

The Drugging of Our Children, Part 1 (see part 2 below)

By Claudia Anrig, DC

Since the 60s, parents have told their children, "Just say 'no' to drugs." TV commercials, parenting magazines and "wellness " visits to pediatricians send a completely different message.

In the past two decades, our society has accepted (and even embraced) the idea that drugs are OK. We've forgotten that drugs are chemicals with potential harmful side-effects. The question to ask is, "Why have we accepted the drugging of our children without any question or caution?"

There are several possible reasons: Advertising has worked; parents lack critical thinking skills; and/or our Western culture of convenience does not have the time for their children to be sick.

What many parents don't realize is that all drugs have side-effects, and that many produce cumulative, long-term damage to the body. Drugs don't cure; at best, they manage conditions. Perhaps even more disconcerting, not all drugs have been thoroughly tested for long usage.

Like the tobacco industries, pharmaceutical companies control the information and image of their products. They make sure the message we see is that drugs are all right for our children. So, how do we fight for our children?

Approach parents' perceptions of drugs from a different place. As a health-care professional, provide the truth. Understand that parents are trying to make the right health-care choices for their kids, so educate them about alternatives.

How do we begin this educational campaign? Start with, "The truth will set them free." Start by providing extensive information in your office - information necessary for parents to make informed choices.

Most parents do not know that in the year 2000, the FDA approved 25 new medicines; 52 potential new medicines are currently set for clinical trials; or that approximately 217 medicines and vaccines are currently

in development for children!¹

A survey from the Pharmaceutical Research and Manufacturers of America showed that pediatric medications are an active area of pharmaceutical research, despite the many practical, legal and ethical difficulties of testing medicines on children. Drug companies hope to bolster their revenues by marketing drugs to children, including those for diabetes; Crohn's disease; Duchene's muscular dystrophy; ear infections; pneumonia; cerebral palsy; psychiatric disorders; and autism.

Parents also are unaware that the drugs they freely give to their children may be poorly labeled, jeopardizing their children. An FDA consumer article warned that while some drugs do come with information, asthma medications and other medications lack labeling for appropriate treatment of children.²

Other types of drugs that often lack pediatric labeling include those for depression; epilepsy; severe pain; gastrointestinal problems; allergic reactions; and high blood pressure. The FDA identified the 10 drugs prescribed most often to children, despite a lack of or poor labeling, and found that over 5 million prescriptions were given. It has been estimated that more than half of the drugs approved annually for likely use in children are not adequately tested or labeled for treating youngsters.

When parents receive a prescription from their pediatrician, they generally assume the drug has been tested and proven effective and safe. However, the majority of such drugs have never been tested on patients in their child's age group.

Drugs commonly given to children are the analgesics - members of the painkiller family. These over-the-counter medications are prescribed for relief of pain and reduction of fever and inflammation. Typical childhood disorders for which parents would give their children these drugs include colds; headaches; sleep disorders; teething; and childhood "hurts" needing quick relief.

What Parents Don't Know About Acetaminophen, Aspirin and Ibuprofen

Acetaminophen: An overdose can result in death. Contraindications for its administration to a child include hepatitis or mononucleosis.

Aspirin (acetylsalicylic acid): Side-effects include: stomach upset; heartburn; nausea; vomiting; and increased risk of bleeding. Contraindications: Do not give aspirin to a child or teenager unless the physician recommends it. Aspirin has been associated with the development of Reye's syndrome, a potentially

life-threatening disease.

Ibuprofen: Side-effects are upset stomach and heartburn. Do not give ibuprofen to a child under the age of three years without speaking to a physician, and do not take it yourself during the late stages of pregnancy.

In this series, it is my intent to provide professionals with information for their adult patients. Health-care providers must serve as "resource-tellers," since many parents are not provided with accurate, objective information about their children and chemicals.

Part 2 of this series will examine antibiotics and asthma drugs; part 3 will discuss the drug Ritalin.

References

1. 217 Drugs and vaccines in testing for children. Pharmaceutical Research and Manufacturers of America, May 12, 2000.
2. Pediatric drug studies: protecting pint-sized patients, *FDA Consumer* May-June 1999.

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See Part 2 - continued below

The Drugging of Our Children, Part Two: Antibiotics and Asthma

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More than five million cases of otitis media are diagnosed every year in the U.S. A commonly treated health problem, this inflammation of the middle ear is often treated with antibiotics. Dr. J. Owen Hendley, from the University of Virginia, reviewed 100 studies and discovered that antibiotics help only one out of eight children with ear infections.

