue as within their responsibilities to regulate."

Greysen cited research that shows that nearly 90% of physicians use a social media Web site for personal use, and 67% use social media professionally.

"Let me just say that I am not against physicians using social media [<http://www.modernmedicine.com/modernmedicine/modern+medicine+now/getting-connected-through-social-media/articlestandard/article/detail/736796>]; on the contrary, I think it is a highly valuable technology that has great potential to help our patients," Greysen says. "But with any new technology, there are risks and complications that need to be understood and minimized first."

Greysen says physicians should be aware of the AMA's policy on social media use [<http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml>] and of their own organization's rules, which may include other restrictions.

In April, the Federation of State Medical Boards will consider adopting ethical and professional guidelines for electronic and digital media use by physicians, including email, texts, blogs, and social networks. The guidelines will address the following areas:

protecting the privacy and confidentiality of patients,

avoiding requests for online medical advice,

acting with professionalism and being aware of potential conflicts of interest, and

being aware that information posted online may be available to anyone and could be misconstrued.

"I think the larger issue going forward is less about how to more effectively monitor or report and more about how to educate and prevent," Greysen says.

Go back to current issue of eConsult [<http://medicaleconomics.modernmedicine.com/memag/issue/issuedetail.jsp?id=21221>]

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The following is an article that I wish none of us will never need. The reality, however, is that at sometime in your professional life, this is an article you will probably want to review...

JAS

## Firing a Medical Practice Employee

How to do it right

By Bob Levoy | March 28, 2012 PhysiciansPractice.com

Firing an employee is hard, and requires skill to do it right. Physicians and office managers can be too talkative, belligerent, or even apologetic when telling an employee that he is being "let go." Others "cave" if the employee becomes too emotional, and give her another chance.



"The way I look at it," one physician told me, "firing a staff member, particularly from a job she's held for any length of time, is the most traumatic thing next to divorce. She's going to be understandably upset, perhaps bitter, and ready to put the blame on someone else. If the doctor isn't careful, his or her reputation and practice may be the target of a very disgruntled and resentful employee — possibly a lawsuit."

While there is no way to make a dismissal pleasant, you can minimize the pain and hostility. Here are 9 tips to make the process a little bit easier:

1. An employee should never be surprised at being fired. If a person's job performance is not satisfactory, advise him or her of the problem, how it can be fixed, and set a reasonable date by which you expect an improvement. If no improvement is seen, a second interview should again address the issue and make clear the consequences of inaction. In each case, document everything in the employee's personnel file, recording the date of the meeting and the substance of your comments. If the desired improvement does not occur

after this second discussion, the consensus of physicians and office managers with whom I've spoken is to terminate at that point without further notice —again documenting the reason for the termination.

2. Don't delay. "Once you make the decision to let the person go, get 'em out quick." That's the overwhelming recommendation of those I've asked about the timing of an employee's dismissal. Two weeks notice? No. Most agree it's a mistake to have a "lame duck" employee in the office. A depressed or disgruntled employee is bad for everyone's morale — patients included. Better to give the employee one or two week's additional pay in lieu of notice and ask the person to leave immediately.

3. Prepare in advance. When the day of dismissal arrives, have well thought-out notes about what you want to say to the employee. Avoid a discussion of the employee's "attitude." It's subjective and open to debate. Limit yourself to behaviors and actions that can be observed and documented.

4. Don't go into too much detail. If you specify all the ways your employee has failed, you defeat your purpose. What do you accomplish except to inflict pain? Avoid at all costs, spur-of-the-moment criticisms you may later regret.

5. Have a witness. Lawyers recommend having someone else in the room, because their presence can eliminate the risk of the employee later claiming you said things you didn't actually say.

6. Keep it short. Get to the point as gently as possible and keep it short — seven to 10 minutes. Simply indicate that things have not improved since the last conference and that you have no alternative but to terminate employment. Acknowledge the person's capabilities and strong points and let it go at that. Refuse to be sidetracked into reconsidering.

