

## MEDICAL BRIEFS

## Arbor Hospice &amp; Home Care

Often, children exhibit no outward signs of grief after a loved one has died; yet, internally, they experience many thoughts, questions and fears too difficult to put into words.

Northern Xpress Ways is a grief support group provided by Pathfinders of Arbor Hospice & Home Care for elementary- and middle school-age children who have experienced the death of a loved one. The children learn to express their thoughts and emotions through art, poetry, journaling, collage, music, sculpting or memory books. Groups are led by master's level therapists.

Northern Xpress Ways meets 4:30-6 p.m. Mondays at the First United Methodist Church, 777 Eight Mile Road, Northville. The cost is \$30 per session for one child and \$15 per session for each additional child within one family. To register, call (734) 682-3742, ext.175 or (800) 783-5764.

## Let it snow!

The good news about shoveling snow is that it doesn't have to be a "pain" in the neck or back.

"Shoveling snow can be good exercise if done properly and with safety in mind," says Tom Birk, associate professor of Physical Therapy at Wayne State University's Eugene Applebaum College of Pharmacy and Health Sciences. "The key is to start slow and use some safety sense."

Here's a pile of snow shoveling tips:

- If you're inactive or have a history of health problems talk to your doctor before taking on the task.
- Warm up your muscles before shoveling by walking for a few minutes or marching in place. Warm muscles work more efficiently and are less likely to be injured.
- Pick the right shovel for you. A smaller blade requires you to lift less snow, putting less strain on your body.
- Stand with your feet about hip width for balance and keep the shovel close to your body. Bend from the knees, not the back, and avoid twisting movements.
- Most importantly, listen to your body. Stop if you feel pain!

## Seal those teeth

One of the tools in the war against tooth decay is the dental sealant, a plastic material the dentist applies to the chewing surfaces of the back teeth — the premolars and molars. The sealant forms a barrier that protects teeth from plaque, a sticky film of bacteria that constantly forms on the teeth.

Thorough brushing and flossing help remove food particles and plaque from smooth surfaces of the teeth; however, pits and fissures are places that are extremely difficult to clean. Most cavities form in pit and fissure areas, and permanent molars are extremely susceptible to this form of decay.

Applying dental sealants takes only a few minutes for each tooth. Sealants usually last several years before a reapplication is needed. As long as the sealant remains intact, the tooth surface is protected from decay.

For more information on your oral health, visit [www.smilemichigan.com](http://www.smilemichigan.com).

## We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Deskbook (upcoming calendar events), Medical Newsmakers (appointments/new hires in the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies).

We also welcome newsworthy ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

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# OBESITY

## CHILDREN

### A NEW AMERICAN EPIDEMIC

BY CAROL MARSHALL  
SPECIAL WRITER

Diet support groups are still active, and the gyms are still packed two months after serious resolution makers vowed to leave the American ranks of the fat and happy. Too often, however, while adults are watching their diets and huffing on the treadmill, their children have become among the alarming number of obese youngsters.

"It's become an epidemic," said Farmington Hills pediatrician Robert Roman. "I have seen more and more children in my office who are overweight or obese. It's one of the hardest problems we have. The kids have become so accustomed to bad habits and it's setting them up for some real problems."

Obesity and overweight are clinical conditions determined by comparing a child's height and weight to average heights and weights for children their age, and by determining the child's Body Mass Index, or BMI, said Roman. A BMI of more than 25 indicates overweight, while a BMI of more than 30 signals obesity.

Fatty foods, high-calorie drinks and a sedentary lifestyle have been named culprits in the sharp rise in adult obesity in the United States. Children, once characterized by boundless energy as well as having a taste for sweets, are now increasingly addressing the same issues as their parents.

## Cause and effects

Children are growing heavier at younger ages. The problem can begin as early as age 5, shortly after an age when most children lose their "baby fat," said Roman. But he has seen a strong trend toward overweight in children aged 7 to 10.

"I know the statistics, but I would say that between 40 and 50 percent of kids today have a weight problem or an obesity problem," said Sarah Irving, Beaumont Weight Control Center dietitian. The trend is so alarming Beaumont Weight Control Center is currently developing special programs for young people.

"I hope to one day see us have a program for kids as young as five years old," said Irving.

The problem is that serious, she emphasized. "We're seeing a big increase in children who are developing Type II diabetes, which we used to call adult onset diabetes, but now we have to change that terminology."

Other physical and emotional problems abound. Ridicule from peers, self-esteem issues, future cardiovascular illnesses and stress on the body also are associated with pediatric obesity. Irving said she has treated a growing number of children with high cholesterol and elevated triglycerides.

"If children are carrying all that extra weight while their bodies are developing, can you imagine

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how it's affecting their growth as their bones and muscles are still growing?" said Roman. "So far we don't know exactly how it will affect them in the future, but it can't be good for them."

