

Health

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CHILDREN'S HEALTH THREAT AT HOME



Adam and Ellen Cohen of Red Bank learned that their son, Ari, now 2, had elevated levels of lead in his bloodstream after the family did some renovations on their older home. DOUG HOOD/STAFF PHOTOGRAPHER

Get the Lead out

Lead poisoning poses a silent but serious health risk

By Susan Bloom :: For NJ Press Media

Though the conditions in her Long Branch apartment weren't ideal, Sonia Mayorga, 28, wasn't overly concerned — until this summer, when her 1-year-old son, Anthony, ate a chip of peeling paint off the wall in their hallway.

"I went to take it out of his mouth but he had already swallowed it," Mayorga said.

Nervous, she recalled that her doctor had wanted her to schedule Anthony for his state-required blood tests anyway and took the opportunity to have them conducted at that time. To her horror, Anthony's tests revealed he had an excessive amount of lead in his system, measuring 16 on a scale where 0-3 is considered normal.

Though not as high as some (at a level of 40, a child will be hospitalized), the reading triggered a visit from public health nurse Leonora Chojnowski of the Visiting Nurse Association of Central Jersey, who

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DID YOU KNOW?

» Oct. 23-29 is National Lead Poisoning Prevention Week.

» Signs of lead poisoning include headaches, vomiting, stomach aches and slowed speech.

» The best ways to prevent lead poisoning are to keep children away from peeling paint; wash floors, toys and tables thoroughly every day; wash children's hands and faces before they eat, and have children tested for lead by a family doctor.

For more information, call 732-363-5400 or visit www.rpcmoc.com.

Source: The Central Jersey Family Health Consortium in Lakewood

People's Pharmacy

By Joe Graedon & Teresa Graedon

Watching a senior's meds

Q. I am a physician. Often, we are afraid to stop medications because if something bad happens, we could be sued for causing Mom's stroke, heart attack or death.

I love it when my patients stop their medications themselves or refuse to take more, because then I am safe from our culture of blame.

Many of my geriatric patients are on far too many medications and would be better off without them.

It takes enormous moral courage to do the right thing in our current litigious environment.

A. Older people often take a handful of pills every day.

Some are prescribed to treat side effects from other medications.

Far too many senior citizens may be overmedicated. In some cases, this can lead to depression, confusion or a false diagnosis of dementia.

We recognize that individual doctors are under tremendous time pressure and are doing the best they can for their patients.

That said, it is critical for patients and their family members to be vigilant against overmedication and drug interactions that could be harmful.

Q. I have heard that the Food and Drug Administration has approved a new drug to treat symptoms of prostate enlargement.

The trouble is that I didn't catch the name. If it is less likely to cause sexual difficulties than finasteride or an alpha-blocker like terazosin, I am very interested.

Can you tell me more about this new drug, please?

A. The new drug has actually been on the market for several years for another purpose.

Cialis (tadalafil) was the third erectile-dysfunction medication approved by the FDA (after Viagra and Levitra).

The recent approval is for benign prostatic hypertrophy (BPH). An enlarged prostate can make it difficult for men to urinate.

Drugs such as finasteride (Proscar) and terazosin (Hytrin) can help with this symptom, but both may interfere with sexual performance.

Because Cialis is used to treat erectile dysfunction, it should overcome this problem while easing urinary symptoms due to BPH.

Side effects associated with Cialis include headache, indigestion, nasal congestion, back or muscle pain, flushing, cough, stomachache and diarrhea.

Changes in hearing or vision are rare but should be reported to a doctor immediately.

Always check with a pharmacist to make sure you are not taking any medicines incompatible with Cialis.

Write to the Graedons via their website, www.PeoplesPharmacy.com.



PEDIATRICS HEART HEALTH

Child's chest pain rarely a problem

HealthDay

Chest pains that send children to health clinics are usually triggered by strained muscles, asthma, or even spicy pizza, and they rarely are caused by what parents fear most — a life-threatening heart condition, a pediatric study reports.

Among 3,700 children and young adults ages 7 to 22 who were evaluated for chest pain at Children's Hospital Boston from 2000 to 2009, only 37 cases, or 1 percent, showed a cardiac cause, said the study, published in the November print issue of Pediatrics. While chest pain in children is usually not serious, the common complaint causes high anxiety for parents, noted the study.

"The vast majority of children with chest pain were discharged with noncardiac causes, and none died," said Dr. Susan Saleeb, a cardiologist at Children's Hospital.

A fear of sudden cardiac death in children has been fanned by a few highly publicized cases.

Despite predominantly benign test results, annual screenings for chest pain at clinics grew steadily from 240 to nearly 500 children over the 10-year study period and often involved unnecessary and expensive tests and resources, added Saleeb.

The study found that chest pain was linked to musculoskeletal distress for 1,345 youngsters, while 242 others had pulmonary problems; 108, gastrointestinal; 34, anxiety; and four, drug-related issues. The cause was unknown in 1,928 cases.

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