7. Timing. Letting someone go early in the week is preferable to Fridays; early in the day is preferable to the end of the day. In this way the person can immediately begin looking for another job rather than agonize about it overnight or worse, over the long weekend.

8. Inform staff. Tell other employees of your decision and ask for their support until a replacement is found. Staff members may well be aware of the discharged employee's shortcomings and actually applaud your decision.

9. Reality check. The number of wrongful dismissal cases brought by disgruntled employees has dramatically increased in recent years — many with outcomes that have been extremely costly for employers. To be on the safe side, check with a lawyer in your state to learn the precautions you should take.

Bob Levoy is the author of seven books and hundreds of articles on human resource and practice management topics. His newest book is "222 Secrets of Hiring, Managing and Retaining Great Employees in Healthcare Practices" published by Jones & Bartlett. He can be reached at [blevoy@verizon.net](mailto:blevoy@verizon.net).



## Heavier Baby Girls at Higher Risk for Diabetes, Heart Woes as Adults

Study found that as teens, they have larger waist size, higher blood levels of insulin, fat

March 29, 2012 HealthDay News

Overweight female babies are at increased risk for cardiovascular disease and diabetes in adulthood, a new study suggests.

Researchers looked at more than 1,000 17-year-olds in Australia who had been followed since birth. The goal was to examine whether birth weight and body fat distribution in early childhood was associated with future health risk factors such as obesity, insulin resistance and high blood pressure.

The study found that teen girls with larger waist circumference, higher levels of insulin and triglycerides (a type of fat found in the blood), and lower levels of "good" HDL cholesterol were heavier from birth than other girls.



Birth weight and body fat distribution in early childhood seemed to have no impact on these risk factors in males, the authors noted.

The study will be published in the June issue of the *Journal of Clinical Endocrinology & Metabolism*.

"What happens to a baby in the womb affects future heart disease and diabetes risk when the child grows up," lead author Dr. Rae-Chi Huang of the University of Western Australia in Perth, said in a news release from the Endocrine Society.

"We found that female babies are particularly prone to this increased risk, and females who are at high risk of obesity and diabetes-related conditions at age 17 are showing increased obesity as early as 12 months of age," Huang said.

Huang said the findings are important because there are increasing rates of obesity and gestational diabetes among pregnant women in Western nations. This means a rise in the number of overweight female babies.

"Our results can be applied to public health messages targeting both maternal health and measures in early infancy regarding the prevention of childhood obesity and its consequences," Huang said.

Although the study showed an association between early obesity and increased risk of diabetes and cardiovascular disease, it did not prove a cause-and-effect relationship.

**SOURCE:** The Endocrine Society, news release, March 29, 2012

## New report: 7th graders experiencing dating violence and abuse

Richard Webster, Domestic Crimes Examiner *The Examiner (Great Britain)* March 29, 2012

A new study conducted with more than 1,400 7th-graders revealed that an alarmingly high number are not only dating, but are involved in abusive relationships. More than 75% of the 7th-graders reported they had been in dating relationships. More than one in three (37%) reported being a victim of psychological dating violence; and nearly one in six (15%) reported being a victim of physical dating violence from a partner. And, more than half had experienced sexual harassment. The findings come from a recent evaluation of the Robert Wood Johnson Foundation's national program, Start Strong: Building Healthy Teen Relationships, the largest initiative ever funded to prevent dating abuse among 11-14 year olds.

The good news? Nearly three-quarters of the 7th-graders reported that they "sometimes or often talk to their parents about dating and relationships." This very important parent-child communication is considered to be a protective factor that reduces the risk for teen dating violence.

Our friends at Start Strong shared the following:

"There is limited information on 7th-graders and these data provide important insights into teen dating violence behaviors and risk factors among middle school students," said Shari Miller, Ph.D., lead researcher from RTI.

