



The return of fall means back to school and back to busy schedules and hectic lifestyles. In this issue we have some advice on how to eat healthfully, even on the go and how to maintain that increasingly important structure and routine in your child's day.

We also review the basics of eczema, that chronic dry skin that tends to worsen at this time of year as the air becomes drier and cooler and heating systems get turned on in the house.

HUNGRY IN A HURRY: FOOD FOR FAST TIMES

In our fast-paced world in which adults and children alike often seem to have too much squeezed into their days, we can be tempted to give in to the convenience of the local fast-food restaurant.

Unfortunately many of the choices are high in fat, sugar, and calories, from hamburgers to fries to shakes, often served in

kingsize portions, that can sabotage your child's best efforts to control her weight. Also, fast foods often don't supply a healthy balance of vitamins and minerals and are frequently very high in salt.

However it is possible to make more nutritious selections when you are on the go.

Try these options:

- A grilled or charbroiled chicken sandwich (without the skin and mayonnaise)
- A regular-sized hamburger (not the large one with all the fixings)
- Instead of fries on the side, have some fruit or a salad with a small amount of salad dressing
- A plain baked potato (perhaps topped with vegetables from the salad bar)
- Skim or 1% (low-fat) milk or orange juice (rather than a highfat shake or soda)
- If your child must have fries, divide a single order among several members of the family.
- It is wise to steer clear of buffets that can tempt everyone to eating too large of portions and second helpings.
- Portion sizes served at restaurants tend to be very large. Consider splitting portions among the family or take leftovers home for the next day. A proper portion size of meat or grain is the size of one's own fist.
- For grab-and go meals from the supermarket, try ready-made deli sandwiches (made with reduced-fat deli meats) or roasted chicken served with fresh fruits and vegetables from the salad bar.

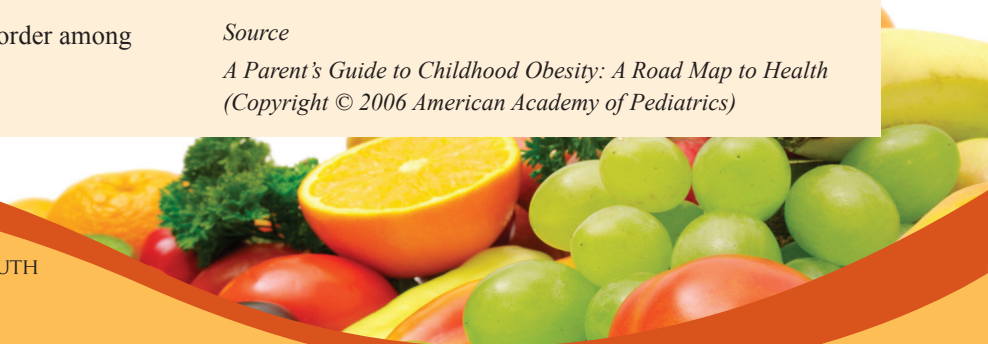
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A Parent's Guide to Childhood Obesity: A Road Map to Health
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WHY ARE FAMILY ROUTINES SO IMPORTANT TO CHILDREN?

Every family needs routines. They help to organize life and keep it from becoming too chaotic. Children do best when routines are regular, predictable, and consistent.

As a parent, review the routines in your household to ensure that they accomplish what you want.

Weekday Mornings

To make the household function well in the morning, everyone needs to know what has to be done to get ready for the day. Try the following:

- Put as many things in order as possible the night before.
- Keep wake-up routines cheerful and positive.
- Be sure your child eats breakfast, even if she is not hungry in the morning, have her get some food in her system to start the day.
- Finally, round out each morning by saying goodbye to your youngster. A simple hug and a wave as she heads out the front door or slides out of the car are extremely important. They will give her a positive feeling with which to begin the day's activities.

After School

During middle childhood, children need adult supervision. While some parents have their children return each afternoon to an empty home, these "latchkey" kids are more susceptible to misbehavior, risk-taking, and anxiety. For this age group, the American Academy of Pediatrics recommends that a child come home to a parent, other adult, or a responsible adolescent.

Evenings

Dinner should be an important time for your family. As often as possible, all family members should eat together at the dinner table, without the distraction of television or radio. During dinner the family can share the day's activities and participate in enjoyable conversation. Everyone should be encouraged to take part, and negative comments and criticism should be discouraged.

Bedtime

On school nights, children need a regular time to go to sleep. Lights can go out at different times for different children in the family, depending on how much sleep each youngster needs. Nighttime rituals can help ease a youngster to sleep. These rituals can include storytelling, reading aloud, conversation, and songs. Try to avoid exciting play and activities before bedtime.

Source

Dad to Dad: Parenting Like a Pro

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ECZEMA

Eczema (also known as atopic dermatitis) is due to a hypersensitivity reaction (similar to an allergy) in the skin, which leads to long-term swelling and redness (inflammation) of the skin. It usually appears as reddened skin that is dry and peeling or may start oozing, occasionally resulting in small, fluid-filled bumps. When eczema becomes chronic (persists for a long time), the skin tends to thicken, dry out, and become scaly with coarse lines.

Atopic dermatitis often occurs in infants and children who have allergies or a family history of allergy or eczema, although the problem is not necessarily or always caused by an allergy.

