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COVER

“Le Gourmet,” painted in 1901 by Picasso (1881-1973) during his “Blue Period,” demonstrates the natural appetite of the small child, who appears well nourished and even is eating standing up. Eating problems in children are not inherent in their stage of development but are their response to adverse environments. The blue color, however, suggests a threat to this healthy state. Child health professionals must balance this innate healthy aspect of childhood against the environmental threats to their well-being and be advocates for the healthy development of children. (This painting is from the National Gallery of Art's Chester Dale collection and is reproduced with permission.)

ANSWER KEY

### PIR QUIZ

All of the questions refer to the same clinical vignette:

1. You have diagnosed attention deficit disorder with hyperactivity (ADHD) in a 7-year-old boy. No comorbid condition is obviously present. Of the following, the **least** appropriate long-term goal of therapy is:
   A. Decreased delinquent behavior.
   B. Improved academic performance.
   C. Improved athletic performance.
   D. Improved self-esteem.
   E. Improved social relationships.

2. In your judgment, the boy will benefit from a combination of medical and educational interventions. However, his mother is quite uncertain about the use of stimulant medications. Of the following, the **most** appropriate statement about stimulant use in the management of ADHD is that it:
   A. Leads to future substance abuse.
   B. Confirms the diagnosis of ADHD.
   C. Produces reduction of the underlying neurological defect.
   D. Produces addiction to the stimulant.
   E. May temporarily slow growth velocity.

3. One month after beginning therapy with methylphenidate, you document definite improvement in attention span, decrease in impulsivity, and more appropriate motor behavior. Both mother and child are pleased with the results. Three months after initiating therapy, the mother calls you to report that her son has begun to display repetitive eye-blinking. Upon examination you confirm the presence of a simple motor tic. At this time the **most** appropriate choice of therapy is:
   A. Continuation of methylphenidate.
   B. Discontinuation of all medication and subsequent observation.
   C. Replacement of methylphenidate with clonidine.
   D. Replacement of methylphenidate with desipramine.
   E. Replacement of methylphenidate with pemoline.

4. With appropriate medical therapy, improvements in the symptom complex of ADHD are maintained and the simple tic clears. However, over the next 3 months, after his parents separate, parents and teacher both notice a significant change in the child’s mood and behavior. The boy seems much less interested in normal activities and cries frequently. The tic recurs. His physical examination remains otherwise unremarkable. After a month of counseling, if anything, mood and behavior have deteriorated further. At this time, the **most** appropriate choice of medication is:
   A. Clonidine.
   B. Dextroamphetamine.
   C. Haloperidol.
   D. Imipramine.
   E. Lithium.

5. Six months later, the parents have reconciled and your patient’s mood and behavior have improved. The tic has resolved. On appropriate medication, the symptoms of ADHD are under reasonable control and the boy is enjoying school in a regular class. Aware that medication alone has no significant effect on the long-term outcome for ADHD, you have met with parents and teachers to assist in the development of an individual education plan for your patient. At this time, given stabilization in emotional and behavioral functioning but occasional decision-making difficulties, the **most** appropriate choice of psychological or behavioral therapy is:
   A. Anger management training.
   B. Behavioral parent training.
   C. Group social skills training.
   D. Individual psychotherapy.
   E. Problem-solving training.
Conclusion
The infant or child who vomits persistently may, at first glance, present a diagnostic dilemma to the pediatrician. However, with an orderly and systematic approach, a diagnostic and management plan can be readily formulated. Particular attention to historical data and antecedent events often obviates the need for an extensive evaluation.

SUGGESTED READING
Bryn WS. Reflux and delayed phenomena. J Pediatric Gastroenterol Nutr. 1987;8:283

PIR QUIZ

11. The emetic center in the medulla may be stimulated directly by each of the following except:
   A. Circulating opiates.
   B. Impulses from cortical loci.
   C. Impulses from the area postrema (fourth ventricle).
   D. Vagal afferents from the gastrointestinal tract.
   E. Vagal afferents from the genitourinary tract.

12. The differential diagnosis of vomiting varies with age. Among the following, the most likely association among age, clinical findings, and diagnosis is:
   - 18-hour-old infant; nonbilious vomiting and abdominal distention; malrotation
   - 1-month-old infant; bilious vomiting and abdominal distention; malrotation
   - 6-month-old infant; recurrent bouts of nonbilious emesis and lethargy; Reye syndrome
   - 4-year-old child; persistent headache, morning vomiting, and ataxia; abdominal migraine
   - 9-year-old child; persistent vomiting and peripheral edema; eosinophilic gastroenteritis
   - Bilious vomiting must be considered a medical or surgical emergency until proven otherwise. Among the following, the condition most likely to cause bilious vomiting in a neonate is:
     - Antral web
     - Pancreatitis
     - Pyloric stenosis
     - D. Pyloric stenosis
     - E. Volvulus

13. A 5-week-old boy has had projectile nonbilious vomiting after every meal for the past 3 weeks. He appears alert, but emaciated and hungry. Among the following, which serum chemistry results would be most consistent with this patient’s diagnosis?
   - Na 120; K 6.5; HCO3 20; CI 90; Cr 0.6
   - Na 130; K 2.5; HCO3 35; CI 85; Cr 0.6
   - Na 135; K 4.0; HCO3 20; CI 105; Cr 0.3
   - Na 140; K 3.5; HCO3 25; CI 100; Cr 0.3
   - Na 160; K 5.5; HCO3 10; CI 125; Cr 0.6

Match each condition listed below with the most appropriate choice of therapy.
15. Chemotherapy/radiation
16. Classic migraine
17. Gastroenteritis
18. Gastroesophageal reflux
19. Motion sickness
   A. Bethanechol B. Ergotamine C. Oral fluids D. Prochlorperazine E. Scopolamine
and behavior. While 92% of the children were attending school at the time of follow-up, 50% had repeated at least one grade and 61% of the children assessed their school performance at the C or D level. In addition, about 50% of the children had been suspended or expelled from school in the past 5 years and were more likely to have skipped school and fought in school. An association was noted between grade failure and onset of early sexual activity. Girls who had repeated at least one grade were twice as likely to become pregnant as were those who had not repeated a grade. Identifying children at risk of school failure and providing appropriate early intervention may improve the school performance of children of adolescent mothers and decrease their own early childbirth.

For young women who have a therapeutic abortion, it appears that young maternal age is not associated with undue biologic or psychosocial morbidity. Adolescents appear to be at lower risk for complications such as fever and hemorrhage, but may be at higher risk for cervical injury than are adults. The risk for cervical injury may be related to delay in seeking the abortion. Data about the psychosocial sequelae of abortion in adolescents are incomplete. Overall, clinical experience indicates that most young people do well and return to their usual activities. Some (and occasionally their partners) may experience postabortion depression similar to that experienced after other losses. Pediatricians often can help support young people through this experience. Recurrent pregnancies and/or abortions may signify underlying psychological needs, such as chronic depression, that should be addressed.

Summary

Adolescent pregnancy continues to be one of our most challenging public health issues. Prevention is the most important goal that can be sought. Pediatricians can play a major role with young people and their families in pursuit of this goal. Young women who become pregnant must be referred early to obstetric care so that either early prenatal care can be established or an abortion can be performed early so as to prevent morbidity by delaying the procedure. New contraceptive methods such as contraceptive implants provide hope that improved contraceptive technology will aid in decreasing the likelihood of adolescent pregnancy.

REFERENCES


SUGGESTED READING

McAnarney ER, Hendee WR. Adolescent pregnancy and its consequences. JAMA. 1989;262:74-77