"From this study, we are learning that many 7th-graders are already dating and teen dating violence is not happening behind closed doors with so many students in this study witnessing dating violence among their peers. While we need to do much more to understand this young age group, our data point to the need for teen dating violence prevention programs in middle school."

Among the key findings:

- 75% of students surveyed report ever having a boyfriend or girlfriend.
- More than 1 in 3 (37%) students surveyed report being a victim of psychological dating violence in the last 6 months.
- Nearly 1 in 6 (15%) students surveyed report being a victim of physical dating violence in the last 6 months.
- Nearly 1 in 3 (31%) students surveyed report being a victim of electronic dating aggression in the last 6 months.
- More than 1 in 3 (37%) of students surveyed report having witnessed boys or girls being physically violent to persons they were dating in the last 6 months.





- Nearly 2 out of 3 students surveyed (63%) strongly agree with a harmful gender stereotype, such as "girls are always trying to get boys to do what they want them to do," or "with boyfriends and girlfriends, the boy should be smarter than the girl."
- Nearly half of students surveyed (49%) report having been a victim of sexual harassment in the past 6 months, such as being "touched, grabbed, or pinched in a sexual way," or that someone "made sexual jokes" about them.
- Nearly three-quarters of 7th-grade students surveyed report that, in the last 6 months, they "sometimes or often" talk with their parents about dating topics such as, "how to tell if someone might like you as a boyfriend or girlfriend."

Until now, there has been very little research on this age group and, though not nationally representative, this study is one of the few and largest in-depth studies conducted to date. The implications of these findings for parents are serious and reinforce that waiting until high school to talk about dating is too late. Middle school provides a critical window of opportunity to teach youth about healthy relationships and prevent dating violence before it starts.

## Endometriosis May Emerge in Adolescence

By: AMY ROTHMAN SCHONFELD, *Family Practice News Digital Network* March 28, 2012

NEW YORK - High rates of endometriosis and symptoms indicative of possible future endometriosis have been noted in adolescents and young women based on prevalence data from the United States.

Stacey A. Missmer, Sc.D., reported results from the prospective GUTS (Growing Up Today Study), which includes 15,000 daughters of enrollees of the second Nurses' Health Study.

GUTS participants were enrolled at 9-15 years of age, and the study was started in 1996 as a long-term prospective investigation of factors that influence weight change, she said at the annual congress of the Endometriosis Foundation of America.

So far, there have been 250 incident cases of endometriosis in GUTS enrollees, and 3,000 others (20%) have reported symptoms indicative of possible future endometriosis, including moderate to severe dysmenorrhea, chronic pelvic pain resistant to analgesics, and lower back pain, according to Dr. Missmer, director of epidemiologic research in reproductive medicine at Brigham and Women's Hospital in Boston and senior endometriosis investigator for the Nurses' Health Study.

Also at the meeting, Dr. Thomas D'Hooghe, a professor at the Catholic University of Leuven and director of the Leuven (Belgium) University Fertility Center, presented the results of a systematic literature review of



1,014 publications over a 30-year span, with 15 studies found to examine the prevalence of endometriosis in adolescents.

Of 893 girls who presented for laparoscopy with chronic pelvic pain or dysmenorrhea and were resistant to treatment with oral contraceptives or NSAIDs, 62% were diagnosed with endometriosis. In the subpopulation of those with chronic pelvic pain alone, the prevalence of endometriosis was 49%, he reported.

In the studies that evaluated disease severity, 32% (82 of 249) of adolescent patients had moderate to severe endometriosis. Laparoscopic findings included rectal lesions and tubo-ovarian adhesions, extensive disease of the peritoneum, ovaries and surrounding structures, and rectovaginal, bowel and ureteric endometriosis.

Not much data are available on endometriosis in adolescents. A common thread of adult endometriosis patient testimonials during the conference was the dismissal of their severe menstrual pain as "normal" by family members and health professionals. Many said that they were not diagnosed until 12 years or more after the onset of symptoms.

