

## **HAPPY MARCH!**

As one who selected his college based on being a huge basketball fan, March has always been an exciting month for me. This year I bought UofL basketball season tickets for the first time and got to witness the Cardinals remarkable turnaround in person (although the selection committee was apparently not as impressed as everyone else)! Here at Direct Pediatrics we've been steadily growing as the word is getting out about the benefits and value of the Direct Primary Care model (thanks to our current patients). I'll be getting close to capacity at the Norton Commons office in the next few months, so if you've been dragging your feet, don't wait too long. Fortunately there are plenty of available openings for new patients at the Landis Lakes/Middletown office since that office has only been open for a few months.

## **BUSY NIGHT**

When I tell other pediatricians that I'm doing Direct Primary Care, a few crinkle their noses and say something like, "Doesn't that mean that you're on call every night?" I respond that since kids can get into the office during the day and parents can text me with questions as needed, the night time calls are few and far between. In fact, in the first year I only had 1 call after 10pm. However, I'm totally serious when I tell families that if they are ever considering taking their child to the emergency room in the middle of the night, call me first (unless a bone is breaking out of the skin- I can't do much about that)! Last Thursday I had two middle of the night calls- both kids with croup that needed treatment. Anywhere else they would have called the after-hours service and been instructed to go to the ER where they would have probably spent 2-5 hours, received a \$1000 bill, and probably picked up new illnesses from the waiting room. Since we have the pharmacy in house, one child was able to be seen just after midnight, be provided the medicine he needed and be back at home 10 minutes after he arrived. The other had the needed medicine at home and between medicine and steam from a hot shower was also able to avoid the ER entirely and be seen the next morning. It's the beauty of the Direct Primary Care model in action!

## **PSYCHOLOGICAL TESTING HAS STARTED**

At Direct Pediatrics, when we see a need for families, we try to address it. One big need in the Louisville area is testing for educational/behavioral/mental health concerns (learning disabilities, giftedness, dyslexia, ADHD, autism, anxiety, depression, etc). Earlier this month Emily Moran began offering testing services for members AND non-members. While many locations have wait lists of months to years, Emily can get your child in for testing almost immediately and since she has done testing for a school district for the past 6 years, she is very familiar with what schools require in order for a child to receive services or accommodations. Call the office at **(502) 861-6067** for more details or to schedule.

## SPEAKING OF PSYCHOLOGY

Due to my history of working with schools and families, I get requested to speak to parents and teachers about current pediatric and mental health topics from time to time. Since rates of child and teen anxiety have been dramatically increasing lately, I have been doing presentations on anxiety at local schools including Goshen and Camden Station. For anyone interested in anxiety, I am doing a presentation for parents at Camden Station on Tuesday, April 15th at 6:00pm and the Norton Commons mom's group on Monday April 21st at 7:00pm at the Royal Room (5 doors down from my office).

## 3 SPRING TOPICS

- **Allergies or a cold?** This is the time of year when there's a question about whether symptoms are due to a viral illness or allergic rhinitis. First, if there's a fever (temp >100.3) it's not allergies as allergies will never cause a fever. If the symptoms seem to be spreading from person to person, it's probably viral as allergies aren't contagious (although multiple family members could be allergic to the same blooming plant). While both allergies and viruses can cause runny/stuffy nose and sneezing, allergies are more likely to cause itchy, watery eyes, itchy throat and a dry cough, while colds are more likely to cause sore/painful throat and a productive cough. It's always reasonable to take Claritin/Zyrtec for 1-2 days on a trial basis if you're unsure. If it's allergies, you should notice some improvement with Claritin/Zyrtec. If it's not allergies, the Claritin/Zyrtec will not help and should be stopped as antihistamines like Claritin/Zyrtec/Benadryl/Allergra can actually make a cold last an extra 1-2 days. Finally, of all medications for allergies, nasal Flonase has been shown to be the most effective, although it takes up to 5 days to effectively shrink the swelling in the nasal passages and provide symptom relief.
- **Deodorant:** For pre-teens, warmer weather may bring body odor and that means it's time for deodorant. There are a couple of myths I want to dispel. First, there is nothing in deodorant that speeds up puberty. If your child develops body odor prior to age 8, please mention it to your pediatrician as your child might have precocious puberty (although probably not). Whenever the body odor starts, that's the time to develop the deodorant habit. The second myth is that aluminum-based deodorants cause breast cancer. This idea came from a hypothesis suggested in 2005 that since most breast cancer develops in the outer quadrant closer to the armpit, maybe it's due to the deodorant. 500 studies later, everyone (including the American Cancer Society), agrees that deodorant has nothing to do with breast cancer, and the reason there's more breast cancer in that part of the breast is due to increased glandular tissue in that region.