The *New England Journal of Medicine* published a study regarding the use of antibiotics versus the use of a placebo. It revealed that during a one-week period, 94 percent of the recipients using antibiotics for ear infections resolved, while 84 percent of the placebo-controlled recipients resolved during the same time period.

Little, Gould, et al.,¹ presented the downside of the use of antibiotics by stating: "The bacteria, which cause ear infections, learn quickly to be resistant to antibiotics. At some point we're going to run out of drugs to treat the problem. Antibiotics resistance is a huge problem in this country. The practice of treating eight children to help one who needs antibiotics just makes it worse."

"Wait and watch" is sage advice.

A previous study by Little, Gould, et al., compared immediate versus delayed usage of antibiotics, showing that for most children, the benefit with immediate antibiotics was only marginal, with no significant difference in pain or distress. It should be noted, however, that the medical conclusion was that immediate antibiotic prescriptions provided symptomatic benefit mainly after 24 hours, when symptoms were already resolving. For children who are not very ill systemically, the "wait-and-watch" approach seems clinically feasible.

Parents, beware of the side-effects and contraindications to the usage of antibiotics! Side-effects to drugs such as amoxicillin, Augmentin or ampicillin include diarrhea, hives and yeast infections. Children with a previous allergy to these drugs should not take them. Also, the cephalosporin antibiotics cefadroxil and cephalexin may present numerous side-effects, such as upset stomach; nausea; vomiting; depressed white blood cell (WBC) counts; anemia; rashes; and inhibited blood clotting. Contraindications to these may include an allergy to the drug; a blood clotting disorder or history of bleeding problems; phenylketonuria; and stomach or intestinal diseases, especially colitis.

Ciprofloxacin side-effects are upset stomach; nausea; vomiting; loss of appetite; diarrhea; headache; sleep disturbance; increased risk of tendonitis; dizziness; mood changes; a depressed WBC count; anemia; rashes; and sun sensitivity. Its contraindications include children susceptible to seizures or with central nervous system disorders. Erythromycin side-effects are upset stomach and rash, and it is contraindicated if the child is vomiting or has nausea.

The growing problem of childhood asthma brings a new host of drug exposure to the young child.

Did you know that childhood asthma causes more school absences than any other single pediatric disorder?

Between 1982 and 1992, there was a 56-percent increase in newly diagnosed asthma cases in the United States, and in the past decade the numbers have continued to be staggering.

Common drugs for treatment of asthma:

- **Bronchodilator** side-effects include dizziness; flushed face; headache; increased heart rate; and nervousness. Contraindication includes allergy to the medicine, or a child with heart or blood vessel diseases.
- **Leukotriene modifiers** (Singulair, Accolate): Side-effects include headache; nasal congestion; nausea; diarrhea; abdominal pain; weakness; dizziness; muscle aches; and fever.
- **Inhaled steroids** (AeroBid, Flovent, etc.) can cause oral yeast infections and may be risky in cases of serious infection, such as pneumonia.
- **Oral steroids** (prednisone, etc) may suppress the immune system and cause fluid retention, insomnia and increased appetite. Contraindications are the same as those of inhaled steroids.
- **Theophylline** (Aerolate, Brokodyl, etc.): Side-effects include nervousness; headache; irritability; increased heart rate; nausea; and diarrhea. Possible long-term use may be linked to learning disabilities.

The doctor of chiropractic often is viewed as a family doctor to many families in his or her practice. Our role is not to take a child off of medication, but rather to inform parents that other possible alternative options (even outside of chiropractic) exist in the less severe cases and that possibly, for the more severely symptomatic child, co-management care is a viable option.

A vast majority of parents unknowingly give their child medications without properly being warned of the potential side-effects and contraindications to these chemicals.

One step you can take is to review these drugs with parents from the PDR or another resource. Parents should have all the information at hand to make an educated decision to the health-care choices and risks when it comes to their children.

Reference

1. Anrig C. The antibiotic dilemma. *Dynamic Chiropractic* Oct. 2002;20 (21):18,32-33.

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Editor's note: Part one of this article appeared in the June 16, 2003 issue. A printable version of Dr. Anrig's article is available online at www.chiroweb.com/columnist/anrig. You may also leave a comment or ask a question at her "Talk Back" forum at the same location.

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