Dr. D'Hooghe additionally reported unpublished findings from a survey. Among 12-year-olds (n = 792) who completed a semistructured questionnaire, 363 had achieved menarche and 42% of them reported painful menstruation that correlated with duration of menstrual flow and the amount of blood loss. Among girls with painful menstruation, 41% said that it had a negative toll on social activities. Among girls without menstrual-related pain, 14% said menstruation impaired their social activities (P <.001).

Among the 13- to 16-year-olds (n = 172), 40% reported menstrual pain and 17% reported severe menstrual pain. In the 17- to 21-year-olds (n = 1,028), 52% reported menstrual pain and 16% reported severe menstrual pain. Over 40% in each age group used hormonal contraception for analgesia.

Menstrually related nongynecologic complaints included lower back pain reported by 26% of the 13- to 16-year-olds and by 38% of the 17- to 21-year-olds; urological symptoms reported by 26% and 23%, respectively; and gastrointestinal problems reported by 14% and 24% respectively.

"This group of girls who not only present with typical gynecological problems but also with lower back pain, urological symptoms, and gastrointestinal problems are the girls we want to see in our clinics for early diagnosis and treatment," said Dr. D'Hooghe.

Known factors that are linked to the risk of endometriosis include early dysmenorrhea, family history of endometriosis, high frequency and long duration of oral contraceptive use for severe dysmenorrhea, and frequent absences from school during menstruation. Reaching menarche after the age of 14 years is associated with a decreased risk of endometriosis, he said.



## 'Cinnamon Challenge,' Popular with Teens, Proves Risky

By ALEXANDRA SIFFERLIN TIME.com April 2, 2012

It's a relatively simple dare, but teens are sending themselves to the hospital by attempting the "cinnamon challenge."

The objective is to swallow a tablespoonful of cinnamon in under 60 seconds — a nearly impossible feat that causes contenders to gasp, spit and choke while attempting to keep the spice down. The game has gained popularity in the last few years, and as Newsfeed reported earlier this month, video after video of teens attempting the challenge are popping up on YouTube.



But the nonsensical challenge has serious health consequences. According to the American Association of Poison Control Centers (AAPCC), in the first three months of 2012, the nation's poison control centers have received 139 calls seeking help for cinnamon misuse and 122 of the calls were related to the "cinnamon challenge." Out of the 139 calls, 30 needed medical attention.

"Although cinnamon is a common flavoring, swallowing a spoonful may result in unpleasant effects that can pose a health risk," said Dr. Alvin Bronstein, managing and medical director for the Rocky Mountain Poison and Drug Center, in the AAPCC statement. "The concern with the cinnamon challenge is that the cinnamon quickly dries out the mouth, making swallowing difficult. As a result, teens who engage in this activity often choke and vomit, injuring their mouths, throats and lungs. Teens who unintentionally breathe the cinnamon into their lungs also risk getting pneumonia as a result."

The AAPCC says the Internet is encouraging the spread of the risky behavior among teens. As Newsfeed reported, a website dedicated to the cinnamon challenge warns, "Do not attempt the cinnamon challenge without talking with a doctor." But it adds, "Obviously they are going to tell you not to do it ... so watch movies of people already feeling the pain."

If monitoring alcohol and tobacco abuse isn't enough, parents may now need to keep tabs on the spice cabinet. "We urge parents and caregivers to talk to their teens about the cinnamon challenge, explaining that what may seem like a silly game can have serious health consequences," said Bronstein in the statement. Good grief.

## Most alcohol, drug abuse starts in teen years-study

April 3, 2012 Reuters

A survey of U.S. teenagers found that most have used alcohol and drugs by the time they reach adulthood, and researchers said this could be setting many of those kids up for a lifetime of substance abuse.