However, the research also shows that aluminum-based deodorant prevents body odor significantly better than non-aluminum based deodorant. Choose wisely!

- **Vaccines**; Not really a Spring topic- more like an all the time topic, but it's Spring and there are measles outbreaks around the US, so may as well bring it up now. At least 95% of pediatricians vaccinate their own children on the vaccine schedule recommended by the American Academy of Pediatrics- that we recommend for your children (including all of my children and Dr. Stewart's child). Nurses have administered >10,000 vaccines that I have ordered for kids over the past 12 years and in 2 of the 10000+ cases did I recommend that a child not receive a particular vaccine again due to a reaction (One child developed hives after a vaccine and 1 child developed a skin infection at the site of a vaccine. Both kids were fine within 24 hours). During my 3 years working in the children's hospital I took care of 3 unvaccinated kids who died of vaccine preventable illnesses (2 died of meningitis & 1 died of the flu). When people say they want to "do their own research" they may have a lot of research to do as there have been over 400,000 studies and 100,000 clinical trials related to vaccines that conclude vaccines are safe and effective. When people say that pediatricians make tons of money from vaccines, pediatricians laugh as private insurance reimburses vaccines at cost while Medicaid doesn't even reimburse the entire cost of some vaccines resulting in the practice losing money. At Direct Pediatrics our vaccine supplier bills insurance and we get a \$10 vaccine administration fee for each vaccine. This fee goes toward covering the cost of the refrigerator, freezer and the temperature logging system as vaccines have to be maintained within a 5 degree range at all times. When parents want to create their own vaccine schedule, it puts their child at risk for developing whatever illnesses are prevented by the vaccines they aren't getting- plus when kids get multiple vaccines at once, their bodies produce a stronger (more protective) immune response than when vaccines are given one at a time. Finally, spreading out vaccines almost guarantees that the child will develop a serious fear of going to the doctor as shots are basically given at every visit when kids do vaccines one at a time. Dr. Stewart and I feel strongly about getting vaccines on the recommended schedule for the sake of your kids' health, but are always happy to sit down with you and go through your concerns one by one.

## **SPRING BREAK**

Our family typically does one family vacation a year, and this year we're heading back to Canada to hit the slopes at Whistler & Blackcomb mountains because I just haven't gotten enough snow this winter (I actually am really not a fan of cold or snow with the exception of skiing). If you are a skier, put Whistler on your bucket list as it's the best place I've ever been and I've tried ski resorts all over the US. It's the one place that is

just about guaranteed to have snow into April as they are forecasted to get 48 inches of snow in the next week (after getting over 50 inches a week ago). I will have my phone with me and tend to have a lot of down time on chair lifts, so feel free to contact me from your towel on the beach. If your child needs to be seen, Dr. Stewart will be able to see kids in the office.

Stay healthy everyone!

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**Steve Johnson MD, PhD, FAAP**

Pediatrician & Child Psychologist

[Direct Pediatrics](#)

6302 Meeting St. Suite 101

Prospect, KY 40059

502-851-4985 (cell)

502-515-6601 (office)

502-515-8728 (fax)