Eczema usually develops in three different phases. The first occurs between two and six months of age, with itching, redness, and the appearance of small bumps on the cheeks, forehead, or scalp. This rash then may spread to the arms or trunk. Although eczema often is confused with other types of dermatitis, especially seborrheic dermatitis, severe itching and additional allergy problems are clues that atopic dermatitis is the problem. In many cases the rash disappears or improves by two or three years of age.



FUN FACTS ABOUT EYE COLOR

Iris color, just like hair and skin color, depends on a protein called melanin. We have specialized cells in our bodies called melanocytes whose job it is to go around secreting melanin where it's needed, including in the iris. When your baby is born his eyes will be gray or blue, as melanocytes respond to light, and he has spent his whole life in the dark.

Over time, if melanocytes only secrete a little melanin, your baby will have blue eyes. If they secrete a bit more, his eyes will look green or hazel. When melanocytes get really busy, eyes look brown (the most common eye color), and in some cases they may appear very dark indeed. Because it takes about a year for melanocytes to finish their work it can be a dicey business calling eye color before the baby's first birthday.

The second phase of this skin problem occurs most often between the ages of four and ten years, and is characterized by circular, slightly raised, itchy, and scaly eruptions on the face or trunk. These are less oozy and more scaly than the first phase of eczema, and the skin tends to appear somewhat thickened. The most frequent locations for this rash are in the bends of the elbows, behind the knees, and on the backs of the wrists and ankles. All types are very itchy, and the skin generally tends to be very dry.

The third phase, characterized by areas of itching skin and a dry, scaly appearance, begins at about age twelve and occasionally continues on into early adulthood.

The condition tends to get worse when the person is exposed to certain triggers.

The following can make atopic dermatitis symptoms worse:

- Allergies to pollen, mold, dust mites, or animals
- Cold and dry air in the winter
- Colds or the flu
- Contact with irritants and chemicals
- Contact with rough materials, such as wool
- Dry skin
- Emotions and stress
- Exposure to too much water, such as taking too many baths or showers and swimming too often
- Feeling too hot or too cold, as well as sudden temperature changes
- Fragrances or dyes added to skin lotions or soaps

Treatment

Although there is no cure for eczema, it generally can be well controlled and often will go away after several months or years. The most effective treatment is to prevent the skin from becoming dry and itchy and to avoid substances that cause the condition to flare.

To do this:

- Give your child frequent soaking baths in lukewarm water. After a bath, rinse twice to remove any residual soap (which might be an irritant). Then apply cream or ointment within three minutes of getting out of the bath to lock in the moisture.
- Avoid any triggers, including harsh or irritating clothing (wool or coarse-weave material).
- Avoid scratching the rash or skin: Keep your child's finger nails cut short. Consider light gloves if nighttime scratching is a problem.
- Use skin moisturizers (e.g., creams or ointments) regularly and frequently (up to 2-3 times per day) to decrease the dryness and itchiness. Moisturizers should be free of alcohol, scents, dyes, fragrances, or other chemicals.

There are many types of medicated prescription creams and ointments available, so ask your pediatrician to suggest one that he prefers to control inflammation and itching. These preparations often contain a form of cortisone, but there are also several types of nonsteroidal medications. These creams or ointments should be used on an as-needed or daily basis, but only under the direction of your child's doctor. In addition, other lotions or bath oils might be prescribed. It's important to continue to apply the medications for as long as your pediatrician recommends their use. Stopping too soon will cause the condition to recur.

In addition to the skin preparations, your child also may need to take an antihistamine by mouth to control the itching and antibiotics if the skin becomes infected.

Source

Immunizations & Infectious Diseases: An Informed Parent's Guide
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The color change does slow down some after the first 6 months of life, but there can be plenty of change left at that point.

Eye color is a genetic property,

- Two blue-eyed parents are very likely to have a blue-eyed child, but it won't happen every single time.
- Two brown-eyed parents are likely (but not guaranteed) to have a child with brown eyes.
- If you notice one of the grandparents has blue eyes, the chances of having a blue-eyed baby go up a bit.
- If one parent has brown eyes and the other has blue eyes, odds are about even on eye color.

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KEEP KIDS SAFE WHILE TRAVELING TO AND FROM SCHOOL

Whatever the mode of transportation to and from school, parents should teach children how to be safe. Tips from the AAP:

Walking

Walking to school is a great form of exercise. Teach your child to be safe when crossing the street. Stop at the curb and look left-right-left for traffic before stepping into the street and watch for other cars as you cross. Look for signs that a car is about to move from a parking space or driveway, such as rear lights, exhaust smoke, sound of a motor, or wheels turning.

Listen to the directions of the crossing guard.

Biking

Before heading out on a bike, make sure it is in working condition and that the rider is wearing a helmet.

Make sure the route to and from school is

safe. Avoid heavy traffic, hills, sharp turns and streets with many bumps or potholes. Remember to obey the rules of the road and use hand signals to communicate turns and stops. If allowed children should ride on the sidewalk away from cars.

Driving

Parents should require everyone in the car to wear a seatbelt at all times. Younger children should be secured in an age-appropriate car seat or booster seat and children under age 13 should always ride in the back seat.

Help keep your teen safe while driving by setting restrictions on the number of passengers and eliminating distractions.

Riding a bus

According to the National Highway Traffic Safety Administration, riding a school bus is the safest way for a child to get to school.

Teach your children to be safe while boarding and riding the bus.

Stop at the curb and wait for the bus to come to a complete stop.

Look both ways before crossing the street to get to or from the bus.

Listen to the bus driver's instructions at all times.



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