The survey of more than 10,000 teens, published in the *Archives of General Psychiatry*, found that almost four out of five teens had tried alcohol and more than 15 percent were abusing it by the time they turned 18-years-old. Some 16 percent were abusing drugs by the age of 18.

"It's in adolescence that the onset of substance abuse disorders occurs for most individuals," said lead author Joel Swendsen, director of research at the National Center of Scientific Research in Bordeaux, France. "That's where the roots take place."

Some 18 percent of adults meet standards for "lifetime abuse" of alcohol, and 11 percent meet the criteria for drug abuse, the study said, suggesting an early start for at least some of those substance abusers.

The study is based on interviews with 10,123 U.S. teens between the ages of 13 and 18-years-old. They were surveyed between February 2001 and January 2004.

Of the approximately 3,700 teens between the ages of 13 and 14, about 10 percent were drinking alcohol regularly, defined as 12 drinks within a year. That number jumped to about half on the approximately 2,300 people surveyed 17- to 18-year-olds.

According to Swendsen's team, almost one in three of the regular users in the oldest age group met the criteria for lifetime alcohol abuse. The median age of onset for alcohol abuse, with or without "dependence," was 14.

As for drugs, about 60 percent of the teens said they had the opportunity to use illicit drugs, such as marijuana, cocaine, tranquilizers, stimulants and painkillers.

About one in ten of the 13- and 14-year olds said they used at least one such drug, and that increased to about 40 percent in the oldest age group. Marijuana was the most common type of drug used, followed by prescription drugs.

The median age of onset for drug abuse was 14 with dependence and 15 without dependence.

"The reason we worry about it is that the earlier they use these substances the earlier they become addicted to it," said Susan Foster, vice president and director of policy research and analysis at the National Center on Addiction and Substance Abuse at Columbia University in New York.





Foster, who was not involved in the study, said starting to use potentially addictive substances is especially dangerous to younger people because their brains are still developing.

"There's really a type of rewiring that goes on with continued use that can result in an increased interest in using and an inability to stop using," she added.

Foster, whose organization published a comprehensive report on substance abuse in U.S. adolescents last year, said the numbers in the current report were consistent with past research.

"We've had spikes and declines of abuse across the population," she told Reuters Health.

Swendsen's team wrote that strategies need to target adolescents to prevent drug and alcohol abuse, but need to take into account the different forces that influence it.

"We don't need to bombard them with information that's beyond their stage of development, but don't think a 13-year-old doesn't know what cannabis is," Swendsen told Reuters Health in a telephone interview.



## Waist Measurements Specify Lipid, BP Levels in Obese Teens

**Increased weight-to-height ratio associated with worse lipid profile, hypertension in adolescents**

**April 3, 2012 HealthDay News**

Waist measures (waist circumference and waist-to-height ratio [WHtR]) are associated with lipid and blood pressure levels, with increased WHtR linked to worsened lipid profile and hypertension in obese adolescents, according to a study published online April 2 in the Archives of Pediatrics & Adolescent Medicine.

To determine the role of waist measures in assessment of lipid profiles and blood pressure for adolescents classified by body mass index (BMI), Michael Khoury, M.D., of the Hospital for Sick Children in Toronto, and associates conducted a population-based cross-sectional study of 4,104 ninth-grade students (aged 14 to 15 years) in Niagara Falls during the 2009 to 2010 academic school year. Complete data were available for 3,428 students.

The researchers found that there were significant correlations between blood pressure, lipid profile, and measures of adiposity (BMI, BMI/waist circumference, and BMI/WHtR), but the correlations had limited strength and were not significantly different from each other. Increased WHtR categories correlated with worsened lipid profile and increased likelihood of hypertension for overweight and obese



students, compared with those with normal BMI and normal WHtR, and compared with those with normal WHtR within each category of BMI.

"Waist measures serve to further specify lipid and blood pressure assessments in overweight and obese adolescents, with the greatest associations noted for obese adolescents," the authors conclude.

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