Societal changes play a part in the problem, according to Roman. Sprawling subdivisions built far from activity centers and schools require parents to load their children into cars and vans and drive them to activities, while children of past generations walked or rode bicycles. Smaller family sizes mean less interaction and play with other children within neighborhoods, and more time that children spend alone. Parents' hectic work schedules often mean fewer nutritious foods, and more fast foods have become regular fare at the family dinner table.

"We've become accustomed to driving our children everywhere, and allowing them to eat high-fat foods, and most importantly allowing them to watch hours of television and spend too much time at the computer or video games," said Roman. "The problem usually stems from the family's habits, so we can't just treat the child. We have to treat the problem as a family problem."

## Not your mother's weight problem

Although the causes for pediatric obesity are similar to adult obesity, treating the overweight child is very different from treating an adult.

"You never want to make it a dieting issue," Irving said. "The big thing we ask is where we can get the child involved in some physical activity."

Focus on diet is only part of addressing a child's weight issue, Irving said. "We can't really cut calories for kids, because they're growing and we don't want to stunt any of their growth. We can look for healthier options if they're eating a lot of snack foods, sugared juices and drinks, and fast food, but we can't count calories with them."

The real goal is to establish long-term lifestyle changes, centered around healthy eating and active play. Aerobic activities are essential, as is walking. Walking, swimming, riding bicycles, and skiing are excellent activities for families, he added.

"Parents are in control, especially when their children are young. Sometimes it comes down to taking your children out to play, and showing them it's fun. If you can do that when they're little, if you're lucky those good habits will stick with them," Irving said.

Family involvement is essential in treatment, Irving said. Children often are not concerned with their weight problems, and parents need to direct them without pushing them too hard, and possibly creating other food and weight issues.

"We need to take it very slow with children. We set one goal at a time and focus on that one thing — maybe just one change in snack foods, or setting an activity goal. It can often take a child a whole month or more just to master one goal," she said.

## TAKING ACTION

The following tips offer guidance to parents whose child has a weight problem:

**Work with your pediatrician.** Your child's doctor can determine if the child has a weight problem and can help determine how severe or mild the problem is by using height/weight growth charts and assessing the child's Body Mass Index (BMI), said Farmington Hills pediatrician Robert Roman. Your pediatrician can help you develop a strategy for helping your child slim down.

**Get moving.** Children aren't likely to be fond of exercise if their parents are lounging happily on the sofa, according to Beaumont Weight Control Clinic dietitian Sarah Irving. Very often, a family that plays together weighs together, so get out and play. It's good for the whole family.

**Shop wisely.** Ultimately, it's up to the parents to determine what their children eat. "If you run your house like a restaurant, your kid is going to order whatever he wants," said Roman. Stock your cupboards with healthy alternatives to junk foods. Watch your child's juice intake, and switch to low-fat milk after your child celebrates his second birthday.

**Banish soft drinks if possible.** If you can't eliminate them, at least limit your child's consumption of them.

**Relax.** Don't put too much pressure on an overweight child, said Roman. You could make the problem worse, create self-esteem issues, or particularly in girls set them up for other eating disorders. Instead, focus on establishing a fun, active lifestyle. "The weight will take care of itself if you do that," Roman said.

## Clinical studies test two treatments for people with advanced Parkinson's disease

For the estimated 1 million Americans living with Parkinson's disease — and for the significant number with advanced stages of the disease — activities of daily life are often complicated by the uncertainty of when or if their medication will take effect. Two clinical research trials are now accepting participants at study sites across the United States and Canada to determine the safety and effectiveness of two investigational drugs for advanced Parkinson's disease.

The PRESTO study will determine if

rasagiline mesylate may improve Parkinson's disease symptoms when added to levodopa, the current standard Parkinson's disease treatment. The RAPID Study will see if entilevodopa/carbidopa also may provide relief of symptoms more quickly than levodopa. Both the PRESTO and RAPID studies are now enrolling individuals with advanced Parkinson's disease who are currently taking levodopa and experiencing less-than-optimal control of symptoms.

Researchers are seeking 250 and 100

people, respectively, to participate in the PRESTO and RAPID studies. Both trials will last approximately six months and will involve between 40 and 60 universities and medical centers throughout North America.

"Currently, many advanced Parkinson's disease patients, in spite of taking levodopa, experience difficulty as their disease progresses. The PRESTO Study will assess the effect of adding rasagiline to levodopa on Parkinson's symptoms," said Dr. Matthew B. Stern, professor of neurology at the University

of Pennsylvania and a member of the Parkinson Study Group. "The RAPID Study will evaluate entilevodopa/carbidopa's ability to provide symptom relief sooner than existing levodopa therapies due to its unique formulation."

## Studies

Parkinson's disease is a slowly progressive neurodegenerative disorder that occurs when neurons in the brain die or become impaired, halting the

Please see PARKINSON'S, C7